PRIDE, PREJUDICE AND POLITICAL ECONOMY: UNDERSTANDING AND ADDRESSING GLASGOW’S EXCESS MORTALITY

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Chik Collins, School of Media, Culture and Society, University of the West of Scotland

Ian Levitt, Emeritus Professor, University of Central Lancashire
Abstract

Pride, Prejudice and Political Economy: Understanding and Addressing Glasgow’s ‘Excess Mortality’

This paper reports on work undertaken to account for the deeply troubling divergence in mortality between the cities of Glasgow, Liverpool and Manchester since the early 1970s. It provides a reflection on the interaction between civic pride, central government prejudice and political economy in the post-war redevelopment of the city. Drawing on new, archival research, it is argued that the far-reaching plans to redevelop the Scottish economy which emerged from the mid-late 1950s, and which were crystallized in the 1963 White Paper, *Central Scotland: A Programme for Development and Growth*, together with the response of Glasgow’s civic leaders to its implementation, had profoundly deleterious effects on the City of Glasgow. These effects were appreciated by policy makers from the mid-1960s, and were understood by the early 1970s to be on a dramatic scale with potentially calamitous consequences for decades to come. Nonetheless, there was no significant or proportionate adjustment to the policy which was creating these outcomes, arguably for 40 years. It will be argued, furthermore, that this policy framework generated a heightened vulnerability to the damaging effects of wider political and economic developments after 1979, and that the response to these at city level fundamentally neglected the substance of known problems. In conclusion, it is argued that all of this is consonant with the troubling mortality trends from that time, and also with the specific developments in terms of the causes of Glasgow’s ‘excess mortality’.
Scotland’s ‘Excess Mortality’

• ‘Excess mortality’ in Scotland v’s E&W increasing 1981-2011 – 4.7%-10.6% (after accounting for deprivation);

• ‘Excess mortality’ in Glasgow v’s Liverpool and Manchester – @15% all ages; @ 30% for < 65s; = 4,500 deaths 2003-2007 (controlled for deprivation and deindustrialisation).

• Key points of divergence:
  • 1950s (chronic diseases)
  • 1980s (‘external causes’ – alcohol, drugs, suicide and violence).
Double take: *The Aftershock of Deindustrialisation*?:

Not in any very straightforward way – other deindustrialised areas poorer and doing better, in eastern Europe too.

Collins and McCartney (2011) ‘The Impact of Neoliberal "Political Attack" on Health: The Case of the "Scottish Effect".’

‘The article begins to develop and test … a "political attack hypothesis." It shows … that after 1979 the United Kingdom as a whole was exposed to neoliberalism in a way other European nations were not and, crucially, that the west of Scotland was *more vulnerable* to its damaging effects than other U.K. regions (in terms of industrial employment, housing and sociopolitical culture).’

* Walsh, Taulbut and Hanlon, 2008; Walsh, Taulbut and Hanlon, 2010; Taulbut et al., 2011; Taulbut et al., 2013; Taulbut et al., 2014.*
Other hypotheses (16) and syntheses


Post-1950 divergence: Something at work amidst SDOH ....
“…it is … plausible, that unemployment, more precarious industrial employment, inequality, overcrowded housing conditions and the large-scale reconstruction which resulted in the peripheral council housing estates around Glasgow, Edinburgh and other large Scottish conurbations could be important in providing a causal explanation.”

Post-1980 divergence: Realignment/reconfiguration of SDOH arising from ‘political attack’ …
“…the political attack hypothesis seems … best placed to bring together the most likely structural, cultural and behavioural determinants of health into a coherent narrative which can explain the post-1980 mortality phenomenon”
Current Work

(in collaboration with Gerry McCartney and Martin Taulbut, NHS Health Scotland; David Walsh, Glasgow Centre for Population Health; Ian Levitt, University of Central Lancashire)

Three aspects:

• 1. Developing the concept of ‘vulnerability’;
• 2. Clearance and ‘overspill’ in post-war Glasgow – ‘vulnerabilisation’? (today’s focus);
• 3. Local authority responses to ‘Thatcherism’ in the 1980s – Glasgow, Liverpool and Manchester.

Was Glasgow worse placed to benefit from potential for improved life expectancy after World War II?

Was the process of clearance and reconstruction in the city more likely to have created subsequent problems for health and mortality than the equivalent processes in the other cities?

