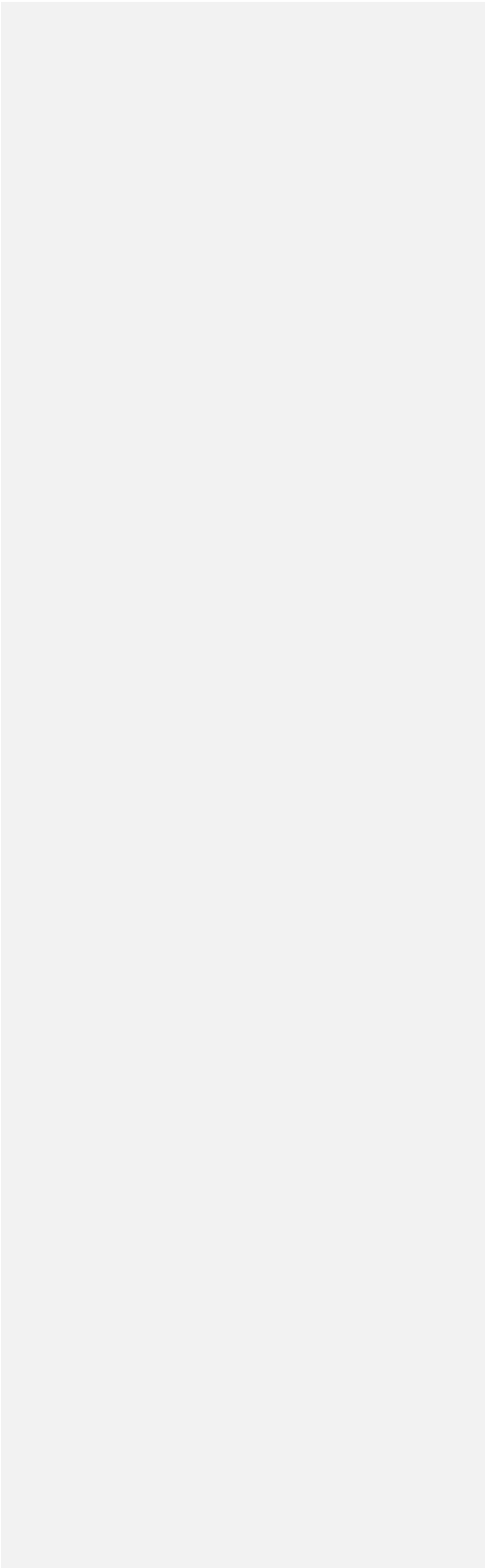


Digital Inclusion Strategy

Contents

- 1. Version Control & Document management 2
- Introduction 3
 - 1.1. Definitions 4
 - 1.1.1. Services and products 4
 - 1.1.2. Digital inclusion/exclusion 4
 - 1.1.3. Inclusive Digital Transformation 5
- 2. Where are we now? 5
- 3. Where would we like to be? 6
 - 3.1. Our Vision 6
 - 3.2. Safeguarding considerations 7
- 4. How will we get there? 7
 - 4.1. Work streams 7
 - 4.2. Engagement and success measures 9
- 5. Our Roadmap 10
 - 5.1. Roadmap updates 11
- 6. Appendices 11
 - Appendix 1. Options appraisal 11
 - Appendix 2. Usability and Accessibility Tools 11
 - Appendix 3. Digital Alternative Tools 11
 - Appendix 4. Digital Inclusion Interventions, and Assisted Digital 11
 - Appendix 5. Understanding User Needs 11



