BORDERS

DIRECTOR OF PUBLIC HEALTH REPORT

2018

NHS Borders

Scottish Borders Council

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FOREWORD

I am pleased to present the 2018 Scottish Borders Director of Public Health's Report. This continues the conversation started in my 2015 report in which I identified various public health challenges that the Borders community needs to address. Performance against these challenges is detailed in Appendix 1.

The 2018 report provides information on the new Scottish Government public health priorities that have now been adopted by NHS Borders and Scottish Borders Council as the Scottish Borders Public Health Priorities. These public health priorities are an important milestone and represent agreement between the Scottish Government and local government about the importance of focusing our efforts to improve the health of the population.

This 2018 report sets out how we will work in partnership within the Borders to achieve change. It is intended to be a foundation for the whole system, for public services, third sector, community organisations and others, to work better together to improve Borders health. It is a starting point for new preventative approaches, and a new awareness around wellbeing, that will develop and strengthen in the coming years. However, to address our public health priorities, we also need individuals, families and communities to play their part, and do all they can to lead more active, healthy lives. Scottish Borders Council has developed a '**#your**part' campaign to support its new Corporate Plan, and partners in the Scottish Borders have endorsed this approach. Suggestions are given throughout this 2018 report on how members of the public can '**#your**part' in improving health in the Borders.

The report draws upon the work and expertise of the whole of the Borders Public Health Team as well as other Community Planning Partners and reflects their passion for improving the health and wellbeing of those who live, work or visit in the Scottish Borders. I would especially like to thank John Raine (previous NHS Borders Board Chair) and Jane Davidson (previous Chief Executive of NHS Borders) for their strong support and leadership in making public health a key priority for NHS Borders. I am also particularly indebted to Dr Keith Allan, Consultant in Public Health, for coordinating the production of the report. I hope Borders people enjoy reading it and find it useful in improving their own health and wellbeing, and as always any feedback is very welcome.

Dr Tim Patterson
Borders Director of Public Health

BACKGROUND TO THE PUBLIC HEALTH PRIORITIES

Following a comprehensive review by an independent expert group and engagement activity with key stakeholders, the Scottish Government has agreed a clear set of related and inter-dependent priorities for Scotland which are:

Priority 1: A Scotland where we live in vibrant, healthy safe places and communities
Priority 2: A Scotland where we flourish in our early years
Priority 3: A Scotland where we have good mental wellbeing
Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
Priority 6: A Scotland where we eat well, have a healthy weight and are physically active

The agreed national priorities reflect key public health areas for action that are important to focus on over the next decade to improve the public's health. The priorities have now been adopted by NHS Borders and Scottish Borders Council as the Scottish Borders Public Health Priorities.

Having a set of jointly agreed and owned public health priorities will enable local partners to focus together on the things which will have the greatest potential to improve healthy life expectancy and reduce inequalities. The focus of engagement moving forward will increasingly be on building further consensus and commitment to these public health priorities from across the public, private and third sector and importantly, communities. The priorities will also provide an opportunity to engage with communities to further develop what the priorities mean for their areas. It is for these reasons that this year's report is structured around the newly articulated priorities.

These national priorities will be monitored through the National Performance Framework (NPF) (https://nationalperformance.gov.scot/) which sets a vision and outcomes for national wellbeing in Scotland across a range of economic, social and environmental factors. The NPF is a single framework to which all public services in Scotland are aligned. This latest refresh incorporates the UN Sustainable Development Goals. The expectation across all sectors is that organisations pay due attention to their contribution to achieving these national outcomes. If we are to ensure the new national public health priorities really do contribute to the National Outcomes it will require us to address some of the other conclusions from the Review of Public Health published in 2016. We will need a strengthened public health leadership with a powerful and influential voice and a more systematic approach to developing our workforce. As a result, a Public Health Reform programme (https://publichealthreform.scot/) is addressing the fragmented nature of our national public health functions by bringing them together into Public Health Scotland and developed a stronger more effective relationship between our national and local public health systems.

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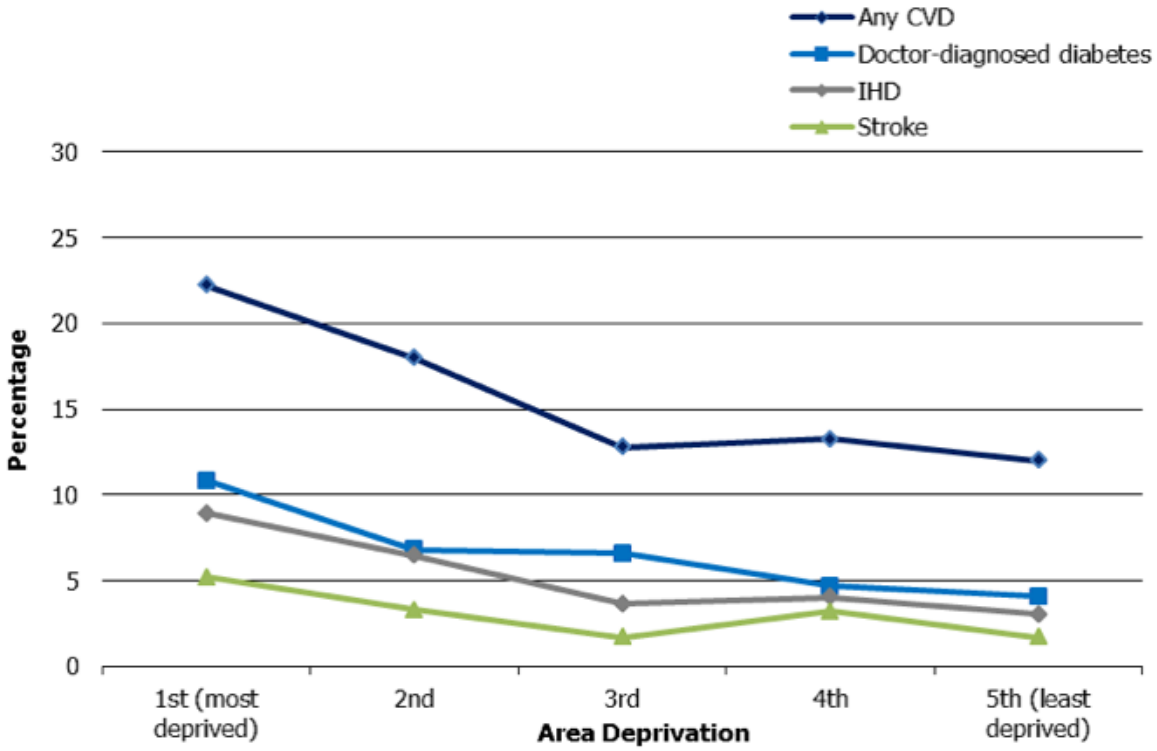
WHY WE NEED CHANGE

Over the last century, we have seen considerable improvements in the overall health of the Scottish population. Much of this progress is a result of public health efforts including action to tackle infectious disease and initiatives to provide clean water and sanitation. The provision of high quality healthcare to those who need it has also helped. In 2018, the average life expectancy at birth across Scotland was 81 years for females and 77 years for males. People are now living longer than ever before, and that is a huge success.

However despite this tremendous progress, Scotland still has one of the lowest life expectancies in Western Europe and the lowest of all UK countries. There is also some evidence that progress is slowing. While life expectancy has been increasing overall, there are also significant differences between areas. Across Scotland as a whole this can be a difference of up to 10 years for men and 7 years for women. Furthermore healthy life expectancy can be significantly shorter than total life expectancy. These differences are strongly influenced by gender and ethnicity but also by circumstances into which people are born, the places where they live, their education, the work they undertake, and the extent to which good social networks exist. Figure 1 overleaf shows in stark terms the impact of health inequalities in Scotland as whole with the most deprived in society suffering double the instance of cardiovascular disease (CVD) and diabetes.

FIGURE 1
PREVALENCE OF DOCTOR-DIAGNOSED DIABETES, ISCHAEMIC HEALTH DISEASE AND STROKE IN ADULTS (AGED 16 AND OVER), 2017, BY AREA DEPRIVATION IN SCOTLAND

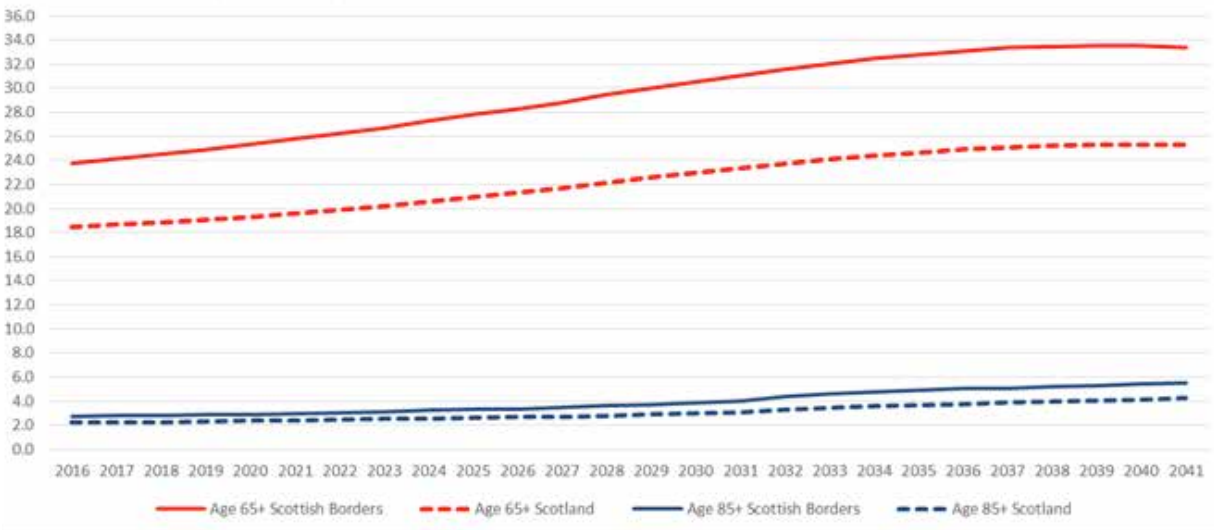


Source: Scottiah Health Survey, 2017

Another important trend is that both the numbers and the proportions of people aged over 65 are set to increase throughout Scotland in the next 25 years. This trend is particularly pronounced in rural areas like the Scottish Borders. The number of over 75s is expected to increase by 33.5% in the Scottish Borders by 2026, which is even higher than the 27.3% increase in Scotland as a whole (see Figure 2 overleaf).

This means that in the future more people in the Borders will be living with one or more complex health conditions and are likely to require more health and social care as they age. For our public services, responding effectively to these health needs and inequalities will become increasingly challenging.

FIGURE 2
PRROJECTED PROPORTIONS OF OVER 65s AND OVER 85s, SCOTTISH BORDERS AND SCOTLAND



Source: NRS, 2017

The test will be whether the new public health priorities really make a difference to population health in Scotland. To do that we need to engage actively with individuals, families and communities to deliver real improvements, especially for those who need them most. That is why at the heart of our public health ambitions there must be an unerring focus and commitment to deliver these outcomes and priorities in a way that reduces inequalities in Scotland. The time for change, for a transformation in our efforts, is now.

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PUBLIC HEALTH PRIORITY 1

A BORDERS WHERE WE LIVE IN VIBRANT, HEALTHY SAFE PLACES AND COMMUNITIES

OUR AMBITION

> *We will design our surrounding environment to provide opportunities to improve people's health and draw on all the assets and resources of a community. This means both integrating public services and building greater community resilience.*

WHY THIS IS IMPORTANT

The places we live, work and play, the connections we have with others and the extent to which we feel able to influence the decisions that affect us – all have a significant impact on our health and wellbeing (see Fig. 3 below).

FIGURE 3
RELATIVE CONTRIBUTION OF THE DETERMINANTS OF HEALTH

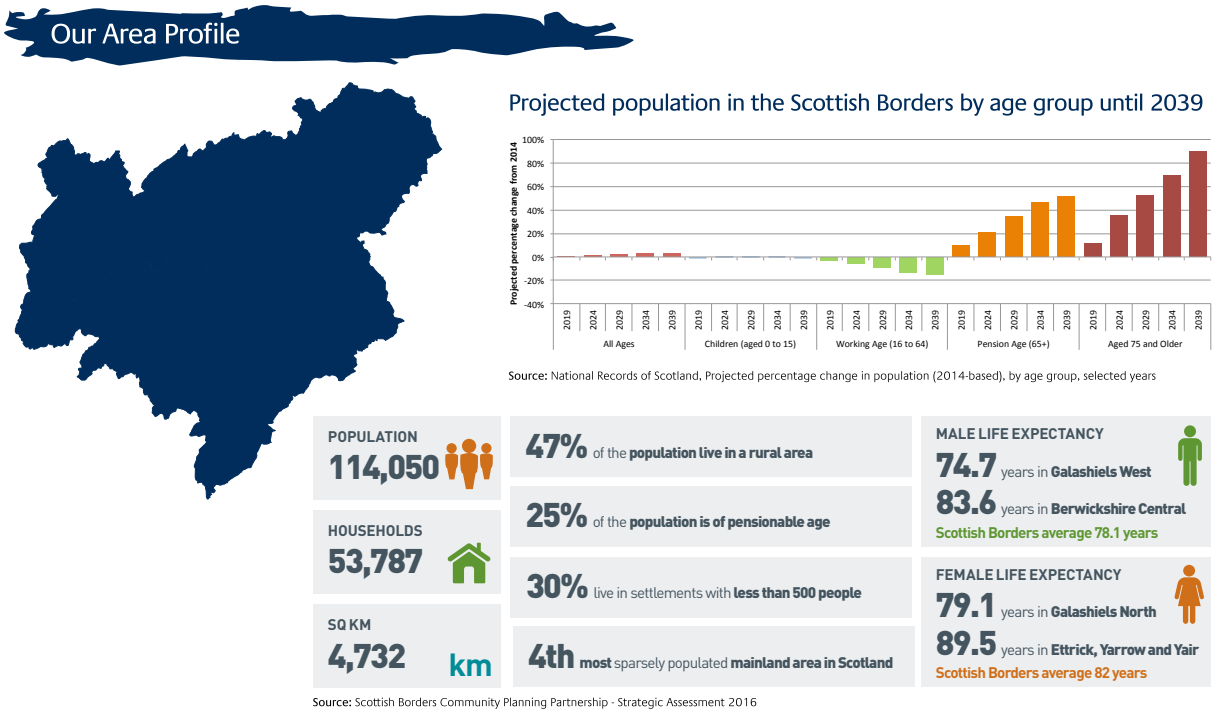
Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Fair Society Healthy Lives (The Marmot Review)

We want to change the places and environments where people live so that all places support people to be healthy and create wellbeing; whether it is physical improvements to help us move from place to place with ease; empowering communities to make decisions that directly affect them; improving local access to green spaces; or shifting the commercial environment towards the availability of healthier options. The evidence is strong that improvements to our environment have a positive and lasting impact on the public's health. Creating safe places that nurture health has long been central to the public health agenda. From the early days of public health this has included access to safe water and sanitation, ensuring accessible health services and improving our environmental health through food safety and improvements to the quality of the air we breathe. We now need the other parts of the system that have a role to play in the shape of communities to be increasingly thinking about the health impacts of decisions and activities.

BORDERS KEY FACTS

FIGURE 4
WHAT WE KNOW ABOUT THE SCOTTISH BORDERS



(Further information on each of the five Borders Area Partnerships is detailed in Appendix 2)

We know what Borderers think of their local community through the Scottish Borders Household Survey. After 905 responses the 2018 survey[1] found that 95% of those who responded said that their neighbourhood was a good/fairly good place to live, with residents noting community spirit, activity and resilience, as well as the positive impact of services. Survey findings included:

Problems:

- Lack of services/amenities.
- Condition of roads – potholes.
- Poor infrastructure.
- Dog fouling.
- Environmental concerns.
- Level of traffic.
- Community safety issues, including drugs.
- Neighbours.

Neighbourhood priorities - top five:

Respondents were asked to list the top five priorities for their neighbourhoods, the most frequently given answers were:

- Growing the economy of the Borders, and supporting retailers and business.
- Providing high quality care for older people.
- Raising education attainment/achievement and helping people of all ages obtain the skills they need.
- Providing activities and facilities for younger people.
- Providing sustainable transport links including demand responsive transport.

EXAMPLES OF WHAT WE AND PARTNERS ARE DOING IN THE BORDERS

PARTNERSHIP

Partnership activity is underway through the Borders Community Planning Partnership Board, the Scottish Borders Integrated Joint Board and other statutory and non-statutory organisations to better understand demand for care and support, to identify and support vulnerable people and to drive the prevention agenda. The recently published Scottish Borders Community Plan, Borders Area Partnership Plans and the Borders Health and Social Care Locality Plans prioritise place and community with a strong focus on affordable housing; connected, stronger and safer places; and on maximising community participation in decision making. This is further supported by ongoing work with partners including Registered Social Landlords (RSLs) to provide safe, warm houses in attractive settings.

The Community Empowerment Act aims to make it easier for communities to have more influence over the decisions that affect their area. The Planning (Scotland) Bill working its way through Parliament also aims to strengthen these powers further and to develop a greater link between community planning and development planning – working towards communities themselves being able to devise plans for their places. While reducing isolation and loneliness is not always explicitly stated as an aim in planning arrangements, we know that community operated/programmed buildings can bring local communities together. Assets based approaches, focusing on the strengths of a place to build locally directed improvements, are a positive way to engage with people and support the prevention agenda.

Partners in the Scottish Borders have also produced an 'Integrated Strategic Plan for Older People's Housing, Care and Support' setting out a vision for enabling older people to have greater choice of housing, support and care that meets their long-term needs. It is focused on enabling independent living but proposes an investment and service framework which tackles the logistical and market challenges experienced in the Scottish Borders. It proposes investment in housing for older people, technology-based services, and additional people capacity as a means of ensuring future needs can be met.

A HEALTH IN ALL POLICIES APPROACH

The Scottish Borders Council is considering how to take a 'Health in All Policies' approach to planning and decision making. This 'Health in All Policies' (HiAP) approach involves systematically taking into account the health impacts of decisions in all policy areas. It explicitly takes into account

the health implications of the decisions we make and targets the key social determinants of health. It looks for synergies between health and other core objectives including the work we do with partners, thereby creating opportunity for more joined up policy making and implementation. It also tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

Collaboration across sectors – such as through a HiAP approach – can promote efficiency and effectiveness by fostering discussion of how agencies can share resources and reduce duplication, thus potentially decreasing costs and improving performance and outcomes.

Whilst there is support within Public Health and local authority planning departments for the concept of a HiAP approach in relation to local development plans, health impact assessments are not included/considered to be material planning considerations in the current planning process and as such would have no weight in the determination of a planning application. The Development Management process is scrutinised by Scottish Government and the pressure to get decisions "out the door" as quickly as possible is intense. The planning system is also already burdened with a range of studies and assessments that are required by statute as well as those required by planning guidance or established by case law as material considerations. As a result it has been agreed that within the Scottish Borders the feasibility of incorporating health impact assessments at the early stages of developments (i.e. at the production of the Development Plan) will be considered. These will identify the main issues and look at the implications of various options and seek to engage with communities. Information will also be included on the Scottish Borders Council (SBC) Planning Department website to alert developers that they may wish to consider health issues (on a voluntary basis) in their planning assessments (see Appendix 3). Local public health contacts will be provided to developers for information and support if requested.

The SBC Planning Department is already doing work with the Borders Community Planning Partnership using the Place Standard which includes a health component, along with normal Environmental and Equalities Assessments, and hope to align these processes. The Department is also working with Registered Social Landlords in the Borders to provide safe, warm and affordable houses in attractive settings.

KEY AREA FOR ACTION

- A Health in All Policies (HiAP) approach should be considered for inclusion within the planning processes of Scottish Borders Community Planning Partnership partners. This will sustain intersectoral collaboration and enable policy decisions to be seen through a health and equity 'lens', with agreement around how success will be measured.

#**your**part SUGGESTIONS FOR THE PUBLIC

- Explore opportunities to engage with others within your own community to develop a Borders where we live in vibrant, healthy, safe places and communities.
- There are lots of different ways to get more involved in your community, volunteering is one them and there's training and support available.
- Consider active transport options such as walking for part of your journey or taking the bus or train.
- Be a good neighbour to vulnerable members of the community, particularly in severe weather.

#yourpart

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PUBLIC HEALTH PRIORITY 2

A BORDERS WHERE WE FLOURISH IN OUR EARLY YEARS

OUR AMBITION

"We want the Borders to be the best place for a child to grow up and that every child develops their unique potential. By taking a whole-systems approach to childhood in the earliest years, from preconception onwards, we will maximise the impact on the Borders future health and we will ensure services continue to work with parents, carers and families as the most important people in a child's life. Investing early in our young peoples' future is the best form of prevention."

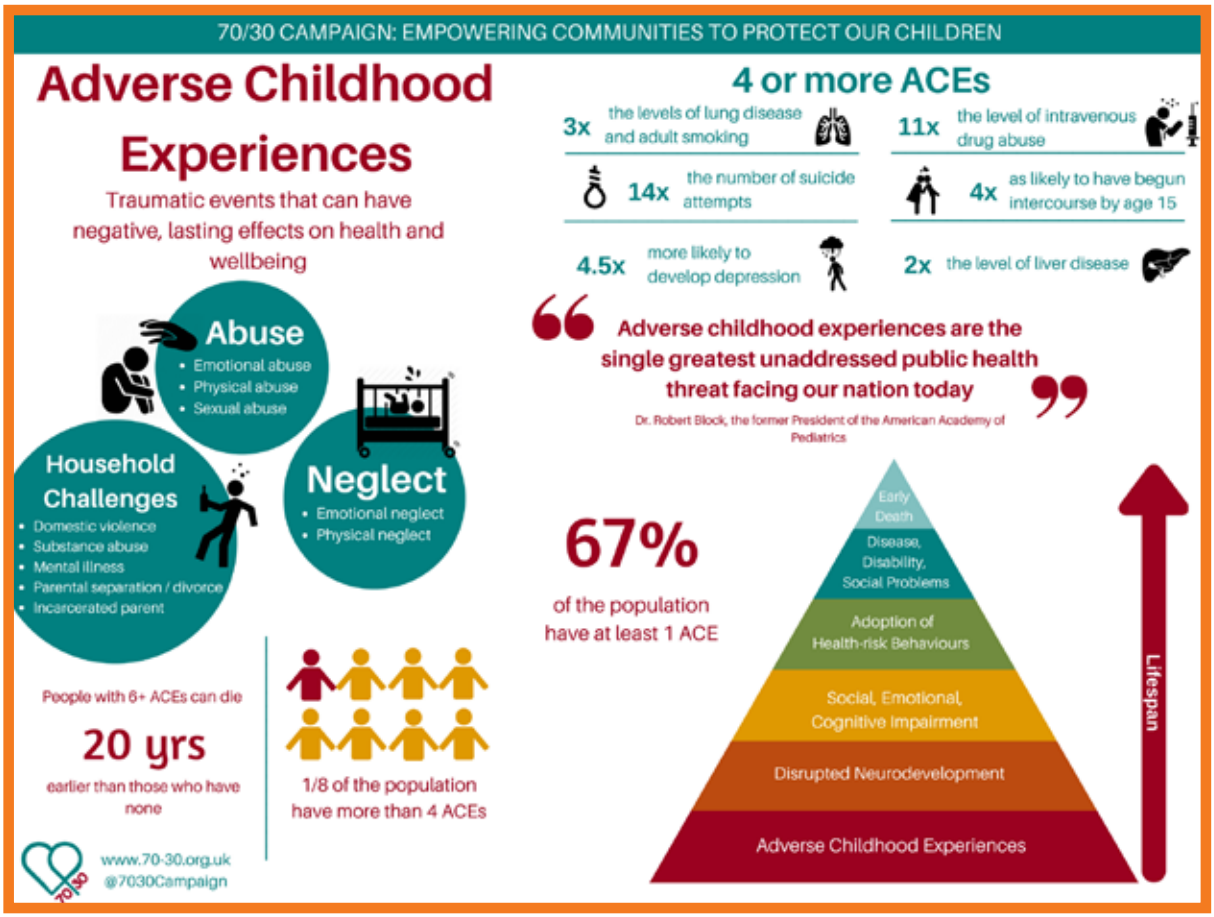
WHY THIS IS IMPORTANT

There is increasing evidence that exposure to adverse childhood experiences (ACEs) is associated with a range of long term negative outcomes in relation to health, education, employment and social integration. Large scale research in the United States and other countries, including parts of the UK, shows the detrimental effects that arise from cumulative adverse experiences early in life. Extrapolating from these findings, suggests it would be reasonable to assume that between 10,000 and 15,000 adults in Borders could have experienced four or more ACEs. Compared to people without these adverse experiences, those affected by four or more ACEs are:

- Twice as likely to binge drink and have a poor diet.
- Three times more likely to be a current smoker.
- Five times more likely to be have had sex before the age of 16.
- Six times more likely to have had or caused an unplanned teenage pregnancy.
- Seven times more likely to have been involved in violence in the preceding year.

