

Lincolnshire Health and Care Digital Inclusion Strategy

2025 - 28

*‘Empowering people through
digital inclusion in
Lincolnshire’*





Sandra Williamson

Director for Health Inequalities,
Prevention and Regional
Collaboration
Lincolnshire Integrated Care Board



Dan Dring

Deputy Director of Innovation
Lincolnshire Community Health
Services



Kathy Fulloway

Chief Digital and Information Officer
Lincolnshire Integrated Care System

Foreword

Our Digital Inclusion Strategy for Lincolnshire has been developed with system wide organisations and people with lived experience and is part of the overall Integrated Care System's Digital Strategy. As part of our commitment to tackling health inequalities in Lincolnshire, our ambition is to improve digital inclusion. This applies to people who fall under the Lincolnshire Integrated Care system or those who access Lincolnshire services, including temporary residents who reside in Lincolnshire over the seasonal period, e.g. university students, tourists, caravan residents and Gypsy, Roma and Traveller communities.

The Digital Inclusion Strategy builds on the amazing work undertaken by organisations across the Lincolnshire Health and Care System towards a digitally inclusive community and aims to address the digital divide between those who have full access, the skills and the confidence to utilise digital health and care services and those who do not. For a large proportion of our population, accessing information and services online is now a part of everyday life, with many routinely using the internet for online shopping and banking due to the speed and convenience it gives. However, whilst there are many that embrace the digital offer, there are others in Lincolnshire that will feel excluded and unable to use online services for a variety of reasons. The Public Health Annual Report 2023 for Lincolnshire highlighted the importance of working towards a digitally inclusive community.

Ensuring digital and face to face options are considered in service provision will help us deliver equity of provision, improve access and meet the needs of the population we serve i.e. face to face access for those who cannot or do not want to access services digitally.

The Lincolnshire Integrated Care System is committed to deliver the vision **‘Everyone in Lincolnshire who wants to be digitally connected to health and care services and the community will have the skills, accessibility and confidence to do so’** by supporting those people who can and want to become more digitally active and overcoming the barriers to digital inclusion we can help address health inequalities and avoid exacerbating them through increased reliance on digital.

Contents

Section 1

- Definition of Digital Inclusion and Digital Exclusion
- Barriers to Digital Inclusion
- Why is Digital Inclusion Important?
- Current picture in Lincolnshire

Section 2

- Our Purpose, Principles and Approaches
- Working in partnership

Section 3

- Strategy Pillars

Section 4

- Priorities

Appendices

- Appendix 1 - Strategic Context
- Appendix 2 - Glossary and Acronyms



Section 1: What we mean by Digital Inclusion?

Digital inclusion covers the following:

Digital skills

- Having the skills and confidence to use digital devices (such as computers or smart phones and the internet).

Connectivity

- Access to the internet through broadband, Wi-Fi and a mobile device.

Accessibility

- Services designed to meet all users' needs, including those dependent on assistive technology to access digital services.

Affordability

- Having the financial means to get online.

What we mean by Digital Exclusion?

Digital exclusion refers to the lack of access, skills, capabilities needed to engage with digital devices or digital services.



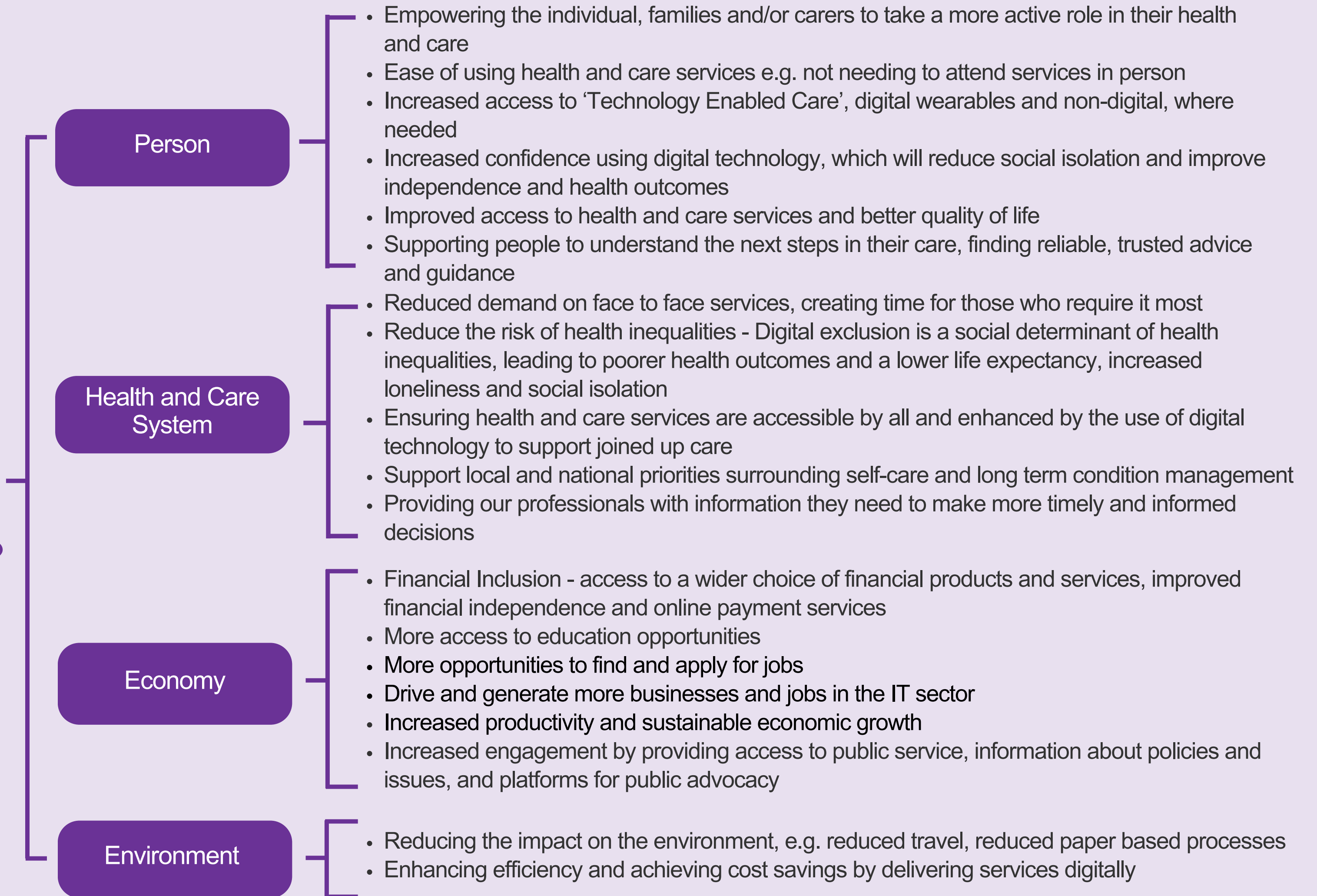
Section 1: Barriers to Digital Inclusion

