



**ICS System Board**

21<sup>st</sup> October 2020

Digital Inclusion – A system approach to ensuring health and care is accessible for all

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<b>Action required:</b>	<i>For information</i>
<b>Attached:</b>	<i>Presentation</i>

**EXECUTIVE SUMMARY**

*Up to 200k people across Surrey may be digitally excluded and therefore less able to engage with new digital care and health delivery models. During lockdown, we had to move rapidly to remote and digital models of care.*

*This paper looks at how we have responded and how we will continue to develop our models of care to meet the needs of all citizens, engaging with and addressing the needs of the digitally excluded in a systematic way.*

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# Digital exclusion

What it means, why it matters  
and what we're doing to ensure  
digital inclusion - and respect  
people's choices



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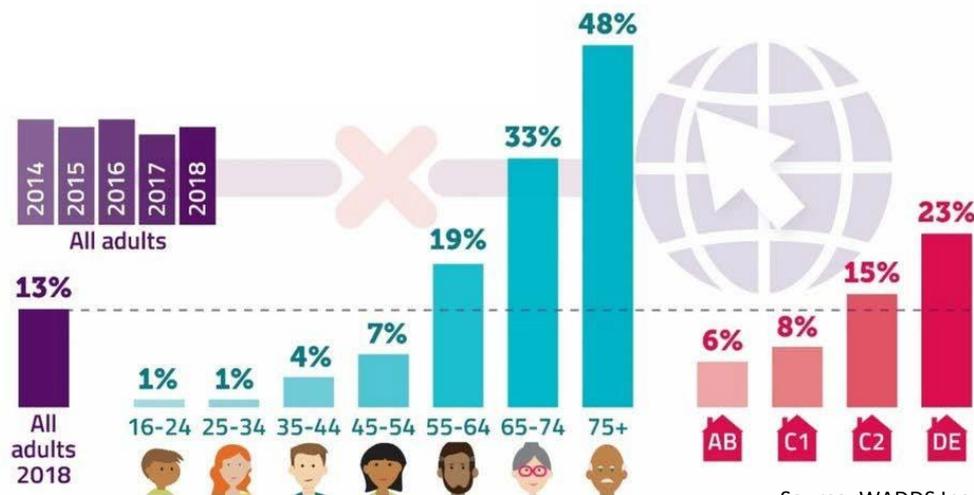
# What is digital exclusion?

Someone could be classed as 'digitally excluded' because:

- **They cannot connect to the internet** due to technological or financial barriers (including networks and connectivity)
- **They do not have access to technology** through financial or access barriers, especially physical access to equipment (e.g. in lockdown), or access to personal and private devices
- **They lack literacy, digital literacy skills or confidence** to use technology
- **They cannot use technology due to physical or other disabilities**, including cognitive impairments
- **They do not want to use technology** due to distrust of providers, privacy fears or fears about how data will be used - or due to other reasons

# Why does digital exclusion matter?

- There is an overwhelming correlation between **social exclusion** and **digital exclusion**.
- **The more lonely and isolated someone is, the more likely it is that they cannot access digital services**, further widening health and broader inequalities in society.
- **Digital exclusion can affect many groups in society** including the homeless, refugees, those with English as a second language, people with mental health issues or learning difficulties and the socially isolated.
- **Digital exclusion is closely linked to the wider social determinants of health**, including poverty, income and employment



Source: WADDS Inc.

# What does this mean for our citizens?

- **In July 2020, 11% of the Surrey population had not accessed the internet in the last 3 months** (this includes citizens who have never accessed the internet)
- **At least 133,000 residents in Surrey lack the digital literacy skills, or access, to engage with digital services** – and this number is probably much higher
- **Around 200,000 residents in Surrey lack at least one of the digital skills needed to fully participate with fully digital services**
- **With an ageing population, many of our residents live in care homes or sheltered accommodation, or live alone with limited, or no, access to digital services** – something we are trying to change following our experiences during Covid-19
- **In Surrey there is also an overwhelming correlation between social exclusion and digital exclusion, linked to areas of greater deprivation and the communities that live in these areas**



# Changing how we worked – a rapid shift to digital

## Accelerating roll out of our Surrey Care Record

to join up care during our Covid response - 90% of GPs engaged and sharing data, along with adult social care, mental health and acute trusts.

**Virtual mental health assessments** to ensure access to vital services for vulnerable people

**Launched virtual consultations** across all community and acute services, including mental health and social care.

**Creative use of social media** to promote the support available

## Virtual Safe Havens

enabling services to continue in lockdown

**Shifted talking therapy services to digital** with therapy and bereavement support



# Digital support to care homes and supported living settings



Page 83

**New online training** packages to support staff

**Range of digital support available to staff** from self help packs and training to psychological support

**Facebook portals** deployed free of charge so residents could keep in touch with loved ones, helping to reduce isolation

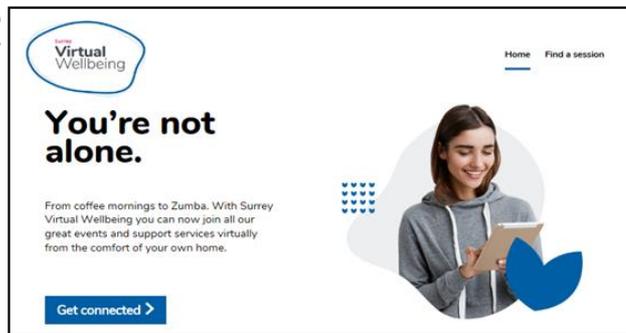
**Launched NHS mail** to improve connectivity and information flow between the NHS and care homes

**Digital virtual Multi-Disciplinary Teams and assessments** across primary, secondary care, supported by virtual consultations

# Rapidly launching new services to support our most vulnerable

Virtual wellbeing hub launched, with over 3,000 visits in its first few weeks and over 200 courses available

Page 84



Addressing digital inequality to reduce loneliness and isolation by supporting non-digital users to get online. Led by the Surrey Coalition, the project is connecting people through focused digital training at scale.

