

How systems must change

Exploring approaches to commissioning digital inclusion in health and social care

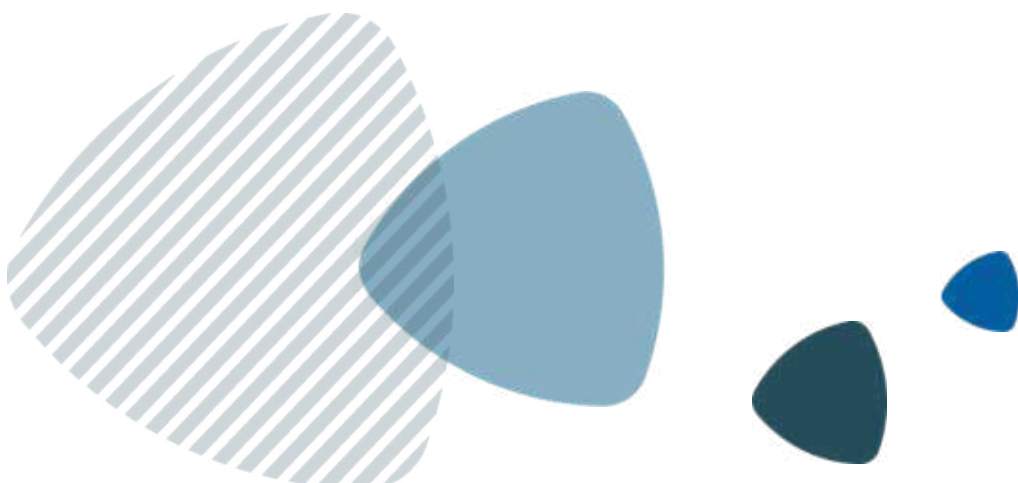
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Introduction

Commissioning in health and social care is a complex and multidimensional process. There remains a significant gap between the policy ambition for good and ethical commissioning and its consistent, large-scale implementation, as highlighted in the Independent Review of Adult Social Care and which has been discussed in publications by [Health Care Improvement Scotland](#) and [Scottish Care](#).

Case study examples from Healthcare Improvement Scotland demonstrate innovative, locally driven commissioning approaches that align with broader principles, including:

- Outcome-based frameworks rooted in Self-Directed Support
- Longer-term funding to allow learning and adaptation
- Testing innovative solutions to drive systemic change
- Tiered support structures that emphasise psychosocial support
- Strong cross-sector relationships to increase flexibility and responsiveness
- Embedding human rights as a guiding principle for planning and investment

These examples highlight the importance of starting from local context, designing solutions based on need, aligning funding streams, and committing to longer-term investment to enable meaningful change.

Scottish Care reinforces these findings, emphasising that ethical commissioning and procurement are critical to empowering people through diverse, high-quality social care options. For Self-Directed Support to deliver genuinely person-led care, autonomy must be underpinned by meaningful choice and a sustainable provider market.

However, there has been limited published work on how digital inclusion is considered within commissioning for health and social care.



In England, [the Inclusive Digital Health Framework](#) outlines actions for commissioning and designing digitally enabled services as part of health and care, including:

- Ensuring access to devices and connectivity
- Increasing accessibility and effective use of technology
- Building digital skills and workforce capability
- Strengthening leadership and partnerships
- Influencing procurement approaches to reduce health inequalities

In addition, [The Good Things Foundation](#) emphasises that commissioning frameworks must recognise the role of community sector partners in delivering digital health inclusion. Trust-building with communities requires time and sustained investment. Where digital health hubs are developed to provide digital inclusion support, commissioning should ensure community partners are properly resourced to delivery as part of the wider health and social care system.

With digital and technology playing an ever increasing role in the delivery of health and social care and support, it is critical that future commissioning strategies recognise and resource the digital inclusion support required to deliver rights-based, person-led health and care in practice, not just in principle.



Why this matters: Commissioning shapes what survives

Learning from the National Digital Inclusion Programme and our wider digital inclusion work across Scotland, consistently shows that digital inclusion is still too often treated as a short-term add-on rather than core infrastructure.

Across health and social care, digital inclusion is frequently funded through pilots, small grants, or time-limited projects. While these approaches can spark innovation and demonstrate impact, they also create instability. Services build trust with people, develop new approaches, and show positive outcomes, and then funding ends. Staff move on. Learning is lost. Relationships have to be rebuilt.