Below are some examples of reasons as to why some people are digitally excluded.

- Lack of skills, knowledge and confidence – using digital, benefits of digital, knowing what is already in place/available Wi-Fi and connectivity
- Access to devices with internet connectivity and Wi-Fi
- Attitudes and previous experience
- Affordability
- Language barriers
- Sensory and visual impairments
- Some physical disabilities
- People choosing to opt out of using digital technology due to choice
- Digital Safety including trust, safeguarding, fear of scams
- Infrastructure

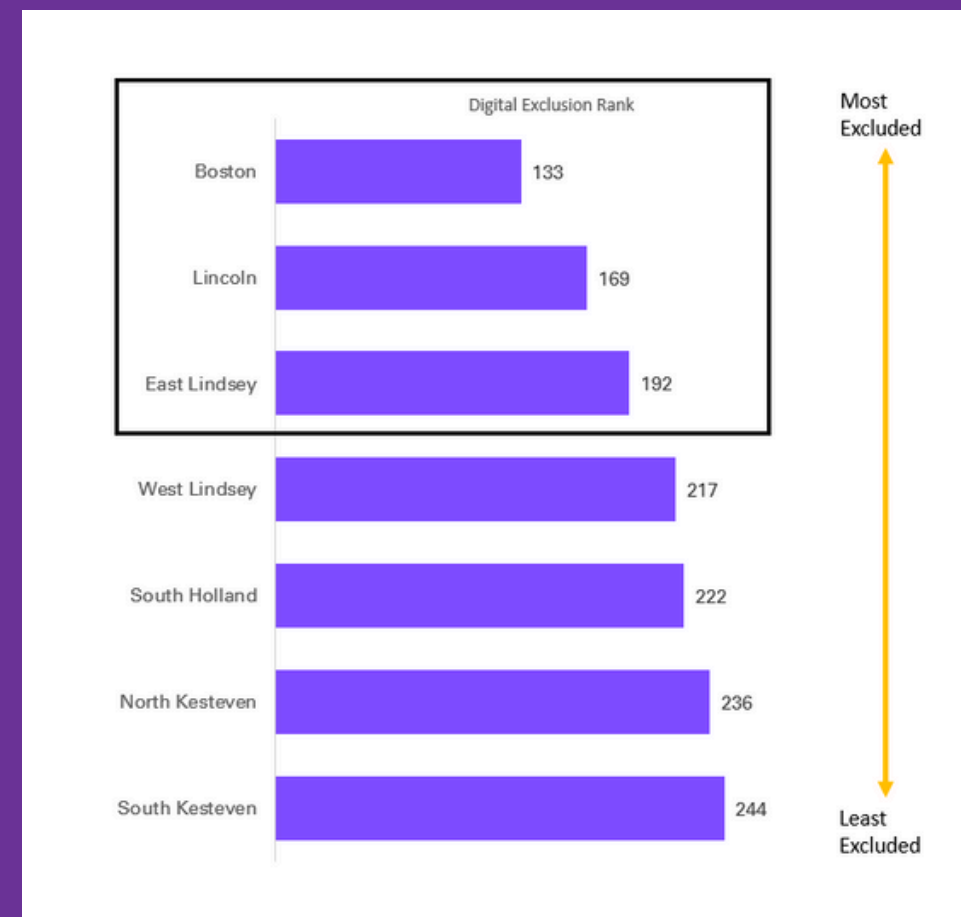


Why is Digital Inclusion Important?

