

Working Towards Well-being in the Borders

The Annual Report 2013/14 of the
Scottish Borders Joint Director of Public Health

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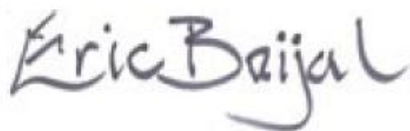
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Summary

“Fact or Fantasy? Your Health 2020”, my Annual Report for 2011-2012 was a first step in consulting and including the population of the Scottish Borders in improving their health in the long-term, the vision being that by 2020 everyone in the Borders will be able to live longer healthier lives at home, or in a homely setting. This requires early intervention and prevention as a means of reducing health inequalities. The report's main aim was to create a vision for health with the local population. This requires a shift in the way we view health (in particular in the most disadvantaged areas). The widening gap in the health outcomes between the most and least deprived communities, the continued recession and welfare reform are some of the things that should challenge our thinking. The report reviewed current interventions and services across the lifestages and attempted to predict the key challenges at each stage, from early years through middle years to older age. An ageing population with multiple long term conditions increases the demand on health and social care services.

Overall, the report presented the backdrop, acknowledged the social determinants of health, recognised the importance of organisations working in partnership, and offered sustainable public health solutions involving and enabling communities to take responsibility for their own health. I used practical examples to translate how theory can work in practice for example, the Healthy Living Network. This was to help people to think about the effectiveness of what is already in place and comment on these. I used case studies to demonstrate the impact of health inequalities on individuals across the life stages and to start discussions about what could be different by working together building on the assets communities already have.

In this report I have drawn together the consultation responses and developed an action plan based on these. I hope that these particular interventions will help make a difference to health in the Borders although I do recognise that many people and organisations are working to achieve just that.



Dr Eric Baijal
Joint Director of Public Health
NHS Borders and Scottish Borders Council



Foreword

In this Annual Report I bring together the responses to the consultation on my last Annual Report “Fact or Fantasy? Your Health 2020?”. I wrote it and consulted on it to see if my view of what health would be in 2020 was similar to that of most other people. I am grateful for the many people who responded in one way or another, providing a wealth of comment and helpful suggestions as to the way forward. In response, I have drawn together themes that run through all this material and produced a shortlist of actions that I believe will have a high impact in improving the well-being of the people in the Borders. I am grateful for the help of a number of colleagues in doing this.

Background

I wrote the Director of Public Health's Annual Report for 2011/12 as a description of what health might be like in the Borders in 2020. This was based on what health in the Borders has been like in the past, what it is like at present and changes that are underway, planned, or likely. The intention was to consult on this description to see if the public, professionals, and politicians identified with what was described, could develop this scenario further, or had alternative ideas.

Meaningful consultation with the Borders population is the best means of ensuring a partnership effort that enables communities to take responsibility for improving their health and wellbeing. Early intervention and prevention will create a ripple effect, in the long term, influencing health and wellbeing at an individual, community and societal level ensures we all benefit. Those who have engaged with “Fact or Fantasy? Your Health 2020?” have done so in a meaningful way by taking part in activities and events that demonstrate wellness.

The Consultation

The methods used to consult included advertising on the Council and NHS websites, workshops, an electronic survey, and presentations to various committees and groups, a stand at an agricultural show and a community council event. To encourage comment the report was widely distributed. A response form was provided.

I used press releases after the Board and Council meetings to raise local communities' awareness of the report and the intention to consult on it. The consultation was launched with an event on 22 April 2013, publicised through existing networks and in the local press. This involved presentation of the

Director of Public Health's Annual Report followed by workshop discussions on consultation questions. The workshops were based on the Community Planning themes in the report – early intervention in children, the middle years, and older people; place and community; welfare reform; health protection. The Annual Report was also presented at each of Scottish Borders Council's Area Forums and note made of the feedback given.

An electronic survey was conducted using "SurveyMonkey" from the NHS Borders and Scottish Borders Council websites.

