

Partnership working to promote digital inclusion for health: local authorities' perspectives on working with primary care

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Findings from exploratory research in England

A report by Good Things Foundation with Connected by Change



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Executive summary

This report explores local authorities' experiences of engaging and working with health partners in primary care to promote digital inclusion for health.

The findings are based on research conducted by [Good Things Foundation](#), in partnership with [NHS England's Primary Care and Community Transformation and Improvement team](#) and the [Local Government Association \(LGA\) Digital Inclusion Network](#).

The research was conducted on behalf of the [Voluntary, Community and Social Enterprise \(VCSE\) Health and Wellbeing Alliance](#), a partnership between voluntary sector representatives and the health and care system.

How we conducted the research

We interviewed digital inclusion leads from eight local authorities in England to explore their experiences of engaging and working with primary care to promote digital inclusion for health.

We tested our findings through a series of workshops with the [Local Government Association \(LGA\) Digital Inclusion Network](#) to ensure we heard the perspectives of digital inclusion leads from a wider range of local authorities.

Digital inclusion priorities

Our research suggests that local authorities are acting on digital inclusion across five key domains, which closely align to [NHS England's priorities](#):

- Access to devices and data
- Skills and capability
- Beliefs and trust
- Leadership and partnerships
- Accessibility and ease of using technology and key digital journeys and services.

Local authorities are choosing to focus their finite resources on people and communities who are most likely to be digitally excluded.

Relationships with primary care

The local authorities we interviewed are working with a variety of primary care partners, including integrated care boards, primary care networks and individual primary care providers (principally general practice).

Local authorities expressed that there are clear and distinct benefits to working with primary care partners at each of these levels. Often, local authorities work with integrated care boards to coordinate strategy and resources for digital inclusion. By contrast, local authorities perceive that primary care networks help to increase community reach and facilitate delivery of digital inclusion activities.

The different ways that local authorities work alongside primary care partners can be understood as a maturity model for shared action on digital inclusion for health. We have categorised this into three stages of maturity: engaged, established and embedded.

We recognise that some local authorities, not interviewed as part of this research, may not yet have embarked on a journey of partnership working with primary care. Therefore, there may be scope for the maturity model to be developed further, to include an additional exploratory stage prior to the 'engaged' stage.



A maturity model for shared action on digital inclusion for health



	Engaged	Established	Embedded
Activities	<ul style="list-style-type: none"> One or more digital inclusion projects involving local authority and primary care partners 	<ul style="list-style-type: none"> Co-designed and delivered digital inclusion work programme(s) Time-bound and targeted 	<ul style="list-style-type: none"> Long-term approach, embedded across a variety of initiatives delivered by local authorities, primary care and other providers
Reach	<ul style="list-style-type: none"> A combination of universal and targeted provision Balance of priorities and practicalities 	<ul style="list-style-type: none"> A combination of universal and targeted provision Increased focus on at-risk groups 	<ul style="list-style-type: none"> Initiatives delivered across a broad geographical area Community-based, informed by evidence and community knowledge
Governance	<ul style="list-style-type: none"> Typically characterised by individual working relationships Limited formal reporting arrangements 	<ul style="list-style-type: none"> Programme boards and working groups Responsibility for digital inclusion owned by specific local authority and NHS teams Reporting in context of programme priorities 	<ul style="list-style-type: none"> Proactive and visible system leadership, with clarity about who has overall responsibility and accountability Digital inclusion embedded across local authority and NHS teams Reporting in context of wider local authority and NHS priorities
Funding	<ul style="list-style-type: none"> Shorter-term, project-based funding Strong reliance on external sources of funding (e.g. grants) 	<ul style="list-style-type: none"> Medium-term funding, often with a lead funder (either local authority or primary care) who has overall responsibility and accountability Digital inclusion becoming business as usual 	<ul style="list-style-type: none"> Long-term, evidence-led funding Pooled resources across local authorities and primary care Digital inclusion established within business as usual
Impact	<ul style="list-style-type: none"> Emerging use of data to determine priorities Often focused on measuring community reach 	<ul style="list-style-type: none"> Structured use of data to determine programme priorities and measure outcomes Often focused on improving quality of provision 	<ul style="list-style-type: none"> Systematic, shared use of data to determine population priorities and measure outcomes Often focused on improving quality of life and wider social outcomes
Stakeholders	<ul style="list-style-type: none"> VCSE sector and other stakeholders help to raise awareness of provision 	<ul style="list-style-type: none"> VCSE sector and other stakeholders help to identify at-risk groups and make referrals 	<ul style="list-style-type: none"> VCSE sector and other stakeholders are partners in delivering digital inclusion provision

Enablers of success

We identified five key enablers that underpin effective and impactful partnership working between local authorities and NHS partners in primary care. These are:

Proactive leadership, supported by a clear vision and strategy

The presence of connectors and catalysers

Funding and resources

Data and learning

Combined local knowledge

Proactive leadership

The local authorities we interviewed told us that proactive leadership is vital to developing a whole-system approach to digital inclusion for health. While approaches to leadership vary between local areas, we identified three common ingredients:

- A dedicated team or group with responsibility for cultivating a shared sense of purpose and cohesion about what it is possible to achieve by working in partnership.
- Clear governance and accountability measures, with financial and practical support at the right level, wherever it is needed across the system
- Cross-sector collaboration, with a clear emphasis on co-design and co-production alongside communities and community organisations.

Connectors and catalysers

Some of the local authorities we interviewed identified a key individual who adopted a connector role, taking responsibility for nurturing relationships and catalysing opportunities for local authorities and primary care providers to work together.

Connectors can be situated either within a local authority or within primary care, and are not necessarily senior leaders. However, through experience they bring (or develop) a high level of knowledge about digital services and provision within their geographical footprint.

Connectors play an important role in helping local authorities and primary care providers understand each other's work and priorities, helping to build systemic relationships, develop shared language around digital inclusion, and integrate services and provision.

Funding and resources

The local authorities we interviewed consider funding, where it is available, to be a significant enabler of digital inclusion for health.

However, even where funding is not available, local authorities are often working creatively with primary care partners and other stakeholders to achieve success with limited resources.

Within more established partnerships between local authorities and primary care partners, funding is used to deliver on shared strategic priorities – with local authorities and primary care combining forces to make a business case for investment, fund business critical roles or pool resources to deliver collaborative initiatives.

Data and learning

The local authorities we interviewed highlighted that effective use of data and experiential learning is critical to effective partnership working with primary care.

Local authorities told us that complementary data insights from NHS partners in primary care enables them to make greater use of a wider variety of population level data. In turn, this helps them to develop a deeper understanding of their communities, target their work in partnership with primary care more effectively, and improve how they report on outcomes.

Some local authorities expressed that learning through experimentation is just as important as data, particularly because digital inclusion for health is an emergent field of practice.

