



People's Voices Group

Your
healthwatch
Leeds

Digital Inclusion in Leeds: **How Does It Feel For Me?** **Autumn Check In**

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Section 1: About this briefing

What's the purpose of this real-time briefing?

This real-time briefing is designed to give an insight into how people in Leeds are experiencing digital inclusion and exclusion as of autumn 2020. It follows on from the [report](#) the People's Voices Group (see below) published in July 2020, which highlighted how residents experienced the move to digitised health and care services in Leeds during and pre-lockdown, particularly when they face the greatest health inequalities.

As well as providing a snapshot at a moment in time, this briefing aims to help decision-makers assess the inclusivity of remote health and care service solutions in 2020 and beyond, as Leeds moves towards its goal of being a city where people who are the poorest improve their health the fastest.

In what ways is this report designed to aid decision-makers?

This briefing aims to feed people's experiences into decision-making about phone and digital services by:

- Getting a temperature check of how the general population in Leeds is feeling about phone and digital services right now
- Shining a spotlight on how the eight factors for digital exclusion in the July report affect communities, and what they have been doing to overcome these barriers over the past few months
- Identifying where Leeds can become a more digitally inclusive city for all, including for those with the greatest health inequalities
- Highlighting a few of the digital inclusion projects and organisations operating in the city
- Measuring the progress the city and its organisations have made against the recommendations in the July report

Who is it by?

The briefing has been written by a subgroup of the Leeds [People's Voices Group](#). The subgroup is chaired by Healthwatch Leeds, which is also the writer of its reports. Members includes representatives from Forum Central, Leeds City Council, NHS Leeds Clinical Commissioning Group, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust, 100% Digital, academic and research organisations and wider third-sector partners.

The PVG encourages organisations to commit to five values when designing services to ensure that people are at the heart of decisions made about their health and care. These values are encapsulated in the PVG's logo:



People's Voices Group

What is the focus of this update briefing?

This briefing focusses in large part on the experiences of people facing the greatest health inequalities (see from page 13). Its insight comes from the new [Communities of Interest network](#), which seeks to hear the voices of people facing multiple health inequalities. It is important that we acknowledge this is just one potential approach to the issue of digital inclusion, and there are other perspectives via which we hope to tackle the subject in future briefings. These include, for example, specific health conditions and disabilities.

We also acknowledge that, while the Communities of Interest network covers a broad range of voices, it would be reductive to claim that this briefing has captured every possible profile and experience in the city. Leeds is a diverse urban area of over 800,000 individuals. By depicting the experiences of some of its communities and population groups, we hope to paint one picture at one point in time which will help to inform the work happening across the city around digital inclusion.

How do communities' voices aid decision-makers?

Community voices are an important part of decision making because Leeds has committed to improving the health of the poorest the fastest. By starting with communities' lived experience and designing systems with them, decision-makers put people at the heart of services.

We would encourage decision-makers to use the following testimonies as a means of:

- Accessing up-to-date information about how different communities have experienced digital inclusion and exclusion over summer 2020
- Integrating this information into the design of health and care services in a way that reflects PVG values of starting with, designing with, communicating with, working with and evaluating with people
- Developing benchmarks for health and care services which take into account the needs and experiences of different community groups

Who is in the Communities of Interest network?

All members of the Communities of Interest network were approached for comment.

Community of Interest	Link Organisation
Young people and care leavers	Healthwatch/YouthWatch
	Voice Influence & Change team, LCC
	Young Lives Leeds
People with a physical or sensory impairment	Leeds Society for Deaf & Blind People
People from Black, Asian & Minority Ethnic Communities incl. Roma people	Voluntary Action Leeds
Refugees, Asylum Seekers & Migrants	Leeds City Council Migration Team, Communities
	PAFRAS
Single parents	Home-Start ¹
People with a learning disability and/or Autism	Leeds Autism Aim (Advonet)
Unpaid carers	Carers Leeds
People who experience domestic violence	Leeds Women's Aid
Women and maternity	Women's Lives Leeds
People with drug or alcohol issues	BARCA/Forward Leeds
Gypsies and Travellers	Leeds GATE
Sex workers	Basis
Homeless people	Beacon Leeds
	Turning Lives Around
LGBT+ community	Yorkshire MESMAC
Men's health	Feed Good Factor
Reducing health inequalities	Bevan Healthcare
Mental health	Leeds Mind
Older people	Forum Central/LOPF
Faith Sector ²	Leeds Faiths Forum/Leeds Jewish Housing Association

¹ Please note that Young Lives Leeds works in connection with Home-Start. YLL contributed the section on Young People and referenced Home-Start in its response.

² Leeds Jewish Housing Association provided feedback from the perspective of a housing association. Other faith organisations were approached but did not comment.

Acknowledgements

We would like to thank the Communities of Interest network for its invaluable contributions to this report, detailed in Section 4, and Forum Central, who lead this network and are integral members of the PVG.

Section 2: Key Themes We're Hearing in Autumn 2020

Below are the five key themes to have emerged from our conversations with people and community organisations. For each theme, we detail communities' suggestions as to what a digitally enabled city will look like once issues have been resolved.

Key theme 1: Money and resources

A lack of equipment and the funds to buy it was mentioned by every community we spoke to, and in many cases was cited as the key barrier. While device lending schemes have clearly made a very welcome impact during the lockdown, demand remains high and there is still a need to address the financial implications of running a device over the long term. These concerns can be particularly acute for families when a single device is shared for educational, work, social and practical purposes. It also remains to be seen how the financial pressures of winter will affect those households which have struggled to stay online through spring and summer.

What could a digitally inclusive Leeds look like?

Investment will have been made in the city to ensure that everyone has access to technology and the internet when they need it, whatever their financial circumstances, whether in their own home or in public and shared spaces (bearing in mind safety concerns related to the pandemic). When an individual cannot afford to get online or on the phone, this will have no impact on their access to health and care services.

Key theme 2: Training & information

While the work done by the third-sector and others has demonstrated how information and support can have a significant impact on people's digital skills and confidence, a lack of knowledge and know-how remains an issue for people and organisations in Leeds.

What could a digitally inclusive Leeds look like?

Information about digital training will be centralised within a single point of contact for both the public and organisations.

Training offers will take into account people's wider circumstances, with tailored options where disability, low literacy or poor English skills present a barrier to learning. They will also address gaps in people's awareness of what the internet can offer, so that individuals can make informed choices about the potential benefits of getting online in all areas of their lives.

Those people who need support from trained staff in public settings (as opposed to formal learning environments) will be able to access it.

People and organisations will know about their options for broadband and other packages, so that they can make informed choices. Organisations will also have access to standardised advice about information governance, best practice for lending devices and so on, as well as a forum for sharing their learning and questions about digital services.

Key theme 3: Space, safety & privacy

Lockdown demonstrated the challenges of supporting adults and children whose home environments provide them with neither the safety nor privacy to access or disclose their needs to services. This, combined with a lack of money to get and stay online, has generated an appetite among multiple communities for public space to be equipped in such a way that it can be used to access the internet with an appropriate degree of privacy.

What could a digitally inclusive Leeds look like?

Statutory and third-sector services will be supported to ensure communication channels remain fully open between themselves and people experiencing domestic and other abuse, as well as those living in multi-occupancy and other forms of communal housing. This will be treated as a priority within all decision-making, not least while the threat of further lockdown remains.

Work will continue to ensure that internet access is embedded into the design and refurbishment of public spaces.

Key theme 4: Communications preferences & the Accessible Information Standard

The switch to digital health and care often presents challenges for people with sensory and communication needs, particularly when they experience other risk factors such as limited support structures. Certain digital platforms can be more helpful than others, depending on an individual's needs.

What could a digitally inclusive Leeds look like?

Existing requirements such as the Accessible Information Standard will continue to be embedded in the design of person-centred remote health and care systems, and language needs will be accommodated wherever possible.

Key theme 5: Listening over the long term to concerns and experiences

Even among the digitally enabled, the switch to remote health and care services can sometimes represent a profound - and at times worrying - change in their relationship with the organisations tasked with supporting them through their most vulnerable moments. It will take time for this new mode of connecting with health services to become fully trusted and embedded across all our communities.

What could a digitally inclusive Leeds look like?

Leeds and its services will continue to listen and respond to the concerns of people who feel that digitisation represents a communication barrier, or who simply don't want to engage using technology. Where appropriate, this response will include training offers - but it will also make it clear that face-to-face services remain an option whenever they can be delivered safely.

What would help communities? A few examples

Community of Interest	One example of something the city can do to help community members (see pages 13 to 42 for full details)
Carers	Affordable internet access over the long term
Young People	Services to remain flexible and not make the assumption that young people can access devices
Housing Associations	Grants to help redistribute funds to the people who need them
Sex Workers & Sexually Exploited Adults & Young People	Recognition that getting online is as much about having confidence as it is about having skills
Men	Peer-led support and training
Women	Private space in public venues where people can get online
Domestic violence & abuse	Schools to have enough technology to loan to young people
Mental health conditions	Loan schemes to continue and to include guidance on data privacy and so on
Migrants, asylum seekers and refugees	Greater access to publicly available Wi-Fi
Homeless people	Group and one-to-one training
LGBT+	Public services to offer digital terminals in offices, with staff on hand to offer support
Gypsies & Travellers	Free Wi-Fi on local authority sites
People with learning disabilities	Device loan schemes to continue
Autistic people	Services should allow people to choose from a variety of online platforms when possible
Culturally diverse communities	Focus on people experiencing digital poverty
People with sensory impairment	There should be a regular focus on British Sign Language and other communications needs
Older people	Services' staff should be trained to support people during digital appointments

Section 3: People's Voices

What engagement work has been happening in summer 2020?

PVG subgroup members (see Appendix I on page 54) have continued to work as a hub for people's experiences of digital inclusion and exclusion in summer 2020, meeting fortnightly to share news. Several member organisations are currently leading engagements with the public around remote services, the findings from which will be available for the next briefing.

Have you heard about your service users' experiences of phone and digital services over the past few months? The PVG would love to know more about your findings. Please contact us at info@healthwatchleeds.co.uk

From Healthwatch Leeds' [report](#) on the experiences of care home residents' relatives during lockdown

Just over half of the relatives Healthwatch spoke to in May 2020 said that they haven't been able to communicate with their family members as much as they would have liked to during lockdown. Relatives observed that staff often do not have the time or the skills to facilitate calls; and homes either don't have enough IT equipment or equipment that works reliably.