The Launch Consultation Event took the form of two participatory sessions, one in the morning targeting Primary Seven children and another in the afternoon for adults. A cross section of existing contacts were involved including NHS and SBC employees, community planning partners including the third sector, elected members and NHS board non-executives. Community food staff worked with children over lunchtime to produce a healthy "fast food" lunch for participants, including, for example, homemade "noodle pots".

The inclusion of children and young people was central to the event, with over fifty children from local primary schools involved in the consultation process. Children were invited to participate in a prioritisation exercise using electronic voting buttons. This fun, interactive activity aimed to stimulate their thinking around health in its broadest sense.

A further activity invited pupils to create a body map of the physical, emotional and social influences on their health. These sessions were followed up with opportunities to translate theory into practice and take part in health improving activities including Zumba and a cooking skills workshop, facilitated in partnership with community groups.

Children were invited to display their body maps for representatives of organisations and communities to view. Children then took part in a feedback session which naturally evolved into a question and answer session between children and people who plan the services we need on issues such as TV in the bedroom, opportunities for playing outside and eating with family. Resources across locality partnerships were used to provide a positive experience of health for children and young people at the event in order to create a vision of health for children and young people with them. They also informed the basis for developing health improving work in communities.

At the Borders Union Show the Joint Health Improvement Team had a stall and used this opportunity to ask people attending the show if they were aware of the Director of Public Health's Annual Report and if so, whether they had read it. Those who hadn't were signposted to the report.

The consultation concluded with an event on reducing inequalities on 30 August 2013 engaging Scottish Borders – Analysis, Information Research and Engagement (SB-AIRE) members from NHS Borders, Scottish Borders Council and the Third Sector alongside practitioners working in Healthy Living Network areas. This comprised an introductory presentation followed by a first workshop on understanding the two most deprived geographic communities in the Borders and then a second workshop on how to work better together in these communities to reduce inequalities.

Subsequently, Lauder Community Council held an event in partnership with the community, NHS Borders, and the Council.

Table 1 summarises the key consultation events.

Table 1: Key consultation events

Date	Event	Audience
22 April 2013	Launch Event - morning	Primary School Children
22 April 2013	Launch Event - afternoon	Senior Managers, Elected Members, NHS Board Non-Executives, Voluntary Sector
7 May 2013 to 28 August 2013	Presentations to Area Forums	Elected Members, Community Councillors
26 July 2013	Borders Union Show	Community
30 August 2013	SB-AIRE: Reducing Inequalities Workshop	Practitioners from the Community Planning Partnership
11 December 2013	Lauder Community Consultation	Lauder Community Council in partnership with Health, SBC and the community.

Responses

On-line Survey

In previous years, only two or three people responded to the invitation to contribute to an evaluation of the Director of Public Health's Annual Report. This time, there was a much better response with 45 people taking part in the online survey. This aimed to gain reader's comment on how the report was written and if they agreed with the vision for health in the Borders in 2020.

Of the participants 91% either agreed or strongly agreed that the report was clear and informative. The majority of individual supplementary comments were very positive and validated that response. While 60% agreed or strongly agreed that the report demonstrated best use of resources to improve the health of the Borders population, 22% did not know and the remaining minority disagreed or strongly disagreed. There were comments about more effective ways of using resources such as more practical support. It was also noted that public health activities affected a very small section of the community. Interestingly one comment was that we have used resources well to support the vulnerable but that there was not enough. There was also an interesting comment about health promoting work being reactive rather than proactive. Almost 67% of respondents agreed or strongly agreed that the vision for health in the Borders in 2020 in the report was clear. One interesting comment was that "our vision of what we want to achieve is clear but I'm not sure how clear the route we are going to take is". There was concern that carers had been omitted. Again the majority (71%) agreed or strongly agreed that the report demonstrated planning to do the best things possible to improve the health of the Borders population. As to whether the things we are doing in the Borders to protect and improve health are working, 53% thought so, but 33% did not know; 51% thought there were other things we should be doing. Interestingly, almost 27% thought that there were things that we should stop doing. Comments on other things we should be doing included subsidising fruit and vegetables, investment in sport and providing appropriate housing.

