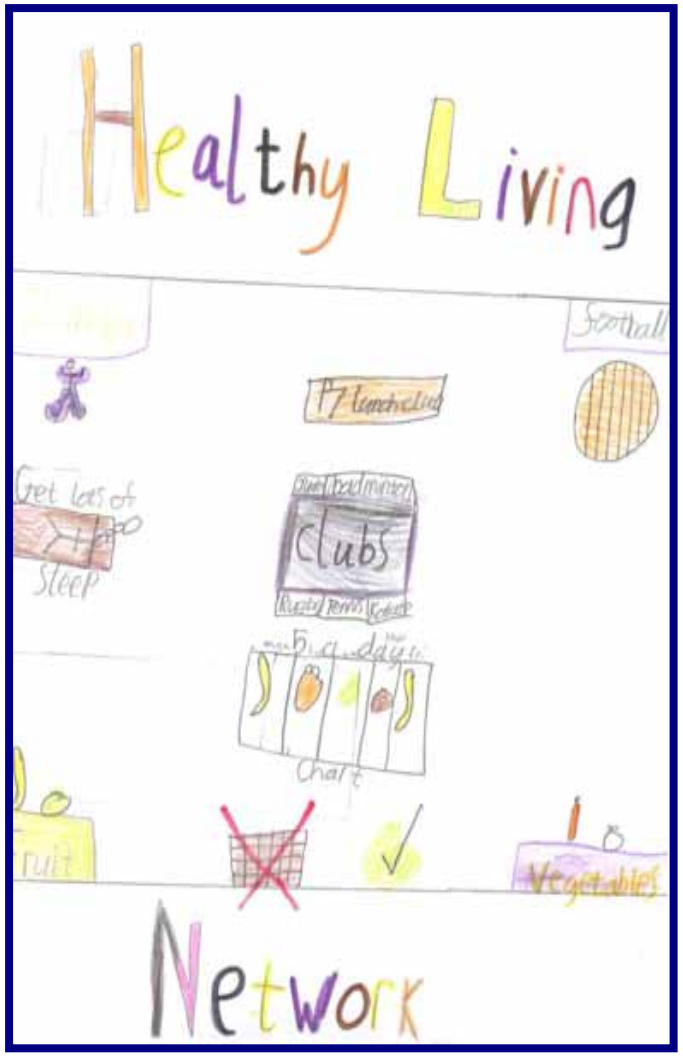
Borderline Health

Annual Report of the Scottish Borders Joint Director of Public Health 2010 – 2011



Walkerburn Primary School

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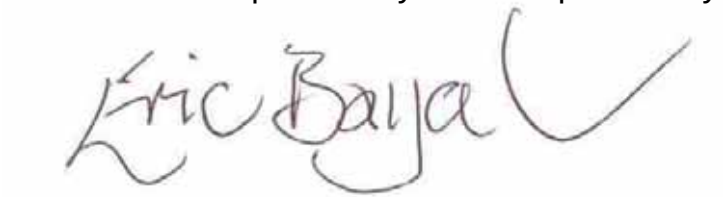
Acknowledgements

The production of this report has very much been a team effort. Thanks are due not only to the named contributors but to all members of my very talented, often "virtual" Public Health Team both within Scottish Borders Council and NHS Borders. Given the necessity to collaborate to move forward the public health agenda I am also very dependent on the work of others outwith this team.

I would like to say a special thank you to the children in Primary 7 of Walkerburn Primary School who have used their artistic talent to provide the cover of this report. They made me feel very welcome when I visited them and their enthusiasm for the work of the Healthy Living Network was very apparent. Thank you Jamie, Lauren and Daniel.

As ever I must personally take responsibility for any errors, whether of omission or commission.



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1. Introduction

In this Annual Report, my second as Joint Director of Public Health for NHS Borders and Scottish Borders Council (SBC), I look again at progress over the past year in promoting and protecting health, and improving the services to deal with ill health.

Dr Eric Baijal
Scottish Borders Joint Director of Public Health

In my previous report I recommended:

1. Continuing partnership approaches to improve the health of our children and young people, particularly in their early years
2. Continuing to work with those with poorer health experience in the Borders to promote and protect wellbeing
3. Increasing efforts to promote and protect health as people age, targeting those aged over 50 years
4. Continuing to combat unemployment, poverty and financial exclusion
5. A review of progress by the Scottish Borders Community Planning Partnership in addressing the three national priority areas
6. Scaling up existing work on smoking, alcohol and obesity
7. Ensuring implementation of the NHS Borders and Scottish Borders Council Joint Health Protection Plan

In the paragraphs that follow, I summarise progress over the past year in relation to these recommendations.

1. Improving the Health of Children and Young People

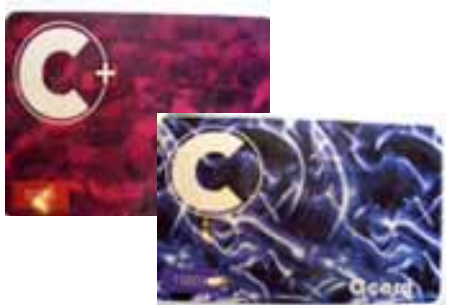
I share the view of many experts that the health and wellbeing of children and young people are a priority. Several themes that are particularly relevant for schools recur in policies:

- The significance of early years in shaping later health and wellbeing and therefore the importance of supporting young children and their families effectively
- The crucial opportunity that schools have, as a universal service, to promote health and wellbeing for all
- The link between a child's health and wellbeing and their capacity for learning
- The need to be aware of those groups of children and young people whose life circumstances heighten their risk of poorer health and wellbeing in childhood and later in life and ensure work is targeted towards their needs, to reduce these inequalities in health

My team's work is not only influenced by national priorities but an understanding of the local needs and concerns of children, young people and their families. In 2010, the Children and Young People's Health Improvement Group agreed to focus on the key transition period of 10 – 13 years of age. It undertook research to understand the health issues facing young people in this age group in deprived parts of the Borders. This highlighted a range of risk factors for young people during early adolescence: poor diet, exposure to a culture of alcohol misuse, inadequate parental support and limited personal emotional resources and social opportunities.

Recent work with schools includes:

Relationships and Sexual Health The Joint Health Improvement Team has worked with the SBC Education Team and schools to deliver national programmes on sexual health and relationships in both primary and secondary schools. These encourage respectful relationships with others and aim to build resilience in young people.



The C Card scheme for the distribution of condoms is being introduced through the school health service and through youth work services. The scheme operates in many other parts of Scotland. It provides a robust framework with safeguards and has the full support of the local Child Protection Committee.

Tobacco, Alcohol and Drugs Work has focussed on helping young people to make positive choices to avoid the harmful effects of tobacco, alcohol and drugs. Smoking cessation resources are being developed for young people and staff, in collaboration with Community Learning and Development in SBC. In addition, my team has promoted the Smoke Free Homes initiative in the Borders to reduce the damaging effect of "second-hand" smoke. We have been encouraging people to sign up to make their home smoke free, with some success.

Alcohol and drugs education in schools has been recently reviewed locally, following the introduction of Curriculum for Excellence. The different organisations are committed to working closely with common messages and approaches. This will include ensuring that young people and staff can access accurate information and support when required.

Child Healthy Weight To address the increasing number of overweight or obese children, my Joint Health Improvement Team, the School Health Service, Borders Sport & Leisure Trust (BSLT) and schools have worked together to deliver the local Child Healthy Weight (CHW) programme,. The "Fit4Fun" programme will be delivered in targeted primary schools from August 2011 to whole classes, offering eight sessions combining physical activity and nutritional education.

Physical Activity Recent work has included developing guidelines on active play and physical activity for nursery and child care providers and supporting out-of-school physical activity. There are close links with the CHW programme, to promote continued behaviour change. There is a continuing need for work in this area with schools, in particular in view of the low levels of physical activity among girls and young women.

Emotional Health and Mental Health Young people themselves are concerned about this. The Joint Health Improvement Team facilitated work to identify how primary and secondary schools support the social and emotional health of young people. The Joint Health Improvement Team and Education Department is now taking

forward this work to reinforce the importance of a positive ethos in schools. Specific resources have been developed for teachers and youth workers to help guide and support young people with sensitive issues such as relationships, emotional distress, suicide and self harm.

Future Plans Looking to the future, I anticipate that health improvement programmes will increasingly target those areas and schools which have higher deprivation catchments. This will support the Council's commitment to address low aspiration and educational achievement in these areas.

2. Promoting Wellbeing in areas of the Borders with a poorer health experience

One of the highest impact but relatively low cost interventions in these areas has been the Health Living Network (HLN). The HLN operates in five localities (Burnfoot, Eyemouth, Langlee, Bannerfield (Selkirk) and Walkerburn) and aims to reduce health inequalities and increase community capacity for health improvement. Because of the different health needs these vary in terms of detail but the broad themes are very similar.

As well as other activities, HLN staff help develop the community by influencing partners and peers to build capacity with training programmes. These include skills based learning activities (e.g. weaning courses), access to physical activity, groups to increase community connectedness (e.g. lunch clubs), actions to reduce poverty such as energy saving seminars and support to local fruit and vegetable production by horticulture groups. Many activities are supported by local Community Health Volunteers who, as well as increasing local capacity to deliver health improvement programmes, can build their own skills and confidence.

Produced by Borders Healthy Living Network

During 2010-2011, 959 individuals participated in HLN activities, which is an increase of almost 20% over last year. Taking into account people living in participants' households this is an impressive performance; potentially over 2,500 people have been exposed to opportunities for healthier living in deprived areas.

In addition partnership working in Huntlyburn led to the delivery of a patients' *Back to Basics* cooking programme covering making easily prepared, healthy food on a budget. Participants in cooking skills programmes report an increase in confidence and importance of preparing and eating healthier food.

3. Increasing efforts to promote and protect health as people age

The *Transforming Older Peoples Services* (TOPS) re-balancing of care programme and the NHS Borders Integrated Health Strategy identified a number of opportunities for older people - to improve their quality of life, to maintain their health and well-being and to assist the maintenance of their independence by shifting away from a heavily bed dependent, institutionalised model towards one which promotes independence and which reduces the risk of hospital acquired infections. This is in line with Government initiatives such as the Change Fund. As part of the Scottish draft budget announcement on 17th November 2010, the Cabinet Secretary for Finance and Sustainable Growth announced the allocation of £70m in 2011-12 to a Change Fund to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services. The Change Fund provides bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings and, it should also influence decisions taken with respect to total partnership spend on older people's care.

Developments are already underway in Cheviot locality to implement new approaches to the delivery of care focused around in-patient redesign and joint working with social care services. The work aims to achieve:

- Increased number of older adults able to remain independent in their own homes
- Increased levels of confidence to remain at home
- Reduced waits to access treatment

- Day hospital services which are more accessible and appealing
- Improved quality of care (e.g. nutrition)
- Seamless access to NHS and SBC Social Work Services

I welcome these aims and would like to see a greater emphasis on preventative spend in this work.

4. Combating unemployment, poverty, and financial exclusion

In May 2010 the "Tackling Poverty and Financial Inclusion" Strategy was completed. The purpose of the strategy is to outline what is currently going on in the Scottish Borders to tackle poverty and financial exclusion and set out future intentions. The key areas being developed are dealing with material problems, improving the economic position of poorer people and promoting social inclusion.

The three aims of this Strategy are:

1. Reduce the number of households in the Scottish Borders currently in debt, or at risk of being in debt
2. Improve access to affordable and manageable financial services in order that households manage their money efficiently
3. Improve access to information and advice to help maximise incomes

A wide range of stakeholders and partners were consulted in the production of the Strategy. These included: Citizens' Advice Bureau, NHS Borders, Registered Social Landlords (Housing Associations), Voluntary Sector, Equalities Groups and Community Councils. The Consultative Draft was also sent out to the People's Panel, which is composed of members of the public living in the Scottish Borders who are happy to be consulted on issues relating to living in the Scottish Borders.

The Strategic Partnership Against Poverty Group involves the work of key public and voluntary agencies to address poverty related issues in the Scottish Borders. The Group takes the lead role in eradicating poverty through more effective partnership working, awareness raising and presenting business cases based on robust evidence. The "Tackling Poverty and Financial Inclusion Strategy" is monitored and reviewed by this group.

5. Progress by the Scottish Borders Community Planning Partnership

I am pleased to report that over the past year, Scottish Borders Council has taken the lead in producing the first Scottish Borders Strategic Assessment. A Strategic Assessment is an effective way of presenting information about an area. It provides decision makers with analysed data about trends, comparisons with national averages etc. and therefore allows decisions on public sector resources to be based on intelligence. In the Scottish Borders the Strategic Assessment is part of informing and planning effective work and is one of a number of sources of information that helps decisions on prioritisation to be taken objectively. It underlines the priorities I highlight in my Report. If we take these on board and address them, then we will have an impact on health inequalities and early years.

Other helpful work in taking forward the Public Health agenda has been a series of conferences set up by Scottish Borders Council to look at early interventions and how the use of these might be taken forward in the Borders. The first event looked at the evidence for the effectiveness of early interventions, the next local work using early interventions and other events are planned to identify gaps in the provision of early interventions in priority areas. Many of the priorities within the Strategic Assessment were also identified at these events.

6. Scaling up work on smoking, alcohol and obesity

Over the past year I am pleased we have over-delivered in relation to our target for smoking cessation and brief interventions to reduce harmful alcohol consumption, but that does not mean we have reached everyone in the Borders needing this help.

Smoking remains a challenge and in particular exposure to "second-hand" smoke. Second hand smoke is both the smoke exhaled by the smoker and also the smoke which escapes from a tobacco product. It is particularly dangerous to babies and young children, as their respiratory systems are still developing and they therefore breathe more deeply and more frequently. In children it can lead to:

- Meningitis
- Cot Death
- Middle ear infections
- Asthma
- Increased respiratory infection

I am therefore pleased to be able to report that, in 2010, my team launched the Smoke Free Homes initiative. The Smoke Free Homes Campaign is to protect young children from exposure to second hand smoke, and simply asks parents of young children to sign up to a promise to keep all or part of their house Smoke Free.

Promises can be made at 3 levels

Gold: Make your home totally smoke free at all times
Silver: Never smoke in the presence of children and smoke only in one well ventilated room
Bronze: Never smoke in the presence of children or other non-smokers within your home

The campaign has been widely promoted in a range of ways, such as among childminders and in retail settings. Those who sign up are sent a letter of confirmation and followed up at a later date.

As at March 2011 information is incomplete but so far we have had 58 sign-ups to the Smoke Free Homes initiative. Of the 58, 45% were from the five disadvantaged areas this report is focusing on; 17 replied to a follow

up letter and questionnaire sent to them one month after they signed up. All bar one of these were keeping to the promise they had made on sign-up. One person also asked to upgrade their promise to 'Gold'.

We had 363 children go through our CHW intervention programme by March 2011 compared with a target of 194. The Scottish Government published the "Obesity Route Map Action Plan" [1] on 22 February 2010. The Action Plan reflects the direction of travel set out in the Obesity Route Map for all those who influence the increasing prevalence of obesity in Scotland. It highlights key milestones which we will monitor for the local Joint Obesity Group. We expect to update the Action Plan with new milestones and actions on an ongoing basis.

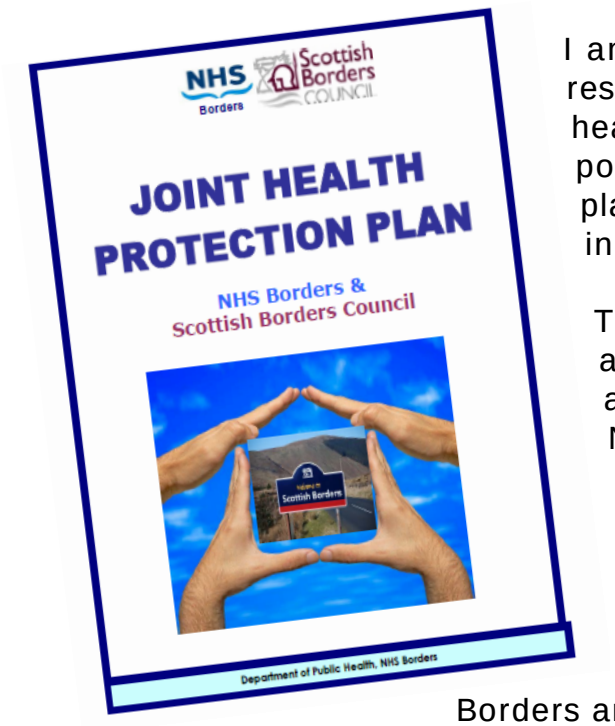
7. Implementing the NHS Borders and Scottish Borders Council Joint Health Protection Plan

The Joint Health Protection Plan for NHS Borders and Scottish Borders Council has been produced in accordance with the new Public Health (Scotland) Act 2008. The Plan was produced in 2010 by the NHS Borders Health Protection Group which has representatives from all the main local organisations involved in Communicable Disease Control and Environmental Health including SBC Environmental Health and Scottish Water. It was subsequently approved by the NHS Borders Board and by Scottish Borders Council.

The purpose of the Plan is to provide an overview of health protection (communicable disease and environmental health) priorities, provision, preparedness and to support the collaborative arrangements that exist between NHS Borders and the SBC. The Plan also sets out actions that local partners will be taking to address the agreed priorities and how the main communicable disease and environmental health risks will be addressed. Appendix 1 summarises notifications of communicable disease from 2005 – 2010.

[1] http://www.scotland.gov.uk/Resource/Doc/346007/0115166.pdf

Action since the production of Plan



I am pleased I can report the Borders' response is comprehensive with capacity and resilience arrangements very well advanced. The Board maintains day-to-day health protection services to a high standard and has systems in place to anticipate potential incidents. Formal public health mutual assistance arrangements are in place with NHS Lothian. Formal pandemic flu mutual assistance arrangements are in place with the South East Scotland NHS Boards.

The Public Health Department continues to undertake health protection audits as appropriate to ensure that the quality of services is maintained and that lessons are identified from incidents and outbreaks. Regular reports are also presented to NHS Borders Clinical Governance Committee. Work continues to progress on a number of specific health protection actions recommended in the report.

Increasing resource pressures on the health service and local authorities in future years are a challenge and communicable diseases and environmental hazards (existing and new) continue to pose a threat to the Borders population. The development of the health protection function will remain a priority for NHS Borders and Scottish Borders Council.