1. Version Control & Document management

Version	Author(s)	Summary of the changes	Date
3.0	Rebekah Evans / Sam Jeynes	Revisions to earlier drafts (and iterations following digital team review)	10/09/21
3.1	Rebekah Evans / Sam Jeynes	Updates following DPWG presentation, incl to section 4 - Vision statement	15/09/21
3.2	Rebekah Evans	Updates to 4.1 Additions to section 4.2 – approach to embedding and measurement (and formatting changes) to address feedback from Digital Delivery Board & CCG Exec team.	15/10/21
3.3	Samuel Jeynes	Review and update of all sections	26/10/21
3.4	Rebekah Evans	Update on Safeguarding following Nursing & Quality team feedback. Comments based on progress of last quarter, see changes to timelines required in 4.2. New section on Roadmap updates 5.1, also added.	21/02/22
3.5	Samuel Jeynes	Add update regarding related plans for 'Digital Change Agents' and Healthwatch ageing well work	05/05/22

Version	Governance	Decision / Comment	Date
3.0	Digital Population Working Group (DPWG)	Shared for input and feedback	06/09/21
3.1	Digital Delivery Board (DDB)	Feedback provided; Sign-off agreed	21/09/21
3.2	CCG Exec Team	Partnership board seminar requested Update on progress requested in two months' time	22/09/21
3.5	Digital Population Working Group (DPWG)	Shared for 12-month review and feedback	03/10/22

Introduction

Digital products and services can improve health and care services for the 92%¹ of adults in the UK who have the digital access, skills and confidence to use them. The adoption of digital solutions has shown improvements in patient safety, patient outcomes and improved efficiency, such as reductions in cancelled or unattended appointments (DNAs) across a variety of settings. However, a significant portion of the UK population are not digitally active – due to a range of complex barriers and issues – and are not necessarily able to utilise digital solutions that may be of benefit to their health and care journey.

The purpose of this strategy is to make addressing digital exclusion more straightforward and so become part of the standard project practice across Healthier Together (HT) organisations and should be applied while there is a risk that at least one person may be unable to access a service via a digital platform due to digital exclusion.

The scope of this strategy is to address digital exclusion with public-facing digital healthcare products and services initially. Our longer-term aspiration is to extend this work to address digital exclusion experienced by our staff when using digital platforms at work. In order to help colleagues tasked with implementing public-facing digital products, this strategy will be accompanied by documents containing practical tools for teams to apply to their projects, covering various relevant areas/specialisms that impact digital exclusion.

“The power of the web is in its universality”

Tim Berners-Lee Director of the World Wide Web Consortium (W3C)

¹ https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/LB-Consumer-Digital-Index-2018-Report.pdf

1.1. Definitions

1.1.1. Services and products

Throughout this document, reference is made to digital services and products. The Service Design book 'Good Services', defines services as "simply something that helps someone to do something" (Downe, 2020).

Digital products are often utilised in order to deliver or improve a particular service within healthcare. A plethora of digital products exist today, including:

1. Wearables and monitoring technology
2. Appointment booking (and other transaction services, such as prescription ordering services)
3. Remote triage consultation and communication tools (such as accuRx and Attend Anywhere)
4. Access to shared care records and plans
5. Apps (from Nationally products such as the NHS App and NHS Covid-19 App, to privately developed and licensed Apps like 'Brain in hand' and 'Hear me now', which supports people with Learning Disabilities' in a range of contexts).

Various reports² have shown positive links between adoption of these technologies and improved patient care, whilst also reducing strain on health services, even several years before¹ the Covid19 pandemic largely accelerated adoption of technology to support minimising face to face contact during several National lockdowns.

1.1.2. Digital inclusion/exclusion

'Digital exclusion is about not having the access, skills and confidence to use the internet and benefit fully from digital technology in everyday life.'

To be digitally included, people need the right access, skills, confidence, and motivation to use these digital services or products. The barriers to digital adoption affect a wide range of people from diverse socio-economic backgrounds. Age, employment status, level of education, language, geographical location, and homelessness are just some of the social indicators around digital exclusion. The latest progress tracking against the UK Government's Essential Digital Skills framework was published in 2020. This found that 9 million people are unable to use the internet independently and a further 2.7 million can use the internet but lack all the essential digital skills for life.