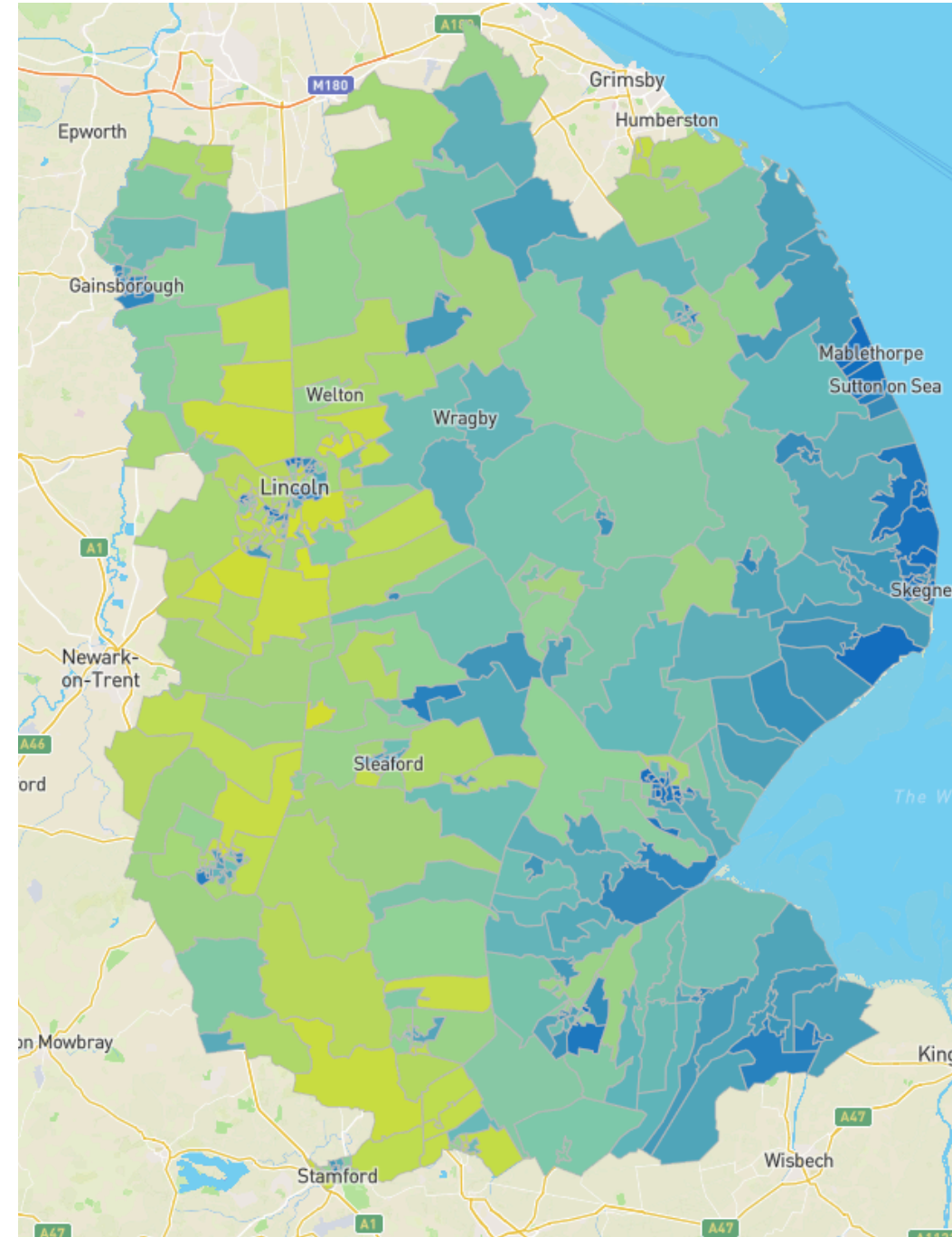


Section 1: Current picture in Lincolnshire

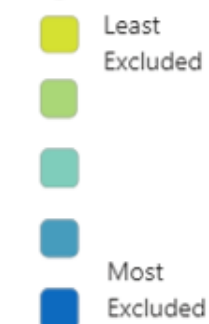
Intelligence is key to identifying areas which may be at risk of digital exclusion. The Lincolnshire Digital Health Toolkit has been created in a bid to reduce digital exclusion in Lincolnshire by highlighting areas at greatest risk of being left behind as a result of digitalisation by including indicators that give greater granularity and context to Lincolnshire and its population. It shows that there are higher rates of digital exclusion in the more deprived areas in Lincolnshire, with Boston as the most digitally excluded, followed by Lincoln and East Lindsey.