In summary, individual comments (which are available separately from this report) gave a wealth of useful detail. Those from respondents with more negative views gave a useful insight into a number of issues about the production and promotion of the report and the vision and interventions it described. The majority of respondents thought that the report was well written and shared the vision of health for the Borders.

Launch Consultation Event

Pupils identified key sources of support in their community, from their perspective. Issues identified as important for health were having someone to talk to about worries, time with friends, doing things they enjoy and being listened to. The tables below summarise their views on influences on health and how these might be changed

Table 2: Positive Influences on Health

Food	Healthy Diet including: breakfast, water, fruit & veg, eating with family, less convenience food/fast food
Physical Activity	Organised activity and Outdoors including: Sports- Football, Swimming, Running, Tennis, Hockey, Walking the dog, Walking, Gym, Cycling, Jogging, Zumba, Netball, Kickboxing, Skipping, Push Ups, Hiking, Dance Classes, Bungee Jumping
Active Travel	Walking, Cycling, Running, Less Driving
Hygiene	Washing your hair, not wearing make-up, moisturising, bath/shower, skin, keeping clean
Education	Longer school days, Communication, Learning to Read, Time to ourselves, Playgrounds, Healthier School Dinners, School work, Sitting up Straight
Environment	Fresh Air, Water, Drills for emergencies, Taking care of facilities, Picking up dog litter, Less litter
Relationships	Parents, Family/friends, School, Doctors/nurses, Midi youth club, Safe places to play, Neighbours/Helping Hand, Less Violence, Less Bullying and Less Vandalism, No Damaging Property
Emotional Wellbeing	Respect, Self-Confidence, Happiness, Emotions
Social	More social opportunities, Holidays/trips, More clubs
Access to Services	More shops, Train Service (Extended to Carlisle)
Finance	Money
Housing	Keeping Warm/Heating

Table 3: Negative Influences on Health

Food	Overeating, Additives – Sweeteners, Fast food, Salt
Physical Activity	Inactivity, Too much TV, Being Indoors
Active Travel	
Hygiene	Poor Hygiene, Poor Oral Health
Education	
Environment	Pollution, Too much light, Loud music, Unhealthy
Relationships	No-one to talk to, Bullies
Emotional Wellbeing	Moods – Anger, Sadness, Unhappiness, Being Bad, Hyper, Hesitation/Stress, Things building up, Crying, Feeling Unsafe, Being Alone, Worried
Social	Poor social skills, Breaking the Law
Access to Services	
Finance	Lack of Money, Poverty
Health Behaviours	Smoking, Drugs, Alcohol
Physical Ailments	Tummy ache, Weak legs
Technology	Facebook, Video Games, Texting
Housing	Homelessness



Table 4: Solutions

Food	Not too much sugar/salt, Vegetable Gardens, Pupils Cook School Dinners, Eating 5-a-day
Physical Activity	Sports, Outdoor activities, Be active, Boxing
Active Travel	
Hygiene	Bath/Shower
Education	Provide a good education, Learning, Pupils teach pupils
Environment	Fresh Air, Recycle,
Relationships	Listen to young people, Give young people a say, Talking to family/friends, Teachers/helpers, People around us
Emotional Wellbeing	Don't get stressed, Laugh, Sleep, Rest, Respect, Something to Wake Up To, Love, Alone time, Getting to high places, Laughing
Social	Active Clubs, Concerts, Park, Guides, Boys Brigade
Access to Services	Youth Club, Express Feelings Group, School Nurse, Dentist
Finance	
Health Behaviours	Healthy Lifestyle, Routine
Physical Ailments	
Technology	Fire Alarm
Housing	Living Under Shelter



