healthwatch Brighton and Hove

Digital exclusion in Brighton and Hove

Briefing report

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Contact – Dr Lester Coleman

Lester@healthwatchbrightonandhove.co.uk

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Digital exclusion is difficult to define. This is because digital exclusion is a non-binary construct meaning that people cannot easily be described as digitally excluded or not. Instead, digital exclusion operates over a spectrum of motivation, access, skills, and ability. This includes those digitally excluded due to lack of interest or motivation; those motivated but with no digital skills; as well as those excluded due to only having the basic level of skills. Different definitions are provided by the NHS, the Lloyd's Bank Consumer Digital Index, the Essential Digital Skills Framework (for life and work), and the Office for National Statistics. Some definitions compare digital use with non-use, others look at the level of digital skills people have.

1. Why are people digitally excluded?

The reasons for digital exclusion extend beyond access to digital devices and the skills to use them. Motivation and trust are important additional reasons. Evidence shows that motivation is three times higher than lack of skills and is the leading reason for digital exclusion.

2. Why is digital inclusion important?

The importance of being digitally included, rather than excluded, is captured through social and lifestyle factors; financial rewards; health benefits; and cost savings for the health and social care service.

3. Where is the policy focus on digital exclusion?

The leading policy documents highlighting the importance of digital inclusion include: NHS Long Term Plan (2019); The Future of Healthcare (2018); The Topol review (2019, and a one year update, 2020); the Sussex Health and Care Partnership; and the 2014 and 2017 Government Digital Inclusion Strategies.

4. What is the extent of digital exclusion nationally?

- 4.7 million (9%) of the UK adult population have no digital skills whatsoever.
- 11.7 million (22%) people in the UK are without the 'skills needed for everyday life' and nearly 3.6 million are 'almost completely offline'.
- 16.9 million or one-third (33%) of adults in the UK have the lowest level of digital engagement (based on scores on 'spend' and 'interactions', and 'technology').
- An estimated 9 million (16%) are unable to use the internet and their device by themselves (including turning on a device).
- 2.7 million (5%) people can access the internet but lack the ability to use it to its full advantage.
- 5.3 million adults in the UK, or 10.0% of the adult UK population have not used the internet in the last three months.

5. How does digital exclusion vary geographically and within population groups?

- Wales and North East and North West England are less likely to have the five 'Basic Digital Skills' (Managing information; Communicating; Transacting; Problem-solving; and Creating). Within these areas there is a higher proportion of people with none of these skills.

- Certain people are more prone to being digitally excluded than others. Older people and those with disabilities are more likely to be digitally excluded.
- Those who are vulnerable, and disadvantaged are the most likely to be digitally excluded.

6. Digital exclusion nationally and in Sussex during Covid-19

- The pandemic and lockdown saw changes overnight towards digital solutions for accessing health and social care services.
- GPs are generally in favour of retaining online consultations in the future.
- Evidence shows that most people are generally pragmatic about the role of digital solutions - 80% agree that using technology has been a vital support to them during the pandemic.
- People (in Sussex) are generally satisfied with their remote (non-face-to-face) appointments and most are 'happy' to continue this in the future.
- However, there are exceptions towards this preference. In general, older people and those with disabilities were less happy to have remote appointments and generally preferred them face-to-face.

7. Brighton and Hove: what is the extent and distribution of digital exclusion?

- An estimated 8.6% of adult population in Brighton and Hove have either never used the internet or have not used it within the last three months.
- An estimated 16% of the adult population in Brighton and Hove lack the five 'Basic Digital Skills' (Managing information; Communicating; Transacting; Problem-solving; and Creating).
- There are 15 surgeries in Brighton and Hove where less than 30% of patients are using online services. Of these, there are three surgeries that are either in the fourth or fifth quintile for older people indicating a higher likelihood of digital exclusion.
- Based on different typologies on internet use, those people most likely to be digitally excluded in Brighton and Hove are found in three clusters: North-west Hangleton, Whitehawk and some central areas east of the pier.

8. Brighton and Hove: what work is being done to increase digital inclusion?

- There are several initiatives operating throughout the city of Brighton and Hove to promote digital inclusion. These include:
  - Southdown Housing and its digital inclusion project - 'Supporting people to get online & stay online'.
  - Free courses available from the Good Things Foundation.
  - Citizen's Online and its 'Digital Brighton and Hove' initiative.
  - Digital Ambassadors Pilot for staff within primary care, and a national peer support scheme for schools developed by Digital Awareness UK.

9. Brighton and Hove: how can we engage people to understand more about increasing digital inclusion locally?

Techniques to promote digital inclusion include:

- Introducing within local interest groups (such as arts, crafts or other social groups).
- Build trust and personal contact.

- Show people the potential benefits to increase motivation.
- Foster peer support initiatives (such as from friends, family, younger to older people, etc.).
- Consider assistive technology e.g. 'Alexa'.
- Adopt a gentle pace when working with people.
- Avoid or clarify the term 'digital'.
- Bear in mind more formal accredited courses.
- Identify and address the common barriers (such as fear and digital security).

10. Brighton and Hove: reaching out to people who are digitally excluded

- To engage people who are digitally excluded is difficult due to the limited ways to make contact with them. This could be achieved by: Working with GP surgeries where people are more likely to be digitally excluded; contacting people who are currently on a waiting list for a Digital Champion; and speaking to people who have recently received digital skills training to look retrospectively at what worked to increase their skills.
- First-hand insights into 'what works' could be gained from engaging Digital Champions, family members of those excluded/previously excluded, staff that engage with patients, and those (including volunteers) running additional local community initiatives.

11. Report recommendations to reduce digital exclusion in Brighton and Hove

1. Need to understand that digital exclusion occurs across different levels. Some may have no digital access at all whereas others have some basic skills but need some enhancement to access health services (for example). Digital exclusion operates over a spectrum from no motivation and no interest through to people wanting to enhance skills and get the most out of the internet.

2. Need to understand that motivation is one of the biggest barriers to digital exclusion, so it is critical to encourage people to initially see the potential benefits in areas they are interested in.

3. Need to engage people who are digitally excluded or those having just received skills training to understand more about motivations, benefits and ultimately 'what works' in reducing digital exclusion.

4. It is important to join-up and share learning from the variety of initiatives in Brighton and Hove. For example, share learning from Citizens Online's Digital Champions, the Digital Ambassadors pilot, the Good Things Foundation courses and training materials, and other local community projects (e.g. Hangleton and Knoll Project).

5. To underpin the shared-learning and to avoid duplication of resources, it is necessary to map or create a directory of the various initiatives within Brighton and Hove.

6. Increase resources to support those that can encourage and enable people to become more digitally included. This includes training for more of Citizen Online's Digital Champions in order to reduce the current waiting list of those

digitally excluded. Also, this can support the training of frontline staff (e.g. GPs, GP Receptionists, Practice Nurses, Practice Managers, and Pharmacists) to embed digital into their day-to-day interactions with patients.

7. Provide resources to those local organisations moving towards digital to make sure people are not excluded as part of the process.

8. Provide free broadband in rural areas and other settings like Seniors Housing.

9. Invest in the potential for peer support to reduce digital exclusion, involving friends, families, carers, intergenerational initiatives (younger to older people), and Social Prescribers.

10. Provide resources for technological equipment to be shared and loaned to those digitally excluded. Also consider resources for assistive technology e.g. Voice activated systems or 'virtual assistants' such as Amazon Echo (Alexa) to support those for whom this would benefit.

11. Establish a central evaluation portal to monitor the range of initiatives across Brighton and Hove and assess whether the acquisition of digital skills ultimately affects health outcomes across the city.

Glossary

Digital exclusion or digitally excluded are terms operating over a spectrum of motivation, access, skills, and ability in using digital technology. This includes those digitally excluded due to lack of interest or motivation; those motivated but with no digital skills; as well as those excluded due to only having the basic level of skills. This spectrum is illustrated by the contrasting ways in which digital exclusion is measured, as shown in this glossary.

Digital inclusion or digitally included are those who have the motivation, access, skills, and ability to use digital technology. Those people fully digitally included will be competent in possessing the Essential Digital Skills for life and work (see later).

Lloyds Bank Consumer Digital Index (2020) is the UK's largest study of transactional, behavioural, and attitudinal research on digital technology.

The **Digital Index Score** is used in the Lloyd's Bank research and is derived from abilities to 'Spend' (How people transact and what they purchase); 'Interactions' (How people engage with digital services and products); and 'Technology' (Including use of digital devices). This leads to four levels of ability defined as 'Very Low', 'Low', 'High' and 'Very High'.