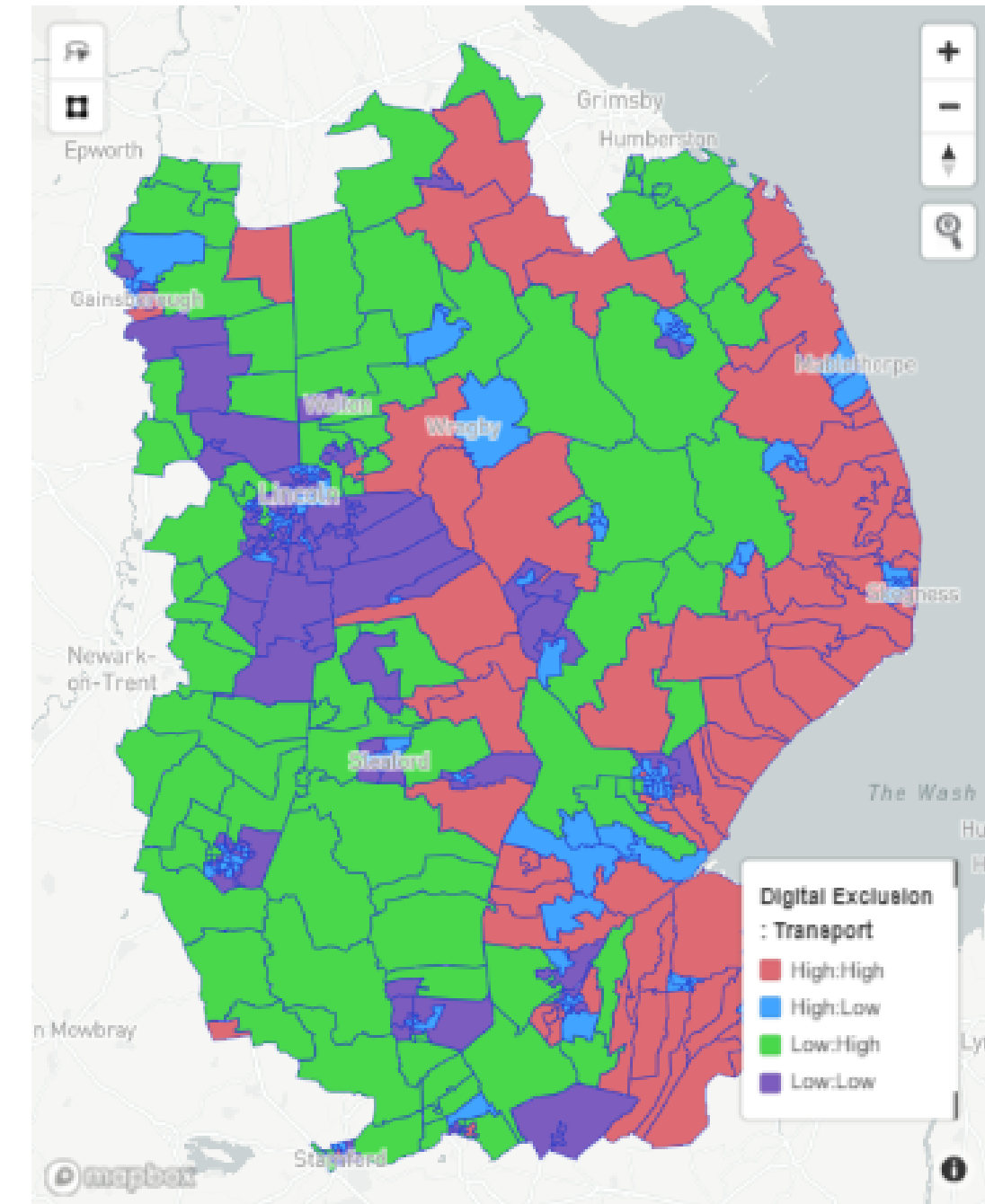
The map below shows the different levels of those at risk of Digital Exclusion across Lincolnshire.



Level of Digital Exclusion



The map below shows the combined effect of transport barriers and digital exclusion in Lincolnshire.



Source:

Lincolnshire Digital Health Toolkit, Public Health Intelligence

Section 1: Current picture in Lincolnshire

We recognise that digital inclusion is a complex issue, and that those who are excluded are hard to define.

We acknowledge that anyone could be digitally excluded in their lifetime, at any time and that there is no one category of people who fit this label.

The “scale of potential of Digital Exclusion” in Lincolnshire infographic shows the groups who are more likely to be digitally excluded due to a range of different barriers.

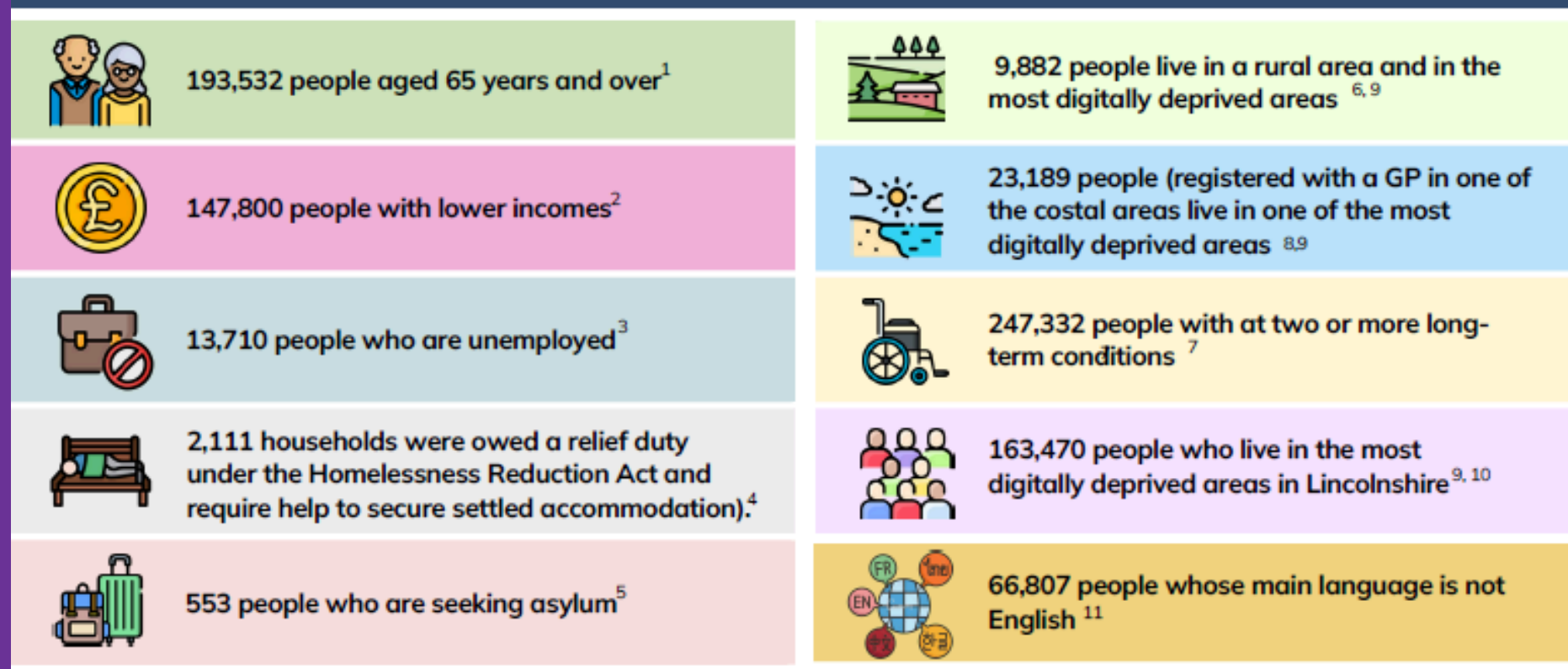
In order to further explore, understand and target those who are likely to be digitally excluded, personas/profiles of representative people will be developed through engaging with communities. Personas are designed to give a deeper insight into people’s needs and help understand the experiences and barriers of people experiencing digital exclusion. These are then tested and validated across the groups so that our communication and support offerings are tailored.

