Inclusive digital transformation: what you need to know

Knowledge into Action Briefing

Thrive by Design

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A report by

Thrive by Design

Inclusion. Innovation. Improvement.

Key points

Inclusive digital transformation is very complex and the success of it is often based on nuances within how questions are asked and how that is communicated to patients and staff. There is no one size fits all approach with this work and something that will be ever continuing and evolving and underpinning both digital and non digital implementations"

Integrated Care System (ICS) respondent to Thrive by Design Survey 2021

- Inclusive digital transformation is an approach developed by Thrive by Design in recognition that digital exclusion is a complex system issue not an individual problem and that to tackle it health and care systems need to go beyond digital inclusion interventions.

- To help improve practice, based on two years of research and practical co-design activities, Thrive by Design has produced a canvas which describes the factors which need to be in place to achieve good inclusive digital transformation at the organisation, clinical pathway, place and ICS level.
    1. Strategic alignment
    2. Leadership
    3. Sustained funding
    4. Digital technology infrastructure
    5. Population health needs
    6. Strength-based approach
    7. Partnerships
    8. Co-design and co-production
    9. Local people and user motivation, capacity and capability
    10. Staff motivation, capacity and capability and ways of working
    11. Use of good practice, evidence, learning and continuous improvement

- To encourage and support progress, Thrive by Design recommends national policy makers and organisations:
    - o Provide clear policy direction and guidance
    - o Improve long term revenue funding models
    - o Build local leadership understanding and buy-in
    - o Strengthen initiatives on developing a digitally ready workforce
    - o Improve public awareness, trust and understanding in digital approaches
    - o Support better evaluation methods
    - o Address deficits in access to local and national data on those digitally excluded.

- Start from where you are and start small. Whilst it is vital to take the time to understand the context and needs, it is also important to value existing strengths and assets and go where the energy is, set shared goals and take iterative steps in the right direction.

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1. Introduction

1.1 About this briefing

Inclusive digital transformation is in the early developmental stages in most parts of the NHS. Language, policy and practice is still emergent. There is growing interest and approaches are being tested and developed by pioneers.

This briefing is to share Thrive by Design's thought leadership on inclusive digital transformation and learning on 'what good looks like' for practice and policy.

The insights will support people at national, system and local level to embed inclusive digital transformation into 'how we do things' around here.

Underpinning work by Thrive by Design:
- Supporting NHS Trusts and Integrated Care Systems (ICSs) e.g. mapping needs work with Connected Nottinghamshire and Cheshire and Merseyside Health and Care Partnership and inclusive digital transformation approach for Norfolk and Waveney Health and Care Partnership and Leeds and York Partnership NHS Foundation Trust.
- Mapping work on digital inclusion for NHSx.
- Facilitating a 'Digital Inequality Pioneers' programme for NHS England and Improvement to support ICSs to advance leading work.
- Co-designing a digital skills guide for the NHS Confederation Mental Health Network.
- Co-design work for Professor Trish Greenhalgh and team on what inclusive remote video consultation looks like.
- Exploring ways in which to enable a more inclusive digital transformation approach to mental health services at a local, regional and national level for NHS England and Improvement.

1.2 The issue

Digital exclusion is a complex system issue. Tackling it involves a shift from focusing on individual digital inclusion interventions to whole system cultural change. This is where inclusive digital transformation comes in - as an approach developed to drive this change across health and care.

1.3 Definitions

- Broadly defined, **digital exclusion** is where a section of the population have continuing unequal access and capacity to use Information and Communications Technologies (ICT) that are essential to fully participate in society.[1]
  It is the result of an inequitable society and is a complex, dynamic and multi-layered system issue.

  Factors and barriers include life context, e.g. income, age, health conditions, and precarious life circumstances, digital access, skills, confidence and motivation, trust and concerns related to security and privacy and system side issues such as staff access, skills, confidence and motivation and poor infrastructure.