For individuals, particularly people experiencing poverty, trauma or long-term health conditions, this cycle can do harm. When support appears and then disappears, it reinforces mistrust. It signals that digital access is optional rather than essential. It can leave people mid-journey and without the skills, connectivity or confidence they were beginning to develop.

For organisations and partnerships, short-term funding fragments effort. Digital inclusion often sits outside core contracts. Workforce capacity for digital inclusion depends on goodwill rather than being designed into roles. Procurement models prioritise time-and-task delivery, with limited space for exploring the preventative, enabling and relational care that technology can enable.

The result is that digital inclusion remains peripheral, despite growing evidence that it underpins access to services, improves engagement and reduces inequalities.

If digital health and care services are becoming mainstream, then digital inclusion cannot remain project-based. It must be reflected in commissioning models, service and technology specifications, regulatory expectations and sustainable funding arrangements. It has to be resourced.

This is not about adding another pressure to an already stretched system. It is about recognising that digital access, skills and confidence are now part of safe, effective and equitable care.

Without structural change in how services are commissioned and funded, digital inclusion will continue to rely on short-term enthusiasm rather than long-term design.



Insights: The National Digital Inclusion Programme

Learning from projects funded through the [Digital Inclusion Programme](#), which explored approaches to embedding digital inclusion in health and social care, demonstrates that digital inclusion must be built into commissioning conversations.

Procurement and commissioning decisions directly shape access to services. Many barriers to digital inclusion persist because digital inclusion is not consistently integrated into service design or funding structures.

Projects showed that sustainable change requires digital inclusion to be:

- Built into health and social care service pathways
- Embedded within workforce development
- Supported through core budgets

Short-term funding, reliance on project staff, and the absence of commissioning routes mean many effective models cannot continue or scale.

“Digital accessibility should play a key role across service design, procurement and wider organisational strategy.”

Digital Pioneers Progress Fund: Scottish Action for Mental Health

“Commissioners need to recognise digital inclusion support as an important means through which vulnerable people can be meaningfully connected.”

Connecting to Care Fund: Carr Gomm

[The Digital Inclusion programme evaluation](#) recommended that digital inclusion be embedded in policy frameworks, standards, funding mechanisms, local strategic plans, commissioning processes and performance frameworks.

[Costed case studies](#) evidence the growing economic case for digital inclusion, showing potential to reduce service pressures and support independence. However, a sustainability gap remains where digital inclusion is not built into commissioning or core budgets.



What We Did

This exploratory work sought to understand how commissioning processes could better embed digital inclusion as a core element of service design and delivery, and to generate recommendations for more sustainable approaches in health and social care.

Following a horizon scan of literature and learning from the [Digital Inclusion Programme](#), a structured workshop brought together experts in health and social care digital commissioning from across Scotland.

A visual template mapped the stages of the commissioning process (Appendix 1), informed by [Scottish Government commissioning plans guidance](#) and insight from the [King's Fund](#):

- Understanding need
- Setting priorities
- Planning services
- Procuring services
- Monitoring quality

The workshop explored:

Current experiences and barriers in commissioning for digital inclusion

Opportunities to embed digital inclusion across commissioning stages

Key actions and ownership required to enable change

Digital inclusion was explored across three interlinked areas:



**People's motivation
and digital needs**



**Access to devices and
reliable connectivity**



**Skills and confidence
to use digital**

What We Learned

Current Challenges

As digital-first approaches expand across health and social care, digital inclusion has not been embedded at the same pace within commissioning and service design. There are significant infrastructure gaps and a disconnect between regulation and commissioning.

Data on the digital capability of organisations is also limited and inconsistent. It is often unclear whether digital inclusion support is being offered, how it is delivered, or how it is evidenced within regulatory processes.

Providers frequently lack the resource and capacity to deliver and audit digital inclusion. This creates additional pressure on staff and exposes a tension between rights-based ambitions of care and the practical resources required to meet them.

Digital inclusion cannot be treated as the sole responsibility of individual services, particularly in a context of service closures, financial pressure and system instability.

These gaps are visible at each stage of the commissioning cycle:

Understanding Needs

The issue

Digital inclusion is not routinely included in needs assessment. Assessments often focus on base-level needs rather than strength-based outcomes.