Foundation Level skills are a further way to measure the extent of digital exclusion and are a prerequisite to achieving the 'Essential Digital Skills for life and work' (see later). The foundation skills are determined from the following:

- I cannot use the different menu settings on a device to make it easier to use (e.g. change the font size to make it easier to read)
- I cannot connect a device to a Wi-Fi network
- I cannot update and change my password when prompted to do so
- I cannot find and open different applications/ programmes on a device
- I cannot turn on a device and log in to any accounts/profiles I have
- I cannot open an internet browser to find and use websites
- I cannot use the available controls on a device (e.g. mouse, keyboard, touchscreen etc.).

Basic Digital Skills Framework or the five 'basic digital skills' are: Managing information; Communicating; Transacting; Problem-solving; and Creating.

Essential Digital Skills for life and work are the current accepted measure of digital use. Also defined as 'Life Skills', people who have the Foundation Skills are then counted as having Essential Digital Skills for life if they can do at least one digital task in each of the five skills categories (29 tasks in total):

- Communicating - sending a personal message via email or online messaging service or carefully making comments and sharing information online.
- Handling information and content – Find, manage, and store digital information and content securely.
- Transacting - buying items or services from a website or buying and installing apps on a device.
- Problem Solving - verifying sources of information online or solving a problem with a device or digital service using online help.
- Being safe and legal online.

To achieve the Essential Digital Skills for work, people must be able to achieve at least one task in each of the five life skills in their working environment.

Recent internet users are those who have used the internet within the last three months.

Lapsed internet users are those who used the internet more than three months ago.

Digital exclusion in Brighton and Hove – main report

Introduction and defining digital exclusion

The purpose of this briefing report is to help address the social, health and economic disadvantages people face when digitally excluded. The importance of this report is set within the context of the Coronavirus pandemic and the local restrictions and increased digitisation of health and social care services.

This briefing paper starts by defining digital exclusion, assesses the evidence at a national level and progresses to show the extent of digital exclusion in Brighton and Hove and the initiatives that are operating locally to alleviate this. The report closes by providing recommendations to help more people become digitally included. References for the documents used in the report are added at the end and referred to by superscript numbers ([1,2,] etc) throughout the text. All references are linked to the full reports.

Digital exclusion is difficult to define. This is because digital exclusion is a non-binary construct meaning that people cannot easily be described as digitally excluded or included. Instead, digital exclusion operates over a spectrum of motivation, access, skills and ability. This includes those digitally excluded due to lack of interest or motivation; those motivated but with no digital skills; as well as those excluded due to only having the basic level of skills. The four contrasting definitions are outlined below.

Digital exclusion has a range of definitions. It is difficult to categorise people as being digitally excluded or digitally included. Different definitions are provided by the NHS, the Lloyd's Bank Consumer Digital Index, the Essential Digital Skills Framework for life and work, and the Office for National Statistics.

a) NHS (2019)

To illustrate the spectrum of digital exclusion, the NHS defines digital inclusion as having the following three capabilities[1]:

- Digital skills - Being able to use digital devices (such as computers or smart phones and the internet). This is important, but a lack of digital skills is not necessarily the only, or the biggest, barrier people face.
- Connectivity - Access to the internet through broadband, wi-fi and mobile.
- Accessibility - Services need to be designed to meet all users' needs, including those dependent on assistive technology (such as Amazon Alexa) to access digital services.

b) Lloyd's Bank Consumer Digital Index surveys (2018 and 2020)

Several different definitions have been developed and used in the Lloyd's Bank Consumer Digital Index surveys (2018 and 2020). Alongside the ONS data, this is the largest source of data about digital exclusion. The Lloyds survey is derived from

over one million UK adults aged 18 or over. A separate sample of 2137 was used to show the early impacts of the Coronavirus pandemic during the 5th and 6th of May (see later).

The most recent **Lloyd's Consumer Digital Index** simplifies digital capabilities, in the form of an Index Score, to be determined by[2]:

1. Spend - How people transact and what they purchase
2. Interactions - How people engage with digital services and products
3. Technology - Including use of digital devices.

Using a set of criteria within each of these three areas creates a Digital Index Score grouping into either 'Very Low', 'Low', 'High' and 'Very High'. For example, ability to shop online would create a score and contribute to which grouping that individual would fall into.

The Lloyd's Bank Consumer Digital Index adds a further dimension by defining seven **Foundation Level skills**, without which people "can be considered digitally excluded, as they are not able to adequately operate a digital device." These Foundation Level Skills are as follows and are used later in this report in terms of whether people have some or none of these Foundation Levels[3]:

- I cannot use the different menu settings on a device to make it easier to use (e.g. change the font size to make it easier to read)
- I cannot connect a device to a Wi-Fi network
- I cannot update and change my password when prompted to do so
- I cannot find and open different applications/programmes on a device
- I cannot turn on a device and log in to any accounts/profiles I have
- I cannot open an internet browser to find and use websites
- I cannot use the available controls on a device (e.g. mouse, keyboard, touchscreen etc.).

c) Essential Digital Skills Framework (2018)

In collaboration with the Tech Partnership and the Department for Education, Lloyd's developed the **Essential Digital Skills Framework** that includes an array of abilities that is indicative of digital exclusion and digital inclusion. The framework outlines five categories of Essential Digital Skills for life and work and extends the Tech Partnership Basic Digital Skills Framework by bringing safety and security to the fore and is now accepted as the current indicator of digital ability. It is also defined as 'Life Skills', people who have the Foundation Level Skills are then counted as having Essential Digital Skills for life if they can do at least one digital task in each of the five skills categories (29 tasks in total) [4]:

- Communicating - sending a personal message via email or online messaging service or carefully making comments and sharing information online.
- Handling information and content – find, manage, and store digital information and content securely.
- Transacting - buying items or services from a website or buying and installing apps on a device.

- Problem Solving - verifying sources of information online or solving a problem with a device or digital service using online help.
- Being safe and legal online.

The digital skills developed by Go ON UK in collaboration with the London School of Economics (LSE), Citizens Online, the London Business School and Tinder Foundation mention the same abilities to those in the Essential Digital Skills Framework[5].

d) Office for National Statistics (2019)

As a further example, the Office for National Statistics (ONS) include three indicators, specifically for internet use, in terms of[6]:

- Those (adults) who have never used the internet.
- Recent internet users - those who have used the internet within the last three months.
- Lapsed internet users - those who used the internet more than three months ago.

Note that the ONS data is referred to regularly in this report and uses a range of survey evidence given there is no standard or universal data collected on digital use. Evidence is taken from a range of surveys such as the Labour Force Survey; Internet Access, Opinions and Lifestyle Survey (OPN); and the Lloyds Bank UK Consumer Digital Index, 2018.

These varied definitions are important as they are referred to throughout this report in measuring the extent of digital exclusion and the solutions to promote digital inclusion. Within this context, this briefing paper will now provide answers to the following questions and outline some recommendations within a final section:

1. Why are people digitally excluded?
2. Why is digital inclusion important?
3. Where is the policy focus on digital exclusion?
4. What is the extent of digital exclusion nationally?
5. How does digital exclusion vary geographically and within population groups?
6. Digital exclusion nationally and in Sussex during Covid-19
7. Brighton and Hove: what is the extent and distribution of digital exclusion?
8. Brighton and Hove: what work is being done to increase digital inclusion?
9. Brighton and Hove: how can we engage people to understand more about increasing digital inclusion locally?
10. Brighton and Hove: reaching out to people who are digitally excluded.
11. Report recommendations to reduce digital exclusion in Brighton and Hove.

1. Why are people digitally excluded?

In view of the above definitions, the reasons for why people are digitally excluded are somewhat self-explanatory. The latest Government Digital Inclusion Strategy (2017) defines four main challenges that people face to be more digitally included[7]:

- Access - the ability to go online and connect to the internet (including connectivity)
- Skills - to be able to use the internet
- Motivation - knowing the reasons why using the internet is a good thing
- Trust or confidence - a fear of crime, or not knowing where to start to go online.

Design (ease of use), awareness of available products, and staff capability and capacity (in being able to recommend digital services) are further barriers[8].

The reasons for digital exclusion extend beyond access to digital devices and the skills to use them. Motivation and trust are important additional reasons. Evidence shows that motivation is three times higher than lack of skills and is the leading reason for digital exclusion.

As further evidence, the Lloyd's Bank Consumer Digital Index (2020)[9] states that, "**Motivation** is one of the key barriers to doing more online – over one-third of those offline say the Internet 'doesn't interest me' and 48% of the digitally excluded state that 'nothing' could motivate them to get online."

A further study by Gann[10] (2019) notes the importance of motivation: "Not using the Internet and being digitally excluded are not the same thing. Some people make a reasoned decision not to be online." He also suggests that the underlying issues for this is the lack of interest in how the internet can benefit people.