  For more information on digitally excluded populations in the UK see the annual [UK Consumer Digital Index from Lloyds Bank](). The 2021 Consumer Digital Index shows:
    o 10m people do not have the digital skills needed for everyday life in the UK
    o 14.9 million have very low digital engagement
    o 1.5m UK households have no internet access

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[1] Amit, S., Haush, B., Rivka, O. Noam, T., 2015. Re-theorizing the "digital divide": Identifying dimensions of social exclusion in contemporary media technologies [online] Available at: <https://eprints.qut.edu.au/86701/> [Accessed 20 October 2021].

- **Digital inclusion** is the interventions designed to support people who are not able to use digitally-enabled services and tools.

  The Government Digital Service defined digital inclusion as making sure that people have the capability to use the internet to do things that benefit them day to day[2]. The NHS Digital 'Digital Inclusion Guide' states that digital inclusion includes; digital skills, connectivity and accessibility.[3]

- **Inclusive digital transformation** is a flexible and customisable approach developed by Thrive by Design following a co-design discovery process with many different partners across the English health and care system.

  It recognises that digital exclusion is a complex system issue and aims to build greater digital equity into the system in a way that is meaningful to the local context.

  o This means focusing on co-designing inclusion into digital transformation as far upstream as possible with people at risk of digital exclusion and other stakeholders.
  o It involves cross-sector and collaborative leadership developing a shared strategy based on an understanding of local needs and assets.
  o It recognises the importance of person-centred wraparound support and access to accessible technology and the internet, both for people who use and deliver services.
  o This approach recognises poverty is often a primary root issue and advocates a systemic approach to tackling digital and data poverty.

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[2] Government Digital Service, 2014. Government Digital Inclusion Strategy [Online] Available at: <https://www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy> [Accessed 20 October 2021].

[3] NHS Digital, 2019. *NHS Digital Inclusion Guide.* [Online] Available at: <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion> [Accessed 20 October 2021].

What does exclusive digital transformation look like?

- o Untested assumptions
- o Designed without people with living experience
- o Built for majority not for everyone
- o System centred
- o No choice other than digital
- o Inaccessible design
- o Additional costs to people who need services
- o Siloed service delivery
- o Poor infrastructure
- o Lack of staff skills

2. Insights for practice

Based on two years of research and practical co-design activities, Thrive by Design has produced a canvas which describes 11 factors which need to be in place to achieve good inclusive digital transformation at the organisation, place, clinical pathway and ICS level.

This can be used as a mechanism through which ICSs and others can self assess, track and review progress towards inclusive digital transformation in a way that is flexible and meaningful to the local context.

View our Inclusive Digital Transformation Canvas - below we have explained each point on the canvas and provided practical pointers for what you can do to move towards this.

1. Strategic alignment

Our system has an inclusive digital transformation strategy and/or programmes that are aligned with other strategies and programmes.

Putting it into practice
- Ensure the ICS digital transformation strategy has inclusion and digital health equity at its heart.
- Align work within the wider health inequality agenda.
- Join up work on inclusive digital transformation with other priorities and oversight arrangements e.g. co-production and workforce.

2. Leadership

Multi-professional leaders champion inclusive digital transformation driven by a focus on care pathways and health inequalities.

Putting it into practice

- Secure senior leadership 'buy-in' from a mix of system leaders to increase the chances of wider and longer term developments.
- Develop multi-professional leadership at all levels e.g. clinical, health inequalities digital, workforce, patient and public involvement, analytics.

3. Sustained funding

There is commitment to funding to cover change projects, sustained delivery and underpinning approaches eg. co-design, participatory approaches and digital poverty costs.

Putting it into practice

- Build understanding that inclusive digital transformation addresses complex issues that require sustained funding. Pool resources, particularly given the potential to tackle health inequalities.
- Look for ways to capitalise on wider investment in co-production, inclusive co-design and community engagement.
- Fund or access support from dedicated posts e.g. digital inclusion officers, user researchers, co-production /co-design leads.

4. Digital technology infrastructure

There is an understanding of what is possible within the existing level of digital maturity and what developments are needed.

Putting it into practice
- Assess how the digital maturity of the system has an impact on ability to make progress e.g. the population health capabilities of the ICS and progress on people focused apps and tools.
- Identify your future requirements and secure support. Contribute to innovation in clinical and service user systems e.g. how clinical systems are used to identify digital inequalities and markers for digital exclusion.

