

1. Name of SOA case study

Health Improvement in the Scottish Borders – The Appointment of a Joint Director of Public Health and the Establishment of a Joint Health Improvement Service (JHIS) across NHS Borders, Scottish Borders Council including the Contribution from the Voluntary Sector

2. What was the local need addressed by this SOA case study?

Nationally health improvement is being addressed as a cross-cutting community planning theme. The role of Councils and the Voluntary Sector is increasingly recognised as having a key role in addressing the causes and consequences of ill-health. This post has been developed to bring a more co-ordinated approach to health improvement across the two organisations. One of the key elements of the post is to lead health improvement in Scottish Borders. Within this a Joint Health Improvement Services is being progressed across the two organisations.

Addressing health inequalities is a key priority and presents certain challenges in a rural area to enable services to reach those most in need.

Hidden health inequality issues in Borders

There are a few pertinent issues in Borders, e.g.

- More lone pensioner households
 - More mothers smoking during pregnancy
 - Higher than average house prices
 - Of the 32 local authorities Borders ranks at 28 for the lowest pay. The median gross weekly wage (full time and part time workers) for the **Borders** is **£312.80** compared to the overall Scottish Wage of **£360.20** (Office for National Statistics, 2008)
- Paid work in Borders paints a mixed picture. Although employment rates are higher than the Scottish average work remains relatively low paid. People are often working in several part-time jobs or relying on a small income from just one. *“Low paid work was an issue for all age groups and most participants in paid work were anxious to point out that although they were not on benefits they were struggling financially”.* (Report for the Scottish Borders Commission on Poverty and Social Inclusion 2008)

Some examples from the DPH job description who took up appointment in July 2009'

To reduce local health inequalities and improve the health of the people in the Scottish Borders.

To provide a co-ordinated approach to health improvement activity, with a strategic lead across two key organisations

Key Objectives

- Enable a collective approach, ensuring that resources are brought to bear across public sector services to promote health and well-being for the whole community.
- The improvement of health in the local population, reduction of inequalities; and promotion of health protection through competent and effective teams.
- Ensure the public health network is effective in supporting and developing the public health workforce and continuously innovates and develops taking a lead role in the formulation and implementation of a strategy for health improvement that tackles the prevention of ill health and the reduction of health inequalities, Take account of local and national priorities, and ensure appropriate measures are in place to monitor progress and achievements.
- The Joint Director of Public Health will lead the assessment and interpretation of the health status of the local population, identifying the factors which have a bearing on it, and developing and implementing action on the priority areas for improving health and reducing health inequalities.
- With the development of the new Community Health and Care Partnership (CHCP) ensure that Public Health plays an active part in the work of the CHCP and Community Planning by providing any necessary and appropriate access to public health advice and support.

3. What was done – and by which partners?

Chief Executives from Scottish Borders Council and NHS Borders agreed on a joint post. This was then formalised through a range of structures.

4. What is the evidence of the benefits for communities – or if the benefits are still to be delivered, what is the timeline for that?

This work forms the strategic basis for more effective prioritisation of resources to those most at risk of ill-health. The leadership in this joint role will help ensure work is more effectively targeted and co-ordinated. A key part of this is workforce development embedding health improvement as part of 'everybody's business'.

The successful implementation of the strategic objectives relies heavily on the leadership of the DPH, the emerging joint health improvement structures and a range of staff involved in health improvement directly or indirectly in the course of their work

A Joint Health Improvement Service across the two organisations will be launched in 2010 led by the Joint Director of Public Health JHIS- co-ordination locally for maximum impact, with strategic leadership from DPH

5. What added value has the SOA process brought to the delivery of these benefits?

The SOA process has helped provide a rationale and clear direction for the justification of the post given that both nationally and locally health improvement is seen as a cross-cutting theme, i.e. Achieving Our Potential states that all three papers (Equally Well, Early Years Framework) taken together form a coherent approach to addressing disadvantage in Scotland, "*There is a strong relationship between having the best start in life, enjoying good health, a good education and having enough money to provide for you and family*". Equally Well outlines the contribution of 5 cross-cutting Government themes of *Smarter, Wealthier and Fairer, Greener, Safer and Healthier* to addressing health inequalities.

SBC is very well placed to address the causes and consequences of the life determinants of ill-health alongside the role of NHS and the joint DPH post is a way of progressing this further.

Given the cross cutting strategic health improvement agenda it is important that the strategic function ensures buy in from all key stakeholders to contribute to the achievement of shared objectives. What is already emerging is a broader leadership and commitment to a fully collaborative HI service from Social Work, Education, SBC Business Improvement Unit and the Voluntary Sector as well as the NHS, that with others still to be agreed, will form part of the new joint leadership structure.

This means reviewing the present strategic structures and agreeing future arrangements to ensure full engagement with the right people. This will include the development of a Partnership Agreement signed off by the Chief Executives of both organizations and a protocol agreement with the Voluntary Sector.

6. What next steps are you taking to meet this local need?

- The DPH leadership role will be to ensure that joint outcomes are agreed and shared across SBC, NHS and include the voluntary sector. This will be planned in the context of the SOA.
- Next steps include identifying target groups, identifying resources and capacity building within both organisations to have maximum impact on service delivery to those most at risk of ill-health.

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