Some relatives have chosen not to use video calls for various reasons. Some said they thought it would upset their family member, whilst others felt that it was of limited value to them if they were non-verbal or asleep a lot of the time. Others talked about limitations due to visual or hearing impairments or a lack of privacy because of the need for a care worker to facilitate calls.

The majority of care homes told Healthwatch they were offering and facilitating phone and video calls with relatives using a variety of apps such as Skype, Zoom, WhatsApp and FaceTime. A couple of care homes said they used Portals, with one having them installed inside and outside bedrooms. Others said they had iPads for video calls.

Some care homes seemed more proactive around video calls than others, saying they had trained staff and relatives how to use tablets to make video calls. Some relatives talked about how the care homes had booked in a regular weekly slot with them to do a video call with their family member and that this had been helpful.

One care home explained how they had put video calls onto a big screen to help make them more accessible to people with visual impairments. Another said they had recorded telephone/video calls (with permission) so they could play them back to residents, and this had been particularly helpful for some with dementia.

To read the findings in full, please go to [Care Home Report](#).

From the Healthwatch Weekly Check Ins

Between August and October 2020, Healthwatch Leeds conducted two surveys³ which included questions about digital health and care services. It is worth noting that neither of these surveys were dedicated solely to digitisation and covered several topics related to the pandemic. As a result, they are more likely to attract people with a wide variety of experiences of digital services as compared with a survey which asks specifically for opinions about this topic.

Furthermore, both these surveys were conducted almost exclusively online, indicating that nearly all the participants have some digital skills (or access to someone willing to help them).

Here are the key findings from the two reports:

- In both cases, a little over half of the respondents said they had had a positive experience of digital or phone health and care. Most often, this was because it saved them the inconvenience of having to travel, or it meant they got to speak to a doctor sooner than they ordinarily would have done.
- In both cases, around a third of respondents reported a mixture of positive and negative experiences.
- Between 13% and 14% told us they had had negative experiences.

People who report a negative experience of digital health and care most often told us this was due to one of three reasons.

Inaccessibility

“I’ve had great difficulty getting through to the health practice. I don’t mind sitting on hold in a queue but I haven’t been able to actually get into the queue for days at a time .I have sent emails to try and explain my queries but the response isn’t very timely.”

It is important to note that a significant proportion of people who report negative experiences of remote health and care put this down to factors which have more to do with service capacity than digitisation per se. People who had a negative experience most commonly mentioned not being able to get through to services (and their GP surgery in particular) on the phone. If digitisation takes place in settings where capacity is already under great strain, there is a risk that patients link the two and come to see digital healthcare as a reduced offer.

³ The Summer Check In ran from mid-August to mid-September 2020 across Leeds and received 135 responses. For details about its results, please refer to: <https://healthwatchleeds.co.uk/wp-content/uploads/2020/09/How-does-it-feel-for-me-during-Covid-19.pdf>

The Looking After You survey has received 1622 responses at the time of writing from people registered with a GP in the LS25 and LS26 areas, as part of a project led in partnership with the area’s Local Care Partnership. For more information about this survey, please contact Healthwatch Leeds at info@healthwatchleeds.co.uk or 0113 898 0035.

Occasionally, when people aren't able to access services, they assume that this is because medical staff are "taking advantage" of the pandemic to deal with fewer patients. They don't understand why in-person services such as hairdressing have been allowed to resume, but, from their perspective, medical services remain largely remote.

"I think GP's need to return to seeing people. People need that one to one contact not a phone call. In the initial outbreak it was excellent but it has become way too prolonged"

Fear of misdiagnosis

"Doctors will not see you in person and rush you off the phone. Have been in hospital twice due to not being taken seriously over the phone"

"Don't see how you can be diagnosed on a phone call and it's unlikely you'll be referred for further help"

A few people told us about misdiagnoses which had happened to them during remote consultations but, more often, they expressed an assumption that misdiagnosis was more likely to occur when the practitioner isn't in the same room as the patient.

General preference and communication

"it's not been as good as face to face, especially when it's for mental health appointments and building up a therapeutic relationship with therapists [...] a level of your communication is taken away by being online or over the phone and not being able to communicate using body language and facial expressions etc"

Third most commonly, people told us they simply preferred face-to-face contact or that they worried they wouldn't be able to express themselves as clearly over the phone or video as they would in person.

In conclusion

In conclusion, even among the digitally enabled cohort which responded to these surveys, there are people who cite motivational reasons for not wishing to access remote health and care. As we will see in Section 4, having skills and access to equipment is crucially important - but it is not the whole story. For some, the switch to remote services represents a profound change in their relationship with health and care services: in their eyes, the change of medium represents a change of message about the support they can expect from organisations.

Section 4: Community Voices

Who did we speak to?

In late September 2020, the [Communities of Interest](#) network told us about examples of digital inclusion and exclusion experienced by the people they work with. Here is an account of each of our conversations.

Carers

Who did we speak to?

Carers Leeds is an independent charity that gives specialist and tailored support, advice and information to unpaid carers aged over 16. There are 74,000 unpaid carers in Leeds. When lockdown came into place, many of the home-based, statutory and other services which supported carers were suspended.

What are the barriers and drawbacks around phone and digital services for carers?

Resources	Carers are less likely to have broadband or a smartphone, or they have very limited data. Many are on Pay As You Go rates. Carers who would once have relied on Wi-Fi in supermarkets, libraries and so on no longer feel safe to do so.
Time	Carers don't always have the time to learn new digital skills alongside their caring duties, employment and so on.
Motivation	For some carers, phone and digital support is "just not the same as face to face", and Carers Leeds is asked daily when on-site services will resume. Remote support makes some feel less linked into the service. Some carers are as old as 90, and it's a huge ask to expect them to interact digitally.
Safeguarding and privacy	Many carers are with the person they care for 24/7. In some cases, it would endanger the carer if they were to speak openly about their circumstances. For example, carers of people with drug and alcohol problems would not necessarily be safe to speak on the phone. Similarly, whereas young people caring for parents with a mental health condition might previously have been able to make an excuse to go into town and attend support, they cannot do the same when services have moved online.

How has Carers Leeds worked to overcome some of these barriers?

For carers who experience domestic abuse, for example, Carers Leeds has offered support by text and email. However, this means that there is always a delay in getting responses from service users, which can cause stress for staff.

It has also stepped up the work it was already doing to teach new skills to carers. It has done this with support from libraries, and 100% Digital have provided “invaluable” help with equipment.

How has greater access to digital and telephone services benefitted carers?

For those carers who have learnt to use digital and phone services, it has “opened up their world”. For instance, it has helped them keep in touch with loved ones in care homes.

For some carers, digital services work better than face-to-face because they don’t have to factor in travel time for a meeting, or both parents can join a service rather than one. For those who have anxiety, it can be a relief to interact anonymously on Zoom.

While some service users have engaged more, Carers Leeds notes that they are missing more people than the new people they have reached.

What can the city do to help carers who are digitally excluded?

Carers Leeds has found it relatively easy to find finance for devices. By far the greater problem is getting carers affordable data over the long term. Carers Leeds also doesn’t have the resource or expertise to support carers to choose a broadband package.

Services should be mindful of the costs of expecting people to join video calls.

Carers Leeds would like a list of organisations which can support people to learn digital skills, with information about how they operate (for example, whether they offer face-to-face help). As things stand, provision feels patchy.

Carers Leeds staff are already working at capacity and would welcome support.

Young People

Who did we speak to?

Young Lives Leeds supports the third sector to improve the lives of children, young people and families in Leeds

What are the barriers and drawbacks around phone and digital services for young people?

Resources	Many families don't have access to broadband or a device, or there is one device to share among a large family. When money gets tight, broadband is often the first thing to go. Those young people who don't own a phone have struggled to stay in touch with support workers.
Language & literacy	Not all young people have English as a first language, and not all are literate.
Motivation	Young people are experiencing fatigue with online support, with some choosing to wait until face-to-face services become available (creating an inevitable backlog).
Safeguarding and privacy	Telephone calls are not suited to young children, and safeguarding concerns cannot always be identified when family members are present. Rates of domestic abuse have increased.
Additional needs and learning disabilities	For some young people with learning disabilities and additional needs, getting online independently is not an option. It can also be very difficult for them to understand why they cannot meet people face-to-face.

How have Young Lives Leeds and the organisations it liaises with worked to overcome some of these barriers?

Where possible, organisations have provided tablets and phones to young people who need them. Without this provision, it would have been extremely difficult to keep in touch with them. Moreover, young people were more likely to congregate in public spaces during lockdown when they weren't able to interact with their friends using a device.

Some youth workers have taken a more targeted approach to ensure they keep in touch with young people who cannot engage remotely by, for example, approaching groups of young people during lockdown.

How has greater access to digital and telephone services benefitted young people?

For some young people (especially those who experience anxiety), lockdown and digital services have come as a welcome relief. It has enabled some who would otherwise not engage to interact with services with their camera turned off, allowing a stronger relationship to grow between them and the people who support them.

When working with young people with learning disabilities and additional needs, organisations have had to switch their focus to working more closely with parents and carers, creating a stronger rapport with families.

What can the city do to help young people who are digitally excluded?

It is essential services don't make the assumption that young people have a device. Flexibility remains key, and certain council services should retain a face-to-face option.

Providing access to devices has been a lifeline for some young people.

It is also important the city recognises that it is not necessarily easy for staff to switch to digital services. Third-sector organisations often lack equipment for both staff and volunteers, and in many cases have been reliant on them using their personal laptop and broadband. Workers may not always have the skills to use functions such as Zoom, for example.

Housing Associations

Who did we speak to?

Leeds Jewish Housing Association is a Jewish-led association, providing homes primarily for the Jewish community. It has around 500 tenancies for 800 people in the LS17 area, approximately half of whom live in sheltered accommodation. LJHA has email contact with about 300 of its residents.

What are the barriers and drawbacks around phone and digital services for tenants?

Skills & knowledge	Some people didn't have a device at the start of lockdown, while others did but were unaware that they could use it to get online. They may also not have been aware of how to download video-calling apps, for instance. Social distancing makes it harder to sit with individuals and talk them through how to use their device step by step.
Resources	Broadband can be prohibitively expensive, and connections are sometimes too poor to be reliable. Broadband packages can be complex, and sometimes people find themselves paying for services they don't need, particularly when they don't have friends and family to advise them.
Dementia, complex needs and learning disabilities	For people with certain needs, it can be extremely difficult to get online independently. Written instructions can be inaccessible for some, even after face-to-face support.
Age	For people who grew up in a pre-digital age, video calling can feel impersonal and there is a general preference for (socially distanced) face-to-face contact and letter-writing.