Where they have been able to, local authorities feel that learning from others has helped to accelerate their progress and impact. However, they observed that there are currently few opportunities for this type of focused learning and would welcome more space for discussion and reflection with both local authority and primary care colleagues.

Local authorities told us that while their desired outcomes for digital inclusion projects are very similar to their counterparts in primary care, it can be difficult to identify shared success measures due to differing priorities, parameters for service delivery and reporting requirements.

Combined local knowledge

The local authorities we interviewed recognise that primary care providers bring community expertise that is complementary to their own. Drawing on this combined knowledge, alongside the specialist expertise of VCSE organisations, is vital to promote digital inclusion for health.

Local authorities consider themselves to be well placed to understand the needs of their communities because they provide a range of services that contribute to health and wellbeing, such as housing, education and employment. They perceive that primary care partners add significant value to this due to their community footprint, and the trusted relationships that GPs and other health professionals have with patients who are at risk of digital exclusion.

VCSEs are perceived to bring different, specialist expertise, which is critical to help reach the most digitally excluded groups. Local authorities emphasised that while VCSE organisations play a pivotal role, they cannot do so without appropriate resources. Therefore, several local authorities are prioritising capacity building and co-creation alongside the VCSE sector.

Skills, capabilities and attributes for successful partnership working

Across all five enablers, the local authorities we interviewed identified a range of skills and attributes that they and primary care partners require to work successfully together. Key examples include:

- Expertise in using, combining and interpreting different forms of data
- Expertise in working collaboratively to secure funding and other opportunities
- An ability to find common ground, communicate effectively and without jargon
- An ability to work flexibly and influence beyond organisational boundaries
- Curiosity, an appetite for continual learning, and a willingness to learn from others
- A commitment to sharing power and co-design alongside people with lived experience of digital exclusion.

As the local authorities we interviewed are proactively working with primary care, these skills, capabilities and attributes are well developed. However, we anticipate this will vary between local areas depending on their stage of maturity.

Looking to the future

The experiences of the local authorities we interviewed highlight the many opportunities and benefits of partnership working with primary care.

The learning from this research will be shared with NHS England, Integrated Care Boards, the Local Government Association's Digital Inclusion Network and members of the VCSE Health and Wellbeing Alliance.

Section 1: Introduction

1.0 Introduction

This report explores local authorities' experiences of engaging and working with health partners in primary care to promote digital inclusion for health.

The findings are based on research conducted by [Good Things Foundation](#), in partnership with [NHS England's Primary Care and Community Transformation and Improvement team](#) and the [Local Government Association \(LGA\) Digital Inclusion Network](#).

The research was conducted on behalf of the [Voluntary, Community and Social Enterprise \(VCSE\) Health and Wellbeing Alliance](#), a partnership between voluntary sector representatives and the health and care system.

1.1 Why we conducted the research

The use of digital approaches within primary care can be a powerful enabler of health and wellbeing. Sometimes described as the front door to the NHS, primary care is the first point of contact with healthcare services for most people.

Digital tools can make it easier to access primary care services, improve patient experience, and give people greater control over their own care and play a part in reducing health inequalities. But unless these benefits are shared by everyone, they can also deepen existing health inequalities by improving experiences of primary care for some while creating additional barriers for others.

NHS England aims to address this through its framework for action on digital inclusion, which emphasises the importance of ‘collaboration at different levels and across sectors, particularly with local government, the voluntary sector, and grassroots community groups’.

The Primary Care Transformation and Improvement Team (PCTI) have been leading improvements to the usability and accessibility of digital tools used in primary care. They undertake user research focused on understanding the needs of less digitally confident and less literate patient groups and use this evidence to define patient needs, create digital standards and define inclusive implementation approaches.

Local authorities also play a significant role in contributing to digital inclusion for health, often working with people who are at particular risk of digital exclusion, and providing many services that have a direct impact on the health and wellbeing of communities.

Within this context, our research aims to understand the perspectives of local authorities when it comes to collaborating with partners in primary care. The findings will contribute to insights for NHS England and others around the practical challenges of turning policy and guidance into improved experiences around digital inclusion for people and communities.

1.2 Our approach

We interviewed digital inclusion leads from eight local authorities in England to explore their experiences of engaging and working with primary care (including integrated care boards and primary care networks) to promote digital inclusion for health. The participating local authorities varied by:

Structure; including unitary, metropolitan and county councils, and a London borough.

Geography; including local authorities from different regions, and in both rural and urban areas.

Relationship to NHS boundaries; including local authorities that have coterminous boundaries with their local integrated care system, and those that do not.

We tested our findings through a series of workshops with the Local Government Association (LGA) Digital Inclusion Network to ensure we heard the perspectives of digital inclusion leads from a broad range of local authorities. However, as an exploratory piece of research we recognise that the findings may not be representative of the experiences of all local authorities, or all local authority partnerships with primary care.



Section 2: Digital inclusion priorities

All of the local authorities we interviewed are proactively using digital approaches to help ensure that people living in their area can access public services and participate in community life. As set out in Table 1, our research suggests that they are acting on digital inclusion across five key domains, which correspond to those set out in the NHS framework for action on digital inclusion.

While it is encouraging that local authority and primary care partners have many priorities in common, some local authorities reflected that they may have different starting points for thinking about digital inclusion.

Local authorities perceive that primary care partners are focused on digital inclusion to help patients benefit from digital healthcare services. For example, this might include using GP websites and the NHS app to make appointments, order prescriptions, or access medical information. In contrast, local authorities perceive that they take a broader view, identifying digital inclusion as a key enabler in tackling the wider social determinants of health.

“ Our digital inclusion strategy did not start from a digital transformation standpoint. It is because we understand it as a social determinant for health inequalities. We want to be preventative, so we want to do digital inclusion.”

“ During Covid-19, everything went digital, and a lot of service provision digitised very quickly... this helped to move services forward, but also shone a light on inequalities across our area. Our approach to digital inclusion has come from this and is very much seen as a social inclusion programme, rather than a transformation programme. That’s a really important distinction.”

“ We report on the social outcomes that are achieved through digital inclusion. That could be improved health, access to employment, safety and security for people who are homeless or fleeing domestic violence, reduced social isolation for people in care homes, and so on.”

