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Your ref: AF/JMcL

9 July 2020

Thank you for your letter of 2 July 2020 raising the continued concerns of your Members.

Given the seriousness of this matter, I have spoken with colleagues at Public Health Scotland and they have agreed to look into this issue further. PHS are able to look at the data for Inverclyde and compare with data from other areas of Scotland to find out how Covid-19 was transmitted in Inverclyde. This would include looking at the first cases with Inverclyde post codes and the temporal relationship with other causes.

Once that work is complete, PHS have offered to engage directly with NHS Greater Glasgow and Clyde to discuss their findings. They can then explore if there were any specific events in Inverclyde during the period in question that could be the subject of further investigation, including potential for genomic sequencing.

We do know that the pandemic is impacting differently on different parts of the country and different population groups. Deprivation profile is a significant contributor to this, which will be of particular significance in Inverclyde. PHS has published a number of papers specifically associated with deprivation and more information can be found on their website: <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-weekly-excess-deaths/>.

There is also a wider body of work on the impact of poverty and inequality on health in the West of Scotland. PHS published a report last week with the Glasgow Centre for Population Health, which looks at pre-COVID progress around the actions set out in the 2016 report [History, politics and vulnerability: explaining excess mortality in Scotland and Glasgow](#).

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The original report reviewed the evidence for the likely causes of the high levels of excess mortality seen in Scotland and Glasgow compared with elsewhere in the UK and made 26 specific policy recommendations aimed primarily at Scottish Government and local government. The new report [Policy recommendations for population health: progress and challenges](#), finds a mixed picture with several positive developments in relation to national and local policy, but also a number of areas where there has been little progress.

As you mentioned in your letter, research is about to commence with the Universities of Glasgow and Edinburgh and the Poverty Alliance to understand how to mitigate the medium to long term impacts of the pandemic.

Hopefully this research can help inform future actions to prevent this from happening again in the future in Inverclyde. As the Health Secretary, I have taken a number of steps to control the spread of the virus across Scotland and prevent this rise in the R number. Most notably, our Test & Protect programme, launched on 28 May, is specifically designed to break chains of transmission in the community. Our expert contact tracers will support the management of outbreaks by identifying anyone who the tested individual has had close contact with. Those close contacts will then be asked to self-isolate for 14 days.

As agreed with COSLA and SOLACE, support will be made available to local authorities via the National Assistance helpline for people who are at risk and do not have people near them who are able to help.

I hope you find this letter useful. I have copied my response to Angela Leitch, Chief Executive of PHS, and I would encourage you to contact her regarding the data study and the Poverty Alliance work.

Kind regards

JEANE FREEMAN