In more detail, the Good Things Foundation cite a study by French et al (2019)[11] that explored the motivational factor given that they recognise that, "Of the three core barriers [The basic/essential digital skills gap; lack of access to a connection and/or device; and motivational barriers] motivation is underlined in research as the most significant in terms of the number of people affected, and the most persistent and hard to address." From their study of motivation, the largest group were categorised as "It's not for me" or "not for people like me". These people do not see the potential benefit of digital inclusion and do not see the need to go online.

The ONS (2019)[12] shows that a lack of motivation is particularly prevalent among the older age groups and those with disabilities. In 2018, 84% of those over the age of 60 years said that nothing could help them get online. Similarly, 38% of disabled people who are not using the internet reported that the internet does not interest them.

The French et al (2019) study extends the definition of digital exclusion, by introducing the issues of **fear and trust** when using the internet. In more detail, further evidence suggests that fear of using (e.g. might break the internet or security) as well as fear of not 'getting it' or unable to understand any digital support and embarrassment in group setting[13]. The earlier study by Gann et al (2019) also cited people's concerns over fear about privacy and security.

As a means of quantifying the **relative importance of the factors leading to digital exclusion**, the ONS shows that motivation or 'do not need internet, not useful not interesting, etc' is the leading reason reported by 64% of people (people could chose more than one reason)[14]:

Percentage of households by reason for not having household internet access, Great Britain, 2017	**%**
Do not need internet, not useful not interesting etc	64
Lack of skills	20
Have access to the internet elsewhere	12
Equipment costs too high	8
Access costs too high, telephone broadband subscription	8
Privacy or security concerns	7
Physical or sensorial disability	2

This ONS study also shows how the reasons could be grouped into internal/psychological factors such as motivation and external factors such as costs and subscriptions[15].

2. Why is digital inclusion important?

It is arguable that the importance of digitally inclusion is more paramount now than ever with the onset of the Coronavirus pandemic. Many services, beyond health and care, have been moved online by default. Social isolation and distancing have meant people keeping in touch, both personally and professionally, are usually by online means. It has been said that 'Digital should be the new determinant of health'[16].

The importance of being digitally included, rather than excluded, is captured through social and lifestyle factors; financial rewards; health benefits; and cost savings for the health and social care service.

There is evidence showing that digital inclusion can have a number of **social and lifestyle benefits**, particularly significant during the Coronavirus pandemic. The role of messaging, real-time video interactions has supported people to interact when face-to-face visits are restricted. For those people digitally capable, the most recent Lloyds Consumer Digital Index showed that[17]:

- 87% say it helps them to connect better with friends and family
- 84% say it helps them to organise their life
- 55% say it makes them feel more part of a community
- 44% say it helps them to manage physical and mental well-being.

Also, 38% of online respondents indicated that being online helps them feel less alone, which was notably more strongly felt by people with disabilities who were 27% more likely to report this compared to those without disabilities[18].

The benefits of digital inclusion are best summarised by the Good Things Foundation[19] who state that: "Digital participation can play a valuable role in improving quality of life through offering a source of information and advice, providing practical support, enabling social connections, as well as being a source of relaxation, entertainment and a way to pursue interests."

By contrast, Citizen's Online describe digital exclusion as leading to a lack of skills, confidence and motivation which can exacerbate social exclusion, social and economic problems[20].

There also **financial rewards** too, with the lowest digital users being more likely to pay higher household bills irrespective of income, household or age. For utilities alone, they are spending an average of over £348 more per year[21].

Beyond lifestyle, there are a number of **health benefits** of digital inclusion to both parents/carers and to the health and care system as follows[22]:

The benefits to patients and carers include:

- improved self-care for minor ailments
- improved self-management of long-term conditions
- improved take-up of digital health tools and services
- time saved through accessing services digitally
- cost saved through accessing services digitally
- reduced loneliness and isolation.

And benefits for the health and care system, including:

- lower cost of delivering services digitally
- more appropriate use of services, including primary care and urgent care
- better patient adherence to medicines and treatments.

There is additional evidence from NHS Digital[23] that people who are digitally excluded are at risk of worse access to services and worse health outcomes. In contrast, digital inclusion is described as 'crucial' to achieve the following:

- physical and mental wellbeing
- prevention
- self- care
- shared care and shared decision making

- long term condition management
- appropriate use of urgent and emergency care.

To place some context to these health benefits, the evaluation of Phase One of the NHS Widening Digital Participation programme[24] provides detailed analysis of the impact of increasing digital inclusion on health. This evaluation showed that the widening participation achieved the following outcomes:

- 59% felt more confident in using online health information
- 52% feel less lonely or isolated
- 21% have had less visits to their GP for minor ailments
- 22% have progressed to booking GP appointments online
- 20% progressed to ordering prescriptions online
- 39% have saved time through carrying out health transactions online.

The benefits continue with cost saving for the health and social care service. The NHS Widening Digital Participation programme evaluation estimates a return on investment of £6.40 for every £1.00 spent by the NHS on digital inclusion support[25].

The earlier cited report by Gann (2019)[26] highlights evidence from CEBR (Centre for Economics and Business Research) in calculating the savings to the NHS through individuals learning digital skills and so being able to use the NHS website for self-care advice, as well as booking appointments and requesting prescriptions online. These amount to savings of £141m by 2028 through reduction in GP visits and reduction in use of offline services.

Finally, while the benefits of digital inclusion are unequivocal, digital exclusion has been seen to impact on the widening health inequalities in the UK and the stalling in life expectancy. The Marmot Review 10 Years On (2020) highlights the wider social and economic determinants that drive health inequalities, such as poverty and insecure housing, and almost all these wider determinants are exacerbated by digital exclusion[27].

3. Where is the policy focus on digital exclusion?

Given the benefits of digital inclusion, it is of no surprise that policy initiatives to help drive up levels of online capabilities are numerous.

The leading policy documents highlighting the importance of digital inclusion include: NHS Long Term Plan (2019); The Future of Healthcare (2018); The Topol review (2019, and a one year update, 2020); the Sussex Health and Care Partnership; and the 2014 and 2017 Government Digital Inclusion Strategies.

There are three influential NHS policy documents that highlight the commitment towards digital inclusion[28].

The Future of Healthcare (2018)[29] shows the commitments towards digital inclusion and makes the important point that those with the greatest health needs

may be those more likely to face digital exclusion. The report stresses the role of providing accessible digital services to those most at risk. These variations in digital exclusion will be detailed in later sections when identifying those people who are those most at risk of digital exclusion.

The **NHS long term plan** (2019)[30] makes a commitment to a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care. The NHS Long Term Plan makes a commitment for patients to be offered digital-first primary care by 2023/2024. To achieve this commitment, all GP practices will ensure at least 25% of appointments are available for online booking and that all patients will have the right to online consultations by April 2020 and video consultation by April 2021. These targets were written prior to the Coronavirus pandemic where these targets have been exceeded (see Section 6, *Digital exclusion nationally and in Sussex during Covid-19*).

The Long-Term Plan highlights that digital exclusion can be seen as a form of inequality and makes a commitment to reduce this: "People will be empowered, and their experience of health and care will be transformed, by the ability to access, manage and contribute to digital tools, information and services. We will ensure these technologies work for everyone, from the most digitally literate to the most technology averse and reflect the needs of people trying to stay healthy as well as those with complex conditions".

The Topol review (2019[31], and a one year update, 2020[32]) 'Preparing the healthcare workforce to deliver the digital future' again highlights the inequity of access to digital healthcare. The report highlights how the inequity needs to be rectified in order for the NHS to commit to the principles of equal and equitable access to healthcare for all UK citizens.

More locally, digital health and care services is one of the eight priorities within the **Sussex Health and Care Partnership**[33]. The Sussex Health and Care Partnership is an integrated care system involving all NHS organisations and the local councils that look after public health and social care. The policy outlines a commitment to "keep improving our digital health and care services, giving you and those who care for you the tools, information and services you all need" and intends to achieve this by:

- From making sure there are digital ways for you to see or connect with the people involved in your care.
- to ensuring you each have the information you need to help you stay healthy or manage your conditions or treatment using tools like a personal health record.
- through to using data to help us all understand and learn how to make our services the best they can be for all our population.

To safely and equitably redesign health and care, there is a commitment to digitally include people who are most in need, through a process of:

- Supporting all our partner organisations to improve their technology and supporting the staff who support you across Sussex.
- Supporting you with the technology and digital services you need.

- Connecting information across our health and care services, so the service and support you receive is as connected as you should expect.
- Joining up data to help understand the evidence, learning and plan our services to make them as good as they can be for our population.

Finally, the 2017 Government Digital Inclusion Strategy is a regularly updated policy document. The 2017[34] report builds on the earlier strategy in 2014[35] and it is expected that a revised strategy will be available imminently.