Table 1: Local authority domains for digital inclusion*

Domain	Engaged
<p>Access to devices and data</p>	<p>Local authorities highlighted that the cost of internet-enabled devices (e.g. smartphones, tablets and laptops) and access to Wi-Fi and mobile data is prohibitive for many people and communities.</p> <p>In response, some have developed initiatives to recycle and reuse donated devices, promote social tariffs, establish equipment loan schemes, and provide free devices and mobile data through, for example, the National Device Bank and National Data Bank run by Good Things Foundation.</p>
<p>Skills and capability</p>	<p>Local authorities recognise that the breadth of their service provision creates valuable opportunities and touchpoints to promote the development of digital skills, capabilities and awareness of benefits within their area.</p> <p>Many of the local authorities we interviewed deliver volunteering programmes in community spaces such as libraries and community centres, and in some cases digital champions are also embedded within health and care settings. Other local authorities have co-located with health services to create digital health hubs, providing a range of social prescribing and digital inclusion support all in one place.</p>
<p>Beliefs and trust</p>	<p>Local authorities recognise the importance of building trust and confidence in digital approaches, particularly within the context of health. For example, they identified that within some communities, there is concern about how patient data might be used. Some prioritise targeted communications towards the most at-risk people and communities.</p> <p>However, they appreciate that they cannot address this alone. Just as the NHS framework for action on digital inclusion recognises libraries as an important community touchpoint, local authorities perceive that primary care providers play an equally important role. For example, local authorities talked about the ways that general practice can help to identify people at risk of digital exclusion and make appropriate referrals, as well as providing spaces for digital champions to engage with patients.</p> <p>Local authorities also place a strong emphasis on the relationships that VCSE organisations have with people who are at greatest risk of digital exclusion. These relationships are pivotal in helping to understand and fill gaps in beliefs and trust with people who have lived experience.</p>
<p>Leadership and partnerships</p>	<p>Local authorities identify leadership as a key enabler of effective of digital inclusion for health, bringing together the necessary expertise, coordination, and funding to drive success.</p> <p>Depending on their stage of maturity, some local authorities place significant emphasis on building cross-sector collaboration with VCSE organisations and creating meaningful partnerships with private sector organisations who may commit funding and other resources.</p>
<p>Accessibility and ease of using technology and key digital journeys and services</p>	<p>Some of the local authorities we interviewed are focusing on optimising and improving the accessibility of their digital and online platforms.</p> <p>However, this was less commonly referenced among local authorities we interviewed in comparison to other domains, whereas it occupies a more prominent role within the NHS framework for action on digital inclusion. This discrepancy may be explained by the relative importance attached to digital transformation by primary care partners in comparison to local authorities.</p>

* Adapted from the NHS framework for action on digital inclusion.

Section 3: Priority groups and communities

The local authorities we interviewed are choosing to focus their finite resources on supporting people and communities who are most likely to be digitally excluded.

Frequently, local authorities determine their priorities based on the digital capabilities of people living in their area, rather than by demographic characteristics. For example, one local authority distinguishes between people who are 'digitally confident', 'digitally excluded' or 'digitally averse'. Others use similar groupings based on levels of digital literacy.

“ It’s open to all, but some things we’re doing are quite targeted. We do have priority demographics and geographical areas... [it’s] kind of a combination of where those populations are and where we can deliver operationally.”

As set out in Table 2, where local authorities choose to focus on specific priority groups, again these are closely aligned to those identified within the NHS framework for action on digital inclusion. Some local authorities go a step further, using the [NHS Core20PLUS5](#) approach to tackling health inequalities as the basis for prioritising their activities.

This approach recognises that there is significant overlap between Core20PLUS5 priority groups and the most digitally excluded communities, especially inclusion health groups for whom digital exclusion is likely to be particularly entrenched.

Alongside other challenges, low literacy levels among inclusion health groups can be a particular challenge in a world that is moving online where reading, comprehension and expressing needs through written communication are a significant shift from verbal communication, in person and over the phone.

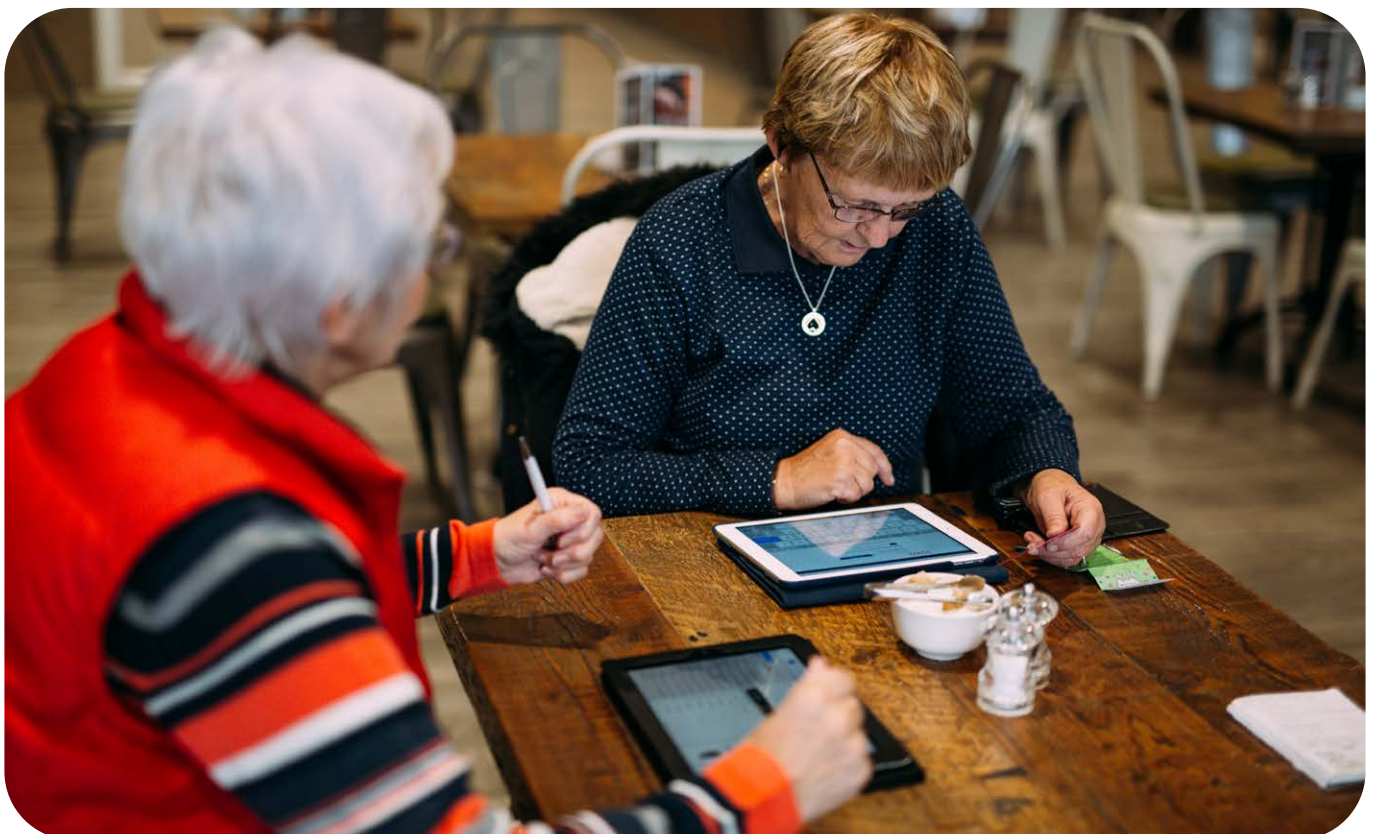
The [NHS framework for action on inclusion health](#) explores measures that might be used to address this, for example presenting information using short films and pictures, and using online tools to translate to different languages.