The Scottish Government Health Protection Stocktake Working Group Interim Report was published in July 2011. This Report highlighted the strengths and weakness of health protection services in Scotland and recommended a more detailed option appraisal exercise of four different models of Scottish health protection service delivery. The final Report containing the outcome of this option appraisal exercise will be available later in the year and local Health Protection Services will be further reviewed in light of these recommendations at that time.

2. A Force for Action

I am supported in my attempts to improve and protect the health of Borders by a number of expert dedicated teams. I think it would be helpful for you to find out a little about what they do, so read on …

The Joint Health Improvement Team

Allyson McCollam
Head of Joint Health Improvement Team

My Joint Health Improvement Team aims to lead and support improvement in health and a reduction in health inequalities in the Scottish Borders. This includes helping partner organisations be clear about what they are doing to improve health and to promote the quality and sustainability of these actions.

The team brings together Scottish Borders Council staff with designated health improvement functions and the former NHS Borders Health Promotion Department. Most importantly the HLN Staff are part of this team.

The functions of the team are:

- Planning: to identify and address local health improvement priorities in partnership
- Capacity building and training: to support other services and organisations in improving health improvement

- Delivery of effective health improvement programmes, particularly in local areas and for key groups with a poorer health experience.

- Provision of a resource and information service

The team works to promote the health of:

- Children, particularly in their early years, and young people

- Communities

- Older people

- Priorities across all these age groups are: food and health, physical activity, mental health, including suicide prevention, sexual health and relationships and tobacco, all of which are cross-cutting.

The Team works closely with NHS and Council services as well as others including the public, community and voluntary sector.

The Health Protection Team

My Health Protection Team in the Borders focuses on:

- Protecting the public from being exposed to hazards which damage their health
- Limiting impact on health when such exposures have already occurred
- Co-ordination of immunisation programmes
- Co-ordination of resilience planning for NHS Borders
- Co-ordination of national screening programmes

Dr Tim Patterson
Consultant in Public Health Medicine (Communicable Disease & Environmental Health)

Functions of the Health Protection Team

- Planning for, as well as identifying and managing of communicable disease outbreaks
- Risk communication: informing and educating the public in ways which aid understanding, allay unnecessary anxiety and help individual and collective action to reduce risk
- Provision of named personnel to exercise the powers conferred by the Public Health etc. (Scotland) Act 2008 in keeping with requirements of 'Designation of Competent Persons Regulations 2009'
- Support and advice with regard to environmental hazards to Scottish Borders Council, Emergency Services, Scottish Water, State Veterinary Service, and General Practitioners
- Surveillance and control of notifiable diseases, organisms and health risk states

- Co-ordination of immunisation programmes and provision of information and advice to primary care and other health professionals
- Co-ordination of emergency planning, business continuity and resilience management functions
- Co-ordination of national screening programmes: cervical, breast, colorectal, pregnancy and newborn, diabetes retinopathy and aortic aneurysm
- Provision of education to a wide range of professional groups
- Research

Delivering these functions

The Health Protection Team provides strategic leadership for protecting and promoting health and preventing illness. My colleagues rely on effective multi-agency partnerships for health. I would like to acknowledge the crucial operational part played by colleagues in the council, the community and hospital. Effective delivery of health protection functions requires:

- Suitable professional education and training
- Networks of professionals and agencies, operating locally, regionally and nationally which co-ordinate policy, procedures and action
- Effective management, clear systems of accountability (including measuring the quality and impact of health protection services) and adequate resourcing of health protection services
- Ensuring that NHS Borders and Scottish Borders Council are adequately prepared to respond to a major incident and to continue to provide critical services in the event of any disruption. This means ensuring that up-to-date plans are in place, that staff are aware of these and that the plans are exercised on a regular basis to ensure that they are fit for purpose. Resilience is based on the principle of Integrated Emergency

Management and relies strongly on a co-ordinated multi-agency approach to develop flexible and adaptable arrangements in response to emergencies, whether foreseen or unforeseen.

Scottish Borders Council Regulatory Services

Anthony Carson
Regulatory Service Manager

Scottish Borders Council Regulatory Services staff are a vital complement to the NHS Health and particularly the Health Protection Team. They are responsible for carrying out duties under a wide-range of legislation which has an impact on the health, safety and welfare of our Borders community.

Legislation covering, for example, food safety, fair trading, consumer protection and workplace health and safety ensure a strong regulatory interface with Border businesses through inspection and licensing. The commitment to this sector is illustrated by the provision of locally accessible, elementary food hygiene training without which Borders food businesses might have to travel some distance to obtain.

Through monitoring and assessment of private water supplies, local air quality, land contamination and the noise environment these services strive to maintain the high environmental quality our Borders communities enjoy. Community welfare is also a key objective of infectious disease investigation, pest control and action on amenity issues such as wastes and abandoned vehicles.

Housing legislation, product safety and statutory nuisance investigation take Officers into the homes of Borders communities with the aim of ensuring minimum standards and reducing accidents.

Regulatory Services have a strong role in personal safety controlling dangerous products such as poisons and explosives and tackling the inappropriate sale of alcohol and tobacco. A special emphasis is placed on tackling smoking as part of a multi-agency effort to address objectives within the Scottish Government's health agenda, with the prevention strategy a contributory factor in meeting the health needs of our population and reducing inequalities in health.

The Services are proactively involved in the prevention of pollution and noise disturbance through consultation and liaison with colleagues involved in the Licensing, Development Management and Anti-Social Behaviour teams. In addition they administer grants for improving private water supplies, ensure that licence conditions are met at petrol filling stations, collect straying dogs and arrange for the burial of the dead when necessary.

The Service Improvement Team

The Service Improvement Team provides support to clinical services in assessing population needs and epidemiology, evidence based approaches, service strategies and design, and project management of new services. Topics addressed are generally high priorities for NHS Borders in terms of opportunities for service improvement and/or improved efficiency or because they are national priorities. The work undertaken falls into the following areas:

- Health needs assessment
- Service review and re-design
- Review of evidence on effectiveness and cost effectiveness
- Commissioning strategies
- Project management & delivery

Dr Alan Mordue
Consultant in Public Health Medicine / Deputy Director of Public Health

The team works closely with clinicians and service managers, takes account of national guidelines and Health Technology appraisals, consults with patients and the public and involves any other relevant stakeholders. Topics often involve working across Board boundaries, particularly linking to managed clinical networks and tertiary services in Lothian, but can also involve regional working within South East and Tayside, and SBC Regulatory Services.

In the last year examples of work include:-

- Development of local policy on bariatric surgery and an obesity care pathway.
- Needs assessment for Optimal Reperfusion Therapy Service for myocardial infarction (heart attack)

- Local guidelines on NHS Care and Private Treatment

- Project management of local 'Keep Well Service' (Cardiovascular disease risk assessment in deprived communities) and delivery of 598 checks against a target of 390.

- Re-design of anticipatory care services incorporating the Lifestyle Advisor Support Service, Keep Well Service in primary care and development of a new Counterweight Service (adult obesity service)

- Review of Renal Services and Plans for dialysis provision at BGH

www.keepwellscotland.com

National Guidelines.

Body Mass Index (BMI): - A healthy BMI is between 19 and 26.

Alcohol: - Drinking limits for men and women are defined as:
Women—No more than 2-3 units per day and no more than 14 units in a week, with at least 2 alcohol-free days each week.

Men—No more than 3-4 units per day and no more than 21 units in a week, with at least 2 alcohol-free days each week.

Blood Pressure: - Normal blood pressure is having a blood pressure reading that is above 120 over 80(120/80), but below 140 over 90 (140/90).

Cholesterol: - Target total Cholesterol= Less than 5.2mmol/l
Target HDL = Between 1.03 – 1.55mmol/L
Target LDL = Between 2.6 - 3.34mmol/L
Target TRG = Less than 1.69mmol/L

Random Glucose: - Average between 3.6 – 5.8mmol/l

ASSIGN: - A score of 20 or more is considered to be high, and is used to identify those people in greatest need of advice and treatment to reduce their risk.

NOTE: These are a guide only and if you have any concerns you should always speak to your Pharmacist or Doctor.

NHS Borders

The Borders Alcohol & Drug Partnership

The Borders Alcohol and Drugs Partnership (BADP) is a multi-agency group, which I chair, established by the Scottish Government to ensure a co-ordinated approach to alcohol and drug related work. There is one for each local authority area.

This new partnership, firmly embedded within wider arrangements for community planning, has a much broader span of interest than the narrower remit of the previous Alcohol and Drug Action Teams. This reflects the growing recognition that alcohol and drug issues cut across not only the "Health" stream of community planning but also those relating to the economy and community safety.

The Partnership provides strategic direction to reduce the impact of problematic drug and alcohol use on individuals, families, communities; and frontline services. This involves the statutory, voluntary and private sectors and engaging the wider community.

Julie Murray
Strategic Co-ordinator for the Borders Alcohol & Drugs Partnership

The partnership is supported a small team led by Julie Murray, the Strategic Co-ordinator for the BADP. The Scottish Government funds the work of the ADP, with funding having been made available to support the development of actions to tackle drug and alcohol problems at a local level.

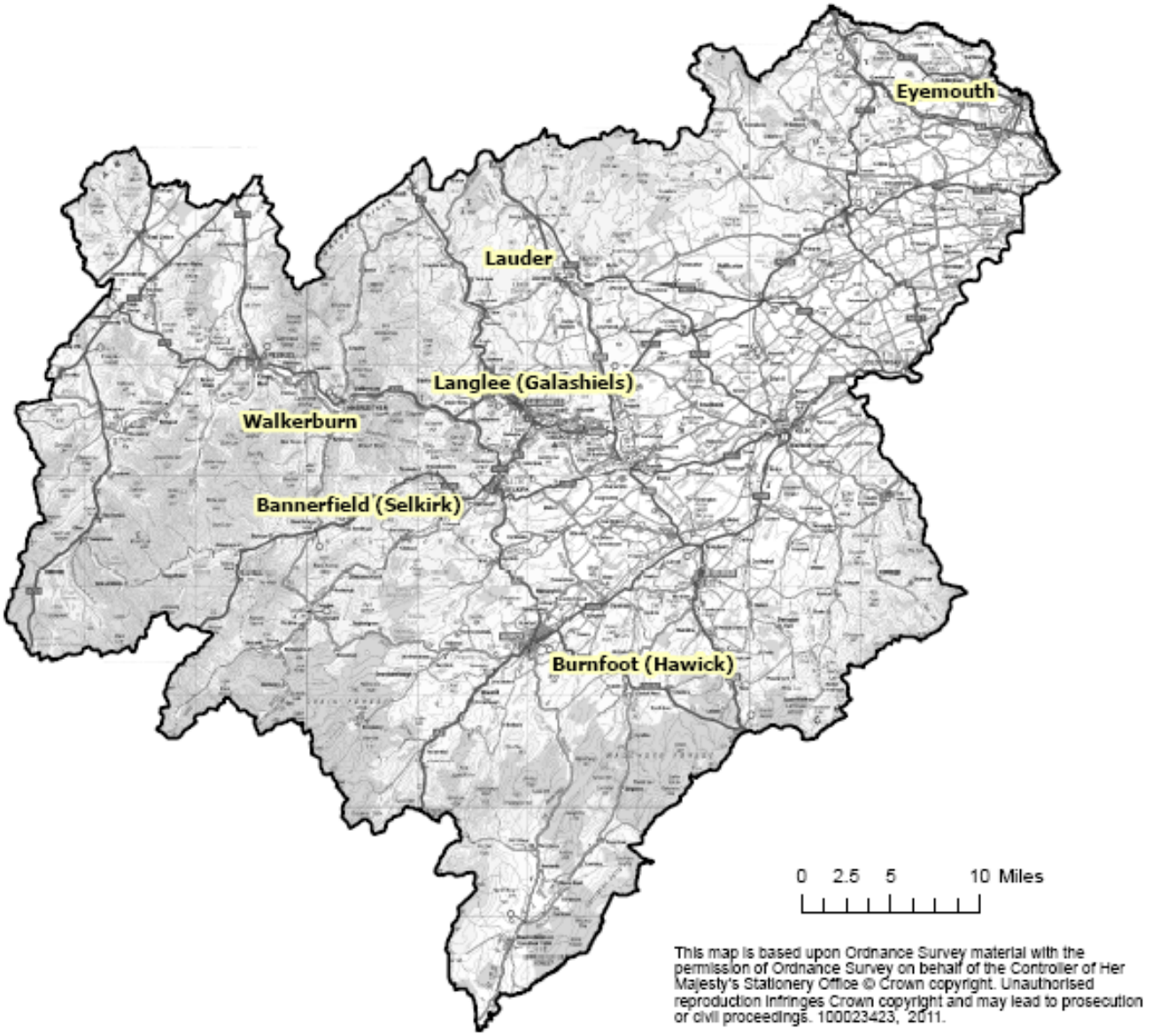
This includes working with the Scottish Drugs Recovery Network to implement recovery and with local partners to take forward the whole population approach on alcohol**.** BADP is held accountable by the Scottish Government and the "New Ways" Partnership to co-ordinate and implement the national alcohol and drug strategies locally. Reporting is to the Community Health and Care Partnership via its Joint Planning and Delivery Committee.

3. A Borderline Health Experience

I have grown increasingly concerned about five areas of the Scottish Borders commonly thought to have a poorer health experience than the rest of the Borders and, indeed, Scotland as a whole. Consequently, this Annual Report has a particular focus on the areas of Bannerfield (Selkirk), Burnfoot, Eyemouth, Langlee and Walkerburn. At least three of these five areas have a legacy from the demise of the Mill Industry. The map in Figure 1 shows where these communities sit within the geography of the Borders. A range of health indicators can be used to highlight issues affecting these deprived areas.

Improving Health in Our Scottish Borders
For Children & Young People

Figure 1: Map of Disadvantaged communities in the Scottish Borders



In the following sections of my report I describe the inequalities in health and well-being these areas experience compared with the rest of the Borders. I have used Lauder as a benchmark as it is the town with, in many ways, the best health and wellbeing in the Borders. Given the small numbers involved, they must be treated with caution. The smaller the numbers the increasingly vanishing the statistical validity.

Table 1 describes the population of these areas.

Table 1: Population of disadvantaged areas in the Borders

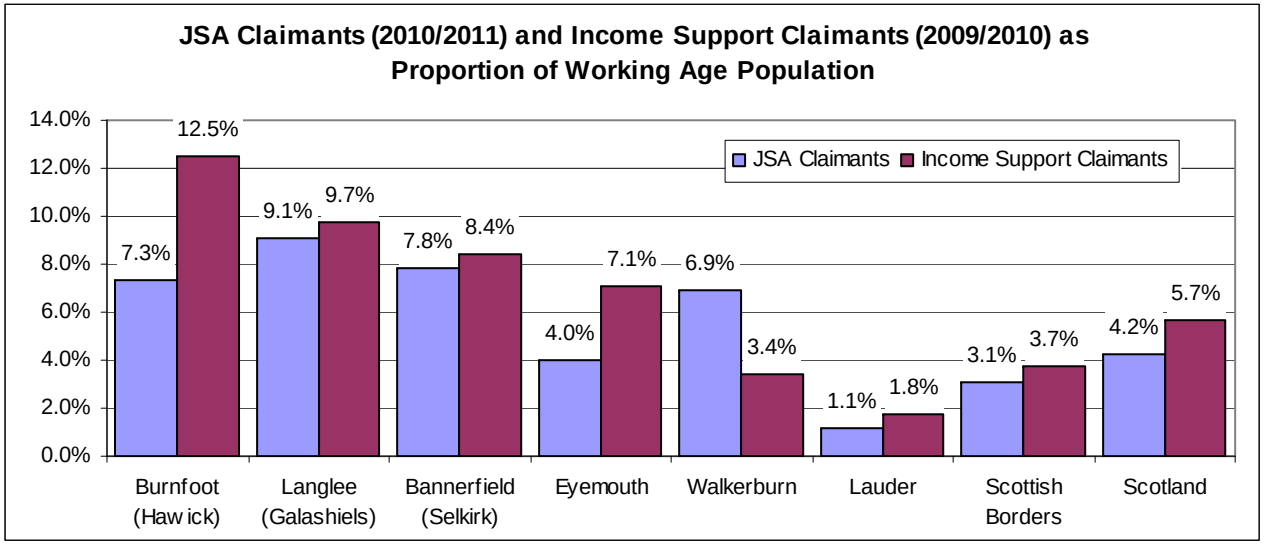
Area	Total Population 2009	Total Population Children 2009	% Children 2009	Total Population Working Age 2009	% Population Working Age 2009	Total Population Pensionable Age 2009	% Population Pensionable Age 2009
Bannerfield (Selkirk)	932	213	23%	533	57%	186	20%
Burnfoot (Hawick)	2,689	710	26%	1,583	59%	396	15%
Eyemouth	3,134	531	17%	1,808	58%	795	25%
Langlee (Galashiels)	2,651	519	20%	1,656	62%	476	18%
Walkerburn	620	88	14%	370	60%	162	26%
Sub Total	*10,026*	*2,061*		*5,950*		*2,015*	
Lauder	1,275	222	17%	780	61%	273	21%

Together these five areas make up about 9% of the Borders population. Apart from Langlee all these areas have a lower proportion of their population that is working age compared with Lauder, Scottish Borders and Scotland. Particularly Bannerfield and Burnfoot have more children, whereas Eyemouth and Walkerburn have more older people.