What this looks like:

- Digital not seen as essential to assessing needs
- Inconsistent inspection focus on digital
- Fragmented, short-term approaches that limit consistency
- Limited evidence that digital inclusion has been offered

What's missing

Routine embedding of digital inclusion within statutory social work assessments as part of holistic planning, alongside clear commissioning and regulatory expectations that evidence digital inclusion support has been considered and offered.



Setting Priorities

The issue

Digital inclusion is rarely translated into commissioning priorities.

What this looks like:

- Consideration of digital varies across commissioning strategies
- Digital often gains traction only where external capital risk is covered (e.g. Care Technologist work)
- Limited independent sector influence at strategic planning level
- The Care Inspectorate's digital social care programme is working to raise the profile of digital inclusion as an inspection priority

What's missing

Formal integration of digital inclusion into commissioning priorities, backed by leadership, accountability and resource.

Planning Services

The issue

Planning models remain dominated by time-and-task logic, limiting both creativity and the integration of digital solutions.

What this looks like:

- Commissioning framed around hours and tasks
- Limited flexibility to redesign pathways
- Digital solutions viewed as add-ons rather than core components
- Limited examples of digital inclusion embedded at scale

What's missing

Outcome-focused planning that enables digital inclusion to be embedded in service design.



Procuring Services

The issue

Procurement approaches remain fragmented and cost-driven, limiting the integration of digital inclusion.

What this looks like:

- Procurement described as piecemeal and inconsistent
- “Best value” often interpreted as lowest cost
- Digital inclusion not reflected in structured budgets
- Care packages capped by hours and time allocations
- Commissioning framed around time and task rather than allocated budgets

What’s missing

Integrated budgets and procurement models that allow digital inclusion to be designed into service delivery, not squeezed into existing hourly caps.

Monitoring Quality

The issue

Quality frameworks remain dominated by time-and-task approaches, with limited strategic direction for digital inclusion.

What this looks like:

- Care packages assessed primarily through hours and task completion
- No consistent national quality requirements for digital inclusion
- Gaps in accountability for digital access, capability and outcomes
- Evidence of impact from digital models not reflected in commissioning decisions

What’s missing

Clear, nationally aligned quality standards for digital inclusion, embedded within regulation and linked to commissioning and funding decisions.

Where does meaningful digital inclusion fit when resources are capped to 28 hours or 3 x 30 minutes care visits?



What We Explored

Designing a digital inclusion commissioning experience

In response to the identified gaps, we explored how commissioning processes could better embed digital inclusion across health and social care.

The discussion focused on practical shifts required at each stage of the commissioning cycle, alongside the structural enablers needed to support sustainable implementation.

Understanding Needs

Digital inclusion must be embedded within statutory needs assessment and holistic care planning.

This involves:

- Including questions on connectivity, device access and digital confidence within assessments
- Embedding digital inclusion within multi-agency care plans alongside physical, emotional and material needs
- Integrating digital inclusion into GIRFE (Getting it Right for Everyone) tools where adopted across care

Digital inclusion should form part of statutory social work assessments, enabling commissioning decisions to respond to identified digital needs. Independent advocacy is essential to ensure individual views are heard and respected.

When linked to wider personal outcomes, such as participation, independence and community connection, the role of technology becomes clearer.

Workforce and system considerations

- Assessing workforce digital skills and resourcing ongoing training
- Recognising staff capability as central to delivering inclusive services

At a strategic level, health and social care needs assessments should include population-level analysis of digital exclusion. This will help identify gaps and inform commissioning that addresses both individual and systemic barriers to digital inclusion.

Setting Priorities

Digital access should be recognised as a core entitlement and fundamental right within health and social care.

Commissioning priorities need to reflect this by establishing a minimum digital inclusion standard, including reliable connectivity, Wi-Fi availability and clear identification of digital needs.

This includes:

- Defining minimum expectations for digital access across care settings
- Aligning commissioning strategies with infrastructure investment
- Leveraging funding mechanisms such as Self-Directed Support and the Independent Living Fund to support connectivity
- Engaging providers to strengthen digital capability and evidence quality

Regulation and inspection have a role in reinforcing these priorities, with digital inclusion elevated as a measurable quality consideration.

At a national level, greater visibility is required on how local authorities are enabling digital inclusion, in order to identify variation, address gaps and share effective practice.



Planning Services

Digital inclusion should be designed into service models from the outset rather than added as an additional activity.

Planning could better reflect agreed digital inclusion expectations across different care settings, including care homes, supported living, visiting services and care at home.