“ When we’re talking about digital exclusion, 99% of people are online. ‘So it’s like, why should I bother? Why should I care?’ But 99% of homeless people are not digitally included, 99% of care home residents are not digitally included. So, a lot of our work is making the case in deepening the understanding of the impact of digital exclusion on specific communities.”

Table 2: Priority groups and communities identified by local authorities*

Characteristic	Priority groups
Age	Older people, especially people over 75 years old (also children and young people, and people over 40 with few or no qualifications, who are not specified within the NHS framework for action on digital inclusion)
Ethnicity	People from Black and minoritised communities
Language	People who are less fluent/confident in using and understanding the English language
Socio-economic disadvantage	People who are unemployed, people on low incomes, people with lower levels of literacy, people with few or no qualifications, single parents, carers people living in areas of high deprivation
Health	People with long-term health conditions, people with mental health issues, people with physical and learning disabilities, care home residents
Social exclusion	Veterans, people experiencing addiction, people experiencing homelessness, people experiencing domestic abuse, refugees and people seeking asylum
Geography	People living in areas with inadequate broadband and mobile data coverage

* Adapted from the NHS framework for action on digital inclusion.



Section 4: Relationships with primary care

The local authorities we interviewed are working with a variety of primary care partners, including integrated care boards, primary care networks and individual primary care providers (principally general practice).

Local authorities expressed that there are clear and distinct benefits to working with primary care partners at each of these levels. Often, local authorities work with integrated care boards to coordinate strategy and resources for digital inclusion. By contrast, local authorities perceive that primary care networks help to increase community reach and facilitate delivery of digital inclusion activities.


Some local authorities have found it difficult to establish relationships with primary care networks due to frontline pressures within healthcare. In these circumstances, some local authorities are choosing to focus their resources on working with a smaller number of individual primary care providers, for example GP practices. Local authorities feel that while this allows them to make a difference within a specific locality, it is a missed opportunity to spread the impact of this more widely.

Alongside reaching out to primary care, local authorities are also seeking out ways to bring primary care professionals into their own conversations about digital inclusion for health. For example, one local authority spoke about the importance of primary care representation on their Health and Wellbeing Board, which has oversight of their digital inclusion plan.

As set out in Figure 1, the different ways that local authorities work alongside primary care partners can be understood as a maturity model for shared action on digital inclusion for health. We have categorised this into three stages of maturity: engaged, established and embedded. The local authorities we interviewed vary in terms of where they sit on this maturity scale, and this can take several years to develop. There are also nuances within individual local authorities, for example, they may be at varying stages of maturity across different domains.

We recognise that some local authorities, not interviewed as part of this research, may not yet have embarked on a journey of partnership working with primary care. Therefore, there may be scope for the maturity model to be developed further, to include an additional exploratory stage prior to the 'engaged' stage.