The latest Government Digital Inclusion Strategy (2017) outlines its intention to 'giving everyone access to the digital skills they need' e.g. free digital skills training, wi-fi on trains, but also looks at wider issues such as: Building world-class digital infrastructure for the UK; Helping every British business become a digital business; and making the UK the safest place in the world to live and work online.

4. What is the extent of digital exclusion nationally?

There is a range of evidence reporting the extent of digital exclusion in the UK. The figures demonstrate those who are completely digitally excluded (4.7 million) and those who need skills enhancement.

- 4.7 million (9%) of the UK adult population have no digital skills whatsoever.
- 11.7 million (22%) people in the UK are without the 'skills needed for everyday life' and nearly 3.6 million are 'almost completely offline'.
- 16.9 million or one-third (33%) of adults in the UK have the lowest level of digital engagement (based on scores on 'spend' and 'interactions', and 'technology').
- An estimated 9 million (16%) are unable to use the internet and their device by themselves (including turning on a device).
- 2.7 million (5%) people can access the internet but lack the ability to use it to its full advantage.
- 5.3 million adults in the UK, or 10.0% of the adult UK population have not used the internet in the last three months.

The most robust evidence comes from the recent, one million plus sample from the 2020 Lloyd's Bank Consumer Digital Index[36]. This provides an update to the 2018 report from Lloyd's Bank. This shows that 4.7 million or 9% of the UK adult population have no digital skills whatsoever (defined as not having either of the seven Foundation Level skills: unable to use menu settings; cannot connect via wi-fi; cannot change password; cannot find and open apps; cannot turn on device; cannot open internet browser; cannot operate controls such as touchscreen).

Illustrative of the contrasting definitions and spectrum of digital exclusion, the Lloyd's 2020 report also states that around 11.7 million (22%) people in the UK are without the 'skills needed for everyday life'. These refer to the five Essential Digital Skills for life outlined in the Introduction (communicating, handling

information and content, transacting, problem solving, and being safe and legal online).

Also, nearly 3.6 million are 'almost completely offline'. The Lloyd's paper headline finding adds another dimension to digital exclusion, with 16.9 million or one-third (33%) of adults in the UK having the lowest level of digital engagement (based on scores on 'spend' and 'interactions', and 'technology').

The 2020 data also shows that if these rates continue and trends remain the same, by 2030 one-quarter of the UK will still have a 'very Low level of digital engagement'[37]. As further trend data, The Centre for Economics and Business Research (CEBR) estimated that 7.9 million people will still lack digital skills in 2025[38].

The earlier 2018 Lloyds Bank Consumer Digital Index[39], which involves a survey of over one million people reported some additional findings. The 2018 report found that several tasks were unable to be performed by the UK population, including:

- 43% (23.2 million) of the UK are not able to create something new from existing online images music or video.
- 24% (13 million) of the UK are not able to verify the sources of information found online.
- 16% (8.6 million) of the UK are not able to fill out an online application form.

Such is the robustness of the Lloyd's data, their indexes in 2018 and 2020 have been used by other bodies such as NHS digital[40] and a review paper by Gann (2019)[41].

Finally, specifically in terms of the internet, the ONS finds that the number of adults who have either never used the internet or have not used it in the last three months, described as "internet non-users", were 5.3 million adults in the UK, or 10.0% of the adult UK population (2018)[42].

5. How does digital exclusion vary geographically and within population groups?

Although the data rarely extends beyond Government Region, there are some marked variations in digital exclusion across the UK. Nonetheless, some local data for Brighton and Hove will be shared in Section 7, *Brighton and Hove: what is the extent and distribution of digital exclusion?*

- Wales and North East and North West England are less likely to have the five 'Basic Digital Skills' (Managing information; Communicating; Transacting; Problem-solving; and Creating). Within these areas there is a higher proportion of people with none of these skills.
- Certain people are more prone to being digitally excluded than others. Older people and those with disabilities are more likely to be digitally excluded.

- Those who are more vulnerable, and disadvantaged are the most likely to be digitally excluded.

The following tables from the ONS[43] show variations in the proportions having all five Basic Digital Skills; proportion having no Basic Digital Skills; and proportion of internet non-users. Definitions of the measures are included. The overall picture as that a greater proportion of people in Wales especially and the North East and North West are less likely to have the five Basic Digital Skills and a higher proportion with none of these skills. There is less variation in the proportion of internet non-users with the lowest figures in London and the South East.

Region	Proportion (%) of the population with 5 Basic Digital Skills	Proportion (%) of the population with no Basic Digital Skills	Proportion (%) of internet non-users
North East	71	12	12.1
North West	78	10	10.8
Yorkshire and The Humber	81	6	12.0
East Midlands	71	9	11.5
West Midlands	76	9	11.1
East	79	8	9.4
London	82	6	7.0
South East	86	5	8.0
South West	81	9	10.2
Wales	66	19	10.9
Scotland	80	7	10.7
Regional breakdowns are not available for Northern Ireland because the base is too small.			

The five Basic Digital Skills are: Managing information; Communicating; Transacting; Problem-solving; and Creating[44]. Internet non-users refers to those who have never used the internet or last used it more than 3 months ago.

In terms of population variations, there are sections of the population that are more prone to digital exclusion[45]. In general terms, these are:

- older people
- people in lower income groups
- people without a job
- people in social housing
- people with disabilities
- people with fewer educational qualifications excluded left school before 16
- people living in rural areas
- homeless people
- people whose first language is not English.

To quantify these variations, there is evidence that the largest difference in digital exclusion is seen among older age groups relative to those younger. The Lloyd's 2020 survey[46] shows that age remains the biggest indicator of whether an individual is online with the data showing that that only 7% of over 70s are likely to have the capability to shop and manage their money online and 77% of this age group having 'Very Low' digital engagement (see the Introduction for definition of the Digital Index Score based on Spend, Interactions, and Technology).

Data from the ONS[47] supports these age differences in terms of those who were 'internet non-users' (not used within the last three months) and recent internet users (used within the last three months). The ONS reports that "Since 2011, adults over the age of 65 years have consistently made up the largest proportion of the adult internet non-users, and over half of all adult internet non-users were over the age of 75 years in 2018." The same report showed that of the internet non-users (not used within last three months), 55% were aged older than 75, 24% aged 65-74 and 1% aged 16-24.

A further ONS publication[48] found that "Virtually all adults aged 16 to 44 years in the UK were 'recent internet users' (used within last three months - 99%) in 2019, compared with 47% of adults aged 75 years and over."

A further disparity in digital exclusion is among people with disabilities. ONS data[49] reports (for 2017) that "56% of adult internet non-users were disabled, much higher than the proportion of disabled adults in the UK population as a whole, which in 2016 to 2017 was estimated to be 22%." The same report shows that for internet non-users aged between 16 and 24 years, 60% were among people with disabilities in 2017, a proportion that is the same as for those aged 75 years and older. Also, in terms of the working age population, 22.3% of internet non-users are those with long-term sickness or are people with disabilities (defined here as health conditions that last 12 months or more).

The Lloyd's 2020 data shows a similar pattern with people with an impairment being 25% less likely to have the skills to access devices and get online by themselves[50].

These differences show how those who are more vulnerable, and disadvantaged are the most likely to be digitally excluded. This demonstrates that health inequalities need to be addressed when increasing digital inclusion. Beyond age and disability, digital exclusion was more common among people on lower incomes. The 2020 Lloyd's survey[51] found that people with an annual household income of £50,000 or more are 40% more likely to have Foundation Level digital skills (see Introduction), than those earning less than £17,499, and that 4-in-10 benefit claimants have 'Very Low' digital engagement. By contrast, as an example, digitally enabled manual workers are earning an average of £2,160 extra per annum compared to those excluded.

Additional data[52] echo these findings around disadvantage by showing how digital exclusion is also more apparent among those without a job, those in social housing, those with fewer educational qualifications, people in rural areas, homeless people and those whose first language is not English. In contrast the digital exclusion

across all ethnic groups has narrowed to a 2-percentage point difference between BAME and White groups in having all five Life Skills.

6. Digital exclusion nationally and in Sussex during Covid-19

The growing interest towards digital exclusion has undoubtedly been a result of the increasing dependency of digital technology during the Coronavirus pandemic. Accessing public services through digital means, minimising face-to-face social interactions and self-isolation are unprecedented demands on the public. Access to health and social care has seen dramatic changes that have accelerated the interest and commitment towards digital inclusion for all. It is likely that digitally accessing health and social care services will remain a legacy of the virus and a viable option once face-to-face services resume to near pre-Covid-19 levels.