In Wales, research found that those up to the age of 69 years with four or more ACEs were twice as likely as those with no ACEs to be diagnosed with a chronic disease and were also at much greater risk of developing specific diseases such as Type 2 diabetes, heart disease and respiratory disease[2]. These impacts are summarised in Fig 5 overleaf.

FIGURE 5



BORDERS KEY FACTS

Although Scottish Borders does not currently use ACEs as a framework for data collection, there are existing data sources that give an indication of levels of exposure to some of the key risk factors and the outcomes that ensue (child protection, domestic abuse, parental mental health, alcohol or drug use).

CHILD POVERTY

The most recent data shows that 260,000 children in Scotland – one in four - live in relative poverty (2015/16). A majority (70%) live in households where at least one adult worked, while just over 30% live in workless households. The risk of relative poverty is highest for households where the youngest child is under four[3].

In Scottish Borders 21% of children were in relative poverty (after housing costs) in 2015/16. In three of the council wards, this rises to over 25%.

Causes of poverty are multiple, including:

- Employment status
- In-work poverty: wages, hours, insecurity, progression
- Costs of living: housing, childcare, fuel
- Poor educational attainment
- Underpinned by structural factors e.g. local and national housing and labour markets

EARLY YEARS

It is increasingly recognised that the health of the mother before or early in pregnancy impacts on the health of the child. Effective interventions for preconception care include: folic acid supplementation, nutrition and weight management and smoking cessation support. The evidence for reducing or abstaining from alcohol consumption before or during pregnancy is strong although intervention to support this behaviour change is limited. Other important areas of focus are problem drug use, screening for gender-based violence and mental health.

WOMEN ACCESSING MATERNITY CARE

It is good that in the Scottish Borders 80% or more women accessed maternity care before 12 weeks of pregnancy in 2016 even in deprived communities (see Table 1 below).

TABLE 1
WOMEN ACCESSING MATERNITY CARE BEFORE 12 WEEKS

NHS BOARD	1-Most deprived	2	3	4	5-Least deprived
Scotland[4]	85.9	88.6	89.4	90.4	90.9
Borders	89.0	88.3	87.0	81.0	88.5

ROUTINE VACCINATION

Routine vaccination of children against potentially serious infections is also key to maintaining their health and wellbeing. It is important that the NHS vaccination schedule be followed where possible. Two such vaccinations are the MMR (for Measles, Mumps and Rubella) and the meningococcal group B (Men B) vaccines.

Between 1st January and 31st December 2018 the proportion of children living in the Scottish Borders who had both their first (primary) and booster immunisations by six years of age was very high. For MMR first dose, uptake was 97.4%; for DTP/Polio 95.7% and for MMR booster, uptake was 95.1%. Local uptake is consistently high, exceeds national targets and therefore provides excellent protection to the individuals receiving them and to the wider community.

Meningococcal group B (Men B) vaccine was added to the routine childhood vaccination programme at two, four and twelve months of age from 1 September 2015.

In the UK, meningococcal B remains the main cause of infant deaths from infectious disease. Meningococcal B cases increase from birth and peak at five months before declining. The disease comes on quickly and survivors can be left with serious long-term problems such as deafness, epilepsy and limb amputations. It is therefore reassuring that uptake of the new vaccine in the Borders has been a resounding success. 97.0% of children born during 2018 received a full primary course compared to 93.7% across Scotland. Borders babies are amongst the most protected in the country.

NUTRITION

Trends show a decrease in proportion of pregnant women within a healthy weight range and 24% increase in those categorised as obese between 2011 and 2016 (see Table 2 below). Obesity in pregnancy is associated with increased risk of stillbirth, birth complications and larger than average birth weight. Increasingly, evidence from research and national guidance point to the importance of nutrition and weight interventions prior to first pregnancy and emphasise good food choices in pregnancy to support positive family eating behaviours. However it will require population level interventions to achieve the necessary culture change to produce any long lasting shift in eating patterns and healthy weight. Education and personal lifestyle are important but have to be accompanied by changes in food production and marketing.

TABLE 2
MATERNAL BMI AT ANTENATAL BOOKING: 2011–2016: SCOTTISH BORDERS

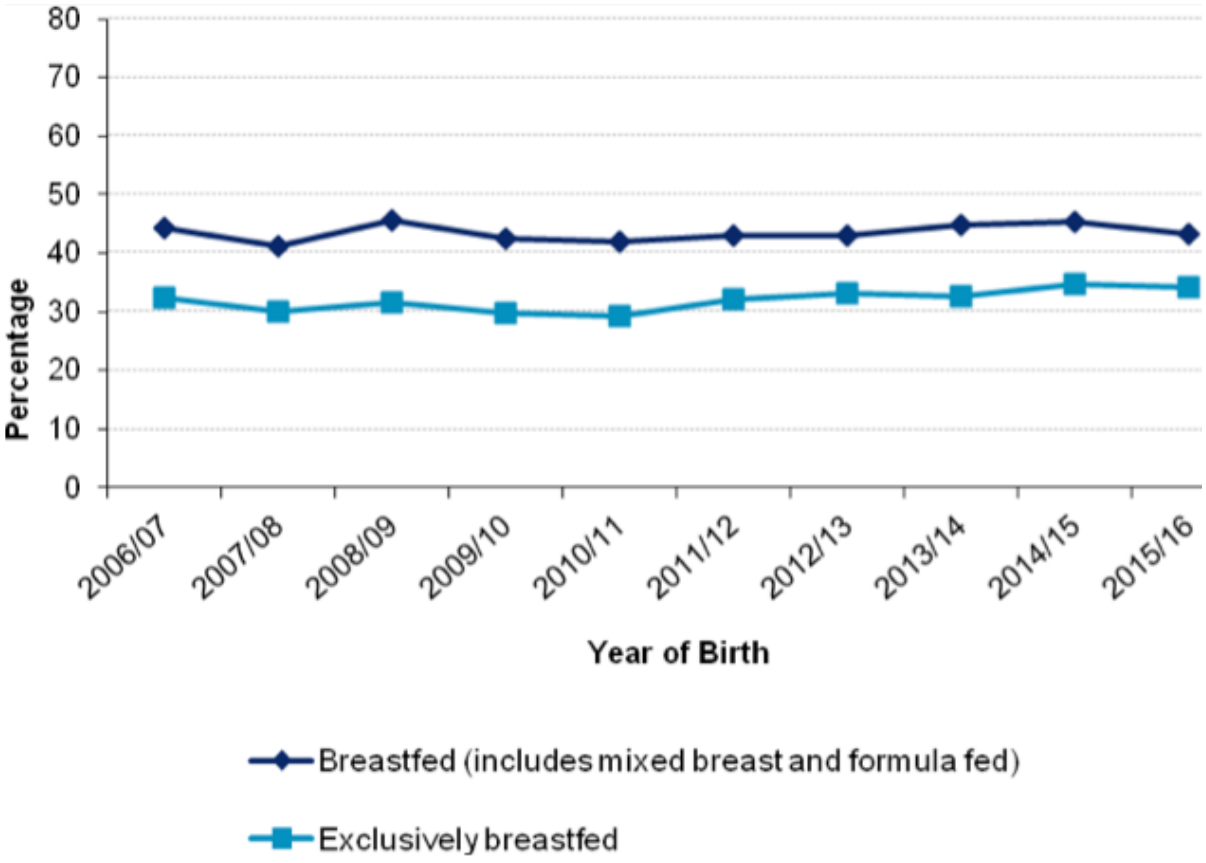
	PERCENTAGE OF MATERNITIES					
BMI Group	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Underweight	2.4	2.9	2.7	3.0	2.5	2.0
Healthy	48.1	49.0	48.5	46.7	48.4	46.2
Overweight	28.2	27.7	27.7	27.8	27.5	25.7
Obese	19.3	18.4	18.9	20.3	20.3	24.0
Unknown BMI	2.0	2.1	2.3	2.2	1.2	2.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

BREASTFEEDING

Nutrition plays a crucial role in the early months and years of life and is important in achieving optimal health. Encouraging and supporting breastfeeding is recognised as an important public health activity. Breastfeeding in infancy has a protective effect against many childhood illnesses and reduces childhood admissions to hospital. Breastfed infants have a reduced risk of infection, particularly those affecting the ear, respiratory tract and gastro-intestinal tract. This protective effect is particularly marked in low birth weight infants. Other probable benefits include improved cognitive and psychological development, and a reduced risk of childhood obesity. There is evidence that women who breastfed have lower risks of some cancers, Type 2 diabetes and hip fracture later in life.

Breastfeeding is more common in the Borders than the Scottish average as 33.6% of babies were exclusively breast fed at 6-8 weeks in the Scottish Borders compared with the 27.5% Scotland average (CHSP-PS 2013/14 to 2015/16 3 year aggregates, see Figure 6 overleaf).

FIGURE 6
BREASTFEEDING AT 6 – 8 WEEK REVIEW: NHS BORDERS



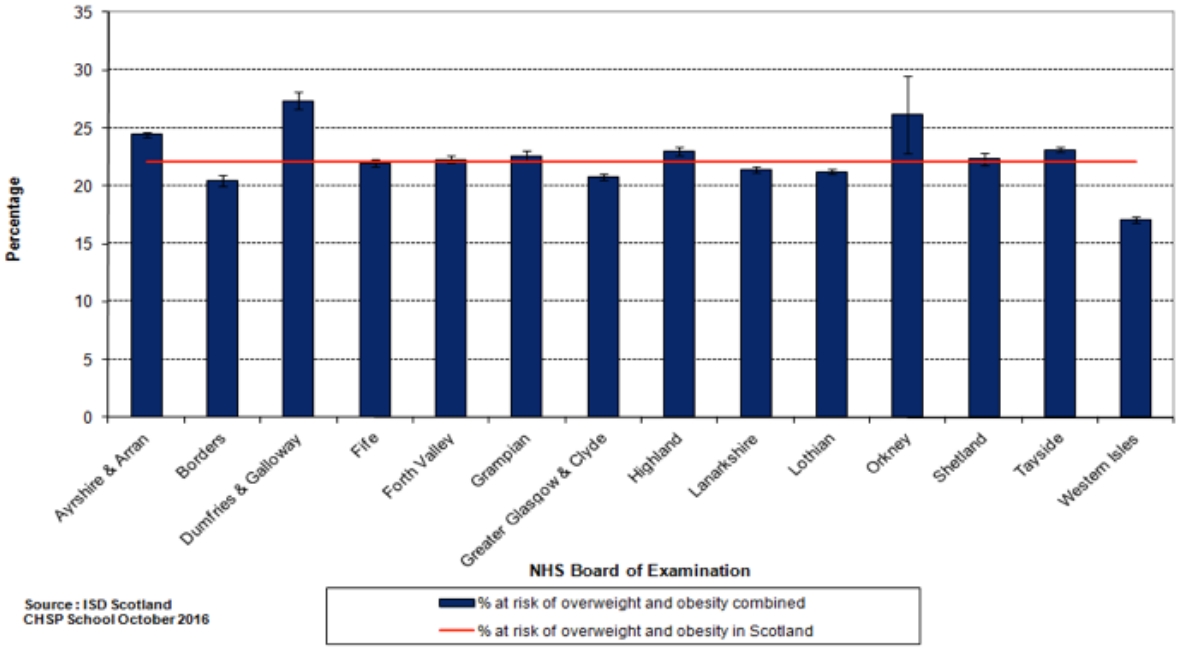
CHILD HEALTH MONITORING

The 27-30 month review by the health visiting service is part of the universal pathway for all early years children and is a key tool in promoting strong early child development. The uptake of the reviews is high in the Borders, standing at 90.2 % in 2015 – 16 (the Scottish average is 88%). In Scottish Borders, 16% of children are found to have at least one area of developmental concern (Scottish average 18%). The most common area of concern is speech and language development (11% of those reviewed).

CHILDHOOD OBESITY

There is continued concern over the levels of overweight and obesity among children in Scotland, which affect one in five children. In 2015/16, 77% of children in Primary 1 (P1) were classified as 'healthy weight', 12% at risk of overweight and 10% at risk of obesity (see Figure 7 overleaf). Obesity during childhood is a health concern in itself, but can also lead to physical and mental health problems in later life. The percentage of children of a health weight is similar for boys and girls. Higher deprivation tends to be associated with a higher prevalence of overweight and obesity among children. Our local data from the 27months review indicate that patterns that will establish and maintain healthy weight are already emerging before P1.

FIGURE 7
PERCENTAGE OF PRIMARY 1 CHILDREN IN SCOTLAND AT RISK OF OVERWEIGHT AND OBESITY COMBINED, BY NHS BOARD 2015/16



DENTAL HEALTH

The dental health of children in the Scottish Borders tends to be good. In the Scottish Borders 77% of children in P1 were in good dental health (compared with the Scottish average of 70%) in 2016. In 2015/16 good dental health was reported for 83% of P7s, several percentage points above the Scottish average of 68%[6].

EMOTIONAL HEALTH AND WELLBEING IN CHILDREN AND YOUNG PEOPLE

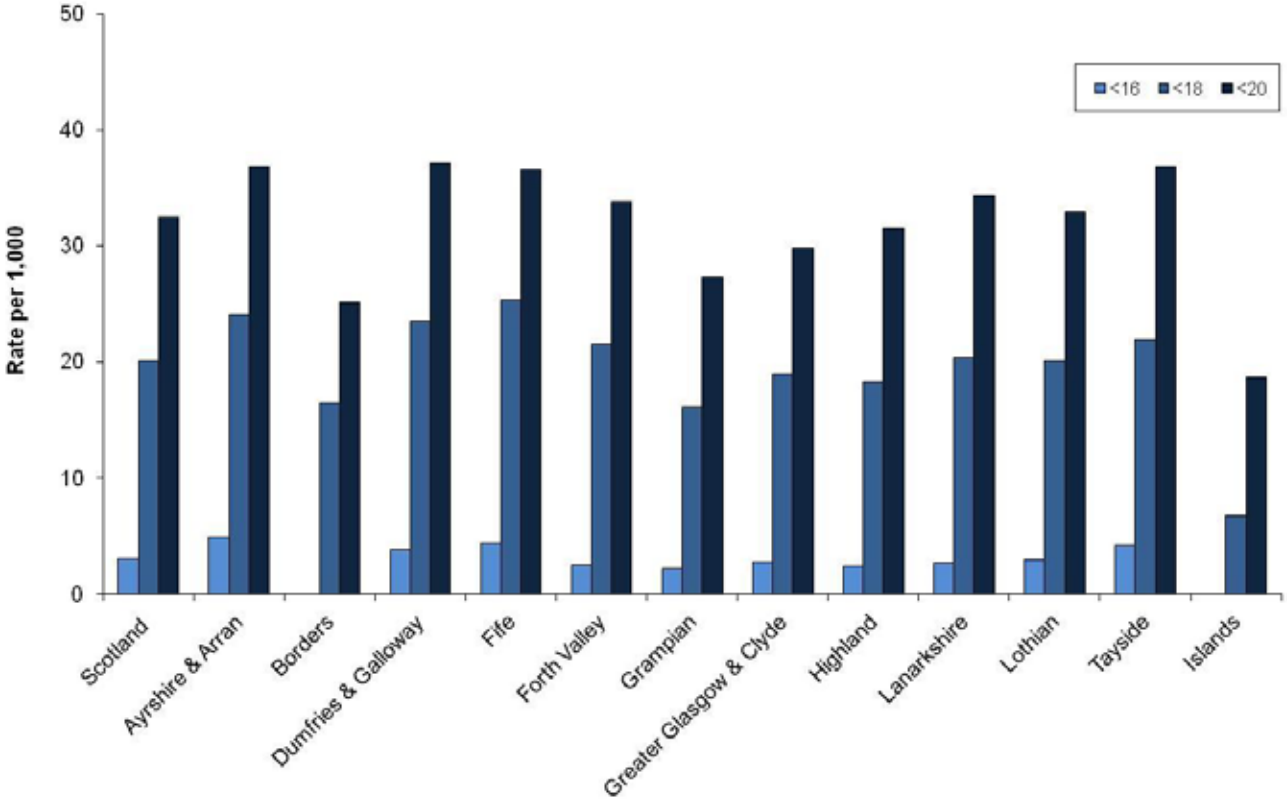
Good emotional health is essential for infants, children and young people and lays a foundation for healthy development, learning and socialisation. Adversity in childhood and, in particular the absence of a warm consistent relationship with a trusted adult, has a negative impact on mental health and wellbeing. For those of school age, experiences at school and relationships with peers are significant influences on mental health. A recent Growing Up in Scotland study demonstrated that several factors are associated with child mental health problems and low subjective well-being. These include: more conflict between mother and child; less parental knowledge of the child's out of school activities or relationships; difficulties of the child in adjusting to primary school as a learning and social environment; as well as the child having self-reported "poorer quality" friendships with other children or feeling unhappy at playtimes[7].

This issue is discussed in more detail under Public Health Priority 3: A Borders where we have good mental wellbeing.

RELATIONSHIPS AND SEXUAL HEALTH

The rate of teenage pregnancy for both under 16s and under 18s in the Scottish Borders continues to be lower than the Scotland averages (see Figure 8 below). The figure below shows a rate of 16.5 pregnancies per 1000 in aged under 18 compared to 20.1 for Scotland as a whole and a rate of 25.1% for aged under 20 compared to 32.4 for Scotland as a whole. The Borders rate for under 16 is suppressed due to low numbers ie <5.

FIGURE 8
TEENAGE PREGNANCY BY AGE GROUP AT CONCEPTION AND NHS BOARD OF RESIDENCE, 2015



Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.
ISD Scotland (2017)[8].

Rates for <16s in Borders and the Island Boards have been suppressed due to potential risk of disclosure.
<16 yrs includes all pregnancies in women aged under 16. The rate is calculated using the female population aged 13-15.
<18 yrs includes all pregnancies in women aged under 18. The rate is calculated using the female population aged 15-17.

VULNERABLE CHILDREN AND YOUNG PEOPLE

Evidence shows that looked after children and young people (LAC) are more likely to experience health problems than young people in the general population. Mental health problems for looked after children and young people are markedly greater than among their peers. Children often enter the care system with a worse level of health than others of their age and stage. Longer term health and social outcomes also tend to be poorer. Young people leaving care are particularly vulnerable due to a range of factors including health behaviours, housing, social support, financial security, education and employment.

In 2015/16, there were 218 looked after children and young people (LAC) in the Scottish Borders. One in five were aged 5 or under, a similar proportion were aged 16 or above. National data show a decrease in LAC children and young people in recent years. Although numbers in Borders appear to be rising the rate per population of looked after children and young people is still lower in the Scottish Borders than the rate for Scotland[9,10].

WHAT WE ARE DOING IN THE BORDERS

There are a range of evidence based interventions that can be taken by local partners to reduce ACEs and to mitigate their impact as part of ongoing work to reduce inequalities. In addition, there are implications for services supporting adults in recognising that a significant proportion of those who use mental health services and addictions services will have experienced adversity in childhood that causes trauma.

PARTNERSHIP

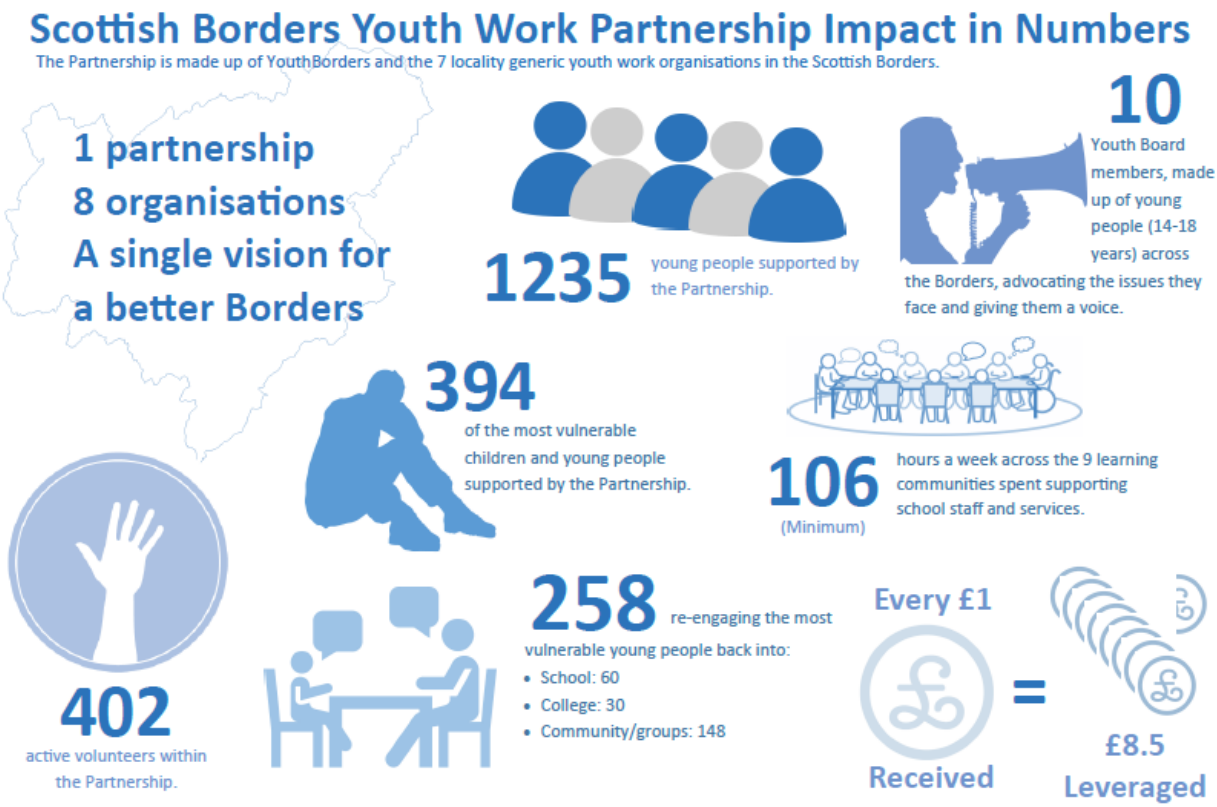
The Borders Children and Young Peoples Leadership Group (CYPLG), a multi-agency group of senior service managers, has developed a Children and Young Peoples Strategic Plan[11]. This aims to prioritise prevention and early intervention and to implement a wide range of mitigating actions to improve health in childhood. This will ensure that local services continue to invest in services for children and young people through the integrated delivery of support in localities. The Leadership Group has a key focus on achieving better outcomes for those who are more vulnerable and continues to target its commissioning budget to further this objective.

