Report author: Hannah Davies

Tel:

Report of: People's Voices Group

Report to: Leeds Health and Wellbeing Board

Date: 16th September 2021

Subject: Digital exclusion

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The Covid-19 pandemic meant that a significant transformation has taken place in terms of how people can access health and care services, with a much stronger focus on non-face to face and digital access. The Communities of Interest network partners have identified digital exclusion as one of the key issues facing communities in terms of health inequalities. This item will look at the recommendations made a year ago by the People's Voices Group and hear from health and care providers about how they have addressed this key inequalities and access issue. Recommendations can also be found in the 2020 report 'Digitising Leeds: Risks and Opportunities For Reducing Health Inequalities in Leeds' which has been included as appendix 1.

Recommendations

The Health and Wellbeing Board is asked to:
- Link with their Communities of interest ally in preparation for this item to understand how digital exclusion is currently impacting on the communities they work with
- Consider and discuss the actions taken as a health and care system towards addressing digital exclusion
- Consider and discuss any additional steps which should be taken

1 Purpose of this report

1.1 The Covid-19 pandemic meant that a significant transformation has taken place in terms of how people can access health and care services, with a much stronger focus on non-face to face and digital access. This item will look at the recommendations made a year ago by the People's Voices Group and hear from health and care providers about how they have addressed this key inequalities and access issue.

1.2 An important part of the Health and Wellbeing Board's Allyship Programme is to ensure the Board's work plan is shaped by the experiences and insight of our Communities of Interest. This paper demonstrates this commitment and seeks to better inform the Board's decision-making processes.

2 Background information

2.1 The Covid-19 pandemic meant that a significant transformation has taken place in terms of how people can access health and care services, with a much stronger focus on non-face to face and digital access and delivery.

2.2 Early on in the pandemic, the People's Voices Group (PVG) started to hear through their various engagement mechanisms (but in particular through the Covid Weekly Check In listening programme) the impact this was having on people, and particularly those facing the greatest health inequalities. A specific PVG working group formed from across all health and care services to bring together the intelligence that we were hearing. In July 2020, the PVG published their first report, *Digitising Leeds: Risks and Opportunities for Reducing Health Inequalities in Leeds.*

2.3 The report highlighted key stats, factors affecting digital inclusion, positive and negative impacts of the move to remote services, a framework to support organisations in their thinking and planning around this issue, and a set of recommendations for the city and for individual health and care organisations. The main headlines are as follows.

2.4 Current figures show:
- Tens of thousands of adults in Leeds
- 25,000 are not online at all
- 25% of council housing tenants are not online

2.5 Factors which make people particularly likely to experience digital exclusion include:
1. Poverty
2. Age
3. Literacy and communication preferences
4. Skills and motivation
5. Precarious lifestyles
6. Privacy
7. Disability and specific conditions
8. Trust in IT

2.6 Summary of findings:
- Digital is not "one size fits all".
- Some groups face significant barriers to accessing services digitally.
- People told us they want digital to enhance rather than replace services.
- For parts of the population digital works really well for some interventions, although it is not the best medium for others.
- Some platforms work for some communities and not others.
- Digitisation should take a person-centred approach and needs to be considered in partnership with the Accessible Information Standard requirements.
- There needs to be a city-wide approach to tackle the issues raised.
- People's experiences of digital are constantly evolving and their changing needs should be understood on an ongoing basis in the planning of services.
- Health and care staff need tools, support, and training.

2.7 Recommendations made for health and care leaders:

1. Use this insight to build on the existing city-wide approach to digital inclusion

2. Develop city-wide metrics to measure how digital inclusion work is progressing.

3. Build digital inclusion into city-wide staff skills development programmes.

4. Consider how the city's existing physical spaces and resources can be utilised to improve digital access for people who need it most and identify where investment is required to support our poorest citizens first.

5. Continue to extend the role that the third sector plays in providing personalised support to the people in Leeds who are most vulnerable to digital exclusion and what resources they will require to do this.

6. Set local standards and expectations that service users can expect of all providers in terms of use of data.

7. Develop a resource for the public in Leeds around their choices when it comes to using digital services so that a single, consistent approach is developed across health and care organisations in Leeds.

8. Develop a toolkit for frontline staff to support them to understand when digital is the right medium to deliver an intervention and help them understand the issues related to barriers to access.

9. The Leeds Health Observatory to update the JSNA to identify risks to digital exclusion, with the aim of supporting agencies such as primary health care to tailor their approach to local needs.

10. The Leeds Safeguarding Adults Board should consider the implications of digitisation on safeguarding policy and procedures and amend them accordingly.

2.8   Recommendations made for individual organisations:

1. Organisations to draw up their own Digital Inclusion strategy.

2. Share the report with all relevant staff and access how it relates to their work, so that good practice is identified and shared, and proposals for change can be drawn up internally.