How has LJHA worked to overcome some of these barriers?

LJHA has held periodic Facebook live sessions for tenants, friends and families. Attendees were able to ask the Association questions using the chat function.

Prior to its Zoom Q&A sessions, it has also worked to identify people who would face barriers to joining in. A very wide spectrum of tenants took part from both sheltered and independent accommodation. The sessions also give people who live on their own a chance to see people's faces and interact at a time when other options are closed.

LJHA has offered one to one training using younger volunteers to offer multi-generational services. Jewish community organisations have also co-created a [website](#) where members can take part in social and educational sessions.

Responses to LJHA's online surveys have been "OKish". In future, it will telephone those people it has identified as unlikely to respond electronically.

How has greater access to digital and telephone services benefitted tenants?

LJHA has been able to reach a larger group of people at once using online channels. This wouldn't have happened at a face-to-face meeting due to restricted room sizes.

What can the city do to help tenants who are digitally excluded?

Grants specifically focussed on easing digital exclusion would be most helpful as a means of redistributing funds to service users who can't get online.

Sex Workers & Sexually Exploited Adults & Young People

Who did we speak to?

Basis Yorkshire works with women sex workers and young people and adults who are sexually exploited.

What are the barriers and drawbacks around phone and digital services for sex workers and sexually exploited adults and young people?

<p>Resources</p>	<p>Basis has given out a lot of basic phones and smartphones over lockdown, as service users may not have one (or may frequently need a new one). It has also provided tablets mainly to adult women but also in some cases laptops or Chromebooks to young people. Without this provision, some young people would have had no access to education.</p> <p>Data is an expense many may not be able to afford but is essential for social contacts, distraction as well as when trying to engage with the benefits system or other services online. Whereas previously people may have used free Wi-Fi in libraries or other services such as Basis, this wasn't possible during lockdown.</p>
<p>Privacy & Safeguarding</p>	<p>Service users often can't talk freely in their home because they may be being abused by the people they live with or because the people they live with aren't aware that they are/were sex workers or sexually exploited. In order to stay in touch and, given the risks associated with "outing" women and young people as sex workers or exploited young people or women, Basis do not use Facebook or WhatsApp for group interactions as this compromises service users' confidentiality. It is also important that Basis does not facilitate women or young people being in touch with each other as this presents a potential safeguarding risk.</p>
<p>Literacy</p>	<p>In a few cases, women have never had the opportunity to learn to read and are still at primary school level in terms of their literacy. For them, therefore, digital engagement may be more accessible on certain platforms than others. For instance, while social media tends to be very visual, email can be much more daunting because it is very reliant on text. For women with lower levels of literacy and/or self-esteem based on lack of experience, a formal email or an error message when resetting a password can be confusing and a barrier to engagement.</p>
<p>Mental health</p>	<p>Lockdown has come with a cost to people's mental health and for some this has led to an increase in their substance use as a coping mechanism. In some cases, this has reduced Basis' window of opportunity to engage with them. Sadly, Basis has also seen a number of acute mental health crises with women at high risk of suicide.</p>
<p>Access to advocacy</p>	<p>Previously Basis would have accompanied women to GP appointments, but this is no longer as straightforward, particularly when in full lockdown. Women are not always (made) aware that they can ask for someone to support them on their call as GPs may not routinely ask if they would like this.</p>
<p>Gender</p>	<p>Typically, young men have found it more difficult to engage digitally (mainly via WhatsApp) than young women - although this varies.</p>

How has Basis worked to overcome some of these barriers?

Basis has had “amazing” support with resources from organisations such as 100% Digital, Tech Ladder, Women’s Lives Leeds and funders such as Lloyds Bank Foundation and the PCC. One drawback, however, has been that it is sometimes hard to predict the volume of need in advance.

How has greater access to digital and telephone services benefitted sex workers and sexually exploited adults and young people?

For some people, the relative anonymity of online services is a real benefit and has enabled them to open up in a way they would not have done otherwise.

Zoom generally offers an excellent means of protecting service users’ anonymity.

Technology has enabled service users to stay in touch not just with Basis and other services over lockdown, but with friends and family too. By providing TV licences and in a small number of cases, TVs or tablets, Basis has been able to give people an essential distraction during lockdown, potentially diverting them from falling back on other coping mechanisms such as alcohol or other harmful substance use, and giving them a way of simply coping with isolation.

What can the city do to help sex workers and sexually exploited adults and young people who are digitally excluded?

It is important that device lending schemes continue and that there is an understanding that some service users will likely need to be lent to more than once.

Greater access to free Wi-Fi around Leeds would also be useful (although Basis understands that the city doesn’t want to encourage large congregations at the moment).

There also needs to be recognition from services that digital isn’t easy for everyone, and getting online is about confidence as much as it is about skills. (Some of Basis’ service users find Zoom very daunting, for example.) There is more to becoming digitally competent than being handed a laptop or tablet or being on social media; confidence in working with technology can be a daunting barrier for someone with low self-esteem or confidence.

Men

Who did we speak to?

We spoke to the Manbassador project, which is reaching out to isolated men to offer them bite-size mental health support on a very local level to tackle high rates of male suicide in Leeds 9.

What are the barriers and drawbacks around phone and digital services for men?

Knowledge & skills	Older men are particularly likely not to have digital skills.
Resources	Access to devices, Wi-Fi and data is an issue for men of all ages. It is not uncommon for families to share a single device, including for schoolwork.
Motivation	The various factors which might demotivate men to seek help and connections generally can exacerbate the barriers which men might encounter when accessing phone and digital services. Men are less likely than women to believe governmental advice, for example, and more likely to have a self-image centred around being in control.

How have Manbassador and the organisations it liaises with worked to overcome some of these barriers?

Men are perhaps more likely to be attracted to new initiatives when they serve a practical purpose; for some, gadgets or puzzle-type activities can be attractive too. Getting some new kit, such as a laptop, could be incentivising.

How has greater access to digital and telephone services benefitted men?

Some men have learnt new digital skills over lockdown, and in some cases have engaged in groups online which they wouldn't have attended in person. Occasionally, individuals have embraced the new digital offer so much that they have set up their own online groups!

What can the city do to help men who are digitally excluded?

More access to equipment and learning opportunities always helps. Typically, men respond better to peer-led support rather than, for example, written information and those who are reluctant to engage might be incentivised if they feel engaging would grant them value and status. This should be borne in mind when setting up digital initiatives.

Women

Who did we speak to?

Women's Lives Leeds is an alliance of eleven women's and girls' organisations from across Leeds, with specialisms in domestic violence, mental health, sexual health, sex work, trafficking, child sexual exploitation and education.

What are the barriers and drawbacks around phone and digital services for women?⁴

Resources	“Sometimes households will have a computer or laptop - but what if everyone needs to use it at once?” During lockdown, it was at times difficult for all members of a family to do their job, finish their homework and connect with others all at the same time. This is still an issue as infections rise and more children and adults have to isolate for up to two weeks. Lots of people have internet connection of some sort, but when the connection is weak or something goes wrong, women can be left feeling “disconnected” or even “isolated and anxious”. Women need reliable internet connections in order to feel confident using digital services.
Domestic abuse & violence	Accessing digital services could be a challenge for those women who are being exploited or fleeing domestic abuse or violence. While digital services might, in general terms, be appropriate for them, their personal circumstances mean they are not able to engage without putting themselves at risk.
Ethnicity & migration status	Women who access smaller, marginalised black and minority ethnic groups and organisations don’t have the technical resources to engage and have conversations. For some women, these groups are a real “lifeline” and the pandemic is further compounding pre-existing vulnerabilities. Women new to Leeds or the UK could also find phone and digital services inappropriate, especially if they need interpreters.
Privacy	Not all women have a safe, private space for discussing health issues from home.
Communication	Not all women feel confident speaking to a healthcare professional when they cannot read their expressions to gauge if they understand the issue and are sympathetic.
Complex needs	Women of all ages who experience multiple complex needs have more difficulty due to their current lifestyles. Those who are experiencing chaotic lifestyles are less likely to have digital resources or private space to access the support they need.

How has Women’s Lives Leeds worked to overcome some of these barriers?

All the services delivered by the Women’s Lives Leeds Project and the Partnership have continued in a virtual way so there has been consistent service delivery, which has been valuable during the pandemic. Some services have created online

⁴ The Women Friendly Leeds COVID-19 Survey suggests that around 18% of women experienced difficulties getting online during lockdown, although it should be noted that the survey was conducted online and respondents were therefore likely to have an internet connection of some sort. <https://www.womenslivesleeds.org.uk/women-friendly-leeds/women-friendly-leeds-covid-19-survey/>

chat functions, hold one-to-one support appointments by telephone or have used virtual communications tools to continue service delivery.

Engagement opportunities have had a community focus and have enabled women to stay in touch virtually. However, Women's Lives Leeds also notes that some women prefer not to access initiatives online and are declining essential support because they would prefer to engage face to face. There could be multiple factors behind this, as listed above, including a lack of confidence in their digital skills, a lack of appropriate kit or a need for social interaction.

WLL is currently leading on a digital inclusion project which will enable better connectivity, either through gifting equipment to the most vulnerable, or providing resources to women's organisations and community groups to enable more women access their services or be signposted to support online. This has been taken and adapted from the 100% Digital model. Smaller community groups and organisations face barriers to facilitating engagement because of poor internet connections or a lack of equipment, knowledge and experience.

How has greater access to digital and telephone services benefitted women?

For some women, telephone appointments are more convenient and mean they get to access services quicker, especially when they are juggling multiple roles at home.

What can the city do to help women who are digitally excluded?

Taking all safety measures and restrictions into account, free internet provision could help any community overcome barriers to getting online. WLL suggests that venues might offer private booths with internet access. There should also be more promotion about what is available for the community to access.

In an ideal world, there would be more opportunities of the kind WLL has engaged in with its digital inclusion project.

It would also be helpful if service providers who are now operating differently had a means of sharing learning and top tips about certain platforms, but also to disclose some of the pitfalls too - especially if smaller organisations are starting to change their service delivery.

Domestic Violence & Abuse

Who did we speak to?

Leeds Women's Aid (LWA) provides services for vulnerable women and families who are victims and survivors of domestic, sexual & honour-based violence and abuse; forced marriage; trafficking; stalking and harassment. Leeds Domestic

Violence Service (LDVS) is the local authority commissioned service for the community based and accommodation services and it is delivered in partnership by Leeds Women’s Aid, Behind Closed Doors and Women’s Health Matters.