- The pandemic and lockdown saw changes overnight towards digital solutions for accessing health and social care services.
- GPs are generally in favour of retaining online consultations in the future.
- Evidence shows that most people are generally pragmatic about the role of digital solutions - 80% agree that using technology has been a vital support to them during the pandemic.
- People (in Sussex) are generally satisfied with their remote (non-face-to-face) appointments and most are 'happy' to continue this in the future.
- However, there are exceptions towards this preference. In general, older people and those with disabilities were less happy to have remote appointments and generally preferred them face-to-face.

The evidence showing the dramatic shift to digital solutions since the pandemic has been stark. NHS data[53] showed that 48% of GP appointments in May 2020 were remote, compared to 14% in February 2020 (pre-pandemic). A Royal College of General Practitioners' report[54] also shows a reduction in face-to-face appointments with GPs (in England) from over 70% prior to the Covid-19 outbreak to 23% within a matter of weeks. The NHS advice at the time of writing[55] is 'Only visit a GP surgery if you have been told to'.

Alongside these changes, a recent (2020) BMA survey showed that 88% of GPs would like to retain the use of remote consultations in the future[56].

There have been a plethora of national surveys exploring different Covid-19 related issues, starting with the value of government information (at the onset of the pandemic) through to detailed psycho-social impacts that have emerged during its course. The Lloyd's Bank 2020[57] survey included a separate survey of 2,137 adults carried out May 5th and 6th 2020 to explore the impact of the pandemic on their attitudes and use of digital services.

They found that 78% of people agree that the Covid-19 pandemic has escalated the need for digital skills and 80% agree that using technology has been a vital support to them. Also, one-half of people (51%) believe the need for digital skills in their home/work life due to the lockdown has been more necessary. More than half

(54%) of people have shared that the key skills for lockdown are knowing how to use video chat and social media for their social life and to check on loved ones. 37% agree that they have used more technology than usual to help with their mental health and well-being during the crisis. Over half of people (57%) agreed they will continue to boost their digital skills after the Covid-19 pandemic. However, while these appear to be positive shifts in attitudes and use, only 32% agree they feel more confident about their digital skills indicating that support must be ongoing throughout and beyond the pandemic.

In view of people accessing local health and care services and future preferences towards service use, the largest survey of the public was undertaken by Healthwatch in Sussex during June and July 2020[58]. Through engaging with 2185 people, most people had a phone appointment during the pandemic (66.3%) compared to online (23.2%) and video (10.2%) – these percentages are likely to have increased through time. Satisfaction with all remote (not face-to-face) appointments were high, for example, 80.4% were satisfied or very satisfied with phone appointments. Given that 37.4% had delayed an appointment despite having a health or social care need, they may well have been equally satisfied with their appointment had they not delayed.

People were asked to think about 'life after the pandemic' and whether they would be 'happy' to have remote appointments (either phone, video or online) for a number of different services. In general, there was a sense that the pandemic had made people more pragmatic about digital technology (although there will always be people who do not want to).

The two most common appointment types are listed first (GP and outpatients) plus those that were in contrast to other appointments (NHS mental health support for longstanding and serious mental health conditions and NHS mental health support for longstanding and serious mental health conditions). Interesting findings are the high proportions happy with a GP appointment by phone (70.9%), just over one-half happy for an outpatient appointment by phone or video and 30% to 44% not happy for any form of remote appointments for the two mental health responses.

In general, older people and those with disabilities were less happy to have remote appointments and preferred face-to-face options.

For the two most common appointments (GP and outpatients), this shows the appetite for remote appointments and the importance of reducing digital exclusion to support this. However, note that those digitally excluded were unlikely to complete this survey given it was administered online, indicating that the opposition to remote appointments may be underestimated.

Healthwatch in Sussex report – preferences towards remote access to health and social care services:

GP, happy *by phone*	GP, happy *by video*	GP, happy *by online*	GP, *not happy for any remote*
70.9%	60.7%	34.8%	19.1%

Outpatient, happy *by phone*	Outpatient, happy *by video*	Outpatient, happy *by online*	Outpatient, *not happy for any remote*
52.6%	54.2%	28.5%	30.1%

Emotional and mental health NHS wellbeing support including counselling and therapy, happy *by phone*	Emotional and mental health NHS wellbeing support including counselling and therapy, happy *by video*	Emotional and mental health NHS wellbeing support including counselling and therapy, happy *by online*	Emotional and mental health NHS wellbeing support including counselling and therapy, *not happy for any remote*
52.9%	50.7%	27.0%	29.7%

NHS mental health support for longstanding and serious mental health conditions, happy *by phone*	NHS mental health support for longstanding and serious mental health conditions, happy *by video*	NHS mental health support for longstanding and serious mental health conditions, happy *by online*	NHS mental health support for longstanding and serious mental health conditions, *not happy for any remote*
42.0%	42.2%	23.2%	43.6%

Follow-up phone calls with 104 of the survey participants identified evidence of digital exclusion with people, for example, happy to use the phone but unable to use video technology for appointments. Either they did not have the technical ability, or their computer/device did not allow the possibility of video consultations. Others mentioned additional difficulties in such as eyesight or hearing difficulties[59].

7.Brighton and Hove: what is the extent and distribution of digital exclusion?

The evidence of the extent of digital exclusion in Brighton and Hove is patchy and does not have the weight of nationally representative surveys behind it. The two largest sources of evidence in this review, ONS and Lloyds, are unable to present data at this city-wide level.

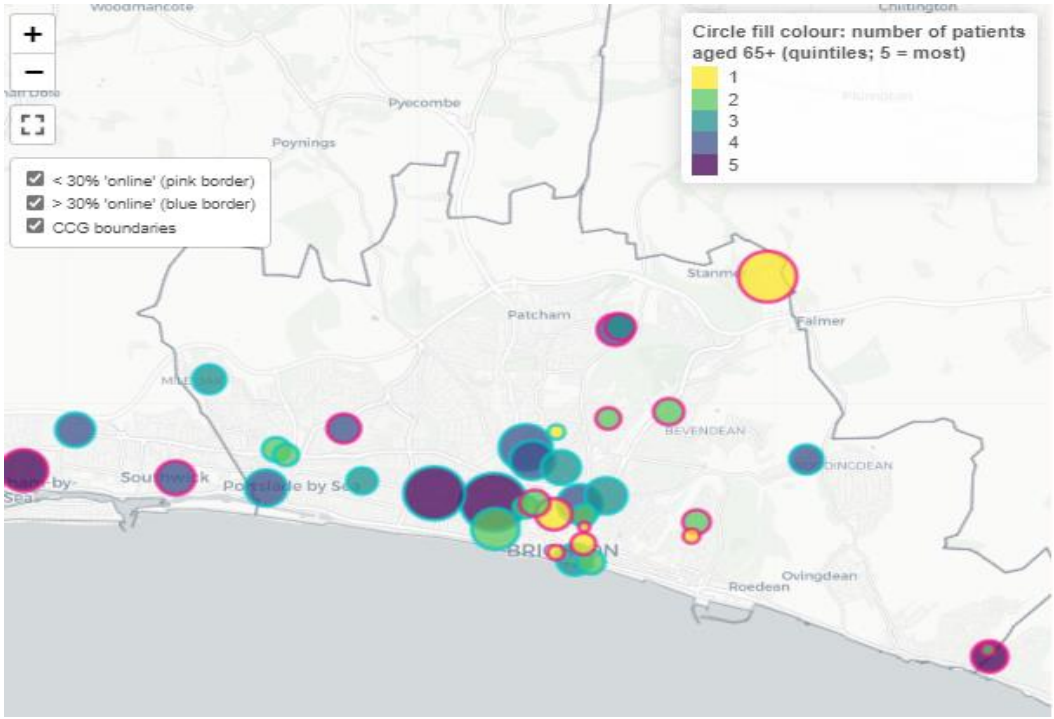
- An estimated 8.6% of adult population in Brighton and Hove have either never used the internet or have not used it within the last three months.
- An estimated 16% of the adult population in Brighton and Hove lack the five 'Basic Digital Skills' (Managing information; Communicating; Transacting; Problem-solving; and Creating).
- There are 15 surgeries in Brighton and Hove where less than 30% of patients are using online services. Of these, there are three surgeries that are either in the fourth or fifth quintile for older people indicating a higher likelihood of digital exclusion.
- Based on different typologies on internet use, those people most likely to be digitally excluded in Brighton and Hove are found in three clusters: North-west Hangleton, Whitehawk and some central areas east of the pier.

However, there are two sources of evidence of great value. The first source of local data is from Citizen's Online who have been working to improve digital inclusion in Brighton and Hove (see Section 8, *Brighton and Hove: what work is being done to increase digital inclusion?*). Their evidence shows the variation in digital exclusion across the city with an estimate that 8.6% of the local population (or 19,000 people) have never used the internet or have not used it within the last three months[60].