3. Consider whether they would be willing to serve as a digital inclusion case study so that their best practice, challenges and positive changes can be shared with organisations and decision makers across the city.

4. Assess how the digital inclusion agenda can progress in tandem with the existing work around the Accessible Information Standard.

5. Identify where: further engagement work is required to gain a deeper understanding of the issues in Leeds and identify actions, patient/service user insights can be gathered on a routine, ongoing basis.

3   Main issues

How has the city responded?

3.1   An action plan was developed by the StaR (stabilisation and reset) group in response to the report as focusing on taking a place-based approach to this issue. Middleton and Beeston LCP was selected to develop this 'blueprint'. Recommendations made by StaR can be seen within appendix 2.

3.2   Additional funding from the CCG was also allocated to ensure that the health focus of the 100% digital team would remain. Over the last year this has included the expansion of digital hubs in the community; continuing to embed digital inclusion within the Personalised care programme; rolling out digital health champions; continuing the dementia pathfinder work and developing digital inclusion networks for specific communities of interest

3.3   100% Digital Leeds is tasked with delivering on some of the recommendations outlined in the report. The 100% Digital Leeds programme is led by a team in Leeds City Council, working with partners to make Leeds the most digitally inclusive city for everyone. The 100% Digital Leeds team acts in a leadership capacity to catalyse, enable and support the process of systems-level change.

3.4   100% digital has a focus on enabling digital health participation and reducing health inequalities and a number of their key initiatives are as below:

*   [A place-based approach to enable digital health participation, in partnership with Beeston and Middleton Local Care Partnership (LCP)](#) – In direct response to the Healthwatch Leeds 'Digitising Leeds' report, working in partnership with the LCP to develop and test a place based approach to enable digital health participation with the aim of reducing health inequalities, and removing barriers to delivery and subsequent inclusion in digitised health and care services.

Impact and outcomes to date within Beeston and Middleton LCP include:

- o 300+ Digital Champions trained across organisations and services working in the Local Care Partnership footprint, across community organisations and health services
- o £500,000 of external funding secured for partners working with people locally, to support digital inclusion initiatives including connectivity, devices, staff capacity, and programmes of activity
- o Approximately 200 tablets with connectivity provided to digitally excluded people locally, enabling them to access services and develop their digital skills
- o Approximately 40 key staff at Leeds Community Healthcare trained to cascade Digital Champions training across the organisation, support services to be delivered in a more digitally inclusive way, improve referrals and work more closely with the third sector. Developing a digital champion network within LCH to embed digital inclusion within the service.

- Digital Health Hubs - The 100% Digital Leeds team partnered with Cross Gates & District Good Neighbours Scheme to launch the first Digital Health Hub in Leeds. Their 1,200 members received support on topics such as ordering repeat prescriptions online, making a GP appointment online or using the NHS app to self–manage their long-term health conditions. This model is now being developed and through the Beeston and Middleton LCP work, six more Digital Health Hubs implemented.

- NHS Widening Participation Dementia Pathfinder – Trialling digital technology with people living with dementia and their carers. Using Voice Technology, Virtual Reality and digital devices to support self-management and improved health outcomes. In a recent evaluation of the Programme, of those who received support: 59% were better able to access/use health information; 65% felt more informed about their health; 51% used the internet to improve mental health and wellbeing; 21% made fewer GP appointments as a result of accessing online information. The 100% Digital Leeds dementia pathfinder project was included in this evaluation.

  The present oversight of this work is through the Digital sub group of the Person Centred care and support steering group chaired by Alastair Cartwright.

  What intelligence has been gathered since the first report?

3.5 Since the first report's publication, the PVG subgroup continue to bring together intelligence about people's experiences and, in autumn 2020, a follow-up report was published detailing how individual communities of interest were finding the move to digital, both in terms of challenges and opportunities.

3.6 Digital exclusion was then identified as a key issue again in another Healthwatch Leeds report entitled *What Can Health and Care Organisations Do to Reduce Health Inequalities*? These findings have been included as a qualitative data resource in the Leeds Health and Care Tackling Health Inequalities Toolkit.

3.7   At the Health and Wellbeing Board meeting, one year on from the initial report, health and care partners will be invited to discuss the work that has been going on in their own organisation on this key issue and to consider the next steps.

4   Health and Wellbeing Board governance

4.1   Consultation, engagement and hearing citizen voice

4.1.1   This paper has been produced by the People's Voices Group, which brings together involvement leads from across health and care organisations in Leeds to work together as one team. It was set up by the Leeds Health and Wellbeing Board with a shared aim to put people's voices at the centre of health and care decision making in Leeds, and in particular the voice of people living with the greatest health inequalities.