YOUTH BORDERS

There are over 65 third sector youth groups across the Scottish Borders whose primary aim is to support young people, build their confidence and self-esteem and provide a myriad of opportunities in different settings in our beautiful but often challenging region. They vary from large generic youth groups and specialist groups to local voluntary or church groups and community cafes. The diverse offer spans from drop-in services to targeted projects, from gardening, food and drama to horse riding, young parents and cycling. Whatever they do, they offer young people a chance to build trusted relationships, make friends and improve the health and wellbeing of each individual, all in fun and safe environments.

Youth Borders supports, nurtures and promotes these groups, as a membership organisation for youth work in the Borders. It is also a trainer, governance and capacity builder and acts as a strategic voice for the sector and for young people as a whole, advocating on their behalf and encouraging their greater participation and engagement. Figure 9 overleaf shows the Scottish Borders Youth Work Partnership impact in numbers.

FIGURE 9



Source: http://www.youthborders.org.uk/

PROMOTING UNDERSTANDING OF THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES (ACE)

It is important that the combined actions of partners in the Borders on ACES take a long term perspective across the whole population, to prevent children being exposed to ACEs and adversity where possible, reduce the impact of such experiences and improve how services respond to those who have experienced trauma as a consequence of ACEs and adversity. Public Health is working with partners in children's and adult services across partnerships to raise awareness of the impact of ACEs on children and on adults. The Resilience documentary is one tool that is being used to inform professionals and wider community members about ACEs and their potentially negative consequences. In 2018 - 19, Public Health has supported four screenings with a panel discussion involving over 150 people in all.

Mental Health Services in Borders are taking part in a national initiative to develop innovative approaches to responding to people in distress through the Distress Brief Intervention Programme for adults and Scottish Borders will be trialling the expansion of this programme to 16 – 18 year olds from May 2019. Partners are also looking at how to implement the Trauma Training Framework produced by NHS Education Scotland to develop skills for trauma informed practice. Local third sector services already provide support for survivors of abuse and violence and have much to contribute to this area of work.

PROMOTION OF BREASTFEEDING

The UNICEF Breastfeeding Friendly Initiative (BFI) standards are the core standards for local maternity and health visiting services and in key early years settings. BFI is further supported through our breastfeeding peer support network Breastfeeding in the Borders Support (BIBS) and through weaning and family cooking skills programmes in community settings.

ACTION AGAINST CHILDHOOD OBESITY

A high priority is being given to the reduction of childhood obesity including 'Setting the Table' training which provides nutritional guidance and food standards for early year's childcare providers. Based on national guidance, local Child Healthy Weight intervention programmes have been set up across Scotland to match local needs. In the Scottish Borders, the Fit4Fun programme has been running in local primary schools since 2011. This takes is a whole school approach to child healthy weight to help children become fitter, happier and healthier. The programme gives children an introduction into the importance of healthy eating, promotes a healthy, active lifestyle and supports schools to develop and promote healthy eating activities. It includes nutrition and activity sessions within class time, tailored to suit various age groups and settings. Examples include: Eatwell guide, taster sessions, healthy lunches/snacks and food labels. Sessions contribute to the Curriculum for Excellence to ensure the programme is valuable to the school, teachers and children participating. Programme delivery is mainly targeted on schools with catchment populations in higher deprivation categories and with greater numbers of children who have a higher weight.

Between 2011 – 2017, the programme has covered 25 primary schools (42% of all schools) and 4,116 children. Fit4Fun offers several follow up opportunities for participating schools: support and advice on policies and resources; cookery groups, and nursery transition sessions. Nutrition sessions have also been delivered to P7 pupils as part of their transition days at high school. 1,173 pupils from two highs schools (Hawick and Galashiels) have participated in the Fit4Fun P7-S1 transition Programme in 2017, with positive feedback from pupils and teachers.

INVESTING IN CHILDREN'S PLAY

Investing in children's play is one of the most important things that we can do as a community to support children's health and wellbeing. The development of a new Play Strategy by the Scottish Borders Community Planning Partnership will give a clear direction and support for the development of play – at home, in nurseries and schools and in the wider community and natural environments of the Borders.

DENTAL HEALTH

The Childsmile programme, which runs across Scotland, supports child oral health through core, practice, nursery and school components. This includes free dental packs and supervised toothbrushing in nursery as well as targeted support for children and families in greatest need[12].

RELATIONSHIPS AND SEXUAL HEALTH

The promotion of healthy, respectful relationships among young people is a key strand of the joint work under the Sexual Health Strategy for Scottish Borders. The delivery of evidence based relationships and sexual health education in schools, appropriate to age and stage, and complementary activities in youth work settings, the delivery of violence prevention programmes and access to advice and information along with continued efforts to target work towards more vulnerable young people make up the main strands of current work. The new Child Sexual Exploitation Strategy in Scottish Borders is a welcome development.

VULNERABLE CHILDREN AND YOUNG PEOPLE

The Children and Young People's Scotland Act 2014 introduced new duties of corporate parenting for the NHS, along with other partners.

These duties are:

- To be alert to matters which, or which might, adversely affect the wellbeing of Looked After Children and Young People (and those in Continuing Care and Aftercare).
- To assess the needs of those Looked After Children and Young People for services and support it provides.
- To promote the interests of Looked After Children and Young People.
- To seek to provide Looked After Children and Young People with opportunities to participate in activities designed to promote their wellbeing.

KEY AREAS FOR ACTION

- Services need to recognise their responsibilities in reducing children's exposure to adverse experiences and the impact of these experiences. Services who work with adults who are likely themselves to have experienced ACEs need to have a good understanding of the impact of trauma and to take a trauma informed approach in their practice. This will include not only mental health and addiction services but also frontline health and social care services, out of hours and emergency services.
- Reducing the proportion of children living in relative poverty through addressing its causes including the need for policies which support people in finding and keeping fairly paid, secure jobs; provide affordable housing, childcare and other costs of living; and provide a clear means of accessing benefits for those entitled to them.
- Supporting the health of mothers before or in early pregnancy e.g. healthy weight maintenance and smoking cessation.
- Our more vulnerable young people, in particular those who are looked after or who are at risk of becoming looked after, need to be a priority and the duties of Corporate Parents fully acknowledged across the public sector. There is further work to be done through the CYPLG to focus on families who face complex issues and who can be overlooked by services, to find innovative ways to engage and support and in doing so improve the outcomes for children.
- The voices of young people need to be heard by planning and priority setting bodies so that they, alongside other groups, can have a say in what matters to them and inform the development of their communities. Area Partnerships are one forum where this could usefully be done.

#**your**part SUGGESTIONS FOR THE PUBLIC

- Ensure that you and those you care for are aware of healthy eating guidelines and eat as healthily as possible.
- Help children and young people make use of the opportunities in the Scottish Borders to play outdoors and be active.
- Take advantage of help to stop smoking. A smoke free childhood is the best option.
- Ensure that you and those you care for are up to date with their routine immunisations.
- Decision makers should take a wide variety of voices, including young people, into account in their processes.

#yourpart

BORDERS DIRECTOR OF PUBLIC HEALTH
REPORT 2018

PUBLIC HEALTH PRIORITY 3

A BORDERS WHERE WE HAVE GOOD MENTAL WELLBEING

OUR AMBITION

> *"Our ambition is of a community which works together to value and promote a holistic approach to mental health and emotional wellbeing. Borders will be a community which; promotes good mental health and wellbeing for all; respects, protects and supports people with mental health issues and mental illness to live well; recognises, supports and values families and carers, and finally promotes partnership between services and the population they serve. Our aim is to have more people in good mental health at every age and stage of life."*

WHY THIS IS IMPORTANT

Good mental health is profoundly important for growth, development, learning and resilience. It is associated with better physical health, positive interpersonal relationships and well functioning, more equitable and productive societies.

Mental health is also linked to wider inequalities. Socio-economic status has a bearing on mental health and those who experience disadvantage are more likely to have poorer mental health. Considerable progress has been made in reducing the stigma associated with talking about our mental wellbeing and the rates of reported mental health conditions continue to increase, as does the use and cost of prescribed medications. Although our wellbeing as a nation remains stable we still face unacceptable inequalities; for example, young women and those living in more deprived areas having lower than average wellbeing than the country as a whole.

Our society is also facing new challenges to our mental wellbeing, for example social media can have both positive and negative impacts on our children and young people. Over three quarters of all mental health problems have their onset before the age of 20, and childhood and adolescence are the key stages for promotion and prevention to lay the foundations for future mental wellbeing.

BORDERS KEY FACTS

Scottish Borders has a population of 114,030, of whom 17% are under 16 and 30% are over the age of 60 years of age. Evidence shows that mental illness affects 1 in 4 adults and 1 in 10 children under 15 years. These figures would suggest that around 19,800 adults and 1898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives. Depression and anxiety are the most common; however others include eating disorders, personality disorders and schizophrenia. It should be noted that these figures are estimates due to the exact prevalence of mental health issues being problematic to approximate as many do not seek assistance. Deprivation and isolation are key risk factors for mental ill health. In 2014/15 17.5% of

the Borders population were prescribed medication for anxiety/depression/psychosis; the Scottish average is 17.3%.

There is a strong association between mental and physical health. Around 30% of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety. Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illness is estimated to cost the NHS at least £8 billion a year[13].

SUICIDE

Although suicide is a relatively rare event in the Borders, it has a deep and lasting impact on those affected and many more people are troubled by suicidal thoughts and feelings.

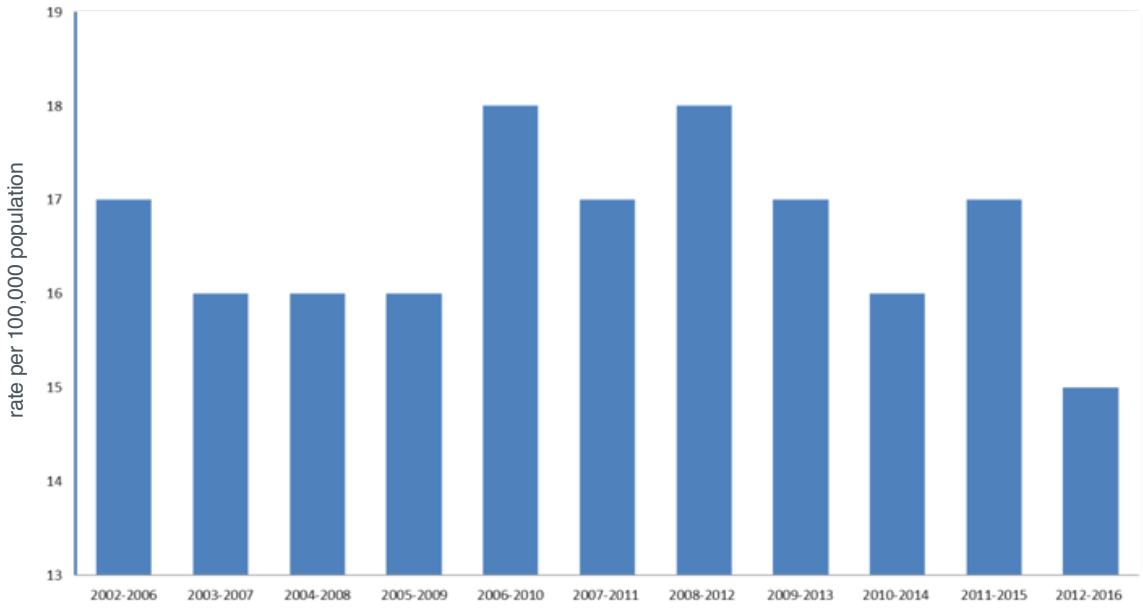
The suicide rate in Scotland is similar to the rate in other European countries. Although Scotland appears to have had a higher suicide rate than the UK overall since the early 1990s, this comparison is influenced by differences in data recording practices between countries, and there has been a strong downward trend in the suicide rate in Scotland over the last decade. Over the period 2002-6 to 2012-16 the rate of suicide in Scotland reduced by 17%.

In 2016, there were 728 probable deaths by suicide in Scotland; and nearly three-quarters of deaths by suicide in Scotland are in men.

Between 2012 and 2016, the probable suicide rate was significantly higher in the most deprived areas compared to the least deprived areas. This difference or inequality has decreased between 2002-06 and 2012-16.

Patterns of suicide in Scottish Borders are not significantly different to other areas in Scotland. The chart below show trends over time in terms of five year rolling averages; this is generally regarded as a more reliable measure due to the fluctuations in the annual number.

FIGURE 10
DEATHS BY SUICIDE AND UNDETERMINED INTENT 5 YEAR ROLLING AVERAGES - SCOTTISH BORDERS



Source: ScotPHO, 2018

There is no acceptable number of deaths by suicide and our ambition for suicide prevention is that no one should die by suicide in the Borders. Further reductions in suicide will require building resilience and social capital, at the individual and community level.

Since 2002 Scotland has had a national suicide prevention strategy, Choose Life, and the Scottish Government remains committed to reducing suicide in Scotland. Scotland's Mental Health Strategy 2017 – 2027 prioritises early intervention in mental health care, and public consultation earlier this year led to the publication of Scotland's Suicide Prevention Action Plan in August with actions to be led by Scottish Government and the National Suicide Prevention Leadership Group.

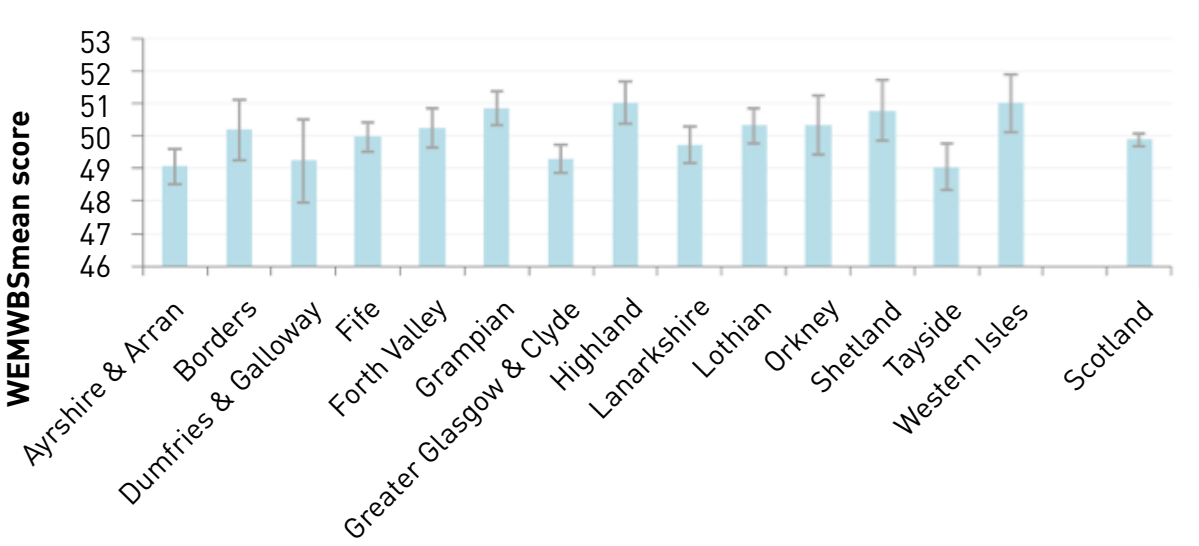
Locally, good mental health at every age and stage of life is one of the main outcomes to be achieved by the Scottish Borders Community Plan and the key themes within the Scottish Borders Mental Health Strategy 2018 include commitments towards reducing prevalence of suicide in our area and to improving timely access to services across the region[14, 15, 16, 17].

SCOTTISH HEALTH SURVEY DATA ON MENTAL HEALTH

The Scottish Health Survey[18], collects data on:

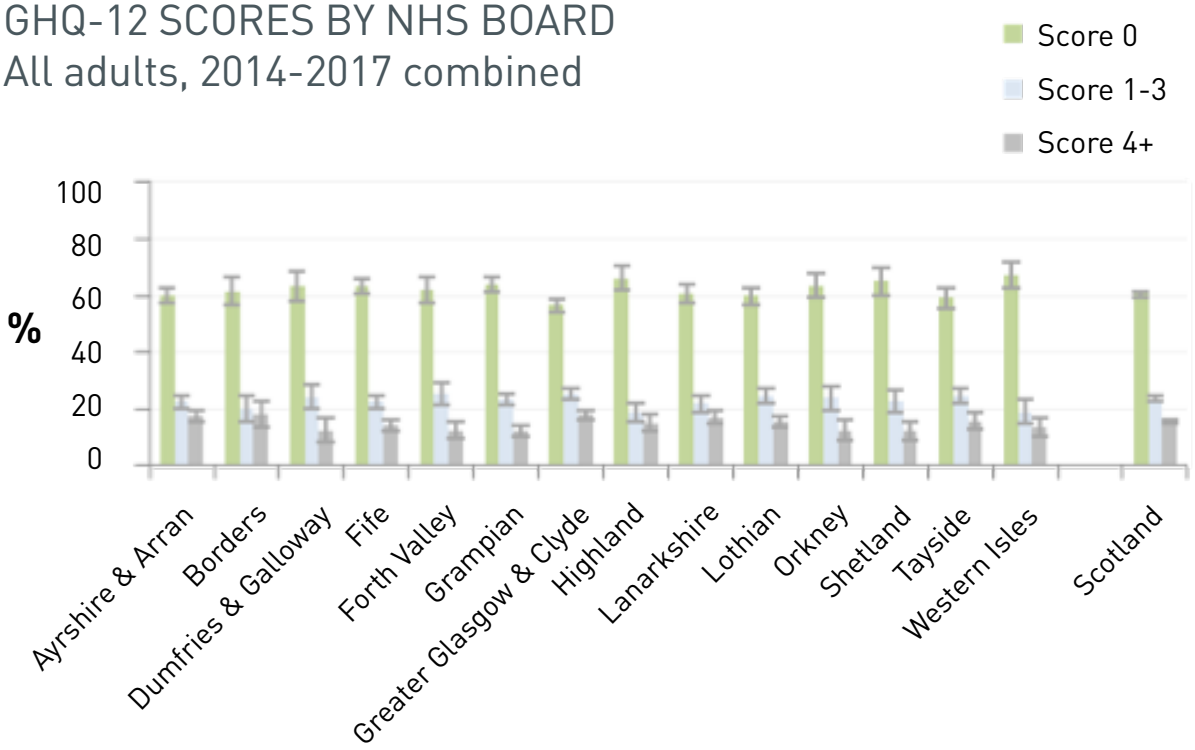
a. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Figure 11 below)
The WEMWBS scale measures mental wellbeing and ranges from 14 to 70 with a score of 41 or less suggesting low mental wellbeing eg increased risk of depression. The average WEMWBS score in the Scottish Borders over the period 2014-17 was 50.2 (95%CI 49.3-51.2), which is not significantly different to the Scottish average of 49.9 (49.7-49.9). Within the Borders women had a slightly higher score than men (50.8 and 49.5 respectively).

FIGURE 11
WEMWBS MEAN SCORES BY NHS BOARD
All adults, 2014-2017 combined



b. General Health Questionnaire (GHQ12 score) (Figure 12 overleaf)
This is used to identify individuals showing signs of the presence of a possible psychiatric disorder (i.e. those scoring 4+ in the questionnaire); in the Borders an average of 18% (95% CI 14-23%) of respondents from 2014-17 fell into this category. The Scottish average was 16% (95%CI 15-16%). There is not a statistically significant difference between the two rates.

FIGURE 12
GHQ-12 SCORES BY NHS BOARD
All adults, 2014-2017 combined



CHILDREN AND YOUNG PEOPLE

The recent Scottish School Adolescent Lifestyle and Substance Use Survey (SALSUS) survey of young people in Scotland[19] shows that on a global measure (SDQ), mental health and wellbeing has remained relatively constant over the last 6 – 7 years. However, this masks variation in different aspects of mental health. There has been a decrease in the number of young people who have a conduct problem, while pro-social behaviour has improved over the same period. Emotional problems have increased as have, to a lesser degree, peer relationship problems.

Several national surveys of the health of young people in Scotland show that mental health and wellbeing deteriorates with age and that by the age of 15, girls have worse mental health and wellbeing than boys, particularly in relation to emotional health[10].

There are two main areas of young people's lives that show a close association with their mental health and wellbeing:

- Number and nature of friendships: those with fewer friends have poorer mental health.
- Relation with school: young people who dislike school, feel pressured by school work, truant on multiple occasions or have been excluded tend to have poorer mental health and wellbeing.

The surveys show an association between levels of mental health and wellbeing and deprivation but deprivation has a less powerful impact on mental health than attitudes to school. In line with other research evidence, a range of factors emerge as important in protecting and promoting mental health and wellbeing in young people: belonging to a club or group or regular involvement with a hobby, interest or sports activity is beneficial.

A recent survey of Young People by the Scottish Youth Parliament (July 2016)[11] suggests that 25% of those aged between 12 & 26 years of age consider themselves to have had a mental health problem, 70% of whom did not know what help and support was available in their area with 1 in 5 not knowing where to go for advice and support.

LONELINESS AND ISOLATION

Engagement with local communities in the Borders across different age groups and settings shows that mental health is increasingly of concern to many. There is a growing awareness of the impact of social isolation and loneliness not only in older people but among all age groups. Concerns are strongly expressed by young people - but not limited to that age group - about peer pressure, relationships and expectations. There is evidence of families struggling with worries about money and insecurity of employment. It is common to hear that people do not know where to go to get advice and help about how to cope practically and emotionally.

Loneliness is increasingly recognised as a significant public health concern, affecting wellbeing, quality of life, premature death and contributing to diseases such as dementia, heart disease and depression[20].