21.3% of Lincolnshire’s population live in the most digitally deprived areas.

The scale of potential DIGITAL EXCLUSION in Lincolnshire

Digital inclusion/exclusion covers digital skills, connectivity and accessibility.
Some sections of the population are more likely to be digitally excluded than others.

In Lincolnshire:



1. Patients Registered at a GP Practice. NHS Digital - May 2024
2. NOMIS Annual Population Survey - October 2022 to September 2023
3. NOMIS Claimant Count for 16 to 64-year-olds - 2023 average
4. Ministry of Housing, Communities & Local Government: Tables on homelessness - April 2022 to March 2023
5. Asylum and Resettlement datasets, Home Office - April 2022 to March 2023
6. 2011 Rural/Urban Classification. Office for National Statistics and
7. Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB - March 2024
8. Coastal built-up areas, England and Wales, 2022 Built Up Area classification
9. Patients Registered at a GP Practice. NHS Digital - April 2024
10. Lincolnshire Digital Health Toolkit

Section 2: Our Purpose

The Digital Inclusion Strategy aims to increase the number of people who are digitally included in their health and care and ensure that equitable access is made for those who cannot or choose not to engage in digital services/technology.



Our Principles and Approaches

- Clearly defined deliverables
- Person centred
- Value for investment
- Inclusive and adaptable
- Unified approach
- Simplicity
- Co-production approach
- Honest and brave
- Active listening
- Not leaving people behind
- Change what we can change!



Section 2: Working in partnership

The **Digital Inclusion Strategy Oversight Group** has a wide range of skills, expertise and experience. This group has worked in partnership to develop this strategy.

This includes representatives from:

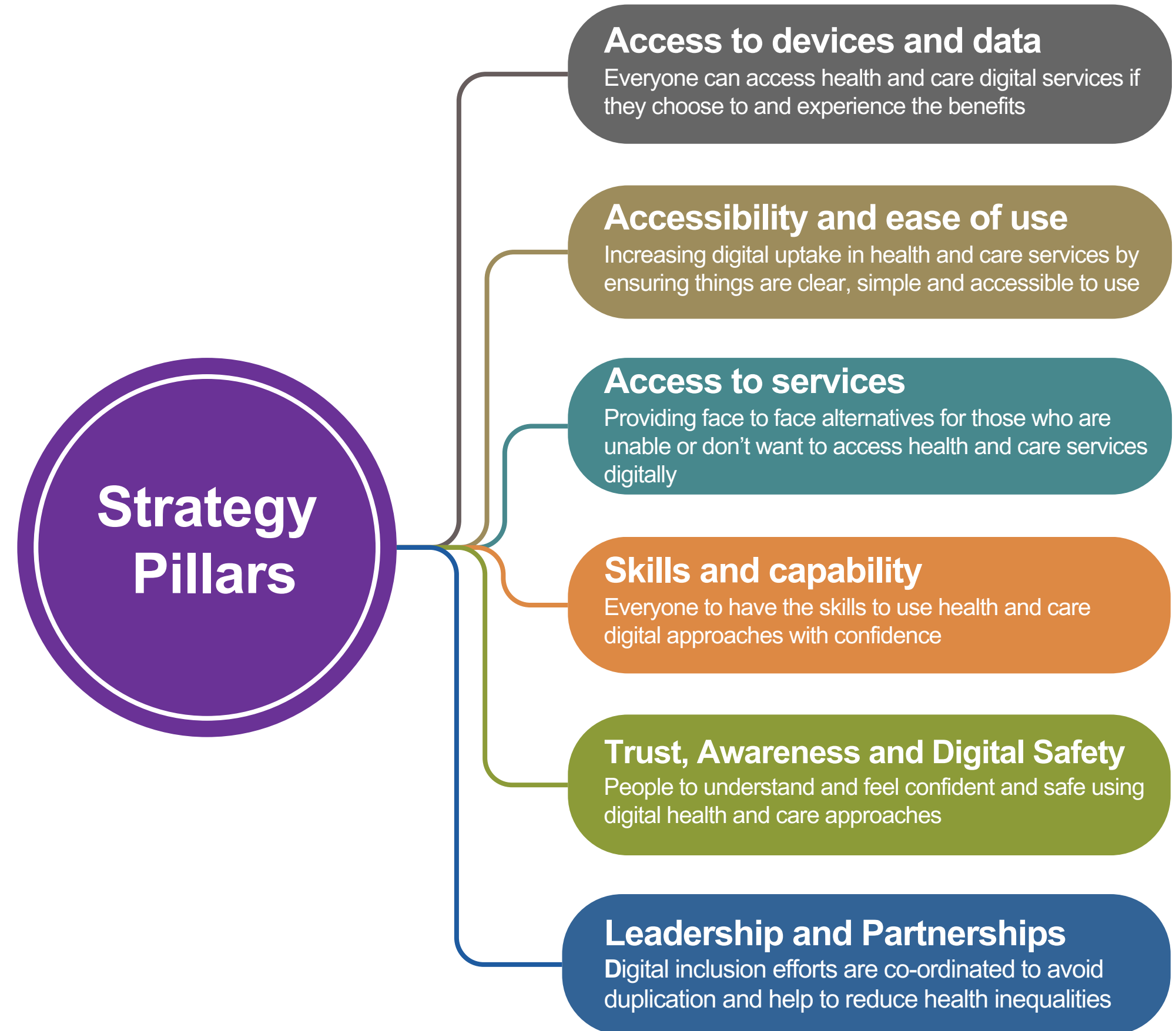
- City Council & County Council
- District Councils
- Financial Inclusion Partnership
- Healthwatch Lincolnshire
- NHS organisations across Lincolnshire
- People with lived experience
- Primary Care Networks
- University of Lincoln
- Voluntary Sector organisations