Figure 1: A maturity model for shared action on digital inclusion for health

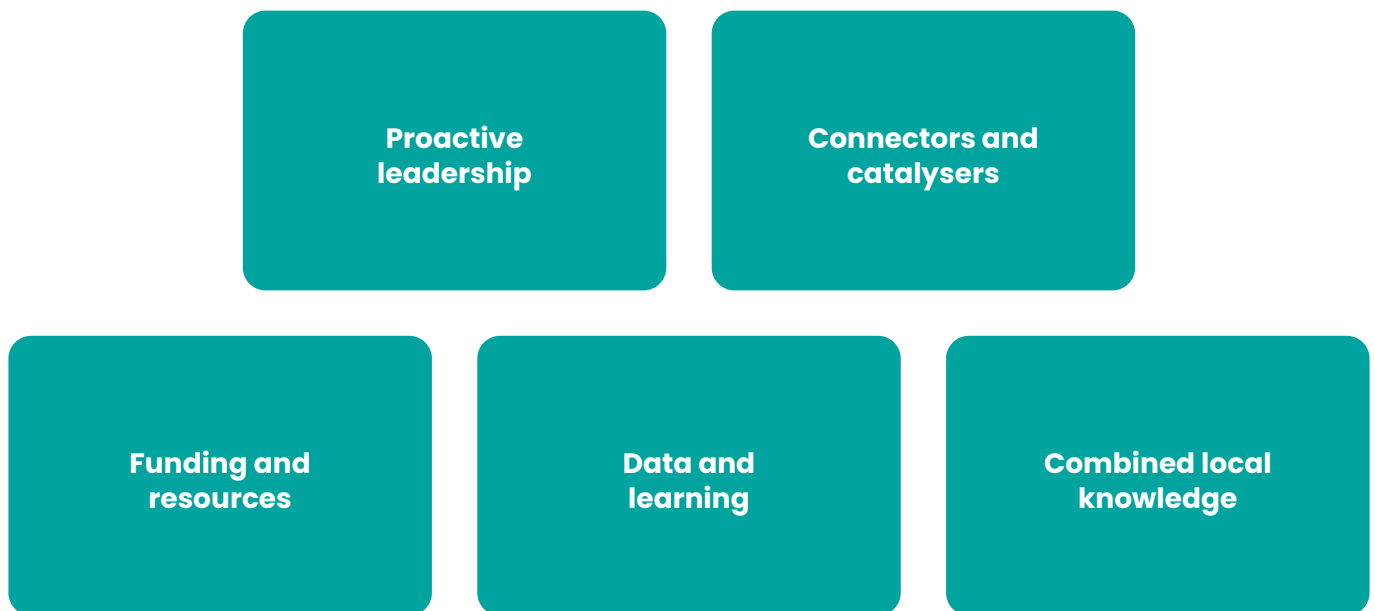


	Engaged	Established	Embedded
Activities	<ul style="list-style-type: none"> One or more digital inclusion projects involving local authority and primary care partners 	<ul style="list-style-type: none"> Co-designed and delivered digital inclusion work programme(s) Time-bound and targeted 	<ul style="list-style-type: none"> Long-term approach, embedded across a variety of initiatives delivered by local authorities, primary care and other providers
Reach	<ul style="list-style-type: none"> A combination of universal and targeted provision Balance of priorities and practicalities 	<ul style="list-style-type: none"> A combination of universal and targeted provision Increased focus on at-risk groups 	<ul style="list-style-type: none"> Initiatives delivered across a broad geographical area Community-based, informed by evidence and community knowledge
Governance	<ul style="list-style-type: none"> Typically characterised by individual working relationships Limited formal reporting arrangements 	<ul style="list-style-type: none"> Programme boards and working groups Responsibility for digital inclusion owned by specific local authority and NHS teams Reporting in context of programme priorities 	<ul style="list-style-type: none"> Proactive and visible system leadership, with clarity about who has overall responsibility and accountability Digital inclusion embedded across local authority and NHS teams Reporting in context of wider local authority and NHS priorities
Funding	<ul style="list-style-type: none"> Shorter-term, project-based funding Strong reliance on external sources of funding (e.g. grants) 	<ul style="list-style-type: none"> Medium-term funding, often with a lead funder (either local authority or primary care) who has overall responsibility and accountability Digital inclusion becoming business as usual 	<ul style="list-style-type: none"> Long-term, evidence-led funding Pooled resources across local authorities and primary care Digital inclusion established within business as usual
Impact	<ul style="list-style-type: none"> Emerging use of data to determine priorities Often focused on measuring community reach 	<ul style="list-style-type: none"> Structured use of data to determine programme priorities and measure outcomes Often focused on improving quality of provision 	<ul style="list-style-type: none"> Systematic, shared use of data to determine population priorities and measure outcomes Often focused on improving quality of life and wider social outcomes
Stakeholders	<ul style="list-style-type: none"> VCSE sector and other stakeholders help to raise awareness of provision 	<ul style="list-style-type: none"> VCSE sector and other stakeholders help to identify at-risk groups and make referrals 	<ul style="list-style-type: none"> VCSE sector and other stakeholders are partners in delivering digital inclusion provision

Section 5: Enablers of success

We identified five key enablers that underpin effective and impactful partnership working between local authorities and NHS partners in primary care.

These are **proactive leadership supported by a clear vision and strategy, the presence of connectors and catalysers, funding and resources, data and learning and combined local knowledge.**



5.1 Proactive leadership

The local authorities we interviewed told us that proactive leadership is vital to developing a whole-system approach to digital inclusion for health. While approaches to leadership vary between local areas, we identified three common ingredients:

- A dedicated team or group with responsibility for cultivating a shared sense of purpose and cohesion about what it is possible to achieve by working in partnership. Local authorities identified that it is helpful, where possible, for this to be supported through strong political leadership, by councillors who are passionate about digital inclusion.

“ That leadership, that’s a really important thing. It almost doesn’t matter where that sits. That could sit in the Council. It could sit within the NHS. It could sit within the third sector. What matters more is the licence that team or person is given to work across sectors. It’s that ‘one team approach’ mindset.”

“ I’m really lucky that we’ve got a very brilliant councillor who holds digital inclusion as part of their portfolio. She’s a fantastic ambassador for digital inclusion. Having an ambassador is critical.”

- Clear governance and accountability measures, with financial and practical support at the right level, wherever it is needed across the system (i.e. it’s not ‘yours’ or ‘mine’, it’s ‘ours’). Local authorities perceive that digital inclusion projects are more likely to succeed if they are connected into the corporate governance structures of the local authority and/or primary care system, bringing about the ability to invest and plan over the long-term.

“ The most important thing to me when I started engaging with the digital inclusion partnership was getting it recognised within our corporate governance structure. And I decided the Health and Wellbeing Board was where it needed to be, because it has that representation from across the council and from health partners. And the police are also there, and the fire service and the housing providers. So that it was seen as a system-wide issue, not something that was just a local authority issue, or just a health issue.”

- Cross-sector collaboration, with a clear emphasis on co-design and co-production alongside communities and community organisations. This requires an ability to work flexibly across organisational and a commitment to listening and responding to ideas from a variety of sources.

“ A strand of our new digital inclusion strategy will focus on primary care and social prescribing. We’re currently recruiting all sorts of organisations and partners to come along to help us, because we need an input from all of them to shape what we do and how we do it.”

“ There’s a lot of innovation happening with the community sector. Our role is simply to pull all this knowledge together to make it more meaningful.”

In practice: Proactive leadership on digital inclusion for health

One local authority is working at a strategic level with services and organisations across the health and care system to promote digital inclusion for health. The digital inclusion team has a leadership role to strengthen the area's digital inclusion infrastructure and increase its digital inclusion capacity. The team is responsible for developing the strategic approach, driving the agenda, convening networks, creating partnerships, and building capacity within organisations and across sectors. The local authority highlights the importance of the team's visibility and connections across their geographical footprint as an important driver of change.

“ If the system can't easily answer the question, “Who leads digital inclusion in your area?” then that should be the top priority.”

In turn, this has helped to create a shared sense of leadership, by supporting colleagues to take a more active interest in, and ownership of, digital inclusion as an issue for their communities or within their organisations. The team also helps professionals to develop a sense of purpose and cohesion, so they understand digital inclusion in the context of their organisation and the local authority footprint.

Rather than working directly with people who are digitally excluded, the local authority supports organisations who already have relationships with people and communities, helping them to develop their approach to digital inclusion. At a system level, they also have key areas of priority focus around which key stakeholders coalesce (for example, older people, and people with autism and/or learning disabilities).

This strategic model can be adapted to meet a wide range of outcomes, working with the partners who are best placed to identify the communities who may benefit from support. The approach has enabled them to attract funding from a wide range of sources, over and above the council and local NHS partners.

“ If you don't have a programme place with recognised leadership, the outcomes will take longer to achieve. In those cases, the temptation is often to focus on outputs that are easier to achieve and easier to measure – the number of people downloading the NHS app or the number of people attending a digital skills session, etc. Our work is about building a sustainable digital inclusion support system across the area, so that people can get help when they need it, where they need it, from services and organisations they already know and trust.”

5.2 Connectors and catalysers

Some of the local authorities we interviewed identified a key individual who adopted a connector role, taking responsibility for nurturing relationships and catalysing opportunities for local authorities and primary care providers to work together.

Connectors can be situated either within a local authority or within primary care, and are not necessarily senior leaders. However, through experience they bring (or develop) a high level of knowledge about digital services and provision within their geographical footprint.

Some local authorities feel that, for colleagues who are not familiar with the landscape of primary care, it can be difficult to spot opportunities and know who to speak to. This is especially the case where local authorities and integrated care systems have non-coterminous boundaries, or in places where there is wide variation in approaches to digital transformation and/or inclusion among primary care partners.

Connectors therefore play an important role in helping local authorities and primary care providers understand each other's work and priorities, helping to build systemic relationships, develop shared language around digital inclusion, and integrate services and provision. As a simple example, one local authority identified that their 'connector' helped to build relationships with primary care networks by engaging with GP practice managers rather than clinical leads, recognising the pressures on frontline health professionals.