What are the barriers and drawbacks around phone and digital services for women experiencing domestic violence and abuse (DVA)?

Safety	This is the main barrier for women experiencing DVA. Whilst so many people are still at home and face isolation and restrictions, the controlling behaviour that they are subjected to increases, meaning that there are fewer chances to reach out for support. One key effect of this is not being able to phone for help, either for the first time or to keep in contact with a support worker. Some women fleeing DVA are at risk of being found by their abusers, and there are dangers around tracking mobile phones. Victims of DVA have been advised not to download the NHS COVID tracking app, as their information could be found. DVA victims are therefore at higher risk of being found by their abusers or catching COVID.
Resources	Many women from marginalised communities do not have access to technology or the internet; similarly, many women and families in refuges don’t have the provision for phones or Wi-Fi.
Isolation	Even when women have Wi-Fi in the home, refusing them access to the internet connection (or hiding the Wi-Fi password) is one of the common ways in which their abusers can control them. Some women are completely isolated and thus telephone and internet services are not appropriate or available.

How have LWA, LDVS and other organisations worked to overcome some of these barriers?

LWA & LDVS now offers support via WhatsApp, Zoom and telephone and LWA has opened its (and Leeds’s) first DVA-specialist Live On-Line chat for women who cannot access telephone support due to being controlled.

LDVS’s support groups are being delivered remotely via digital platforms, as is one-to-one support. Support for children and young people is being offered innovatively using digital platforms and a wealth of online support and services to engage with young people.

How has greater access to digital and telephone services benefitted women experiencing DVA?

LWA has accessed some funding so that it can improve access to digital platforms for service users. This has included liaising with schools to get IT equipment for children and young people; working with current funders to divert funding to technology-based working and providing equipment; and using new funding to

purchase devices, including phones, tablets and laptops, for staff to work remotely and for service users to use or keep in order to access services. LWA has worked with its partner services and with 100% Digital in this respect.

What can the city do to help women experiencing DVA who are digitally excluded?

There should be more access to digital platforms and provision and more signposting to services that are currently open.

It would be helpful if there were more information or a campaign around the NHS COVID app and safety for people experiencing domestic violence.

Leeds should ensure that schools have enough technology to loan to young people and children, so that women (who are the majority carers) can ensure that they are able to help their children effectively.

The city should also ensure that victims of domestic violence have access to appropriate housing, support and helplines, and that face-to-face appointments are offered, where appropriate, to women who cannot access online appointments.

More widely, there should be greater awareness among other services about how to spot DVA. LDVS has seen a steady increase in calls to helplines and requests for support, but not as many professional referrals. It is essential that there is a multi-professional response to victims of DVA and that other practitioners act as a conduit for advice, support and information. Additionally, many women from marginalised communities will not be able to access what might be considered mainstream services, so faith and community services need to work together to identify those experiencing DVA.

Mental Health

Who did we speak to?

Leeds Mind promotes positive mental health and wellbeing and provides help and support to those who need it. Its wide-ranging offer includes counselling, group therapy and employment support.

What are the barriers and drawbacks around phone and digital services for people living with a mental health condition?

Privacy	A lack of private space in the home is a crucial barrier for Leeds Mind's service users.
Age	While older service users' take-up of online offers hasn't been notably lower than any other age group's, phone contact has been preferred by them. Leeds Mind is launching a group work programme for young people and is currently working through which platform to use to do this safely.
Resources	Service users may not have a device or share one between a household. Many have a basic data package, which can be quickly exhausted during, for example, video calls or accessing online resources.
Motivation	For some service users, the prospect of bringing their interactions with Leeds Mind into the home can be unappealing as they would like to keep their therapeutic and home space separate. For those accessing group work for the first-time during lockdown, joining an online group feels more daunting than joining a face to face group.
Health	Depending on the nature of their mental health needs, being videoed can be triggering for some service users.

How has Leeds Mind worked to overcome some of these barriers?

Leeds Mind has had to devote a lot of extra resource to finding ways of helping service users overcome their digital barriers.

It has posted hard-copy printouts of resources to its service members who do not have access to IT.

After noting the lower take-up of group work, Leeds Mind gave service users the option to have a limited number of one-to-one online sessions with the facilitator prior to joining the group. This enables the service user to get to know the facilitator, gain confidence using video software, and sort out any IT problems in advance. It has proven to be a highly successful approach.

Publishing "success stories" by people who have benefitted from online services has helped to encourage more reluctant service users.

Leeds Mind has set up some practical and behavioural guidelines for service users and staff (for instance, it advises that service users should not have anybody else in the room with them so that everybody's contribution is kept confidential, and that members should not start private chats with other members). It has also created a resource on how staff and service users can reclaim their space after a session to help keep a boundary between their workspace, therapeutic space, and personal space.

Leeds Mind starts and ends its online group sessions 10 to 15 minutes early. This is because attendees typically prefer to disclose safeguarding and other concerns as

they arrive at or leave physical meetings. It also uses breakout rooms when appropriate. It has adapted the way it asks questions to its service users who are known to experience domestic abuse, so that they can give “yes” and “no” answers more often.

How has greater access to digital and telephone services benefitted people with mental health conditions?

For some people, digital services fit into their lives much more easily because they don't have to travel to their appointment, for example. Service users have said they would like the option to join meetings digitally once face-to-face work resumes, as part of a “hybrid” service.

What can the city do to help people with mental health needs who are digitally excluded?

Success stories from people who have already used remote services can be very powerful, and practice sessions for members of the public not familiar with platforms such as Zoom might help take the pressure off organisations.

It would be helpful for equipment loan schemes to continue. Extra support and guidance with data privacy for loaned equipment would also be welcome, as would template Terms of Use.

There is demand for more staff training on practical IT skills, but also on building up a rapport with service users remotely, making group sessions more interactive and so on. It should also be recognised that carrying out counselling and other sessions at home places emotional demands on staff.

Although there would have to be limits on this at the moment due to the pandemic, public space in which people can access services with an appropriate degree of privacy would be useful. It would be beneficial if spaces were staffed by people trained to offer IT support.

Leeds Mind has found connecting with other third-sector organisations very helpful over lockdown and would welcome further joined-up working around best practice and guidance on what to consider when setting up a new digital service. Information about where to seek advice would be equally welcome.

Migrants, Asylum Seekers and Refugees

Who did we speak to?

PAFRAS is a community-based charity that supports destitute asylum seekers in the Leeds area.

What are the barriers and drawbacks around phone and digital services for refugees and asylum seekers?

Resources	Often, PAFRAS' service users don't have a phone, let alone a computer or tablet. Asylum support means people are living on less than £40 per week, so they are very limited in how much, if any, data or credit they can buy. Zoom and other platforms are very data-intensive. Children of refugees and asylum seekers were often unable to access any schooling during lockdown.
Language & literacy	Some refugees and asylum seekers have limited, or no, English language skills. Interpreters are not routinely offered for telephone calls. A lack of English makes it difficult to learn new digital skills.
Motivation	People are not necessarily motivated to learn digital skills, which are hard to acquire remotely.

How has PAFRAS worked to overcome some of these barriers?

PAFRAS provides phone top-ups for clients and it can also purchase basic smart phones. A £10 top-up doesn't go a long way, but it can help people to stay connected.

How has greater access to digital and telephone services benefitted refugees and asylum seekers?

For refugees and asylum seekers who are scared to leave the house, communicating by phone is preferable. However, PAFRAS is concerned that this may have unhelpfully compounded their fears of leaving the house.

What can the city do to help asylum seekers and refugees who are digitally excluded?

Wi-Fi should be made available to all in public places and in all asylum accommodation. Interpreters should be routinely provided on phone calls.

More devices should be available to loan. 100% Digital are "great", but they are in huge demand.

Who did we speak to?

The Leeds City Council Migration team.

What are the barriers and drawbacks around phone and digital services for migrants, refugees and asylum seekers?

Resources	Low incomes limit access to broadband, credit and data.
Language & literacy	Face-to-face contact is often easier for people with limited English. Acronyms are not always understood. Members of some communities may only speak limited English and may not be literate in their mother tongue.
Skills	Information and support to get online can be difficult and one-to-one support is often needed. Some lack the confidence and skills, and public settings such as libraries don't necessarily offer the support migrants might need (especially when language is a barrier or there are additional needs). Navigating websites can also be a challenge. Some people have smartphones, but don't necessarily understand the benefits and how to get the most out of the apps and internet. It can be difficult to teach new skills, including digital skills, in the current climate as people are experiencing stress and anxiety. Many migrants' studies have been interrupted, including access to English classes. These are vital for access to work, further learning, higher education or for immigration status.
Health	Some people who have experienced trauma and suffered brain injury (such as asylum seekers, refugees and those who have experienced persecution) struggle to use the phone for longer periods and digital services even more so. People are facing increased isolation due to lack of face-to-face contact and limited online access.
Access	Many people do not have the appropriate equipment to access phone and digital services or adequate data or credit. Families with children have experienced additional pressure as there is more demand on their equipment, data or internet connection.

How has the Migration team worked to overcome some of these barriers?

Various projects have been developed or are now delivered online through a weekly arrangement. The team support migrant community leaders to access online platforms for communication such as Skype and Zoom. This has been extremely encouraging and beneficial, enabling communities and the team to continue dialogue; share information; deal with enquiries; resolve ongoing issues; and introduce partnerships for action.

The team have liaised with the Migrant English Support Hub, Leeds Migration Partnership, 100% Digital Leeds and a range of ESOL providers to ensure

information about learning English online is available to people and to facilitate access, for example through translated guides to Zoom.

Many of the Language Hub activities funded by the Migration Team to bring new and settled communities together to practise conversational English are now being delivered online.

How has greater access to digital and telephone services benefitted migrants, refugees and asylum seekers?

Many have learnt how to use Zoom and WhatsApp and have become part of various group conversations related to overcoming isolation; being able to access support virtually such as welfare support; and being assisted to make applications online. Many families and individuals have benefitted from virtual drop-ins as they previously missed out on benefit payments due to their lack of digital skills and the closure of some services during the pandemic.

People have continued to attend Language Hub activities delivered online which has reduced feelings of isolation through maintaining links in communities. In addition, participating in an activity such as singing or cooking, has reduced feelings of stress and anxiety by giving people an opportunity to focus on something different and take some time for themselves.

People have been pointed in the right direction for their queries and have enhanced confidence in accessing information they need, such as for benefits, funeral payments, domestic violence and much more.