Section 3: Strategy Pillars

Vision

Everyone in Lincolnshire who wants to be digitally connected to health and care services and the community will have the skills, accessibility and confidence to do so.



Section 3: Strategy Pillars

Access to devices and data		
Why?	How?	Outcomes after 3 years
<p>Everyone can access digital health and care services if they choose to and experience the benefits</p>	<ul style="list-style-type: none"> • Volunteers with digital skills, information and support available at community hubs • Device bank - loan and replacement schemes • Assisted in person digital support and training available locally • Free public computer maps • Developing digital skills and confidence in our people • Awareness and promotion of current schemes and digital support such as social tariffs, subsidised data, data banks for free wifi and training • A digital front door/directory of what is available in Lincolnshire showing accredited schemes available • Ensure that there is a sustainable approach to enabling connectivity, particularly where devices are provided 	<p>Impact on person</p> <ul style="list-style-type: none"> • Increased knowledge of schemes across the system so those who choose have access to devices and data • Improved skills and confidence to access digital services • Improved access to services • Increased choice for people <p>Impact on workforce</p> <ul style="list-style-type: none"> • Staff are able to signpost people to the correct resources/where to get help <p>Impact on the system</p> <ul style="list-style-type: none"> • Reduced demand on services, allowing those who can access digital to free up time for those who cannot <p>Measure of success</p> <ul style="list-style-type: none"> • Increased number of people accessing device and data banks, social tariffs and digital support and training

Section 3: Strategy Pillars

Accessibility & ease of using technology		
Why?	How?	Outcomes after 3 years
<p>Increasing digital uptake in health and care services by ensuring things are clear, simple and accessible to use</p>	<ul style="list-style-type: none"> • Digital health and care systems to be user friendly and accessible • Accessible digital access for Health Inclusion and PLUS groups - adaptable formats and languages to be standard • Enable a 'digital first, not digital only' approach • Joined up partnership working with existing established programmes • Co-production approach with people with lived experience • Ensure feedback is acted on and any future service design complies with accessible information standard and NHS service standard 	<p>Impact on person</p> <ul style="list-style-type: none"> • Reduction in existing digital barriers for Health Inclusion and PLUS groups. <p>Impact on workforce</p> <ul style="list-style-type: none"> • Improved partnership working across the system <p>Impact on the system</p> <ul style="list-style-type: none"> • Reduced health inequalities for our Health Inclusion and PLUS groups (e.g. English as a second language) • Reduced duplication/resource • Improved digital services through a co-production approach <p>Measure of success</p> <ul style="list-style-type: none"> • User satisfaction surveys • Feedback from Inclusion and Plus Groups • Compliance with accessibility standards

Section 3: Strategy Pillars

Access to services		
Why?	How?	Outcomes after 3 years
<p>Providing face to face alternatives for those who are unable or don't want to access health and care services digitally</p>	<ul style="list-style-type: none"> • Understand which groups may need additional support through face to face channels • Health and care providers to offer face to face services to people who cannot/choose not to use digital services • Accessible digital and face to face platforms for future service designs and improvements • Ensure routine recording of preferences for modes of communication for people • The face to face health and care offer to be as good as the digital offer • Increase NHS app uptake and maximise its capability 	<p>Impact on person</p> <ul style="list-style-type: none"> • Those who need to be seen face to face are, resulting in a more personalised approach • Improved experience as preferred methods of communications used • Benefits of using NHS app i.e. faster repeat prescriptions <p>Impact on workforce</p> <ul style="list-style-type: none"> • Improved staff satisfaction in role as they are able to offer the right service for individuals i.e. face to face/digital <p>Impact on the system</p> <ul style="list-style-type: none"> • Reduction in calls to GP Practices due to increased requests of repeat prescriptions through NHS app • Greater insight into preferred methods of communication for the local population <p>Measure of success</p> <ul style="list-style-type: none"> • Increased uptake of NHS App • User satisfaction surveys • Feedback from Inclusion and Plus Groups

Section 3: Strategy Pillars

Skills and capability		
Why?	How?	Outcomes after 3 years
<p>Everyone to have the skills to use digital health and care approaches with confidence</p>	<ul style="list-style-type: none"> • Upskill staff and co-produce digital training that meets different learning styles and needs • Ensure that any ongoing digital training and support needs are included in workforce plans • Digital Community Champions available where needed to help people feel confident in using digital • Provide specific digital training for people in the community, working with local government, VCFSE organisations and the private sector 	<p>Impact on person</p> <ul style="list-style-type: none"> • Increased access to Digital Champions • Increased knowledge, skills and confidence with their digital skills <p>Impact on workforce</p> <ul style="list-style-type: none"> • Increased knowledge, skills and confidence with their digital skills <p>Impact on the system</p> <ul style="list-style-type: none"> • Increased uptake of digital health and care services • Reduced Health Inequalities <p>Measure of success</p> <ul style="list-style-type: none"> • Pre and Post Training Assessments • Enrolment and completion rates • Demographic reach of training • Reach of Digital Community Champions