Roughly speaking, one in two people in these areas is of working age. In five of these areas the proportion of the working age population who are Jobseekers Allowance Claimants (JSA) is much higher compared with Lauder, the Scottish Borders as a whole and Scotland. For example the proportion of the working age population who are JSA

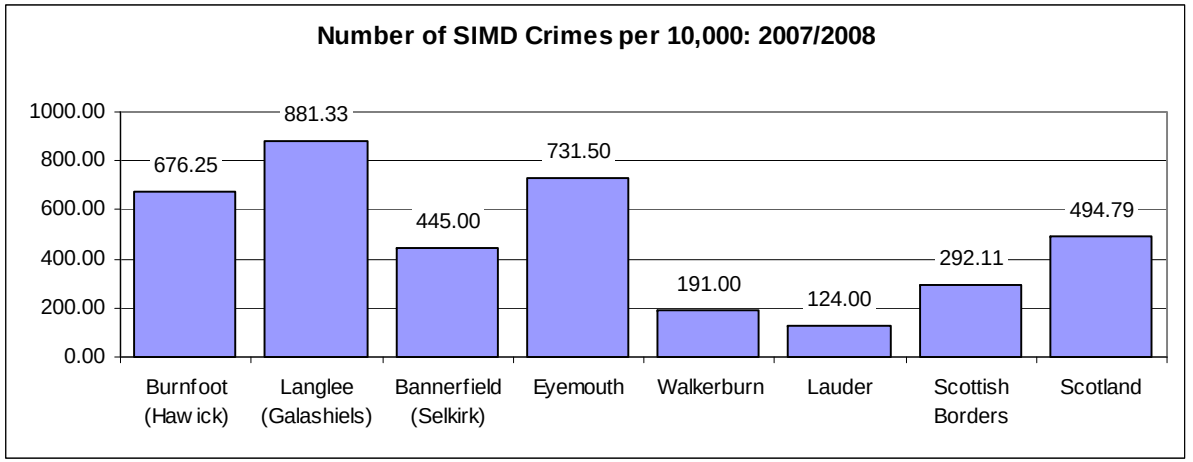
ranges from just over 1% in Lauder to just over 9% in Langlee; nearly 11% more claim Income Support (IS) in Burnfoot than in Lauder.

Figure 2: Number of Claimants as a Proportion of Working Age Population



In terms of neighbourhood crime, a total of five different categories of crimes and offences related to deprivation at a neighbourhood level is conventionally used to measure neighbourhood crime (Scottish Index of Multiple Deprivation (SIMD) Crimes). These are crimes of violence, domestic housebreaking, drugs offences, minor assault, and vandalism. In three of the five areas, the crime rate is higher than for Scotland as a whole and in all five areas it is higher than that in Lauder.

Figure 3: Number of SIMD Crimes per 10,000: 2007/2008



Anti-social behaviour, violence and other criminality threaten the health and well-being of communities and must be seen as a public health problem. I am pleased to say that Lothian and Borders Police (L&BP) have played a major part in the work undertaken by the Borders Safer Communities Team. They have Community Officers in four of the five areas of disadvantage, where the crime rate is higher than in the rest of the Borders.

Community Officers working in partnership with Berwickshire Housing, carried out a number of 'walkabouts' in the Eyemouth area. They visited various parts of the town, speaking to residents listening to their concerns. These visits reduced the number of neighbour disputes dramatically. Cubs, Beavers, Brownies and Guides in Eyemouth were given safety advice to help them achieve their personal and road safety badges.

The L&BP Locality Integration Officer for Eildon, along with the Council's Community Learning & Development Department, ran a "Market Place" event in Galashiels to showcase activities available to young people. Various organisations and voluntary groups attended and a number of interactive activities were available on the night. The event was a great success, with over 150 young people attending.

Scottish Government funding to target identified problem areas within the Scottish Borders was used to address youth nuisance calls in Hawick. The main focus was on providing diversionary activities. A six-week programme was organised between the Safer Communities Team and Border Sport and Leisure Trust (BSLT) to provide a full range of free facilities at the Teviotdale Leisure Centre during the identified problem time period on Friday evenings. This provided a positive opportunity for youth workers, police officers and BSLT staff to engage with the young people in a safe and secure environment and reduce any barriers to participation.

With 1,248 young people attending over the six weeks, BSLT agreed to provide the same facilities for a £1 admission up until the Easter holiday break. Although participation rates were lower, this was a positive outcome for those who wanted to continue with their activities. Analysis showed a drop of 18% in youth nuisance calls in Hawick during the six-week period that the project ran and it is hoped to repeat the event.

An event was held at the beginning of the summer holidays to provide free activities for the young people of Selkirk. A number of organisations including the Air Cadets and voluntary and sports groups set up the activities and around 50 young people took part on the day. Similar events are planned for Eyemouth and Duns in the schools during term time.

In Eildon, Hawick and Tweeddale, L&BP Locality Integration Officers have put in place projects to address anti-social behaviour and offending in identified groups of young people. In Eildon and Tweeddale, these were primary school pupils about to face the challenge of moving to secondary school whose behaviour was causing problems at school and in the community or was alienating them from their peers. Those in Hawick were in the 13-15 age group and were exhibiting anti-social behaviour and offending. All the projects ran for ten weeks and focussed on building confidence and self esteem through sporting activity and team building.

The Tweeddale project received funding from the Scottish Government Cashback scheme and included individual work to build up the youngsters' resilience in dealing with personal issues within the home or community. Although the ten week programme has ended, work is continuing with the parents of four of the boys and individual work has been maintained with the three who are most in need. This work needs to be set in the context of Youth Offending in the Borders decreasing by 39% in the last five years.

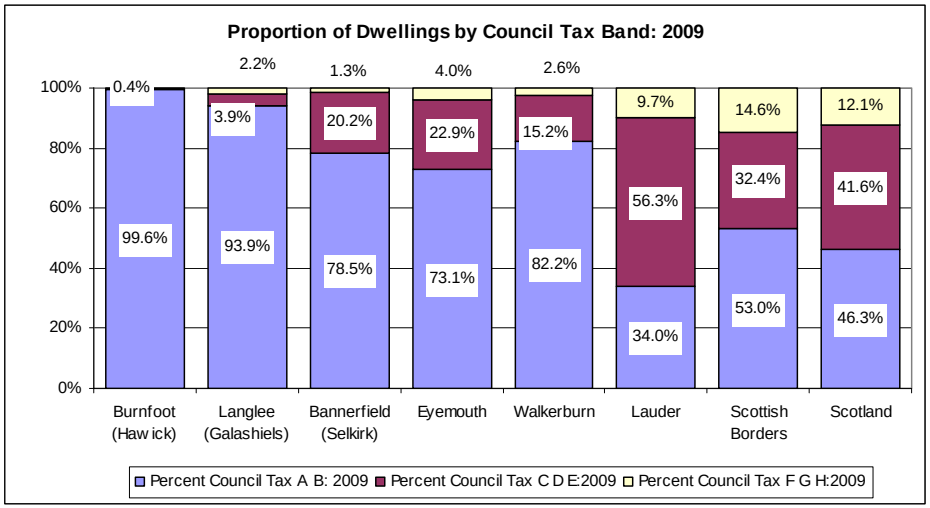
Langlee

In terms of housing the easily accessible indicator that provides some limited information is the Council tax banding which relates to the value of the property. The bands run from A to H with A and B being the groups of property of lowest value and so possibly of poorer quality. In all five of these areas over 70% of the dwellings are in Council Tax Band A or B compared with 34% in Lauder.

This relates to my ongoing concern about fuel poverty which I raised in my previous report. Sadly I think this can only become an increasingly significant issue given the economic downturn and rising fuel prices.

Figure 4 shows the proportion of dwellings by Council Tax Band in 2009.

Figure 4: Proportion of dwellings by Council Tax Band in 2009



Conspicuously, admission rates for accidents are almost five times higher in Burnfoot than in Lauder, four times higher in Langlee and three times higher in Eyemouth.

Figure 5: Admission Rates for Accidents

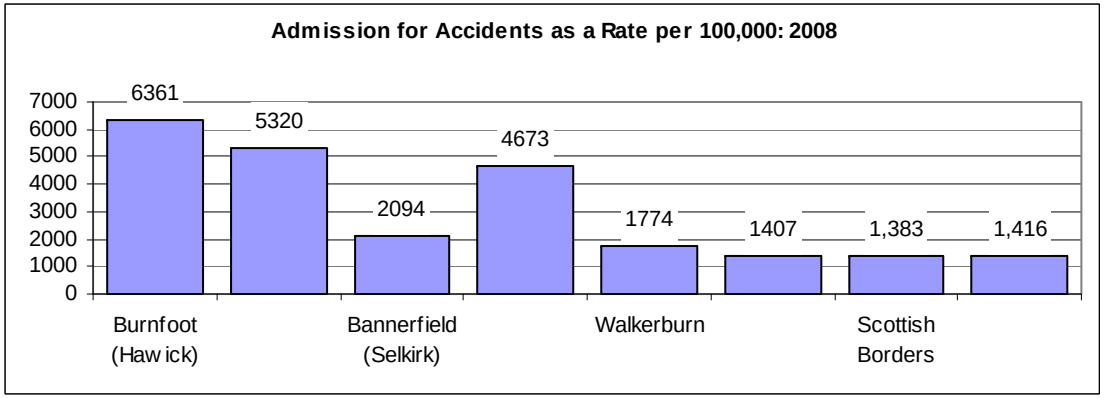
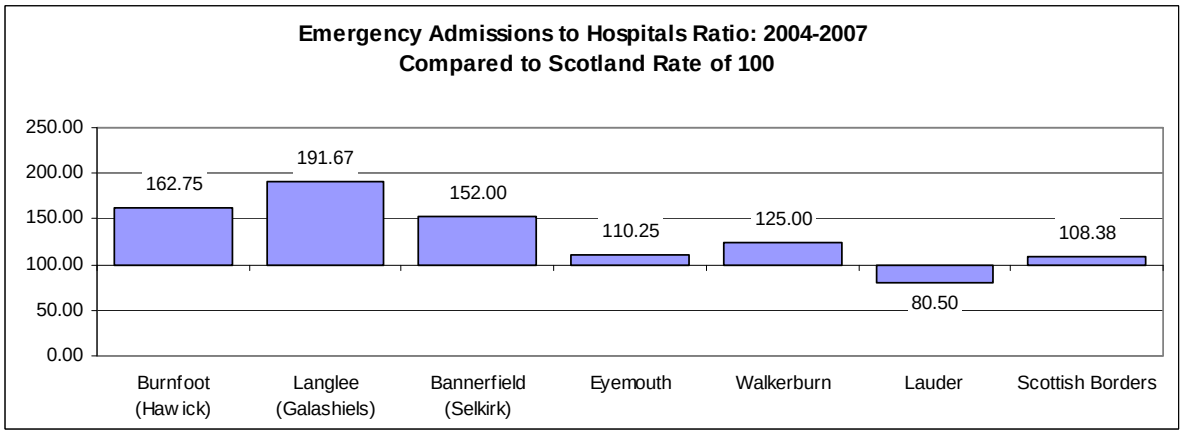


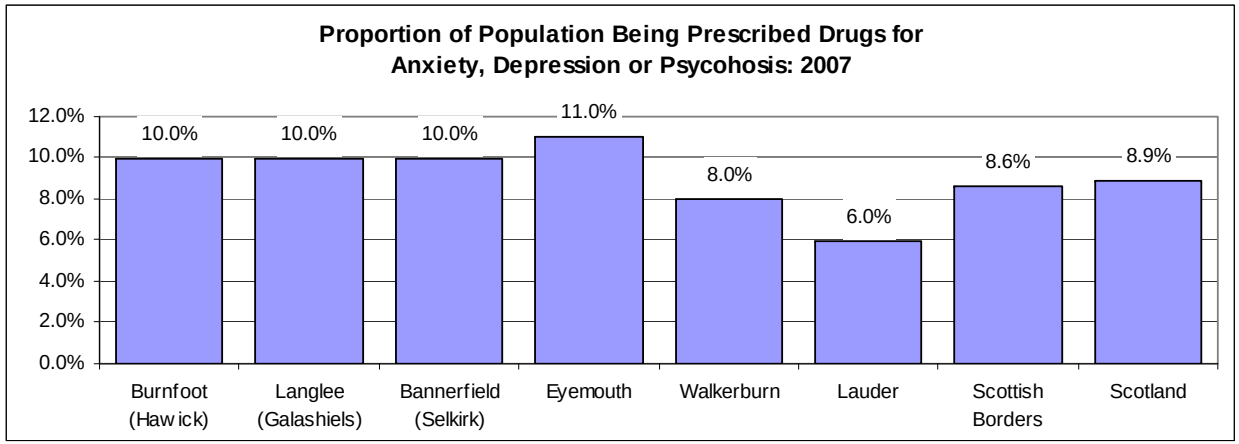
Figure 6 shows the emergency admission rates to hospital.

Figure 6: Emergency Admissions to Hospital



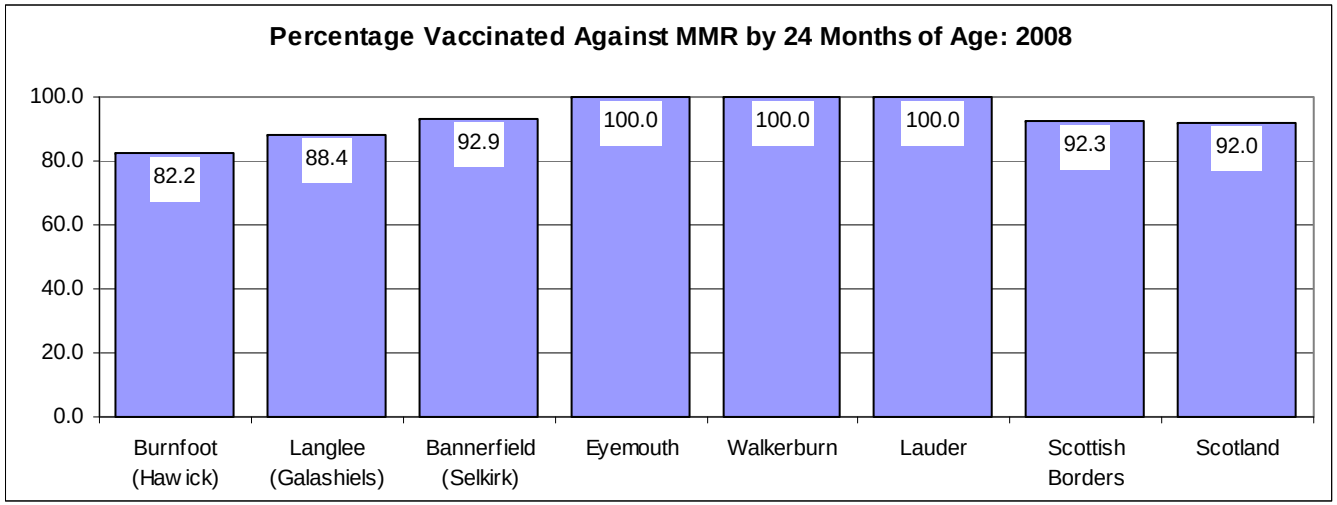
Slightly more of the disadvantaged areas are being prescribed drugs for anxiety, depression or psychosis.

Figure 7: Prescription of drugs for anxiety, depression, or psychosis



These 2008 percentages of children vaccinated against MMR by the age of 24 months show that Burnfoot and Langlee in particular have a lower uptake of this immunisation than all the other areas in the chart, having rates of 82%, and 88% respectively.

Figure 8: Percentage Vaccinated Against MMR by 24 Months of Age: 2008



Looking at immunisation data over time shows no clear trend but Burnfoot is consistently the poorest performer.

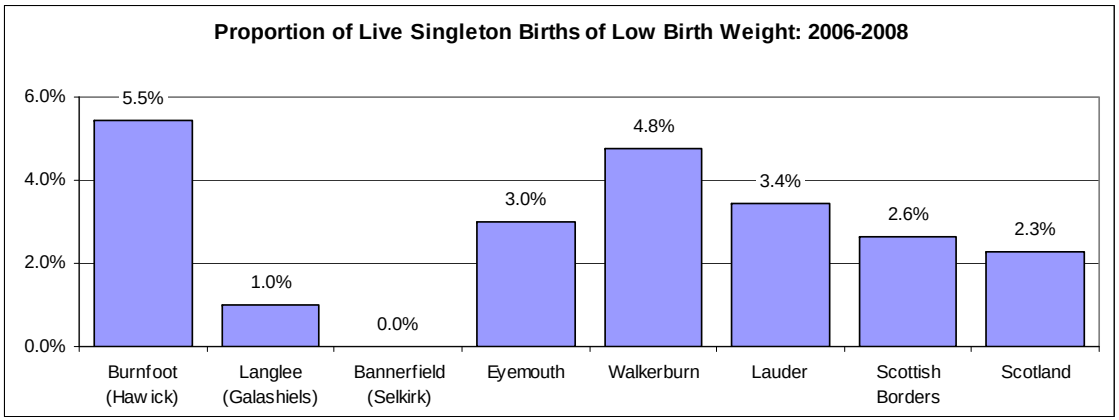
Newer data for 2010, which cannot be analysed by area in the Borders at present, show a similar picture. Uptake rates in the Borders for primary childhood immunisations at 24 months of age were broadly similar to those for Scotland as a whole. There are however marginally lower uptake rates in more deprived communities as measured by the Scottish Index of Multiple Deprivation (SIMD) - see Table 2.