As digital technology becomes more commonplace – and in many cases the 'default' means of service delivery – digital exclusion must be addressed to avoid a society in which health inequalities are even further exacerbated; for those that are digitally excluded due to being locked out of using digital health tools and services. This reflects access barriers (not having a suitable device or connectivity); personal motivational barriers; and skills, confidence and trust barriers (lack of digital literacy which may overlap with lack of health literacy).

'Digital exclusion in a digital world is a health inequality challenge: it reflects, creates and compounds health and wider inequalities. There is no single or silver bullet solution.'

'Digital inclusion' activity looks to retroactively lessen citizens' exclusion from **existing** digital tools or services, which have already been designed and deployed in a way that has not addressed this exclusion.

² <https://www.goodthingsfoundation.org/wp-content/uploads/2021/04/DigitalInclusioninHealthandCare-LessonslearnedfromtheNHSWideningDigitalParticipationProgramme2017-2020.pdf>

1.1.3. Inclusive Digital Transformation

‘Inclusive digital transformation’ is about designing and building digital services to meet users’ needs; making things easy to use and meeting accessibility standards as part of the initial product design to be wholly inclusive.

Inclusive digital transformation isn’t only about the technology - but also about ensuring business processes meet the needs of staff and that our staff have the knowledge, skills and confidence to assist users accordingly.

The definitions of digital inclusion and inclusive digital transformation are further outlined in Figure 1:



Figure 1 – Digital Inclusion and Inclusive Digital Transformation

2. Where are we now?

BNSSG has a population of around 1 million people across three local authorities, which are further split into six localities. The population of each locality has unique demographics, some of which are known to affect digital exclusion such as socio-economic levels, age and registered disabilities³. Encouragingly, organisations that the HT Digital Team have engaged with have displayed an appetite to address digital exclusion, albeit somewhat independently from one another. To address the disparate nature of digital inclusion efforts, the strategy encourages collaborative working to address the four common causes of digital exclusion. Below are examples of the multiple Digital Inclusion schemes being run discretely and concurrently in the ten partner Healthier Together organisations, as well as many of the BNSSG voluntary community and social enterprise (VCSE) organisations.

³ https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/LB-Consumer-Digital-Index-2018-Report.pdf

Baseline data and insight

Quantitative data example projects

- North Somerset Council described an approach of 'stitching' related data sets together to build a picture of likely digital exclusion, to inform a recent bid for funding. Their work allowed information such as employment status or education/qualification level to be considered a risk factor that indicates higher likelihood for digital exclusion
- Bristol City Council have undertaken an internal stakeholder engagement process and mapping exercise to consolidate and coordinate internal digital inclusion activity.

Qualitative insight example projects

- Commissioned research undertaken in South Gloucestershire Council reflects trends in national data, particularly in terms of the socio-economic factors that increase risk of being digitally excluded, such as age and disabilities
- Many organisations informing work through surveys, door to door canvassing (Wellspring, Knowle West Health Park, South Gloucestershire Council), commissioned research and or are informed by CCG organised listening events (Sirona).

Skills and training initiatives

- It is well understood that skill and confidence levels vary across both professional staff and citizens in the community. It is also well understood across BNSSG that device provision alone is not a sufficient means of tackling digital exclusion – that also removing barriers around confidence, skills and training is vital to a successful approach.
- There are a number of skills and training initiatives being conducted across BNSSG, including Sirona health care app pilots and library support schemes.

3. Where would we like to be?

3.1. Our Vision

Create an approach that enables all our citizens to be digital included, so that digital can have a positive impact on their health, wellbeing – and ultimately their life.

Our vision is in line with the Healthier Together Digital strategy, which recognises the role of digital access to services as fundamental to improving system efficiency and patient experience, for those that can be supported to access and use them.

