



## PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 28 October 2021                  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Digital Inclusion                |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Huw Thomas, Director of Finance  |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Anthony Tracey, Digital Director |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

In 2019, Welsh Government (WG) established the Digital Communities Wales Programme, delivered by the Wales Co-operative Centre, to support organisations across Wales to embed digital inclusion in their day to day practices and incorporate digital inclusion activities into their strategic plans. Digital inclusion is where everyone in Wales has the skills, access and motivation to be a confident user of digital technology.

To support this, Digital Inclusion Alliance Wales (DIAW) was established as a multi-sector group of organisations to bring together people from across the public, private, third, academic and policy sectors in Wales to coordinate and promote digital inclusion activity across Wales under one national banner. The group is committed to taking joint action to significantly shift the digital inclusion agenda in Wales. The DIAW requests that organisations demonstrate their commitment to the digital inclusion programme and objectives by signing a pledge and providing an action plan to work towards the delivery of interconnected missions to enable digital inclusion; equipping people with the motivation, access, skills, and confidence to engage with an increasingly digital world, based on their needs.

The Sustainable Resources Committee is requested to consider the recommendation that Hywel Dda University Health Board (HDdUHB) commits and signs up to the Digital Inclusion Pledge and establishes a programme around Digital Inclusivity.

The Committee is also requested to consider it appropriate that the Senior Responsible Officer (SRO) for the Digital Inclusion plan is the Digital Director, and that the delivery of the action plan will be in partnership with Health Board directorates.

##### Cefndir / Background

#### **Why is Digital Inclusion important to Hywel Dda University Health Board?**

There are lots of opportunities for HDdUHB to maximise the use of digital technology to help deliver care and improve the well-being of its population. Online access to records, appointment bookings and prescription requests, healthcare apps, wearable technology

supporting remote observations, online self-management and video consultations, are just a few examples of digital health care services.

HDdUHB needs to ensure that patients can access these resources if they wish to. Patients will always have a choice about how they choose to engage with their care however, the vision is to ensure that they are not excluded due to a lack of skills, access or confidence.

Creativity and innovation is also essential to identify and develop solutions that will help manage the demand for health and social care. This was particularly pertinent when considering the longer waiting lists and disruption caused by the COVID-19 pandemic.

In order to meet the priorities outlined within the Health Board's Health and Care Strategy, 'A Healthier Mid and West Wales: Our future generations living well', approved by the Health Board in November 2018, and the 20 year vision for population health outcomes set out in the Health and Wellbeing Framework, 'Future Generations: Living Well', HDdUHB will need to adopt action that ensures that staff have the digital skills and aptitude, and that patients and their families and communities are equipped and able to access health and other services in a digital environment should they wish to do so.

### **Why is this of significance?**

According to WG statistics:

- 10% of adults in Wales are not online; higher than other regions of the UK.
- Digitally excluded people are some of the heaviest users of health and social care services.
- People with little or no qualifications are less likely to have digital skills.
- Only 74% of people in Wales with a long-standing illness, disability or infirmity use the internet, compared to 90% of those without such a condition.
- Just 75% of men and 68% of women aged 65-74 use the internet, compared to 97% of 16-49 year olds.
- Fewer people in Wales use the internet to manage their health than in the rest of the UK.

HDdUHB's digital response focuses on 6 key areas:

- Integration with the partners to take forward the digital programmes and related population health initiatives.
- Unlocking the power of information to improve decision making at the point of care.
- Exploiting digital technologies to deliver patient centred solutions in neighbourhoods and communities.
- Keeping patient and service user's information safe, secure and up to date, and only used within appropriate governance and controls.
- Improving organisational digital maturity and user digital literacy to maximise the benefits of digital technologies.
- Delivering digital services, which will be paper-free at the point-of-care by 2022.

Delivery of these ambitions will require a strategy, and the support from Digital Communities Wales and the Digital Inclusion Alliance Wales partners, in order to ensure that staff and communities are not at risk of being left behind.

### **Asesiad / Assessment**

COVID-19 has changed the dial on digital. At home, at work, in communities, in hospitals and care settings, digital has been central to the national response and provided a lifeline during lockdown for those with the access, skills and confidence to benefit. However, many are still

locked out. Technology, done right, can be an enabler and offer people, particularly those who find it difficult to access traditional services, a more convenient and improved experience of using NHS services to manage their health and care.

COVID-19 has meant a worsening of the so-called “digital divide”, with those who are unable to use digital technology feeling the impact of changes to services. There is evidence to suggest that these groups of people are most likely to encounter particular barriers to the use of digital technology such as poor digital literacy, accessibility issues (no income to buy devices/data, language barrier, disability) and fear or lack of motivation to engage with digital, which in turn leads to digital exclusion.

