Cabinet Secretary for Health and Sport
First Minister
Deputy First Minister

6 October 2020

SHIELDING COMMUNICATIONS HANDLING

Purpose

To provide the Cabinet Secretary with information on the approach to communications for those at higher risk should they contract Covid-19, and to seek approval of budget to help deliver the objectives of this work.

Links to other submissions

This is the fourth and final submission in a series of submissions to seek approval of a way forward for protecting those at highest risk. This submission is concerned with communications handling in light of the clinical advice and decision to move away from reintroducing full shielding, and the identification of new higher risk groups through the QCovid risk modelling work.

The four submissions, the first of which the Cabinet Secretary has seen are:

1. Clinical advice – NR – 1 October 2020
2. Risk stratification – Orlando Heijmer-Mason – 6 October 2020
3. Support for higher risk groups – NR – 6 October 2020
4. Communications handling – NR – 6 October 2020

The paper sets out some of the communications risks associated with the first three of these issues and the mitigation we seek to implement via communications activity.

Priority

Immediate

Annex A – Information to support decision-making
Annex B – Targeting higher risk groups

Background

1. Clinical advice - all four UK CMOs have endorsed advice emphasising the undesirability of a return to the full shielding that was implemented in March, primarily due to its significant negative impact on both mental and physical wellbeing. The contention is that people who were formerly asked to shield will be protected by measures put in place now that virus transmission and impacts are better known, and by society's combined efforts to suppress the virus. This new approach may cause some concern amongst those most vulnerable to coronavirus, approximately 20% of whom have chosen to continue shielding.

2. Risk stratification - The QCovid model from the University of Oxford is based on actual hospitalisation and mortality data and has significantly changed our understanding of those who are at highest risk. Six months on, there is a vastly improved understanding of the risk factors for severe outcomes from the virus. This means that some people who were not previously asked to shield would be if we were to return to full shielding now. Whilst nobody is going to be removed from the shielding list (unless as a result of a change in individual circumstances), this broadening of the definition of at risk, coupled with significant numbers potentially being added, has clear communications implications, both for the new and existing 'shielding' community.

3. Support - There is a risk that people who were shielding and the general population have an expectation that if we reach a certain 'trigger' point in case numbers and fatalities, there will be a return to shielding. Not doing so could potentially be seen as being reckless with peoples' lives. There is also an expectation that under those circumstances, the same level of support, particularly in relation to food, would be made available again. We will continue to promote health and wellbeing helplines and services through the website and CMO letters.

Explaining why we are not going back to 'full shielding'

4. It is incumbent on us to explain to the existing shielding cohort why we are not asking them to go back into 'full shielding' even as the risk of transmission and case numbers rise.

5. Communications routes include a letter from the CMO, an explanation to be found at government websites, communicated via SMS, and social media. The daily briefings are the first port of call for those on the shielding list and this is a key communications channel for getting this message over.

6. Over and above these routes, it is important that the general population appreciates the harms shielding for a prolonged period can and has caused in order to generate acceptance for the new approach, and to drive home the issue fo shared responsibility to drive compliance. Hence it is proposed that a media-based campaign is developed, leveraging existing press partnerships, potentially based on case studies and real life testimony from those who were shielding regarding the reality and impact it has had. Anticipated budget of £25,000 required for this activity.

7. Terminology is an important consideration in changing the course of the narrative and expectation. As the current clinical view is that a return to shielding is highly undesirable due to evidence of the harmful impact on the shielded cohort, it would be preferable to move away from the term 'shielding'. However, as there is currently no alternative agreed across the four Nations, further UKG-DA discussions on this issue are needed before any decisions or announcements are made. In the meantime, we are referring to measures that may be different for the higher risk groups to those for the rest of the population as 'protective steps' and to the shielding undertaken previously as 'full shielding'.

Helping those at higher risk make informed choices

8. People who were shielding have advised us that the three key things it would be helpful to know in order to help them make decisions are:

- the infection rate in their local community
- the level of risk specific to their health condition(s)
- how to manage risks when resuming day-to-day activities

9. To respond to these needs, and to support informed decision-making, the following package of information is being communicated to those on the shielding list. Please see Annex A for further detail:

- case data at neighbourhood (intermediate zone) level
- clinical tool deriving from the QCovid risk stratification work
- how to mitigate risks in daily life
- which real-life activities have been shown to be highest risk
- information on the increased risk dependent on the increasing number of contacts people have with others by local authority area

10. In addition, we wish to empower those at higher risk to ask people they are considering being in contact with about their behaviours and develop communications that encourage them to have those conversations. Anticipated budget of £50,000 required.