They also estimate that 84% of adults have all five of the 'Basic Digital Skills' (Managing information; Communicating; Transacting; Problem-solving; and Creating) – there is a remaining 16% of the population lacking such skills. They describe this as a potentially surprising observation given that the city is described as a "vibrant, rapidly-growing creative and digital tech hub"[61].

Citizen's Online use national data on disability and digital exclusion and conclude that there are roughly 10,000-11,000 disabled people living in Brighton and Hove who have never used the internet or not used it within the last three months[62].

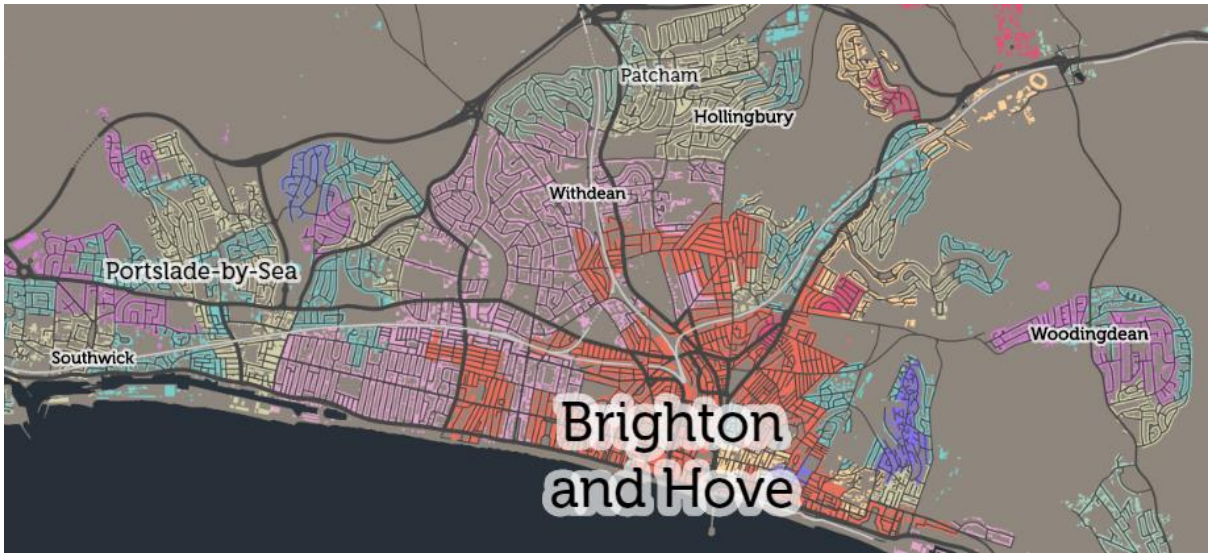
Citizen's Online also draw further evidence from a map of surgeries in the City noting both age and proportion of patients using online services as a proxy for digital exclusion[63]. The map is below and shows 15 surgeries where less than 30% of patients are using online services (pink border). Those with a pink border combined with a greater number of over 65s (purple fill) would be priority areas for digital inclusion. There are three surgeries where less than 30% are using online services and that are either the fourth or fifth quintile for older people.



The second source of data is a study by Alexiou and Singleton (2018)[64] who showed 10 different typologies of digital exclusion. Of these the 'e-withdrawn' are the closest group to those resembling digital exclusion.

This 'e-withdrawn' group "is mainly characterised by individuals who are the least engaged with the Internet. *Their geography is expressed by areas that are associated with those more deprived neighbourhoods of urban regions. The socio-economic profile of the population is characterised by less affluent white British individuals or areas of high ethnic diversity; and it has the highest rate of unemployment and social housing among all other Groups. The e-Withdrawn Group appears to have the highest ratio of people that don't have access, or have access but never engage with the Internet.*"

Linked to a map at the local level[65], there are three notable clusters of e-withdrawn: North-west Hangleton, Whitehawk and some central areas east of the pier, as indicated by the purple shading:



Collectively this evidence shows the extent of digital exclusion in Brighton and Hove. In view of the previously shown benefits of digital exclusion, this issue has become particularly significant during the Coronavirus pandemic where social isolation and access to health and social care services may become difficult for those unable to go online.

8. Brighton and Hove: what work is being done to increase Digital Inclusion?

There are a number of initiatives in Brighton and Hove to increase digital inclusion. Bearing in mind how digital inclusion is defined, this can range from introducing digital technology to a person for the first time through to improving on people's pre-existing digital skills. There are also a number of local initiatives that are specific to Brighton and Hove or wider areas in Sussex only, as well as initiatives working nationally which include Brighton and Hove. As there is no registered directory of digital inclusion initiatives, it is likely that an unknown number of community-based training sessions are also being run.

- There are several initiatives operating throughout the city of Brighton and Hove to promote digital inclusion. These include:
- Southdown Housing and its digital inclusion project - 'Supporting people to get online & stay online'.
- Free courses available from the Good Things Foundation.
- Citizen's Online and its 'Digital Brighton and Hove' initiative.
- Volunteering Matters 'Brighton Lifelines' project
- Digital Ambassadors Pilot for staff within primary care and being extended to patients through three Primary care Networks.
- Ageing Well telephone support to help people get online.
- Age UK West Sussex and Brighton and Hove telephone based digital support.

- Mental Health Sector Connector forum identifying services such as the 'check in and chat' befriending service which provides telephone support to carers with grants for digital.
- A national peer support scheme for schools developed by Digital Awareness UK.
- An accredited Digital Skills Course currently being piloted at East Sussex College.
- A national scheme run by Barclays Digital Eagles (with a local centre in Brighton) that support digital skills development for home care staff and health care professionals.

Southdown Housing is a not-for-profit specialist provider of care, support and housing services for vulnerable people in Sussex. 'People in Partnership' is one of Southdown's Mental Health Recovery services that is facilitating the digital inclusion project 'Supporting people to get online & stay online'.

Southdown Housing has been working with its network of partners as part of this programme and, like another number of organisations, is benefitting from the work and resources from the **Good Things Foundation**. The Good Things Foundation is a social change charity that designs and delivers digital inclusion programmes that support socially excluded people to improve their lives through digital. The Good Things Foundation works with organisations and the UK Government to improve/ increase funding and improve recognition of digital exclusion as a wider social problem that needs to be addressed nationally.

Southdown's 'Supporting people to get online & stay online' project is raising awareness of various courses and resources designed by the Good Things Foundation and seeing how these can be used across Sussex.

There are various courses available to increase people's skills e.g. '*Learn my way*', '*Make it Click*', and the '*Reboot'* programme.

In more detail, the 'Learn My Way' website[66] offers 30 free courses designed to help beginners get started with the online basics (using a mouse, keyboard, setting up email accounts and using internet search engines) as well as navigating public services.

'Make it Click'[67] is part of 'Learn My Way' and is a collection of online learning resources to help build digital skills, including a selection of courses, tools and templates (such as looking for employment, writing presentations, etc.).

'Reboot'[68] is a digital skills programme for multiply excluded individuals, focused especially on people affected by homelessness and mental health problems.

The Good Things Foundation also delivers the Widening Digital Participation which focuses particularly on helping people develop digital skills so they can take a more active role in their own health. The Good Things Foundation resources are available online and they are also supported by a network of online centres, as shown below in the Brighton and Hove area and include the Jubilee Library and Friends Centre:

Although working nationally, **Citizen's online**[69] also works locally in Brighton and Hove. They support people to become digitally included through a number of volunteering Digital Champions, including some who are embedded within VCS and other organisations (including Job Centre Plus advisors, a Citizens Advice counsellor, GPs, homeless, ageing well). Digital Champions help others to develop their digital skills and understand the benefits of getting online. People (*or learners*) are referred by these organisations to be assigned a Digital Champion, often being loaned tablets and supported over the phone thereafter.

The main areas of support are regarding online applications (universal credit) and Zoom for friends although some are for online health and care services. On some occasions people are referred directly by people contacting the organisation via an email or a support line. Also, some proactive work includes through libraries or offering support through community newsletters (e.g. recent one sent to 10,000 vulnerable people in the city). Most of their clients are elderly although there is some work with vulnerable groups including those in temporary accommodation, homeless, and people released from prison. As noted earlier, Citizen's Online identified 15 surgeries in Brighton and Hove where less than 30% of patients are registered for an online service which should be targeted digital skills support, as they are more likely to have patients who lack digital skills[70].