Table 2: Childhood Immunisation at 2 years old by SIMD score in the Borders for 2010

	Diphtheria		Meningitis C		PCV*		MMR		Hib**/Meningitis C		PCV*	
SIMD	**Borders**	**Scotland**	**Borders**	**Scotland**	**Borders**	**Scotland**	**Borders**	**Scotland**	**Borders**	**Scotland**	**Borders**	**Scotland**
5 (least deprived)	96.4	97.8	96.4	96.7	97.6	97.5	92.2	94.4	92.2	94.9	93.2	94.3
4	96.8	97.5	96.4	97.0	96.6	97.3	93.6	93.6	96.1	95.1	94.3	94.0
3	98.2	97.4	98.2	97.0	98.2	97.2	96.5	93.6	96.2	94.4	96.8	94.1
2	99.2	97.1	99.2	96.4	99.2	97.0	96.1	92.8	97.7	93.6	95.3	93.3
1 (most deprived)	95.5	96.5	95.5	96.2	95.5	96.8	89.5	92.2	95.3	92.6	90.7	92.7

Burnfoot, Bannerfield and Walkerburn, stand out as having obviously higher proportions of low birth weight babies. At a population level the proportion of babies with a low birth weight (less than 2.5kg) is an indicator of public health problems that include long term maternal nutrition, ill health, hard work and poor health care in pregnancy. For individual babies low birth weight is an important predictor of newborn health and survival

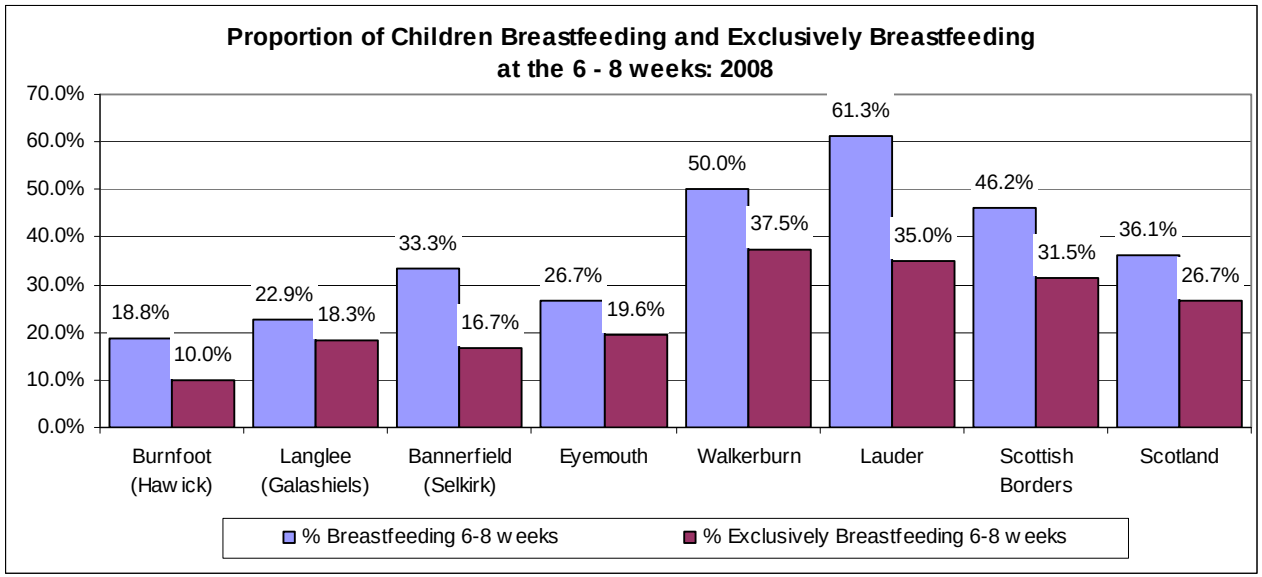
Figure 9: Proportion of Live Singleton Births of Low Birth Weight: 2006 - 2008



* PCV - Pneumococcal Conjugate Vaccine
** Hib – Haemophilus Infuenzae Type b

The proportion of babies being breastfed or exclusively breastfed at six to eight weeks is not too dissimilar in Walkerburn compared with Lauder. However, rates in the other four towns are very poor with 19% to 20% being breastfed at all; compared with 61% in Lauder. This is clearly unacceptable given the benefits of breastfeeding.

Figure 10: Proportion of Children Breast Feeding and Exclusively Breastfeeding at the 6-8 weeks: 2008



This underlines the need for NHS Borders to seriously and rapidly progress the UNICEF Baby Friendly Initiative [2], in both the Borders General Hospital and Community Health Services. This is a scheme to both improve the initiation of breastfeeding and sustain it. I welcome the commitment of colleagues at SBC to progress the Breast Feeding Welcome Scheme. This aims to develop public acceptability and promotion of breastfeeding and encourage a positive attitude towards mothers feeding in public places. One of the reasons for many mothers

[2] http://live.unicef.org.uk/BabyFriendly/About-Baby-Friendly/What-is-the-Baby-Friendly-Initiative/

stopping feeding their babies earlier than recommended is that they do not feel confident about continuing to breastfeed whilst going about their normal life. Women need to feel confident that they will be welcomed as breastfeeding mothers and not seen as a nuisance or be met with embarrassment. To support mothers I want to see us develop a register of premises that are Breastfeeding Friendly- these will include private businesses and retailers, SBC buildings including libraries and Borders Sport and Leisure Trust.

In terms of smoking in these areas, between 21% (Walkerburn) and 50% (Burnfoot) of mothers are smoking at the time of antenatal booking, although the figure for Lauder is 18%. As most women are booked around 8-10 weeks this means a high percentage across all five areas have been smoking in this crucial, formative first third of pregnancy.

Figure 11: Smoking Status at time of Ante-Natal Booking: 2006-2008

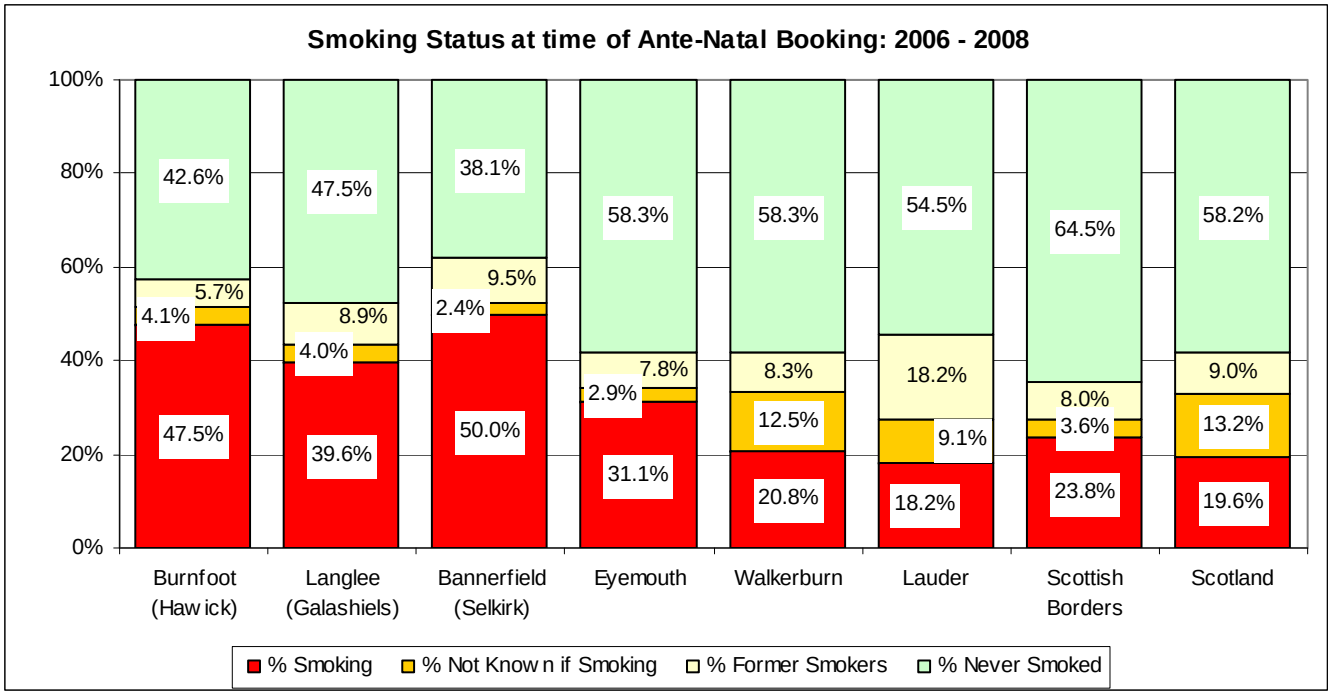
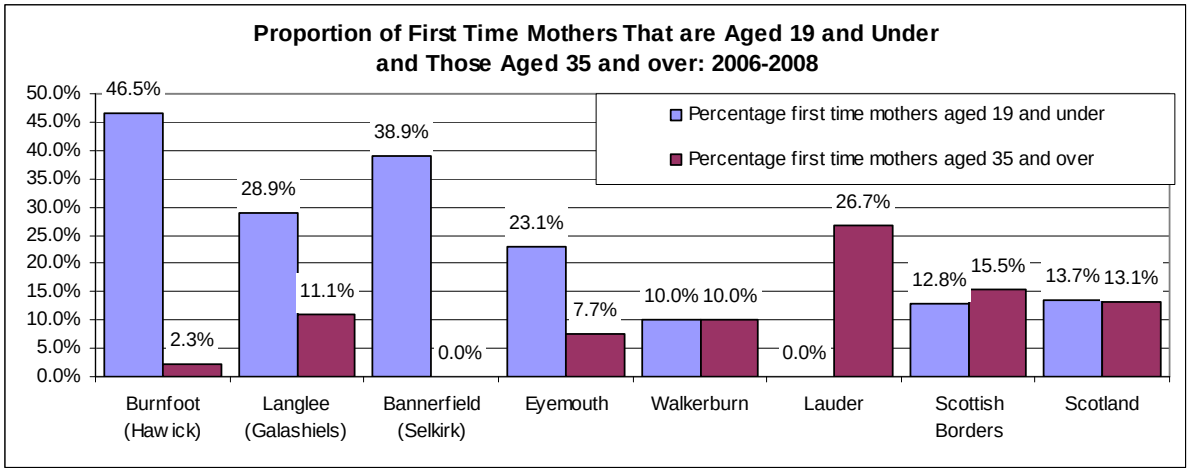


Figure 12: Proportion of First Time Mothers that are Aged 19 and under and those Aged 35 and over: 2006 – 2008



In three of the five areas there is an obviously higher proportion of proportion of first time mothers that are aged 19 and under. The impact of teenage pregnancy on the health of mothers and their babies is well documented. Pregnancy presents physical risks to teenagers as they are still growing and developing and pregnancy places additional demand on the body. It may also risk their mental health and wellbeing. Lifestyle factors such as diet and smoking during pregnancy all contribute to poorer outcomes including the risk of death and illness in infants and increased lifetime morbidity. Babies born to mothers under the age of 18 are at an increased risk of prematurity and are 25% more likely than average to have a low birth weight. The infant mortality rate in babies born to mothers who are under 18 is 60% higher than average. [3,4] Many teenage mothers come from a deprived background. The responsibility of care and parenthood may be a heavy, unwanted burden young women may be unable to cope with.

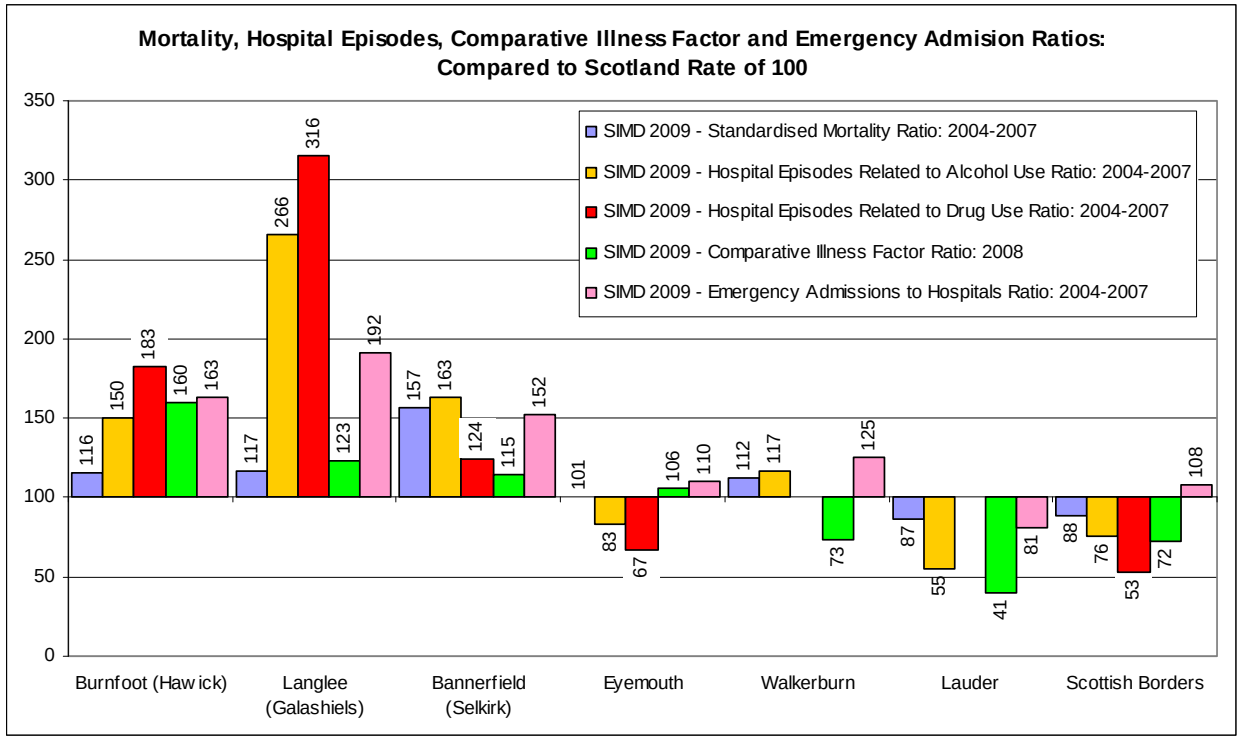
[3] http://www.maternal-and-early-years.org.uk/risk-in-teenage-pregnancy

[4] http://www.tommys.org/Page.aspx?pid=749

In addition to health risks, financial concerns and a lack of further education may reduce the economic opportunities, so increasing the risk of poverty.

Figure 13 shows that; mortality rates, hospital episodes related to alcohol use, and drug use, as well as emergency admissions to hospital, are all markedly higher in three of the five areas than in Lauder and in Scotland as a whole. The Comparative Illness Factor is calculated from a count of people claiming benefits, allowing for their age and sex and is expressed as a percentage.

Figure 13: Mortality, Hospital Episodes, Comparative Illness Factor and Emergency Admission Ratios: Compared to Scotland Rate of 100



Figures 14 and 15 give some indication of educational attainment. Three of the five areas have an obviously lower proportion of secondary school pupils that are aged 16 or more**.** Secondary school attendance rates are lower to a variable extent across all five areas. All five areas have a low proportion of S4 children with no qualifications but also low proportions of such children with top qualifications. Interestingly, four out of the five areas have a similarly high proportion of School Leavers in a Positive Destination (higher education, further education, employment, training or voluntary work) to Scottish Borders as a whole and Scotland overall.

Figure 14: Secondary School Attendance Rate - 2009

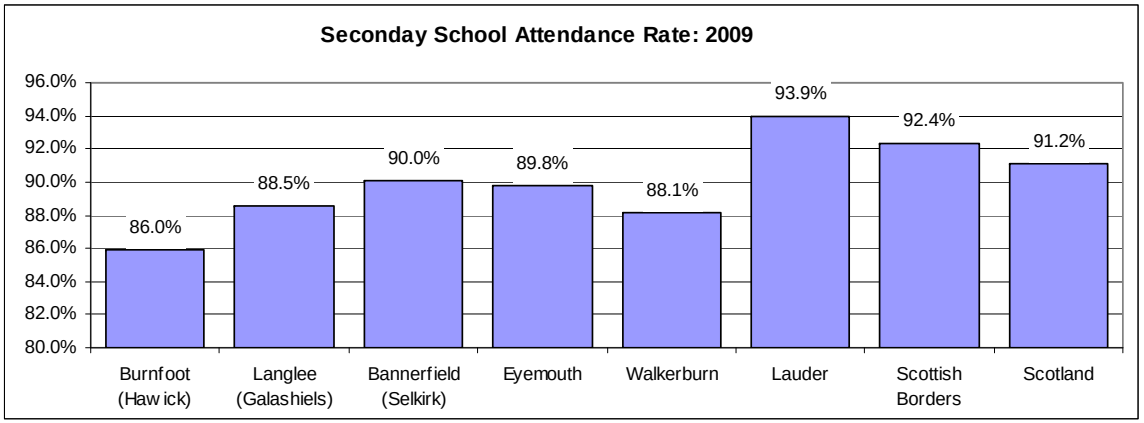


Figure 15: Qualifications of S4 Pupils - 2008

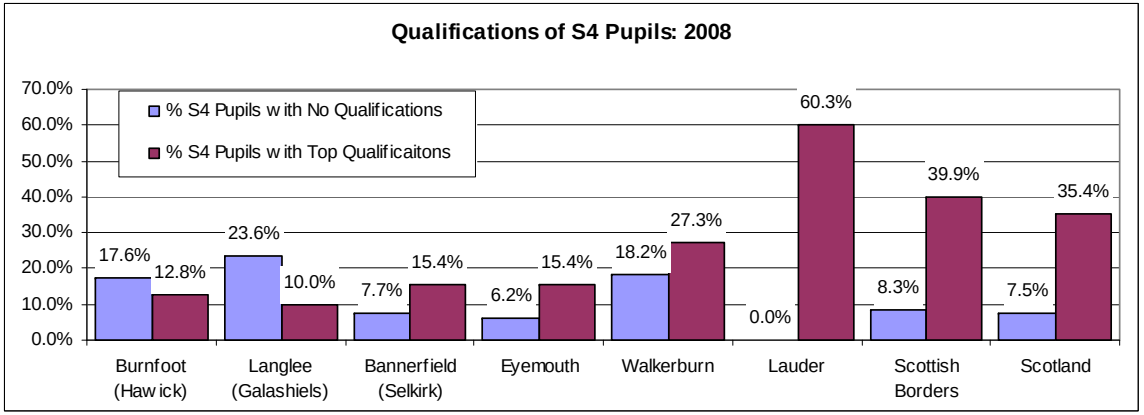
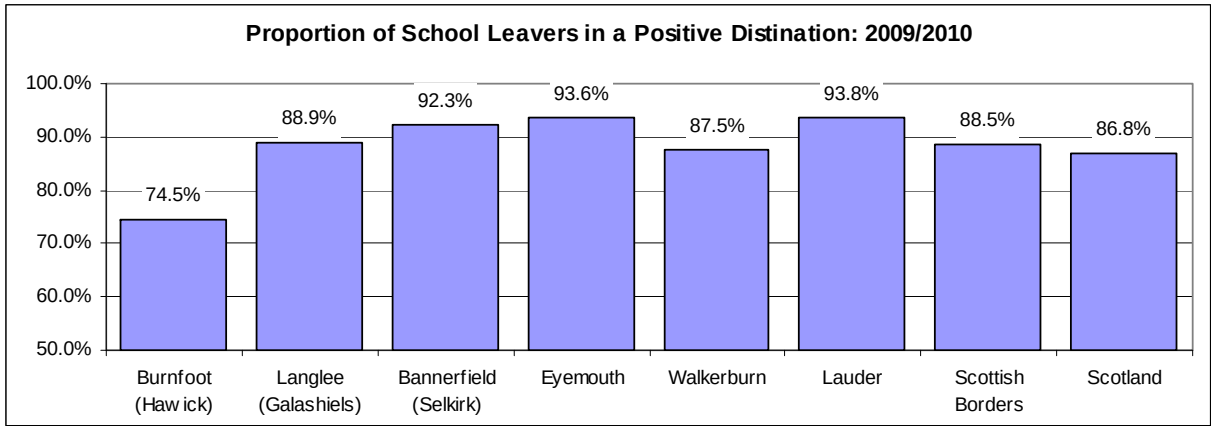


Figure 16: Proportion of School Leavers in a Positive Destination: 2009/2010



In terms of travel, Figure 17 shows that drive time to various facilities in these areas is similar to that for Borders as a whole with the notable exception of Eyemouth, where drivetime to further and higher education establishments is significantly higher. Eyemouth faces the same challenges when it comes to public transport times to these facilities, as does Burnfoot.

