



**PH Mortality Special Interest Group**  
**7<sup>th</sup> Nov 2019 10am-12noon**  
**Room 5.5, Meridian Court, Cadogan Street, Glasgow**  
**Teleconference available-Tel: 033 3443 3443 Room: 66386542# Pin: 2920#**  
**Chair: Colin Fischbacher**

**Attended (in-person):**

Colin Fischbacher (CF) NSS  
 David Walsh (DW) Glasgow Centre for Population Health  
 Elspeth Molony (EP) NHS Health Scotland  
 Gerry McCartney (GMcC) NHS Health Scotland  
 Jon Minton (JM) NHS Health Scotland  
 Julie Ramsay (JR) NRS  
 Rebecca Devine (RDe) NHS Health Scotland  
 Ryan Hughes (RH) ScotPHN  
 Marlene McMillan (MMcM) NHS A&A  
 Martin Taulbut (MT) NHS Health Scotland

**Attended (by TC):**

Arlene Reynolds (AR) Health Protection Scotland  
 Fred Nimmo (FN) NHS Grampian (in-part)  
 Roddy Duncan (RDu) Scottish Government  
 Sarah Wild (SW) Edinburgh University (in-part)

**Apologies:**

Alistair Hook (AH) NHS A&A  
 Andrew Riley (ARY) Scottish Government  
 Carolyn Hunter Rowe (CHR)  
 Chris Robertson (CR) Strathclyde University  
 Christina Wraw (CW) NHS Health Scotland  
 Clare Campbell (CC) NHS Fife  
 Colin Ramsay (CR) Health Protection Scotland  
 Denise McHugh (DMcH) ScotPHN  
 Ellie Hothersall (EH) NHS Tayside  
 Jim McMeniman (JMcm) Health Protection Scotland  
 Joe Schofield (JS)  
 Louise Wilson (LW) NHS Orkney  
 Lynda Fenton (LF) NHS Health Scotland  
 Nicola Beech (NB) NHS Grampian

<b>Agenda Item</b>	<b>Action/Comments</b>	<b>Resp.</b>
<b>1. Welcome</b>	CF welcomed everyone to the meeting and apologies were noted above.	
<b>2. Notes from previous meeting</b>	<p>The note of the previous meeting was agreed as an accurate record.</p> <p>Notable updates from previous actions:</p> <ul style="list-style-type: none"> <li>• GMcC advised the group a systematic review on the relationship between austerity and the life expectancy trends has been prioritised by the Public Health Evidence Network (PHEN) which should help with getting this work done collaboratively. Jane Parkinson has drafted an initial protocol and David Walsh has checked that this hasn't already been done.</li> </ul>	

	<ul style="list-style-type: none"> <li>An invitation to join the group has been extended to Joe Schofield (Chair of the Drug Research Network coordinated through Stirling University).</li> </ul> <p>Carry over:</p> <ul style="list-style-type: none"> <li>Service Pressures: CW to follow up with Brian Ferguson (leads HE section in PHE) re comparable data across the UK.</li> <li>Discuss coordinated approach of how local boards could be made aware of national press releases before they are released. GMcC to include within brief to SDsPH in December 2019.</li> <li>FN circulated a report around certain members of the group with regards to disparity of male and female deaths in various countries. To be shared with group once initial comments have been received.</li> </ul>	
<p><b>3. Hot Topic: Draft Recommendations</b></p>	<p>RDe provided a general overview of the 'Recent adverse mortality trends: recommendations for action' paper which was circulate pre-meeting. RDe asked the group for feedback on the following:</p> <ul style="list-style-type: none"> <li>➤ General feedback (length, language, structure etc.)</li> <li>➤ Specific feedback on Theory of Change figure (page 4)</li> <li>➤ Specific feedback on each recommendation</li> </ul> <p><u>General feedback</u></p> <ul style="list-style-type: none"> <li><i>The group welcomed the document and thought it was really well done</i></li> <li><i>Create an appendix which focuses on the recommendations through different 'occupation groups'. This could include recommendations for Public Health Scotland?</i></li> <li><i>Highlight at the start that the intention is not to do a costing for the recommendations but it is affordable</i></li> <li><i>Perhaps leadership recommendation (32.) should be more to the forefront of the document</i></li> <li><i>To acknowledge the positives within the UK around work that is currently happening around this – MT to liaise with RDe</i></li> <li><i>If published as standalone paper, more context and background would be required. This decision is yet to be made.</i></li> <li><i>Some recommendations can be viewed as unaffordable, the report could provide suggestions/solutions e.g. raising tax</i></li> <li><i>Possible to frame the Public Health Priorities within the document</i></li> <li><i>Further discussion to take place with regards to publishing/dissemination plan/where the document will land</i></li> </ul> <p><u>Specific feedback on Theory of Change figure</u></p> <ul style="list-style-type: none"> <li><i>Group happy with the figure, no further comments</i></li> </ul> <p><u>Specific feedback on each recommendation</u></p> <ul style="list-style-type: none"> <li><i>R1: Household can meet their material needs</i> <ul style="list-style-type: none"> <li><i>Possible to strengthen the evidence which is cited – links back to previous point around if it's a stand-alone paper.</i></li> <li><i>Relationship between conditionality and sanctioning</i></li> <li><i>Policy making should take into account health – HiAP</i></li> <li><i>Median replacement rates, looking at other EU social security systems – JM to liaise with RDe</i></li> </ul> </li> </ul>	<p>MT/RDe</p> <p>GMcC</p> <p>JM/RDe</p>