In order to successfully develop initiatives that make a difference to communities, four key considerations should not be overlooked, and will form the cornerstone of HDdUHB’s work programme:

- **Co-production of digital services with patients** to ensure that all patient, service user and carer voices help to shape the work and ensure it delivers the maximum possible value to the community. Co-production should be considered at all stages of the project from inception to evaluation, and is best supported by a clearly defined involvement strategy.
- A form of **Digital Equality Impact Assessment** should be undertaken before progressing a project to ensure thought has been given to protected characteristic groups and to mitigate any potential increase of health inequalities.
- **Parity of access** to ensure patients using digital routes (e.g. an online access method for appointments) do not have an unfair advantage over patients using traditional access methods (e.g. a walk in enquiry or telephone call). Equity of access to care should ensure all patients are able to access effective, safe and timely care regardless of the method of care they choose to adopt.
- **Robust and effective evaluation** ensuring that services and pathways achieve their stated objectives. This is particularly relevant given that many services have had to adapt rapidly due to the COVID-19 pandemic, making normal measurement and evaluation more challenging in the short term.

### **Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme**

A recent report from NHS England provided a number of key messages and areas for action, which will form the work of the proposed Health Board Programme:

#### **Programme 1 - Recognise digital access and skills as a social determinant of health**

Being able to afford internet access and having the digital skills to use the internet safely are now essential for education, employment, income, social participation, and access to information and services. All are wider determinants of health. COVID-19 has further exposed the digital divide - the correlations between digital exclusion, social and economic disadvantage - as well as putting the spotlight on intersectionality between ethnicity, poverty, poor health, and racial discrimination.

Recommendations:

- Recognise digital access, skills and confidence as a social determinant of health and identify ways in which the Health Board can remove the inequalities.
- Improve national data on the links between digital inclusion, health care and outcomes.

#### **Programme 2 - Co-design digital health services**

Co-design is a method of involving patients or the public, practitioners and decision-makers in designing services. It is about finding the best solution with people; not necessarily making something new. Digitalisation always needs to be seen as part of a service or solution, not as

the whole solution. Digital services can amplify existing barriers to accessing health care, unless action is taken to reduce these.

Recommendations:

- Patients should be able to use what works for them - whether digital, physical, or a blend.
- Work with the Community Health Council (CHC) and the third sector to co-design with patients, placing them at the heart of a digitally-enabled HDdUHB. It should always include co-design with those who have low digital skills and face barriers to health care.

### **Programme 3 - Improve digital health literacy in the population**

Strategies to improve health literacy have been identified as important for reducing health inequalities. As digitally-enabled health care and information becomes mainstream, this makes population digital health literacy a priority. This includes supporting people to navigate the health and wellbeing risks of the internet and social media and helping people with low digital skills to understand how their health data is used.

Recommendations:

- Improve population digital health literacy and support safe and healthy internet use.
- Improve people's understanding of how their health and personal data is used.

### **Programme 4 - Develop 'digital health hubs' to improve inclusion**

Community 'digital health hubs' emerged as a practical way to build digital health literacy and improve access to health and wellbeing. A digital health hub is trusted and embedded in the community; responds to people's interests; reaches poorly-served groups; builds digital and health literacy together; and supports wider wellbeing as well as access to digitally-enabled health care. They build bridges between the community sector and health systems, helping to reduce inequalities.

Recommendations:

- Develop the concept of a digital health hub as community infrastructure for inclusion.
- Develop commissioning frameworks which support the role of community sector partners.

### **Programme 5 - Build trust and relationships with poorly-served groups**

Trust, and the time to build relationships, featured highly as an ingredient for success, especially in supporting people with severe and multiple disadvantages. Trusted people could help to rebuild the relationship with health services and mitigate the barriers to accessing online health services. Being supported by 'people like me' and 'in my language', and 'exploring together' also helped to build digital health literacy and confidence.

Recommendations:

- When commissioning for digital health inclusion, recognise the time needed to build trust.
- Train and support peers to be digital champions for health and care, not only within the Health Board but the wider community. Further expand the Digital Champions Network into the community.

### **Programme 6 - Harness the benefits of digital for health and wellbeing**

Use digital to bring social and wellbeing benefits to those who had been digitally excluded or only used digital in limited ways. With older people, carers, people dealing with homelessness, substance abuse and people seeking asylum, digital inclusion opened up new and different conversations about health and wider wellbeing. Some people with low trust in formal services felt able to use the internet to access reliable health information.

Recommendations:

- Support people to test different devices and assistive technologies.
- Include information on how to improve accessibility when training digital champions

### **Programme 7 - Improve digital skills in the health and care workforce**

A key lesson from the report was to not make assumptions about the level of digital skills, confidence and motivation among the workforce. Reluctance from staff to use digital tools also reflected concerns about service quality and job security, as well as organisational and practical issues. Providing support to staff delivered positive results, with added value where strategies to build digital skills and confidence included both staff and services users together.