To succeed in delivering this vision for digital inclusion in BNSSG, (at an ICS level) we must support all partners and provider organisations to have a clear understanding of how to undertake activity that will, when appropriate, measurably improve digital inclusion within their relevant services or pathways. We will do this through a combination of distinct work streams, aimed at:

1. Arming our teams with the information needed to make informed decisions within their projects
2. Building stronger, systematic links between health, care and community assets that are pivotal in providing support in the community to those who need it
3. Increasing our system-wide project teams' awareness of digital best practice (from assisted digital to accessibility standards), and support leadership to build capacity and resources to address this systematically as part of every project with a digital element.

3.2. Safeguarding considerations

- Any project work seeking to help reduce or improve digital exclusion must be mindful of scenarios or circumstances in which it may not be appropriate to encourage individual(s) to be more digitally engaged. Poverty alone does not drive exclusion, but also learning disabilities, mental capacity, certain illnesses such as dementia.
- There are many circumstances which may make it less appropriate to encourage independent, online activity. For example, particularly where it might put a person at greater risk, due to issues such as scams, fraud, or financial concern because of their online activity.
- Digital inclusion work must also focus on how to support those for whom going online is not the most appropriate route, to prevent reenforcing a two-tier society when it comes to digital access and its benefits.
- We need to use digital inclusion projects as a way of promoting real-time feedback, and inclusive co-design/engagement from a diverse range of users.

Useful contacts within the CCG on Safeguarding: Paulette Nuttall & Anne Fry.

4. How will we get there?

4.1. Work streams

The Digital Inclusion Roadmap (Figure 3) looks at the following three distinct strands of work that would be suitable for Healthier Together organisations to collaborate on in order to address digital exclusion in BNSSG.

1. **Data & Insight:** Use existing and new data to find who is likely to be at risk of digital occurs and which barriers are most likely to be impacting that population cohort.
 - a. **Collate existing resources:** Share useful existing resources relevant to teams, e.g. when needing to factor this into the existing equality impact assessment (EIA) process.
 - b. **BNSSG Digital inclusion data map:** A project with CCG Business Intelligence (BI) using population health management data to produce a more recent and local map view of digital exclusion risk, using age and deprivation determinants initially. For iteration and improvement with clinical teams.
 - c. Share work with UWE and collaborate on upcoming research project(s) looking at digital inclusion, e.g. health and care staff motivation towards digital tools
2. **Support routes (with Access, Skills, Training & Motivation):** This work streams focuses on building more consistent, system-wide links to **existing** routes to support with digital (such as community-based support, equipment lending, connectivity, and training)
 - a. **Map public facing assets:** Ambition to have a centralised means for VCSE, NHS and local authority staff to view available digital support details (i.e., where in BNSSG, when, transport requirements, etc.)
 - i. This direction has also been recognised by other areas, such as Norfolk & Waverley. We will network with other ICSs/Trusts to build on existing insight/requirements relevant to achieving a digital inclusion map and signposting service.
 - b. **Training and Volunteer support:** Improve digital health service support and training for community volunteers ('digital health champions') in Local Authorities and VCSE to be able to make every contact count, by assisting the people they meet.