11. We are also aware that some people believed the shielding advice was mandatory. It is important that we emphasise in communications to this group that following the advice is recommended but ultimately the aim is to empower individual decision-making.

Communicating shared responsibility to protect those at higher risk

12. How risk of covid-19 transmission is being reduced by societal intervention and action must also be clearly communicated to the formerly shielded group in particular, a significant proportion of whom are anxious about the perceived and real lack of compliance amongst the wider population and the direct risk this poses to them.

13. Two-thirds of people know someone who was shielding according to recent YouGov polling commissioned by the Marketing & Insight Unit. It is also important to emphasise in communications that we all have a responsibility to protect the most vulnerable, rather than placing responsibility solely on the higher risk groups themselves. Engagement with the Marketing and Insight Unit and Communications colleagues is underway to investigate opportunities to drive general population compliance through consideration of our shared societal responsibility towards those at highest risk. Dialling up this message will be achieved via PR and social media, alongside existing direct routes.

14. Opportunities to consolidate this messaging into existing campaigns to strengthen the messaging regarding protecting those at higher risk who are not being asked to shield are being explored. A new campaign within the We Are Scotland collective responsibility strategy is in early planning stages and this objective and message will be built in.

15. Developing the creative thought from the 'Paint' non-compliance campaign to extend the messaging to the wider population is under consideration. It is anticipated that a budget for campaign development, production and media buying to reach the general population of approximately £300,000 will be required.

Communications channels for higher risk groups

14. User research 91% find the text messaging service 'very' or 'somewhat' helpful. 59% of those on the shielding list are currently registered to receive text messages. This is a rapid and direct route to reaching a large proportion of the existing higher risk cohort, and whilst we are undertaking a recruitment drive to encourage more people to sign up for texts, this channel alone is insufficient to reach higher risk groups, as it currently misses 2 in 5 vulnerable people.

15. The QCovid work has looked at risk factors such as age, ethnicity and BMI, and exploratory work has been undertaken to identify communications channels to reach these audiences (Annex B). Careful communications handling is required around newly identified high risk groups as those emerge from the QCovid work. The first two groups identified and agreed by the CMO are Down's syndrome and stage 5 kidney disease. Communications colleagues are currently working on a press release to go out once the University of Oxford modelling work is published in the British Medical Journal (date to be confirmed). These groups will also be reached directly through CMO letters and SMS, and indirectly eg via family, carers, third sector organisations.

16. Communications to the higher risk groups will be developed to reflect the advice for them at levels 1-3 under the tiered alert system, taking into account wider work around communications for the general population at each of these levels. Any 'circuit breaker' may mean that advice to higher risk groups includes some additional measures over and above those for the rest of the population. This will be communicated in the daily briefing and the wider press release accompanying any announcement. Communications colleagues are developing lines.

Conclusion

17. Cabinet Secretary is asked to note the approach to communications to people at higher risk, and is asked to approve an overall estimated budget of £375,000 to help achieve objectives in relation to protecting people at higher risk.

NR
Shielding Division

Annex A – Information to Support Decision-Making

Case data at neighbourhood (intermediate zone) level

publichealthscotland.scot/covidcasesbyneighbourhood.

- Published at the Public Health Scotland website 2 October 2020 and referred to by FM in the daily briefing 5 October 2020.
- SMS sent to shielding database
- Social media activity on ScotGovHealth
- Q&A for LAs to support calls to National Assistance Helpline

Clinical tool deriving from the QCovid risk stratification work

- Please see separate submission 6 October 2020.

How to mitigate risks in daily life

Staying Safe with Daily Activities

- Emphasises how certain everyday activities can be made safer, for example by choosing quieter times to shop.
- Sent to all on the shielding list via the CMO letter. Also promoted via social media and available on government websites.

Which real-life activities have been shown to be highest risk

- In development based on Test & Protect data.

Information on the increased risk dependent on the increasing number of contacts people have with others by local authority area

- In development with Analyst colleagues.