Might Glasgow’s post-war development have created particular problems of ‘vulnerability’ to the potentially damaging impacts of government policies after 1979?

How might the responses at city level to the latter have operated, either to mitigate these potentially damaging impacts, or to exacerbate them?
‘Vulnerability’

- ‘Socio-ecological systems’ and vulnerability as: “the state of susceptibility to harm from exposure to stresses associated with environmental and social change and from the absence of capacity to adapt” (Adger, 2006, pp.268-269).

- Disasters as ‘surfacing’ vulnerabilities implicit in everyday lives.

- Galea and colleagues: Vulnerability linked to variability in health outcomes.*

- **Model of underlying socioeconomic vulnerability:** Population health = Vulnerabilities + Capacities + Responses to Stressors.

- “Systems at the boundaries of their tolerance” (Schmaulhaussen)

- Kirby (2006): ‘vulnerability’ and ‘globalisation’ – increasing risks while eroding coping mechanisms, and affecting POPULATIONS: “From this social vulnerability no-one can remain immune” (p.640).

- Polanyi (2001) the impact of “sudden social dislocation” on “coherence and sustainability” of people’s lives (Kirby, 2006, p.649).

* Ahern et al., 2008; Galea, Ahern and Karpati, 2005; Hadley, Rudenstine and Galea, 2009
GLASGOW, 1945-1980: A PROCESS OF ‘VULNERABILISATION’?

1918-1955

- Glasgow 1918-1939: Tremendous economic, housing and health problems.

- A ‘contextualised’ view of health – Scottish Office planning departments all based in Department of Health.

- 1939-1945 – Clyde Valley Regional Plan: Focused on Glasgow’s economic and health problems – ‘overspill’ of population and industry to nearby settlements.

- 1945-1955 – Very limited implementation, with opposition from Glasgow (East Kilbride).
1955-1965

• 1955 agreement over Cumbernauld NT and 1957 Act – Glasgow co-operating with ‘overspill’ (NTs and elsewhere) and ‘industrial transfer scheme’;

• Later 1950s-early 1960s: ‘Mission displacement’: ‘modernising’ the economy of central Scotland away from Glasgow – Livingston, Irvine and other ‘overspill’ areas – but using Glasgow as the key labour supply;

• 1961 Toothill Report and the 1963 White Paper on Central Scotland – an ‘assumed normative’ (Parr, 1999);

• Restructuring of Scottish Office departments – planning leaves health …
Toothill and 1963 White Paper

- From ‘overspill’ to ‘redeployment’ – from ‘declining’ to ‘modernising’ areas/industries (Glasgow v’s New Towns);

- Conservative and Labour governments – full weight of ‘joined-up government’ driving agenda for dispersal of population (100k+ planned; 100k+ voluntary) and industry (much of which closes).

- Within Glasgow:
  - Peripheral estates and high rise – ‘going out and going up’ (Checkland, 1976) – traumatic dislocations
  - No-to-low amenity. New Towns: High amenity
1965-1971

Evidence as to damaging impacts on Glasgow; severe social distress clear:

- 1966: “it is true that today we are getting rid of some of our best tenants and are leaving ourselves with this gap, and we are losing the capacity for leadership in the very communities which are creating the social problems” (Hugh Brown, MP, 1966);

1968/9: Decision to locate Scotland’s Community Development Project outside of Glasgow – at Ferguslie Park in Paisley (prescient!) – and pushing ahead;

- 1971 “Glasgow is in a socially, and purely from the city point of view, an economically dangerous position. The position is becoming worse because, although the rate of population reduction … is acceptable, the manner of it is destined within a decade or so to produce a seriously unbalanced population with a very high proportion of the old, the very poor and the almost unemployable … the above factors amount to a very powerful case for drastic action to reverse present trends within the city. [But] there is an immediate question as to how much room exists for manoeuvre.” (1971 SDD Reflective Review of the impact of overspill policy on Glasgow, “The Glasgow Crisis”, emphasis added).

But policy unchanged ….. Moves to designate Stonehouse as NT (1974).
1971-1976

• 1971, Glasgow to improve environment/amenity with government assistance/provisos, to deal with “indescribably squalid” conditions (submission to ministers).

• Continuing/growing awareness of problems as *sui generis*; but acceptance of “unwanted side effects” and concern for “the good repute of those with past responsibility” (1975).