Section 3: Strategy Pillars

Trust, Awareness and Digital Safety		
Why?	How?	Outcomes after 3 years
<p>People to understand and feel confident and safe using digital health and care approaches</p>	<ul style="list-style-type: none"> • Transparency about how data is used and kept safe • Working in partnerships to ensure people are aware of trusted and accredited schemes available • Signposting to other services for more information • Resources in different languages and formats • Communication and monitoring the impact of using digital and the effects on other services • Digital Champions approach - offering consistent messages • Make digital health and care services relatable and seen to be used by 'people like me' through use of advocates and communications using everyday language • Ensure that new digital health and care pathways are at least as good as alternative non-digital service channels • Encourage peer support for people to build confidence and trust • Promote the benefits of using services online, tailoring messages to the identified personas 	<p>Impact on person</p> <ul style="list-style-type: none"> • Increased trust and confidence in using digital health and care services • Understandable information and confidence around how data is being used • Improved knowledge on scam messages and less likely to be victims of fraud <p>Impact on workforce</p> <ul style="list-style-type: none"> • Increased consistency on safety messages and knowledge around scams <p>Impact on the system</p> <ul style="list-style-type: none"> • Increased uptake of digital health and care services leading to improved capacity for those who need it most <p>Measure of success</p> <ul style="list-style-type: none"> • Increased number of people accessing digital health and care services

Section 3: Strategy Pillars

Leadership and Partnerships

Why?

Digital inclusion efforts are co-ordinated to avoid duplication and help to reduce health inequalities

How?

- Shared vision, understanding and consistent language across all Lincolnshire organisations
- Collective and agreed policies showing expectations of commitment
- Interdependencies highlighted with other system wide strategies and programmes
- Collect data and monitor health inequalities information impacting access to, experience of or outcomes from digital healthcare, including by gathering feedback from people about digital health and care services
- Identify which community-centred roles in Lincolnshire can help connect people to digital information and support e.g social prescribing link workers, Age UK, community connectors, patient participation groups etc.
- Create a network of Digital Inclusion Leads across the system

Outcomes after 3 years

Impact on person

- Improved access to digital support in the community
- Improved digital service experience

Impact on workforce

- Improved advice and recommendations from Digital Inclusion Leads.

Impact on the system

- Greater insight on monitoring health inequalities
- Reduced duplication across services and organisations
- Reduced digital exclusion

Measure of success

- Digital Inclusion Strategy Pillar Leads in place across the system
- Progress against Digital Inclusion Strategy priorities

Section 4: Priorities

Strategy Pillars



Access to data and devices	Create Lincolnshire Digital Exclusion Personas	Communication and Engagement	Engagement and co-production with staff and public	Work with internet providers to discuss improving network coverage across Lincolnshire rural and coastal areas		
				Develop and implement communication and engagement plan to support promotion of current accredited schemes available e.g. social tariffs, subsidised data, data banks, digital training etc.	All organisations to review process of recycling/donation of old devices and technology and work together to develop equipment standards and a collective process	Review gaps of accredited schemes and ensure equitable provision across Lincolnshire
All organisations to collaboratively look at accessibility of websites, user guides etc.				All organisations to review what digital offer/products are in place, current uptake and accessibility of these services and analysis of population groups who are not accessing digital services	Assess organisational readiness and appropriateness of use (through personas) so people can navigate and access pathways more easily	
Identify where people are being digitally excluded and use learning to influence immediate and future improvement				Use learning from findings in Year 1, build a simple and standardised engagement plan (for NHS app) for staff and patients	Use findings from NHS app to enhance other offers	
Face to face services as good as the digital offer						
Identify advocates to lead on strategy and gather digital skills and capability insights				Development of digital training and engagement plan to address gaps and test with selected groups	Use learning to implement and expand digital training offer	
Establish working group to lead on trust, awareness and digital safety. Develop simple and clear communication messages around digital safety - all organisations to promote the same consistent messages.						
Establish strategy pillar workstreams and leads with clearly defined deliverables and measures of success				Identify collective funding opportunities and develop business cases to support digital inclusion strategy	All organisations to maintain commitment of delivery. Evaluate impact of strategy and review overall objectives beyond 2027.	
Quarterly review of objectives and plan						
Accessibility and ease						
Access to services						
Skills and capability						
Trust, awareness and digital safety						
Leaderships and partnerships						

Appendix 1: Strategic Context

The digital landscape is an ever changing one for the Integrated Care System.