While loneliness can occur at any age it is associated with experiences common to older age such as retirement and death of a partner. Loneliness can also be exacerbated by the isolation which may be caused by the presence of chronic conditions. There is a need therefore to support older people in maintaining their independence and in engaging in local social networks.

SUMMARY OF MENTAL HEALTH DATA

- Compared to the population of Scotland as a whole a larger proportion of the Scottish Borders population score above four on the General Health Questionnaire (18% compared to 16%) but this is not statistically significant. This is taken as an indication of the presence of a recognisable mental health problem. On other measures of mental wellbeing, people in the Scottish Borders are on par with other parts of Scotland.

- Adolescence and early adulthood is the peak age of onset for mental ill-health and the period when an initial sensitive response is required. Those with mental disorders have disproportionately higher disability and mortality than the general population, dying on average more than 10 years earlier.

- There are differences by gender, with fewer women describing their mental wellbeing as good or very good. There are also indications that teenage girls experience poorer mental health than teenage boys.

- Mental health is affected by the same inequalities as physical health and is strongly associated with poverty and social exclusion. More women than men are treated for depression and diagnosis is higher in marginalised groups.

EXAMPLES OF WHAT WE AND PARTNERS ARE DOING IN THE BORDERS

The Borders Children and Young People's Leadership Group (CYPLG) has redesigned the support for children and young people to ensure there are clear pathways to support including:

- The introduction of a new commissioned service to support emotional wellbeing. Partners are committed to renewing pathways to support, so that services are clear about roles, sources of help and referral routes within their locality

- Rolling out the Growing in Confidence programme to build resilience in staff, in parents and young people by equipping them with skills and confidence to manage stress and cope effectively with emotions and relationships.
- Building capacity in youth work, which is key in engaging with young people, building confidence and skills and enabling access to opportunities, all of which are fundamental for emotional wellbeing.
- Promoting access to information and tools for young people to look after their own mental health. A considerable number of people of all ages across the Borders, including young people have been involved in developing a local guide to wellbeing as a resource for young people.
- New guidance on self harm and suicide prevention for those in the Scottish Borders working with young people, has been published in 2019. The guidance creates an agreed multiagency understanding of self harm and suicide to encourage a consistent approach in supporting young people at risk with the focus on prevention and harm reduction. Multi agency training is being offered through Health Improvement for staff to accompany the guidance, following the development of a cohort of local trainers with the skills and competencies to deliver the training sustainably. Although the initial focus is on young people, the guidance and training are also applicable to adults and the training will be available for staff working with adult populations.

The Scottish Borders Council, NHS Borders and the Borders Health and Social Care Partnership are working with partners at the local level to develop integrated approaches that balance protecting and improving our communities' mental wellbeing with mental healthcare and treatment. A Borders Mental Health Strategy has been developed to provide a framework for delivery of mental health activities in Scottish Borders for all age groups, bringing together the range of work including promotion of population mental health, prevention of mental health problems, delivery of care and treatment of mental illness and support for recovery. The Strategy provides the means for ensuring delivery of commitments from the national strategies on mental health and suicide prevention and enables implementation of the local Mental Health Needs Assessment recommendations and Scottish Borders Health & Social Care Partnership Strategic Plan objectives as they relate to mental health. Strategic Priorities include:

- People are able to find and access information and advice on mental health and wellbeing.
- Communities are more confident about what they can do to promote mental health.
- Improved support pathways for people who are at risk of, or experience, mental ill health.
- Frontline staff have the appropriate levels of knowledge and skill to enable them to provide the best support and signposting.
- Individuals will have an increased understanding of their own mental wellbeing.
- Improved access to services and reduced barriers particularly for those with dual diagnosis.

The Scottish Borders Community Plan 2017 has identified mental health as a priority for improvement and the Borders Mental Health Improvement Steering Group is leading an action plan:

- Provide information and tools to help people keep themselves mentally healthy in the Borders, through the Six Ways to Be Well resources (see overleaf).
- Build capacity to promote wellbeing across different statutory, third sector and community settings across the Borders.
- Provide clarity about the structure and pathways to reduce mental ill-health and maximise mental wellbeing.

Six ways to be well in the Scottish Borders

Belong

... to an inclusive community. Connect with other people. A strong sense of connection and belonging can help your wellbeing.

Nurture

... yourself and those around you. Our bodies and our minds need nurturing as we grow, develop and get older.

Be Active

Find a physical activity that you enjoy, one that suits your level of mobility and fitness. Exercise makes you feel good.

Be Kind

Thank someone. Smile. Volunteer your time. Join a community group. Accept other people as they are. Be kind to yourself.

Enjoy and Learn

Try something new or rediscover an old interest. Learning new things will make you more confident, as well as being fun to do.

Be Aware

Take time to pause. Give yourself some 'me time'. Be aware of the world around you and what you are feeling.

For more information and ideas about how to become healthier and happier visit our website

www.nhsborders.scot.uk/six-ways-to-be-well

KEY AREAS FOR ACTION

- Parity of esteem must be maintained between mental and physical health, with both being considered within all policies.
- Achieving good mental health is not the sole responsibility of mental health services. There is a need to ensure a broad approach that supports mental wellbeing for all, provides the right support at the right time for those who experience mental illness and provides every opportunity for recovery. To achieve this will require co-production between statutory organisations, voluntary organisations, service users and carers. Success will mean not doing more of the same; it will require creativity and innovation to deliver services that are fit for the future.
- Health in All Policy assessments need to be carried out on any significant service changes within the Borders to ensure that persons with mental health problems are not disadvantaged by the change.
- Children and young people's mental health has been identified as a priority at national level in the recent Mental Health Strategy for Scotland. There is a need for Scottish Borders partner organisations to understand better the support children and young people need and to take action to address those needs.

#yourpart SUGGESTIONS FOR THE PUBLIC

- Mental health matters as much as physical health.
- There are things you can do to look after your own mental health and the mental health of those close to you. Check out the 'Six Ways to Be Well'.
- Information and advice on mental health are available. It's OK not to be OK, and to ask for help when it's needed.
- If you are concerned that someone may be thinking of taking their life, you can help by:
    - asking them directly
    - listening to them
    - encourage them to talk further to family, friends, GP, counsellor or support services
    - alerting emergency services if they are in the process of carrying out a suicide plan.
- Support services include: Breathing Space: 0800 838597 Samaritans: 116 123.
- Talking with someone who is thinking of suicide may affect you: don't be afraid to ask for support to cope with your own feelings.

#yourpart

BORDERS DIRECTOR OF PUBLIC HEALTH
REPORT 2018

PUBLIC HEALTH PRIORITY 4

A BORDERS WHERE WE REDUCE THE USE OF AND HARM FROM ALCOHOL, TOBACCO AND OTHER DRUGS

OUR AMBITION

> *Our ambition is for a Borders where people do not develop problematic substance misuse but where people who have problems are supported and respected. A specific aim is to have a tobacco free Borders by 2034. Although there is no safe way to smoke, no safe level of drinking alcohol and no completely safe level of drug use, the number of people using these substances and the harm caused to both them and those around them can be minimised.*

WHY THIS IS IMPORTANT

Substance use is a diverse topic and encompasses many issues. People's use of substances will vary over their lifetime – many will incur little harm as a result. Some will experience personal issues, mental or physical health problems, or even death. Substance use by parents and carers can also have a huge adverse effect on children and young people's health and wellbeing. Difficult economic and social conditions can be a driver of harmful consumption, and substance use varies across communities. Collectively, the harm from these substances is contributing to a considerable proportion of the preventable ill health in the Borders. In a Borders where we smoked, drank or used drugs less, we would all be healthier.

It is also important to recognise that the majority of the harm experienced across the Borders due to substance misuse is not due to addiction, dependency or illegal drug use, but rather due to smoking and the large number of people regularly drinking alcohol above the new weekly lower risk guidelines. Sadly, the Borders and Scotland as a whole remains a relatively heavy user of alcohol, tobacco and other drugs compared to similar countries. The harm that arises from this is significant and disproportionately affects those living in deprived communities.

Additionally, we know that our existing care and treatment services are not reaching everyone who needs help, and that those who they do reach are not always treated successfully. For too many people, multiple disadvantage contributes to substance use, which in turn contributes to further disadvantage. Drug related deaths have increased dramatically in Scotland (including the Borders) over the last five years and are now, roughly, two and a half times higher than in England and Wales.

The public health approach needs to be as diverse as the people affected and focus on the root causes of harm. We need to understand what drives consumption; considering price, availability and marketing as well as the underlying structural determinants such as socio-economic circumstances and the regulatory and legislative context.

BORDERS KEY FACTS

KEY FACTS FOR SMOKING

Although overall prevalence rates are falling, smoking is the main cause of illness and early death in Scotland and is associated with serious conditions like heart and lung disease see overleaf infographic. In Scotland tobacco use is associated with over 10,000 deaths each year, the most recent data available shows there were 215 smoking related deaths per 100,000 population in Borders in 2015[21].

SMOKING IN PREGNANCY

There is a significantly higher than average rate of smoking in pregnancy in the Scottish Borders (19.4%) than the Scottish average (16.3%)[20] and rates are known to be higher in more deprived areas (across Scotland 26.5% of pregnant women in the most deprived areas are current smokers at booking, compared to 3.4% in the least deprived areas)[22].

Smoking during pregnancy can cause serious pregnancy related health problems which include complications of pregnancy, low birth weight and illnesses such as respiratory infections[23].

SMOKING IN CHILDREN

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) provides estimates of the proportion of under-16s in school who smoke, drink alcohol and/or use illegal drugs.
In the most recent survey, carried out in 2015, it was estimated that 2% of 13-year-olds and 7% of 15-year-olds in Scotland regularly smoked (the lowest prevalence observed since the survey began in 1982). There was no difference in the prevalence of regular smoking between boys and girls[24].

SMOKING IN ADULTS

In its 2013 document "Creating a Tobacco-Free Generation A Tobacco Control Strategy for Scotland" the Scottish Government's put forward its ambition for a tobacco-free Scotland by 2034.

The prevalence of adults smoking in Scotland dropped significantly from 28% in 2003 to 21% in 2016. However there seemed to be a slowing of this downward trend as levels ranged from 21-22% from 2013 to 2016.

In the Scottish Borders the smoking prevalence in over 16 year olds was 16.8% in 2016. Fig 13 overleaf gives our position relative to other areas in Scotland.

THERE ARE AROUND

10 MILLION

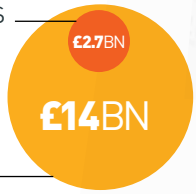
ADULTS WHO SMOKE CIGARETTES IN GREAT BRITAIN.

THAT'S ALMOST **17%** OF THE ENTIRE UK POPULATION.

ABOUT **HALF OF ALL REGULAR SMOKERS** WILL EVENTUALLY BE KILLED BY THEIR ADDICTION.

SMOKING COSTS THE NHS APPROX **£2.7BN** A YEAR FOR TREATING DISEASES CAUSED BY SMOKING.

IN 2013, UK SMOKERS SPENT AROUND **£14BN** ON TOBACCO.



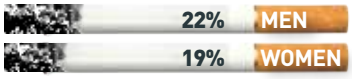
TOBACCO SMOKE CONTAINS OVER **4,000 CHEMICAL COMPOUNDS.**

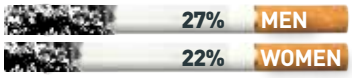
CIGARETTES ARE THE MAIN CAUSE OF FATAL ACCIDENTAL **FIRES IN THE HOME.**

IN 2008, SMOKERS' MATERIALS ACCOUNTED FOR

113 DEATHS

& 932 NON-FATAL CASUALTIES FROM FIRES IN THE HOME.





THE IMPACT OF SMOKING

ON AVERAGE, CIGARETTE SMOKERS DIE **10 YEARS YOUNGER** THAN NON-SMOKERS.

SMOKING AFFECTS YOUR **SENSE OF TASTE AND SMELL.** SMOKERS ARE MORE LIKELY TO DEVELOP **WRINKLES** YOUNGER AND HAVE **DENTAL PROBLEMS.**

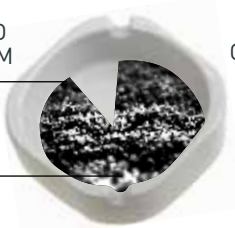
A 20-A-DAY SMOKER WILL SPEND AROUND

£2,900 PER YEAR

SMOKERS UNDER THE AGE OF 40 HAVE A **FIVE TIMES GREATER RISK OF A HEART ATTACK** THAN NON-SMOKERS.

ONE YEAR AFTER STOPPING, THE RISK OF A HEART ATTACK FALLS TO ABOUT **HALF THAT OF A SMOKER.**

SMOKING CAUSES AROUND **80%** OF DEATHS FROM LUNG CANCER AND AROUND **80%** OF DEATHS FROM BRONCHITIS AND EMPHYSEMA.



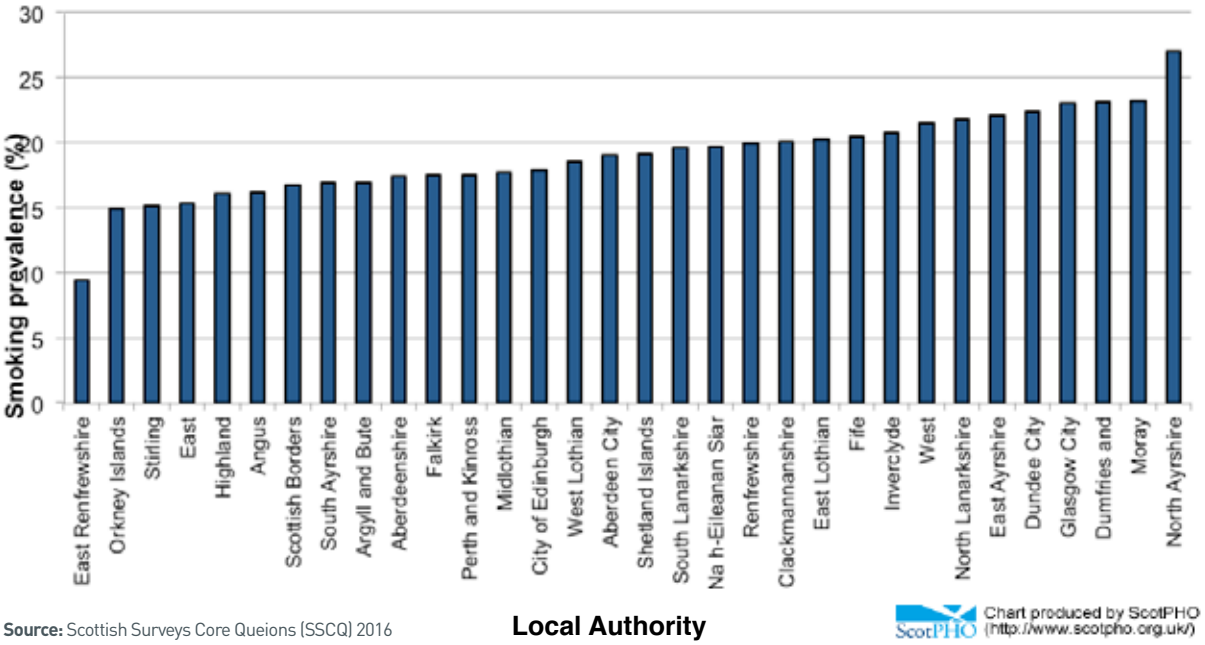
EVERY YEAR, OVER **100,000** SMOKERS IN THE UK DIE FROM SMOKING RELATED CAUSES.

IF SMOKERS QUIT **BEFORE THE AGE OF 30,** THEY CAN AVOID ALMOST ALL OF THE RISK OF LUNG CANCER ATTRIBUTABLE TO SMOKING.

NHS Employers

Source: Action for Smoking and Health (www.ash.org.uk)

FIGURE 13
SMOKING PREVALENCE AMONG ADULTS (AGED 16 YEARS AND OVER) IN SCOTLAND, BY LOCAL AUTHORITY, 2016



Source: Scottish Surveys Core Queions (SSCQ) 2016

KEY FACTS FOR ALCOHOL

INDIVIDUALS DRINKING ABOVE LOWER RISK GUIDELINES

New lower risk guidelines were issued in 2016 (see overleaf infographic) and the Scottish Health Survey data has been updated to reflect this change. In all health boards, a higher proportion of men than women drank out with the guidelines. There has also been a change in how drinking levels are measured and reported, therefore these rates are not directly comparable with those previously published. Furthermore it is known that these rates are likely an underestimate as people tend to misjudge how much alcohol they drink[25].

If you are concerned about your own or someone else's alcohol use support is available across the Scottish Borders:

Addaction: 01896 757843

Borders Addictions Service: 01896 664430

The number of adults in Scottish Borders who are drinking above the lower risk guidelines (to more hazardous/harmful levels) has reduced overtime with the largest reduction in males. The average number of units consumed per week has also reduced over time.

Table 3 below provides a breakdown of adults aged 16 and over who drink over 14 units per week (hazardous/harmful levels) applicable at the time.

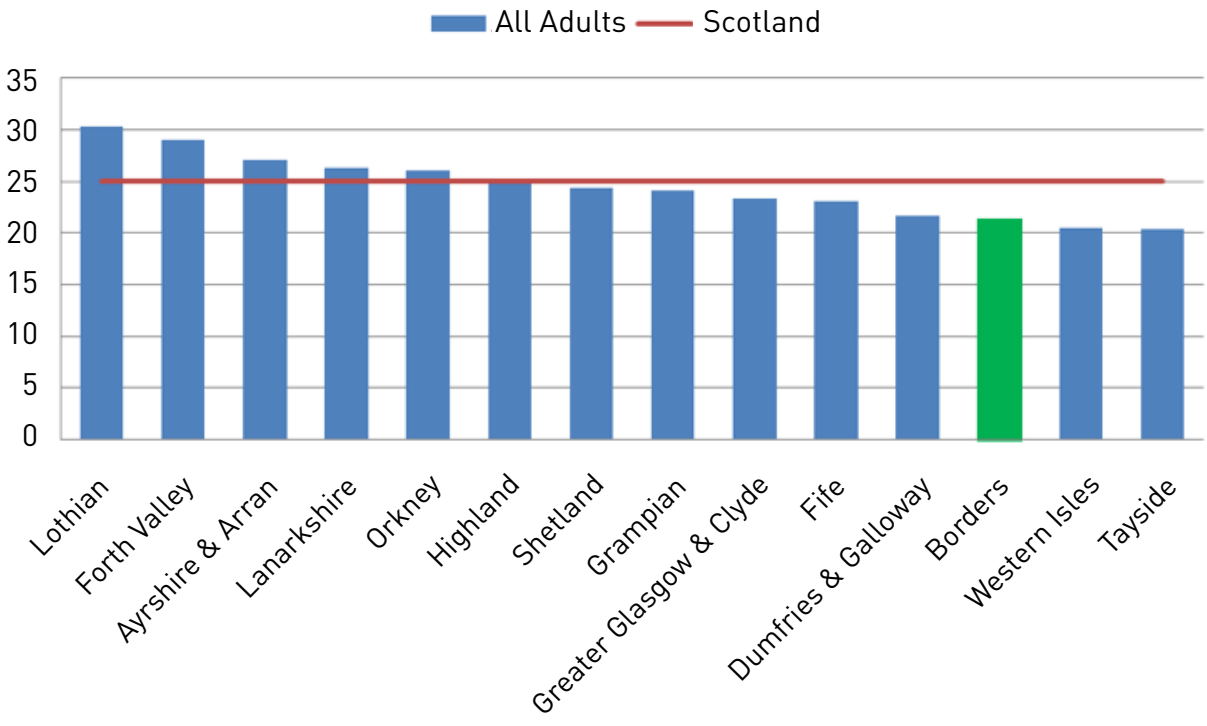
TABLE 3
PERSONS IN SCOTTISH BORDERS AGED 16+WHO DRINKING >14 UNITS A WEEK

DRINKS TO HAZARDOUS/ HARMFUL LEVELS	2012 – 2015 COMBINED		2014 – 2017 COMBINED	
	Borders	**Scotland**	**Borders**	**Scotland**
All Adults	26%	26%	21%	25%
Males	38%	36%	29%	35%
Females	16%	17%	15%	17%

Borders has seen a reduction in the proportion of adults drinking to hazardous/harmful levels (21% in 2014 – 2017, 26% in 2012 – 2015) which is lower than the Scottish average of 25%. This reduction was predominantly in males.

Figure 14 below shows comparison of all health boards for all adults drinking to hazardous/harmful levels.

FIGURE 14
INDIVIDUALS DRINKING ABOVE 14 UNITS PER WEEK



Nationally there have been significant increases since 2003 in the proportions of adults saying they did not drink alcohol. However, Scottish Borders continues to have the lowest proportion of adults over 16 years who have never drank alcohol (11%) compared with the national average (16%, range 11 - 23%).

ALCOHOL CONSUMPTION

All adults in Scottish Borders reported lower mean number of units consumed on a weekly basis compared to Scotland and in comparison to the previous report 2012 – 2015.

Table 4 outlines the mean number of units consumed weekly by adults aged 16 years and over.

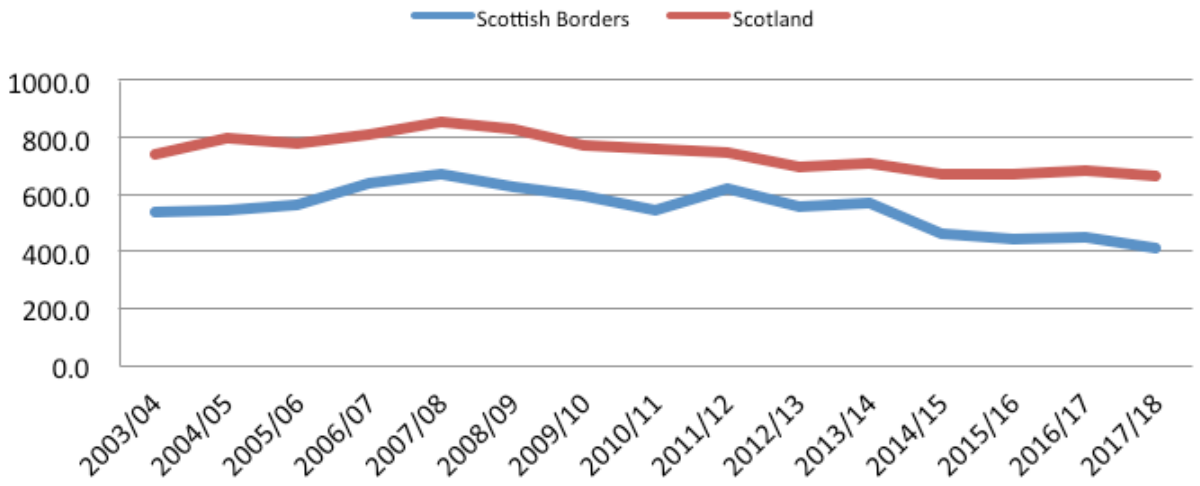
TABLE 4
MEAN NUMBER OF UNITS CONSUMED WEEKLY BY ADULTS AGED 16+

MEAN NUMBER OF UNITS CONSUMED WEEKLY	2012 – 2015 COMBINED		2014 – 2017 COMBINED	
	Borders	**Scotland**	**Borders**	**Scotland**
Overall	12.9	12.7	10.1	12.7
Men	16.5	16.6	13.1	16.6
Women	9.7	8.9	7.6	8.8

ALCOHOL-RELATED HOSPITAL STAYS

The rate of alcohol related hospital stays for Scottish Borders has decreased over time (being 409 in 2017-18, which is statistically significantly lower than the Scottish average of 668).
(Alcohol-related Hospitals Statistics Scotland 2017/18, ISD) Fig. 15

FIGURE 15
RATE OF ALCOHOL-RELATED GENERAL HOSPITAL STAYS PER 100,000 POPULATION



Source: (Alcohol-related Hospitals Statistics Scotland 2017/18, ISD)

ALCOHOLIC LIVER DISEASE

There is an increasing trend for hospital stays due to alcoholic liver disease both nationally and locally. Scottish Borders remains below the national average rate of 140 stays per 100,000 people at 60.2 per 100,000 people in 2017/18.