The solutions are in keeping with work in communities to address poverty and inequality, alongside work in schools on the Curriculum for Excellence Health and Wellbeing Outcomes. Taking emotional wellbeing as an example, there are a range of responses detailed within the negative impact and solutions categories. This could provoke a variety of interpretations e.g. 'something to get up to' – is this an alarm clock, a parent or family member or something meaningful, a sense of purpose? Exploring this further with children and young people would be of benefit. However, what is clear is the importance of these less tangible negative impacts and solutions. These can be supported by improving relationships, working in partnership and building a community by listening to what children and young people believe they actually need. This includes developing their skills and capability. Children are very aware of what helps and what hinders their development. Working with them, taking this consultation further will provide us with a lead from the bottom-up.

The afternoon session with adults was made up of two workshops, one on the health of older people and the other on health in the early years of life.

In the workshop on the health of older people a number of interlinked themes emerged from suggestions for action to improve the health and well-being of this age group in the future.

These included:

Person centred planning – promoting independence – this would reduce social isolation

Community action - the theme threading through these comments was working together to deliver improved health - developing a culture with a sense of "community" with intergenerational collaboration. This would provide significant benefits including informal support for carers. The value of volunteers in such collaboration was stressed – "they are there because they want to be, not because they are paid to be there".

Access – issues were access to information including awareness of what was available, support, primary care (cancer was flagged as a long term condition) as well as speed of access.

The expectation was that such activity would improve the mental and physical health of older people and reduce the need for formal services such as day and residential care.

Table 5 summarises responses from the older people's workshops.

Table 5: Older People

Approach	Person Centred, Co-Production, Partnership Working, Capacity Building, Inter-Generational, Maximise Independence & Minimise Residential Care, Asset Mapping, Roll Out Good Experiences, Cultural Change (for staff to work with changes in population), Public sector & voluntary working together, Anticipatory Care, Consider Long-Term Conditions, Liaison with families – partnership working
Support	Personal Alarm System, Community Listening Project, Volunteering & Befriending, Church, Family support, Ensure consistency re: what is available and increase communications to raise awareness, wider family needs
Care	Less Hospital care, increase community care and support, improve residential care experience, transform day care facilities – involve young people
Resources	Library Service, Prescription Service (flexible ways of obtaining repeat prescriptions)
Skills	Volunteering, Sharing of skills, Two way exchange between older people and young people, Training for carers/neighbours/informal carers to care at home
Food	Better Access to Outlets, More healthy options, Tasty & nutritious options
Physical Activity	Exercise & walking groups
Education	Help with Form Filling
Relationships	Build Communities, resilient communities
Emotional Wellbeing	Good Mental Health, Rational life decisions earlier in life in preparation for older life, Allow people a degree of risk – make informed choices
Social	Lunch Clubs
Access to Services	Good access to services, support & advice, CAB, Community Listening Project, Better ways to access G.P.'s e.g. telephone consultations, Healthy Living Hubs, widen services to meet needs in the home, support for carers who need more than just health care – Total Health Care, who is the lead – Health/Social/Volunteer, Lifestyle Adviser Service – consider older people, care for staff to support others, value workforce
Technology	Not always the best method of improving things
Housing	Changes in social housing
Future Planning	Early Intervention & forward planning. Iron out strategic Issues by 2020. Joint Strategy & budgets. Safety Measures in place. Realism & Identify what will not be provided. Consider Definition – Older people, younger old/older old. Encourage inter-generational work. Co-Production & planning. Re-value caring as a profession trained and paid appropriately.

Again, in the workshop on health in the early years of life, priorities for action were identified, particularly working between partners, (communication,

sharing of resources, including accommodation and networking) and parental support. Figure 1 summarises some of the consultation responses on Early Years

The group saw a healthy community in 2020 as one in which there was secure employment with the level of income that prevented poverty, with support for the unemployed. A diet of local healthy produce, from local allotments, would be promoted with healthy eating in schools as standard, rather than allowing schoolchildren access to convenience food. Parenting classes would be standard for all teenagers in schools. The culture and attitudes of parents would have changed. There would be a playspace in all communities and universal appropriate support for mothers and toddlers. Part of these initiatives would include targeting excluded ethnic minority and other potentially vulnerable groups.

To make the best use of resources to achieve this vision there would need to be no double working. "Lost" collaborative working would need to be regained but with a focus on "doing" not "meeting" and on engaging with hard to reach groups. In terms of what individuals and organisations could do to help this process, a significant suggestion was to "give communities a voice and ownership". The importance of monitoring trends was noted.

Scottish Borders – Analysis, Information Research and Engagement Event

The Scottish Borders – Analysis, Information Research and Engagement (SB-AIRE) workshop was the concluding consultation event and a starting point for developing a strategy for reducing inequalities in the Scottish Borders. The Scottish Borders community planning strategic vision is that "by 2023, quality-of-life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership action". One of the three priorities identified by the Scottish Borders Community Planning Partnership in the 2013 Single Outcome Agreement is to reduce inequalities. The workshop focused on the two geographic areas of greatest deprivation in the Scottish Borders, Burnfoot in Hawick and Langlee in Galashiels. The participants were divided into two groups, one focusing on understanding Langlee and the other on understanding Burnfoot.

Both groups then considered how partners could better work together to reduce inequalities. The specific issues discussed were, firstly, what universal services were being delivered in each area and how they were meeting the needs of the community. Secondly, what activity there was in each area in addition to the Healthy Living Network.

There was general agreement that residents found it difficult to access many services; a key challenge was the cost of transport whether public or private. Primary schools were viewed very positively but access to health services was

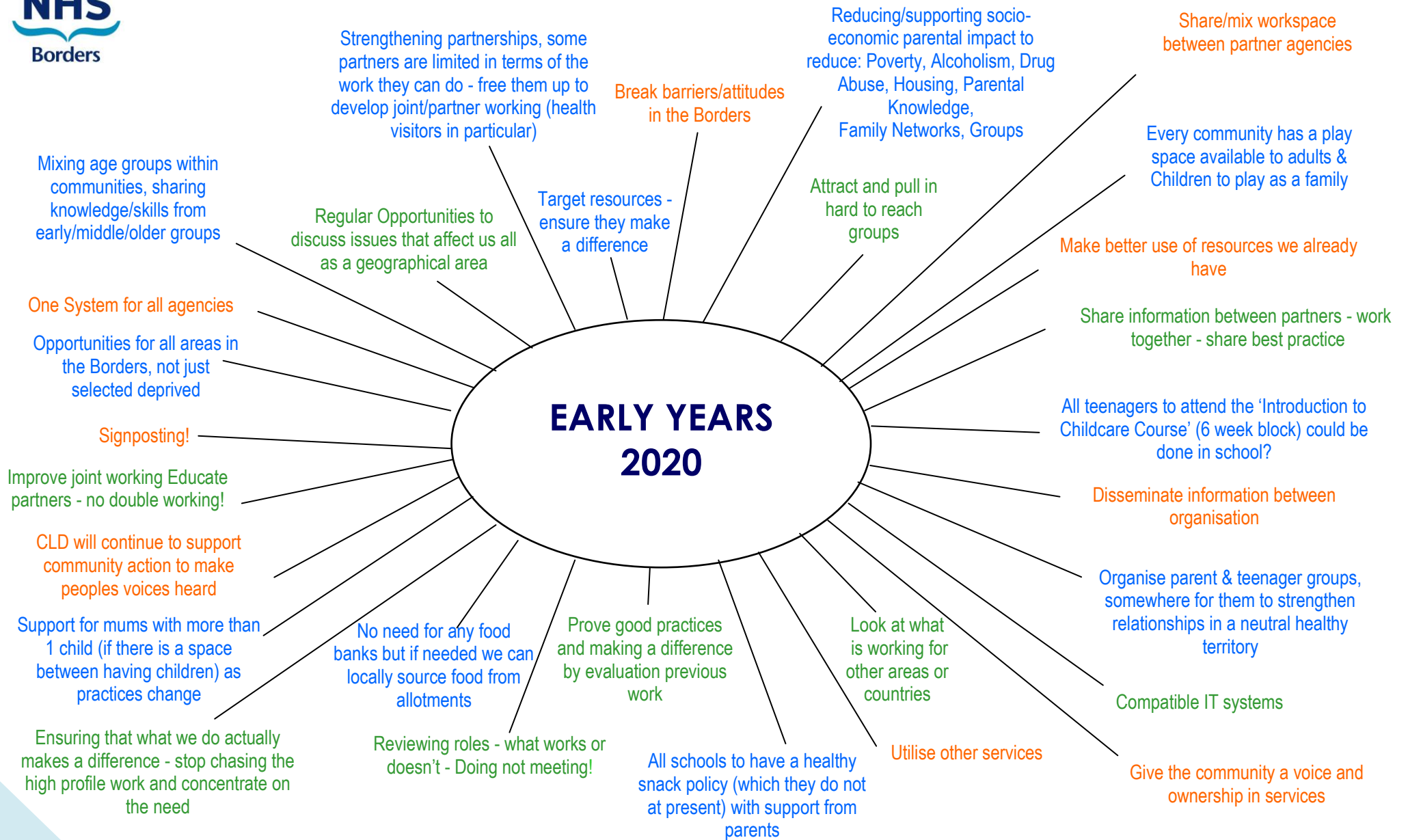
limited in the immediate area people lived in. The local retail options were more expensive than the main supermarkets and offered a limited range of fresh produce. Both communities are located near industrial areas.