This includes:

- Developing scalable models of digital inclusion appropriate to service size and setting
- Embedding digital inclusion within services or delivering through formal partnerships
- Ensuring accountability for outcomes is clear where delivery responsibilities are shared
- Strengthening independent sector involvement at Integration Joint Board level
- Aligning devices and connectivity with the purpose of digital services
- Avoiding short-term device or SIM loan approaches in favour of sustainable access
- Using transparent costing to compare traditional service delivery with digital innovation to evaluate impact effectively

Planning should ensure that digital inclusion supports prevention, participation and independence, rather than creating additional burden for frontline care staff.

Procuring Services

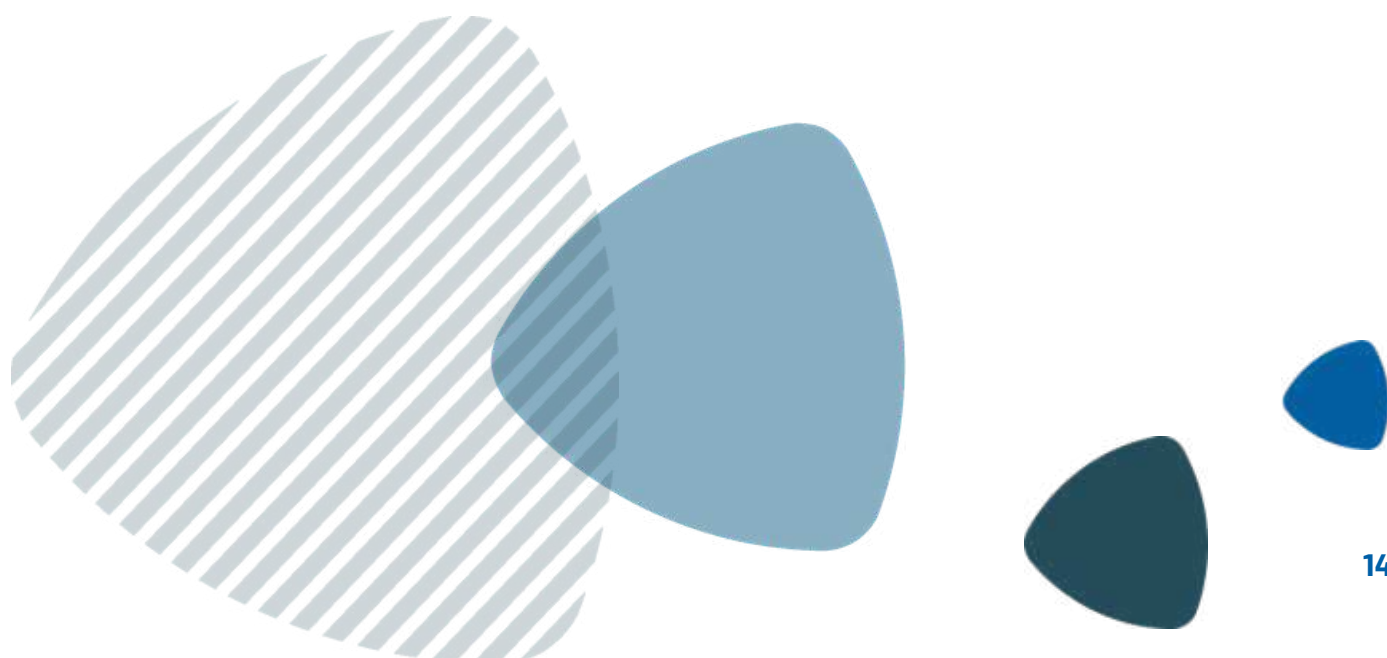
Procurement processes should enable digital inclusion through clear, flexible and sustainable funding arrangements.

Digital inclusion must be recognised as a distinct and valued component of care provision, rather than absorbed within general social support budgets.

This includes:

- Using flexible procurement routes, including light-touch approaches where appropriate, to support digital innovation
- Establishing a consistent assessment framework across Scotland
- Creating distinct budget lines for digital inclusion within commissioning arrangements
- Aligning funding mechanisms with national contracts such as the National Care Home Contract
- Enabling providers to access additional payments or service charges where digital innovation demonstrably improves outcomes

Procurement should support longer-term investment and integrated budgeting, rather than restricting digital inclusion within capped hourly care models.



Monitoring Quality

Digital inclusion should be measurable, accountable and embedded within quality and regulatory frameworks.