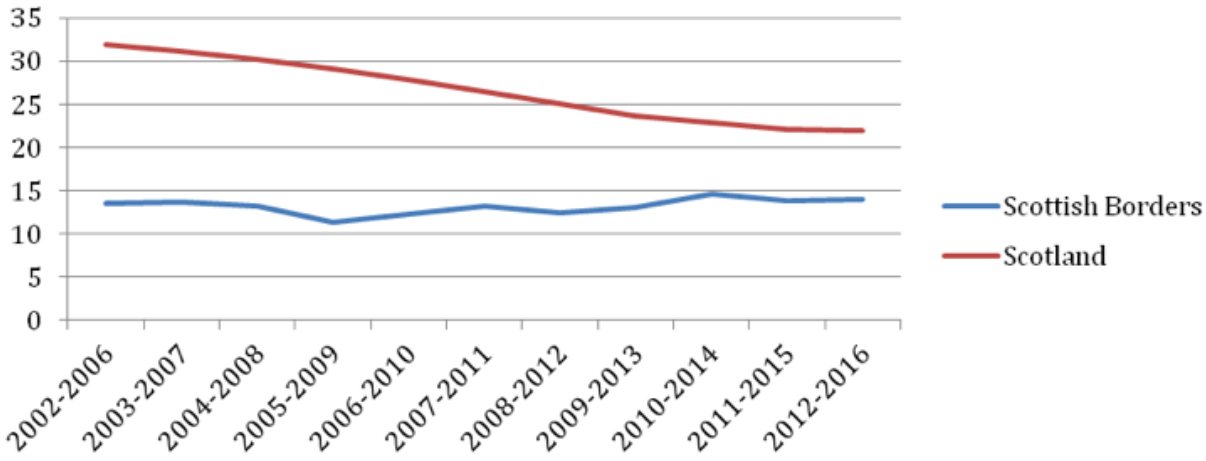
In Scottish Borders there were 12 new patients in 2017/18 with alcoholic liver disease. This compares to an average of 17 new patients between 2007/08 and 2017/18.

ALCOHOL-RELATED MORTALITY

Alcohol-related deaths have been variable for the Scottish Borders over time. Although nationally the trend for alcohol-related deaths is decreasing, the trend for Scottish Borders has increased slightly. In the Scottish Borders there are fewer alcohol related deaths compared with the national average (adjusting for the size of the population).

In Borders, the low number of people means that a small number of occurrences can cause dramatic peaks and troughs. Therefore the five year moving average is a better indication of trend overtime, which is shown in Figure 16 below.

FIGURE 16
ALCOHOL-RELATED MORTALITY FIVE YEAR MOVING ANNUAL (directly age-sex standaredised rate per 100,000 poulation)



Source: https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do#

POPULATION LEVEL INTERVENTIONS

Scotland is estimated to consume 17% more alcohol per head of population than the rest of the UK. The most effective interventions to reduce population level consumption reduce access and availability of alcohol. Borders Liquor Licensing Board therefore has a significant role to play in supporting our agenda. The Convenor of the Board is a member of the Borders Alcohol and Drugs Partnership (ADP). The ADP also supports the production of a local alcohol profile to help inform Board decisions.

After a lengthy legal challenge the Scottish Government has introduced a minimum unit price (MUP) for alcohol of 50p per unit. A minimum unit price targets the heaviest drinkers as they are most likely to drink the strongest alcohol like white cider and own-brand spirits. Before MUP it was possible to exceed the new lower risk guidelines for less than £2.50. This figure is now £7. It will not make a difference to the price of alcohol in pubs and restaurants as alcohol there is already sold at a higher price.

It is estimated that in the first year alone, minimum pricing could prevent 60 alcohol-related deaths, 1,600 hospital admissions and 3,500 crimes in Scotland.

UNDERAGE DRINKING

Between 2010 and 2015, there was a considerable decrease in the proportion of those aged 15 who reported drinking alcohol in the last week, from 34% to 17% according to the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)[24]. However Scotland remains one of the countries with the highest rates of alcohol use among young people in the world[25].

KEY FACTS FOR DRUGS

DRUG RELATED DEATHS

In 2017, there were 934 drug related deaths (DRDs) in Scotland, the largest number ever recorded and 66 (8%) more than the previous year. This cannot be accepted or allowed to become a 'new normal'. Drug overdose deaths are preventable. We know how to prevent these deaths and yet they still happen.

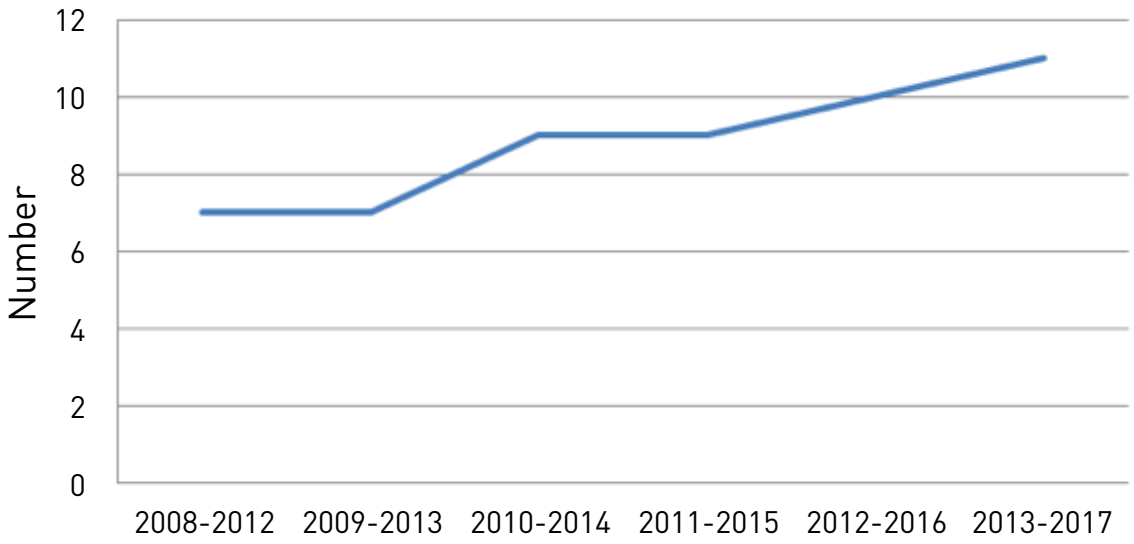
Scottish Drugs Forum launched #StopTheDeaths (see figure 17 below) to raise awareness of the rising toll of drug overdose deaths in Scotland and focus efforts to prevent these tragedies. #StopTheDeaths also focuses on other drug-related deaths – for example, those caused by adverse health effects of drug use.

FIGURE 17

http://www.sdf.org.uk/nhs-borders-raise-awareness-of-local-substance-use-support-available-to-people-in-need/borders-adp-stop-the-deaths/

Due to the small numbers involved in the Scottish Borders, caution should be taken when assessing any apparent trends. Therefore using five year averages is a better indication. The diagram below shows an increasing trend with an average of 11 DRD in 2013-2017 compared with 7 in 2008-12.

FIGURE 18
FIVE YEAR AVERAGE: DRUG RELATED DEATHS SCOTTISH BORDERS
National Records of Scotland 2017



Older drug users are defined as individuals over 35 years and being over 35 is identified nationally as a risk factor of a drug death. It is estimated that the ageing process among older people with a drug problem is accelerated by at least 15 years and the risk of death is higher over the age of 40[26]. The average age of individuals who died in Borders in 2016 was 42 years.

WHAT WE ARE DOING IN THE BORDERS

BORDERS SMOKING CESSATION SERVICES

NHS Borders Smoking Cessation Service (Quit Your Way, previously Quit4Good) operates Borders-wide via specialist Smoking Cessation Advisors and Pharmacies offering drop-in and one to one support. It also supports patients attending the Borders General Hospital. In addition, each pharmacy within the Borders offers stop smoking support as part of their public health contract.

The overall rate of smoking in the population has decreased steadily with the introduction of a range of public health measures; however complex challenges remain in supporting the remaining population of smokers to quit. This group is less likely to respond as readily to the standard cessation support offered and experience in the Quit Your Way service indicates that clients tend to also have a range of health and social problems to contend with. In 2015-16 deployment of smoking cessation advisors was re-aligned to the most deprived areas, to focus our service delivery to those areas with greatest smoking prevalence and therefore need, whilst also recognising the complex health inequalities that exist for this group.

The number of quit attempts made in Scotland with the help of NHS smoking cessation services in 2016/17 fell for the fifth consecutive year, there was an 8% decrease from 2015/16. This was reflected locally where our overall quit attempts fell from 1,029 in 2015/16 to 951 in 2016/17. The reasons for the fall in quit attempts is likely to be the result of a combination of factors, including increasing use of electronic cigarettes, which may be viewed as a step towards quitting.

To better help smokers Quit Your Way has effectively used a number of marketing routes, these include:

- Facebook campaign.
- New publicity materials (e.g. pull up banners and leaflets).
- Radio marketing.

In the Borders, Community Midwives can automatically refer pregnant women who are smokers to the Quit Your Way service. Pregnant women are further supported by the Specialist Midwife to gain a greater understanding of the risks associated with smoking during pregnancy and enable them to make a more informed choice. Improvements in information sharing to offer more consistent support on transition from midwife to health visitor.

In 2015/16, over 75% of children receiving a 27 – 30 month health review lived in home where they were not exposed to second hand smoke. Localised data showed a considerable variation between communities in exposure to smoke. This information is enabling early years services to target more effectively initiatives that promote smoke-free environments.

BORDERS ALCOHOL AND DRUGS PARTNERSHIP

The Borders Alcohol and Drugs Partnership (ADP) (http://www.nhsborders.scot.nhs.uk/badp) is a partnership of agencies and services involved with alcohol and drugs (including illicit, new psychoactive substances and some prescribed drugs). It provides strategic direction to reduce the level of drug and alcohol problems amongst young people and adults in the Borders and reducing the harmful impact on families and communities by co-ordinating the work of drug and alcohol statutory and third sector agencies and by developing and implementing strategies for addressing drug and alcohol problems at a local level.

In 2018 Scottish Government published two national documents to which ADP's are required to respond:

- Alcohol Prevention Framework 2018: Preventing Harm. Next steps on changing our relationship with alcohol[27].
- Rights, Respect and Recovery. Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths[28].

The Borders Alcohol and Drugs Partnership (ADP) has developed new investment proposals (using new national funding) in consultation with relevant stakeholders and is now in the process of commissioning these enhancements to reduce the harm caused by alcohol and drugs in Borders. These proposals are in line with Scottish Government investment priorities and are specifically aimed at reducing drug deaths, preventing harm to children and supporting families.

Specific ADP alcohol related initiatives:

- During 2016/17 Public Health undertook an audit of the case notes and service uptake for people who had died from alcohol related conditions to increase our understanding of people's experience and inform future interventions to prevent these untimely deaths.
- An annual Alcohol Profile is produced which brings together information from a variety of sources to support the Licensing Board in their decision making.
- Work with ADP partnership colleagues to support the Best Bar None award which takes a positive approach to raising standards within licensed premises.
- Work has commenced with Education colleagues to support a review of drug, alcohol and tobacco education and prevention for Primary and Secondary Schools alongside parent information, pathways to further support and continuous professional development for teachers.
- Training plan agreed by Health and Social Care colleagues to increase knowledge and awareness of alcohol and older people and ensure staff are trained on the delivery of alcohol brief interventions.

Specific ADP drug related initiatives:

- Drug Related Death Review Group explores circumstances of suspected DRDs in the Scottish Borders. The aim is to identify learning from the reviews and promote best practice as well as contributing to the National Drug-related Deaths Database (NDRDD) and implementing national and local drug strategies to reduce problem drug use.
- Take Home Naloxone which is a medicine that can temporarily reverse the effect of an opiate overdose is widely available to people at risk, families and friends across the Borders. This was extended into the Emergency Department of BGH.
- All staff who attend Alcohol & Drugs Partnership (ADP) training events are provided with a briefing sheet on risk factors of drug deaths. This was provided to 226 attendees in 2017/18.
- Preventing Drug Death workshop held in December 2017 to confirm current prevention activities and identify areas for improvement was held with action plan in place.
- Piloting a targeted response for people who frequently do not attend appointments with drug services (hard to reach population).

KEY AREAS FOR ACTION

- The rate of smoking in pregnancy appears higher in the Scottish Borders than the Scottish average and is particularly high in the most deprived areas. The reduction of smoking in pregnancy remains a very high priority.
- Reducing harm from substance use in the Scottish Borders continues to be a priority, the trend in drug related mortality must be reduced. The Borders needs to prioritise actions evidenced to prevent deaths. These actions involve all stakeholders – people who use drugs, their families and communities as well as services and policymakers. The problem and the solutions belong to us all.
- Similarly a significant proportion of the adult population drink in excess of recommended limits. Long term excessive drinking is linked to earlier mortality and the full impact of current behaviours is yet to be seen.
- Local Scottish Borders community planning partners need to develop locally tailored approaches to the issues faced on the ground to design health-promoting environments which support healthier choices and reduce harm. Scottish Borders Council in particular has the power and duty to protect and improve public health through the licensing of alcohol sales. The development of over-provision policies and the by-law restriction of drinking in public spaces would complement action by local trading standards on underage tobacco sales as part of an approach to creating healthier communities.
- To deflect young people from behaviours that can be harmful to their health and wellbeing – alcohol, tobacco, drugs, excessive use of social media – we need 'pro-social' opportunities for children and young people to spend time with their peers informally and in safe spaces with minimum supervision, as well as more structured activities and pursuits that develop interests and talents. Young people friendly spaces, youth groups, sports leisure, arts and cultural activities are all significant.

#**your**part SUGGESTIONS FOR THE PUBLIC

- Have several alcohol-free days each week.
- Have food before and during drinking.
- Choose a low alcohol or alcohol-free option instead.
- An alcohol free childhood is the healthiest and best option. Young people's bodies and brain are still developing and are vulnerable to the effects of alcohol. The earlier teenagers start drinking regularly and experience drunkenness, the greater the risk of problem drinking in adulthood.
- Involve yourself in licensing discussions
- Make use of smoking cessation services to help you quit. This will help your health and that of those around you – including your family and friends. You are four times more likely to stop smoking if you receive help from a trained advisor and a medical product such as nicotine patches.

#yourpart

BORDERS DIRECTOR OF PUBLIC HEALTH
REPORT 2018

PUBLIC HEALTH PRIORITY 5

A BORDERS WHERE WE HAVE A SUSTAINABLE, INCLUSIVE ECONOMY WITH EQUALITY OF OUTCOMES FOR ALL

OUR AMBITION

> *All residents in the Borders have the right to good health and enjoy equal opportunities to lead healthy, safe and fulfilling lives.*

The 2017 Borders Community Plan has 'Our Economy, Skills and Learning' as a key theme in its workplan with the ambition to achieve the following outcomes[29]:

- More people working more productively for higher wages.
- More business people benefitting from greater investment and better support for their new and existing businesses, particularly in key growth sectors.
- More highly skilled workers.
- More people shopping, visiting and spending in local town centres.
- More people benefitting from better connectivity.
- More LAC (looked after and accommodated) children and young people in positive and sustained destinations.
- More children, particularly those living in poverty, achieving higher levels of attainment.

WHY THIS IS IMPORTANT

Poverty and inequality remain the biggest and most important challenge to Scotland's health, as the majority of health differences find their root cause in differences in wealth and income. A strong economy has many benefits:

- Higher living standards and on average better health.
- Reduced unemployment and greater social mobility.
- Higher tax revenues which reduces government spending on unemployment and poverty related welfare benefits as well as generating funds to improve public sector services.
- Rising growth stimulates new investment e.g. in low-carbon technologies.

However there are also some costs related to higher economic growth including more pollution and waste and greater inequalities of income, wealth and health. The 2015 Borders Director of Public Health Report had a chapter on 'Health Inequalities in the Borders' that outlined the causes of health inequalities and how these may be mitigated.

An important mitigating action is that statutory agencies must share power and create opportunities for all people, families, communities and groups to be involved in decisions that affect them. We must prevent the unfair treatment, exclusion and isolation of both people and groups and the accompanying stigma they feel.

While those working in public services have a strong tradition of speaking out on inequality and poverty, public funds – and health resources in particular – are overwhelmingly targeted toward treating the consequences of that person's life in poverty, rather than on tackling the determinants of poverty at a population level. If we are serious about reforming public health, this balance will need to be challenged at a local and national level. We cannot simply keep focusing our time and effort on patching up the impact of such inequalities; we must venture further upstream and fix them at source. The health-related harms of relative poverty are complex, but can be reduced and are preventable.

Future economic development must also be sustainable. Sustainable development has been defined as, "Development that meets the need of the present generation without compromising the needs of future generations to meet their own needs"[30]. Underpinning this are four priorities first identified in the UK Government's 'Securing the Future' document:

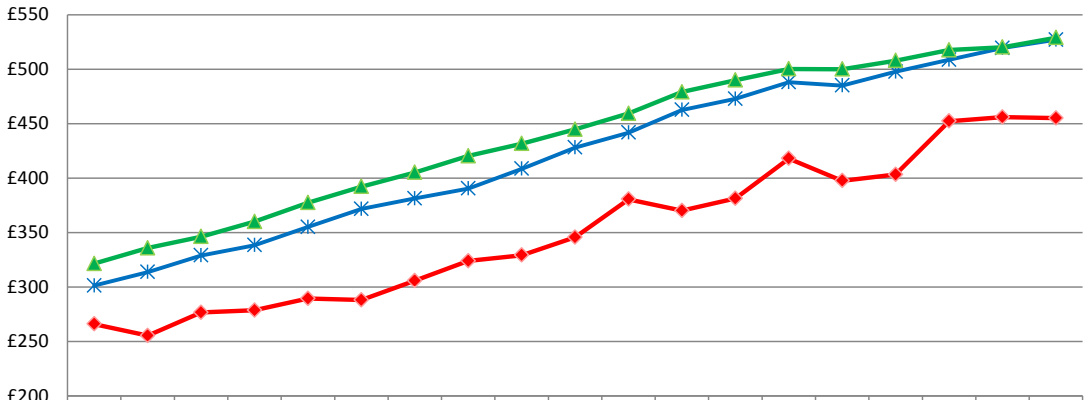
- Sustainable consumption and production.
- Climate change and energy.
- Natural resource protection and environmental enhancement.
- Sustainable communities.

The health of communities now and in the future depends upon us living within sustainable limits. This can be approached from a number of directions; from considering the food we eat (in terms of food miles and also how much resource had to be used to grow it) to ensuring that our homes are as well insulated and energy efficient as possible, as well as the impact of activities on the environment in terms of carbon release and climate change[31, 32, 33, 34]. Of key importance is that everyone in our communities is supported in accessing these benefits.

BORDERS KEY FACTS

There are now 55,200 people in work the Borders employment rate (76.7%) is higher, than both the Scottish rate (72.9%) and the UK rate (73.7%). This has been consistently higher for the last 2 years and the longer term trend is positive[35]. The hourly pay excluding overtime in the Borders is however lower than most areas in Scotland. Figure 19 below also shows that this is also true for weekly pay.

FIGURE 19
WORKPLACE BASED GROSS MEDIAN WEEKLY PAY 1997 TO 2015

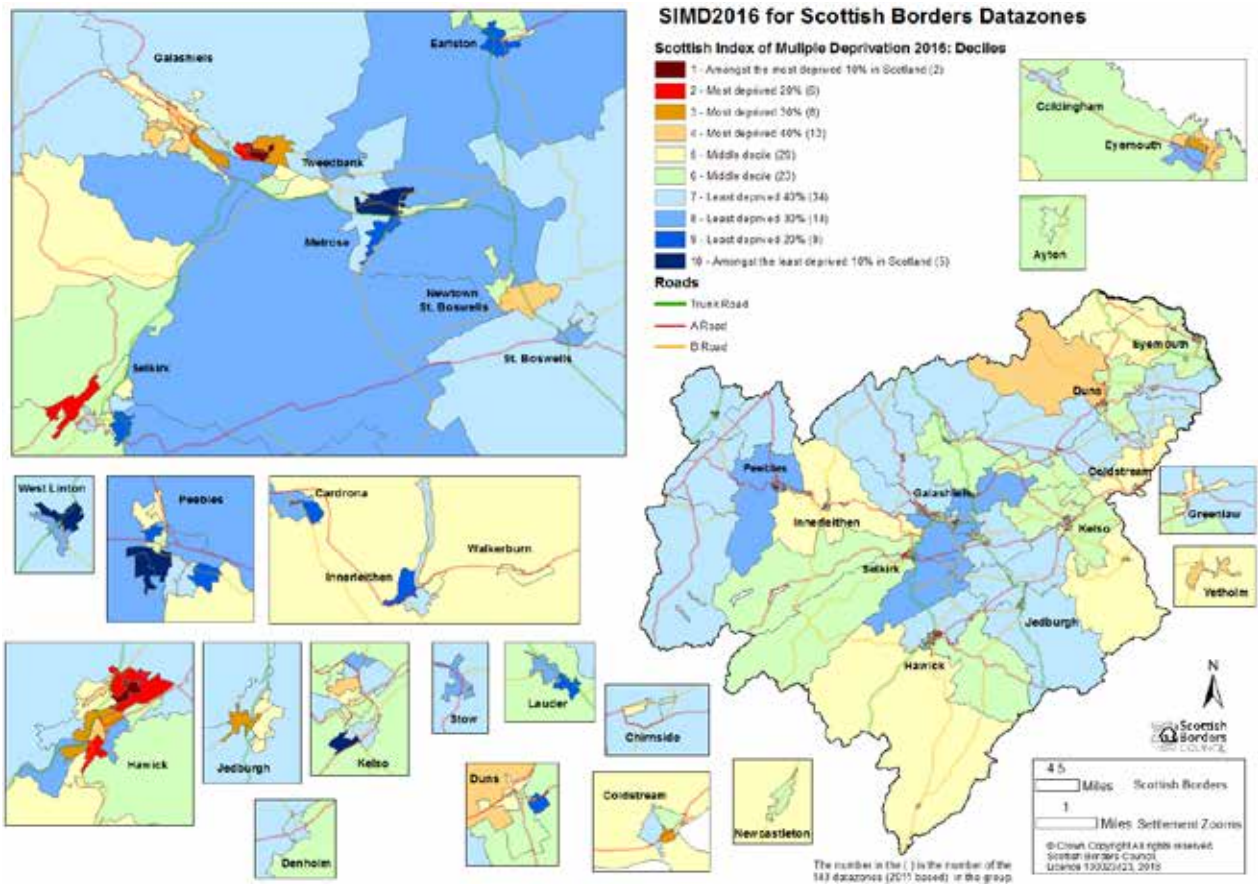


	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Scottish Borders	£266	£255	£277	£279	£289	£288	£306	£324	£329	£346	£381	£370	£381	£418	£398	£403	£452	£456	£455
Scotland	£301	£314	£329	£338	£355	£372	£381	£390	£409	£428	£442	£463	£473	£488	£485	£498	£509	£519	£527
Great Britian	£322	£336	£346	£360	£377	£392	£405	£420	£432	£445	£459	£479	£490	£500	£500	£508	£518	£520	£529

Source: (SBC CPP Strategic Assessment, 2016)

As Figure 20 below shows, relative deprivation within the Scottish Borders as measured by the Scottish Index of Multiple Deprivation (SIMD) is quite variable. While the majority of areas are within the middle deciles there are pockets of deprivation which fall into the lower deciles. Conversely the Scottish Borders also has areas of significant prosperity.