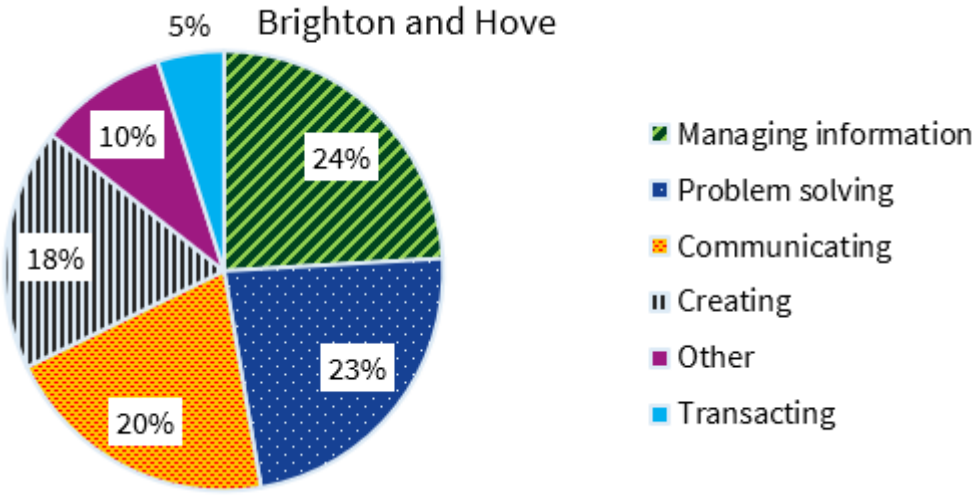
Citizen's Online works locally in Brighton and Hove through the 'Digital Brighton and Hove'[71] partnership with Brighton & Hove City Council, Community Works, and the Centre for Acceleration of Social Technology (CAST). The core purpose of the Digital Brighton & Hove work is to help people improve their digital skills.

As of May 2019, the project in Brighton and Hove has[72]:

- Developed a network of 250+ organisations and 1000+ people engaged in digital inclusion, leadership, and transformation.
- Recruited 436 Digital Champions.

- Supported at least 4,500 unique individuals (4503) to improve their digital skills and confidence - (this is mostly the general public/end learners but also includes VCS staff).
- Delivered 6,950+ sessions of digital skills support.
- Created a bespoke signposting website.

Citizen's online also refer to data between January 2016 and January 2019 to show where learners frequently require assistance or training (in terms of the Basic Digital Skills Framework) and the preferences on the skills delivered by the Digital Champions. This clearly shows that most learning activity is around managing information (24%) and problem solving (23%) and to a lesser extent communicating (20%). Only 5% of support includes assistance with transacting[73].



During the Coronavirus pandemic, Citizen's online has continued to provide remote support, over the phone, video and occasionally via TeamViewer. It is also running monthly webinars on digital skills, digital transformation, and digital inclusion[74].

Digital Brighton and Hove (through six embedded Digital Champions) are also supporting a Brighton and Hove initiative to promote digital skills and social connections among older people in the city, run by the **Volunteering Matters 'Brighton Lifelines' project**. The focus is on building an online community for older people who are isolated or distanced from their family, enabling them to play games online and socialise.

Digital Unite provides learning and support for Digital Champions nationally and their organisations, including those operating through Citizen's online. Digital Unite has supported over 6,000 Digital Champions since 2013. Digital Unite's digital champions network provides learning resources, practical tools and an online community[75].

In similar fashion to the role of Digital Champions, a **Digital Ambassadors Pilot** is being planned in Sussex. The Digital Ambassadors, mostly clinical and administrative staff from Primary Care (one Digital Ambassador in each of three Primary Care Networks) will be trained to facilitate patient access to digital

services. The aim is to build patient confidence in using digital healthcare tools and services, amongst those patients who would like to use these but are unsure of how to access them; raise patient awareness of the digital offer at their local practice and how to access it; and empower patients to self-manage their health, where appropriate. The pilot with evaluate whether the role should be rolled out across Sussex more widely.

This Digital Ambassadors initiative is also planning to reach the patient population (including those digitally excluded) via local voluntary organisations. A training package for voluntary sector staff is being developed to cascade to their client population. A further aim is to tailor the resources to different audiences by engaging with additional organisations (e.g. the Learning Disabilities Partnership Board, Carer organisations, and Refugee and Asylum seeking organisations). Running alongside this is the development of new resources to raise awareness of and support people to use the technology, with East Sussex Library offering basic IT training that Digital Ambassadors can refer patients to.

Ageing Well[76] from provides support for the over 50s and, since Covid-19 forced venues to close, they have run a telephone service and an online programme reaching out to over 60 people. This is thought to be effective in in reducing isolation, helping people access online shopping, tasking volunteers to get shopping, and to getting meals delivered. For those not online, the telephone befriending service was well received and used as a route to help people become digitally included.

Also focused on older people, **Age UK West Sussex and Brighton and Hove** have recently provided telephone-based digital support to substitute some of the face-to-face online support for over 50s.This is for new and existing users, and provides help to setup online shopping, fitness lessons, and art groups that provide transferrable skills towards accessing health and social care services online[77].

As a further initiative across the Sussex integrated Care System (ICS), the **Mental Health Sector Connector** provides a forum between the Voluntary and Community Sector, people with lived experience and the private sector to influence and engage with NHS Mental Health strategic planning (alongside a resource library of relevant documents). The latest forum (December 2020) had a particular focus on accessing mental health services remotely by phone and video. Whilst it was acknowledged there are many people who are unable to engage with digital services (particularly those with complex needs), for some people access to remote support had increased, particularly those from rural areas.

A number of services were discussed including a ‘check in and chat’ befriending service which provides telephone support to carers with grants for digital technology as well as technical support. Also, the Sussex Pathfinder mental health clinical service, which offers telephone support, is also developing online workshops and upcoming webinars[78].

A recent survey by **Community Roots** showed the importance of the above initiatives in that 23% of mental health service users said that their mental health

had got much worse during the Coronavirus pandemic and that they generally preferred telephone support compared to that provided by video[79].

Finally, we are also aware of additional initiatives including a national peer support scheme for schools developed by **Digital Awareness UK** that encourage students, staff and parents to 'survive and thrive' online (involving some schools in Sussex[80]). Also an accredited Digital Skills Course is currently being piloted at **East Sussex College**[81] and a national scheme run by **Barclays Digital Eagles** (with a local centre in Brighton) that support digital skills development for home care staff, health care professionals, and younger people (via Code Playground)[82].

9. Brighton and Hove: how can we engage people to understand more about increasing digital inclusion?

The previous sections have provided a basis to outline the ways in which digital inclusion can be increased locally through understanding the range of initiatives on offer.

Techniques to promote digital inclusion include:

- Introducing within local interest groups (such as arts, crafts or other social groups).
- Build trust and personal contact.
- Show people the potential benefits to increase motivation.
- Foster peer support initiatives (such as from friends, family, younger to older people, etc.).
- Consider assistive technology e.g. Amazon 'Alexa'.
- Adopt a gentle pace when working with people.
- Avoid or clarify the term 'digital'.
- Bear in mind more formal accredited courses.
- Identify and address the common barriers (such as fear and digital security).

This section delves deeper into the engagement work and looks at techniques that are commonly used across all organisations as well as the barriers that need to be overcome. A number of positive techniques have been shown:

- A successful way of increasing digital inclusion is to introduce technology on a face-to-face setting within a different context e.g. library, community group, art club, etc.

- An alternative to a formal environment, peer support could help to reduce digital exclusion in people's own homes. From the Lloyd's Bank survey (2020)[83], they found that during the pandemic, most people had improved their own skills although 25% were looking to their family for support and 21% to friends. Also, 35% of people had helped others with their digital skills during lockdown. Also, younger people were more likely to help others (54% of 18-24-year-olds compared to 24% of over 55-year-olds). Training carers to offer support also adds a potential route to reducing digital exclusion.

- Trust and personal contact are important. Citizen's online writes that "As is often the case in any inclusion work, it comes down to people, relationships and trust"[84].

- Start the process by showing the benefits and potential of digital solutions to raise motivation e.g. viewing bird species in a bird watching group.

- Similar to the above, work with Social Prescribers (where local agencies refer people to a link worker). Link workers give people time, focus on 'what matters to me' and take a holistic approach to people's health and wellbeing. In some areas social prescribing is being used to link up with organisations providing digital inclusion support, such as referring people to courses like 'Learn my Way'.

- Additional peer support includes intergenerational mentoring e.g. school children helping in care homes and raising the digital skills of health and social care staff to recommend digital tools to patients (such as GPs, Practice Nurses, Practice Managers, and Pharmacists).

- Consider assistive technology or voice activated systems or 'virtual assistants' such as Amazon Echo (Alexa) and Google Home. These can open up new opportunities for people who might otherwise be digitally excluded.

- Adopt a gentle rather to too fast paced approach when working with people.

- Avoid or clarify the term 'digital' which may make it sound more complex than it actually is.