The second workshop was focused on how partners could work better together to reduce inequalities. A number of practical suggestions were made; these focused around co-production and local intervention. There was concern that the focus on Burnfoot and Langlee might "ghetto-ise" these communities, that they might be seen to have a disproportionate share of resource and that the work on inequalities was too inward focused and not holistic. There was also a suggestion that there was a clear "mindset barrier" for these communities and that they and the individuals within them need to want to help themselves.

In conclusion the workshop demonstrated that there is a great deal of activity in both Burnfoot and Langlee but that the challenge was to show how that was working to reduce inequalities and how it could be better coordinated and focused. There was specific recognition of the need to identify ways in which to "roll out" good practice to other areas.

Individuals commented that the part of the report dealing with welfare reform was not balanced in that it did not present what the aims of the reform were but focused on negative consequences.

Figure 1: Summary of some consultation responses on Early Years



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1 - What for you would a healthy community look like for early years in 2020?

2 - How can we make best use of the resources we have to get there?

3 - What could you or your organisation do to help?

Lauder Community Consultation

The Lauder community consultation was a community response to the Annual Report. The community council took a lead on the planning of a local event in partnership with NHS Border's Joint Health Improvement Team and SBC's Capacity Building Team. A total of 27 Lauder residents aged between 10 and 70 years, including health professionals, participated in the local consultation they called "Thinking Together".

The residents were asked to think about what form of health provision they would like to see across Lauderdale by 2020. To do so, they were invited to think about health in its broadest sense on an individual level, to consider what strengths in terms of services are available in Lauder and to think about how they could make Lauder a healthier community. These questions initiated great discussion and a range of responses that related to personal health, the health of their community and resources and opportunities for development. Of particular interest are the aspirations to increase community spirit, build on the traditional volunteer ethic that exists amongst locals and break down some of the barriers between the two communities that exist including the Lauder local community and the commuter community.

The Lauder response demonstrates the positive impact of local relationships and partnership working. The community council were able to reach out to 27 individuals as a result of their ideas to integrate this response into their local planning process for health and wellbeing. These are the first steps towards further action at a local level to create a system of social support in the community, across the lifestages.