“ It’s the million-dollar question, isn’t it, how to get more out of existing resources. It needs people to do it, to drive it and to take on that mantle of saying ‘this really matters’. It’s playing the connector role, joining up the dots. And because I’ve been working for the local authority for many years, I know a lot about who does what and where the gaps are. So that is obviously really helpful, because I can try and make those connections.”

“ There’s so much activity in this space, so many organisations offering all this different, incredible stuff. But they don’t always talk to each other. So my ethos, when I first started was, let’s not reinvent the wheel. I want to know exactly what’s happening and where it’s happening, and start thinking about how we can make what we’re all doing individually even better.”

“ There’s lots out there. There are so many different funding streams. What’s helpful is almost that kind of matchmaking. We sometimes feel it that we’re able to find a really good programme and we know the community well, we can make that meaningful connection.”

In practice: Connectors and catalysers in action

A digital inclusion lead in one of the local authorities we interviewed set about on their journey of connecting and catalysing action on digital inclusion in 2017, after joining a cross-sector digital inclusion task group comprised of members across NHS organisations, the local authority, VCSEs and faith groups.

The local authority estimates that up to 70,000 people in their area are either digitally excluded or lack basic core digital skills. The digital inclusion lead described the group as ‘doing some really important stuff, but it was working in a black hole so it couldn’t meet the scale of the challenge’.

Despite not having digital inclusion as part of their job title or formal responsibilities, the digital inclusion lead has supported the group to develop a digital inclusion plan in consultation with residents and stakeholders. The group has now been established as a Digital Inclusion Partnership operating on a permanent basis and is recognised within the local authority’s corporate governance structure via its Health and Wellbeing Board.

Close relationships with primary care commissioners and providers have been vital to this approach, with health partners involved at both implementation and strategic levels. Working alongside a range of other organisations, local authority and health partners have worked together to ensure the approach recognises digital inclusion as, ‘a system-wide issue, not something that is just a local authority issue, or just a health issue.’

“ If you haven’t got that system stewardship, it might drift along with an occasional bit of emphasis. But it’s one of these things that really needs some sustained effort and capacity over a period of time, so that we can really try and crack the nut together.”

5.3 Funding and resources

The local authorities we interviewed consider funding, where it is available, to be a significant enabler of digital inclusion for health. They anticipate that funding will become even more important over time, based on their perception that social and economic pressures, coupled with the rapid pace of technological change, may lead to increasing numbers of people becoming digitally excluded.

“ What we’ve discovered over the 10 years that we’ve been doing this work is that it doesn’t go away, it gets more each year. We need the underlying funding, so it’s seen as business as usual and just ‘what needs doing’.”

Doing more with less

Even where funding is not available, local authorities are often working creatively with primary care partners and other stakeholders to achieve success with limited resources.

“ One of the things that we’re not worrying about too much at the moment is money, not because we’ve got any, but we think we can actually achieve quite a lot just by joining up stuff that’s already happening and joining up partners across the system.”

One of the ways that local authorities have been able to make the most of existing system resources is by leveraging funding from their private sector suppliers, who have made a commitment to creating social value as part of the local authority procurement process. For example, one local authority has worked with business to train social prescribers and care coordinators to become digital champions.

The local authorities who have taken this type of approach are positive about the potential benefits, although they also note the importance of ensuring that activity is meaningful to communities and not simply a ‘tick box’ exercise to secure funding.

“ For me, digital inclusion and social value are like a power couple. Businesses can really help us solve some of this. Their part of the equation is the money bit, the devices bit, the connectivity bit, that we as local authorities often don’t have the resource and capacity to be able to deliver.”

“ When we first started, we had very limited resources, so we had to look where we could be creative. One of the first things we did was look to the social value commitments of our own ICT suppliers... they often have quite good social value allowances, whether it’s time or resources, but often they just don’t know where to start.”

Funding as a catalyst for working together – and its limitations

Many of the local authorities we interviewed talked about the importance of grant funding as a catalyst for generating new ideas and initiating collaborative projects with primary care partners. Particularly in the early stages of working together, local authorities characterise their partnerships with primary care as opportunistic rather than goal-driven, for instance designing a digital inclusion for health project in response to a specific funding call. Grant funding can come from a range of sources, principally charitable organisations such as Good Things Foundation and central government programmes such as the [UK Shared Prosperity Fund](#).

Local authorities feel that a significant limitation of grant funding, which is often time-bound, is that it raises community expectations about the type of provision they may be able to access without any guarantee that it will be sustainable. Similarly, a reliance on grant funding can incentivise local authorities to employ staff on a project-based, fixed-term basis, which in turn inhibits the development of longer-term relationships with primary care partners.

“ [Grant funding] will give you a potential spike of activity while the funding is in place, but it won’t build a sustainable offer of support for the longer term. So a few people will benefit while the activity is being funded, and that’s not nothing. But what about the next cohort of people who need support after the grant has run out, and the next and the next...?”

“ [We’re always thinking about] how we can fund our work without having to constantly make the argument each year about why we should be doing something, and shifting some of the costs of the team from project officer roles to permanent staff.”

In practice: Tackling health inequalities and digital inclusion through digital health hubs

One local authority is working with their integrated care board to develop 'digital health hubs' to enhance digital inclusion and tackle health inequalities. 'Digital health hubs' can be community organisations, libraries and other locations which offer help to people to overcome barriers to digital inclusion so that they can access relevant information and tools to improve their health and wellbeing. The initiative is being delivered in partnership with over 50 voluntary and community groups, and a private sector network solutions provider.

The project is funded by the UK Shared Prosperity Fund and came about following a joint bid by the local authority's digital inclusion and public health teams. Across 22 community buildings, voluntary and community groups commissioned by the local authority are developing a new digital architecture to extend Wi-Fi coverage to all public and staff areas. Alongside this, sensors have been installed to measure footfall and maintain the health and integrity of the buildings. Data is fed daily from the sensors into dashboards to measure Wi-Fi usage, the number of people accessing the building, humidity, temperature, atmospheric pressure and CO2 concentration levels. Digital devices, databanks and online centres have been set up offering daily access to devices, free SIM cards and learning opportunities.

Over 30 voluntary and community organisations are now delivering daily activities designed to improve health and wellbeing, helping to join the dots between health services, the council, voluntary sector and the community.

“ Our digital health hubs are connected into health. If someone is coming to a GP surgery, they can be signposted to a centre, and a digital champion will be able to sit down with them and say, ‘right, let’s have a look at what you’re interested in, let’s see what’s available for you’”.

Peer support is central to the model, via a network of people who have been upskilled to volunteer as digital champions. The digital champions are on hand to help out, build confidence and share their digital skills and learning with others, by showing people how to navigate around the web safely.

