Image credit: Tessa Mackenzie

Embedding digital Inclusion in health and social care

Stakeholder engagement summary
November 2024

Introduction

EMBEDDING DIGITAL INCLUSION IN HEALTH AND SOCIAL CARE

The Scottish Government's Digital Inclusion programme aims to develop, test and implement a range of digital inclusion models that enable people to access mental health and housing services (and wider supports) to feel empowered, digitally confident and experience improved wellbeing. The programme delivery partner is the Scottish Council for Voluntary Organisations (SCVO) and the programme also works in collaboration with Connecting Scotland.

Stakeholder and lived experience engagement has been a core activity of the programme to ensure the work is informed by expertise and insights from current practice and experiences of digital inclusion in Scotland. In November 2024, the programme hosted two online stakeholder engagement sessions to share the learnings from the work to date and explore how digital inclusion can be embedded in health and social care practice.

SETTING THE SCENE

The sessions provided an opportunity for the programme team to share progress and learning on digital inclusion across the areas of health, social care and housing. Dr Tara French (Scottish Government) and Aaron Slater (SCVO) presented an overview of the framework for digital inclusion, funded projects and developments on building capability for digital inclusion (a digital inclusion practice guide and digital champions training). Emerging models for digital inclusion in health and social care practice were also shared.

Digital inclusion experts from projects funded by the Digital Pioneers and Connecting to Care funds of the programme also joined the sessions to present their approach to digital inclusion and key challenges, learning and implications from their work. Presentations included:
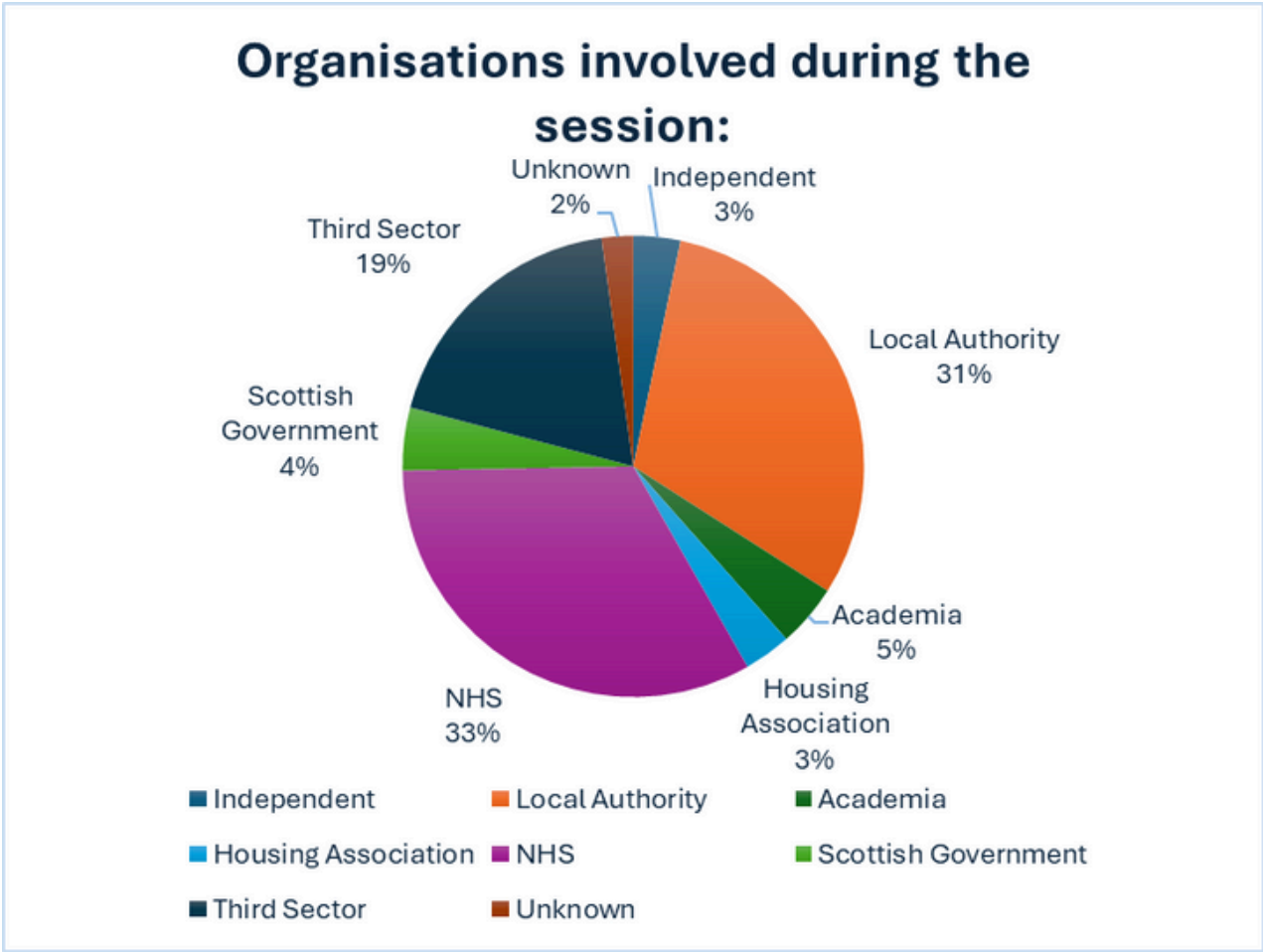
Shannon McNee, Carr Gomm – Connected Lives project
Caroline Richards, Prospect Community Housing Ltd and Craig Tyrie, WHALE Arts – Link Up project
Cillian Dwyer and Keely Wilkinson, The ALLIANCE – Digital Links project