5. Population health needs

Our system has a strong understanding of needs based on data and user experience supported by analytical expertise and specialist expertise in mapping digital exclusion risk.

Putting it into practice
- Carry out a needs analysis for service users, staff and voluntary organisations delivering those services. Understanding the nuanced needs allows us to challenge our assumptions about barriers to inclusion.
- Needs change across time, geography and community so this must be a continual process of assessment.

6. Strength-based approach

Our system recognises people, partners and communities as assets, and proactively maps, mobilises and strengthens assets.

Putting it into practice

- With a mindset of seeing people and communities as assets, develop a strategy for mapping these assets, mobilising them and strengthening them.
- Understand existing provision and opportunities for supporting digital inclusion to avoid duplication and help create synergies.

7. Partnerships

There are strong partnerships which bring fresh insights and routes to involving people. There is a shared understanding of the problems and solutions. There is pooling of knowledge, resources and responsibilities.

Putting it into practice

- Identify and engage a rich mix of players. Consider who might be missing – avoid just working with the 'usual suspects.'
- Invest time in building a shared understanding of the problems and solutions because this is known to be vital to making and sustaining change.
- Work with trusted touchpoints: work in partnership with (and fund) community organisations where trust has already been built to engage with people who might not otherwise have their insights and needs heard.

8. Co-design and co-production

Local people, users, wider stakeholders and practitioners decide and shape improvement priorities and digitally equitable pathways.

Putting it into practice

- Design with people, not for them. They are the experts in their lives and know their world better than anyone else.
- Go where the people are. Conversations are more open and honest when people feel comfortable and safe. Spend time where they spend time.
- Relationships not transactions: Health is a very emotive subject. People's relationships with professionals, peers, digital tools and their environment are unique to them and must be taken into account.
- Work in the open: Share your learning and work. Be transparent in your design decisions. Have the confidence to tell people why something has worked and why something hasn't.
- Be clear about the level of involvement: co-production is about sharing power with local people, stakeholders and practitioners (frontline staff). Involvement is from the earliest stage and encompasses co-delivery and co-evaluation.

9. Local people and user motivation, capacity and capability

We are sensitive to context, concerns and beliefs about digitally enabled care and find ways to lift the barriers to digital inclusion.

Putting it into practice

- Take a joined up approach to developing person-centred care, health literacy, digital literacy and inclusion.
- There should be choice and a personalised approach to building skills, confidence and motivation.
- Tackle data and digital poverty.

10. Staff motivation, capacity and capability and ways of working

Our system addresses misconceptions about digital and digital inclusion, supports new skills, creates new roles and revised roles.

Putting it into practice

- Engage staff about how inclusive digital transformation is not a digital problem and equally they do not need to become digital experts.
- Encourage staff to be wary of making assumptions about digital exclusion of people.
- Assess whether you have the capacity and capability to make the change and the digital skills of staff needed to deliver the way forward.
- Develop skills through building it into inductions and training programmes. Use bespoke and personalised training targeting specific needs, peer led training, informal on the job training with peer support and digital champion models.
- Develop and fund dedicated roles (e.g. digital nurses, digital inclusion officers, digital champions) and revise job roles/descriptions.

11. Use of good practice, evidence, learning and continuous improvement

We draw on a range of good practice and evidence and gather data and insights in real time to support continuous improvement.

Putting it into practice

- Seek insights and good practice from peers and networks.
- Establish mechanisms to capture robust and inclusive data and feedback.
- Make sense of learning and seek opportunities to share your work.

3. Shining a light on good practice

Connected Nottinghamshire

Get Nottinghamshire Connected is a digital and social inclusion project working across Nottingham and Nottinghamshire to support the most excluded people across the city and county gain the essential skills and confidence they need to start using technology, and get connected.

Norfolk and Waveney Health and Care Partnership

Norfolk and Waveney Health and Care Partnership have developed a cross sector partnership approach which has mapped needs and assets, carried out user research, tested and evaluated a pilot device lending programme and are running learning and co-design programmes as the foundation for an inclusive digital transformation strategic approach.