More connections have been made through contacts who may have not been able to attend groups, or who had other barriers in engaging and are able to stay in touch through apps such as WhatsApp. Some have set up different groups for different people that talk about specific topics in different languages.

What can the city do to help migrants, asylum seekers and refugees who are digitally excluded?

The pandemic has highlighted that digital inclusion is very important. Free Wi-Fi across the city (and in council houses and housing associations) is essential if we are to address the digital divide, as poverty is identified by the team as the key factor to preventing people from accessing services online. Previous strategies have focused on access to free Wi-Fi in community venues, which have become unavailable due to social distancing. Further support to provide access to equipment and data for asylum seekers is needed, including through the provision of refurbished equipment.

Rooms should be provided in public spaces where people can have private video consultations with GPs.

Free digital skills training tailored to people with little or no English should be provided.

An online platform that centralises all essential information and offers translations or audio description would be helpful, as would “how to” videos in different languages. These should demonstrate how to access online support to universal services and be made readily available in hubs (with links on One Stop Centre computer screens).

Homeless People

Who did we speak to?

Turning Lives Around works to prevent homelessness and empowers people to live independently.

What are the barriers and drawbacks around phone and digital services for homeless people?

- Resources
- A lack of online skills

How has Turning Lives Around worked to overcome some of these barriers?

TLA obtained funding from 100% Digital Leeds to buy tablets and phones for its clients' use, as well as credit to support them during the lockdown.

How has greater access to digital and telephone services benefitted homeless people?

Provision of devices has helped some.

What can the city do to help homeless people who are digitally excluded?

Homeless people would benefit from funding that can be used to enable WIFI and hardware, as well as training that can be delivered in groups and one-on-one. This funding should be built into contracts for organisations working with homeless people.

LGBT+ people

Who did we speak to?

We spoke to Sage, a project managed by MESMAC Leeds and Age UK helping to support older adults in the LGBT+ community.

What are the barriers and drawbacks around phone and digital services for the LGBT+ community?

Skills	As with most older people, older LGBT+ adults have a range of skills. While many are very tech savvy, others have no prior knowledge and the majority lie in between. Often their skills are based on a “need to know and use basis”, and they rarely acquire new skills just for the fun of it.
Resources	Not everyone has an internet connection or enabled device.

How has Sage worked to overcome some of these barriers?

Many of Sage’s service users are resisting smartphones because, for them, a phone is for talking. However, Zoom, for example, has been a good way for many older people to see that digital platforms are not only for those with technical minds. Sage has had some success in connecting with the hardest to reach in this respect.

How has greater access to digital and telephone services benefitted LGBT+ people?

Zoom has been a particularly welcome addition to people’s lives.

What can the city do to help LGBT+ who are digitally excluded?

If Leeds City Council services can only be accessed online, it would be helpful to have a set of terminals in council offices with a full-time member of staff to assist for people without a computer or home internet access. This will encourage non-digital respondents to take up online services, especially if the process is quicker and more reliable.

Device loans would also be a good source of help.

Gypsies & Travellers

Who did we speak to?

Leeds GATE is a grassroots organisation led by Gypsy and Traveller people.

What are the barriers and drawbacks around phone and digital services for Gypsies and Travellers?

Language & literacy	Some GATE members have limited literacy skills.
Motivation	Members who have little previous experience of the digital world or access to it tend to be less motivated to get online. This is particularly common among older community members.
Resources	Many Gypsy and Traveller sites are located in places where Wi-Fi connections are poor. Recent research indicated that more than half the Gypsies and Travellers surveyed didn't have Wi-Fi access.
Disability	Disability can be a barrier, especially when combined with limited reading skills.
Safeguarding	Where there are serious safeguarding concerns, it is much easier to assess someone's wellbeing face to face.

How has Leeds GATE worked to overcome some of these barriers?

Many members have learnt basic digital skills such as setting up an email address and finding their way around a laptop.

It has made its reading lessons available via Zoom, making them accessible to new people (particularly men who work).

GATE's regular telephone service has enabled it to connect to members it wouldn't necessarily see in person. It also relies heavily on Zoom, WhatsApp and Facebook. GATE now uses social media more frequently to keep members updated on government guidelines and health information and to keep in contact with members.

What can the city do to help Gypsies and Travellers who are digitally excluded?

There should be free Wi-Fi on all local authority sites, as well as laptops and tablets for all school-age children who don't have one.

Leeds GATE suggests that it should be supported via 100% Digital Leeds, and funding should be provided to transform it into a digital inclusion centre for Gypsies and Travellers. This could include provision for digital access to appointments at the Leeds GATE offices (for example a booth for digital appointments with health workers). GATE would also appreciate help to provide skills training.

People with Learning Disabilities

(Note: For the purposes of this report, we have created separate sections for people with learning disabilities and autistic people, although the organisations which specialise in these population groups may cover both and conditions can co-occur. 12% of autistic adults have a learning disability and roughly one third of adults with a learning disability have autism too.)

Who did we speak to?

The Autism & Learning Disability Digital Inclusion Network (or Aladdin) brings together leads from the city's various learning disability organisations.

What are the barriers and drawbacks around phone and digital services for people with learning disabilities?

Skills	People with learning disabilities (and their families and carers) can have very minimal digital skills, potentially combined with lower levels of literacy, due to a pre-existing digital divide. The switch to digital in day services has also represented a significant change for staff and support workers, who have had to adapt very rapidly to delivering sessions and supporting people via online platforms. In, addition, digitisation in health settings means more digital skills training is needed.
Motivation	Some of the time, a lack of motivation can come from not knowing what is available online for people with learning disabilities and their families (although there is also certainly demand from some of those who are accessing services).
Resources	People with learning disabilities and their families don't necessarily own devices or have access to broadband and data. At the time of writing, Purple Patch Arts has at least 15 participants who are interested in accessing digital activity but are in need of a device and / or internet access in order to do so. Those who do have devices are more likely to be reliant on smartphones and data (which are not necessarily adequate for video calls and proper engagement in online activities).
Safeguarding	It is important people understand how to interact safely online and where potential dangers and abuse can come from. For some, not feeling safe can demotivate them from joining in online activities.

How have organisations worked to overcome some of these barriers?

There has been extensive work by the various organisations working with people with learning disabilities in Leeds, as showcased in [this video](#). Other examples include:

- Working with people over the phone to help them get onto platforms such as Zoom. Providing support remotely to help people get online remains a challenge.
- Sessions via Zoom covering everything from talent shows and Eid parties to keep-fit, skills and training
- Group sessions for adults explaining what the internet is and why people might want to use it. To encourage take-up, the emphasis has been on recreational use of the internet (as opposed to accessing services, for example).
- Organisations have worked with health services to provide accessible information about the pandemic. For examples, please see [Through the Maze](#) and [Leeds Autism Aim](#).

Prior to lockdown, some organisations linked to 100% Digital were acting as Digital Champions and had already begun running sessions on topics such as online safety and digital footprints. Work is underway to see how this can now be rolled out online.

In some cases, encouraging take-up has absorbed a very significant part of staff capacity.

When members have not been able to take up organisations' digital offers, activity packs have been sent out in the post and contact has been maintained by phone.

Aladdin (the Autism & Learning Disability Digital Inclusion Network) has been set up to lead digital inclusion for autistic people and people with learning disabilities in Leeds. Its work includes cross-promotion, designing coordinated responses, developing digital skills training and sharing information about funding.

How has greater access to digital and telephone services benefitted people with learning disabilities?

Some organisations have seen interest in their digital offer grow as their members have come to realise that remote support is likely to continue over the long term.

In some cases, Zoom sessions have proved more accessible to families and enabled wider participation. Among those who have got online, there is an appetite for a mixture of digital and face-to-face support over the long term.

Lending schemes have also given whole families the opportunity to learn new skills.

What can the city do to help people with learning disabilities who are digitally excluded?

There remains significant demand for tech loan schemes, rental devices, as well as data access.

Organisations also require further access to funding and resources to support their members to get online, as well as advice about information governance, best practice when lending devices and so on. The switch to digital has had great implications for staff time, and organisations are sometimes only just managing to stay on top of the extra work it requires. This makes it more difficult for organisations to find the time to market their offer to people who are digitally excluded.

Digital skills and training needs among staff and members are ongoing, and there is demand for information about how to choose and access the cheapest broadband package, data contracts and so on.

Autistic Adults

Who did we speak to?

Leeds Autism AIM, part of the Advonet Group, is a free service for autistic adults in the Leeds area who receive little or no funded support. It is co-led by autistic adults and provides information or signposting and low-level support.

What are the barriers and drawbacks around phone and digital services for autistic adults?

Resources	Some autistic adults are heavily reliant on benefits and financial support from family so, for them, buying a device would be out of the question. There is also evidence that autistic people are more likely than their non-autistic peers to be laid off, so it remains to be seen how possible job losses will affect finances and exacerbate exclusion. Sometimes adults with autism can be reluctant to take part in device lending schemes because of uncertainty about how long they will be able to keep the device for. They might worry they will have to return the device just when they have got used to it.
Skills	On the whole, the autistic population is probably more IT literate than the general population, but this is not always the case, and other barriers can sometimes get in the way (not least poverty).
Communication	People struggle with communication and processing information in a variety of ways. For example, roughly 1 in 7 of people who would normally access Autism AIM's Post-Diagnostic or Mentoring Service have stated that they don't

want to engage until this can be done in person. This is for a variety of reasons, but one of them is not being able to read body language or see somebody's lips moving in order to process the conversation auditorily. Moreover, the pandemic has affected people's ability to function and adjust to change, and this in turn has had a huge impact on their ability to communicate. It has also put a huge strain on their support networks and their parents' /carers' /partners' capacity to communicate on their behalf. People also report being digitally overloaded. It is worth noting that, as 6 out of 8 of AA's staff are autistic, it has been tricky to meet staff members' communication preferences at times.

How have organisations worked to overcome some of these barriers?

Service take-up at Autism AIM has slowly increased in general terms from roughly 10% of the usual referrals to around 70% at present. Digital exclusion has been a factor in this, but not the only one by any means.

AA has continued to offer a range of ways for autistic adults to get in touch and all have been equally popular. They include phone and email, as well as newly introduced technologies like Teams, WhatsApp and Zoom. The organisation has adopted a hybrid approach to remote appointments, whilst taking into account someone's preferred format of communication. For example, a team member might be on camera whilst the client is only using text chat.

Information such as Autism AIM's Coronavirus Toolkit has been very well used, highlighting that people need autism-specific information but do not always want to communicate with services directly. Advonet are further developing and co-producing self-advocacy resources and toolkits for managing and putting forward needs during remote appointments and meetings.