Figure 17: Drive Time in Minutes to Important Facilities in the Borders - 2009

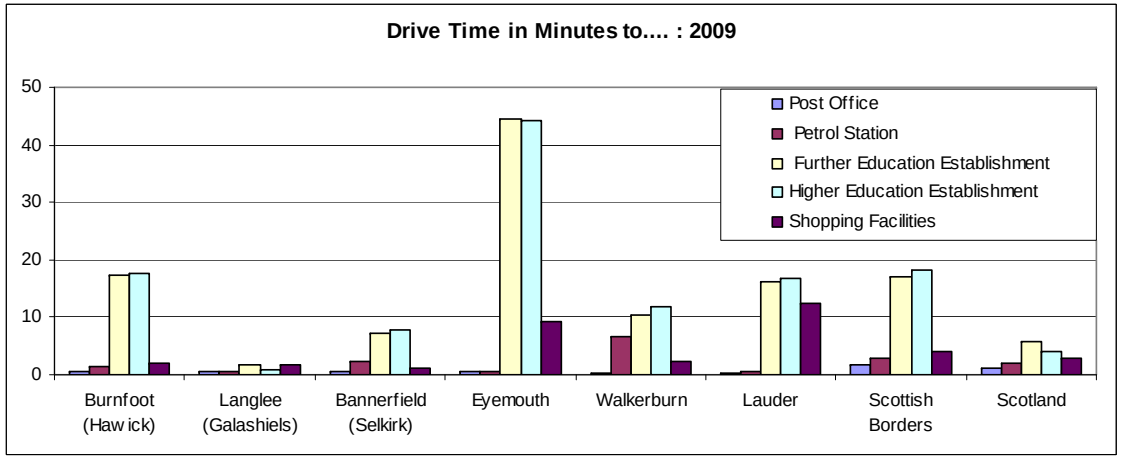
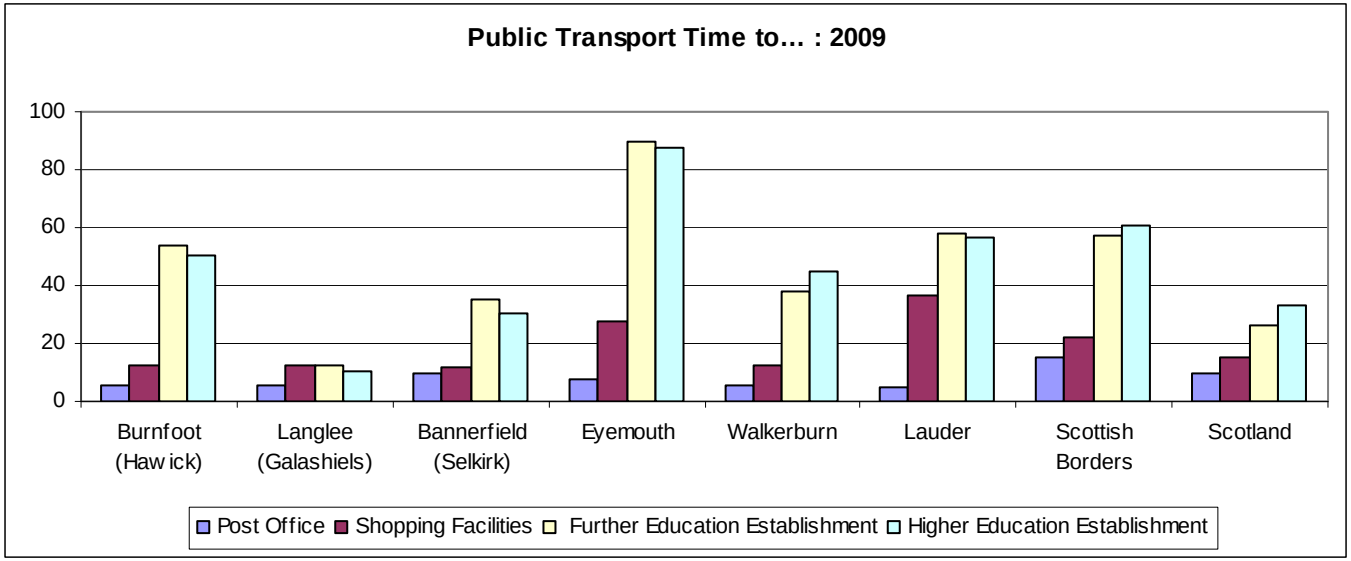


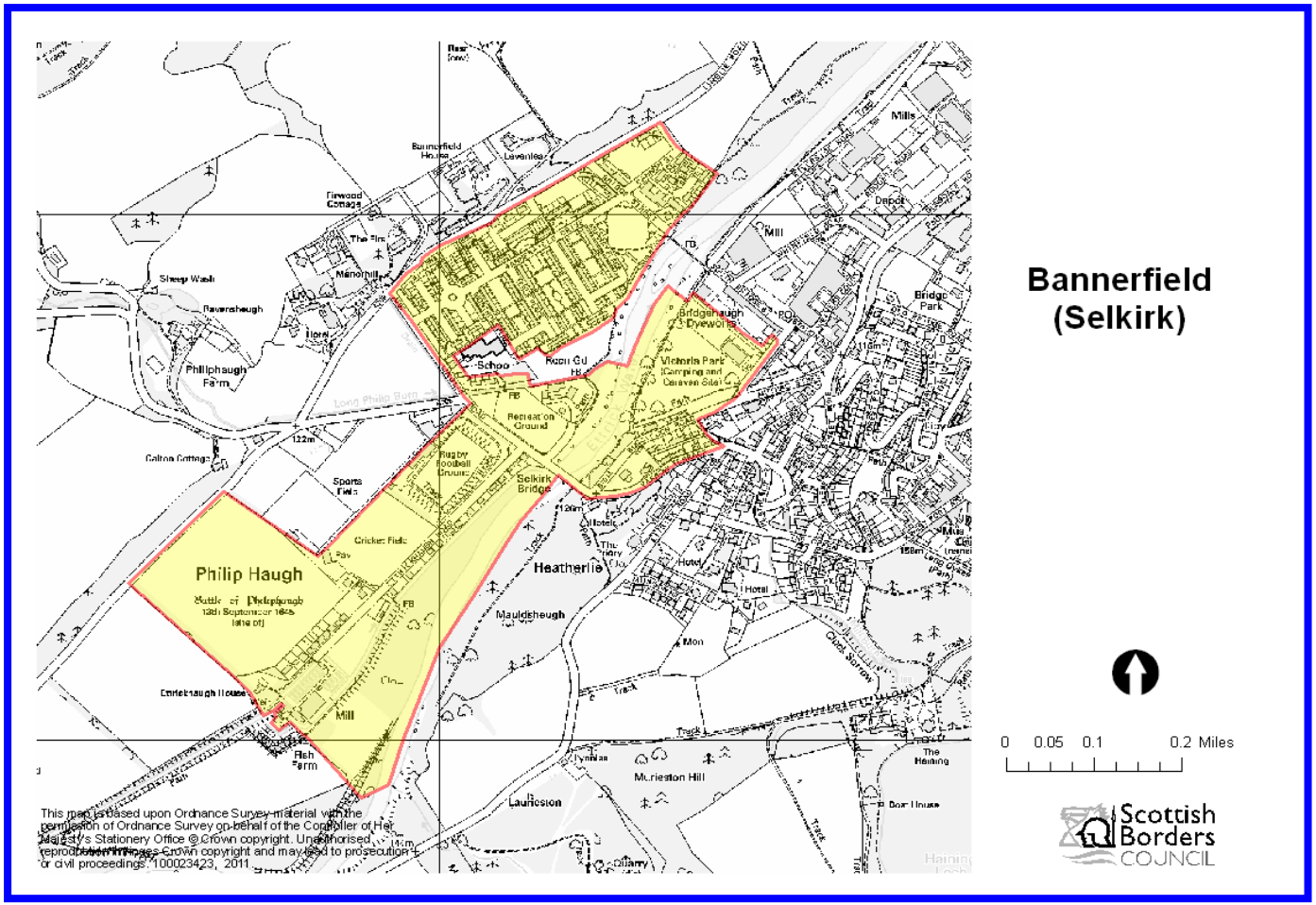
Figure 18: Public Transport Time to Important Facilities in the Borders: 2009



In summary, while overall these areas have a poorer health experience, this is not true on all counts. One of the key messages of the Christie Commission [5] is very pertinent - "*new demographic and social pressures will entail a huge increase in the demand for public services. The economic downturn will also intensify and prolong demand.*"

[5] Christie Commission : http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf

4. Bannerfield, Selkirk



The Bannerfield estate consists of rows of terraced houses and three-storey blocks of flats grouped around grassy squares. The housing is built of harled brick with concrete balconies, window frames and canopies above front doors. Building work began in 1947 and continued in phases throughout the 1950s and early 1960s. The majority of property (almost 79%) is in the lowest Council Tax band compared with 34% in Lauder. The scheme is considered significant in Scotland in terms of town planning as it was the first to adopt a system which separated motor and pedestrian traffic.

In Bannerfield 23% of the population are children, the second highest proportion of all five areas within a range of 14% to 26% compared with 17% in Lauder. The proportion of the population of working age and pensionable age is not dissimilar to those of the other four areas or Lauder. While none of the first-time mothers from Bannerfield were 35 or over, almost 39% were teenagers, compared with none in Lauder. About 38% of mothers were smoking at the time of antenatal booking compared with just over 18% in Lauder. Of live singleton births 7% were low birth weight – a little more than double that in Lauder. At 33% the breast feeding rate is mid-rank of the five areas but much poorer than Lauder at over 61% which is not dissimilar to Scotland as a whole. The figures for children being exclusively breastfed at this age are markedly lower. However, uptake of MMR immunisation is relatively good at 93% compared with 92% for Scotland as a whole - Lauder achieved 100% uptake. Fewer secondary school children in Bannerfield (11%) are 16 or over compared with Lauder (almost 30%). While secondary school attendance rates are a little lower than in Lauder the figures are not too dissimilar. It is striking that while in 2008 only 15% of S4 pupils in Bannerfield had "Top Qualifications" Lauder had over 60%. A similar proportion of school leavers in Bannerfield and Lauder went onto a "positive destination". A higher proportion are on benefits (JSA claimants about 8%, Income support claimants about 8%) than in Lauder where comparable figures are about 1% and 2% respectively. It is interesting to note that Bannerfield is mid-rank of the five communities in drive time and public transport time to key facilities. The crime rate is over three and a half times higher in Bannerfield at 445 per 10,000 compared with Lauder. This is lower than the rates in Burnfoot and Langlee.

Aerial View of Bannerfield Housing Estate

Mortality is 57% higher in Bannerfield than in Scotland as a whole whereas Lauder is almost 14% lower. A poorer experience of health is also reflected in emergency admission rates to hospital; almost double that of Lauder and Scotland but in the middle of the rates for the other four communities. The ratio of hospital episodes related to alcohol use in Bannerfield is about double that for Lauder, again in the middle of those for the other four areas. The ratio of hospital episodes related to drug use is high at 124 compared with zero in Lauder, although this is lower than the rates for Burnfoot and Langlee. Prescription of drugs for mental health problems is slightly worse than that of Borders or Scotland as a whole. To summarise, these figures paint a picture of a community with poor life experience. The health of children must be affected by their mothers' preconceptional health, with a large proportion of teenage pregnancies and almost one in two women smoking early in pregnancy. Care of children seems sub-optimal with lower immunisation and breastfeeding rates than in more affluent communities. Educational outcomes are poorer. A large number of people are dependent on benefits; the crime rate is high. The information suggests that housing is poor; health experience certainly is. The pattern of service use indicates alcohol and drug problems. Despite this, Bannerfield has a better life experience than Burnfoot and Langlee – it comes in at mid-rank of the five communities on most parameters.

Philiphaugh Primary School
Food Miles Session

As a result of needs assessment work undertaken in the last year Selkirk HLN has focused on Bannerfield, in partnership with Community Learning and Development. Involving the community gave a good understanding of what people wanted in relation to health and learning. HLN staff engaged with a whole range of people with ideas, interests, knowledge and skills. The needs assessment work has informed the Philiphaugh Community School Management Committee's three year plan. This is in addition to the route the HLN has taken to develop a health programme which focuses on reducing poverty and health inequalities.

Central to the needs assessment was an agreed opinion that there was a gap in provision for older people. Local people worked together to develop a low cost lunch club and recruited trained community health volunteers to deliver this.

The HLN facilitated a programme of basic horticulture inviting the community to learn how to plant and grow their own produce. This was taken up well with participants commenting on how they saw growing their own produce as a feasible way to reduce household bills. They recently linked into the community allotments project in Bannerfield with a site visit led by participants from the horticulture group. The HLN is now looking to see how to make these sessions sustainable and what potential there is for a community garden.

Food and health sessions have good take-up by parents in Bannerfield through the HLN "Back to Basics" programmes. Growing relationships with parents mean that two have been recruited into a community health volunteer team to support work in the primary school. The HLN plans to develop food and health work by offering seasonal produce sessions involving people who have allotments.

A 'Bump to Baby' event was held at Philiphaugh in partnership with the Maternal, Infant and Nutrition team. This supported pregnant and new mums to increase their knowledge of and make contact with local services that they can access following the birth of their babies. Nearly all participants registered an interest in food and health work and it is planned to invite them to the next course.

Training in basic first aid has been offered with a focus on babies and children through the British Red Cross. Participants have included parents, partner agencies and community health volunteers. The HLN also linked into an existing post natal parent group in Bannerfield and offered a programme of physical activity with Zumba (A Latin-inspired dance fitness program).

In addition, the HLN has been working closely with the Health Promoting Schools group to help them meet the outcomes of the Curriculum for Excellence for 2011. Food and health sessions offered in school for the lower and upper primary classes have taught pupils how to use basic ingredients to create healthier foods. The HLN has also offered a six week programme of physical activity held during class time to engage pupils in a varied approach to exercise.

With BSLT a swimming programme has been set up through funding from Fairer Borders to support parents on a low income to take their babies swimming. Parents have been identified through health visitors and supported and encouraged to take up the scheme

HLN and Community Learning have since created a joint operational plan that includes key pieces of work with the primary school and the wider community. Plans for Selkirk include supporting pharmacy to deliver a Keep Well programme using a community development approach.

“Keep Well” is a national programme designed to reduce health inequalities across Scotland. It is currently aimed at 45-64 year olds from deprived and disadvantaged communities and provides a health check to assess cardiovascular disease risk. It also assesses a range of other lifestyle and wider life circumstances factors and when necessary it provides onward referral for treatment and/or lifestyle advice to support behaviour changes, such as for smoking cessation, increasing physical activity levels or changing diets.

The Borders “Keep Well” service started in December 2009 and is delivered mainly in primary care, but also in the workplace, community pharmacies and in a small number of community centres to engage harder to reach groups. Many people from the five areas I am particularly focusing upon in this report have received Keep Well checks and we are planning to target these areas even more in the future through their general practices, local community pharmacies and their workplaces.

The local Keep Well service can help to change the higher levels of illness and mortality experienced by these five communities. Because it also offers support to access benefits advice, training including literacy and numeracy courses through partners it can help address some of the adverse life circumstances people in these areas face. Dedicated finding is expected from April 2012 from the Scottish Government to extend and maintain the service into the future.

The HLN is also working with Smoking Cessation Services to provide a community based group for people met while undertaking the needs assessment. The HLN plans to engage men in our work through an innovative programme developed in Burnfoot called *My Main Man (an outdoor activity based male carer and child project)*. It would like to develop its community health volunteer team.

In summary, this area has a good uptake of immunisation, but high rates of teenage pregnancy, poor rates of breast feeding, and fewer pupils with top qualifications. The HLN has engaged in needs assessment with the community, worked with it to promote physical activity for older people and to improve nutrition and the health of babies, children and young people.

Healthy Living Network in your community!

We offer a range of group activities to help you improve your health.