FIGURE 20



Looking at SIMD alone may hide pockets of deprivation due to the variable nature of the Borders and may not identify the inequalities experienced by some groups. Recently the Scottish Borders Child Poverty Index (SB CPI) was created to provide additional insight into Child Poverty in the Scottish Borders. A child poverty score was calculated for each of the 143 data zones covering the Borders. The highest possible score (indicating highest degree of child poverty) is 21 points. Each of the areas considered across the Borders display some element of child poverty (see Fig. 21), however, some areas show a greater burden of poverty than others (Fig. 22).

FIGURE 21
SCOTTISH BORDERS CHILD POVERTY INDEX 2017: DATA ZONES BY SCORE AND QUINTILE

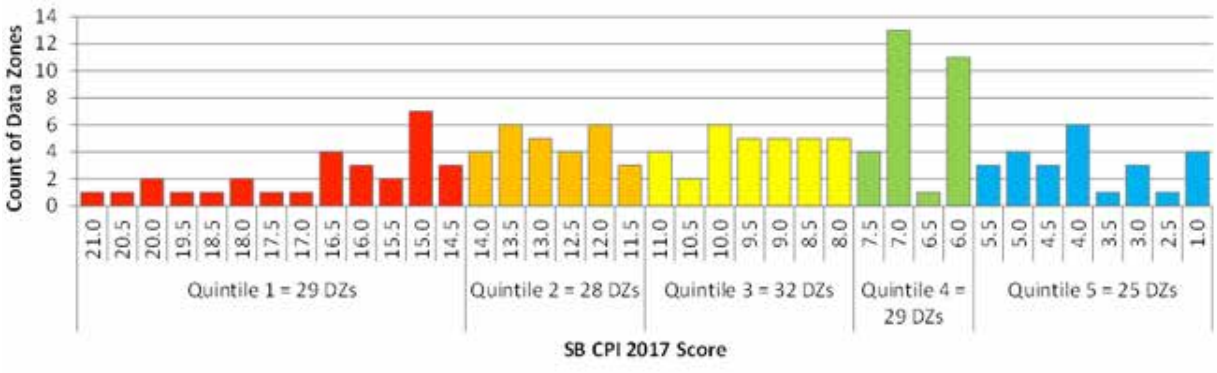
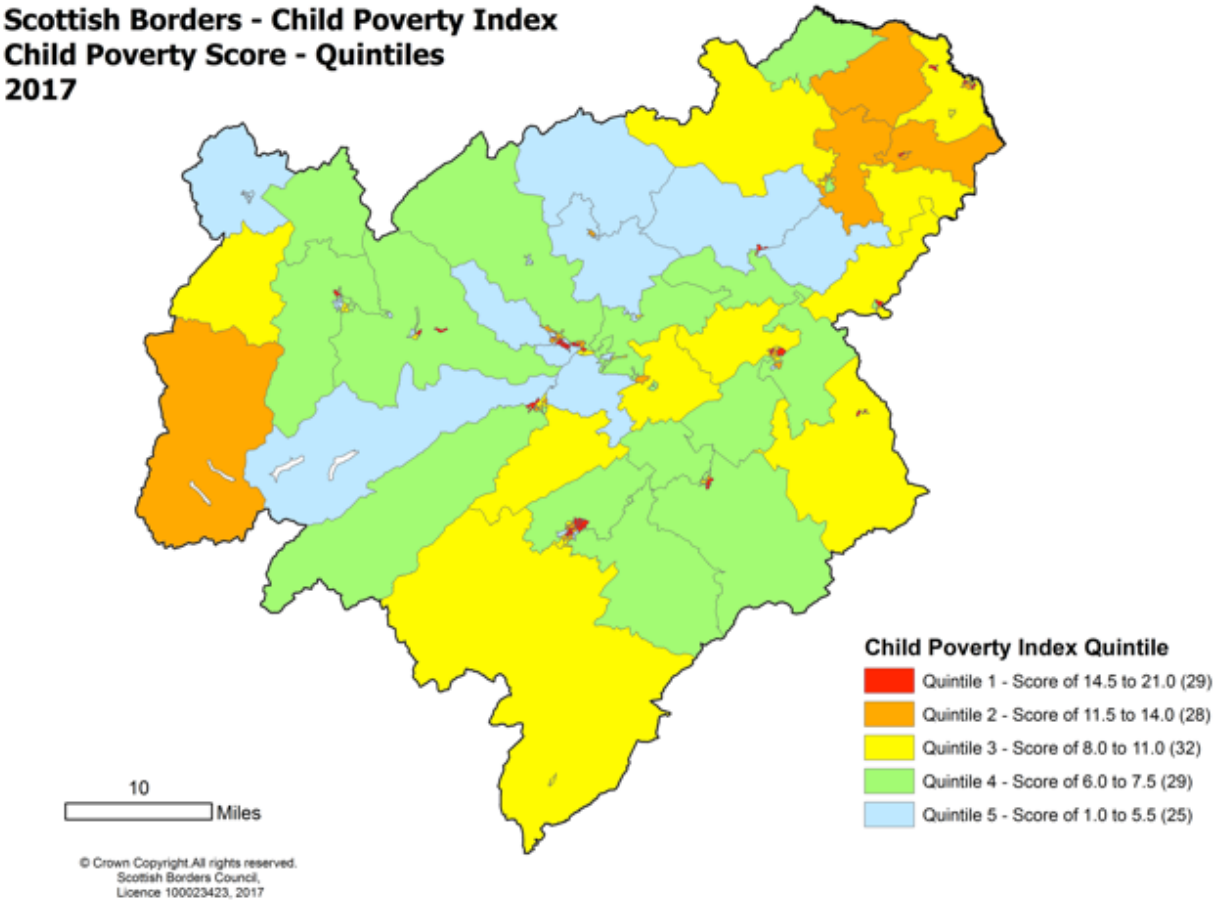


FIGURE 22



Source: (E. Murray, personal communication)

Recent immigrants and members of some ethnic groups may find it more challenging to access health care and other services than those from other backgrounds living around them. There is a need to support these individuals, for instance through the provision of interpreters and information in a range of languages. In order to meet this need novel approaches, such as telephone based interpreters, will need to be considered for some health services.

EXAMPLES OF WHAT WE AND PARTNERS ARE DOING IN THE BORDERS

A number of local and regional initiatives such as the 'Edinburgh and South East Scotland City Region Deal', the 'Borderlands Initiative' and the establishment of a South of Scotland Enterprise Agency will help further grow the economy of the area.

The Borders Community Planning Partnership has also agreed 3 key priorities:

- Grow our economy and maximise the impact of the low carbon agenda.
- Reducing inequalities.
- Future service reform.

Across the Borders Community Planning Partnership, the inequalities workstream focuses on child poverty, closing the attainment gap and partners work together to implement practical steps in communities to improve outcomes for children. By targeting anti-poverty measures to those in most need, the Borders Community Planning Partnership is working to improve food security by providing out-of-term time meals for children, take action on fuel poverty and ensure people have access to affordable housing.

The Fairer Scotland Duty places a legal requirement on NHS Borders, Scottish Borders Council and other statutory bodies to set out how they believe they can reduce inequalities caused by socio-economic disadvantage. This goes beyond considering how poverty impacts on service delivery and asks public bodies to address the causes of poverty. Agreeing to tackle this challenge through a whole systems approach would be a significant step forward.

The Child Poverty Act efforts to mitigate the effects of benefit changes should also further contribute to reduce inequalities. In addition to the Fairer Scotland Duty, the Fairer Scotland Action Plan sets out another 49 actions to tackle poverty and the impact of poverty, many of which intend to have a direct effect on our health.

As discussed in the previous section 'Public Health Priority 1: A Borders where we live in vibrant, healthy and safe places and communities', the Scottish Borders Council are now considering a 'Health in All Policies' approach to planning and decision making. This 'Health in All Policies' (HiAP) approach involves systematically taking into account the health impacts of decisions in all policy areas and Council officers are currently reviewing how to integrate Fair Scotland duties and HiAP into Council decision making processes to explicitly take into account the health and social impact of implications of the decisions the Council makes.

KEY AREAS FOR ACTION

- Underpinning all our actions to grow our economy must be an approach which targets deprivation and narrows health inequalities.
- As recommended in Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities, a Health in All Policies (HiAP) needs to be embedded in Scottish Borders Community Planning Partnership's and partner organisations which sustains intersectoral collaboration and enables policy decisions to be seen through a health and equity 'lens', with agreement around how success will be measured.
- The health of communities now and in the future depend upon us living within sustainable limits and understanding the impact to the environment and wider determinants of health of our actions and policies.

#**your**part SUGGESTIONS FOR THE PUBLIC

- Try to live as sustainably as possible – reduce, reuse and recycle.
- Encourage businesses and economic enterprises which work to reduce inequalities in our communities.
- Check out whether you and your family are getting the support you are entitled to, as this can help take the pressure of your family budget.

#yourpart

BORDERS DIRECTOR OF PUBLIC HEALTH
REPORT 2018

PUBLIC HEALTH PRIORITY 6

A BORDERS WHERE WE EAT WELL, HAVE A HEALTHY WEIGHT AND ARE PHYSICALLY ACTIVE

OUR AMBITION

> *We want everyone in the Borders to eat well, have a healthy weight and enjoy being physically active. A healthy diet and regular exercise will bring a wide range of benefits for both physical and mental health and wellbeing.*

WHY THIS IS IMPORTANT

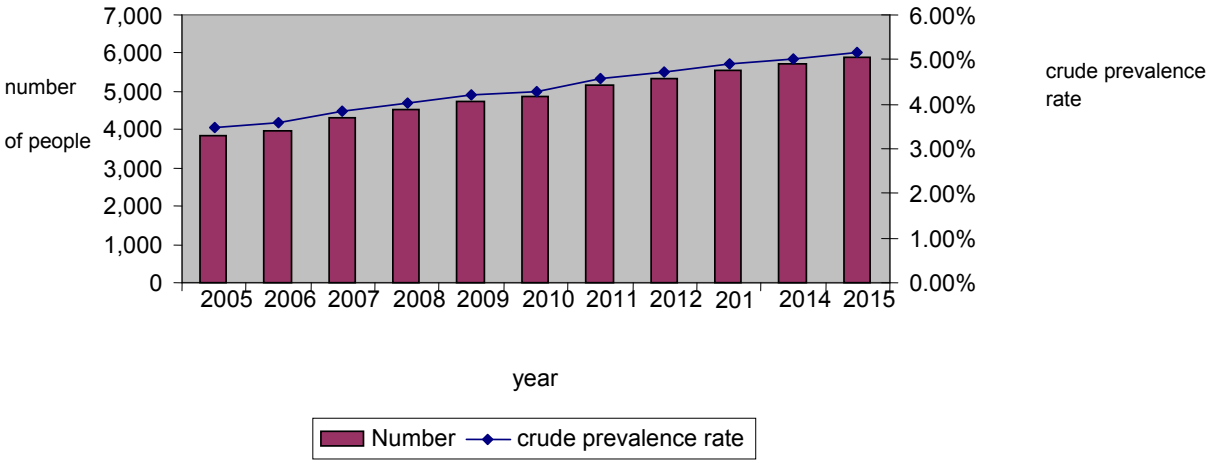
The Borders faces great challenges in this area. The most widespread type of diabetes in the Scottish Borders (and throughout Scotland) is Type 2 diabetes, which is a largely preventable condition, strongly associated with obesity and being overweight.

Diabetes can have a significant impact on quality of life due to the rate of acute and chronic complications of diabetes including cardiovascular disease, nerve damage (neuropathy), kidney damage (nephropathy), eye damage (retinopathy), and foot and limb damage.

Within the Scottish Borders the likelihood of developing Type 2 diabetes has tended to be higher than the Scottish average.

The crude prevalence (i.e. based on the total number of cases in the population) of Type 2 diabetes in the Scottish Borders has increased from 3.5% in 2005 to 5.5% (5,878) in 2015 (see Figure 23). This is a similar rate of growth to Scotland.

FIGURE 23
NUMBER AND CRUDE PREVALENCE OF TYPE 2 DIABETES IN THE SCOTTISH BORDERS 2005 TO 2015



Source: Scottish Diabetes Survey 2016

The prevalence of Type 2 diabetes increases with age, and 15% of over 65s in the Borders had the condition in 2016. In the Borders, and in Scotland, rates are higher in males than females. The distribution and pattern of disease varies according to ethnic group, and people of South Asian descent and people of African or African-Caribbean descent are at higher risk of developing Type 2 diabetes.

Our diet and activity levels are influenced by multiple factors, many of which are outside our individual control. For example, our income, the food (including drink) our friends and families consume, the food available and affordable in our shops, food's energy density, the types of outlets around us and promotional and marketing influences all play a role in our daily lives. Our physical activity levels are influenced by the transport and planning systems, access to affordable and attractive sports facilities and clubs, stigma and social expectations and many other factors.

Addressing complex challenges to improve diet and increase physical activity requires the whole system to work collaboratively, bringing together local and national decision-makers within healthcare, transport, planning, education and many other sectors. This is illustrated below[36].

FIGURE 24

Success depends on clear leadership and effective partnership working at all levels to deliver meaningful and lasting change. We need to build on existing efforts and help strengthen national and local activity.

The 2017/18 Programme for Government committed the Scottish Government to progress measures to limit the marketing of products high in fat, sugar and salt which disproportionately contribute to ill health and obesity, and to deliver new services to support people with, or at risk of, Type 2 diabetes to lose weight. It set out the aspiration to increase physical activity levels and tackle diet and obesity in Scotland.

These aspirations were followed up by:

- Commitments to boost investment in walking and cycling and put active travel at the heart of transport planning in a new Active Scotland Delivery Plan[37] (https://hub.careinspectorate.com/media/769783/a-more-active-scotland-scotlands-physical-activity-delivery-plan.pdf);
- A new Diabetes Prevention Framework for Scotland[36] (https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/).
- A national consultation on reducing health harms of foods high in fat, sugar or salt[38] (https://www.gov.scot/publications/reducing-health-harms-foods-high-fat-sugar-salt/).

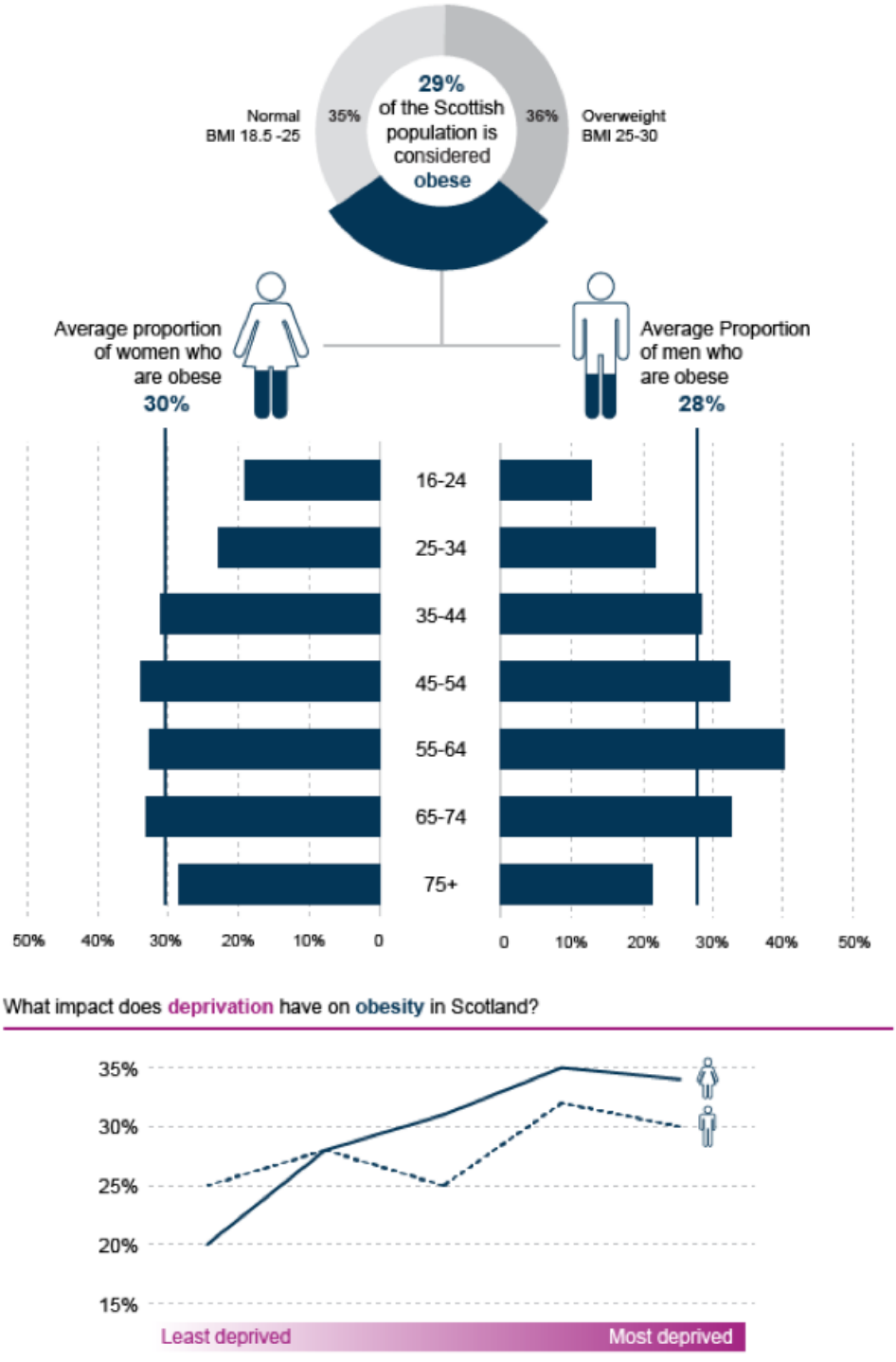
BORDERS KEY FACTS

(key facts on childhood obesity are also provided in Public Health Priority 2: A Borders where we flourish in our early years)

OVERWEIGHT AND OBESITY

Overweight and obesity are key risk factors for many chronic conditions such as Type 2 diabetes and hypertension (high blood pressure), which can contribute to reduced quality of life and premature death. Put simply, overweight and obesity are a result of an 'energy imbalance' where energy consumed (diet) is greater than energy expended (physical activity). Figure 25 overleaf shows data from the Scottish Health Survey on obesity in Scotland as a whole[39].

FIGURE 25

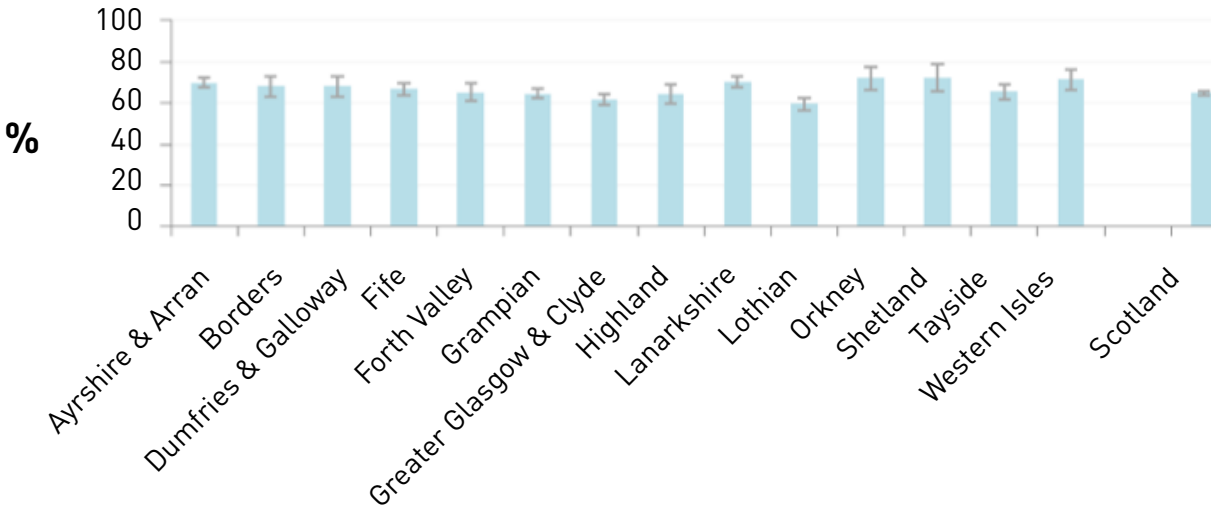


Source: (Grant et al, 2017)

During 2013-2016, most adults in the Borders were overweight or obese (68%), including almost a third who were obese. The rate of overweight and obesity is slightly higher than Scotland overall, but this difference is not statistically significant (as shown in Figure 26 overleaf[17]). Levels of overweight and obesity combined are higher in females than males in the Borders, but this is not statistically significant; and it is most common in middle and older age. Where people live has a significant effect on the likelihood of being obese, particularly for women. People living in more deprived areas are more likely to be obese.