Autism AIM has also produced a Communication Profile to help people communicate with services and so on, as well as a Social Profile to help them communicate their needs to their support networks.

How has greater access to digital and telephone services benefitted adults with autism?

When adults with autism are able to get online and services have provided flexible ways to engage, they have often had positive experiences.

Attendance at some of Autism AIM's social groups has been better since they moved online, and these have gone some way to alleviating the social isolation people are feeling.

What can the city do to help people with autism who are digitally excluded?

Creative use of public spaces (including shops and supermarkets), free Wi-Fi hotspots and information about where to find them would be helpful, although consideration would have to be given to protecting people's privacy. It would also help if people were able to access data for free when they were engaging with services (almost as if they were reversing the charges). Subsidised buying schemes for devices could also help to alleviate issues around digital poverty.

Services should allow for different online formats for different people whenever they can, including WhatsApp and Zoom-type applications. Familiarity always helps when it comes to accessing platforms, and phone and email aren't always enough. People should also be asked how they would like to be contacted initially by a service and what format they would then like their appointment to be in.

GP surgeries should also make reasonable adjustments where necessary by allowing people to have face-to-face appointments when they need them.

Further to this, as the pandemic continues, it would be helpful to have a hotline which organisations at the very least could use to get explanations about the latest guidance. It would be helpful to have a strong mechanism in the city for creating material that is accessible to autistic people - information should be "easy to process" rather than Easy Read. Videos can sometimes be a useful way of communicating with autistic people, as Autism AIM has demonstrated through its work.

Culturally Diverse Communities

Who did we speak to?

The Culturally Diverse Communities Hub works to ensure the voice of culturally diverse communities are heard by decision makers in Leeds

What are the barriers and drawbacks around phone and digital services for people from culturally diverse communities?

Resources	Digital poverty has been the key barrier to getting online during lockdown. For instance, when families do have a device, it may often be shared between several people. It may also not be the right device for the task. Broadband is often unaffordable, and the data people can access often isn't enough for Zoom calls, for example. Refugees, asylum seekers and people with no access to public funds have been particularly reliant on Pay As You Go data.
Age	Across most ethnic groups, older people were particularly reliant on third-sector support to improve their skills during lockdown. Offering this support remotely was a challenge. Those older people who weren't already linked into third-sector organisations before the pandemic were notably isolated. Young people living in large families were also particularly disadvantaged over lockdown, as they had less access to education.
Language	For some, accessing instructions and accurate translations is a challenge. This is particularly the case when community leaders and linguists aren't familiar with the digital world themselves.

How have organisations worked to overcome some of these barriers?

As well as taking part in 100% Digital's lending scheme, some organisations applied for funding which they then used to buy devices for community members' use. Others distributed existing computer resources among service users.

Some organisations have offered one-to-one support for older people in particular, teaching them specific skills such as getting onto Zoom.

How has greater access to digital and telephone services benefitted people from culturally diverse communities?

In some cases, people who wouldn't previously have engaged have attended online meetings. For them, the key advantage of digital events is that they don't entail travel. This has made it possible to hold meetings on an evening, for example. Meetings will undoubtedly continue to be held online once restrictions on public gatherings are lifted.

People have also benefitted from improving their digital skills in that this has opened up helpful new options for them, such as online shopping, in different areas of their lives. Older people (and those with reduced mobility in particular) have benefitted from the option to attend worship via video call. This has helped them stay in touch with their community at a time of isolation.

What can the city do to help people from culturally diverse communities who are digitally excluded?

There needs to be a real focus on people who are experiencing digital poverty and those who are already “one step behind” as they struggle to decide between heating and eating over winter. As people find themselves in increasingly difficult financial circumstances, paying for broadband or data is just one of many competing demands on their income.

There needs to be targeted work with communities identified as struggling to engage online. There also needs to be a degree of cultural sensitivity and understanding as to why certain communities prefer certain platforms, for example.

People with Sensory Impairment

Who did we speak to?

Leeds Society for Deaf and Blind People provides practical services to people who are deaf, hard of hearing, deafblind, blind and partially sighted.

What are the barriers and drawbacks around phone and digital services for people with sensory impairments?

Resources	Some people with sensory impairment don't have technology.
Skills	Some deaf or blind people would need support getting online, as well as further assistance if something goes wrong.
Accessibility	To access services, some people require British Sign Language interpreting or screen readers. Telephone services are not a suitable option for Deaf or hard of hearing people, unless there are other provisions in place to provide assistance.
Age	Older community members (who may not have friends or family to support them) are left particularly isolated by the switch to digital and there are concerns that they aren't gaining access to services as a result.

How has LSDBP worked to overcome some of these barriers?

LSDBP has adapted its British Sign Language delivery to being online and provided interpreting across all platforms, enabling the most varied access for community members.

It has produced videos to share on social media and encouraged people to use digital offers.

It has worked alongside the Leeds Teaching Hospitals Trust to introduce virtual befriending and access patients who are isolated in hospital wards and cannot have visitors.

How has greater access to digital and telephone services benefitted people with sensory impairments?

For some people, online platforms have provided a good alternative. Using online interpreting rather than wearing a mask can be preferable - but this is not the case for everyone and not appropriate in all circumstances.

What can the city do to help people with sensory impairments who are digitally excluded?

Having an access point for digital services and someone to offer one-to-one support could assist in some cases. Some do not want to engage digitally and therefore other accessibility options are needed.

There needs to be a regular focus on BSL, as well as an understanding of the challenges of remote support for deaf and blind people. (For example, there are limits to the number of people who can be accommodated in an online meeting, otherwise it becomes difficult to see everyone's faces.)

There should be widely available virtual befriending schemes.

There should be advice on which apps are available. For example which have the best subtitling facilities and which enable partially sighted people to use the screen more easily.

Efforts to share information about the pandemic should be continued, and consideration should be given to introducing more bespoke, two-way interactions which enable people to ask questions and clarify knowledge and understanding. Consideration as to how to quickly replicate information in accessible formats would also be welcomed.

LSDBP has found partnership working, networking and information sharing to be invaluable during the pandemic, and the forums in place (such as the Communities of Interest network) which allow people to raise any concerns regularly are beneficial.

Older People

Who did we speak to?

Leeds Older People's Forum has a citywide membership of over 100 voluntary sector organisations working with older people across Leeds, including the Neighbourhood Network Schemes.⁵

What are the barriers and drawbacks around phone and digital services for older people?

Skills	Older people haven't grown up with technology and therefore are less likely to have the intuitive skills that younger generations might have. Technology and apps are not always designed in an age-friendly way. Prior to the pandemic, people could live their lives without needing to go online at all. Moreover, the digital skills needed to access health and care online can sometimes be different and more demanding than those needed for social or other activities.
Resources	Both devices and internet access can be unaffordable for some.
Confidence & motivation	When people are unfamiliar with technology, it can feel frightening and overwhelming.
Staff training	Sometimes providers of digital services haven't been trained in how to support people to get the best out of their online appointments.

How have organisations worked to overcome some of these barriers?

While supporting people to feel confident, organisations have found that one-to-one tuition is more effective and has much longer-lasting benefits than group work. Peer-to-peer learning has proven beneficial for both parties.

Training and tech loans from 100% Digital have made a "huge difference". Nearly all Neighbourhood Networks have now engaged with its offer and are developing a core digital offer as part of their service provision as a result.

This support has helped organisations and the older people they work by giving them access to devices pre-loaded with internet access (which is much more effective than expecting users to organise and pay for broadband). It has also given networks insight into what kinds of offers are most likely to attract older people to the digital world.

There are now a whole range of online activities for older people to engage in which didn't exist before the pandemic, from tai chi to arts tours. These will be particularly valuable to older people who can't get out during the winter months,

⁵ For further information about how older people have been affected by the pandemic, please contact Leeds City Council's Adults and Health Directorate for information about its *Insight Report: Older People's Experiences During COVID-19*

because they provide physical activities and mental stimulation. Neighbourhood Networks are now ramping up their offer by expanding their online services and supporting increasing numbers of older people to develop confidence and digital skills when accessing a range of online services and activities.

However, LOPF notes that, in general, older people continue to find accessing health and care services online harder than other digital activities. Learning how to position a camera to enable a GP to see a bruise, for example, is a demanding skill for both the patient and the GP. LOPF continues to work with the Memory Service on its digital offer.

How has greater access to digital and telephone services benefitted older people?

Some older people have been able to access practical tasks online (such as shopping) and connect with family and old and new friends. This has been particularly welcome for people who have been shielding.

Social media and shared interest groups have been a “lifeline” for some, and greater access has opened many people’s eyes to what the internet can offer them.

What can the city do to help older people who are digitally excluded?

It is important services ensure staff have the training they need to support service users through digital appointments. The extra demands digital places on staff and their time should be recognised. 10 minutes might not be long enough for a digital GP appointment with someone new to technology. Supporting people is resource-intensive, especially when people need one-to-one tuition and have zero prior experience of the digital world (as is quite often the case for older people).

Services should work towards offering a range of platforms so that people can choose the one they are most familiar with.

Services should be part of a network supporting reluctant people to get online, but also re-examine their perceptions of older people in light of the enthusiasm and skills they increasingly have. Where people simply don’t want to access services online, this should be accepted.

Training offers should emphasise fun, engaging activities and shared interests, and they should be based around what we know older people can do, rather than a deficit model based on stereotypes. It should accommodate people at different stages in their learning and provide refreshers when needed.

The city should also make people aware of what 100% Digital can offer.

Software should be as user-friendly as possible, and websites should be available in different languages and apply accessibility guidelines.

Attention should also be paid to where people can go to access free Wi-Fi, as affordability is likely to become an increasingly pressing issue.

Section 5: What has happened in Leeds since our last report?

A New Testbed for Digital Inclusion in Leeds

Over the next few months, Beeston and Middleton will serve as a test bed for a new digital inclusion model in Leeds.

Along with the COVID-19 Impact Hypothesis group recommendations, the last Digital Inclusion report was one of the key resources which set out a mandate for exploring opportunities for a place-based digital inclusion model. The learning from this model will be implemented across Leeds.

What is the project's aim?

Its objective is “to take a place-based approach to identify and remove barriers to delivery and subsequent inclusion in digitalised health and care services”. This will be achieved by:

- Connecting people to the internet through broadband, Wi-Fi or mobile where appropriate.
- Ensuring that digital services are designed to meet the needs of all users.
- Improving people's digital literacy.