Stakeholder participation

Two events took place in November 2024 with 86 attendees joining from:

Aberdeen	Glasgow
Clackmannanshire	Highland
Comhairle nan Eilean Siar	Midlothian
Dumfries and Galloway	Moray
Dundee	North Ayrshire
East Ayrshire	Perth and Kinross
East Dunbartonshire	Renfrewshire
East Lothian	Shetland Islands
East Renfrewshire	South Ayrshire
Edinburgh	South Lanarkshire
Falkirk	Stirling
Fife	West Dunbartonshire

Organisations involved during the session:

- Unknown 2%
- Independent 3%
- Third Sector 19%
- Scottish Government 4%
- Local Authority 31%
- Academia 5%
- Housing Association 3%
- NHS 33%

Legend:
- Independent
- Local Authority
- Academia
- Housing Association
- NHS
- Scottish Government
- Third Sector
- Unknown

What we heard about readiness and preparation for digital inclusion in health and social care organisations

Following the introduction and presentations, stakeholders were invited to join smaller group conversations to explore how prepared organisations are in supporting or introducing digital inclusion as part of their service for people accessing support and secondly, how digital inclusion can be embedded more widely across health and social care services and organisations in Scotland.

Digital inclusion was not felt to be a priority across health and social care. The importance of digital inclusion is recognised however, there is a mismatch between corporate culture and the implementation of digital inclusion in practice. Services commitment to digital inclusion is not clear and it was felt there is a 'resistance' to actively support digital inclusion. This has implications for trust and partnership working across organisations and in one example shared it was felt that all digital inclusion work is 'falling on housing staff'. In another example, the focus on upkeeping systems and the technical side of digital was felt to be more of a concern.

> *"I think there needs to be more education on why digital inclusion is so important. It's very easy to think people just get it already in chats like this with peers, but I do think people still view digital as a luxury and not a necessity and therefore we don't tackle it in the same way we would for other social issues"*
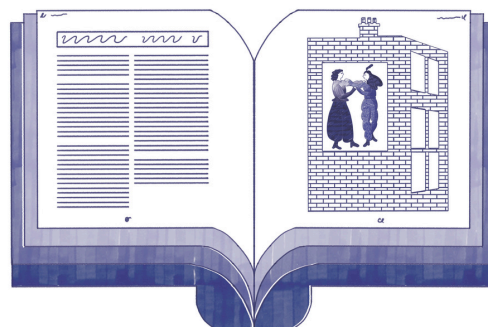
UNDERSTANDING THE COMPLEXITY OF DIGITAL INCLUSION

Digital inclusion means many things to many people and can often be limited to a focus on access without consideration given to the wider elements of digital inclusion in relation to trust, safety and the wider resources around skills that are required. The benefits of digital inclusion need to be more widely understood to support progress towards a shared vision and collective joint commitment. Having a shared understanding of digital inequality and what it means in different areas of health and social care is required alongside articulating the collective responsibility to take action to address inequality. It was noted that unless there is a strategic approach to embedding digital inclusion within the system of health and social care there is also a risk that programmes and work are repeated, contributing to inefficiency and preventing wider sustainability.

BARRIERS, MOTIVATION AND ACCESS TO DIGITAL FOR HEALTH AND SOCIAL CARE

Access to digital inclusion support is a key issue for most services and many people accessing support may not have the means to access the digital world. Significant barriers to digital inclusion included access to devices, data and a lack of consistent service practices. There are a lot of people that do have devices with access to the internet, however they are not using the device for health or care purposes. When introducing digital services to people there has to be tangible benefits and it has to be easy to use given that many people are afraid of technology and scams. Health literacy and digital literacy were also noted as areas that need to be included within the wider process of embedding digital inclusion alongside ensuring the skills are available to deliver this within services.

> *"if you are "prescribing" digital, if you are requiring people to use a digital service you need to be asking how am I making that accessible?"*

EMBEDDING DIGITAL INCLUSION AND ENSURING DIGITAL CHOICE

Digital inclusion needs to become an embedded part of the model of health and social care so that digital is always an option. At the moment this is not the case and digital was felt to sit completely separate in health and care unless there was a specific team or

responsible person. It was suggested that health and social care needs to think differently about digital and it needs to go beyond digital appointments to having staff attuned to what a person can access digitally and if not, how can they support them (e.g., through referring to digital inclusion support). Practitioners need to be able to explore what is best for the person accessing support and work with them to identify the right support that they can access in a way that is suitable for them. It was noted that this initial 'preparation stage' at the beginning of support does not always get funded which places additional burden on staff to do this engagement and motivate people as an extra part of their role. The need for leadership teams to endorse and prioritise digital inclusion as a core job function was stressed. Digital inclusion should be a part of everyone's offer in interacting with health and social care.