- i. Note regarding device loaning: The majority of device and connectivity provision is led by councils. A small number of pilots are being run by health care organisations (e.g. Sirona) but overall, the remit for device loaning continues to lie with our councils
- c. **Library/Community link projects:** Assist people that have been supported to use health care digital apps by health care organisations to transition into using community digital support.
 - i. Healthwatch Ageing Well pilot will tackle the current exclusion felt by older adults, from the advantages and opportunities available to others who access their health information and support digitally. Key to the approach is to engage in coproduction with older adults about their needs around digital health app access, and to engage 50 volunteers who we call 'digital champions' and to enlist them as peer mentors. The work will be coordinated by 3 FTE workers across the BNSSG, and call on tried and tested skills Healthwatch already has around volunteer recruitment, communications and admin support.
 - d. **Digital champions – Front line staff:** Training for our workforce to use digital technology in their work and to support people in a specific service or pathway to access healthcare via digital means.
 - e. **Digital Support in Social Care** – employing digital support roles to provide ongoing digital support to social care and primary care. This will raise the digital readiness of social care organisations to be able to use the digital applications currently in use across primary care.
- 3. **Digital Tools for teams:** Create a digital inclusion framework for all HT organisations to work towards, featuring best practice existing resources and practical tools for teams that cover the following areas:
 - a. **Interventions & Assisted Digital:** Work-plan approaches to interventions or service changes that better support those experiencing access, skills, confidence or motivational barriers (includes both methods to get the willing online and non-digital fall backs for those who can't and never will adopt digital).
 - b. **Inclusive Design Tools**
 - i. **Understanding User Needs and User-centred Design:** How to build the business case for user-centred design and ensure future transformation is inclusive from the outset, whether building, buying or commissioning digital products
 - ii. **Usability and Accessibility:** This looks at how well a given digital tool or product meets best practice and is scored against five key areas: ease of learning; efficiency of use; memorability; error proneness (lower better) and user satisfaction. A combination of good design and robust development, accessibility looks at how well a product has been designed for its audience and includes aspects such as visuals, language level used and consistency.
 - iii. **Alternatives to Digital:** Guidance that helps consideration of offline support or alternatives for those people without digital capability or access.

These three focus areas align with the practical responses reported in Good Things Foundation Digital Exclusion Briefing Paper (August 2021)⁴:

1. better data and understanding (1 – Data & Insight)
2. supporting remote access to services in health (and more widely) (2 – Improving routes to support)
3. inclusive design and resources (3 – Inclusive Design Tools)

⁴ [Good-Things-Foundation-2021—Digital-Exclusion-and-Health-Inequalities-Briefing-Paper.pdf \(goodthingsfoundation.org\)](https://www.goodthingsfoundation.org/good-things-foundation-2021-digital-exclusion-and-health-inequalities-briefing-paper.pdf)

4.2. Engagement and success measures

Engagement to embed this strategy: We will develop a healthcare provider, VCSE and local authority engagement plan. Through this we will continue to engage with HT partner organisations, to share our vision and strategy for a more coordinated and collaborative approach. We recognise that this is the start of a journey; we seek partners' input and feedback to inform iterations and improvement to our work in this space.

Health and social care provider engagement focuses:

- Late Nov/early Dec 2021 workshop:
 - Introduce our work to date on Digital Inclusion
 - Discuss the strategy and work streams (with particular focus on the 'Digital inclusion Interventions' (using learning from DiHIP project) and 'Tools for teams')
 - Consider reasonable actions/activities within provider organisations' teams (individually or collaboratively)

VCSE & Local authority engagement focus:

- October 2021:
 - Re-engage colleagues consulted in the early stages of this work and share strategy materials produced to date
- Hold a workshop to get inform further development of activities in each work stream (with particular focus on the 'Data & Insight' and 'Support routes')

Measuring success: We consider success measures in two ways for this work:

1. For the digital inclusion strategy as a whole
 - Success will be measured in part through level of engagement with partner organisations, and the extent to which that engagement enables us to iterate and improve on our initial approach.
 - Planning stages: Number of projects considering digital inclusion (where relevant) at EIA stage
 - Long term: Requires further consideration
2. Within each work stream
 - Data and Insight
 - Short term: Clinical teams' involvement to iterate BNSSG Digital inclusion data map.
 - Long term: This work steam, in collaboration with the ICS BI/Data team, holds central data about digital usage in projects (e.g., through surveys or quantitative data)
 - Support routes
 - Short term: Measured on a quarterly basis through feedback from partner organisations, uptake and platform usage for Digital Health Champion project, Library link project through Sirona led surveys.
 - Long term: Success measured through usage analytics of digital inclusion map/signposting service.
 - Digital Tools for teams
 - For further consideration - still in development
 - Digital inclusion interventions:
 - Patient satisfaction and digital skills/attitude measures (pre and post intervention)
 - Data capture about digital usage over time (feeds BI & Data aims)

Commented [EB(BNSASG1): Date need updating, digital team capacity impacted on our ability to progress to these timescales.