The aim of this project is to be solution focused, moving quickly to action with local people. Engagement with people in the Beeston and Middleton area will be progressed by unpicking live issues with local stakeholders, including identified cohorts, and co-designing solutions. This approach will mean that local people can benefit from changes this winter whilst also considering the wider applications of the learning.

Who is leading it?

The project is being co-led by the Beeston and Middleton Local Care Partnership and 100% Digital.

Who is 100% Digital?

100% Digital Leeds a Leeds City Council-led initiative working to improve digital inclusion across the city.

The fundamental principles of the 100% Digital Leeds approach include:

- Convening community-based assets to ensure that no-one is 'hard to reach';
- Working flexibly and responsively;

- Moving to a whole system approach that enables people to independently look after themselves and improve their lives;
- Connecting people to their communities and a wider circle of care and support;
- Co-designing the right interventions with professionals and practitioners, staff and volunteers and people with lived experience.

How have health and care organisations tackled digital inclusion since the last report?

NHS Leeds Clinical Commissioning Group

“NHS Leeds Clinical Commissioning Group (CCG) is a partner on the PVG Digital Inclusion Subgroup and attends the meetings with one of our CCG volunteers. Our commitment to addressing the issues raised in the digital inclusion report is set out in our work with the Leeds City Digital Partnership Team and the recent development of our Health Inequalities framework. This work identifies the risk of digital exclusion as a barrier to receiving care and ensures that services are delivered in ways which improve access for people from disadvantaged groups. In the last few months the CCG has taken a number of actions to address the recommendations made in the digital inclusion report, these include:

- *Developing a Digital, Data and Intelligence Strategy which references the issues raised in the report and guides the way we work in the CCG*
- *Sharing the report widely across the organisation including with senior leaders at the governing body*
- *Jointly funding the 100% digital project which provides free iPads and digital training to people across the city and has provided a number of good practice case studies <https://leedsdigitalinclusion.wordpress.com/>*
- *Established an Access For All Group which aims to support providers to improve access to healthcare services, including improving digital access in their organisation*
- *Working with internal and external partners to develop a system for routinely sharing patient experience about digital exclusion*
- *The CCG recognises and strives to meet the latest standards for accessibility for all social media and web-based information. We have been working to meet the accessibility requirements for public sector body websites and are working with our partner agencies to plan and create accessible social media campaigns”*

Leeds Teaching Hospitals Trust

“At Leeds Teaching Hospitals we are providing virtual Outpatient appointments to patients who do not need face to face appointments on clinical grounds. The virtual platform ‘Attend Anywhere’ that is used to deliver outpatient appointments offers every patient the opportunity to provide feedback via a

questionnaire at the end of the appointment. When feedback was reviewed at the end of July using responses from 1016 patients 91% of patients rated the experience as good or excellent and 98% would do it again. However, when asked whether their appointment was as useful as a face-to-face appointment this positive figure reduced to 81% of patients agreeing that it was.

Of course, this broadly positive feedback only pertains to patients who were able or chose to take up virtual appointments. Work is currently underway to collect demographic data for patients who did not attend or did not take up the offer of virtual appointments so that we can identify whether or not there are certain communities for whom virtual consultations are not welcomed or working. Once we have this information, we will go out to any affected communities to find out more.”

Leeds City Council (Adults & Health)

“Leeds Adult Social Care (ASC) is committed to the fundamental principles of the 100% Digital Leeds approach, and are currently partners in a number of initiatives mentioned throughout this report, such as the Beeston and Middleton Digital Inclusion project. Since the time of the last Healthwatch report Adult Social Care have embarked on a journey to upskill our workforce in the use of digital technology, including participation in an Action Learning Set programme developed by Health Education England. This programme both identifies innovative ways for frontline workers to utilise technology in the delivery of their role, as well as enhancing their knowledge base of the range of devices etc, that can be used to support people and their families to maximise their independence (such as Google Nest Hub, Amazon Show). As a result of the programme ‘digital champions’ will be able to cascade their learning to colleagues.

The ASC service is currently taking part in a consultancy project, focusing on a number of areas of social work practice, in light of the sudden and major shift to remote working that has been necessitated by the Covid-19 pandemic. This will be an opportunity to understand the needs of social work teams and how technology can support their practice whilst working remotely.

The areas of focus of the project include:

- Continued professional development
- Peer support
- Tools for collaboration (within and across teams, as well as with external partners)
- Continuation of integration between area social work and community health adult services
- Practices to promote and protect staff wellbeing
- Leadership & management
- Space specification that fits with the new approach to working

Further digital solutions are also being explored with our Digital Inclusion team to identify different ways to undertake conversations and assessments where we can't currently do these face-to-face. We have some anecdotal evidence and feedback from social workers that WhatsApp and Zoom have proven very useful applications for conversations and assessments - and sometimes in very difficult and complex situations, with a range of users including those accessing Learning Disability and Mental Health Services (it is accepted that face to face is required in specific cases where the nature of the conversation is complex or sensitive and we will always have a need for this).

We are nevertheless aware that whilst some platforms / applications are very useful and accessible for end users, the issue of encrypted options needs to be understood in terms of any data sharing risks to organisations. These barriers prevent us from ensuring that the 'end user' interface is more accessible and user friendly so more work needs to be undertaken, to understand the importance of end user experiences in a digital world."

Leeds Community Healthcare NHS Trust

"Leeds Community Healthcare Trust (LCH) has worked to develop our digital offer to be able to continue to deliver healthcare whilst making this as accessible as possible. We now have a Digital first offer in most of our service pathways; this is supported by telephone contact prior to the appointment to ensure that the digital option is the right one for each individual (taking into account the key factors for digital exclusion) and to provide information on the process. Where digital poses a risk of exclusion telephone support is offered, or a face-to-face appointment for those who need this. Other work around digital over the last few months includes:

- Feedback continues to be gathered from staff, patients and carers on their experience of digital appointments; this feedback has led to a change in the platform we use for these appointments and further exploration in the use of platforms that can provide an improved experience, and have the capacity to meet greater accessibility needs.*
- Overall feedback has been really positive from both patients and staff.*
- The LCH Digital strategy group continues to meet regularly and all services have completed a digital prioritisation assessment for their service, this will be used to focus digital aims for each service for the next 12 months, and beyond, and will support services to achieve these aims.*
- Each of our business units now have a member of staff leading on digital, and digital champions within services. Many staff have received digital champion training, and we continue to receive support with training from 100% Digital Leeds.*
- We have created some really useful videos explaining what people can expect from their digital consultation, giving advice and signposting for support."*

Leeds and York Partnership NHS Foundation Trust

“The Working Age Adult Community Mental Health Team (WAA CMHT) from LYPFT are working collaboratively with service users with experience of receiving support during the pandemic (and their carers) to co-produce the “reset” of how the CMHT can work differently going forwards (involving digital methods wherever possible), to ensure that service users continue to receive meaningful, effective support.

An open invite was sent to all staff members inviting them to attend a briefing facilitated by Karl Proud from Leeds Hearing and Sight Loss Service, to ensure that all communications sent out adhere to Accessible Information Standards.

A remote consultation project is underway to work collaboratively with service users to co-design a new policy.

Our Older people’s service is exploring how to support service users and carers, to access support using digital technology.”

Section 6: Progress on Recommendations

The Digitising Leeds report set out a number of recommendations. Here is a summary of progress made in the city over the summer.

Recommendations for health and care leaders

	Recommendation	Stabilisation and Reset (StAR) subgroup response
1	Use this insight to build on the existing city-wide approach to digital inclusion.	<p>The report has been shared widely with leads of health and care groups in the city and has prompted discussion about the good work already happening, how to build on it and what can be put in place to address gaps.</p> <p>Through discussion at the StAR Group, a time-limited digital inclusion task and finish group was set up to look at a partnership response. This group has representatives from the City Digital Team, 100% Digital, NHS Leeds CCG, Public Health, the Health Partnerships Team and Local Care Partnership (LCP) Team.</p> <p>Through the group, a pilot is being led by the LCP team in Middleton and Beeston around digital inclusion, linked to an agreed funding of £100k for digital inclusion through the CCG as part of the Health Inequalities Framework.</p> <p>Additionally, the City Digital Team have secured £35k to spend on kit to put into the 100% Digital kit library supporting care homes. The CCG has identified £76,000 to expand 100% Digital Leeds' capacity to work with people in a number of rehabilitation pathways, including MSK, stroke and cardio.</p> <p>Beyond the health and care system, 100% Digital Leeds continues to work closely with stakeholders to build on the existing digital inclusion work and impact within the city.</p>
2	Develop city-wide metrics to measure how digital inclusion work in Leeds is progressing.	<p>City Digital are part of the task group set up through PVG to develop a system wide metric to measure digital inclusion along the existing metrics through 100% Digital. A city map to see digital inclusion alongside other indicators such as financial inclusion, health inequalities and so on is in development.</p>

3	Build digital inclusion into city-wide staff skills development programmes.	<p>100% Digital Leeds continue to deliver Digital Health Champion training with staff across Health and Care (including third sector organisations) supporting the digital-ready workforce programme.</p> <p>100% Digital Leeds support the Digital Health Champion training to be embedded within the Health and Care staff skills development programmes for new and existing staff, increasing opportunities for digital inclusion to be embedded within clinician to patient communication.</p>
4	Consider how the city's existing physical spaces and resources can be utilised to improve digital access for people who need it most, and identify where investment is required to support our poorest citizens first.	<p>The connectivity stream of the Smart Leeds Programme is all about ensuring the city is connected with super-fast fibre broadband and is ready to exploit new technologies such as next generation 5G mobile. Free Wi-Fi has been rolled out to all Leeds City Council buildings and some city centre locations such as Millennium Square and Briggate and a key part of future work is making sure no one is left behind:</p> <ul style="list-style-type: none"> • Work with government and private sector suppliers to ensure people and communities have access to the best possible broadband speeds. • Equipping more community buildings with free council wi-fi. • Working towards equipping all council houses and flats with access to the lowest priced broadband, e.g. LCC's Homes of the Future project <p>There are bespoke approaches in LCC's 6 priority neighbourhood areas. For example, in Lincoln Green, all of proposals for development (whether for the health and care element, housing or community) will consider how to make best use of the digital technology available and where possible reduce the digital divide by improving broadband access and access to the hardware to access the internet.</p> <p>The Strategic Estates Group (an enabler to the Leeds Plan) is considering digital connectivity for any new build or refurbishment projects and is aware there should be an explicit consideration to digital inclusion as part of this. For example, the development of a new Burmantofts Health Centre provides some opportunities for which ICT</p>