Our activities are varied and are tailored according to community need. They include:

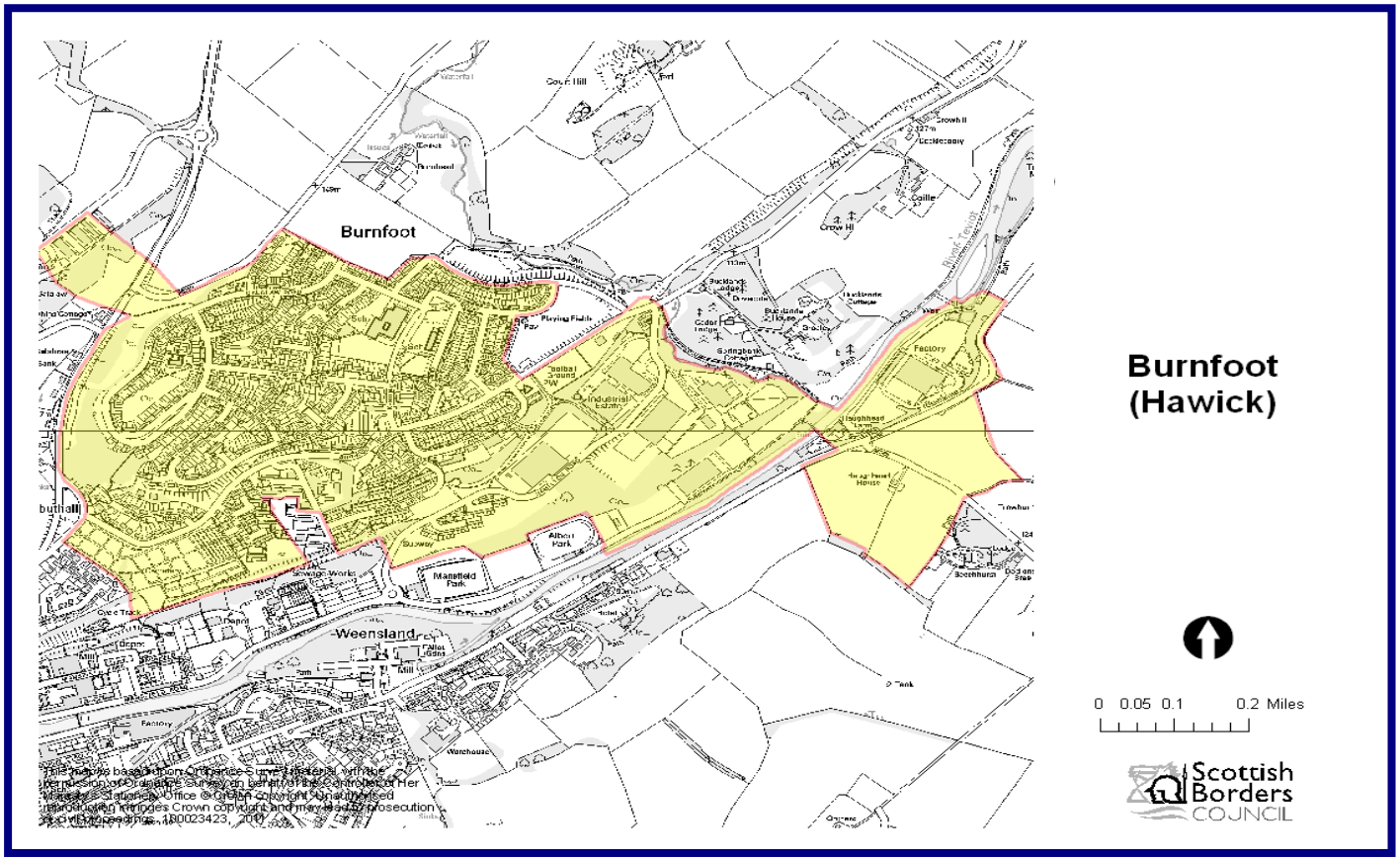
- cooking on a budget
- physical activity
- information on making healthier choices
- weaning
- access to fruit and vegetables
- opportunities and support for volunteering and community training programmes.

We would like to work with you to improve your health and support us to make decisions around activities we develop in your community.

To make it easy for you to take part we can offer:

- Crèche
- Healthy snacks
- Local venues
- Free/low cost activities

5. Burnfoot, Hawick



Burnfoot is a residential area on the edge of Hawick , a housing estate just east of the A7, in the northern part of Hawick, by the Boonraw Burn, in the Scottish Borders. Some years ago, overcrowding in Glasgow led to overspill population being moved to a new, large, council housing estate built between the 1950s and 1970s somewhat detached from the main town. It was built to provide homes for mill workers in the then flourishing textile industry. It now has a population of approximately 2,700 and compared to the rest of the Scottish Borders has high levels of unemployment, which is seen as a real issue for the people of Burnfoot (*Burnfoot, Our Local Community Action Plan* [6]).

Aerial View of Burnfoot, Hawick

This current situation is a legacy of the demise of the mills - post-industrial collapse; the housing is now mostly owned by the Scottish Borders Housing Association and Waverley Housing, two social landlords in the Borders. It is the poorest part of Hawick, with relatively high rates of social deprivation in several areas, especially around the central Burnfoot area including Ruberslaw Road, Kenilworth Avenue and Galalaw Road, according to the 2009 SIMD. Like many such areas in Scotland, it also has more than its fair share of antisocial behaviour, with many incidents around the Kenilworth Avenue shops. However, its school has won praise for its teaching and attitude to various issues in the past.

Burnfoot Walking Group

Children make up 26% of the population, the highest proportion of all five areas. Almost half of first time mothers are teenagers; almost half of mothers are smoking at antenatal booking. The community is challenged by low birth weight and low breastfeeding rates. Rates of MMR uptake (84%) trail behind Scottish Borders (91%) and national rates (92%). School attendance rates are poor with more pupils without qualifications, fewer with top qualifications, and fewer in “positive destinations” and poor accessibility. Of those of working age (59%) many more are on benefits (JSA %, Income Support nearly 13%) than in Lauder or indeed the Borders or Scotland as a whole with a higher rate of crime than Lauder, and Scottish Borders.

[6] http://www.hawick-news.co.uk/news/local-headlines/plan_unveiled_for_future_of_burnfoot_1_169371

Effectively all of the housing is in the Council Tax bands of property of lowest worth. It has a higher ratio of emergency admission to hospital than Lauder or Scottish Borders as a whole, second only to Walkerburn.

The HLN in Burnfoot is unique in that it has its own premises, the community flat. This means other partnership agencies can deliver groups from the flat such as the local police, smoking cessation and a local group that works with people with addictions, as well as HLN itself which delivers rolling programmes such as the drop in lunch, walking group, reminiscence, aromatherapy and health groups. Other groups such as men's cooking have been developed based on the need expressed by the community.

Burnfoot has a group called *Burnfoot Community Futures* that has worked hard to improve the local area and facilities. The HLN along with Community Learning and Development have been assisting the group to submit a bid to the lottery for funding to develop a local unused building into a community hub. A café will be at the heart of it with the opportunity to develop food and health work as well as offering a childcare facility, a social space for the elderly and a space for all the community to come together and support each other. The group is now through to the second round of the application process which is quite an achievement in an extremely competitive funding programme.

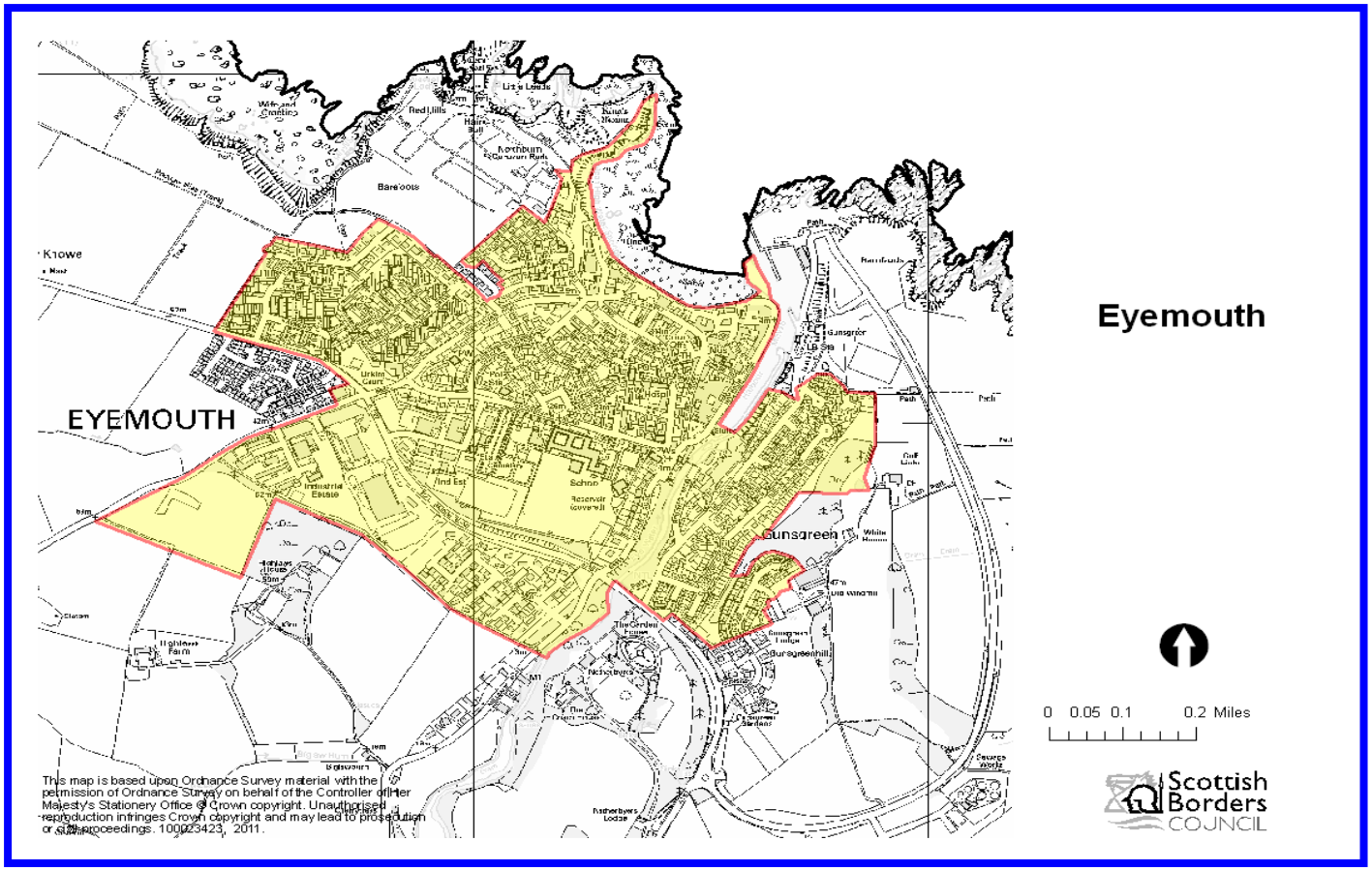
In Burnfoot, the School Nurses hold weekly Drop-Ins within Hawick High School and Burnfoot Primary. One of the Health Visitors also attends weekly meetings to discuss the children of concern within Burnfoot School. They carry out routine health surveillance checks on Primary 1 and Primary 7 children. The nurses also identify any vulnerable children across the locality that may require extra support with the help of GPs, Teaching staff, Police, and various other members of the multi-disciplinary team. They often refer children to other agencies including the sexual health clinic, face2face [7], Action for Children [8], and the Andrew Lang Unit to name just a few.

Appendix 2 summarises the group work programmes currently operating in this locality.

[7] http://www.scope.org.uk/face2face

[8] http://www.actionforchildren.org.uk

6. Eyemouth


EYEMOUTH
Gunsgreen
Eyemouth
0 0.05 0.1 0.2 Miles
Scottish Borders COUNCIL
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Eyemouth is a small town and parish in Berwickshire, in the Scottish Borders. It is two miles east of the main north-south A1 road and just 8 miles north of Berwick-upon-Tweed. It has a population of about 3,100 people (2010 mid-year estimate).

Aerial View of Eyemouth

The town's name comes from its location at the mouth of the Eye Water. The Berwickshire coastline consists of high cliffs over deep clear water, with sandy coves and picturesque harbours. A fishing port, Eyemouth celebrates an annual Herring Queen Festival. Notable buildings in the town include Gunsgreen House and a cemetery watch house built to stand guard against the Recreationists (body snatchers). Many of the features of a traditional fishing village are preserved in the narrow streets and vennels - giving shelter from the sea and well suited to the smuggling tradition of old. Eyemouth has had money coming in from fishing. It is not far from the attractive small villages of Ayton, Reston, St. Abbs, Coldingham, and Burnmouth. The coast offers opportunities for birdwatching, walking, fishing and diving. Accommodation includes several hotels, B&Bs, and a holiday park.

It has a lower percentage of teenage pregnancies than Bannerfield, Burnfoot and Langlee as the data presented earlier in this report show (Figure 10), but it is still 23%, with only 3 mothers (8%) being 35 or over. However, 31% of mothers smoke at antenatal booking, markedly more than the 18% in Lauder. The proportion of births that are low birth weight is very similar to Lauder. As in the other areas breastfeeding rates are disappointingly low at 27% at 6-8 week review compared with 61% in Lauder. The “snapshot” data from 2008 show that all children in Eyemouth were immunised against MMR by age 24 months. However, this was evidence from just one very small set of figures and therefore must be viewed with considerable caution. Of secondary school pupils 28% are aged 16 and over. The attendance rate of secondary school pupils – 90% - is closer to Lauder at 94%, than that of another three of the communities being scrutinised. The achievement of top qualifications in S4 is dramatically poorer in Eyemouth than in Lauder, 15% compared with 60%, but, again, this from a very small data set. However, the percentage of school leavers in a positive destination is the same as in Lauder. Nearly 58% of the population are working age. Fewer of these are claiming benefits (JSA 4%, IS 7%) than in the other four communities but this is still a far larger proportion than in Lauder. Just over 73% of homes are in the lowest

Council Tax bands compared with an average of 89% of the other areas and 34% in Lauder. In terms of access to facilities Eyemouth has markedly longer drive times and public transport times to further and higher education establishments, almost 45 minutes and 90 minutes respectively. Langlee does best of all the areas including Lauder with times of a minute or two and 11 – 12 minutes. However, the neighbourhood crime rate is the second highest of the five communities – nearly six times that of Lauder. Although the ratio of hospital episodes related to alcohol use and that related to drug use are low (83% and 67%), they are not as low as Lauder (55% and 0% respectively). There is a similar picture with accident rates – 4,673 per 100,000 for Eyemouth compared with 1,407 per 100,000 for Lauder.

Healthy Lunchbox Session Eyemouth Pre-School Nursery

Building Beds, Fishwick Gardens, Eyemouth

In the last year the HLN in Eyemouth has had the opportunity to hold a successful “Towards A Healthier Berwickshire” event run by a partnership of the Joint Health Improvement Team, Community Learning and Development and the Berwickshire Association for Voluntary Service. The event brought together representatives from community led health improvement projects in Berwickshire to consider local poverty and the implications for health improvement and the support available to them. Delegates heard from the Poverty Alliance and the Citizens Advice Bureau, Berwickshire present on Rural Poverty and the Berwickshire context. Following feedback from the Eyemouth event planning has started for a follow-on event for the local community.

The Eyemouth HLN continues to support the Healthy Living Group. Originally funded by HLN over time the Group has become independently constituted and continues to offer exercise groups and fruit and vegetable distribution to its members. Recently, committee members, participants and the Eyemouth HLN worker have featured in a DVD as one of four projects selected as models of good practice in community led health in Scotland. The film was commissioned by the Community Health Exchange (CHEX) and will act as a useful tool to showcase health improvement work in different contexts.

The HLN and Momentum (Borders Brain Injury Service) are in the second year of running Fishwick Gardens – last year it produced over 100 bags of vegetables which were distributed to a variety of groups and individuals in the community, these included Eyemouth Social Group, Eyemouth and District Elderly Disabled Sports Group, the local nursery, local unemployed people targeted via the Jobcentre and agencies dealing with unemployed clients. This coming year the HLN hopes to recruit additional volunteers and work with Borders College Horticulture Department to develop this provision even further.

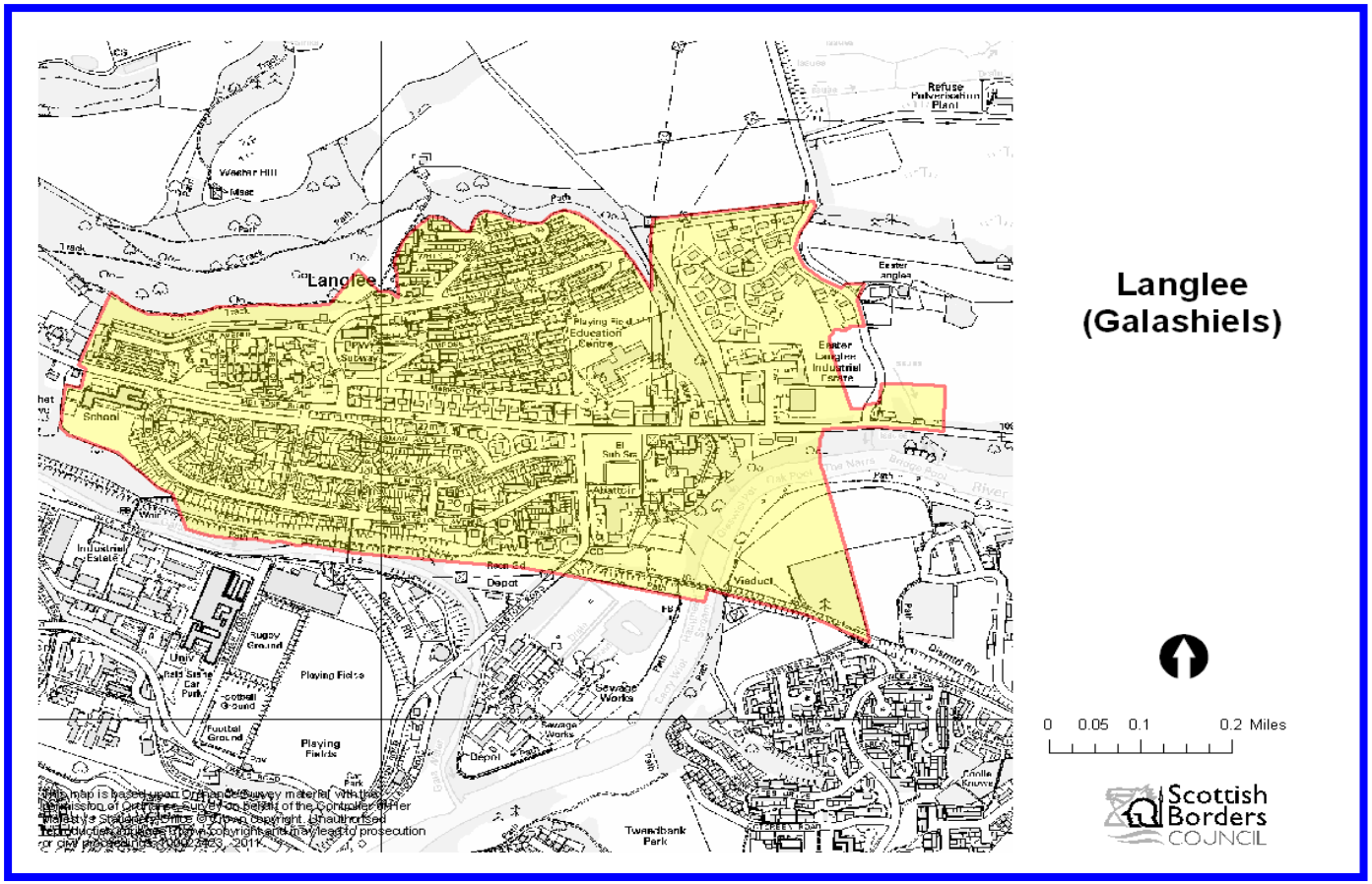
My name is Lisa Russell. I have decided to write this letter as I felt I could explain the impact Eyemouth Community Centre and its many groups helped change my day to day life. I joined a group called Time for you aimed at mums who wanted exactly that. Thankfully they offered a crèche in conjunction with the group which meant I didn't have to worry about childcare. This was invaluable to me as I have no family nearby to take care of my son. Initially I looked upon the group as just a way to make friends and get out more. Our group leader was Jo (although it was always impressed upon us that the group was OURS) asked us what our interests were. This led to a brainstorming session with lots of different requests. One of which was a cookery class. In this we received recipes on how to cook more nutritious and healthy meals. It might sound very simple but the whole aspect of the class snowballed into something bigger. We were visited by a dietician who opened my eyes to things I wouldn't really have questioned before. We were also given a cooking book which I still keep in my kitchen and use to this day. I've never gone back to using jars of sauces or tins of soups I prefer to make my own. It spread into all areas of cooking for my family. I do still give my son treats but I'm more confident in making my own and Sam loves to help. I would also say that our food shop goes further and results in smaller bills now that ready meals are no longer used with any frequency.