Action going forward

On the basis of this consultation, I plan to take action to tackle the issues raised in relation to each of the themes that are prominent in the responses. Any action to improve and protect health needs to take account of the consultation responses and further developments since then. The consultation has helped produce a vision of the likely state of health and well-being of the population of the Borders over the next decade or so. This gives some guidance as to what interventions should be made to improve and protect health and how the likely future burden of disease will impact on services to treat ill health and provide care.

In the table below I have sought to summarise the key issues and the actions I propose to take in response. As ever I would welcome comments on these, and indeed the rest of this report.

Table 6: A Plan for Action

Actions from the Consultation on the Director of Public Health's Annual report for 2011/13							
You said	Current Work	I will	Action	Baseline	Target	Timescale	Responsible
Objectives: 1 - Promoting healthier living in local communities and tackling barriers							
Local shopping is more expensive than the main supermarkets. There are things we should be doing such as subsidising food and vegetables to promote healthy eating – including local healthy produce (This would be promoted in schools rather than allowing school children access to convenience food), investing in sport; providing appropriate housing. Parenting classes should be standard for teenagers in schools to change culture and attitudes of parents.	Promoting Healthy Weight Plan Physical Activity Implementation Plan	Lead work to promote breastfeeding	Increase breastfeeding rates	Baseline 19% exclusively breastfed at six weeks.	50% in target community (Selkirk)	2016	Baby Friendly Initiative Lead
		Work to promote access to healthy food, with local communities to develop cooking skills, Growing Projects (grow your own fruit and vegetables) and Active Living – communities engaged in physical activity Promote healthy eating options through the NHS and SBC.	Deliver community food programmes Increase number of health improvement community based adult learning participants	0 15	Four Healthy Living Network Communities 30	2016 2016	Health Improvement Lead (Inequalities) Health Improvement Lead
	Early Years Strategy	Work with others to promote play space, play opportunities. Work with others to promote parenting classes.	Deliver health improvement work in Early Years Centres, via to Early Years Steering Group; Children and Young People's Leadership Group			2016	Health Improvement Lead Early Years / Head of Health Improvement

Actions from the Consultation on the Director of Public Health's Annual report for 2011/13							
You said	Current Work	I will	Action	Baseline	Target	Timescale	Responsible
Objectives: 2 - Connecting people							
<p>Young people want to have someone they can talk to about worries and feel listened to.</p> <p>Planning should be person centred.</p>	<p>Mental Health Strategy. Suicide Prevention Strategy. Children and Young People's Service Plan.</p>	<p>Support work in schools and youth services to promote emotional and social well-being as well as respectful relationships.</p>	<p>Whole school programme developed and delivered in high schools with School Nursing service and Education.</p>	0	1 high school	2014 -15	
<p>People want to be as independent as possible and not be isolated.</p>	<p>Mental Health Strategy. Suicide Prevention Strategy. Older People's Strategy.</p>	<p>Encourage Healthy Living Network activity to support, for example: Men's Sheds. Parent Support Groups.</p> <p>Promote best practice in self-management of people with long-term conditions.</p> <p>Support Mentally Healthy Workplace policies in Scottish Borders Council and NHS Borders. Develop pilot project on social prescribing for mental health in communities.</p>	<p>Develop Pilot Project on social prescribing for mental health problems in communities</p> <p>Complete primary care based development project on shared self-management</p> <p>Plan and oversee delivery of relevant mental health awareness training</p>	0	1 community	2015	