Funding as a tool for embedding practice

Within more established partnerships between local authorities and primary care partners, funding tends to play more of an enabling role. In these circumstances, funding is used to deliver on shared strategic priorities – with local authorities and primary care combining forces to make a business case for investment, fund business critical roles or pool resources to deliver collaborative initiatives.

“ We now bid collaboratively for pots of money [with NHS colleagues], because it makes a better business case, and it doesn’t matter who spends it.”

Many of the local authorities we interviewed feel that a financial contribution from within the health and care system is critical to digital inclusion for health, particularly if initiatives delivered in partnership are to scale and grow. While some feel they have had a very positive experience of working in this way, others said they would welcome greater clarity about the respective roles and responsibilities of local authority and primary care partners. Local authorities acknowledge that these responsibilities are likely to vary between contexts, and are flexible about how this might work in practice.

“ Funding is massive. I absolutely would not downplay that. We’ve had money from various bits of the NHS, which has helped us to fund business critical roles.”

“ Speaking frankly, I think [partnership working with health] is hamstrung because we get very little funding from our ICB and we’re doing a lot of work to support them... there’s loads of benefits.”

5.4 Data and learning

The local authorities we interviewed highlighted that effective use of data and experiential learning is critical to effective partnership working with primary care.

Using data and learning to determine priorities

Local authorities commonly use the Digital Inclusion Risk Index (DERI), first developed by Greater Manchester Combined Authority, as a tool for identifying and supporting digitally excluded groups. They told us that complementary data insights from NHS partners in primary care enables them to make greater use of a wider variety of population level data. In turn, this helps them to develop a deeper understanding of their communities, target their work in partnership with primary care more effectively, and improve how they report on outcomes.

“ They [primary care partners] increase our ability to report outcomes because they have a whole load of data that sometimes, anonymised, they can share with us.”

Local authorities shared that using existing data can often be more helpful than attempting to define and measure levels of digital inclusion among different population groups. For example, this might include population health management data showing the prevalence of certain long-term health conditions, experiences of poverty or homelessness, or learning and physical disabilities, all of which are linked to higher levels of digital exclusion.

Some local authorities also expressed that learning through experimentation is just as important as data, particularly because digital inclusion for health is an emergent field of practice.

“ The data comes from the initial piloting work, I think, because this work is so innovative. And because of the way that digital keeps changing and accelerating, I don’t think we have all the data and evidence yet. The answers are there, in terms of what creates the systematic inequalities we have, but that will only come from us co-creating knowledge with communities.”

In practice: Using data to improving community health and wellbeing

One local authority is working with their integrated care board to improve the health and wellbeing of residents, by providing equitable access to technology-enabled remote blood pressure monitoring.

The project came about to help meet the needs of a high proportion of residents with long-term conditions including hypertension, arthritis, diabetes, and COPD.

The programme is funded by the integrated care board, with additional financial support to purchase blood pressure monitors from NHS England. The monitors are distributed to patients and GP practices, helping reduce any health inequalities for people who may not be able to purchase a monitor of their own.

The programme team has adopted a data-led approach to risk stratification and population segmentation to enable and scale its services, drawing on a variety of data sources including primary, community, mental health, social care, and acute data. The same data tools have now been adopted by primary care networks within the integrated care board area.

This work has been supported by building skills and support for digital inclusion, including digital champions, data ambassadors, digital health advisors and care coordinators. Working with development and workforce teams, the programme team has been able to fund local digital fellowships and create both communities of practice and networks for professions including nursing, pharmacy, and allied health.

To date, more than 31,000 blood pressure readings have been recorded by more than 450 patients since the project fully launched in March 2022. Early data suggests this work has reduced the number of GP visits and improved management of a patient's condition through access to diagnostic blood pressure readings.

Using data and peer learning to shape practice

Some of the local authorities we interviewed spoke about the value of learning from others to shape their approach to digital inclusion for health. For example, some have directly replicated models that have been successful elsewhere, adapting as required to their own local context.

Where they have been able to, local authorities feel that learning from others has helped to accelerate their progress and impact, particularly in relation to activities delivered in partnership with integrated care boards. However, they observed that there are currently few opportunities for this type of focused learning and would welcome more space for discussion and reflection with both local authority and primary care colleagues.

“ I’m sure there’s lots of really good stuff happening across the country, why would you want to reinvent the wheel if something really good is happening elsewhere? Why not share it and we can all benefit from it?”

The challenges of reporting shared outcomes between partners

Local authorities told us that while their desired outcomes for digital inclusion projects are very similar to their counterparts in primary care, it can be difficult to identify shared success measures due to differing priorities and reporting requirements. More broadly, local authorities are grappling with the challenges of meeting the reporting expectations of their wider stakeholders.

“ One of the big challenges is, ‘What do you measure? What do you report on? What’s important?’ That doesn’t always tally.”

“ There’s resource going in, so there needs to be success flowing back into our communities. Otherwise, we won’t win over the support of either our communities or councillors.”

Other local authorities find it particularly challenging to report on outcomes because it is difficult to directly attribute health impacts to digital inclusion interventions.

“ The attribution of the impact of digital inclusion is very, very, very difficult to trace, especially when you’re thinking about health outcomes... how to monetise the impact of prevention.”

“ It’s really hard to ask, ‘so how does this investment reduce health inequalities?’ It’s much more about correlation than it is causation... that’s an interesting conversation we are navigating alongside health. We can’t just say that digitally connecting people will equal X. It’s much more holistic.”

Local authorities perceive that building a shared understanding with primary care partners about the nuances of reporting on outcomes, and a commitment to developing holistic, person-centred outcome measures, are important in helping to address some of these obstacles. However, they recognise that this is a significant challenge.

5.5 Combined local knowledge

The local authorities we interviewed recognise that primary care providers bring community expertise that is complementary to their own. Drawing on this combined knowledge, alongside the specialist expertise of VCSE organisations, is vital to promote digital inclusion for health.

Local authorities consider themselves to be well placed to understand the needs of their communities because they provide a range of services that contribute to health and wellbeing, such as housing, education and employment. They perceive that primary care partners add significant value to this due to their community footprint, and the trusted relationships that GPs and other health professionals have with patients who are at risk of digital exclusion.

“ Some people would never have had the confidence to go walk into a library and say, ‘I’ve just been given this tablet, and I don’t really know how to use it, can you help me, please?’ There are some people who are never ever going to do that, but pretty much everybody goes to their GP [surgery]. We felt that if we could work with GP [surgeries], we could reach more people and reach the people who needed our help the most.”

VCSEs are perceived to bring different, specialist expertise, which is critical to help reach the most digitally excluded groups. Some of the examples given include charities and social enterprises, faith groups, food banks and social prescribers. Their expertise is perceived to play a range of important roles, including: providing physical space to engage with people who are already using and accessing services; supporting local authorities and primary care providers to target their activities effectively, by helping to identify priority groups and listening to the voices of people with lived experience of digital inclusion; and promoting engagement with digital inclusion projects due to their knowledge of the communities and groups they are working with.