FEAR AND RESISTANCE IN PROVIDING DIGITAL INCLUSION SUPPORT

Fear and uncertainty among staff regarding their role in digital support was a recurring theme across the conversations. Staff are reluctant to support digital inclusion due to a fear of 'getting it wrong' with digital advice. Staff may feel confident using their own technology but are not confident to support others. This is further exacerbated by the complicated systems within health and social care that staff have to navigate. Training and reassurance for frontline staff is essential to encourage them to engage in digital conversations without needing expert knowledge. It was acknowledged that there is a difference in the responsibility to have the conversation about digital needs and the responsibility to deliver the digital inclusion support required. Engaging people on their digital support needs is important particularly given the increasing number of self-management apps that are available - an example shared was how do staff know that people can access apps they are recommending? Although staff may feel they do not have the skill or capacity to support someone to get online they would be interested in knowing who can provide timely support. Different options were suggested as ways to overcome the barriers around confidence and support staff to engage with people about digital inclusion. Knowledge of local digital inclusion projects was suggested which could provide a referral route to support however, it was noted that funding for third sector organisations who provide critical digital inclusion support is decreasing. Ensuring resource to support referral options is required alongside how third sector partners are commissioned and how wider work with community planning partnerships can support digital inclusion.

VARIATION AND A LACK OF CONSISTENCY ACROSS HEALTH AND SOCIAL CARE

Organisations providing digital inclusion support for health and social care often have to adapt their digital inclusion model depending on the service they are working with which can be challenging when working across several health boards where there are variations within each board. Digital inclusion organisations have to learn the 'ins and outs' of each health board and the available services so they can best support the needs of the people they work with. This is a difficult and complex process and feels like it is 'left up to the third sector organisation' to do this. The lack of consistency across health and social care services is not only challenging for people accessing support, but also for organisations who are advocating or looking to support access on their behalf. The variations across regional service delivery was also noted to create confusion. The inconsistency in practices also included differences in apps, processes and wider use of digital. It was felt by some that there is also avoidance of digital as well as inconsistency. An example given was of clinician preference in relation to offering digital options to engage in services – e.g., a Near Me consultation.

INVESTING IN THE INFRASTRUCTURE TO SUPPORT DIGITAL INCLUSION

Infrastructure is also a challenge. Operational policies and investment in infrastructure including information governance and data sharing was noted to support communication and help organisations remove silos. Moving to standardised health documenting systems was suggested and to build consistency across online health related websites was given as an example - currently, many of the websites linked by the NHS have different layouts and appearances which can intensify reluctance to engage for people who have a fear of scams. It was noted that some organisations are more risk averse than others and there is a need to consider security to protect people accessing services and organisations.

STRATEGIES TO PROMOTE AND SUPPORT THE EMBEDDING OF DIGITAL INCLUSION

Aligning digital inclusion to other organisational priorities was suggested as a 'hook' to support the embedding of digital inclusion. The ability to show the benefits of digital inclusion can help to get the buy-in required, however it was noted that accessing devices continues to be a challenge. Health boards are increasingly looking to be cost effective with budgets and efficiencies and digital inclusion would have something to contribute in this space. Boards are also going to be measured on their carbon footprint and with digital options supporting reduced need to travel for both people accessing and people providing support, this impact could also capture people's attention.

Getting stakeholders involved in digital inclusion through open awareness sessions and supporting a bottom up approach to capture buy in can make it easier to implement and secure investment from higher in the organisation. Opportunities to support partnership and connecting with others to learn new strategies for digital inclusion were also suggested. It was noted that the private sector can often take forward things which may not be possible in the public sector – although challenging, cross-sector work is a key advantage. Creating stronger networks and information sharing channels would enhance collaboration and access to resources. The need for shared resources, better leadership support, and cross-sector collaboration was repeatedly emphasised.

Key suggestions to support embedding also included:

- Modelling and good practice to evidence the benefits and impacts of digital inclusion;
- Working with the willing to build momentum for digital inclusion;
- Creating a shared strategy that provides the fundamental principles to ensure 'unity' and consistency across health and social care organisations (boards and partnerships);
- Access to funding and resources;
- Establishing governance and a benchmark for digital inclusion in health and social care.

Acknowledgements

For more information about the programme or to be kept up to date on programme activities please contact:

nss.digitalinclusion@nhs.scot

https://tec.scot/workstreams/digital-inclusion

To cite this summary:

Frenchy, T. (2025). Embedding digital inclusion in health and social care: Stakeholder engagement insights summary. November 2024. The Digital Inclusion Programme. Digital Health and Care.

Illustrations credit: Tessa Mackenzie