Quality monitoring should move beyond time-and-task measures and focus on how digital inclusion supports people's rights, independence and participation.

This includes:

- Establishing clear national guidance on what good digital inclusion looks like in practice
- Integrating digital inclusion within Care Inspectorate standards and inspection frameworks
- Monitoring outcomes as well as activity, including how digital needs are identified and addressed
- Ensuring commissioners collect evidence that digital inclusion has been considered within care planning
- Tracking workforce digital capability and progression where relevant

Quality frameworks should provide clarity on expectations and enable consistent application across local authorities, reducing variation and strengthening accountability.

The discussion made clear that as digital services and digital-first approaches expand across health and social care, digital inclusion will remain dependent on short-term funding and goodwill unless structural reform is undertaken at national and local level.

Actions for change

The workshop identified three priority areas where action is needed to embed digital inclusion within health and social care commissioning. The actions are interdependent and require national leadership alongside local collaboration. Appendix 2 details the actions aligned with commissioning stages.

Standards

Translate the Minimum Digital Living Standard into Health and Social Care Practice

Lead: Scottish Government, in collaboration with sector and academic partners

A national Minimum Digital Living Standard provides an important foundation for defining essential digital access. However, there is currently limited clarity on what this means in practice for health and social care services.

There is an opportunity to work with the sector to develop a health and social care-specific application of the standard, setting out what baseline digital access and capability should look like across care settings.

Quality

Embed Digital Inclusion in Needs Assessment and Regulatory Frameworks

Lead: Scottish Government and Care Inspectorate

To ensure consistency, digital inclusion needs to be routinely considered within statutory needs assessment and reflected within quality and regulatory processes.

Embedding digital inclusion within national frameworks would support a more consistent approach across local areas and strengthen accountability.

Delivery

Strengthen Funding and Commissioning Mechanisms to Support Implementation

Lead: Scottish Government and Integration Joint Boards

Without clear implementation plans and sustainable funding arrangements, digital inclusion will remain dependent on short-term initiatives.

There is a need to align commissioning and procurement mechanisms so that digital inclusion becomes part of business as usual within health and social care.



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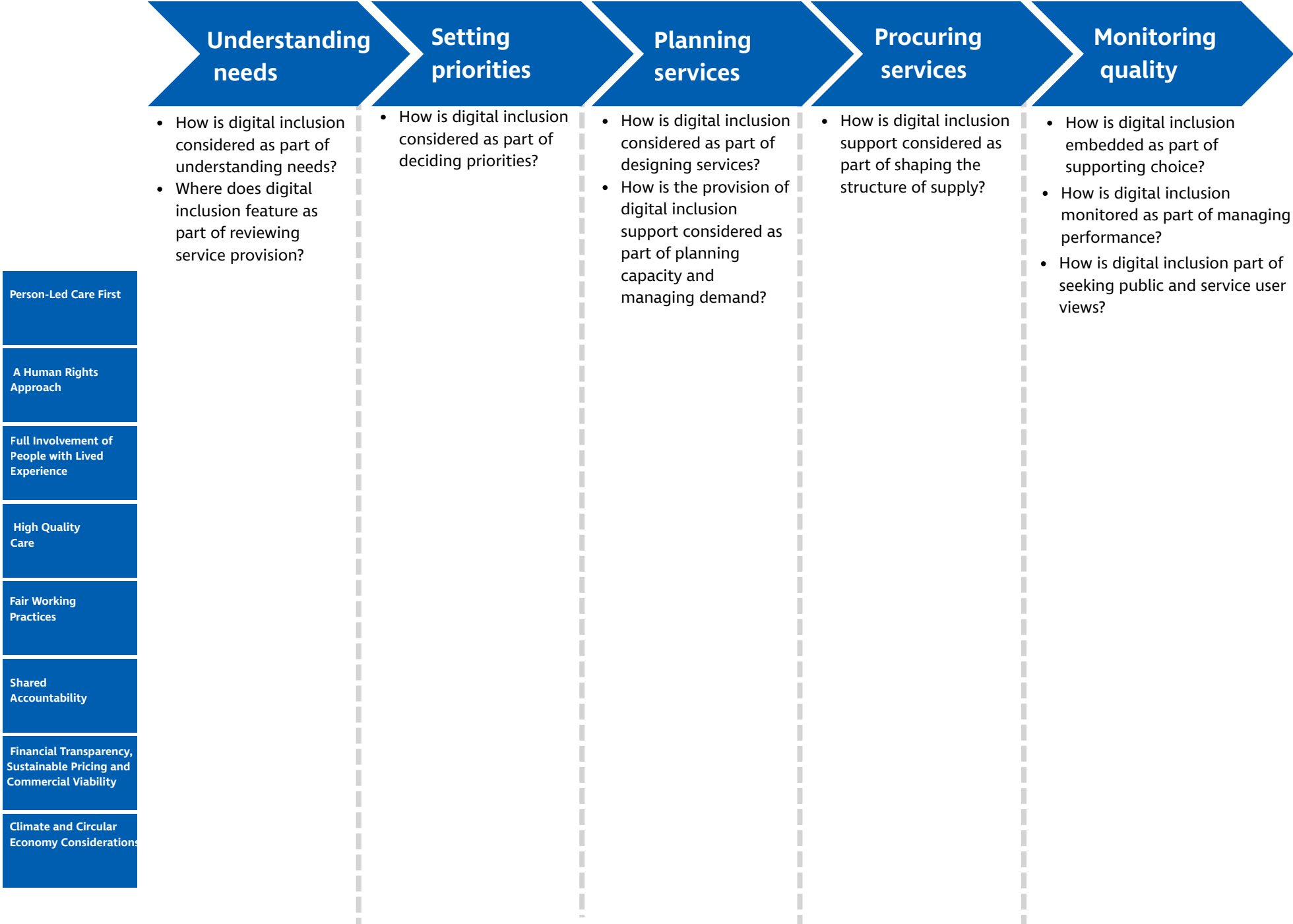