Annex B – Targeting High Risk Groups

Risk Group	Media Targeting Solution
75+ Audience ***(Typically difficult to identify digitally as less likely to be online at scale)***	• The current media mix for the main campaigns include radio and TV alongside the press partnership which will all be efficient for this audience – ensuring they've seen core messages – specific messages for this audience would probably be best suited in print and on STV. • Pharmacy panels could also work for this audience as they're more likely to visit regularly/have repeat prescriptions. • Contact those on the SMS database in the 70+ group. • Investigate segmentation of age criteria against CHI data and mail CMO letter. • Consider website partnership with Age Concern or other relevant organisations.
BAME **(Individuals classified as coming from BAME groups are difficult to target with mainstream media without a high level of wastage. The assumptions made aim to provide an efficient way of targeting, but do unfortunately rely on assumptions)**	• Starting with the up-weights that have been running for both FACTS and Test and Protect – activity has been targeting BLM & Islamic Interests on Facebook/Instagram and therefore, wastage will exist. • FACTS – the BAME audiences have under-performed vs. all adults with a CTR of 0.45% vs. 0.53% for all adults and a 39.22% VTR vs. 42.18%, indicating an opportunity to target which could be less efficient. • For the Test and Protect activity - FB/Instagram (App Install) and the two phases of Test & Protect, the link click rate has always out-performed the all adults audience. However, the costs are higher due to the reach, which causes increases in frequency as well. • Media team feels that results do vary and that there is scope to continue with this targeting but test more targeted messages – e.g., calling out that BAME audiences have a higher propensity to be affected. • Proposing targeting around specific events, e.g., creating a plan for Eid which included 2 further platforms which we'd expect to perform better as it's more relevant. • Mobsta can be used to run postcode targeting for where there were high indexes of BAME communities (using Urban Analytix data) and use GPS data to target these locations. This ran ahead of Eid and the click-through-rate was above benchmark with a very relevant message (0.22% vs. 0.10%) and native ads worked best – driving a CTR of 1.0%. • MiQ for Eid drove a CTR of 0.17%, so slightly lower than Mobsta, though their CPMs are lower therefore factors in the benefit of reach/awareness increase from lower costs. MiQ focused on more contextual targeting as well as audiences who had previously visited

	certain websites e.g. Pakistan Times. (Both platforms have a £5,000 per month minimum spend). • Use Google's custom audience builder to target minority audiences based on the following criteria: Specific websites visited Interests (based on online activity e.g. views a lot of pages surrounding Judaism) Apps used, places been e.g. charity shops, cultural venues, mobile homes, social service providers. This level of data is invaluable to reach minority audiences without increased costing or having to go too contextual. • Segment audiences by demographics to further interpret which audiences are responding better/which audiences need to be upweighted. • Display can be used to target those on sites specific to each minority group e.g. Times of India, Islam Online and Black Net – MiQ. • Target ethnic minority audiences on DAX predominately in the wider Glasgow area, with Sunoh, Sunrise, Punjab, Radio Ramadan. • Outdoor might work in over-indexing areas but there would be wastage as a consequence.
Individuals with a High BMI Profile **(Challenging to target effectively as there are few indicators to isolate individuals from the wider population)**	• Ogury (in-app advertising specialist) could target those with high frequency use of fast food apps (£5k minimum spend). • Target websites like Slimming World or Weight Watchers – would potentially have to go through MiQ and therefore, would have a £5k minimum spend. • Investigate segmentation against CHI data to target those on the SMS database. • Consider segmentation of CHI data to identify those with a high BMI as identified in their NHS data (if possible – to be investigated) to allow for targeted mailing from the CMO. • Specific messages via SG Social Media channels.
Individuals living in deprived areas	• Skyrise – a product from Regital looks at data of those who have high likelihood of being from low income – could be things like high app usage of payday loan app/visiting debt advice websites. This would identify who geographically index highest for those audiences and map out targeting to hotspots. The minimum spend would be £30,000 which would prove to be a cost prohibitive solution. • A door drop in key areas based on the index but this could be a higher cost solution depending on the reach required. • SMS service can target those individuals on the database against the 10 SIMD criteria. • Index against postcode data CMO letters containing further advice beyond the general population guidance. • Partner with local community based groups website who support individuals in areas of SIMD. • Consider SG social media sources with specific messaging.