Recommendations:

- Build digital confidence and motivation of staff, to use digital. Expand the Digital Champions Network, in order to train, support and build a greater network of digital champions.

### **Programme 8 - Embed digital inclusion in health, care and wellbeing strategies**

Successful partnerships improved the local health, wellbeing and digital inclusion infrastructure. They strengthened bridges across sectors, working together to improve access to devices and digital inclusion support, creating networks of peer and volunteer digital champions, improving referral routes and cross-agency working, and building on existing community sector assets.

Recommendations:

- Embed digital inclusion and digital health literacy within Health Board strategies.
- Build upon community assets and collaboration across health, care and community sectors.

Over recent months, the Digital Improvement and Transformation Lead within the Digital Team has been working with representatives from DCW to review the pledge requirements and consider; what actions are in hand; what actions are in development and where are the gaps.

The pledge requires that:

- HDdUHB ensure that all staff and volunteers have an opportunity to develop basic digital skills, and that they take advantage of this opportunity.
- HDdUHB ensure that digital inclusion principles are embedded into day-to-day activities and support the role digital tools play in managing health and wellbeing.
- HDdUHB encourage and supports staff and volunteers to help other people to get online and have the confidence to develop basic digital skills and help other organisations to embrace digital tools.
- HDdUHB commit support and resources for digital inclusion activities and initiatives in Wales in whatever way possible, to ensure every citizen can engage digitally, if they choose.
- HDdUHB share best practice and activity around digital inclusion with the Digital Communities Wales – Digital Confidence, Health and Well-being programme to ensure activities are co-ordinated to ensure maximum impact and consistent measurement.
- HDdUHB endeavour to build local partnerships amongst organisations who want to share ideas and co-ordinate activities with others in their area

The conclusion of this exercise is that further work is required to develop the programme of work and a strategy and associated actions to progress, which will have an impact across all directorates within the Health Board. The required approach should be a multi-disciplinary approach with the ethos that digital inclusivity is at the forefront of future Health Board planning and strategic thinking.

### **Argymhelliad / Recommendation**

The Committee is requested to:

- **SUPPORT** a review on sign up to the Digital Inclusion Charter.

- **SUPPORT** the development of a Digital Inclusion Programme as outlined within the report.
- **NOTE** the pledge requirements detailed within the report, which will form part of a wider workplan for introduction into the Health Board.
- **CONSIDER** an appropriate Senior Responsible Officer (SRO) for the Digital Inclusion plan, and the delivery of the action plan in partnership with Health Board directorates.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>  |  |
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| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:  | 3.10 Provide assurance to the Board that arrangements for information governance are robust.                         |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:  | Not applicable   |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):  | 3.4 Information Governance and Communications Technology<br>3.2 Communicating Effectively<br>4.2 Patient Information |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:  | All Strategic Objectives are applicable  |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a> | 10. Not Applicable   |

| <b>Gwybodaeth Ychwanegol:</b><br><b>Further Information:</b>   |   |
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| Ar sail tystiolaeth:<br>Evidence Base:   | <a href="https://www.digitalcommunities.gov.wales/digital-inclusion-in-health-and-care">https://www.digitalcommunities.gov.wales/digital-inclusion-in-health-and-care</a> |
| Rhestr Termiau:<br>Glossary of Terms:  | Contained within the report   |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:<br>Parties / Committees consulted prior to Sustainable Resources Committee: | Information Governance Sub-Committee (IGSC)   |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |                       |
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| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | Not known at present. |

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| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b> | The ability for patients to communicate with the Health Board is essential. Digital inclusion will allow the Health Board to explore greater digital services and therefore improving the experience of the patient.  |
| <b>Gweithlu:<br/>Workforce:</b>                          | There will be an impact on staff as they are included within the ethos of digital inclusion. All staff and patients should feel comfortable in using the digital solutions that are to be implemented within the Health Board.  |
| <b>Risg:<br/>Risk:</b>                                   | Not applicable  |
| <b>Cyfreithiol:<br/>Legal:</b>                           | Not applicable  |
| <b>Enw Da:<br/>Reputational:</b>                         | The inability for patients not to feel engaged with their care via the use of digital solutions will affect the Health Board's reputation within the community. The strategic movement of providing care closer to the patient will mean that the Health Board needs to embrace digital solutions to improve patient care |
| <b>Gyfrinachedd:<br/>Privacy:</b>                        | Not applicable  |
| <b>Cydraddoldeb:<br/>Equality:</b>                       | Not applicable  |