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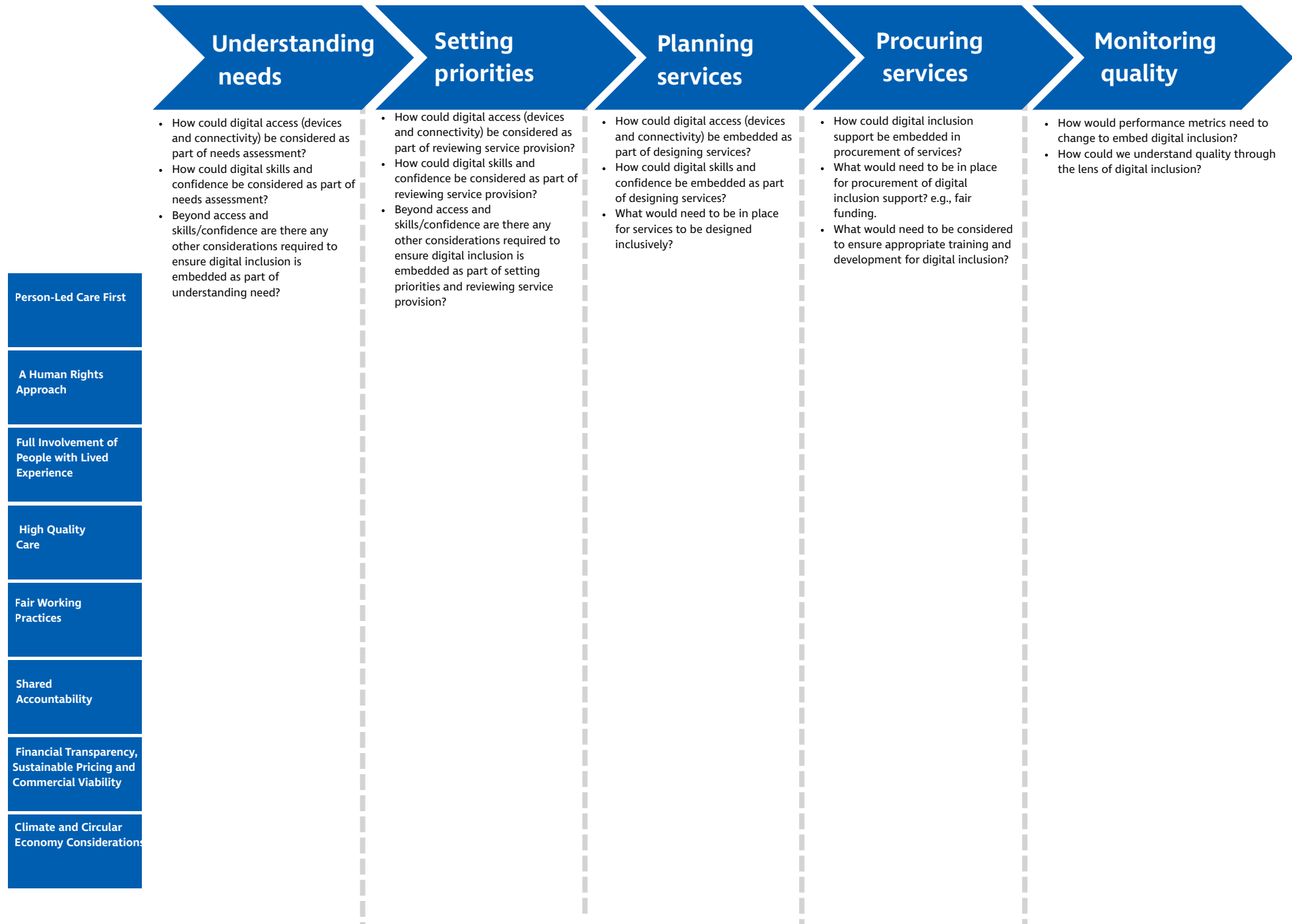
For more details on the Digital Inclusion Programme email:

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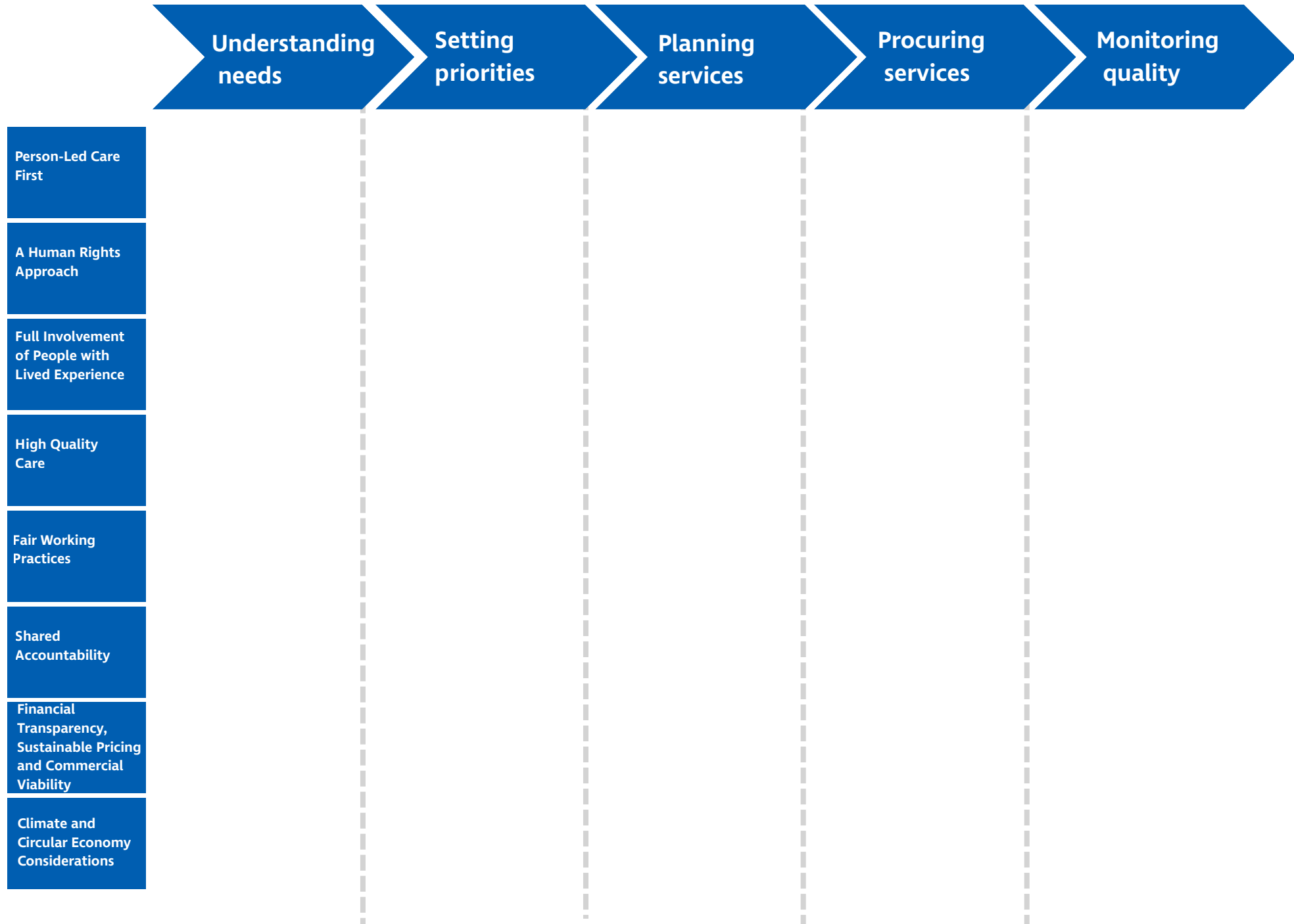
Appendix 1: Current commissioning experience