FIGURE 26

PREVALENCE OF OVERWEIGHT (including obesity) BY NHS BOARD
All adults, 2013-2016 combined

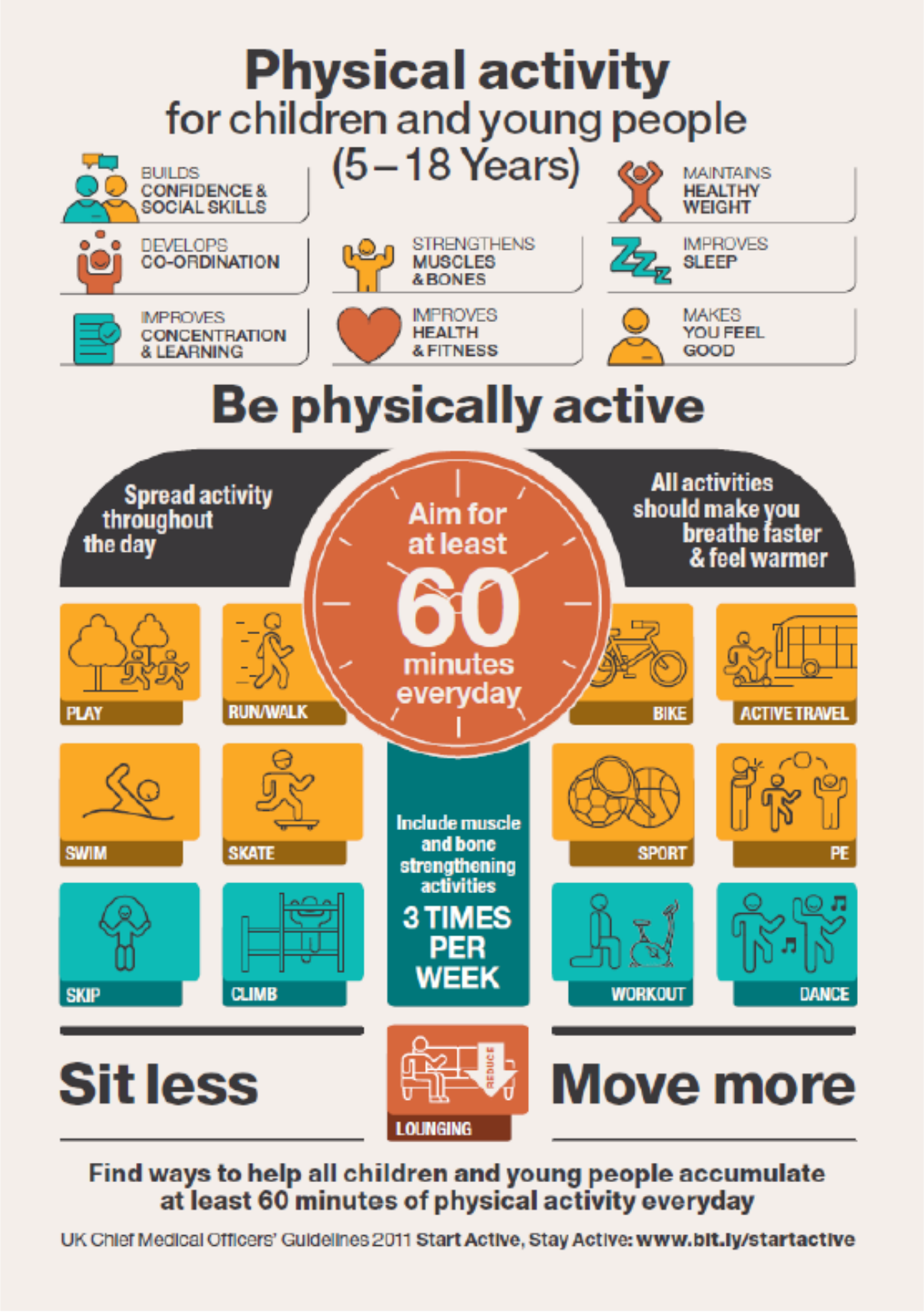


PHYSICAL ACTIVITY

The Scottish Government has made Physical Activity a new national indicator to reflect its importance. UK Physical Activity Guidelines and the benefit of physical activity are shown in the infographics overleaf. Physical inactivity contributes to nearly 2,500 deaths in Scotland and costs the NHS around £91 million per year. On average in Scotland, adults spend 5 – 6 hours being sedentary, depending on whether it is a weekday or a weekend. This excludes time spent at work[36]. In 2013-2016 over a third of adults in the Borders did not meet the guidelines to undertake 150 minutes per week of moderately vigorous physical activity (39%), and around a quarter of Borders adults (22%) reported that they have very low levels of activity. Borders men were as likely to meet guidelines, as women but this is not statistically significant.

These levels are similar to the Scottish average but show that a third of the Scottish Borders population does less or much less physical activity than they need to stay healthy. This is a small sample taken over a 4-year average, so the levels may not be an accurate representation of the numbers of people who are physically inactive.

According to the 2015 Scottish Household Survey, 77% of Scottish Borders respondents had taken part in an exercise activity (including walking) in the 4 weeks prior to being surveyed. This is around the Scottish average but has declined since the previous year, and years prior to that, when it had been as high as 82%. These estimates (from a single year but from a small sample base) provide the best evidence we have that at least 25% of the Scottish Borders population, like elsewhere in Scotland, is not getting nearly enough exercise to maintain fitness and health.


Physical activity
for children and young people
(5–18 Years)
BUILDS CONFIDENCE & SOCIAL SKILLS
MAINTAINS HEALTHY WEIGHT
DEVELOPS CO-ORDINATION
STRENGTHENS MUSCLES & BONES
IMPROVES SLEEP
IMPROVES CONCENTRATION & LEARNING
IMPROVES HEALTH & FITNESS
MAKES YOU FEEL GOOD
Be physically active
Spread activity throughout the day
Aim for at least 60 minutes everyday
All activities should make you breathe faster & feel warmer
PLAY
RUN/WALK
BIKE
ACTIVE TRAVEL
SWIM
SKATE
Include muscle and bone strengthening activities
3 TIMES PER WEEK
SPORT
PE
SKIP
CLIMB
WORKOUT
DANCE
Sit less
REDUCE
LOUNGING
Move more
Find ways to help all children and young people accumulate at least 60 minutes of physical activity everyday
UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: www.bit.ly/startactive


Physical activity benefits for adults and older adults
BENEFITS HEALTH
IMPROVES SLEEP
MAINTAINS HEALTHY WEIGHT
MANAGES STRESS
IMPROVES QUALITY OF LIFE
REDUCES YOUR CHANCE OF
Type II Diabetes -40%
Cardiovascular Disease -35%
Falls, Depression and Dementia -30%
Joint and Back Pain -25%
Cancers (Colon and Breast) -20%
What should you do?
For a healthy heart and mind
To keep your muscles, bones and joints strong
To reduce your chance of falls
Be Active
Sit Less
Build Strength
Improve Balance
VIGOROUS
MODERATE
RUN
WALK
TV
GYM
DANCE
SPORT
CYCLE
SOFA
YOGA
TAI CHI
STAIRS
SWIM
COMPUTER
CARRY BAGS
BOWLS
MINUTES PER WEEK
75 OR 150
VIGOROUS INTENSITY
(BREATHING FAST DIFFICULTY TALKING)
MODERATE INTENSITY
(INCREASED BREATHING ABLE TO TALK)
OR A COMBINATION OF BOTH
BREAK UP SITTING TIME
2 DAYS PER WEEK
Something is better than nothing.
Start small and build up gradually:
just 10 minutes at a time provides benefit.
MAKE A START TODAY: it's never too late!
UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: http:bit.ly/startactive

DIET

Compared to the Scottish Dietary Goals, people in Scotland eat and drink too many calories as well as too much sugar and fat. We also eat too few fruit and vegetables[39].

In the Borders, as in Scotland, men are more likely than women to report consuming fewer than five portions of fruit and vegetables or none at all. On average, women report consuming slightly more fruit and vegetables than men but this difference is not statistically significant in Borders, whilst it is in Scotland overall.

National guidelines recommended that adults should consume five portions of fruit and vegetables per day. In 2013-2016 78% of Borders adult did not consume the required five portions of fruit and vegetables. On average, adults in the Borders, report consuming around three portions of fruit and vegetables a day, and 9% report consuming no fruit or vegetables at all; both statistics are similar to the rest of Scotland.

Taken together, improving diet and levels of physical activity are required to reduce rates of obesity. It is also important to consider alcohol as a potential driver for obesity. For example, two pints of 5% beer contain approximately 430 calories and no nutritional value. The rate of drinking outwith low risk guidelines means that the calorie intake of many people in Borders may be at higher levels than they realise.

EXAMPLES OF WHAT WE AND PARTNERS ARE DOING IN THE BORDERS

(Examples of what we and partners are doing in the Borders on childhood obesity are also provided in Public Health Priority 2: A Borders where we flourish in our early years)

THE BORDERS DIABETES PREVENTION PARTNERSHIP

The Borders Diabetes Prevention Partnership (BDPP), a community focussed multiagency collaboration, has been formed to address causes of diabetes across the life-course and implement the actions in the recent published Scottish Government Diabetes Prevention Framework[36]. The BDPP has a number of workstreams to reduce obesity and increase physical activity thus reducing Type 2 diabetes.

These include:

- Weight management pathways.
- High risk of diabetes pathways.
- A 'settings' health improvement approach to reducing obesity and improving physical activity through schools, workplaces and communities.

WEIGHT MANAGEMENT PATHWAYS

The BDPP uses a tiered pathways approach to reduce overweight and obesity in the Borders and support people to improve their diets. New investment has also been allocated to the BDPP by the East of Scotland Diabetes Prevention Group (EoSDPG) to increase the scope and quality of the programmes.

Tier 1 consists of a range of initiatives focussed on health improvement and community based strategies that focus on promoting physical activity and healthy lifestyle choices, including healthier eating. The health improvement team and the Healthy Living Network offer many diverse initiatives including cooking skills classes; community lunch provision and supporting small-scale food production.

Live Borders and NHS Borders collaborated closely to offer an exercise on referral scheme for people with chronic health conditions. Similarly Live Borders has also developed exercise classes for people with other health conditions. The WalkIt programme offers a programme of walks for people with low levels of activity, NHS Borders supports this initiative in partnership with Scottish Borders Council.

Tier 2 consists of individual interventions focussed on weight management, delivered through a Wellbeing Service which offers support, goal setting and structured dietary advice. Through our Borders Diabetes Prevention Partnership we have recently engaged with the EoSDPG to enhance tier 2 weight management across the East of Scotland and more widely to reduce the incidence of the disease in our population.

Tier 3 weight management is delivered by the Borders Specialist Weight Management Team (SWMT). This is a very small multidisciplinary team that provide services for "severe and complex obesity" providing specialist assessment and one to one and group based treatment. The SWMT also support Tier 4 (Bariatric Surgery) patient pre and post operatively.

HIGH RISK OF DIABETES PATHWAYS

The Scottish Government is planning a national public campaign to help increase people's awareness of the risks associated with the development of Type 2 diabetes (T2D). This will include targeted awareness raising campaigns via a range of media will help reach those 'at risk' of developing Type 2 diabetes. The BDPP will respond to this development when it happens.

A 'SETTINGS' HEALTH IMPROVEMENT APPROACH

Working as a Borders Diabetes Prevention Partnership we can work collaboratively to maximise our impact across a number of settings such as:

- Families
- Early Years
- Youth Work
- Health Care
- Workplace
- Healthy Food Environments
- Healthy Activity Environments

Examples include:

WalkIt is the Scottish Borders branch of the Paths for All Health walk programme. WalkIt aims to encourage exercise as part of a health lifestyle and promotes walking as an ideal way of getting fit and relieving stress. Walking lies within the capabilities of most people and is a realistic goal for inactive people, in addition, it's free and does not require special equipment. WalkIt walks are accessible to all and an easy activity to undertake. Health walks are normally held on a weekly basis and walkers will often stay on to share a cup of tea or coffee. There are now twenty seven walking groups covering all the major towns and some Borders villages. There are over one thousand registered walkers and over seventy volunteer walk leaders. While not specifically aimed at older people eighty per cent of its walkers are aged over 55. Funding for a part time project coordinator is provided by NHS Borders and the post is hosted by Scottish Borders Council in the Planning and Economic Development department.

The Healthy Living Network works closely with partners including the Community Capacity Building team to develop and support initiatives in local communities. For example, the Eyemouth Tea Dance offers a social space where older people undertake physical activity and access healthier eating, while the Reminiscence Group in Burnfoot allows people to meet and discuss the cultural and social heritage of Hawick.

The Health Improvement team coordinated a maternal healthy weight programme which enabled a Health Improvement Specialist Midwife to refer pregnant women with a high BMI to Live Borders for exercise classes as well as providing healthy eating advice using motivational interviewing approaches. The offer of physical activity was designed to minimise discomfort or embarrassment for women who participated.

A partnership approach between Live Borders and the Health Improvement team has led to the provision of community based physical activity options for people with a range of health conditions. NHS Borders healthcare professionals are able to refer patients to discounted exercise classes, including Steadi classes for people who have experienced a fall or are likely to fall in the future. In addition, people referred can choose to purchase up to 12 weeks membership at a reduced rate.

THE EAST OF SCOTLAND DIABETES PREVENTION GROUP

An East of Scotland Diabetes Prevention Partnership has been established and plans include:

- High visibility regional campaigns to promote access to healthy living in deprived communities using well known regional public figures from public life, entertainment or sport.
- Working across local authorities to implement more effective retail standards in relation to food and beverages e.g. school, leisure, culture and workplace canteens.
- Working with Sport Scotland and regional Sport and Leisure trusts to offer intensive physical activity and exercise packages particularly for those at high risk of T2D e.g. agreeing common programmes and objectives for activity offers.
- Using specialist expertise to jointly develop pathways for support with lifestyle change with a particular focus on vulnerable groups e.g. sharing tools and workforce development resources.
- Promoting a greater range of physical activity options in schools learning from good practice in each local authority.
- Having a regional approach to supporting employers achieve 'Healthy Working Lives'.
- Agreeing a regional approach to 'Health-in-All-Policies' supported by pooling our regional expertise in this area.

- Working collaboratively to leverage in additional resources e.g. City Deal, to support policies influencing physical activity environments that have been demonstrated as effective include environmental interventions targeting the built environment, policies that reduce barriers to physical activity, transport policies, policies to increase space for recreational activity, and school-based physical activity policies.
- Working collaboratively with appropriate research partners to develop and evaluate innovative new approaches to community engagement around nutrition and physical exercise.
- Providing a strong collective voice to influence Scottish and UK Government policies that impact on the health and wellbeing of our populations.

KEY AREAS FOR ACTION

- We are living in an "obesogenic environment" which makes it difficult to maintain a healthy weight. Opportunities for people in the Scottish Borders to be physically active must be explored and healthy dietary choices made easy, accessible and affordable, so that individuals can avoid the serious health consequences of overweight and obesity such as diabetes, heart disease and some cancers to which they may lead. Much of this work requires the efforts of all the Community Planning Partners within the Scottish Borders Community Planning Partnership. We need to build on existing efforts and help strengthen national, regional and local activity.

- At a Borders level to be effective we must:
- further develop prevention activities to work with those in our population at risk of harm through overweight and obesity.
- have robust awareness and coordination of all available prevention resources to which at risk individuals may be signposted or referred (e.g. clear referral and signposting pathways communicated to stakeholders).
- ensure that prevention activities are appropriately targeted (e.g. our most deprived communities and at risk groups).
- address disproportionate system investment towards treatment, rather than primary prevention.
- ensure staff have time to provide detailed prevention advice.
- focus our efforts on the whole life course.

#**your**part SUGGESTIONS FOR THE PUBLIC

- Take advantage of physical activity opportunities every day, be as active as possible. Aim to sit less and move more.
- Reduce time spent on phones, tablets, PCs and watching TV.
- Enjoy your food, aim to and eat a variety of foods, including more fruit and vegetables.
- Be careful about over consumption or eating too many foods high in calories, fat, salt or sugar.
- Make use of sources of professional wellbeing advice if you need some support.

#yourpart

FINAL THOUGHTS

Whilst this report focuses on the Scottish Public Health Priorities, there are a number of other activities which safeguard our wellbeing. These include national, routine immunisation programmes which protect us from potentially serious diseases.

Uptake of routine vaccination programmes in the Scottish Borders has long been amongst the best nationally – a remarkable achievement given the potential obstacles to success posed by the geographical constraints of a rural setting. This success has been achieved through strong working relationships between teams in Primary Care, Public Health, Child Health, Pharmacy, and most recently the new Community Vaccination Team (CVT) to deliver the school based programmes.

The flu vaccination programme is a good example of this. The flu vaccine offers the best available protection against the flu virus. It's very safe and is available free of charge to vulnerable groups. Having the flu can be dangerous, that's why people in the groups listed below should get the flu vaccine as soon as it's available every winter to help protect them:

- People with certain health conditions.
- People aged 65 years or over.
- Pregnant women.
- People that work in healthcare.
- Unpaid carers and young carers.

Screening programmes also represent an important safeguard. Identifying certain conditions early can make them much more treatable. It is for this reason that we should engage with screening programmes when invited to do so. Screening programmes exist for:

- Cervical, breast and bowel cancers.
- Diabetic retinopathy.
- Abdominal aortic aneurysm.
- Maternal and newborn conditions.

We also need to remember that health is not only a local issue and disease does not respect national boundaries. We must not only anticipate where large scale disruptions to health may come from but also consider how we as a region can support global health.

A good example of the Borders supporting global health is the link between NHS Borders and the St Francis hospital in Zambia since 2009. Dr Dorothy Logie and her late husband Dr Sandy Logie, a Borders General Hospital Consultant, had worked there before this. A charity, known as The Logie Legacy (www.logielegacy.com), was formed in 2017 to support our twinning partnership. The learning and experience gained by staff involved in the twinning brings to the Borders benefits to patient care and services.

Staff from NHS Borders and other Logie Legacy supporters have been involved in a variety of projects including:

- Sexual Health - improve testing and treatment of sexually transmitted infections.
- Pharmacy - stock control software and laptops.
- Radiology - provide equipment and training.
- Maternity - life saving skills course and training the trainers.

- Ophthalmology - spectacle provision.
- Visits by GPs, paediatricians, and numerous medical students.
- Chaplaincy - books and PA equipment.
- IT - improving IT systems, distance IT Support, improving access to the Internet.
- Physiotherapy - working in collaboration with Physionet.

Since 2012 Public Health staff have played a significant role in supporting the following areas:

- Tuberculosis control - bicycles for community volunteers, building improvements.
- Water improvements to the hospital and compound – a fundraising venture in excess of £90,000.
- Sanitation – exploring options for a major overhaul of a failed waste water treatment system.

A report published in 2017 by the Royal College of Physicians and Surgeons of Glasgow - 'Global Citizenship in the Scottish Health Service' - cites our twinning relationship as a good model of international volunteering. As a result the Scottish Government invited the charity trustees to meet Bill Gates, American business magnate and philanthropist, when he visited Edinburgh in 2018.

Mr John Raine, previous NHS Borders Board Chair, has stated:

"The Logie Legacy is a good example of NHS Borders' commitment to volunteering opportunities for our staff, which as well as benefitting patients and medical staff in Zambia in the case of the 'Logie Legacy', have also allowed members of our staff to expand their experience and skills which in turn benefits the health and wellbeing of the people of the Scottish Borders."

Other local Community Planning Partners, business or third sector groups may wish to consider similar international links.

FIND OUT MORE

- **Health Protection Team** - the Public Health speciality that focuses on protecting the public from being exposed to commiciple disease and environmental hazards which damage their health, and to limit any impact on health when such exposures cannot be avoided. http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/health-protection-team/

- **Borders Joint Health Improvement Team** - provides a specialist health improvement service for the whole of the Borders http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/children-young-peoples-services-directory/health-improvement-team/

- **Alcohol and Drugs Partnership (ADP) Support Team** - work based on a partnership approach involving the statutory, voluntary and private sectors, and engaging the wider community. http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/alcohol-and-drugs-partnership-(adp)-support-team/

- **Screening Programme** - designed to detect signs of disease in the population and then to provide a reliable method of referral for diagnostic testing and further treatment. http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/national-screening-programmes/

BORDERS DIRECTOR OF PUBLIC HEALTH
REPORT 2018

APPENDICES

APPENDIX I

2017 PERFORMANCE AGAINST PREVIOUS 2015 CHALLENGES

OBJECTIVE FROM PREVIOUS REPORT	PROGRESS
Local Services need to be sensitive to migrant health issues	An interpretation service has been put in place to help people who are not proficient in English access the care they need. Diversity events, beginning with one day of events in 2016 and being extended to a week of events across the Scottish Borders in 2017 have seen the promotion of positive relations among communities and have brought people together for activities that support wellbeing.
Differences in life span by deprivation (inequity)	Work to prevent ill health continues through healthy living initiatives, the focused delivery of support for health behaviour change including smoking cessation and the development of the new diabetes prevention programme.
Differences in life span by deprivation (inequity)	Improving mental wellbeing is a priority in the Community Plan. Health Improvement has undertaken an extensive process of engagement and coproduction with community groups and partner organisations to develop the Six Ways to Be Well resource. This aims to raise awareness of how to look after your own mental wellbeing and sign post supports available.
Life satisfaction decreasing between p7, s2 and s4 pupils	Health Improvement provides advice and support on health and wellbeing to support Curriculum for Excellence, working with SBC and wider partners. Public Health has actively supported the commissioning of a new approach to support emotional health of children and young people on behalf of the Children and Young People Leadership Group and the refresh of other commissioned services.
Smoking rate in pregnancy higher than national average	There is still a significantly higher than average rate of smoking in pregnancy in the Scottish Borders and rates are known to be higher in more deprived areas. In response in the Scottish Borders, Community Midwives can automatically refer pregnant women who are smokers to the Quit Your Way Smoking Cessation Programme. Pregnant women are further supported by the Specialist Midwife to gain a greater understanding of the risks associated with smoking during pregnancy and enable them to make a more informed choice. Early years services are also able to target initiatives that promote smoke free environments. Work is being undertaken to increase awareness in Health Visitors of the impact of smoking in the home.
Breastfeeding rates	Continued support for Baby Friendly Initiative, through training; expansion of the breastfeeding peer support project.

Ensure that children have the best possible opportunity for health and wellbeing and recognise the difference that family circumstances can make.	Through the Early Years group, work has continued to build local networks of support for families. Health Improvement provides regular input to the programmes of the early years centres on nutrition, smoking cessation, alcohol harm reduction and mental health. Public Health continues to work in partnership to raise awareness of the extent and impact of child poverty and actions required to prevent and mitigate. Through the Children and Young People's Leadership, Public Health has been facilitating the development of a new Support for Parents Strategy for Scottish Borders and contributing to the development of a new Play Strategy for the Community Planning Partnership.
Education and wider partners need to work closely to promote nutrition and healthy weight through the curriculum and activities and opportunities in local communities and by promoting a good food culture in Borders.	Continued work on maternal and infant nutrition, covering breastfeeding, weaning advice, cooking skills, promotion of Healthy Start scheme. The delivery of Fit4fun Child Healthy Weight programme in primary schools continued, supplemented by targeted follow on activities. A range of healthy eating programmes and initiatives have been delivered through Healthy Living Network areas in partnerships with local communities: holiday breakfast schemes; local food events; skills development programmes.
We need to be sure that we are doing all we can to support young people to develop resilience to face the challenges of life.	See above on emotional health and well being support. Health Improvement has been advising Education on an age and stage appropriate programme to support relationships and sexual health. Health Improvement has also developed a collaborative programme with the youth sector on relationships and sexual health to develop resources for young people, produced by young people.
Reduction of excess drinking in men and women remains a priority	The Alcohol and Drugs Partnership (ADP) is responsible for implementing the Scottish Governments Drug and Alcohol strategies at local level and work is informed by their 2015-18 Delivery Plan, national outcomes and Ministerial Priorities. In 2016-17 1,315 Alcohol Brief Interventions were delivered in a range of settings. ABI's are opportunistic conversations which take place with individuals drinking to harmful or hazardous levels. The ADP continues to work with the Licensing Board and colleagues in Police to promote responsible drinking. Alcohol and drug services are commissioned to reduce substance related harm in adults, children and young people and children affected by parental substance use.
Drug related hospital stays (rate)	The trend for Scottish Borders drug related hospitals stays is increasing particularly in deprived areas. It is likely that this is in part due to the increasing cohort of older drug users (over 35years). A high proportion of this group have multiple underlying health conditions and have a physiological health age which is comparable to those who are 15 years older in the general population (Vogt, 2009). As well as 1:1 support to address alcohol and drug use, commissioned services provide wider 'post treatment' support including mutual aid groups. The number of groups delivered by Addaction increased from 184 in 2015-16 to 217 in 2016-17, however, the number of attendances rose from 291 to 676.