The below act as key drivers for the Digital Inclusion strategy:

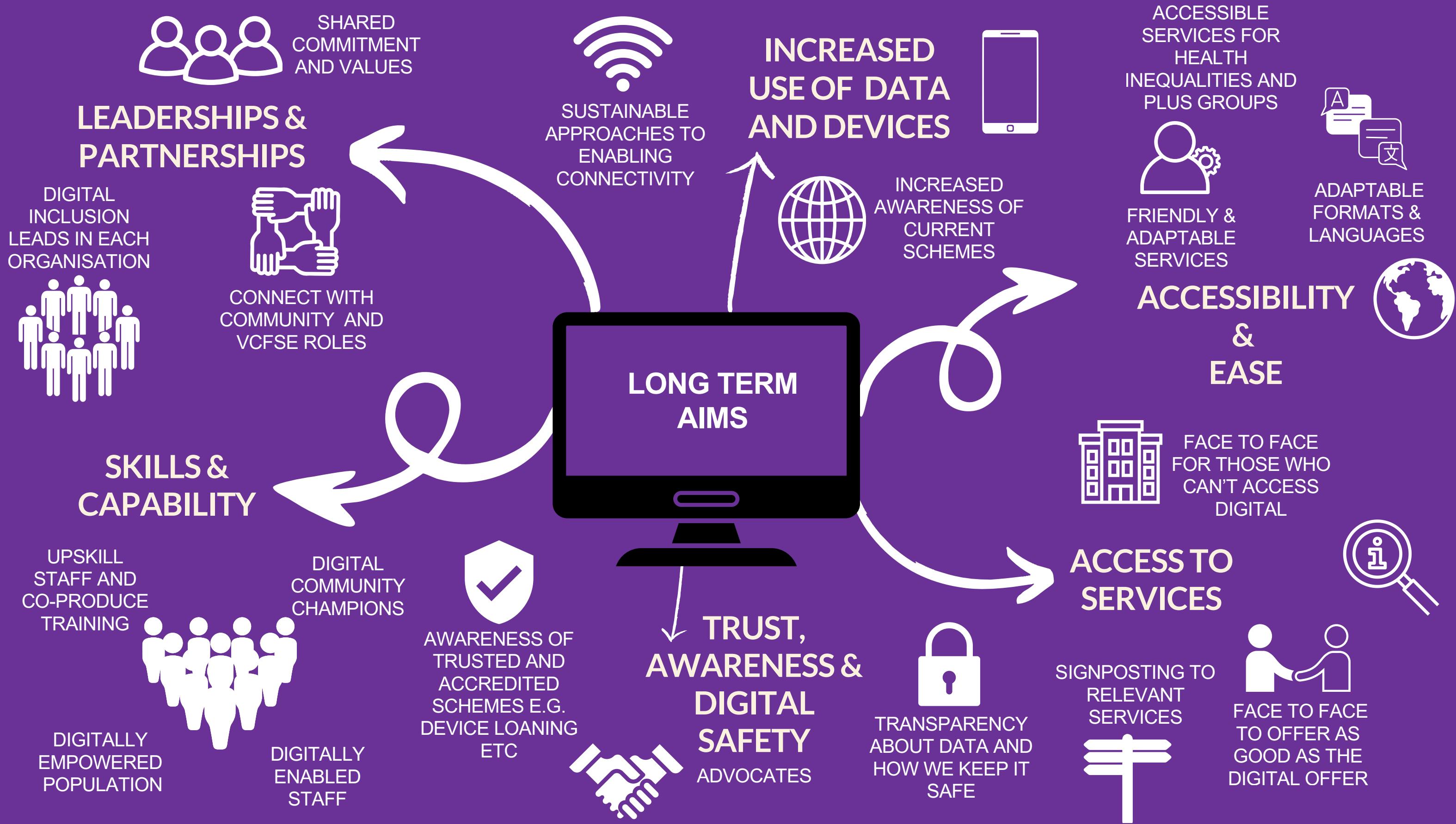
National

- [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#)
- [NHS England Health Inequalities Improvement Programme - Mitigating against digital exclusion](#)
- [Department of Health & Social Care - A plan for digital health and social care](#)
- [The What Good Looks Like \(WGLL\) framework - Digital working in adult social care: What Good Looks Like](#)
- [The Minimum Digital Living Standard](#)
- [National Digital Inclusion Alliance](#)
- [The Darzi Report \(2024\)](#)

Local

- [The Integrated Care Partnership Strategy 2023](#)
- [Integrated Care Partnership Strategy - Digital Technology](#)
- [The Integrated Care Board 5-Year Forward Plan](#)
- [Our Shared Agreement](#)
- [Director of Public Health Annual Report 2023- Ageing Well](#)
- [Lincolnshire County Council \(LCC\) Customer Strategy – Customer Experience \(Objective 3\)](#)
- [Digital exclusion as a barrier to accessing healthcare: a summary composite indicator and online tool to explore and quantify local differences in levels of exclusion.](#)





Appendix 2: Glossary and Acronyms

Glossary

Assistive Technology is used to describe products or systems that support and assist individuals with disabilities, restricted mobility or other impairments to perform functions that might otherwise be difficult or impossible

Broadband is the ‘always-on’ way of connecting a computer to the internet using a copper, cable, fibre or wireless connection

Co-production is an equal partnership where people with lived and learnt experience work together from start to finish

PLUS groups are population groups, defined by integrated care systems (ICS), which experience poorer than average health access, experience and/or outcomes across their communities

Smartphone is a mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, internet access, and an operating system capable of running downloaded apps

Social Tariffs are cheaper broadband and phone packages for people claiming Universal Credit, Pension Credit and some other benefits

Technology-Enabled Care is referred to as any digital solution that helps someone with their care and support. Also known as “assistive technology” or “assistive equipment”.

Wi-Fi is a wireless networking technology that uses radio waves to provide wireless high-speed Internet access

Acronyms

GP: General Practitioner

ICB: Integrated Care Board

ICS: Integrated Care System

IT: Information Technology

LCC: Lincolnshire County Council

LCHS: Lincolnshire Community Health Services

LPFT: Lincolnshire Partnership Foundation Trust

NHS: National Health Service

PCN: Primary Care Network

ULHT: United Lincolnshire Hospitals Trust

VCSE: Voluntary, Community and Social Enterprise

VCFSE: Voluntary, Community, Faith and Social Enterprise