	<ul style="list-style-type: none"> <li>○ <i>Links with education, systems working together to support further education – correlation between attainment and income?</i></li> <li>● <i>R2: The inequality of extreme wealth concentration is reduced</i> <ul style="list-style-type: none"> <li>○ <i>No further comments</i></li> </ul> </li> <li>● <i>R3: Public services are able to prevent ill-health and premature mortality and provide timely, quality services</i> <ul style="list-style-type: none"> <li>○ <i>Strengthen the point around avoiding market type incentives and barriers – addressing inverse care law?</i></li> <li>○ <i>Discussions continued around private provision, waiting lists, contracting out and procurement (living wage accreditation etc) – links to point 12. Make the link to the inverse care law and access clearer.</i></li> <li>○ <i>Supporting those not likely to attend appointments rather than penalising for not attending – possible to cite Citizens Advice Scotland work around this?</i></li> <li>○ <i>Technology enabled care link with equitable access to services</i></li> </ul> </li> <li>● <i>R4: The prohibitively high cost of living well is adequately addressed</i> <ul style="list-style-type: none"> <li>○ <i>Strengthen recommendation around food poverty?</i></li> <li>○ <i>Link between this section and meeting nutritional needs – more expensive, less affordable.</i></li> </ul> </li> <li>● <i>R5: Both public and policy-makers are aware of structural drivers of health and well-being, and recent negative impacts of changes</i> <ul style="list-style-type: none"> <li>○ <i>Re-word section 28 – this is work the group is doing</i></li> <li>○ <i>Add a point around making clear to NHS leaders that social determinants of health are key drivers for these trends - consistently of narrative.</i></li> <li>○ <i>Section 30 – move to previous section</i></li> <li>○ <i>Add a point around raising public awareness of this issue – to engage with the public – develop/implement a public engagement strategy?</i></li> </ul> </li> </ul> <p><i>RDe welcomed any further offline comments: <a href="mailto:rebecca.devine1@nhs.net">rebecca.devine1@nhs.net</a></i></p>	<p><b>ALL</b></p>
<p><b>4. Collaborative project updates</b></p>	<p>A spreadsheet with all ongoing projects was circulated pre-meeting for information. The purpose of the spreadsheet is to provide an overview of a project and its lead. The group was encouraged to defer to the list when considering new pieces of work – this will avoid duplication.</p> <p>The group generally discussed some of the projects listed. Key points were noted:</p> <ul style="list-style-type: none"> <li>● MMcM looking at mental wellbeing contribution to the decline in life expectancy – trends across UK nations. The group suggested linking with Kirsty Licence.</li> <li>● GMcC briefed Scotland CMO on the trends and will be presenting to joint CMO meeting in February</li> <li>● Trending monitoring project: GMcC keen to get the graphs into the public domain</li> </ul>	<p><b>MMcM</b></p>

	<ul style="list-style-type: none"> <li>• GMcC looking at doing a summary paper in a high impact journal – approached Sir Michael Marmot and awaiting reply</li> </ul>	
<b>5. Any other updates</b>	N/A	
<b>6. AOB</b>	N/A	
<b>7. DONM</b>	<p>2020 Dates:</p> <p>23<sup>rd</sup> January, Meridian Court, Room 5.5            27<sup>th</sup> April, Meridian Court, Room 5.5            25<sup>th</sup> August, Meridian Court, Room 5.5            24<sup>th</sup> November, Meridian Court, Room 5.5</p>	

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