> *"As we started on our Digital Inclusion journey we had no clue how to start to understand, and visualise, our Digital Inclusion landscape in Norfolk and Waveney. The expertise Thrive by Design have meant we could collate information into one place, visualise it AND interact with it. This was invaluable for our work and for making the case for change for Digital Inclusion in Norfolk and Waveney."*

Integrated Care System for Devon (ICSD)

ICSD is focused on increasing confidence, knowledge, support and skills with rural communities to help tackle digital and health inequalities. It has a cross-sector partnership approach to user research and a gap analysis to understand the digital barriers faced by patients who live in rural communities. This approach will use virtual consultations and research to understand how patients feel, what support there is and what good looks like to produce a digital exclusion strategy

4. Implications for policy and national organisations

Clear, directive policy with supporting, comprehensive guidance which places inclusion at the centre of digital transformation and holds national and local health and care systems to account

This means leadership and clear policy direction moving inclusion into the digital and health inequalities mainstream. There are currently no national or local metrics on inclusive digital transformation. It also means development and deployment of accompanying tools/guides, which ensure that every health and care system takes an inclusive digital transformation approach. The process of development and the marketing and communications strategy is as important as the end product.

Long term revenue funding models

The majority of digital funding programmes are supported through capital funding models. Yet inclusive digital transformation is more suited to a guaranteed longer term revenue stream. Embedding inclusive digital transformation is less about buying equipment and software, and more about the provision of data collection and analysis, partnership building, training, and support to achieve meaningful and sustainable change. A levelling up focus to support areas that have most need, or have previously not participated in initiatives such as Global Digital Exemplars may be useful. National capital funding and digital funding pots do not consistently require inclusive digital transformation. There is no standard clause for every funding pot to ask recipients 'how will you ensure that this digital transformation does not compound pre-existing inequalities?'

Build local leadership understanding and buy-in

There is a need to specifically target local leaders from ICSs and providers to raise awareness, encourage engagement and ensure leaders are championing the agenda.

Develop an Inclusive Digital Transformation Framework

A mechanism through which ICSs can self assess, track and review progress.

Workforce

Ensure professional frameworks and training supports staff to understand digital health technology, digital inclusion and inclusive digital transformation as a key priority and that they embrace it. This should include peer-led, informal and personalised models of training.

Improve the digital brand

Explore how to engage people who deliver and who use services in understanding the benefits of using digital to improve the quality, efficiency and accessibility of services.

Better and consistent data collection locally and at a national scale

There isn't enough quality and quantity of data on those digitally excluded. Better access to data to help ICSs, local authorities, national bodies to assess the real picture (as opposed to the risk picture) will help to understand whether digital exclusion is actually widening health inequalities or worsening health outcomes.

Better evaluation methods

Evaluate emerging good practice - the lack of evidence can limit future work. There is a need for better evaluation methods by those who deliver and use services. In the few cases where ICSs report adopting elements of inclusive digital transformation,

these are at early stages of maturity. Of perhaps greater concern is the identified lack of robust mechanisms in place to measure what works, thus potentially limiting the opportunity to effectively share transferable learning.

Adoption, adaption and scaling up

To support adoption, adaption and scale up, there is a need to focus on enabling pioneers to evaluate the impact of their work and share their knowledge and insights with other interested ICSs (e.g. through action learning sets, mentoring, coaching, networks, playbooks). This should include work happening across as well as within regions.

5. Conclusion

Digital exclusion is a complex system issue and bringing about positive change might seem daunting. Inclusive digital transformation is about cultural and behavioural change, relationships and building capacity and capability. Staff engagement is always crucial in any change process. For inclusive digital transformation, this can be a particular challenge because the issues and ways of working are not familiar.

Therefore, start from where you are and start small. Whilst it is vital to take the time to understand the context and needs, it is also important to value existing strengths and assets and go where the energy is, set shared goals and take iterative steps in the right direction. Working out from pockets of best practice shows that you can make a difference despite the challenges.

The golden thread and most effective way to bring about change is to put the voices of people for whom change matters most at the heart of the approach.

6. Find out more and get involved

For further information go to the [Thrive by Design](#) website and the [Inclusive Digital Transformation FutureNHS workspace](#).

Join the community on the workspace and on twitter #DigiHealth4All
Get in touch with the team at Thrive by Design info@thrivebydesign.org.uk

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