Actions from the Consultation on the Director of Public Health's Annual report for 2011/13							
You said	Current Work	I will	Action	Baseline	Target	Timescale	Responsible
Objectives: 3 - Work in partnership with local communities							
There should be community action and opportunities for people to be involved as volunteers.	Implementation of Health and Social Care Partnership and locally important aspects of the Community Empowerment Bill.	Encourage the Healthy Living Network to develop volunteering for health. Work to ensure that person centred planning is an essential part of health and social care.	Expand the number of community health volunteers		20% increase	2016	Health Improvement Lead (Inequalities)
You were concerned that carers had been omitted	Borders Joint Carer's Strategy	Work to ensure that the Borders Joint Carer's Strategy is implemented.	Young carers needs will be included in Health Improvement Work Plan			2016	Health Improvement Lead, Children and Young People
We need to ensure that initiatives include ethnic minorities and other vulnerable groups	Equality Action Plans Joint Health Improvement Team Work Plan	Work with others to ensure that the impact of major decisions on equality is assessed Help create the conditions for people to have more control of their own health and wellbeing	Identify development needs to promote inclusiveness in the NHS Deliver annual event and related health improvement programmes to meet needs of migrant community		Gap analysis from Equality Impact Assessment informs the Joint Health Improvement Team Work Plan	2016	

Actions from the Consultation on the Director of Public Health's Annual report for 2011/13							
You said	Current Work	I will	Action	Baseline	Target	Timescale	Responsible
Objectives: 4 - Tackle poverty and promote employment opportunities							
A healthy community in 2020 would have secure employment with the level of income that prevented poverty, with support for the unemployed.	Inequalities Strategy.	With others: Support the development of local economies;	Secure external funding to develop food networking		Awareness raising with NHS staff Develop pathways to financial advice and support with Child Health / Early Years services	2016 2016	Joint Head of Health Improvement Joint Head of Health Improvement
	Tackling Poverty and Financial Inclusion Strategy.		Support delivery of welfare benefits advice in early years work. Provide one Modern Apprenticeship or internship in Department	0	1	2015	Joint Head of Health Improvement Joint Head of Health Improvement
	NHS Borders Welfare Reform Action Plan.	Work to mitigate the negative impact of welfare reform, promote uptake of benefits and maximise income, provide openings for skills development, employment experience.					

Actions from the Consultation on the Director of Public Health's Annual report for 2011/13							
You said	Current Work	I will	Action	Baseline	Target	Timescale	Responsible
Objectives: 5 - Joined up ways of working							
Partner organisations should talk to each other and share resources.	Public Sector Reform.	Work to develop a plan for Health and Social Care Integration	Lead strategic planning process			2016	Joint Director of Public Health
Residents find it difficult to access many services and information; transport is costly. Access to health services is limited in the immediate area people live in.	NHS Borders Clinical Strategy	Promote initiatives such as community chaplaincy and befriending services that help people find supports within their local community to help with mental health and emotional health issues	Social prescribing pilot as above			2016	

Conclusions

The majority of respondents thought that the report was well written and agreed with the vision of future health in the Borders. One interesting comment was that the vision of what we want to achieve is clear but the route to take to get was less clear.

The children's responses demonstrate a wealth of knowledge and awareness of the broader factors influencing health. The important factors to consider are their ideas for solutions which fit well with the 2020 vision of health. These include focusing on early intervention and prevention, building relationships and social support and developing new opportunities for health and wellbeing across the lifestages.

Empirically, from the process of consultation on this report, specific events involving participation have produced the best engagement as did discussion with established groups and forums. It is interesting, that at the launch of the consultation the discussions relating to Langlee and Burnfoot involved professionals whereas Lauder community Council proactively approached my team for support with their work. Given Lauder's affluence, this is perhaps unsurprising. This is a lesson for the future in terms of achieving wide involvement in the discussion and use of future Director of Public Health Annual Reports. Further, the use of social media to publicise the Director of Public's Health Annual Report and conduct future surveys related to it may yield a far greater response and should be trialled. The key issue has been the need to develop the consultation responses into meaningful action.

Finally, and most importantly, the consultation has highlighted a number of areas for action and I have in response put forward how I, as Director of Public Health, will take action to tackle these determinants of health. I look forward to your support in doing so!

"Our Vision of what we want to achieve is clear but I am not sure how clear the route we are going to take is."

Volunteers - "they are there because they want to be, not because they are being paid to be there"