4.1.2   Various engagement mechanisms are outlined throughout the report and have been used to inform this paper and the accompanying resources mentioned.

4.1.3   In preparation for this agenda item Health and wellbeing board members are invited to link with their Communities of interest ally to understand how digital exclusion is currently impacting on the communities they work with.

4.2   Equality and diversity / cohesion and integration

4.2.1   The Communities of Interest network partners have identified digital exclusion as one of the key issues facing communities in terms of health inequalities. This item looks at the recommendations made a year ago by the People's Voices Group and hears from health and care providers about how they have addressed this key inequalities and access issue.

4.3   Resources and value for money

4.3.1   This paper outlines how funding and resources have already been targeted to combat digital exclusion, including several initiatives led by 100% digital to enable digital health participation and reduce health inequalities.

4.4   Legal Implications, access to information and call In

4.4.1   There are no legal, access to information or call in implications from this report.

4.5   Risk management

4.5.1   There are no specific risk implications arising from this report.

5   Conclusions

5.1   Communities of Interest network partners have identified digital exclusion as one of the key issues facing communities in terms of health inequalities. Much work has already been done to respond. The Health and Wellbeing Board has committed to being better informed of issues of health inequalities and are asked to consider any additional steps which could be taken.
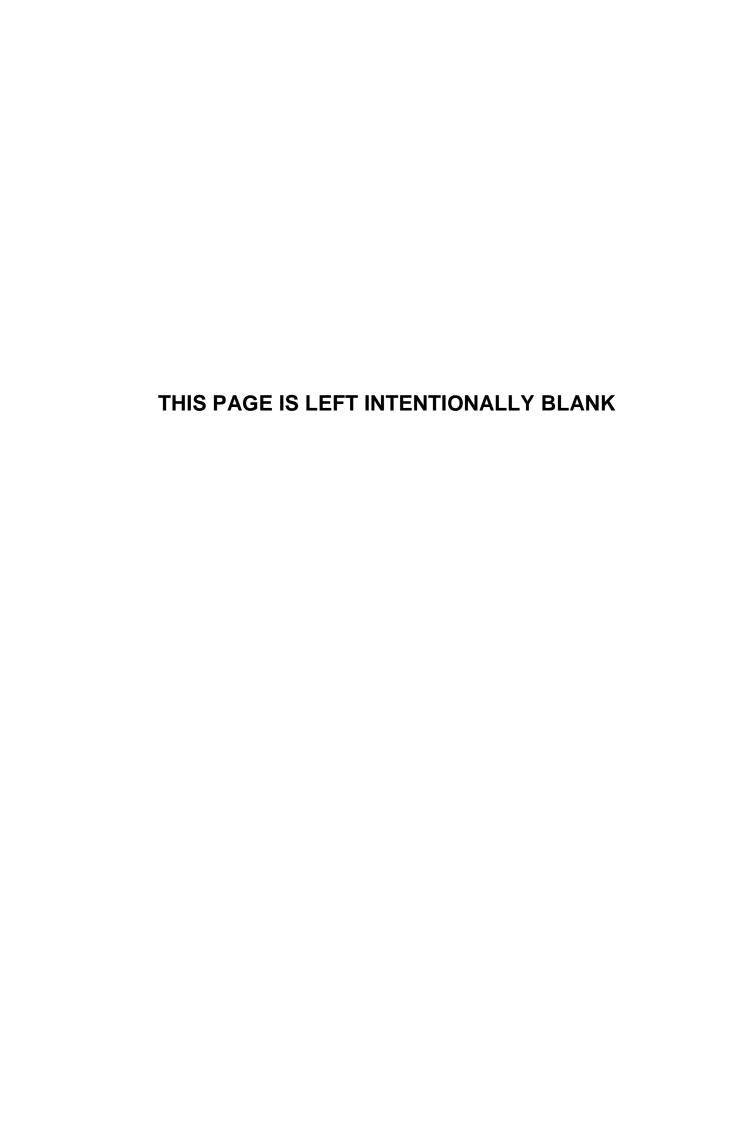
6   Recommendations

The Health and Wellbeing Board is asked to:
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7   Background documents

- None

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How does this help reduce health inequalities in Leeds?
The Communities of Interest network partners have identified digital exclusion as one of the key issues facing communities in terms of health inequalities. This item demonstrates how health and care providers have addressed this key inequalities and access issue and asks what more can be done.

How does this help create a high quality health and care system?
Understanding, planning, acting and evaluating change that matters most to people is an important part of our health and care system's role in tackle health inequalities and helps us function well for all.

How does this help to have a financially sustainable health and care system?
This paper includes examples of how our resources and efforts have been targeted to respond to the challenges we face and asks that we consider what more we can do with our assets to make a difference.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X