

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 January 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Enabling Group (SEG) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rhys Ford-Young, Project Manager (Performance) Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This is an update in relation to the activities of the Strategic Enabling Group (SEG) for information purposes and to request that Hywel Dda University Health Board (HDdUHB) considers committing to and signing the Digital Inclusion Charter from Digital Inclusion Alliance Wales (DIAW) and establishes a Digital Inclusion Programme, to progress digital inclusivity.

Cefndir / Background

The Strategic Enabling Group has been developed to:

- Identify opportunities to build organisational capabilities to enhance our planning objectives
- Systemise capabilities in areas such as:
 - Quality management
 - Performance Management and Improvement
 - Leadership and team effectiveness
 - Staff development, health and wellbeing
 - Digital
 - Value measurement
 - Foundational economy opportunities
 - Customer service and patient experience
 - Deploying resources sustainably
- Apply a research-based approach, managed through 'round table' discussion

The aim is to utilise the knowledge and experience of SEG members to think about how we accelerate delivery of our planning objectives, extend the scope of work, support delivery and receive external / independent views.

The responsibility for workstreams is as follows:

- Value Based Health Care (VBHC) and Pathway Redesign: Professor Philip Kloer, supported by Mr Huw Thomas

- Social Value and Carbon Measurement: Mr Huw Thomas, supported by Ms Catherine Evans
- Digital and Intelligence: Mr Huw Thomas, supported by Mr Anthony Tracey
- Improving Together: Mr Huw Thomas and Mrs Mandy Rayani, supported by Ms Catherine Evans and Ms Mandy Davies
- Decarbonisation: Mr Lee Davies, supported by Mr Paul Williams
- Customer Service and Patient Experience: Mrs Mandy Rayani, supported by Ms Mandy Davies
- Leadership and OD: Mrs Lisa Gostling, supported by Ms Christine Davies.

Digital Inclusion

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 those 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 Charter 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.

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 should they so wish. 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 so wish.

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 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.

Asesiad / Assessment

At the Group's latest meeting, members were provided with a briefing on the following areas:

1. Value based health care (VBHC) and its integration with person based health care (PBHC). Specifically considering how to achieve the best value for patients, together with the most desirable outcomes.
2. Delivering value and improving outcomes while reducing health inequality – how data can be used to target care to manage conditions, minimising further required treatment, while also achieving an outcome acceptable to the patient.
3. The current strategy of VBHC and the progress to date, as well as next steps.
4. Notable discussion around patient choice vs voice and how patient voice needs to be developed further to deliver meaningful data including Patient-Reported Experience Measures (PREMS) data.

Digital Inclusion in HDdUHB

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.

A recent report from NHS England provided a number of key messages and areas for action, which will form the work of the proposed 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 those 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 not to 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 service 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 Charter requirements and consider: what actions are in hand; what actions are in development and where there are gaps.

The Charter 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 required approach should be multi-disciplinary with the ethos that digital inclusivity is at the forefront of future Health Board planning and strategic thinking.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** this report for information.
- **SUPPORT** the development of a Digital Inclusion Programme as outlined within the report.
- **NOTE** the Charter requirements detailed within the report, which will form part of a wider workplan for introduction into the Health Board.
- **SUPPORT** sign up to the Digital Inclusion Charter, once reviewed.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	https://www.digitalcommunities.gov.wales/digital-inclusion-in-health-and-care
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Sustainable Resources Committee (SRC) Information Governance Sub-Committee (IGSC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None specifically, but the outcomes framework is all-embracing.
Ansawdd / Gofal Claf: Quality / Patient Care:	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 improve patient experience.
Gweithlu: Workforce:	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.
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable