Engagement for Digital Inclusion

H&W Primary Care Digital Accelerator Programme

The
Strategy
Unit.

NHS
Midlands and Lancashire
Commissioning Support Unit

Contents

Context

Context

The Engagement Workstream of the H&W Digital First Primary Care Accelerator Programme aims to explore and increase the impact of digital inclusion on 'Digital First Primary Care'.

The objectives of the workstream are to:

- Identify 'digitally hard to reach' groups in H&W
- Identify ways to promote the use of NHS / self-management apps
- Report how gamification could increase engagement in co-production and co-design of health applications
- Increase digital inclusion within 'digitally hard-to-reach' groups.

The following slides are a compilation of key findings from:

- Improving Digital Health Inclusion Evidence Review
- Digitally Hard to Reach Populations: Acorn Mapping
- Stakeholder mapping of those working with 'digitally hard to reach' groups
- Gamification Evidence Signpost.

This summary note highlights the **key considerations to help inform the next steps for engagement activities for the programme.** The outputs listed previously should be consulted further for more detailed guidance.

The current areas of interest for the programme include:

- **Engaging 'digitally hard to reach' groups** to support co-production and co-design of the NHS App Library
  - and how **gamification** can be used to do this
- **Increasing uptake of online and video consultations** in primary care –more specifically for the 'digitally hard to reach'
- Ways to **facilitate the above mentioned activities under the restrictions** of current/changing Covid19 guidance.

Once the recommendations provided here have been addressed by the programme team a detailed engagement plan will be developed.

What is 'digital inclusion'?

Digital inclusion*

NHS Digital, 2019 describe **digital inclusion** as a concept that encompasses:

Digital skills: Being able to use digital devices (such as computers or smart phones and the internet). This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.

Connectivity: Access to the internet through broadband, wi-fi and mobile. People need the right infrastructure but that is only the start.

Accessibility: Services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services.

"Digital exclusion can be seen as a form of inequality. **There is a close correlation between digital exclusion and social disadvantages including lower income, lower levels of education, and poor housing.** Health inequalities should be addressed in the local plans being developed in response to the national Long Term Plan."

(NHS Digital, 2019)

Who are the 'digitally hard to reach'?

People likely to be digitally excluded*

The full list of people likely to be digitally excluded ([NHS Digital, 2019](#)) is shown below:

- **Older** people

- People in **lower income groups**

- People **without a job**

- People in **social housing**

- People with **disabilities**

- People with fewer educational qualifications (e.g. excluded/ **left school before 16)**

- People living in **rural areas**

- **Homeless** people

- People whose **first language is not English**.

Evidence consistently suggests that patients who use alternative consultation methods in primary care are **younger and healthier and have higher levels of education, employment and income** than patients who use traditional primary care services.

The 'offline profile' ([Lloyds Bank (2019) Consumer Digital Index in the UK](#)) shows:

- 80% are **aged 50+**

- **White people** are 50% more likely to be offline compared to Black, Asian or minority ethnic (BAME) people

- Three-quarters (76%) are: **retired pensioners** (36%), **unskilled manual workers** (16%), **unemployed/long-term sick** (15%), and **skilled manual workers** (9%)

- 71% have **no more than a secondary school education**

- Nearly one in two (47%) are **from low-income households** (medium 16%, high 9%, prefer not to say 28%)

- One-third (32%) have a **disability**.

Improving Digital Health Inclusion Evidence review, April 2020, The Strategy Unit

Digitally hard to reach populations in H&W*

According to Acorn mapping,* **digitally hard to reach populations in H&W** (ordered by number of households) include: (Map on following slides)

- Farms and cottages

- Owner occupiers in small towns and villages

- Retired and empty nesters

- Older people, neat and tidy neighbourhoods

- Upmarket downsizers

- **Pensioners and singles in social rented flats**

- **Pensioners in social housing, semis and terraces**

- **Elderly people in social rented flats**

- Elderly singles in purpose-built accommodation.

These groups were identified as exhibiting the most "digitally hard to reach" behaviours including; least online expenditure, least digitally influenced, least social media activity and least internet frequency.

Acorn is a consumer classification that segments the UK population by analysing demographic, social, population and consumer data at postcode and household level.
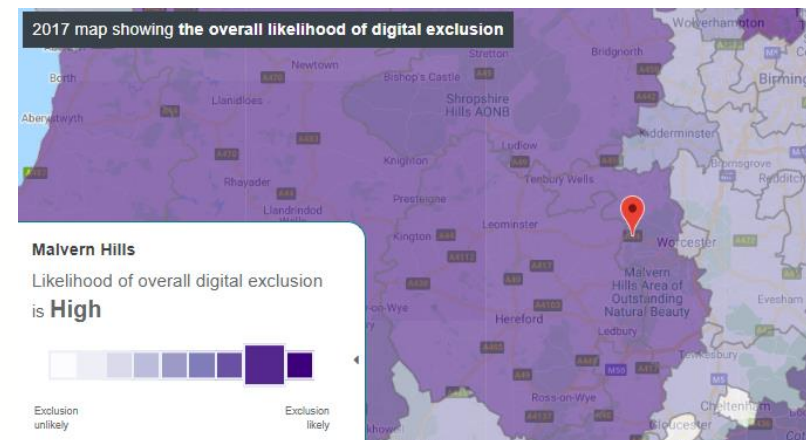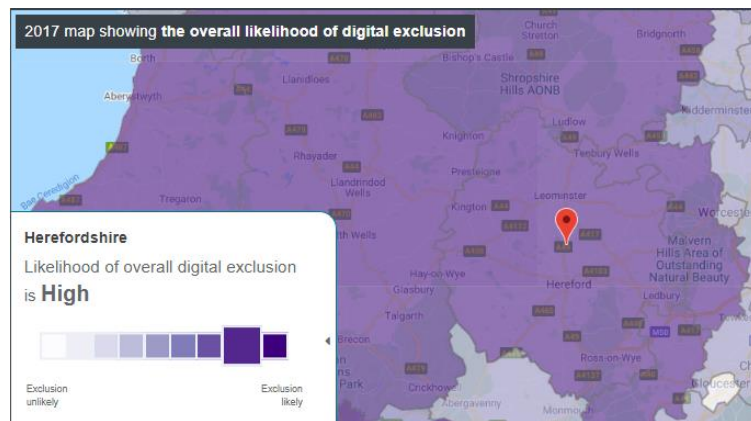
The digitally hard to reach groups identified by the mapping and the evidence align well with the key groups stakeholders are working with to improve digital inclusion in H&W.

Where are the 'digitally hard to reach'?

Location of 'Digitally hard to reach' populations

The digital exclusion heatmap shows the overall likelihood of digital exclusion by local authority. It does this by combining indicators including infrastructure (broadband and 4G), access (percentage of adults online), basic digital skills, and social indicators (age, education, income and health). The heatmap was last updated in 2017.

The map shows that the likelihood of **overall digital exclusion is high for Herefordshire**. In **Worcestershire the likelihood of overall digital exclusion is medium** for all local authorities (Bromsgrove District Council, Redditch Borough Council, Worcester City Council, Wychavon District Council and Wyre Forest District Council) apart from **Malvern Hills District Council who have a high likelihood of overall digital exclusion**.
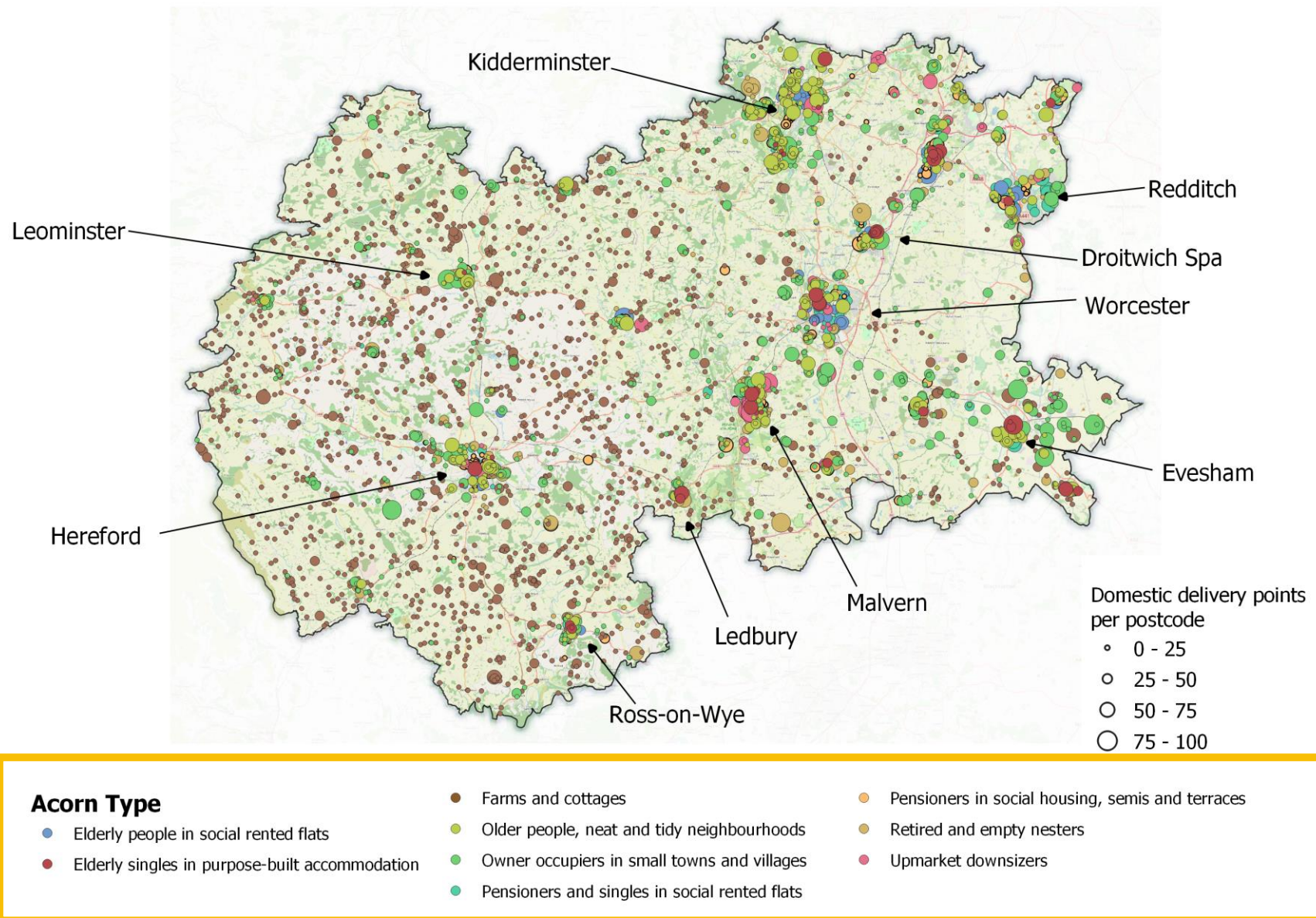

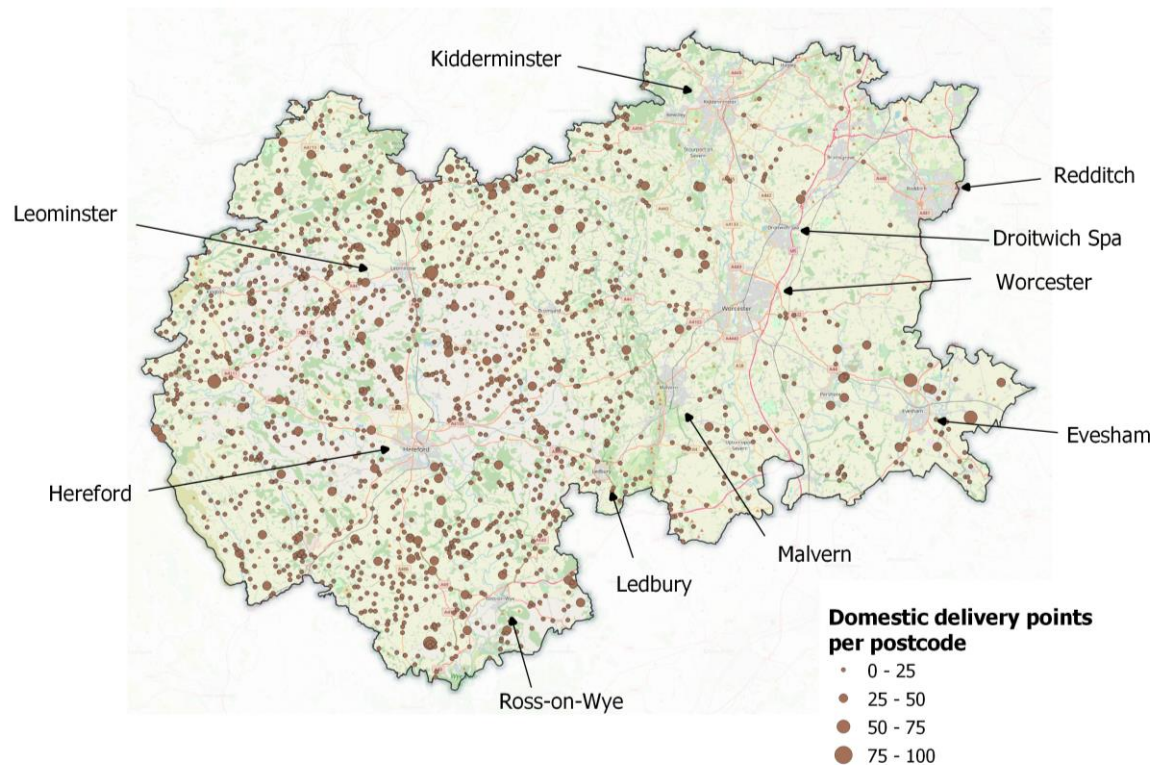Acorn mapping* (on the next slide) shows the geographical location of the **'digitally hard to reach' groups in H&W.**

It is worth noting that the majority of the 'digitally hard to reach' populations mentioned previously are in cluster areas, however 'farms and cottages' which has the highest number of households is much more widely dispersed.

Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit

Hereford & Worcestershire STP by 'digitally hard to reach' Acorn type*

Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit

Farms and cottages

Domestic delivery points
per postcode
· 0 - 25
· 25 - 50
● 50 - 75
● 75 - 100
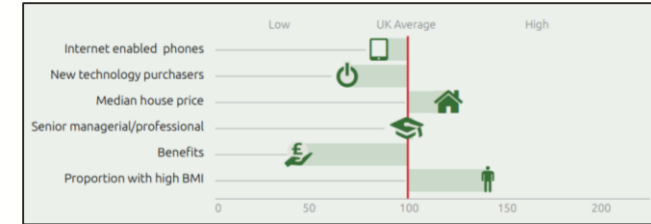
The map (left) highlights areas in which there are a high concentration of people categorised as the "Farms and cottages" Acorn type.

This type accounts for **18,816 households**.

Features of this Acorn type relating to digital devices include:

- More than the average proportion of these people will have never accessed a social media web site

- Fewer than average will download any form of apps, to their mobile phone

- They are much less likely to have an iPad or other tablet device

- They will go online, sometimes as much as a couple of times a week, but this is usually for practical purposes.

"Farms and cottages... savings... pension schemes... may never have used social media... like traditional retailers... shops less readily available where they live... gardening, bird watching, walking, photography... "

Digitally Hard to Reach Populations: Acorn mapping, The Strategy Unit (2020)

13

How are stakeholders working with the 'digitally hard to reach' in H&W?

Please note: *this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please* notify the project team.

Stakeholder mapping

Stakeholder	Target group	Work of interest with the digitally hard to reach
Herefordshire Mind	People living with mental health	• Encourage use of digital technology - offering remote rather than face-to-face support sessions through their community hub since the Covid-19 situation (e.g. phone calls, emails, texts or virtual teleconference software (Zoom/Skype)). • Applied for a grant to allow them to offer virtual mental health training for community champions. • Involved in Herefordshire Council's Talk Community Hubs initiative. • work closely with health and care organisations (e.g. GPs, secondary care, mental health teams), through their community support teams.
Worcester Housing Association	Housing association residents	• Digital Transformation strategy that aims to improve digital inclusion across their properties. Supported 3000 residents get online through the use of drop-in sessions (Took place at; Football clubs, libraries, job centres, cafes, and permanent digital branches in some flats). • Targeted programmes to support over 65s and jobseekers.
Relate Worcestershire	Adults of all ages, backgrounds, sexes and gender identities.	• Supporting individuals use video (Zoom) and phone counselling during Covid-19. • Run taster sessions and preparation sessions to increase people's confidence to try and use digital sessions.
Herefordshire County Council	Herefordshire residents	• 5-year digital strategy (2018 to 2023) to drive digital development. • Run community hubs, which provide third sector organisations with technology and internet access (e.g. at coffee mornings) to support individuals in the community to identify local support. • Rehabilitation facility (the Hillside Care Centre) set up during Covid-19. They offer digital technology and training to residents, virtual GP consultations.

Stakeholder Mapping, The Strategy Unit (2020)

Stakeholder mapping

Stakeholder	Target group	Work of interest with the digitally hard to reach
Community First	Community groups and organisations	• Help village halls work with people digitally through their 'One Step Out' project to tackle loneliness and isolation. Their loneliness toolkit includes advice on how halls can get connected digitally and offer digital skills training. • Working remotely with village halls to action plan how to reach out to people (e.g. taster sessions/ virtual coffee mornings/ buddy systems).
Herefordshire County Council (Fastershire)	Herefordshire and Gloucestershire residents	• Aim to provide faster broadband coverage across Herefordshire. • Commission external tutors to provide free 2-hour digital training for beginners (e.g. setting up email account/ shopping online). • "Go Online Fastershire" grant (up to £2,500) for voluntary groups to run digital projects and a "Keep Connected" grant (up to £500) to help voluntary groups provide activities differently virtually. • 'FasterBusiness' supports businesses to use technology to improve how they work and connect with people.
Worcestershire County Council	Worcestershire residents	• 2-year 5G pilot to explore how developing 5G technology can be used to deliver health and social care services in rural areas.

Stakeholder mapping

Stakeholder	Target group	Work of interest with the digitally hard to reach
Age UK	Older people, their families and carers	• Support older people to engage with digital technology through their One Digital project in collaboration with the Gloucestershire and the Wolfson Foundation who donated iPads for the project. • Training sessions are run in various community settings (e.g. libraries), to get people online (e.g. to do online shopping).
The Princes Trust	Young people between the ages of 11 and 30	• Support people who may be digitally hard to reach through their "Get Into" programme, aiming to get young people into employment. • Training providers from recruiting organisations (e.g. hospitals, care homes, primary care) are delivering online learning and material virtually (e.g. Zoom/Microsoft Teams) rather than face to face. • Training on e.g. email writing etiquette and online communications
Worcestershire Association of Carers	Unpaid adult carers of various ages	• Engage with unpaid carers to get them online. Covid-19 has been a catalyst to provide peer support via zoom (previously face to face) and guidance on using technology (e.g. setting up WhatsApp groups/zoom calls). • They also provide social prescribing and lifestyle advice (e.g. with PCNs in Redditch). Social prescribers have been given documents to detail how to get people to use technology (e.g. WhatsApp).

Wider specialist organisations/programmes experienced in tackling digital exclusion*

Good Things Foundation: is a national digital inclusion charity, and NHS Digital's delivery partner in the Widening Digital Participation programme.

Widening Digital Participation is a national programme aimed at improving digital skills specifically for the use of digital health services.

Reboot UK programme funded by The Big Lottery was aimed at improving wellbeing through improving digital skills for the most vulnerable people.

One Digital: partnership (funded by the Big Lottery) includes Age UK, Citizens Online, Clarion Futures (part of Clarion Housing Group), Digital Unite and Scottish Council of Voluntary Organisations (SCVO). They are developing a collaborative approach to training and supporting digital champions so they can help people to learn digital skills.

Citizens Online: is a national charity set-up to tackle the issues of digital exclusion.

Digital Unite: focuses exclusively on vocational training and support for digital champions. Their Digital Champions Network is a comprehensive training and support system for aspiring and experienced digital champions.

Social Tech Trust: a charity that challenges thinking about the relationship between technology and society. They provide the investment and support needed for 'social tech' ventures to grow and scale their social impact.

AbilityNet: is working to build a more digitally accessible world, through accessibility audits, user testing, and expert advice to deliver more accessible websites and apps.

mHabitat: is an NHS hosted team specialising in codesign, digital skills and inclusion, policy and strategy, and evaluation. mHabitat has been leading work on digital practitioners: helping health and care practitioners develop digital skills and confidence so they can make things better for people who access their services.

What are the barriers to digital inclusion?

Barriers identified in the evidence*

Barriers to digital inclusion are discussed under four broad themes (NHS Digital, 2019):

- **Access** - not everyone has the ability to connect to the internet and go online

- **Skills** - not everyone has the ability to use the internet and online services

- **Confidence** - some people fear online crime, lack trust or don't know where to start online

- **Motivation** - not everyone sees why using the internet could be relevant and helpful.

What these barriers mean can change over time. For example, where skills once meant the basic skills of carrying out a search or setting up an email account, we are now more likely to mean information literacy skills – being able to distinguish good quality health information from 'fake news'. For access, this once meant owning or being able to use a device, however this is now more likely to mean having sufficient data on a mobile phone contract, access to free wi-fi or high-speed broadband.

As access, skills and confidence improve, it is increasingly important to tackle other barriers, including (NHS Digital, 2019):

- **Design** - digital services should be accessible and easy to use

- **Awareness** - not everyone is aware of digital services and products available to them

- **Staff capability /capacity** - not all health and care staff have the skills and knowledge to recommend digital services / products.

Improving Digital Health Inclusion Evidence review, April 2020, The Strategy Unit

Barriers described by stakeholders*

Access

- **Issues with connectivity** across the patch – pockets of no internet connectivity particularly in most rural areas. Need to be conscious of disabilities and equality assessments

- **Affordability** - financial difficulties for the economically inactive (long-term unemployed / income issues. Cost of paying for digital technology as well as data. Many people may just have a basic phone

- **Registering** for online GP services is difficult for users.

Confidence

- **Trust and security issues** - suspicion about the security and confidentiality of using digital software

- **Loneliness** - can reduce people's confidence to get integrated back into the community and use technology

- **Changing technology** - several older people haven't kept up with technology as it has developed, making engagement difficult

- **Discomfort with mode of communication** - some people are not comfortable with videos and screens and communicating in that way.

Barriers described by stakeholders*

Skills

- **Use of phone** - most people have a phone but do not use it for health

- **Literacy** - issues regarding literacy in general

- **Password management** is tough for some people

- **Lack of support** - certain older individuals may not be sufficiently incapacitated that they qualify for specific support (e.g. early onset dementia patients get limited support), but they may struggle to deal with the complexity of going online which is also coupled with high levels of anxiety.

Motivation

- **Perceived usefulness** - if the user feels that the digital sessions aren't working compared to face-to-face ones, they may not engage further

- **Reason for use** - video or phone appointments may be the preferred option as people may not feel as judged talking about intimate relationship issues remotely rather than face-to-face

- **Format of online sessions** can make engagement difficult. Attention span and online fatigue can also be issues.

Stakeholder Mapping, The Strategy Unit (2020)

What are the enablers / opportunities for digital inclusion?

Opportunities described by stakeholders*

Access

- **Targeted schemes** - schemes for over 55 to get free Wi-Fi or Internet connection

- **Widen range of methods** - in rural areas with high risks of social isolation other methods of communication such as a basic phone call or text may work better

- **Provision of technology** - providing people with the technology is necessary.

Skills

- **Informal training** - libraries offer courses to help get online but people want something that's less formal and more everyday use with tips and hints. Sessions should be set at their own pace, avoid pressure and don't treat as an intensive course

- **Support groups** like 'Here 2 Help' provide useful support

- **Build confidence** - training sessions should include demonstrations and should aim to build confidence amongst participants.

Opportunities described by stakeholders*

Confidence

- **Use familiar formats** - people use other sources such as Facebook to get information and are more comfortable with such formats

- **Flexibility -** keep engaging with people to offer what works for them and be flexible. E.g. make using cameras optional

- **Preparation** prior to a session is key. Run-through beforehand what to do step by step and checking the links work and that people can hear each other, so that they feel confidence to use the technology during the actual appointment. Let them know what to expect beforehand give important tips. Offer taster sessions free of charge

- **Go to the people** - using other familiar organisations who are already engaging with vulnerable people is a good way to find and engage with this group

- **Provide reassurance** to people, by reiterating that if you follow the correct procedures, digital technology is as safe as it can be.

Motivation

- **Shown the advantages** of what is being offered and the benefits for health

- **Promote the value of everyday technology -** E.g. Alexa / Google for people to be able to talk to people they know

- **Use champions in the community** – E.g. buddy systems and volunteers to meet people at their doors and encourage them to get involved in digital initiatives.

*Stakeholder Mapping, The Strategy Unit (2020)

Improving digital inclusion

Approaches to improving digital inclusion include ([NHS Digital, 2019](#)):

- **Digital skills training:** There are [Online Centres](#) in most communities which provide places where people can go to get online in supported environments (e.g. [The Hive, Worcester](#) and [Wye Learn CIC, Hereford](#)).

- **Digital Champions** and **Digital Ambassadors:** help others develop their digital skills and understand the benefits of getting online. Digital Unite's [digital champions network](#) provides learning resources and practical tools.

- **Community Engagement and Co-design:** is including those who will be affected by decisions. They are the experts in their lives and know their world better than anyone else, and thus coproduction and codesign can be invaluable.

- **Peer support** and i**ntergenerational mentoring:** Younger people who have grown up in the digital age can be a great resource to introduce older people to digital devices and possibilities online. E.g. [digital heroes](#) in Wales.

- **Assistive technology:** Older people and people with disabilities may be able to use assistive technologies to help them to stay independent and manage their daily lives. E.g. telehealth, telecare, remote monitoring systems, wearable devices and smart home devices.

- **Free public wi-fi:** Access to free wi-fi can be crucial for people who might find it difficult to afford data costs on their digital device.

- [**Social prescribing digital skills**](#)**:** can be used to link up with organisations providing digital inclusion support. E.g. Sheffield patients are referred to the [Heeley Development Trust](#) for help with getting online.

- [**Digital skills of staff**](#)**:** Building knowledge and confidence in using digital health and acting as digital champions to recommend digital tools to their patients.

- [**Raising awareness**](#)**:** Many people are not aware of the support available to help them get online and improve their digital skills.

Improving Digital Health Inclusion Evidence review, April 2020, The Strategy Unit

Digital Inclusion Lessons Learned*

- **Embed digital health** in digital inclusion and in informal learning

- **Be aware of different access issues** different population groups might experience

    o   Build solutions that fit into people's everyday lives

- People in most need are often hardest to reach

    o   **Go to where people are**

    o   Work with the people who know them best

- Use a **person-centre approach** to support including understanding users' motivations

    o   **Co-design;** from initial discovery phase to live service and beyond

    o   **Outcomes first,** then digital

- Understand that digital inclusion support can be resource intensive

    o   **Use existing tools and resources** wherever possible

- Recognise that there may be underlying issues that need to be addressed

- Use **inclusive language**

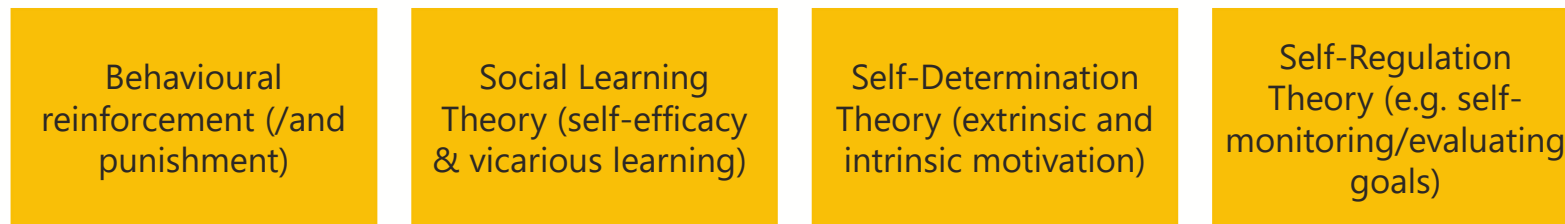- Ensure services are **future proofed**.

Gamification and engaging 'hard to reach' groups*

The literature describes gamificiation within healthcare as the "application of the **elements of game design** (e.g. mechanics, principles and dynamics) to **non-game contexts,** in order to **improve user engagement and experience (enjoyment)** around a specific activity or task that exists outside of the game." (Deterding et al. (2011))

Common **components** of gamification include:

Rewards	Goals / achievements	Rules and barriers	Overcoming challenges	Social interaction (progress / leaderboards / scoring)	Fun / play

Mechanisms of gamification include:

Behavioural reinforcement (/and punishment)	Social Learning Theory (self-efficacy & vicarious learning)	Self-Determination Theory (extrinsic and intrinsic motivation)	Self-Regulation Theory (e.g. self-monitoring/evaluating goals)

In healthcare, gamification is most frequently used in the context of *"heath behaviour change support systems"* to change attitudes and behaviour in context to health and wellbeing. (Alahaivala & Oinas-Kukkonen, 2016)

However, the evidence suggests **potential unintended harms** of using gamification in this way, including:

1. Adverse motivational outcomes
2. Informational noise (e.g. trivialising the health context)
3. Reduced integrity of exercise (e.g. rewarding incorrect execution)
4. Demoralising users (e.g. feeling manipulated)
5. Overstepping boundaries (e.g. privacy).

Gamification and engaging 'hard to reach' groups*

Common examples of gamification in healthcare settings include for:

- **Self-management** behaviours for chronic conditions (mobile apps for diabetes management, Asthma self-management and rehabilitation (Cancer, Diabetes, Alzheimer's disease, Stroke and Obesity)

- **Mental health** – apps and technologies for improving mental health and wellbeing, cognitive bias modification interventions for psychiatric disorders (inc. anxiety and affective disorders; alcohol problems)

- Applications for the **elderly and older adults**

- **General public lifestyle change and wellbeing** as the largest area of application in healthcare, predominantly applied to increasing physical activity, exercise or fitness behaviours.

In healthcare. gamification is most frequently used in the context of ***"heath behaviour change support systems"*** to change attitudes and behaviour in context to health and wellbeing (Alahaivala & Oinas-Kukkonen, 2016).

However, the evidence suggests **potential unintended harms** of using gamification in this way, including:

1. Adverse motivational outcomes
2. Informational noise (e.g. trivialising the health context)
3. Reduced integrity of exercise (e.g. rewarding incorrect execution)
4. Demoralising users (e.g. feeling manipulated)
5. Overstepping boundaries (e.g. privacy).

Gamification and engaging 'hard to reach' groups*

Below are some examples exploring the **use of gamification to enhance the engagement of vulnerable or 'hard to reach' groups**.

De Vette et al. (2015) "Engaging elderly people in telemedicine through gamification" This study reviewed the use of gamification to engage elderly people in telemedicine. It aimed to give an overview of existing frameworks for applying gamification. Secondly, it explored theoretical tools for classifying users and tailoring game content to user type. Findings highlight the limited application of gamification to engage older adult users in telemedicine; as well as a considerable gap in research concerning effectiveness of gamification in this group. While tools for classifying players/users may be useful generally, few studies have examined effectiveness of tailoring gamification design to the needs of these users.

Minge & Cymek (2020) "Investigating the Potential of Gamification to Improve Seniors' Experience and Use of Technology" This experimental study investigated the potential of gamification to improve the usage of information and communication technologies among older adults. The study explored the use of ICT learning software with gamification elements and found it was appealing to older adults generally but it was a complex - some features were appealing to some, but unappealing to others (e.g. some enjoyed continuous positive feedback whereas others viewed them as intrusive). Importantly, there was not a clear relationship between adding gamification elements to the ICT learning software and whether older adults viewed the software as better or superior.

Love et al. (2016) "Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program" The authors examined the accessibility, engagement and impact of adding smart phone accessibility and game elements (including social media features: anonymous social sharing; badges to incentivise skills uptake; access to an accredited facilitator) to an accredited parenting programme for vulnerable parents. This had positive impacts upon parenting practices and child behavioural outcomes (including engagement) which were maintained at follow-up (six months).

Gamification Evidence Signpost, July 2020, The Strategy Unit

Opportunities for stakeholders to support the programme*

Stakeholder	Potential opportunity to support programme
Herefordshire Mind	• Connections with digitally hard to reach people with mental health problems • Want to expand their provision of digital services
Worcester Housing Association	• Access to residents that could support the testing of approaches in programme • Runs accessible drop-in sessions for their residents at the moment utilising Facebook and telephone calls to access their service users
Relate Worcestershire	• Connections with digitally hard to reach people with counselling needs
Herefordshire County Council	• Connections with community members who may be digitally hard to reach • Several digital initiatives to provide people with technology and upskill them in its use
Community First	• Work with vulnerable and isolated people who may be digitally hard to reach
Herefordshire County Council (Fastershire)	• Well connected to people/community groups who know digitally hard to reach people and they facilitate the provision of faster broadband and provide digital training
Worcestershire County Council	• Intend to improve internet connectivity which could improve access for digitally hard to reach individuals (ongoing innovation projects)
Age UK	• Contact with older individuals who may be digitally hard to reach • Have training and upskilling sessions
The Princes Trust	• Well connected to young people. Happy to be contacted about providing support to under 30s who are identified as digitally hard to reach
Worcestershire Association of Carers	• Closely linked with carers who may interact with digitally hard to reach • Their digital guidance and training and close working relationship with the STP already

Please note: *this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please* <u>notify the project team.</u>

*Stakeholder Mapping, The Strategy Unit (2020)

Interest-influence grid
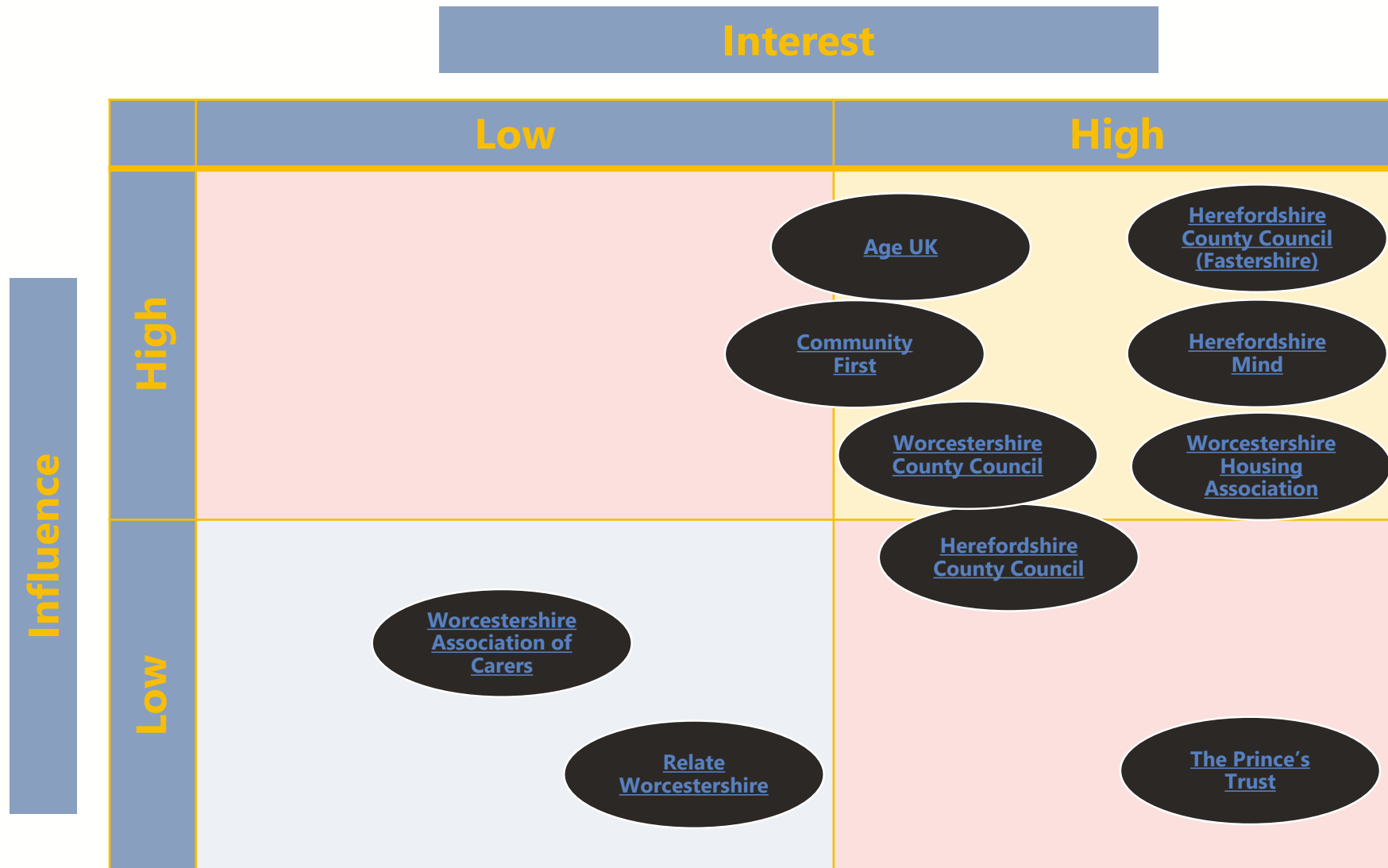
Interest – refers to stakeholders' interests in being involved in the programme activities
Influence – stakeholder access and work with the 'digitally hard to reach' groups of interest

Please note: this map is a work-in-progress and, produced from a few initial conversations. If you know of any other organisations (stakeholders) working on this agenda in H&W please notify the project team.

Opportunities for stakeholders to support programme

Other stakeholders* that could potentially be consulted to support the programme activities, include:

- **Voluntary and Community Sector Provider Group** - representatives from several organisations would be able to share their views

- **HVOSS (Herefordshire Voluntary Organisations Support Service)** - umbrella organisation that provide information, guidance and support to volunteers, charities, voluntary and community groups in Herefordshire.

- **West Midlands Combined Authority** - provide funding for digital training programmes

- **Malvern District Council** - offer support for people to get online (including over 65yrs)

- **'Digital Unite'** - 'we are digital' - employed by organisations to deliver digital inclusion

Wider specialist organisations/programmes experienced in tackling digital exclusion also present opportunities for collaboration where there is overlap with the programme.

Engagement considerations

Engagement considerations

We are currently in the middle stages of stakeholder engagement for digital inclusion. Stakeholders have been identified and potential opportunities for supporting this programme have been previously outlined. In order to progress with engagement it is important to develop a stakeholder engagement plan that stipulates how activities will engage the groups of interest (digitally hard-to-reach) in line with the programme objectives.

Step 1: Purpose → Step 2: Stakeholder identification → Step 3: Level of participation → Step 4: Develop engagement plan → Step 5: Implement and monitor engagement → Step 6: Feedback → Step 7: Evaluate

This note outlines the various considerations that need to be addressed in order to develop the engagement plan.

Inclusivity is a vital element of stakeholder engagement - approaches and activities should foster and actively encourage inclusivity. Inclusive approaches for engagement should be at all stages from planning to evaluation. Applying co-design principles can support this:

- Design with people, not for them
- Go where the people are
- Relationships not transactions
- Work in the open
- Understand underlying behaviour
- Do it now - get it out there and see what works and what doesn't.

Recommendations for the programme

1. **Plan how you will address Digital Exclusion** - as part of their project plans, workstreams should describe how their activities plan to address digital inclusion.

2. **Co-design with those you are trying to reach**

   a) **Create a network** – the stakeholder mapping has helped identify a potential network of partners that can support engagement of digitally excluded groups; the programme should utilise this for more collaborative working especially where there is a shared agenda.

   b) **Establish a reference group**– given the need for the programme workstreams to identify opportunities to engage digitally hard-to-reach people and address the challenges they face; we suggest establishing a reference group with representatives of the digitally hard-to-reach.

3. **Identify specialists who can help** - wider specialist organisations/programmes experienced in tackling digital exclusion also present an opportunity for collaboration in using existing work to support the programme.

4. **Experiment** - as there are potentially different groups with different needs there is a need to consider using a variety of approaches and methods to engage the digitally hard-to-reach.

5. **Demonstrate the cost / savings** - this analysis has identified 'who' and 'where' digitally hard-to-reach groups are. There is an evident need to identify how this correlates with who the highest users/ those in most need of access to primary care services are.

The Strategy Unit.

Stay connected with us!

https://www.strategyunitwm.nhs.uk/

@Strategy_Unit

0121 612 1538

strategy.unit@nhs.net

On behalf of the project team...
Mahmoda Begum
(Senior Consultant)
Mobile: 07730 318296
Email: mahmoda.begum@nhs.net

NHS
Midlands and Lancashire
Commissioning Support Unit