However we have taken part in lots of activities through our group and have had visits to the community centre from outside parties. I now have a First Aid certificate after taking part in a course that lasted several weeks.

We also had a lot of fun taking belly dancing classes. There was the added bonus of feeling that you were exercising without feeling it was a chore. Recently we have had a Tots Clothes swap to help raise money for premature babies who are cared for the Borders General. We asked people to donate clothes or swap them for the same number of donated or even just a donation per item. I think that not only is this a great way of fundraising but helps everyone in this shaky economic climate. We also asked for a donation for the homemaking we provided. It was another opportunity to make the food healthy as we used previous recipes from our class.

I'm very glad that I have taken advantage of all these opportunities. It's something that has filtered down into most aspects of my life. I made new friends learned some new skills and had the peace of mind to know that my son was on the same premises being looked after by qualified crèche workers.

7. Langlee


Langlee
(Galashiels)
Refuse Pulverisation Plant
Weather Hill
Langlee
Playing Field
Education Centre
Easter Langlee Industrial Estate
School
Sub Sta
Depot
Viaduct
Industrial Estate
Rugby Ground
Playing Fields
Sewage Works
Depot
Tweedbank Park
0 0.05 0.1 0.2 Miles
Scottish Borders COUNCIL

Langlee is built on both sides of Melrose Road to the east of the town and north of the Gala Water and River Tweed. It consists of ex-local authority homes and a handful of older, stone-built properties along the Melrose Road. The Langlee Residents Association is managed by a volunteer and runs theme nights and the local carnival. Genuine efforts are made to involve incomers into the community and a newsletter is put out every week. The Chair of the Langlee Residents Association is part of the Waverley Tenants Association which plans to reach the Scotland quality standard for housing by 2015. It has a similar history to Burnfoot stemming from disappearance of the mills. There is a post office, school, Fish and Chip Shop, Chinese Takeaway and a large convenience store (and a pub).

Langlee, Galashiels

In Langlee, about a fifth of the population is children within a range of 14% to 26% across the five areas. The proportion of the population of working age and pensionable age is not dissimilar to those of Lauder or indeed the other four areas I am focusing on in this report. Mortality is 17% higher in Langlee than in Scotland as a whole whereas Lauder is almost 14% lower. While about 11% of first-time mothers from Langlee were 35 or over almost 29% were teenagers. Almost 40% of mothers were smoking at the time of antenatal booking compared with just over 18% in Lauder. Of live singleton births 3% were low birth weight – the same proportion as in Lauder. Fewer than 23% of children were being breastfed at the 6 to 8 week review compared with 61% in Lauder. The figures for children being exclusively breastfed at this age are markedly lower. The percentage uptake of MMR vaccination at age 24 months is 87.4% compared with 92% for Scotland as a whole. Fewer secondary school children in Langlee (19%) are 16 or over compared with Lauder (almost 30%). While secondary school attendance rates are a little lower than in Lauder the figures are not too dissimilar. It is striking that while in 2008 only 10% of S4 pupils in Langlee had "Top Qualifications and" Lauder had over 60%, a similar proportion of school leavers in Langlee and Lauder went onto a "positive destination". However 9% of the working age population in Langlee is claiming jobseekers allowance as compared with 1% in Lauder. Similarly nearly 10% are claiming income support compared with just under 2% in Lauder. Almost 94% of dwellings in Langlee are in the lowest council tax band compared with 34% in Lauder. It is interesting to note that Langlee has the shortest drive time and public transport time to key facilities of all five populations. The crime rate is over seven times higher in Langlee than in with Lauder at 881 per 10,000. As compared with Scotland, the ratios of emergency admissions to hospital and

hospital episodes related to alcohol use in Langlee are the worst of the five areas. The ratio of emergency admissions to hospital are over twice that of Lauder and the ratio of hospital episodes related to alcohol use almost five times that of Lauder. The ratio of hospital episodes related to drug use is even worse, approaching three times that of Lauder. The admission rate for accidents is almost four times that of Lauder.

To summarise, these figures depict a community with poor life experience, despite seemingly good access to facilities. The health of children must be affected by their mothers' preconceptional health, with a large proportion of teenage pregnancies and almost one in two women smoking early in pregnancy. Care of children could be better with lower immunisation and breastfeeding rates than in more affluent communities. Educational outcomes are poorer. A large number of people are dependent on benefits and the crime rate is high. The pattern of service use indicates alcohol and drug problems. The information suggests that housing is poor; health experience certainly is.

Despite this, an impressive agenda of work is being taken forward in the community to improve life experience. Langlee has the advantage that NHS staff are co-located with Scottish Borders Council Community Learning and Development staff. Adult literacy work is taken forward in the area; the primary school is a very important focus of activity in the community with as many as 35 to 50 children attending the breakfast club. Staff estimate that another 25 should be there. The majority of children are in the lowest 10% for growth and although they continue to grow they do not move up to the higher averages of the whole child population. Teaching on food and nutrition begins from P1 onwards. Other developments in Langlee have included the creation of a community garden, the allocation of land for allotments and the planning of a community orchard - soon to be planted. The grounds of Langlee Community Centre provide a home to the Borders Production Unit which offers young people training to give them greater employability. Because of the challenges of transport this Borders-wide facility is less accessible to those living further away. Work in Langlee built on the success of 2010's 'Feel Good' Campaign by offering successful Zumba and Pilates classes and supporting the provision of young people's dance programmes over three terms.

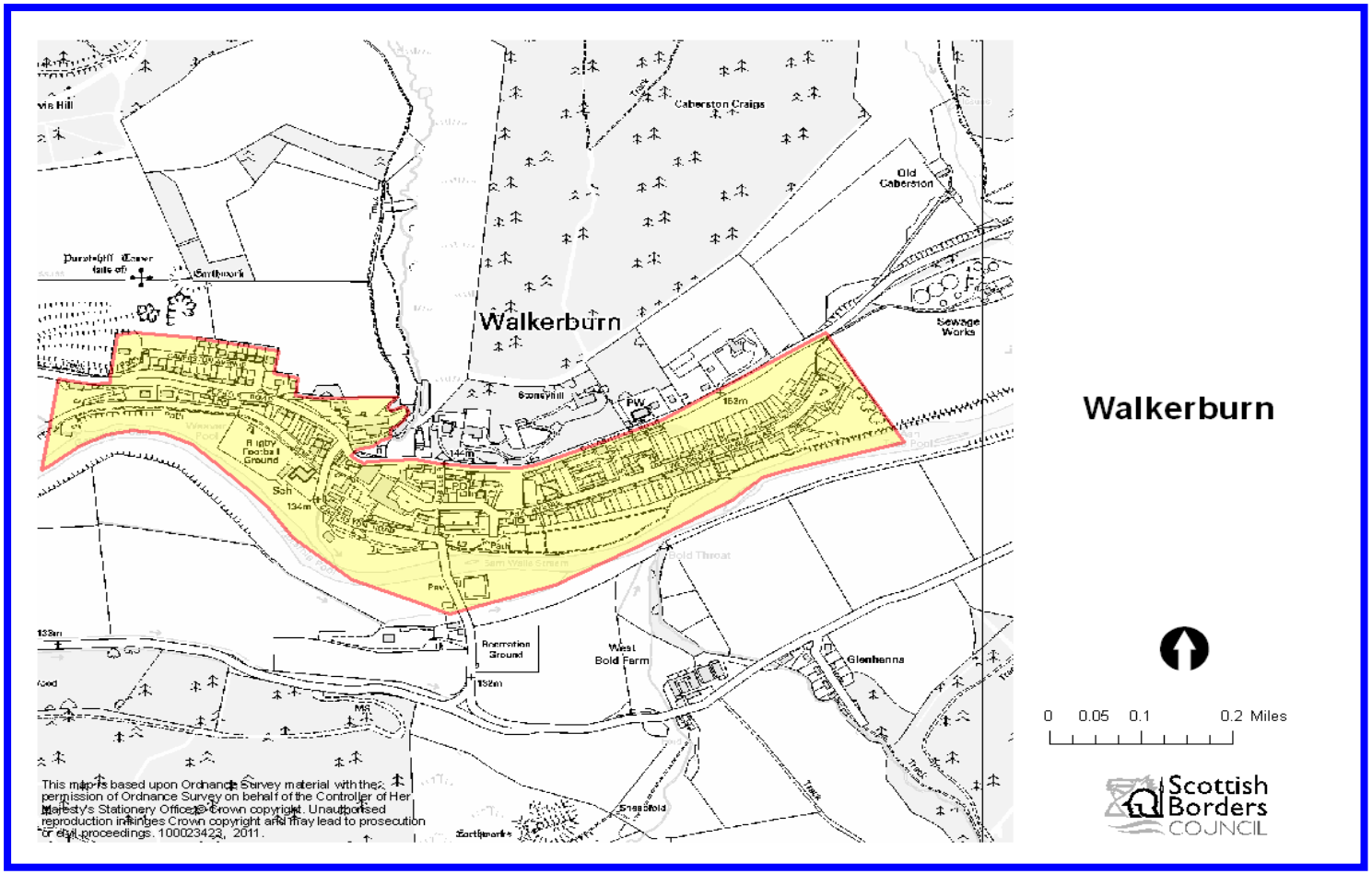
The Langlee Summer Activity programme aims to provide parents and children with structured fun and developmental activities during the holiday period. The programme is a partnership activity led by Community Learning and Development and the Langlee Community Centre House Committee. The HLN was delighted to be a

partner in the programme. It provided a cooking course for children and parents where participants learned how to make simple, healthy meals on a budget and also new physical activity opportunities which were really popular. One parent reported that:

'My children are more happier and enjoying themselves with new friends.'

HLN also contributed to the celebration meal at the end of the programme.

8. Walkerburn



Aerial View of Walkerburn

Walkerburn is a small village in the Scottish Borders area of Scotland, on the A72 about 8 miles from Peebles and 10 miles from Galashiels. Founded in 1854 around the mill and originally called Caberston, Walkerburn mainly housed agricultural workers and now has a population of around 660.

Mortality in Walkerburn is a fraction of that in Scotland at 73%, although not as good as Lauder at 41%. Walkerburn has the smallest proportion of children, 14%, of the five areas; the highest is Burnfoot where 26% of the population are children. The proportion of the population of working age is not dissimilar to Lauder but 26% are of pensionable age compared with Burnfoot which has the lowest proportion of the five areas at 15%. Of the 10 first-time mothers from Walkerburn between 2006 and 2008, one was a teenager and one was 35 or over. Of the five communities being considered, Walkerburn has the lowest proportion of mothers smoking at the time of antenatal booking, 21% compared with just over 18% in Lauder. Of live singleton births routine data gives the proportion of low-birth-weight at 12% compared with 3% in Lauder, which has to be an artefact of small numbers. In Walkerburn, half of the eight children seen at the 6 to 8 week review were being breastfed, the best of the five areas, comparing much more favourably with 61% in Lauder. While in the other communities, the figures for children being exclusively breastfed at this age are markedly lower, only one of the four children in the Walkerburn cohort was not being exclusively breastfed. All children due to have MMR at 24 months (13) had received it, compared with six out of twelve in Lauder. Although based on a small number (31), 39% of secondary school children in Walkerburn are 16 or over, the best of the five communities, and comparing favourably with Lauder at almost 30%. Secondary school attendance rates were second-best amongst the five communities at 88% (Lauder 94%). It is striking that while in 2008 only 27% of S4 pupils in Walkerburn had "Top Qualifications" Lauder had over 60%. Of school leavers in Walkerburn 88% went onto a "positive destination" compared with nearly 94% in Lauder. Of the working age population in Walkerburn 7% are claiming jobseekers allowance as compared with 1% in Lauder. Similarly 3% are claiming income support compared with just under 2% in Lauder. Of the dwellings in Walkerburn, 82% are in the lowest council tax band compared with 34% in Lauder. Walkerburn is comparable with Burnfoot and Bannerfield in terms of remoteness from further and higher

education establishments and is slightly better placed than Lauder. The crime rate in Walkerburn is about one and a half times that of Lauder at 191/1000. Although worse than Lauder, hospital episodes related to emergencies, alcohol and drugs are not dissimilar to those of Scotland. The ratios are almost as good as those for Eyemouth. Although a little higher than Lauder, Walkerburn has the lowest rate of admission for accidents of the five communities.

To summarise, this community has a tiny proportion of children, a very low birth rate – ten first-time mothers over a three-year period – but with a much larger proportion of older people than the other five communities. Indicators of child health - breastfeeding, immunisation uptake and educational attainment - are very similar to those of Lauder. There are few benefit claimants overall. However, the majority of the property is of low value. Although not the most remote, the settlement is still challenged to an extent in terms of access to facilities. Crime is low, but the hospital data suggest there is an alcohol problem.

Whether due to this favourable context or not, perhaps the single biggest asset in Walkerburn is the community itself. Although access to services and facilities is minimal and can be complex for residents there is a huge sense of community spirit. The HLN has capitalised on these strengths alongside the volunteering ethic that exists. It has built lasting relationships with motivated individuals who have each brought a different skill set to develop community health improvement work. Trained and supported community health volunteers help facilitate health programmes. This generosity has spilled over into the neighbouring town of Innerleithen with the creation of new partnerships and health improvement opportunities.

The HLN has been established in Walkerburn for eight years and has created a virtual programme of opportunities, outwith traditional health settings. It has removed some of the barriers to participation. In a population of around 660, it has engaged over one third in health improving activities. The approach delivers more upstream, preventative services to the ‘hard to reach’ and volunteers are well placed in the community to support this. Activities encourage participants to identify and address their own health needs. This involves building trusting relationships with people who have often had a negative experience of other services and supporting them to re-build their confidence.

The HLN has taken a ‘cradle to grave’ approach and over the last year we have focused our work around the early years and older people. The HLN Project Worker sits on the Parenting Strategy Sub Group and the Tweeddale Early Years Pilot Group. It continues to offer parents a weaning programme in partnership with the Health Visiting team and the Maternal and Infant Nutrition team. It has taken a lead responsibility for some innovative work with parents for example, the One Stop Shop. New mothers have learned how to cook in the family centre . This has covered making low cost healthier family meals from scratch and maximising their household budgets by buying what is in season, as well as using basic label reading to look into the composition of foods in terms of fats, sugars, salts. The HLN has taken a considered approach to the marketing of foods and demonstrated the difference between home cooked foods and ready meals in relation to cost, preparation, ingredients as well as taste.

Walkerburn Primary School Breakfast Club

Walkerburn Seated Keep Fit

This work has been extended to the class room where the HLN has supported the health improvement planning groups in their quest to meet Curriculum for Excellence outcomes. The HLN works with primary school pupils at Walkerburn and St.Ronan's, Innerleithen to deliver the benefits of a breakfast club, a transition lunch club as well as "Health Weeks" and regular input throughout the academic year. The aim of these interventions is to encourage children to consider the influences around their food choices and to think about what constitutes a healthier choice. This includes information and exercises that demonstrate the fats, sugars and salts in foods; the HLN have worked on marketing and the media and included the food miles on certain foods to support the school in their work to grow their own produce. This work was developed to include parents as volunteers and to encourage other parents to join the after school programmes, for example *Back to Basics* Cookery Classes. This programme is designed to engage families in realistic, low cost food and health work that increases their knowledge, skills and confidence and maximises household income; this contributes to anti-poverty work. The practical food and health sessions are backed up with physical activity tasters and afterschool activities including Zumba, Jammin Fitness Workshops and dance opportunities. We continue to work in partnership with the Children's Multi Agency Team to deliver some of these sessions and to support these with a programme called 'Living with Parents'. This provides parents and children with an informal opportunity to consider their relationships and their communication through practical activities.

Walkerburn resident… Such a small community, but so many things happening

The older people in Walkerburn continue to enjoy a lunch club, carpet bowls and Seated Keep Fit from October until March. This programme is well established and is the result of needs assessment work undertaken by a group of community health volunteers. The lunch club is run by volunteers and participants feed back the importance of the social opportunity in reducing isolation and improving their networks. There have been increasing enquiries from day services for people with learning and physical disabilities to participate, and the Community Health Volunteers (CHV) have embraced this opportunity. In partnership with the WRVS a participatory appraisal approach has been used to assess the food and health priorities for the older people using their service, to influence redesign to meet need.

An innovative partnership project with the Social Work Community Services Team has involved working with HLN volunteers to identify and distribute vegetables grown by community services, to people who needed them most.

Walkerburn Allotment Project Opening

Walkerburn Allotments

Participants asked for local solutions to ensure the availability was maintained. The HLN has worked in partnership with the Walkerburn Community Development Trust to bring an additional £83,000 external funding into the village to create allotments, a community garden and offer capacity building training.

The allotments project has grown from strength to strength with a local Walkerburn Allotments Society managing 20 allotment sites and a volunteer team working to develop the community garden. A partnership with both groups and the Walkerburn Community Development Trust is to provide basic tools, training, horticulture and seasonal food and health sessions. This work will improve the health and well-being of volunteers by increasing their knowledge, skills and confidence. It will also enhance the potential economic productivity of the Walkerburn population and increase the employability prospects of the volunteers involved.