TIHM remote monitoring and AI for people with dementia and vulnerable households to overcome the physical boundaries of lockdown



# The next chapter for us?

Embedding people's experiences to shape  
how we deliver services

# Listening to what our citizens have told us

We use a **wide range** of research and **engagement methods**, including working **with partners** such as Healthwatch, to **gain insight** into how our citizens are feeling and how they want to **access health and social care services**. These study outcomes **inform** our **plans** and **priorities**.

## *What we found...*

**Engaging with non digital users during and after COVID was challenging.**

*Due to social distancing and other restrictions, we currently have a heavy reliance on engaging with people digitally (through online meetings and events). We need to be creative and work harder to connect with citizens who cannot engage digitally and hear their views.*



**Understandably, we have also seen lower levels of engagement over recent months.**  
*We need to overcome this to reach those who are more likely to face digital exclusion*

# Attitudes towards digital access to Health and Care services

**Virtual consultations, online support groups** and shifting from face-to-face to **more virtual services** has been received **positively** by the **majority** of residents

*“In many respects, the service is even better than it was before, with all the options like telephone or video appointments. I think the GPs are able to be more productive because they’re not waiting for patients to arrive, or to walk slowly down corridors, and because they aren’t having to do so much paperwork to do with routine things which have been cancelled. They are able to triage things really quickly.”*

**75% of our frontline agencies** have reported **positively to new virtual methods** of delivering their services and **80%** of those agencies plan to **continue to deliver services** in this way, as part of a **blended face-to-face and digital model**



# Attitudes towards sharing digital Health and Care records

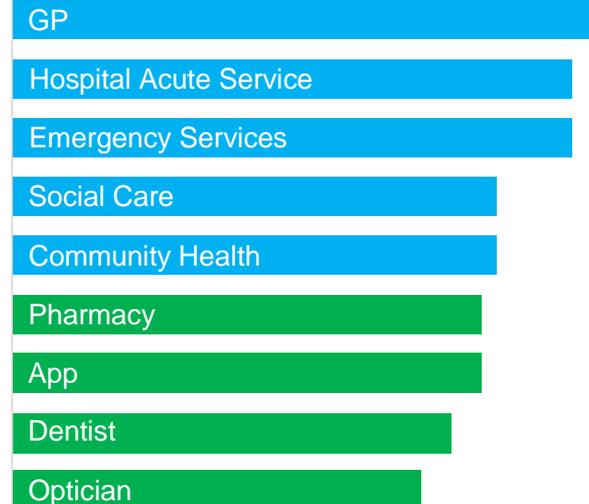
People want their **health and care team** to be able to access their shared care records, but are less sure about **digital** and **independent health services**

Page 88 **100%** of people agreed: **I think shared care records might lead to improved care for me**

*“I moved back to Surrey from Southampton and needed to go over medical history even though my old GP had records. I felt there is a stigma to sharing sensitive information many times over so this would support sharing of my information”*

*“My elderly neighbour kept having falls. I only had access to his current medication. He was unable to recall information at 89 and I felt for ambulance crew as they have a lot of questions to ask. Wastes a lot of valuable time”*

## Who should have access to shared care records?



## How do we ensure our research and patient and public engagement is inclusive and reaches the digitally excluded?

- **Clear correlation between social and digital exclusion** – this should help us identify those at risk of digital exclusion – along with the criteria we have developed
- **No simple way to describe or measure ‘digital exclusion’** but some indicators around access, literacy, income, geography
- **We need more sophisticated metrics** to identify categories of digital exclusion
- Then we can **develop a robust framework to ensure those who may be digitally excluded are represented** in engagement activities (similar to how we consider protected characteristic groups under the Equality Act)



## Next steps

- **Continue our engagement work to gain greater insight** and understanding of digital exclusion
- **Develop system-wide outcomes for inclusion**, addressing the factors already identified
- **Digital inclusion to be owned by the ICS Executive** (linked to health inequalities), with ambitious targets around improving participation, digital access and embedding inclusion
- **Work on our digital infrastructure**, achieving faster broadband to get more people online
- **Review our digital, engagement and broader strategies** to ensure digital inclusion is considered (and plans for a new NHS Digital Health Technology Standard)
- **Build digital inclusion into the design of all our projects** and into procurement criteria
- **Build digital inclusion criteria into our governance for all projects** that have a digital element
- **Create a cross Surrey Heartlands digital champions programme** across health, the voluntary sector and the council to create a digital training programme for people who want support

# Final thought

Accessing services digitally is a **choice**

**So this is about inclusion** – including those who want to use digital services and giving them the access, technology and skills they need, whilst also recognising that some people will never want to engage digitally

We must respect this and **always remember that digital is an option for some, but not all**

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