- More formal courses or training opportunities have the potential to suit some people e.g. Accredited Digital Skills Courses.

- Address the barriers of use where possible: fear of using (e.g. 'might break the internet', security, fear of not 'getting it' or unable to understand, embarrassment in group setting), lack of confidence, financial barriers, lack of wi-fi/connectivity, and physical/mental barriers due to disability, hearing loss, etc[85].

10. Brighton and Hove: reaching out to people who are digitally excluded

This Briefing Report has grounded approaches that can improve digital inclusion in Brighton and Hove by understanding the role of people's motivations, benefits, and barriers. Measuring local level data to assess the need for digital inclusion is the first crucial step. Aside to direct referrals (for example from Digital Champions), proxy measures can be used such as local population structure (recognising the link between age and vulnerability), and the proportion of people accessing GPs remotely.

- To engage people who are digitally excluded is difficult due to the limited ways to make contact with them. This could be achieved by: Working with GP surgeries where people are more likely to be digitally excluded; contacting people who are currently on a waiting list for a Digital Champion; and speaking to people who have recently received digital skills training to look retrospectively at what worked to increase their skills.
- First-hand insights into 'what works' could be gained from engaging Digital Champions, family members of those excluded/previously excluded, staff that engage with patients, and those (including volunteers) running additional local community initiatives.

The NHS suggests a step-by-step approach[86] towards digital inclusion by *Assessing need* (mapping digital exclusion across the city); *Review digital maturity* (enablers including public wi-fi and staff capability); *Review local existing resources/plans*; and *Review any existing digital inclusion support* (including Digital Champions, local Online Centre, voluntary organisations and libraries).

To address digital exclusion, it will be important to engage those people who are digitally excluded as well as those that are working to improve digital skills. For the former, there are three possible strategies:

1. Build on links with GP surgeries that have a patient list where the use of online services is low. An already established link with a surgery in Whitehawk could be able to support this process, for example, by having posters within the surgery (including surgery front door if closed) or leafletting patients (within the surgery or door-to-door). This will indicate the extent of digital exclusion as well as provide opportunities to advertise local events for people to become more included and the role of supporting organisations like Digital Brighton and Hove.

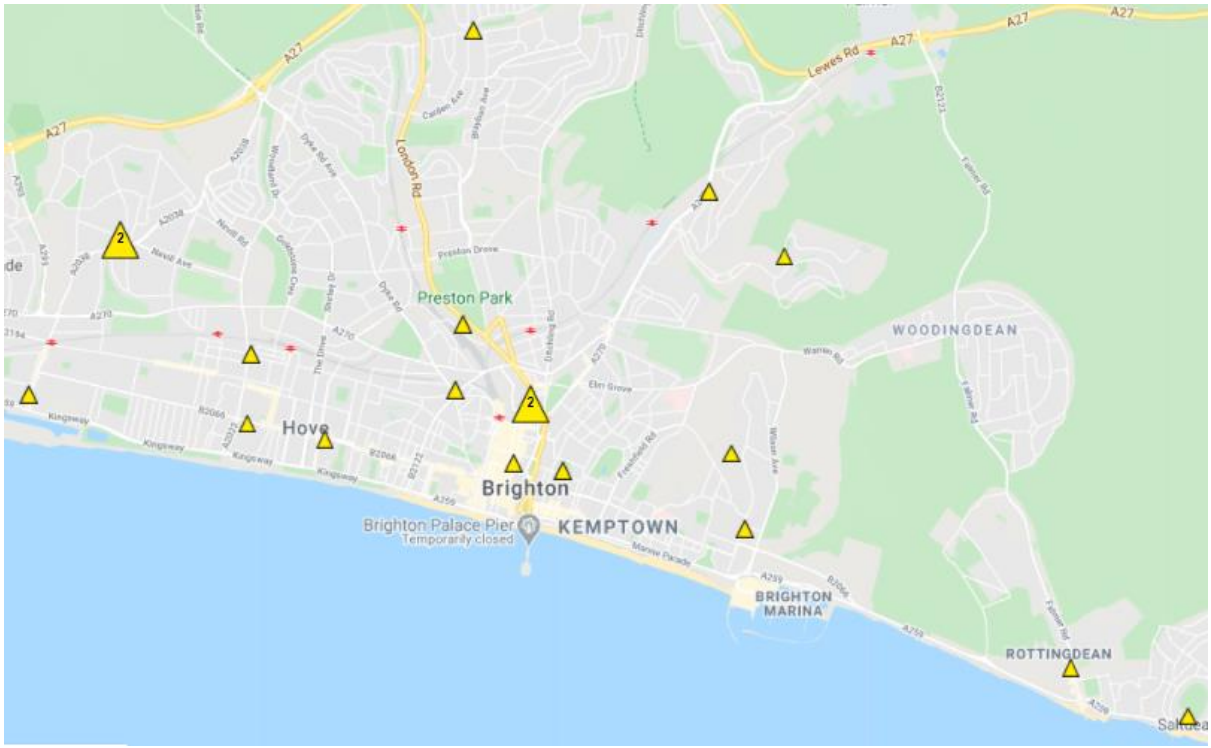
2. A second approach is to contact people who are currently on a waiting list for a Digital Champion, to explore what their reasons are for digital exclusion and their motivations to become digitally included.

3. A third approach is to speak to people who have recently received digital skills training to look retrospectively at what worked to increase their motivation and skills (for example, through Digital Brighton and Hove training or other local events, or from their friends and family that have transferred skills).

Those people working to improve people's digital skills will be important to speak to, to gain first-hand insights into effective strategies to improve digital inclusion and how to overcome barriers such as fear and online security. Key people to engage would be Digital Champions, family members of those excluded/previously excluded, staff that engage with patients, and those (including volunteers) running additional local community initiatives. These people would be able to provide

crucial insight and case studies of effective practice in overcoming barriers, addressing people's motivations, and ultimately improving people's digital skills.

A further approach would be to reach people either training or learning at one of Brighton and Hove's 19 sites of 'digital skills support'[87].



Contacting people who are *completely* digitally excluded will be challenging due to the problems of identifying people and then trying to explore their motivations and needs through a non-online medium. Within the Coronavirus pandemic, the likely approach will be by a landline phone. However, for those that require training to build on their existing skills, online approaches, or signposting to online courses (such as those by the Good Things Foundation) could help.

10. Report recommendations to reduce digital exclusion in Brighton and Hove

Recommendations focus on joining-up the range of local initiatives to share learning; addressing motivation as the main barrier to access; training staff who come into contact with patients; providing free wi-fi in areas of digital exclusion such as Seniors housing; investing in peer support initiatives; providing resources including assistive technology; and investing in existing initiatives such as those delivered by Citizens online.

In view of these local strategies to understand and improve digital inclusion, the report closes by listing number of recommendations to support this process:

1. Need to understand that digital exclusion occurs across different levels. Some may have no digital access at all whereas others have some basic skills but need some enhancement to access health services (for example). Digital exclusion operates over a spectrum from no motivation and no interest through to people wanting to enhance skills and get the most out of the internet.

2. Need to understand that motivation is one of the biggest barriers to digital exclusion, so it is critical to encourage people to initially see the potential benefits in areas they are interested in.

3. Need to engage people who are digitally excluded or those having just received skills training to understand more about motivations, benefits and ultimately 'what works' in reducing digital exclusion.

4. It is important to join-up and share learning from the variety of initiatives in Brighton and Hove. For example, share learning from Citizens Online's Digital Champions, the Digital Ambassadors pilot, the Good Things Foundation courses and training materials, and other local community projects (e.g. Hangleton and Knoll Project).

5. To underpin the shared-learning and to avoid duplication of resources, it is necessary to map or create a directory of the various initiatives within Brighton and Hove.

6. Increase resources to support those that can encourage and enable people to become more digitally included. This includes training for more of Citizen Online's Digital Champions in order to reduce the current waiting list of those digitally excluded. Also, this resource can support the training of frontline staff (e.g. GPs, GP Receptionists, Practice Nurses, Practice Managers, and Pharmacists) to embed digital into their day-to-day interactions with patients.

7. Provide resources to those local organisations moving towards digital to make sure people are not excluded as part of the process.

8. Provide free broadband in rural areas and other settings like Seniors Housing.

9. Invest in the potential for peer support to reduce digital exclusion, involving friends, families, carers, intergenerational initiatives (younger to older people), and Social Prescribers.

10. Provide resources for technological equipment to be shared and loaned to those digitally excluded. Also consider resources for assistive technology e.g. Voice activated systems or 'virtual assistants' such as Amazon Echo (Alexa) to support those for whom this would benefit.

11. Establish a central evaluation portal to monitor the range of initiatives across Brighton and Hove and assess whether the acquisition of digital skills ultimately affects health outcomes across the city.

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