Suggest this is done with Sam Jeynes and TBD new lead introduced to digital inclusion (Colette?) so they can plan realistic dates.

5. Our Roadmap

This roadmap was first drafted in Sept 2021 using a trail version of Roadmunk.

		QUARTERS (START DATE)					
		Q1 2021	Q2 2021	Q3 2021	Q4 2021	NEXT	FUTURE
INITIATIVE AREA	STRATEGY	<ul style="list-style-type: none"> Research: National guidance System-wide engagement: Baselineing current DI activity Options appraisal to inform priority activity 	<ul style="list-style-type: none"> Draft Strategy DPWG Approve Strategy DDB Presentation of Strategy 	<ul style="list-style-type: none"> Update to VCSE & LA stakeholders Review with Inclusion Council 			
	DATA & INSIGHT	<ul style="list-style-type: none"> Identify Existing Resources: CRDC Open Data Maps 	<ul style="list-style-type: none"> PHM/BI Work request 	<ul style="list-style-type: none"> UWE Led Research Project: Digital tools & Staff motivation 			
	ACCESS, SKILLS & TRAINING	<ul style="list-style-type: none"> Digital Champion Volunteer project: MOU & Engagement Adopt Healthwatch materials 	<ul style="list-style-type: none"> Council Library Leads & Sirona pilots collaboration Digital Champion Volunteer Project: Training starts - BNSSG 15 seat pilot 			<ul style="list-style-type: none"> Digital Champions: Front line staff - Phase 1 (Definition) BNSSG Access & Support Asset map 	<ul style="list-style-type: none"> Digital Champions: Front line staff - Phase 1 (Roll out)
	TOOLS FOR TEAMS FRAMEWORK	<ul style="list-style-type: none"> Tools Framework - Phase 1 (Definition) 	<ul style="list-style-type: none"> Tools Framework - Phase 1 (Drafts) NHSX Funding Opportunity (Cancer/MSK) Tools Framework - Phase 1: Establish Cross provider feedback group 	<ul style="list-style-type: none"> Tools Framework - Phase 1 (MSK Test Bed) Tools Framework - Phase 2 (Revisions based on MSK feedback) Tools Framework: Evaluation approach Tools Framework - Phase 2 (HT Outpatients test bed) 			<ul style="list-style-type: none"> Technology Enable Care Collaboration

Figure 2 - Digital Inclusion Roadmap

5.1. Roadmap updates

The following need to be considered alongside changes to digital team capacity during Q4 2021 and Q1 2022:

- Re-map original activities to realistic timescales, based on available capacity. Remove / Backlog areas that have been postponed or deprioritised.
- Tools for Teams: Reduce scope where high level initial versions would be sufficient to enable more sharing and feedback from wider CCG, and other BNSSG provider and partner teams.
- Comms and Engagement: Detail plan to share, gather feedback and iterate DI approach collaboratively with HT/CCG teams, BNSSG wide providers and partners (defined in section 4.2 but wasn't included on original roadmap)
- For future projects aiming to work with excluded groups, consider charity partners. E.g. Age UK – very experienced with the vulnerable, safeguarding, digital scams and and SCIE (Social Care Institute of Excellence).
- Look to include Health / Education collaboration projects
- Digital support for care homes and GP practices to share information digitally via interfaces such as MS Teams, NHS Mail, EMIS Proxy

6. Appendices

Appendix 1. Options appraisal

Appendix 2. Usability and Accessibility Tools

Appendix 3. Digital Alternative Tools

Appendix 4. Digital Inclusion Interventions, and Assisted Digital

Appendix 5. Understanding User Needs

Commented [SJ2]: To be completed when Digital Tools for Teams are available

Commented [JC3]: MSK / Prostate cancer pathways to develop

Commented [EB(BNSASG4R3)]: Assisted digital is slightly different. This is pilot/intervention or support model guidance.