• Emerging focus on deprivation, comprehensive redevelopment and ‘urban policy’ – but located in housing rather than in planning, and lacking a health focus/input (‘decontextualisation of health’).

• Resistance to grasping regional policy drivers (a la CDP!) of the process and *focus on locality*.

*Substantive policy unchanged.*
1976 and After

- Attempt by Bruce Millan to divert resources to Glasgow.
- GEAR Project (CURE Glasgow!), end of formal overspill and abandonment of Stonehouse – Policy change?
- NO! 1977-78: No diversion of resources and prevailing policy continued – ‘modernisation’ in new towns and elsewhere as against ‘declining industries’ in Glasgow.
- Focus for Glasgow on mitigation – giving up on “saving Glasgow”.
- An emergent ‘decontextualised’ view of health – focus on health service provision and behaviours/education;

- Taken forward by Conservatives after 1979 (council housing sales/transfers; individual responsibility for health).

- 1980s: An increasingly ‘decontextualised’ view of health in Scottish Office, but becoming increasingly difficult to sustain entering 1990s.

- Spatial priorities for economic development largely persist until 2003/2004 – when the ‘cities agenda’ is (belatedly) embraced.
Glasgow, 1945-1980: A process of ‘vulnerabilisation’ to impending shock?

- Glasgow loses massive share of population on highly selective basis (“creaming off”); sees its economic infrastructure designated as declining, and otherwise undermined.
  - Radically WEAKENING of city grasped, but no policy change.
  - Produces key VULNERABILITIES (industry, employment, housing, demographic structure) and REDUCES ‘CAPACITIES’ for coping/responding/adapting.

- key causes of death important – ‘external causes’ from early 1990s in particular;
  - Suggestive of ‘dislocation’ and a particular ‘metropolitan culture’ (Simmel) producing outcomes beyond those predicted by obvious vulnerabilities (deprivation and deindustrialisation);
  - Polanyi (1944/2001) the impact of “sudden social dislocation’ on ‘coherence and sustainability” of people’s lives is “the essence of poverty which manifests itself as a form of violence destroying individuals and communities” (Kirby, 2006, p.649).
  - 1945-1979 pushes boundaries of systemic tolerance (Schmaulhaussen) – additional vulnerabilities revealed by ‘political attack’.

- Decisions of late 1970s: problems remediable through social provision rather than economic opportunity produces self-fulfilling argument – blame the people and their chips, and their lack of exercise, and their ‘bevvy’, and their deep-fired Mars bars …

- Not ‘a cultural explanation’ – one that considers the impact upon culture of public policy pursued with some ruthlessness (and later a degree of remorse).
Glasgow, 1945-1980: A process of ‘vulnerabilisation’?

To what extent different from Liverpool and Manchester?

1. At least we are grasping the nature, scale and import of what happened in/to Glasgow – we know what we need to look for;

2. *Prima facie* unlikely that it would be replicated in other cities because:
   a. The conceptual approach (growth poles) seems to have been pioneered in Scotland (Parr, 1999a; Parr, 1999b; Foster, 2001; Foster, 2003; Foster and Woolfson, 1986);
   b. Scotland’s unique system of political/policy control made it possible to be conceived, formulated and implemented with some force (Keating, 1988; Keating and Boyle, 1986);

3. Data emerging indicates differences suggesting that even where changes seem similar, *they were actually different* – e.g. ‘overspill’ less socially selective in Liverpool and more consciousness of potential harms (less ‘assumed normative’).
Was Glasgow worse placed to benefit from potential for improved life expectancy after World War II? Almost certainly. But TBC. Overcrowding and relative experience in inter-war years (Foster, 2013).

Was the process of clearance and reconstruction in the city more likely to have created subsequent problems for health and mortality than the equivalent processes in the other cities? Suspect so. TBC

Might Glasgow’s post-war development have created particular problems of ‘vulnerability’ to the potentially damaging impacts of Thatcherite neoliberalism after 1979? Almost certainly.

How might the responses at city level to the latter have operated, either to mitigate these potentially damaging impacts and offer positive stimuli to health improvement, or perhaps to exacerbate such impacts, leaving citizens exposed to potential harm? Did ‘Glasgow’s miles better’ make Glasgow’s health worse?


