

MEDIA BRIEFING

15.05.16

New report identifies most likely causes of ‘excess’ mortality in Scotland and Glasgow

New research has identified the most likely underlying causes of Scotland’s and Glasgow’s levels of ‘excess’ mortality.

Sometimes referred to in the media as a ‘Scottish effect’ or ‘Glasgow effect’, the excess has been defined as higher mortality in Scotland compared with elsewhere in Britain *over and above* that explained by socioeconomic deprivation. Previous research, for example, has shown that premature mortality in Glasgow is 30% higher than in Liverpool and Manchester, cities with similar socioeconomic profiles and histories of deindustrialisation.

The report, published today by the Glasgow Centre for Population Health and NHS Health Scotland, in collaboration with the University of the West of Scotland and University College London, reaffirms that the principal explanation for poor health in Glasgow and Scotland (as in other societies) relates to the well understood effects of poverty and deprivation (and related factors such as deindustrialisation). And the evidence shows that the additional, excess, levels of mortality are best explained by a greater vulnerability to those factors, caused by a series of historical decisions and processes.

Lead author, Dr David Walsh from the Glasgow Centre for Population Health, said, “Economic policies matter for population health. An assessment of evidence from the post-war period onwards strongly suggests that an historic toxic combination of decades of adverse housing conditions, poor urban planning decisions, UK government Scottish Office regional economic policy, and different local government responses have led to worse health in Glasgow and Scotland than in other, similar, parts of the UK”.

Dr Gerry McCartney from NHS Health Scotland, said, “To address this longstanding issue of excess mortality, we need to take preventative action by learning from the consequences of previous approaches. There is a clear need to target resources at the high level of need highlighted by the report”.

Professor Chik Collins from the University of the West of Scotland said, “Excess mortality in Scotland in many ways reflects past political decisions and the resultant economic and social policies. The regional policies of the 1960s and 1970s in particular created vulnerabilities which were then impacted and exacerbated by later policies of both central and local government”.

Ends

EXCESS MORTALITY IN GLASGOW

WHAT DO WE MEAN BY 'EXCESS MORTALITY' AND WHY IS IT IMPORTANT?

Deprivation and poverty are the main drivers of poor health in any society. However, **mortality is higher in Scotland**, compared with the rest of the UK, even after taking differences in deprivation and poverty into account.



This **excess, higher mortality** is seen everywhere in Scotland but is greatest in and around the post-industrial region of West Central Scotland, and in particular Glasgow.

For example, compared with Liverpool and Manchester, which are cities with similar histories of de-industrialisation and poverty, **premature deaths are 30% higher in Glasgow**.

This higher, unexplained 'excess' mortality has been referred to in the media as a **'Scottish Effect'** or a **'Glasgow Effect'**.

EXISTING RESEARCH SHOWS THAT:

The 'excess' can be seen for many different causes of death and persists after controlling for individual health behaviours such as drinking or smoking.



It appears across social classes but is greater in deprived areas.

It is observed irrespective of the measures of poverty and socioeconomic status used.



EXPLAINING EXCESS MORTALITY

40 potential explanations have been examined, based on evidence gathered over many years

Key to our understanding is the concept of **vulnerability** which has been shown to be important in understanding differences in health between populations.

Glasgow's population has a heightened vulnerability, generated by a series of historical processes which have cumulatively impacted on the city.

These processes include:

Lagged effects of high historical levels of deprivation

Glasgow (alongside other Scottish areas) has endured notably higher levels of deprivation than comparator areas, as evidenced by overcrowding.



The nature and scale of urban change in the post-war period (1945-1980)



Glasgow differed from the comparator cities in terms of: larger-scale slum clearances and demolitions; larger within-city (poor quality) peripheral council house estates; greater emphasis on high-rise development; and much lower per capita investment in housing repairs and maintenance.

Scottish Office regional policy from the late 1950s, including the socially selective New Town programme.

Both industry and some of the population (generally younger, skilled workers, often with families) were relocated to New Towns and other growth areas, away from Glasgow, as part of a wider regional 'modernisation' agenda.



Differences in local government responses to UK government economic policy in the 1980s.

Local responses in Glasgow prioritised inner-city gentrification and commercial development, potentially **exacerbating the damaging impacts** of UK policy on what was already a vulnerable population.



In the comparator cities, however, responses were more likely to have mitigated these damaging impacts, either by slowing them (Manchester) or by mobilising local opposition against them (Liverpool).



Related to this is that Liverpool, compared with Glasgow, has historically higher levels of **social capital** – a protective factor which **places Glasgow at a further relative disadvantage**.

A further key point of understanding is the **inadequate measurement of poverty and deprivation** used to date – which can fail to capture the 'lived reality' of poverty in Glasgow, compared with the comparator cities.

It is likely that unmeasured aspects of deprivation potentially include **a more negative physical environment**, as well as aspects of **educational attainment**.

There are also several smaller, additional factors, the individual impacts of which are likely to be very small, but which can cumulatively affect aspects of population health.

FIND OUT MORE:

http://www.gcph.co.uk/publications/635_history_politics_and_vulnerability_explaining_excess_mortality

Notes for editors:

1. The report, [History, politics and vulnerability: explaining excess mortality in Scotland and Glasgow](#) and executive summary were published on 15 May 2016, and are available to download from the GCPH website. The report synthesises findings from previous research and newly released supporting reports available via the [NHS Health Scotland website](#).
2. This report updates and replaces the [previous synthesis](#) of the explanations for the mortality phenomena in Scotland and Glasgow.
3. Further information on Scottish excess mortality can be found on the [GCPH website](#).
4. The Glasgow Centre for Population Health (GCPH) is a research and development organisation, set up in 2004 to add value to health improvement in Scotland. The GCPH generates insights and evidence, creates new solutions and provides leadership for action to improve health and tackle inequality. The GCPH is a partnership between NHS Greater Glasgow and Clyde, Glasgow City Council and the University of Glasgow, supported by the Scottish Government: www.gcph.co.uk.
5. NHS Health Scotland is a national Health Board working with public, private and third sectors to reduce health inequalities and improve health: <http://www.healthscotland.com>.

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Contact:

For enquiries on Sunday 15th May:

Please contact Dr David Walsh via email: David.Walsh.2@glasgow.ac.uk or by calling: 07500 854 574.

Enquiries from Monday 16th May should be directed to:

Joe Crossland
GCPH Communications Manager
0141 330 1874
Joe.Crossland@glasgow.ac.uk

Web: www.gcph.co.uk

Twitter: [@theGCPH](https://twitter.com/theGCPH)