		<p>facilities for community use have already been flagged as a requirement of any new health centre in the area.</p> <p>Through the StAR digital inclusion subgroup, the LCP development team is working with 100% Digital, the City Digital Team, GPs and third sector partners to pilot a digital inclusion project in Beeston and Middleton LCPs. This is very much a place-based approach, working with communities and local organisations to understand need and what additional resource is required to enable people to access digital services.</p> <p>100% Digital continues to work with community organisations to get resources to the people who need them, e.g. through their tablet lending scheme.</p>
5	<p>Continue to extend the role that the third sector plays in providing personalised support to the people in Leeds who are most vulnerable to digital inclusion and what resources they will require to do this.</p>	<p>100% Digital Leeds continue to implement and develop the Digital Health Hub model across Leeds, partnering third sector organisations with local health and care providers.</p> <p>100% Digital Leeds continue to work with third sector organisations building community capacity, equipment lending and training to enable them to provide personal support to people who use their services.</p> <p>Leeds City Digital Team coordinated a digital grants fund to support third sector organisations during the coronavirus pandemic.</p> <p>The third sector is a key partner in LCPs and as such are involved in the Beeston and Middleton digital inclusion pilot.</p>
6	<p>Set local standards and expectations that service users can expect of all providers. (For example: “Your data will be kept securely and only shared when...”) Standards to be agreed by leaders and shared with all organisations.</p>	<p>The City Information Governance Group leads on security standards and informed the Digital Citizen Blueprint. This document brings together a set of standards for how we create and run digital services that meet the needs of our citizens. Wherever possible, existing standards are used rather than creating new ones.</p> <p>There will also be links to the Living in Leeds project through the Leeds Academic Health</p>

		Partnership. A project lead from LAHP is part of the PVG digital inclusion subgroup.
7	Develop a resource for the public in Leeds around their choices when it comes to using digital services so that a single, consistent approach is developed across health and care organisations in Leeds.	Loop (a portal for health information) will provide local information i.e. a diabetes group in LS1. Further, colleagues in the City Digital Team are developing an Apps library for clinically approved apps.
8	Develop a “toolkit” for frontline staff to support them to understand when digital is the right medium to deliver an intervention and help them understand the issues related to barriers to access.	This is part of the 100% Digital Leeds Digital Health Champion Training which is currently being delivered across health and care and with Social Prescribing teams.
9	The Leeds Health Observatory to update the Joint Strategic Needs Assessment to identify risks to digital inclusion, with the aim of supporting agencies such as primary health care to tailor their approach to local needs.	The JSA is being refreshed in context of COVID and we have passed on this recommendation. A link will be made to 100% Digital Leeds work on developing a map showing digital inclusion/exclusion alongside other indicators.
10	The Leeds Safeguarding Adults Board should consider the implications of digitisation on safeguarding policy and procedures and amend them accordingly.	Awaiting response

Recommendations for individual organisations (i.e.: hospitals, GP practices, local authority departments, third-sector organisations)

	Recommendation	Progress
1	Organisations to draw up their own Digital Inclusion strategy, taking into account the insight from this report. We would recommend that this strategy includes the findings summarised in section 6.	<p>For NHS organisations, this will be picked up as part of new NHS England planning requirements for a 5-year approach to tackle health inequalities. Leeds is taking a person-centred approach and will be considering inclusion and inequalities across the board rather than developing individual strategies, but the findings of the report will be used to inform the plan.</p> <p>100% Digital Leeds to continue working with third-sector organisations to embed digital inclusion within community settings, adapting a person-centred approach, coproducing digital inclusion to meet the needs of service users. As an example, 100% Digital Leeds are currently working with Leeds OP Forum to develop a digital inclusion working group across the Neighbourhood Networks</p>
2	Share the report with all relevant staff and assess how it relates to their work, so that good practice is identified and shared, and proposals for change can be drawn up internally.	<p>The insight report was shared with the Health and Wellbeing Board to share within their own organisations. Chief Operating Officers from across the health and care system will also have had sight of the report through StAR, and this led to the creation of the subgroup and has informed the health and care system response.</p> <p>The CCG inequality lead will be tasked with feeding the report into the citywide inequalities network (operational) as well as Tackling Health Inequalities Report (Strategic) as to help inform their developing work programme.</p>
3	Consider whether they would be willing to serve as a digital inclusion case study so that their best practice, challenges and positive changes can be shared with organisations and decision makers across the city	Awaiting response
4	Assess how the digital inclusion agenda can progress in tandem with existing work	As per recommendation 1, this will be picked up as part of new NHS England planning requirements for a 5-year approach to tackle health inequalities. Leeds is taking a person-centred approach and will be considering access and inclusion across the

	around the Accessible Information Standard.	board. It is also being picked up through the THIG response.
5	<p>Identify where:</p> <ul style="list-style-type: none"> • Further engagement work is required to gain a deeper understanding of the issues (and their scale) in Leeds and identify actions. • Patient/service users' insights can be gathered on a routine, ongoing basis. 	Reps from Health Partnerships, 100% Digital Leeds and City Digital are on the PVG group so can share any issues that need further exploration.

Section 7: Next Steps

The PVG Digital Inclusion Subgroup will continue to meet and act as a hub to ensure we are hearing the voices of people during the move to digital. If you would like to join or if there are any issues you would like us to be aware of, please do get in touch by emailing info@healthwatchleeds.co.uk or calling 0113 898 0035.

The next briefing will be published in spring 2021. If your organisation would like to feed your experiences into this work, we would love to hear from you. We would also love to hear from decision makers about their work on digital inclusion.

Appendix I: PVG Digital Inclusion Subgroup Members

Healthwatch Leeds

- Hannah Davies (Healthwatch Leeds CEO & People's Voices Group Digital Inclusion Subgroup chair)
- Anna Chippindale (PA & minutes, Healthwatch Leeds)
- Dex Hannon (Communications Manager, Healthwatch Leeds)
- Jonathan Phillips (Healthwatch Leeds Board Director)

Members based in health and care organisations:

- Samantha Hirst (LCHT)
- Neil Maguire (LCHT)
- Suzanne Slater (LCHT)
- Heather Thrippleton (LCHT)
- Joanne Twigger (LCHT)
- Angela Medd (NHS England)
- Sophie Edwards (NHS England & NHS Improvement)
- Leisa Batkin (NHS Leeds CCG)
- Alison Best (NHS Leeds CCG)
- Chris Bridle (NHS Leeds CCG)
- Angela Collins (NHS Leeds CCG)
- Caroline Mackay (NHS Leeds CCG)
- Patricia McKinney (NHS Leeds CCG volunteer)
- Sharon Moore (NHS CCG Leeds)
- Natasha Noor (NHS Leeds CCG)
- Rosemary Horsman (LTHT)
- Krystina Kozłowska (LTHT)
- Caroline Otieno (LTHT)
- Jennifer Wilson (LTHT)
- Sayed Ahmed (LYPFT)
- Amy Hirst (LYPFT)
- Rachel Pilling (LYPFT)
- Helen Thompson (LYPFT)
- Jennifer Fletcher (St Gemma's)
- Clare Russell (St Gemma's)

Members from Leeds City Council:

- Anne Arnold (Health Partnerships Team)
- Kuldeep Bajwa (consultation and involvement officer)
- Rachel Benn (100% Digital Leeds)
- Lisa Gibson (Strategy and Development Manager - Leeds Health Partnerships)
- Hannah Lamplugh (Voice Influence and Change Lead, Children and Families)
- Hannah McGurk (Health Improvement Specialist (Frailty))
- Ade Winterburn (Health Partnerships Team)

- Lelir Yeung (Head of Equality, Communities)

Members from the community sector:

- Wendy Cork (Advonet)
- Karen Fenton (Forum Central)
- Karl Witty (Forum Central)
- Karl Proud (Leeds BID)
- Jagdeep Passan (Leeds Involving People)
- Emily Turner (Leeds Women's Aid)
- Sarah Fox (Touchstone)
- Jim Leyland (Touchstone)
- Alison Lowe (Touchstone)
- Sally Poyser (Touchstone)
- Iona Lyons (Voluntary Action Leeds)
- Lee Potter (Age UK Leeds)
- Amber Reid (Leeds Mind)
- Lucy Tomlin (Family Action)
- Nick Godfrey (Family Action)

Members from academic and research organisations:

- Ruth Coulthard (Leeds Academic Health Partnership)
- Roz Davies (mHabitat)
- Amy Rebane (NIHR Leeds Biomedical Research Centre)
- Louisa Ells (Leeds Beckett University and Specialist academic advisor to Public Health England)

Appendix II: Where did the last Digitising Leeds report go?

The Digitising Leeds report was shared with the following people and organisations:

1. LCP development team
2. Communities of Interest network
3. Forum Central website and e-bulletin
4. Colleagues at Forum Central have shared with their individual contacts
5. Forum Central mental health members
6. Leeds Voices Twitter + newsletter
7. Doing Good Leeds Website
8. St Gemma's Hospice
9. Yorkshire Cancer Research
10. Yorkshire and Humber Academic Health Science Network
11. Leeds Beckett University
12. Leeds Trinity University
13. University of Leeds
14. Leeds City College
15. Leeds Health and Care Academy (staff digital skills connection)
16. Leeds Academic Health Partnership
17. Grow MedTech (Leeds Beckett University)
18. Leeds Centre for Personalised Medicine and Health
19. Learning Disabilities Commissioning at Leeds CCG
20. The Communications and Engagement Team at Leeds CCG
21. The WY&H CCG Engagement Leads
22. NHS CCG commissioner for mental health
23. Lead for Dual Diagnosis Services at LYPFT
24. Co-Occurring Mental Health and Alcohol Drug Dependency strategy group
25. LCC Adults and Health
26. City Digital
27. NHS Digital
28. Skills for Care
29. Digital project management office, LTHT
30. Thea Stein (CEO, LCH)
31. Senior Management Team, LCH
32. Clinical Leads of all 3 business units (LCH)
33. Reset project lead and reset project managers (LCH)
34. LCH daily briefing to all staff
35. LCH's Digital Strategy Implementation Group
36. LCH staff engagement champions
37. ADASS (Association of Directors of Adult Social Care)
38. Chief Information Officer at LYPFT
39. Head of Communications at LYPFT
40. Head of Nursing at LYPFT
41. Head of Quality & Clinical Governance at LYPFT
42. Head of E&I at LYPFT

43. Clinical Director at LYPFT
44. Sciencewise/UKRI
45. Bradford District Care NHS Foundation Trust
46. Yorkshire and Humber Care Record Group