Appendix 1: A digital inclusion commissioning experience



Appendix 1: Actions for Change



Appendix 2: Actions and recommendations

Actions relating to understanding needs

Embedding Digital Inclusion within care standards ensures that every person's ability to engage digitally is considered fundamental to quality care. To achieve this, there must be a strong ability to understand needs, including assessing digital capability alongside other requirements.

Nationally, needs frameworks should reflect this priority, and the National Assessment Framework must incorporate digital inclusion as a standard element. Capturing the needs of the person is essential to ensure that people are genuinely 'heard' in the process. Mechanisms such as independent advocacy play a critical role in ensuring that individual voices are not lost.

The new Service Renewal Framework provides the opportunity to develop strong monitoring of objectives, ensuring that commitments to digital inclusion are not only stated but actively measured and delivered. The Scottish Approach to Change also presents an opportunity to further embed digital inclusion by explicitly including digital inclusion needs as part of its core principles.

Actions relating to setting priorities

Commissioning, and health and social care overall, should aim for fewer frameworks with simple outcomes, reducing complexity while maintaining clarity. Implementation plans with resource, supported by the Scottish Government, are essential to ensure delivery. Oversight from the Regulator (Care Inspectorate) should include quantifying digital in quality frameworks, making digital inclusion measurable and visible. This quantification should be embedded in focus areas and reflected in inspections, ensuring accountability.

At a strategic level, the Scottish Government's market monitoring of care and tech markets is critical, aligning with broader policy initiatives such as the Community Wealth Building Bill and the Care Reform Act. These actions together create a commissioning environment where digital inclusion is prioritised, monitored, and integrated into future delivery of care and support.



Appendix 2: Actions and recommendations

Actions relating to planning services

Planning must start with designing a minimum digital living standard for health and social care, led by the Scottish Government with support from academia and through co-design with the sector. To ensure inclusive decision-making, Integration Joint Boards (IJBs) need to guarantee formal representation of providers across sectors within boards and strategic planning processes.

Access is critical for digital inclusion and there should be nationally supported access to devices and connectivity that health and social care can link people into, delivered via the Scottish Government or the Digital Inclusion Alliance (if established). Locally, digital hubs for each Local Authority area should provide a consistent national approach to digital inclusion, ensuring equity across regions.

Finally, to build capability, there is a need to set up or commission a national provider of digital inclusion skills, creating a sustainable infrastructure for digital literacy and support across health and social care.

Actions relating to procuring services

Digital inclusion must be recognised as a discrete, funded component of high-quality social care support. To achieve this, action is needed across the sector to generate clearer costs, particularly in relation to the number of hours required. A common assessment process should be developed, led either by the Scottish Government or Scotland Excel, to ensure fairness and consistency across Local Authorities. This ambition must be supported by clear costings and resourcing, with a commitment to equitable funding for digital inclusion initiatives. Scotland Excel should establish funding lines for digital inclusion within both the National Care Home Contract and the Care at Home Framework.



Appendix 2: Actions and recommendations

Actions relating to monitoring quality

National standards for digital inclusion in health and social care, set by the Scottish Government, should be applied consistently across all local authorities. Where services are outcomes-focused, these should be tied to SQA units to ensure alignment with recognised qualifications. A digital inclusion support quality framework should be established, accompanied by a clear action plan developed collaboratively by the Scottish Government, the Care Inspectorate, and sector stakeholders. In addition, Health and Social Care Partnership strategies and population needs analysis for each area should assess requirements for digital inclusion and this should be reviewed by Care Inspectorate as part of social care provision scrutiny and assurance.

