From: Gerry McCartney
To: Mortality Special Interest Group
Subject: Update on our strategy
Date: January 2020

Background

We have been working with the strategy below since our meeting in April 2019. Many aspects have gone well:

1. We have developed a full research programme to reduce the uncertainties in the evidence base.
2. We have developed a productive collaboration across Scotland, reducing duplication and maximising our impact.
3. We have raised public awareness substantially.
4. We have briefed Scottish Government ministers and civil servants extensively.
5. We have developed detailed recommendations flowing from the work.

Other areas have not progressed as well as hoped:

1. We have been unable to agree a shared narrative across UK agencies on the causes of the trends.
2. The collaboration across the 5 nations on research has been very limited.
3. Our framing and messaging needs further work to get better public and policy understanding.
4. Our engagement with academics in this area has been variable.

Planned next steps:

1. We have work planned to explore how to better frame our messages for public consumption so that we maximise our impact.
2. Our research programme is extensive and will reduce the uncertainties in the evidence base.
3. We have a number of publications in the pipeline which will keep the profile of the work high.
4. We are engaging with UK-wide organisations with a view to gathering their support.

Items for discussion

We would welcome the views of the group on the current strategy and areas that we should revisit or change given the experience to date. This might include:

a. How should we use the next 4 nations workshop which is due to be hosted by us in Spring?
b. How can we further reduce the uncertainties in the evidence base?
c. How can we ensure that there is better shared understanding of the work within Scotland, across the UK and internationally?
d. How can we diversify the voices that are speaking authoritatively on this issue?

A strategy for fulfilling our duties in response to the recent mortality trends and to lead an effective public health response

Gerry McCartney and Lynda Fenton
April 2019

Introduction

There is substantial and growing evidence that we have seen a marked deterioration in the trend in mortality rates since around 2012 in Scotland, and the rest of the UK. We, as a public health community, must (and must be seen to) respond in a timely, proportionate and effective way in order to lead the changes that will protect the population from further harm. Summary mortality measures, such as life expectancy, normally provide an insensitive indicator of population health and well-being. The fact that we are seeing negative trends reflected in overall mortality undoubtedly gives us cause for concern for the health of our population. Although there is work to do to elucidate specific drivers and mechanisms, detailed analyses of the recent trends so far indicate that there are widespread and worrying changes in mortality across several age groups, causes of death, and geographical areas, suggesting that our response is going to require input across the whole spectrum of public health expertise and responsibility. In this strategy we seek to describe how to bring about the necessary changes, and outline the current opportunities and challenges.

What do we want to achieve?

The mortality trends improve (and inequalities narrow), such that there is (at least) 'catch-up' to the previous trends. This would involve improving the rate of improvement back to the rapid improvement rates seen (for example) during the 2000s and the rates of improvement in inequalities seen between the 1950s and the 1970s.

What are the steps to achieving this aim?

1. Recognition that this is the priority public health issue presently, and one of the most important public policy issues across high income countries.
2. Public health advice is consistent, evidence informed and actionable across all relevant jurisdictions.
3. Policymakers (elected politicians and civil servants in legislatures which have powers over taxes, public spending and health policy) understand the causes of the recent trends and the effective actions that should be taken.
4. Local policymakers within councils, health boards, public agencies and practitioners across the public sector understand the contributions they can make to improve the mortality trends.
5. The public are sufficiently well informed such that they support and demand effective actions by policymakers.
6. Effective policy and practice is introduced across all relevant jurisdictions.

Note that it is possible (or even likely) that the policy direction may change to become more, or less, effective at changing the mortality trends due to factors independent to the steps above. For example, policy may change in response to a change in government, a new

recession, or other political or economic events. However, public health can and should play a clear leading role in changing policy given the importance of the mortality outcomes in society.

What are the challenges for achieving this aim?

There are a range of challenges for public health in achieving the overall desired outcome. These are detailed in Table 1 below.

An important early step is to clearly articulate what actions and decisions we are calling on policymakers, public health professionals, agencies, councils and others to implement. At present we have some high level recommendations (e.g. reverse/mitigate the cuts to social security benefits; increase local government funding according to need) but these need further detail and need to be expanded so that all relevant groups and individuals are clear on their own role.

Next steps and tasks

1. Discuss, edit and agree strategy with key informants.
2. Clarify initial requests to 5 nations group (senior involvement in co-ordinating group, collaboration on associated research programme, consistent messages and framing).
3. Formalise the existing 4 nations workshop group, expand as required (e.g. academics, Republic of Ireland).
4. Clarify the analytical work programme, priorities, timescales, tasks that can be delegated, projects for collaboration.
5. Develop a frame and narrative for the work.
6. Develop a clearer evidence-informed list of recommendations.
7. Brief third sector organisations.
8. Brief civil servants and politicians.

Table 1 – Challenges and possible responses

Challenge		Possible responses and suggested approach
Evidence issues	Uncertainties about what is causing the trends	Develop a current position based on 'good enough' evidence
	Lack of clear and actionable recommendations	
	Lack of evidence on the causal pathways	Use examples of evidence that we do have from the existing academic papers
	No shared perspective on how much evidence and data is enough	Do a short summary narrative emphasising the quality of the evidence currently available to support different hypotheses
	No consensus on the evidence base	
	Focus on descriptive epidemiology	Create a shared work programme for PH agencies to collaborate on
	Lack of causal research and hypothesis testing	
Communication and framing	Currently we have either a 'crisis' narrative or 'nothing to see here' narrative	Develop a clear and actionable frame and key messages statement and keep updated [based on duty of care to population; corporate duty to act and knowledge that we will be asked in due course what we did; take the opportunity to lead health improvement]
	No clear understandable and actionable narrative	
	Different messages from different agencies	Develop a consensus statement for public health agencies to sign up to
	Politicisation and polarising implications	Use third parties to warm up decision-makers (e.g. FPH, JRF, Oxfam, Alliance?)
Analytical	Multiple complex projects	Develop a collaborative research programme framework with overall co-ordinating group and secretariat, and project groups for each piece of contributing research. This should involve the relevant agencies within and outside Scotland.
	Difficult to maintain focus and priority	
	Data gaps	
	Difficulties for some organisations to do research on particular aspects of work	
Co-ordination	Lots of duplication within Scotland and between UK nations and beyond	[Not at all sure about how to co-ordinate this in terms of the research collaborations with outside Scotland; and whether/how to involve policymakers in this]
	Lack of clear request of other public health agencies	
Relationships	Within public health in Scotland	Use/build on the existing SIG structure
	With Scottish Government	Building on existing SIG and contacts, brief key civil servants and politicians with newly framed and actionable outputs
	With other UK agencies	Formalising the existing 4 nations collaboration workshop structure

	With academics	Involvement in the research programme and collaboration structure
Time	The work is urgent and important but the team have competing demands on their time	Reduce the competing demands on the team leading on this and others working on it. This will require prioritisation across several agencies, including HS, and taking other work/responsibilities off them.