Physical activity levels	The majority of the population in the Scottish Borders do not meet the recommended level of physical activity. This is, in part, being addressed by the Diabetes Prevention Partnership which seeks to make healthy choices easy choices in the Scottish Borders. The work of this partnership includes support for physical activity for the general population. The number of people accessing the Exercise Referral programme with Live Borders is increasing. WalkIt participants and walks continue to increase. During 2017-18 this will extend to dementia friendly walks.
Fuel poverty	Healthy Living Network has developed links with home energy advice agencies and promoted access to these in its local work.
Service providers need to be aware of the needs of carers group.	During 2017-18 a Carers Health Needs Assessment has carried out in partnership with the Borders Carers Centre, Borders Voluntary Care Voice, NHS Borders and Scottish Borders Council.
The evaluation report from the local long term condition (LTC) project, expected in early 2016, should be carefully considered so we learn from it and use it to improve the management of LTCs across the region.	Health Improvement has hosted research into supported self management to understand staff perspectives. The learning from this is being used to develop further training and will inform the diabetes prevention programme.
Falls rate	WalkIt is now able to deliver strength and balance exercises and, during 2017-18 are training care staff to deliver these in care homes. This was also included in an Older People's Health and Wellbeing Seminar in September 2017 as well as topics such as alcohol and diet. WalkIt now also offers 'dementia friendly' walks.
Emergency admissions rate (e.g. +75)	This rate remains an area for development.
Sustained prevention measures are important to bring about a reduction in the lifestyle risk factors amongst higher risk groups, although positive impact on the incidence of new cancers and prevalence will be gradual	This is being addressed through targeted screening to engage those groups who have lower uptake and strengthening of pathways to support health behaviour change, aligned with screening.
Bowel screening uptake rates	Uptake of bowel screening in the Scottish Borders is generally good. Borders achieved the highest uptake in screening for both men and women in the most deprived category (SIMD1) when compared to all other Boards & Scotland as a whole.

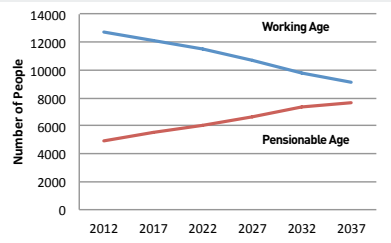
Diabetes rates	The prevalence of Type 2 diabetes is set to climb if the current trend continues. This is a serious threat to the public's health and so the Scottish Borders Diabetes Prevention Partnership (a multi-agency group reflecting membership from health, local government, third sector and members of the community) has been established to: • Promote healthy physical activity and eating to the general population. • Provided targeted approaches for people at elevated risk of developing diabetes. • Close equality gaps in diabetes prevalence. • Increase awareness of signs, symptoms & risks through communications and campaigning. • Act with the community.
Suicide prevention strategies need to include explicit aims to reduce socio-economic inequalities and gender inequalities in suicide.	The suicide prevention programme has included: • Delivery of suicide prevention training to range of services and individuals. • Project work with those affected by suicide to identify supports needed. • Regular awareness raising of suicide prevention through media work and community activities.
Inequalities for people with mental health problems poorer diets, low rates of exercise and higher prevalence of smoking than among the general population. All care providers need to be aware of these risks.	Ground work with mental health services was undertaken in 2016 to identify tools and resources for health needs assessment and care planning. This included the provision of advice to services on the transition to smoke free and capacity building to develop skills to support service users to quit. HI has also undertaken capacity building with staff and service users in a community resource service to improve understanding, skills and confidence in relation to healthy eating.
Flu vaccination rates	The Scottish Borders has good uptake of the seasonal flu vaccine, however efforts will be continued to promote uptake by explaining benefits of the vaccine. Vaccines are also delivered within the workplace to BGH staff. NHS Borders Health Protection Team are leading on a review of local plans to ensure optimal preparedness for the threat of pandemic influenza.
We need to ensure that all staff in statutory or non-statutory organisations understand their public health role in reducing health inequalities.	Continued awareness raising of health inequalities, through CPP and local groups and networks. Delivery of training for frontline staff in key services.

We need to recognise people who are disadvantaged have higher health needs and the level and intensity of service provision should reflect that. Service development plans could contain a Health Inequalities assessment in addition to the current Equalities and Diversity assessment	Public Health provided advice and input to the refreshed Clinical Strategy on health needs of the population. Public Health continues to raise awareness of health inequalities in service planning and transformational change in NHS Borders.
We need to ensure that health is an important consideration in planning decisions (built environment). Health Inequalities Impact Assessment (HIIA)	AS ABOVE HIIA training was offered to NHS and SBC staff in 2018 The Diabetes Prevention Partnership will also engage with partners to build health into the planning process.

APPENDIX 2
BORDERS AREA PARTNERSHIP PROFILES

THE BERWICKSHIRE AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR BERWICKSHIRE



57.2% increase in **pensionable age**

28.1% decrease in **working age**

POPULATION

20,657 population*
(19% of the Scottish Borders)

15.1% aged **0-15**
(Scottish Borders = 16.7%)

60.4% aged **16-64**
(Scottish Borders = 60.2%)

24.5% aged **65+**
(Scottish Borders = 23.1%)

17.3% of registered** **unpaid carers** are based in Berwickshire
** Borders Carers Centre

***(est 2014)**

AREA

45.3% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

85% live in **rural areas**
30% Remote rural
55% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Eyemouth	3,540
Duns	2,722
Coldstream	1,867
Chirnside	1,426
Greenlaw	629
Ayton	573
Coldingham	549

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

78.3 to **83 yrs men**
(Scottish Borders = 78.1)

81.5 to **87.5 yrs women**
(Scottish Borders = 82)

Higher rate of **of new cancer diagnosis**
(compared to Scottish Borders)

Lower rate of **early cancer deaths**
(compared to Scottish Borders and Scotland)

A&E ATTENDANCE

47.5% non-emergencies could be cared for within Locality of which **75+ age group represent the highest proportion**
(last year 43.5%)

52.5% emergencies require hospital care
(last year 56.5%)

7.67 rate of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

1,107 on **Diabetes Register**
6.23% of **GP Register over 15 yrs**

183 on **Dementia Register**
3.55% of **GP Register over 65 yrs**

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

20.5% report **public transport** as an accessibility issue

People in Berwickshire place a **higher priority** on:

providing **sustainable transport links** including **demand responsive transport**

HOUSEHOLD PROFILE

aged 65+

26.8% Berwickshire
(Scottish Borders = 25.4%)
(Scotland = 20.7%)

7.9% feel lonely or **isolated**
(Scottish Borders = 6.1%)

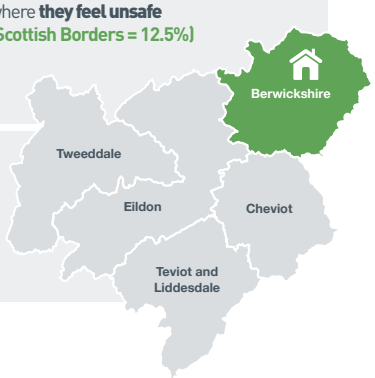
12 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

SAFETY

9.92 rate of **road** and **home safety incidents** per 1,000
(Scottish Borders = 7.65)

0.81 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

8.1% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



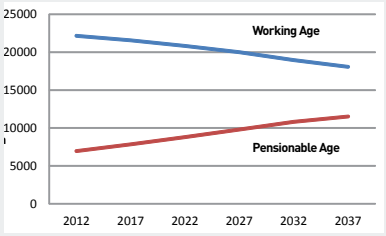
PROPOSED HOUSING DEVELOPMENTS

	2018-2019	2019-2020	2020-2021	2021-2022	>2022-2023
Extra Care	NPD*	NPD*	30	36	NPD*
General Affordable	28	48	43	169	
Particular	2	49		36	

* NPD - No planned Extra Care development

THE EILDON AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR EILDON



65% increase in **pensionable age**

18.4% decrease in **working age**

POPULATION

35,000 population*
(31% of the Scottish Borders)

17.8% aged **0-15**
(Scottish Borders = 16.7%)

60.9% aged **16-64**
(Scottish Borders = 60.2%)

21.3% aged **65+**
(Scottish Borders = 23.1%)

32.1% of registered** **unpaid carers** are based in Eildon
** Borders Carers Centre

*(est 2014)

AREA

19.3% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

43% live in **rural areas**
15% Remote rural
32% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Galashiels	12,670
Selkirk	5,586
Melrose	2,457
Tweedbank	2,073
Lauder	1,773
Earlston	1,766
Newtown St Boswells	1,347

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

74.7 to **82.5 yrs men**
(Scottish Borders = 78.1)

79.1 to **89 yrs women**
(Scottish Borders = 82)

Higher rate of **coronary heart disease hospitalisations**
(Compared to Borders and Scotland)

700.5 per 100,000 **Higher rate** of **alcohol related hospitalisations** and **deaths**
(compared to Borders = 566)

108.9 per 100,000 **Higher rate of drug related hospitalisations and deaths**
(compared to Scottish Borders= 88.1)

A&E ATTENDANCE

59.4% non-emergencies could be cared for within **Locality**
(last year 56.8%)

40.6% emergencies
(last year 43.2%)

Higher rate of **emergency hospitalisations**
(compared to Scottish Borders)

3.74 rate of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

2,050 on **Diabetes Register**
6.14% of **GP Register****

315 on **Dementia Register**
3.82% of **GP Register*****

5684.8 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Eildon has the highest rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

** over 15 yrs
*** over 65 yrs

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

16.6% report **accessibility** to **public transport as an issue**
(lower than any other Locality)

5.5% **feel lonely** or **isolated**
(Scottish Borders = 6.1%)

28 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

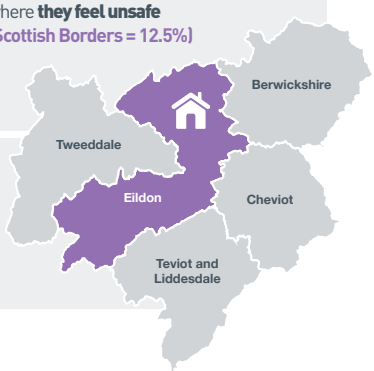
Eildon has a **proportion** of its **population living** in each of the **ten deprivation deciles, demonstrating the large degree of variance** in **deprivation profile** within the **locality**

Eildon has the **highest rate** of **suicide 21.7 per 100,000**
(Scottish Borders=15.7. Scotland =14.7)

SAFETY

0.80 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

15.3% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



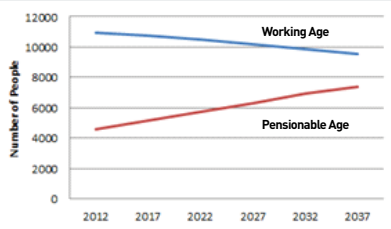
PROPOSED HOUSING DEVELOPMENTS

	2018-2019	2019-2020	2020-2021	2021-2022	>2022-2023
Extra Care	NPD*	NPD*	39	NPD*	NPD*
General Affordable	203	105	168	8	
Particular	17	46	10		

* NPD - No planned Extra Care development

THE CHEVIOT AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR CHEVIOT



61.4% increase in **pensionable age**

12.70% decrease in **working age**

POPULATION

19,503 population *
(17% of the Scottish Borders)

14.9% aged **0-15**
(Scottish Borders = 16.7%)

58.2% aged **16-64**
(Scottish Borders = 60.2%)

26.9% aged **65+**
(Scottish Borders = 23.1%)
of this 11.8% are aged 75+ the highest percentage of the Scottish Borders

15.2% of registered** **unpaid carers** are based in Cheviot
** Borders Carers Centre

*(est 2014)

AREA

34.0% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

50% live in **rural areas**
28% Remote rural
22% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Kelso	6,821
Jedburgh	3,961
St Boswells	1,466
Yetholm	618

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77 to **82 yrs men**
(Scottish Borders = 78.1)

81.4 to **85.8 yrs women**
(Scottish Borders = 82)

Lower rate of **coronary heart disease hospitalisations** and **early deaths** (compared to the Scottish borders and Scotland)

Cheviot has a **higher** rate of **suicide** (compared to Scottish Borders and Scotland)

A&E ATTENDANCE

59.8% the locality has the **highest percentage who attend A&E out of hours in the Scottish Borders**

55.5% non-emergencies could be cared for within the Locality, between **2014/16** the **over 65 age group represented** the **largest proportion** of **attendees**

Cheviot had the **lowest rate** of **emergency hospitalisations** (compared to other Borders Localities and Scotland)

5.36 rate of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

1,073 on **Diabetes Register**
6.76 % of **GP Register over 15 yrs**

193 on **Dementia Register**
4.0% of **GP Register over 65 yrs**

3972 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Cheviot has the lowest rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

16.4% report **public transport** as an accessibility issue
(Scottish Borders = 16.6%)

People in Cheviot place a **higher priority** on:

providing **high quality care for older people** and making **more affordable housing available**

HOUSEHOLD PROFILE

One person household: aged 65+

16.6% Cheviot
(Scottish Borders = 15.2%)
(Scotland = 13.1%)

5.1% feel lonely or **isolated**
(Scottish Borders = 6.1%)

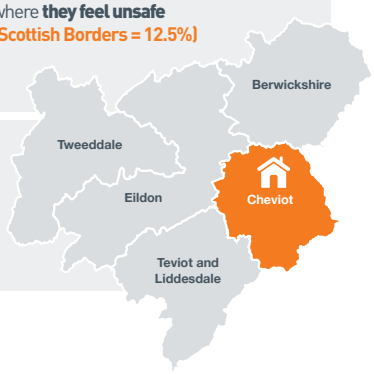
9 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

SAFETY

7.13 rate of **road** and **home safety incidents** per 1,000
(Scottish Borders = 7.65)

0.49 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

11% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



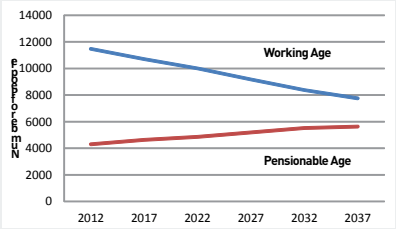
PROPOSED HOUSING DEVELOPMENTS

	2018-2019	2019-2020	2020-2021	2021-2022	>2022-2023
Extra Care	NPD*	NPD*	NPD*	NPD*	24
General Affordable		36	8	12	
Particular		2			

* NPD - No planned Extra Care development

THE TEVIOT AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037
FOR TEVIOT & LIDDESDALE



65% increase in **pensionable age**

18.4% decrease in **working age**

POPULATION

17,965 population*
(15.6% of the Scottish Borders)

13.5% aged **0-15**
(Scottish Borders = 16.7%)

58.6% aged **16-64**
(Scottish Borders = 60.2%)

27.9% aged **65+**
(Scottish Borders = 23.1%)

18% of registered** **unpaid carers** are based in Teviot ** Borders Carers Centre

*(est 2014)

AREA

14.2% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

26% live in **rural areas**
8% Remote rural
18% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Hawick	14,003
Newcastleton	757
Denholm	625

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77.3 to **78.5 yrs men**
(Scottish Borders = 78.1)

79.9 to **84.1 yrs women**
(Scottish Borders = 82)

Highest rate of **coronary heart disease hospitalisations** and **early deaths**
(compared to the Scottish Borders and Scotland)

646.3 per 100,00
Higher rate of **alcohol related hospitalisations** and **deaths** and **increasing in recent years**
(Compared to Borders = 566)

580.9 per 100,000 Highest rate of **COPD hospitalisations**
(compared to Scottish Borders=497.6)

A&E ATTENDANCE

50.2% non-emergencies could be cared for within **Locality**
(last year 45.9%)

49.8% emergencies
(last year 54.1%)

Higher rate of **emergency hospitalisations**
(compared to Scottish Borders)

LONG TERM CONDITIONS

1,233 on **Diabetes Register**
7.65 % of **GP Register over 15 yrs**

201 on **Dementia Register**
4.34% of **GP Register over 65 yrs**

5463 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Teviot has a higher rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

15.0% report **accessibility** to **public transport as an issue**
(Scottish Borders=16.6%)

8.4% feel lonely or **isolated**
(Scottish Borders = 6.1%)

8 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

Teviot is the **most deprived population** in the **Scottish Borders** with **over 40%** of its **population living in the 4 most deprived deciles**

Teviot has **highest number** of individuals **claiming JSA and pension credits**

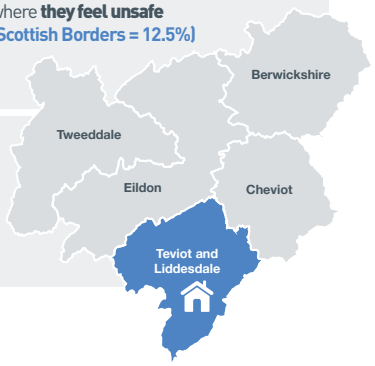
Among lowest suicide rates in the **Scottish Borders** at **12.3 per 100,000**

SAFETY

9.19 Highest rate of **over 75 falls** per 1000
(compared to 5.62 for Scottish Borders)

1.07 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

17% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



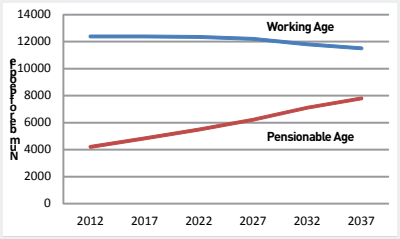
PROPOSED HOUSING DEVELOPMENTS

	2018-2019	2019-2020	2020-2021	2021-2022	>2022-2023
Extra Care	NPD*	NPD*	NPD*	30	NPD*
General Affordable		6			
Particular			30		

* NPD - No planned Extra Care development

THE TWEEDDALE AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR TWEEDDALE



85.1% increase in **pensionable age**

28.1% decrease in **working age**

POPULATION

20,175 population*
(17.8% of the Scottish Borders)

18.8% aged **0-15**
(Scottish Borders = 16.7%)

61.6% aged **16-64**
(Scottish Borders = 60.2%)

19.6% aged **65+**
(Scottish Borders = 23.1%)

16.4% of registered** **unpaid carers** are based in Tweeddale** Borders Carers Centre

*(est 2014)

AREA

28.4% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

47% live in **rural areas**
15% Remote rural
32% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Peebles	8,583
Innerleithen	3,064
West Linton	1,561
Cardrona	919
Walkerburn	711

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77.6 to **81.2 yrs men**
(Scottish Borders = 78.1)

80.9 to **84.5 yrs women**
(Scottish Borders = 82)

Higher rate of **of coronary heart disease**
(Compared to Scottish Borders and Scotland)

Lower rate of **early deaths** of **coronary heart disease or cancer**

Rate of **alcohol related hospitalisations (518.4 per 100,000)** has **risen in last 12 years, increasing from lowest to 3rd highest in the Scottish Borders (566.0)**

A&E ATTENDANCE

54.0% non-emergencies could be cared for within **Locality**
(last year 51.1%)

46.0% emergencies require hospital care
(last year 48.9%)

Lower rate of **emergency hospitalisations**
(compared to Scottish Borders)

Lowest rate **3.96** of **Over 75 Falls** per 1,000
(Scottish Borders = 5.62)

LONG TERM CONDITIONS

898 on **Diabetes Register**
5.5 % of **GP Register over 15 yrs**

148 on **Dementia Register**
3.54% of **GP Register over 65 yrs**

5410 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Tweeddale has a higher rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

13.8% report **Accessibility** to **public transport** as an issue
(Scottish Borders =16.6%)

3.5% **feel lonely** or **isolated**
(Scottish Borders = 6.1%)

12 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

Tweeddale is the **least deprived locality** with none of its **population living** in the **most deprived deciles and over 75% living in least deprived.**

Lower percentage of **pension credit claimants (4.9%)** than **Scottish Borders (5.8%)** and **Scotland (7.7%)**

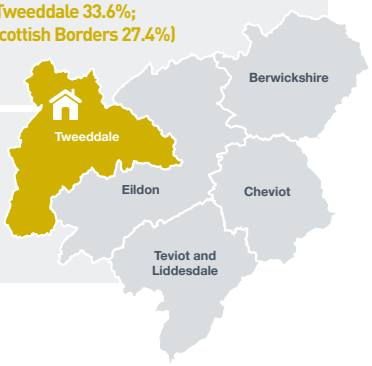
Among lowest suicide rates **12.9 per 100,000**
(Scottish Borders=15.7; Scotland =14.7)

SAFETY

Lowest rate 0.42 of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

11.5% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)

Highest number of **residents involved** in **voluntary work**
(Tweeddale 33.6%;
Scottish Borders 27.4%)



PROPOSED HOUSING DEVELOPMENTS

	2018-2019	2019-2020	2020-2021	2021-2022	>2022-2023
Extra Care	NPD*	NPD*	NPD*	NPD*	30
General Affordable	75	6	60	20	
Particular		2			

* NPD - No planned Extra Care development

APPENDIX 3

DEVELOPER CHECKLIST TO INFORM PLANNING APPLICATIONS

Consider the potential impacts of the proposed development on each of the issues below. Consider both planned and unintended effects.

- Who do you think will be affected by these proposals?
- What do you think about the place you live/work in currently?
- How might the development affect it?

PEOPLE • Movement and migration (in and out) • Population composition • Enhancing social status and social inclusion • Addressing discrimination and promoting equality of opportunity • Community participation and control	**EMPLOYMENT AND ECONOMY** • Income (absolute and relative; individual and household) • Economic impacts: direct and indirect • Providing employment and training • Ensuring financial inclusion • Lifelong learning for all • Living costs
SERVICES • Health and social care • Leisure and recreation • Other services such as under 5s care • Communication (digital connectivity) • Primary and secondary education	**HOUSING** • Costs (rent, mortgage) • Quality of housing • Mix of housing • Internal environments
TRANSPORT • Access and inclusive transport • Encouraging walking and cycling • Connections to services/between communities	**CLIMATE** • Pollution: air/water/soil/noise • Sustainable building techniques
HEALTH AND WELLBEING • Lifestyle: physical activity, food, substance use, sexual health • Stress and resilience	**PEOPLE** • Greenspace access and quality • Public spaces • Enhancing social status and social inclusion • Active living • Heritage

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