“ For example, sometimes we might talk about English as a second language (ESOL) and decide that one of our priority populations is transient communities. But under transient communities is a really broad group of communities who will have different barriers, different experiences. We need to have so much more of that localised learning.”

“ There is help and support through social prescribing. I’ve shared some information with the GP practice managers to pass on to their social prescribers because there are referral routes that can be followed to help patients who the social prescribers are seeing. For example, to signpost them to a digital champion in their local library, or to loan equipment.”

Local authorities emphasised that while VCSE organisations play a pivotal role, they cannot do so without appropriate resources. Therefore, several local authorities are prioritising capacity building and co-creation alongside the VCSE sector.

“ What we’re trying to build now, is capacity [in the voluntary sector]. For example, we had some funding to look at loneliness and isolation for older adults... we flipped it a little bit and said, ‘right, here’s a pot of money, you can bid for funding for innovative projects that help to reduce loneliness and isolation. What came back was absolutely mind blowing... as big organisations, we [local authorities and primary care] need to say, ‘actually, we don’t need to own all of this’. And our role is to take that learning and actually make service change on the back of that.”

“ The model that we’ve developed is that when we get that funding, we will almost always place those digital inclusion roles in third sector organisations... The voluntary sector is often where the expertise already sits. Those organisations know the people that they’re working with and supporting... We are big advocates for embedding digital inclusion within the existing services that people are already using and accessing.”

In practice: Building capacity within the voluntary sector

One local authority that has adopted a community-based approach to digital inclusion for health is prioritising capacity building within the VCSE sector. Alongside primary care partners, they have identified three priority areas of focus: digital inclusion among older adults; digital inclusion among people experiencing homelessness; and digital inclusion among people who speak English as a second language.

The partnership is based on a shared understanding that VCSE organisations are uniquely placed to understand the needs of the communities they work with, and often hold many of the solutions to digital exclusion, but lack the capacity to address health inequalities using digital approaches.

“ I don’t think we are that much different to other local authorities, in that the voluntary sector is increasingly fragile in terms of their funding... as we deliver a community-based model, I’m really cautious of putting this on all of our [VCSE] organisations to deliver.”

To address this, the local authority is playing a convening role, to bring together a number of different partners including primary care, to develop and secure funding for larger, more sustainable projects. To date, this approach has enabled the local authority to test and pilot connectivity projects within temporary and supported accommodation, supported by independent evaluation to understand their wider health and social impacts. The success of this pilot will enable the partnership to roll out the programme to up to 200 households within the local authority area.

5.6 Skills, capabilities and attributes for successful partnership working

Across all five enablers, the local authorities we interviewed identified a range of skills, capabilities and attributes that they and primary care partners require to work successfully together. Some key examples are summarised in Figure 2.

Figure 2: Skills and attributes for partnership working



As the local authorities we interviewed are proactively working with primary care, these skills, capabilities and attributes are well developed. However, we anticipate this will vary between local areas depending on their stage of maturity.

Section 6: Looking to the future

“ The people who we could easily digitally include, we did that 15 years ago. The people who are digitally excluded now, after 20 plus years of the internet, there are multiple reasons and barriers why they are still excluded, and that takes time.”

The experiences of the local authorities we interviewed highlight the many opportunities and benefits of partnership working with primary care. Through a variety of approaches, local authority and primary care partners are developing ways to embed digital inclusion within groups and communities who may otherwise have been excluded from healthcare services. However, as the maturity model suggests, it takes time to embed partnership working and digital inclusion among the people and communities who are most excluded.

The learning from this research will be shared with NHS England, Integrated Care Boards, the Local Government Association’s Digital Inclusion Network and members of the VCSE Health and Wellbeing Alliance. These insights complement national work led by the primary care transformation team on improving the usability and accessibility of digital tools in primary care, standards and support for inclusive implementation, following the publication in 2023 of the NHS framework for action on digital inclusion. As highlighted throughout this report, the framework highlights the importance of leadership and partnerships – including with local authorities and the VCSE sector.

Section 7: Useful links and resources

100% Digital Leeds, [Digital Health Hubs](#)

Digital Unite, [Digital Health Champions Network](#)

Department for Work and Pensions (2024), [Digital skills, channel preferences and access needs: DWP customers](#)

Department for Work and Pensions (2024), [Digital skills, channel preferences and access needs: PIP customers](#)

Good Things Foundation (2024), [Digital Nation 2024](#)

Good Things Foundation (2024), [Health inequalities and mitigating risks of digital exclusion \(2nd edition - guide for policy makers and practitioners with an extensive list of research and resources\)](#)

Good Things Foundation (2023), [Designing for Digital Inclusion in Healthcare \(webinar series\)](#)

Good Things Foundation (2023), [Top Tips: Supporting Digital Inclusion in Practice \(case studies\)](#)

King's Fund (2023), [Supporting digital inclusion in health care](#)

Local Government Association (2023), [The role of councils in tackling digital exclusion](#)

NHS England, [National General Practice Improvement Programme](#)

NHS England (2023), [Supporting Digital Inclusion in Practice: Ten Top Tips](#)

NHS England (2023), [GP website benchmarking and improvement tool](#)

NHS England (2022), [Creating a highly usable and accessible GP website for patients](#)

NHS England (2022), [Working in partnership with people and communities: statutory guidance](#)

NHS England (2023), [Inclusive Digital Healthcare: Framework for NHS action on digital inclusion](#)

NHS Digital (2019), [Digital inclusion for health and social care](#)

WSA Community Consultants (2020), [Digital Health Hubs Evaluation](#)

Yates, S et al (2024), [Minimum Digital Living Standard for Households with Children](#)

About Good Things Foundation

Good Things Foundation is the UK's leading digital inclusion charity.

[Good Things Foundation](#) is the charity behind the [National Databank](#), [National Device Bank](#), [National Digital Inclusion Network](#) ('online centres'), and [Learn My Way](#).

For more information, email hello@goodthingsfoundation.org

Good Things Foundation has undertaken this work in its role as a member of the VCSE Health and Wellbeing Alliance. The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance) is a partnership between sector representatives and the health and care system. It enables the sector to share its expertise at a national level with the aim of improving services for all communities. The HW Alliance is jointly managed by the Department of Health and Social Care (DHSC), NHS England, UK Health Security Agency and Office for Health Improvement and Disparities and is made up of 18 VCSE Members that represent communities who share protected characteristics or that experience health inequalities and a VCSE coordinator.

For more information on Good Things Foundation's work with the VCSE Health and Wellbeing Alliance, please email research@goodthingsfoundation.org or Katie Heard, Head of Research and Data Insights, Katie.Heard@goodthingsfoundation.org

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