2010 has been the year for physical activity in Walkerburn with Zumba taking over as the most popular way to exercise across the age ranges. The turnout at taster sessions was overwhelming. These included young people in their twenties and older people in their late seventies. To meet need and venue requirements the classes were split between Walkerburn and Innerleithen and then worked in partnership, to negotiate their sustainability, with the Walkerburn Village Hall Management Committee who now manage both classes and the tutor.

Enjoying Big Lunch Club

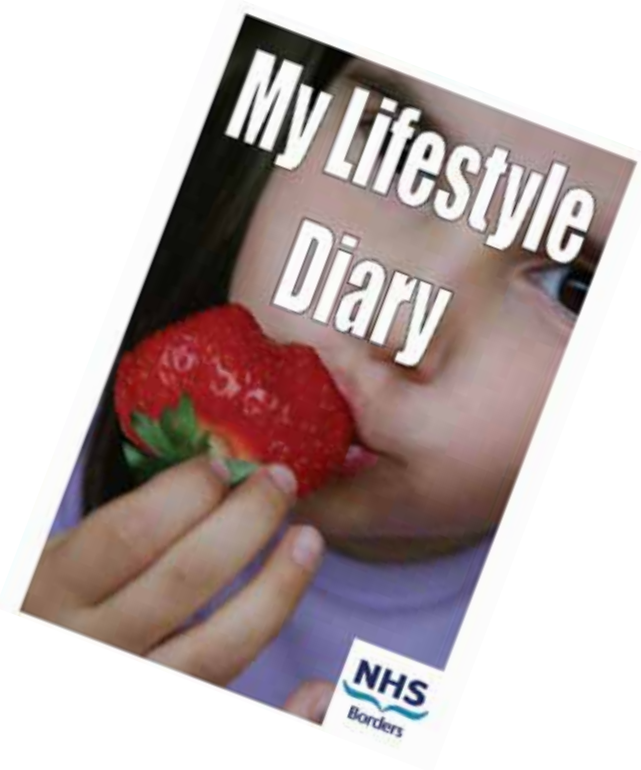
The HLN has recently held a “Big Lunch” event with several key partners. The “Big Lunch” is part of a national project aimed at encouraging neighbours to get to know one another and to break down the barrier of isolation. This event was run by volunteers and well attended by the community, a springboard for developing new ideas and an informal way of engaging new people.

The HLN contributed towards this year’s HM Inspectorate of Education (HMIE) inspection in Tweeddale with a focus on the Community Garden project and the CHV Team. The CHV Team were held up as an example of good practice, described as both enthusiastic and motivated.

This report provides a ‘snapshot’ of what the HLN has achieved in partnership, in Walkerburn. I can assure you first hand that Walkerburn is a vibrant community with huge potential and a real commitment to improving health and well-being.

A Guide to Weaning

Including practical advice on weaning, recipes and a pull-out weaning guide.



Eating well at home

Borders Healthy Living Network

Improving Health in Our Scottish Borders
Within Communities

Keep Well

9. What else have we been doing?

I am pleased to report that both Scottish Borders Council and NHS Borders have developed single equality schemes. Theses are to promote a culture of inclusion where no-one is discriminated against. The aim is to have this approach taken by employees to their co-workers and also those they serve.

The Education and Life-Long Learning Department of Scottish Borders Council is currently resourcing varying models of “Nurture Group” work in three primary schools - Burnfoot, Eyemouth and Langlee. This is targeted work to support children and families with specific issues in the early years stages in three primary schools. Specific children are allowed time out of class to work either one-to-one with a trained staff member or small group settings with peers. It also involves intensive engagement with parents. The overall aim is to ensure children are ready to engage in the learning process by helping them and their families to cope with barriers to this. Each school has been developing a different model and I hope to able to report on the health and wellbeing aspects of the evaluation in due course.

The Department has also established a "Tackling Deprivation and Low Aspiration" programme where a budget of over £1.2m has been allocated to schools situated in the most deprived areas of the Borders - mainly Hawick, Galashiels, and Eyemouth. This programme is closely linked to the HMIE report "Improving the Odds - Improving Life Chances" Schools have been challenged to come up with a three-year plan outlining how they will develop better outcomes and impact for children and young people in the areas of attainment and wider achievement. These plans are currently being developed and I hope to report on the health and well-being outcomes and impact of the fund in the future.

10. In Conclusion....

Health Profiles

In this report I have used a small number of important markers of population health to profile the health and well-being of the five communities commonly regarded as disadvantaged in the Borders. Data I have brought forward in this report paints a picture of communities where children's health is compromised even before conception. Averaged over all five communities one in three mothers smoke at the time of antenatal booking and almost one in three are teenagers. Of course these figures mask the wide variation that there is across these communities. These factors, amongst others, are contributors to low birth weight. While this is an apparently small issue, it is a poor foundation on which to build better child health. Low levels of breastfeeding, immunisation, and poor educational attainment compound this. Particularly literacy and numeracy are important keys to accessing opportunities. While remoteness is not an issue for just these communities, it is a challenge to a greater or lesser extent for four of them, and particularly Eyemouth. As well as using routine data I have drawn on the needs assessment these communities have engaged in.

The recent Strategic Assessment led by SBC provides a more holistic picture of the area through a higher level and longer term look at issues identified as high priority. It highlighted a number of strengths and opportunities (Table 3) which are reflected in the microcosm of the communities I have examined in this report. This assessment points up the Borders as one of the most access deprived areas in Scotland.

Table 3: Summary of Strategic Assessment Findings Relating to Health

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Acceptable travel times to three major airports and three major ports A higher percentage of its working age population in work than Scotland. The workforce is well qualified when compared to national rates. It has consistently outperformed on trade apprenticeships. Attainment continues to compare favourably to the Scottish average. Attainment in years five and six remain above the Scottish average. Young people are generally satisfied with life in the Borders, and feel safe. People with disabilities are more likely to receive financial support and employment opportunities they need Youth Offending has decreased by 39% in the last 5 years. General satisfaction with the Borders as a place to live. Downward trends in Anti-social behaviour The Tweed catchment has good or excellent water quality. Better air quality than Scottish average. A higher and improving standard of cleanliness than the Scottish average. A higher level of satisfaction with the Local Authority and other public services in Scottish Borders than elsewhere.	Digital connectivity is poor in the Borders The Borders road network and public transport, a key concern, require attention The Borders lags behind Scotland on job density and weekly earnings, especially amongst workers in the Borders The low wage economy means that 44% of children live in low income households. Attainment of Looked After and Accommodated Children is still well below that of all school leavers. Under-reporting of domestic violence estimated at as much as 63%. Little progress towards national targets for fatal and seriously injured road casualties. Access to key opportunities very dependent on car ownership. Overall crime is relatively low, but there are pockets of concern at residential level.	Tourism sustains jobs and income but is more seasonal than elsewhere in Scotland. Agriculture, forestry, and fishing continue to be wealth generators. Median house prices are stronger than average but have been affected by the recession. A good number of quality attractions, particularly off-road cycling, ancient monuments, country houses, gardens, designed landscapes. A heritage of well-loved cultural and sporting activities which involve more of the community than average. A strong and well supported voluntary and community sector. Strong neighbourhoods but increasing dissatisfaction at a local level.	A proportional decrease in the working age population from 62.5% to 54.1% between 2006 and 2031. Increases in acquisitive crime in line with trends in previous recessions A consistently higher % of young people claiming JSA compared to Scotland with a significant increase in numbers between 2008 and 2009. Low birth weight, smoking at booking, and a rising rate of 13-15yr old pregnancy. Rates of increase of childhood obesity. Rates of improvement in dental health. Number on the Child Protection Register up by 27%. Significant increase in children witnessing Domestic Abuse . An increasing number and proportion of elderly people. Life expectancy may be changing. Lifestyles are increasingly contributing to ill-health, especially alcohol use. Male suicide rates are above the Scottish average. Worrying trends in the sexual health of young people. Deprivation is increasing, as is dependency on benefits and free school meals. Reported incidents of hate-crime are increasing. More homes are being lost due to financial circumstances than the Scottish average. Although the numbers are very low.

I notice that the recent Household Survey conducted by Scottish Borders Council highlighted "Improving Public Transport Services in Rural Areas" as the fifth top neighbourhood priority. The typically low earnings in rural areas are mirrored and magnified in the relatively high level of people claiming benefits in these areas. For Borders as a whole, this means that 44% of children live in low income households.

Building on Health Assets

The Strategic Assessment provides a basis for at least evidence informed, if not evidence based, decision making in these areas. An example would be cost effective resource allocation to deliver activities which focus on priorities and achieve results. There are considerable health assets to build on but challenges to overcome. We must build on past success. Key strengths across the Borders in its entirety should be nurtured and built upon. We must grasp opportunities to address the weaknesses and threats.

As this report illustrates there are areas within the Borders where there is the greatest need to develop and build upon these assets to improve people's lives. While there is a core of common challenges to health and well-being across all five of these communities there are some particular differences. This degree of diversity requires different approaches for each community. There is "no one size fits all". Using resources in the community we need to develop resilience by preserving skills and capacity. Public sector organisations and professionals must give control back to communities with the aim of "life improvement" rather than just "health improvement". How do we do this? We must encourage diversity and[1] organic growth of work in communities to meet their disparate needs. Early interventions should be a priority in the young and the old as well as in relation to alcohol and drugs. This type of investment is very much in line with the key messages of the Christie Commission [8].

"This suggests that a radical change in the design and delivery of public services is necessary, irrespective of the current economic challenges, to tackle the deep-rooted social problems that persist in communities across the country. A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach. Tackling these fundamental inequalities and focussing resources on preventative measures must be a key objective of public service reform."

[8] Christie Commission : http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf

The HLN has had a striking impact in delivering what communities have wanted, as they see it, to improve their health. Its work is valued if not prized by the communities in which it works. However, the HLN experience shows that – even in an organisation steeped in these principles – it can be hard to stay true to this ethos. For more direct-service delivery orientated partners this challenge may be harder still. Changes have very often not been amenable to conventional quantitative measurement but the qualitative self-assessment by communities has been extremely positive.

The interventions have been relatively inexpensive. For a marginal increase in investment in collaboration between communities the public and third sector we can make a real and felt difference to people's health. This is crucial in a time of severe economic restraint. NHS Borders, Scottish Borders Council and the voluntary sector have brought about marked change in the health experience of these populations. What I have reported on is the development of an asset based approach driven by an alliance in which communities are equal partners. This is the first of the three ambitions of the Healthcare Quality Strategy [9] for NHS Scotland – *"Mutually beneficial partnerships between patients, their families and those delivering healthcare services. Partnerships which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making."*

I believe this report demonstrates progress against the recommendations in my previous report. In summary these covered a partnership approach to early years, work with those with a poor health experience, targeting older people, poverty, a review of progress of community planning and continuing work on smoking, alcohol and obesity as well as health protection.

I believe this report illustrates how the assets of each community can be built on to improve life experience Building on assets in areas where people are experiencing stress and inequalities is a very positive way of working. Walkerburn is an example of how such work can progress as it is no longer within the 15% most deprived areas in the Borders. My report demonstrates the potential for disproportionately high impact on health inequalities by targeting the less advantaged communities in the Borders, particularly through HLN. The HLN continues to address health inequalities in our local regeneration areas and, in current times, it is likely it will

[9] Healthcare Quality Strategy: http://www.scotland.gov.uk/Publications/2010/05/10102307/0

continue to provide a vital and relevant intervention - high impact at relatively low cost. More affluent communities can and should learn from the experience of the communities scrutinised in this report.

From the evidence in this report professionals will need to work closely with families at an individual level, treating them as equal partners. Alliances to improve health and well-being in these communities should be nurtured and supported rather than driven by public sector organisations. We need a coherent, proactive approach to improving peoples' lives rather than a reactive, issue-based approach – we need to develop a local health strategy based on the health profile and Strategic Assessment. This needs to bring together all the strands of local thinking and planning into a single piece of thinking that gives us vision and direction for the Borders – A Borders Local Health Strategy.

I hope that this report will provoke you, as the reader, to be an advocate of the public's health!

11. Recommendations

On the basis of this report and specifically in relation to the disadvantaged communities described, I recommend that:

1. Preventative spend should target poverty and the health of those in their early years.
2. The Change Fund should be better targeted at more upstream interventions to promote and protect the health of older people.
3. Work to prevent misuse of alcohol and drugs should be a priority along with investment in recovery to enable individuals to make a meaningful contribution to their community.
4. Smoking cessation work should target antenatal women.
5. There should be an emphasis on tackling obesity through the schools in these areas.
6. Ongoing implementation of the NHS Borders and Scottish Borders Council Joint Health Protection Plan
7. Any review of the Scottish Borders Community Planning Partnership should deliver more effective alliances to improve health in the disadvantaged areas, supported by a Borders Local Health Strategy.

Dr Eric Baijal
Joint Director of Public Health, NHS Borders and Scottish Borders Council, 05 October 2011

Appendix 1

Notifications of Communicable Disease

Reported in the Borders between 2005 - 2010

Communicable Disease	2005	2006	2007	2008	2009	2010
Chickenpox *	458	538	368	364	360	N/A
Food poisoning (excluding campylobacter) *	107	96	59	119	80	N/A
Campylobacter	141	149	138	171	112	132
Total Food poisoning *	248	245	197	290	192	N/A
Mumps confirmed	40	34	61	20	34	N/A
Measles confirmed	0	8	0	1	3	0
Rubella confirmed	0	9	2	1	0	1
Scarlet fever *	0	7	3	5	5	N/A
Tuberculosis	1	8	5	5	7	6
Viral Hepatitis	12	15	11	19	27	16
Cryptosporidium	23	29	15	27	26	15
E-Coli (VTEC)	10	14	5	11	6	4
Giardia	23	18	8	20	19	17
Salmonella	40	28	26	22	15	21
Hepatitis B	1	3	1	1	4	1
Hepatitis C	5	11	10	14	18	14
Others	2	6	11	2	10	7

* Changes to the list of notifiable diseases in December 2009 mean these diseases are no longer notifiable.

Source: Borders Public Health Department

Appendix 2

Support for Children and Young People in the Burnfoot Area

	Group Role & Purpose	***Referral Criteria***	***Venue***
Early Years	PEEP Toddlers		Burnfoot Community School
	PEEP for 3s	Self Referral – Universal service offered at Burnfoot Ante Pre School Nursery Admission	Flying Start Room Burnfoot Community School
	Young Mum's Group	Under 25 Baby under 1	Hawick Family Centre
Primary	Parallel Lines	Primary 7 & S1 pupils	To be confirmed
	Parallel Lines	S2 – S6 Pupils	To be confirmed
	After School Groups 1-younger primary 1-older primary	Need extreme support – challenging behaviour at home	Hawick Family Centre
	Monday Club (Junior Youth Club)	Primary 4 – Primary 6 pupils	Burnfoot Community School
	Living with parents	Primary 6 pupils and their parents	Burnfoot Community School
	Seasons for Growth Group	Self Referral offered at three levels P3 P5 P7	Flying Start Room Burnfoot Community School *Also available in other Primary school with Trained Companions
	Fairplay (Out of school care)	Age 3 – P7	Burnfoot Community School
Secondary	Tuesday night Youth Club	Primary 7 and S1 pupils	Burnfoot Community School
	Diversionary Programme		Hawick High School
	Community Transition Mornings	All P7's included	All Feeder Primaries
	1st Year 1st Issues	From Pastoral staff / P7 Transition info	Hawick High School
	Thursday night Youth Club	S2 – S6 age group	Burnfoot Community School

	Group Role & Purpose	***Referral Criteria***	***Venue***
	S3 Girls Group	From Pastoral staff / Pupil Support	Hawick High School
	S1 Pupil Intervention Prog (Under Review)	From Pastoral staff / Pupil Support	Hawick High School
	'Diversionary Programme' (Year 3 only)	From Pastoral staff / Pupil Support + Police / CLD	Outwith Hawick High School
	S5 Transition Group	From Pastoral staff and SDS	Hawick High School
	Youth Information Group	From Pastoral staff / CLD + volunteers	Hawick High School
Voluntary Sector	GYP 'Stable Life' and 'Chance 4 Change'	From Pastoral Staff / MAC meetings	Outwith Hawick High School
Voluntary Sector	Young Carers	From Pastoral Staff / MAC meetings	Outwith Hawick High School

Appendix 3

Parenting Support in the Burnfoot Area

	Group *Role & Purpose*	*Referral Criteria*	*Venue*
Parenting	PEEP Babies (parents and babies up to 12 months old)		Burnfoot Community School
	Time 2 Chill (Young Parent Group)	Parents aged up to 25 years old (Crèche available)	Burnfoot Community School
	Options and Choices (Getting back into work, training or volunteering)	Any adult	Burnfoot Community School
	My Main Man (outdoor activity based man and child project)	Primary 5 pupils and male carer	Burnfoot Community School
	TIPS	Any adult	Burnfoot Community School
	Introduction to childcare course	Any adult	Burnfoot Community School
	Womens Health and Wellbeing	Any women	Burnfoot Health Flat
	ESOL parents group	Anyone	Burnfoot Community School
	Confidence Building	Any adult	Burnfoot Community School
	Drop in lunch	None - Open	Hawick Family Centre
	Various – Subject determined by current need	Referrals only	Hawick Family Centre
	Escape Parenting Programme	Parents of Primary 7 & S1 pupils	To be confirmed
	Escape Parenting Programme	Parents of S2 – S6 Pupils	To be confirmed
	Hawick Baby Massage	Birth to 1 year invitations sent to parents of all new babies	Hawick Community Hospital
	Newcastleton Baby Massage	Birth to 1 year invitations sent to parents of all new babies	Newcastleton Health Centre
	Breastfeeding Support Group	Breastfeeding mothers	Hawick Health Centre
	Bookbug Sessions	Early literacy and language development all parents are invited	Hawick Library

	Group Role & Purpose	***Referral Criteria***	***Venue***
	Happy Food Gang	Weaning and healthy diet	Hawick Community Hospital
	Coping with Kids	Offered universally in Burnfoot to parents of children 5- 8 age range * Can be rolled out to other primaries	Flying Start Room Burnfoot Community School
	Escape	Offered universally to all parents /carers of P7s and S1s In Locality	To be confirmed
	Living with Parents	Can be offered universally to all parents/carers of children in P6	Individual Primary schools
	Tots to the Table	Invitation to parents/carers with children in the 18month to 30 month age range	Burnfoot Community School

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