



# Digital Health Hubs:

An evaluation for  
the NHS Widening  
Digital Participation  
Programme

By Wendy Sugarman & Leila Baker  
(WSA Community Consultants)

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## Chapter 1

# Executive summary

### 1.1 Introduction and methodology

The 'digital health hubs' strand is part of the NHS Widening Digital Participation Programme delivered by Good Things Foundation. The strand has funded different kinds of community-based organisations to test the hypothesis that *'dedicated community locations with trusted people on hand to guide – can help socially and digitally excluded people to improve their online skills and access relevant information and tools (both online and in their local area) to improve their health and wellbeing.'*<sup>1</sup> The programme sits alongside other initiatives such as social prescribing and within a wider policy drive to see more alignment between the voluntary sector and public health priorities.

The evaluation was planned and carried out in collaboration with Good Things and focused on a sample of 12 digital health hubs. The evaluation was carried out through:

- Primary data collection: in-depth case studies of four funded organisations and in-depth phone interviews with a further eight funded organisations. For the case studies, we spoke with staff, volunteers, participants and partners.
- Secondary data analysis: organisations' monitoring and other reports to Good Things Foundation, and programme reports and guidance.

The evaluation addressed three questions:

- What has been achieved through this strand?
- What has been learned, in particular about enablers and barriers?
- What is the future potential of digital health hubs and how might it be realised?

### 1.2 Findings

The evaluation findings suggest that the digital health hubs strand shows promise, that it is beginning to prove Good Things Foundation's hypothesis and that it has accumulated the kind of learning that can help it grow.

#### Achievements

More than 1,300 attendances were reported by digital health hubs. Actual numbers are likely to have been higher.

People engage with digital health hubs for digital skills and resources, for help with using online GP and other health platforms and to obtain reliable information about a health condition. They also engage with digital health hubs for information and ideas that support their wider wellbeing.

Key achievements are:

- Reducing social isolation and connecting people by engaging them in the warm and supportive atmosphere of the digital health hub, showing them ways to keep in touch with friends and family digitally, and making them feel less 'left behind' in the digital age.
- Building people's trust and supporting them to learn how to find and navigate reliable information online and to have enough confidence in online GP and other health platforms to register with and use them. For some people – especially refugees and asylum seekers – this might also be about helping them to access essential health and dental care in ways that feel safe.
- Developing a more person-centred, holistic approach that focuses on a person's interests, wider wellbeing, or something that is more fun and exciting before moving onto health-related information or support.

<sup>1</sup> From the website <https://digital-health-lab.org/health-hubs>

- Supporting the funded organisations to make progress on building partnerships, finding new ways to work together and adapting their organisational culture or approach. For example, a digital health hub led by a GP surgery was supported to become more community focused while digital health hubs led by community organisations were supported to understand their role in supporting health and wellbeing.

### Learnings

The following enablers of change were not present in all of the digital health hubs that took part. Indeed, some of the enablers such as GP engagement were only present in a minority of cases. But where they were present they made a great difference to what the digital health hub was able to achieve. The enablers of change identified in the report were:

- Having GP practice engagement, especially the support and enthusiasm of the practice manager and reception staff.
- Creating a friendly atmosphere where access to digital feels incidental and not medical, and is delivered peer to peer.
- Using technology people already have, trust and feel comfortable with (for some people that means their own phone and being introduced to how they can access health via their phone) and/or devices such as tablets that people can use for side-by-side / social learning or privately.
- Funding to buy equipment and pay for good WiFi; and to buy tablets and dongles that enable people to experiment with digital access in new settings (even an allotment!), combined with staff who are digitally savvy.
- Outreach: being willing to take the digital health hub out into spaces and places where people go, like local libraries or Patient Participation Groups.
- Tapping into what interests people (the 'hook') or building support into GP processes such as birthday appointments or special clinics.

Barriers to change were identified as follows; as with the enablers, digital health hubs may have been affected by some or all of these partly depending on whether they were led by a GP surgery, community organisation or library:

- Being unable to get support or referrals from GP surgeries and a sense of lack of capacity, funding and energy in some NHS services affected digital health hubs led by community organisations.
- Community organisations experienced further challenges with social prescribing. These included local areas not being very advanced in social prescribing themselves leading to unclear referral routes; social prescribers being concerned about the short-term funding of the digital health hubs and therefore the long-term value in referring; restructuring within CCGs leading to other priorities; and difficulties in identifying the right person.
- Each GP surgery operates its own online services system, which makes it hard for a community-based digital health hub trying to support patients across a number of different systems.
- Digital health hubs led by GP surgeries were mainly unable to provide the wrap-around / follow-up support with going online to make either a one-off event or short-term funded access worthwhile.
- Fear of technology was a barrier to engagement but it could be overcome by taking plenty of time to build trusting relationships with people and then move on to build their confidence in the technology.
- Understanding and meeting a wide variety of needs could be a challenge. Even where organisations were already familiar with a particular community or client group – refugees and asylum seekers, homeless people – they still found they had new things to learn about how to engage those groups with health and with digital access.

### 1.3 Recommendations

Taking the digital health hub model forward requires vision, strategy and investment.

The vision is of digital health hubs that are embedded in their community, responsive to people's interests as well as their needs, and delivered through volunteer peer support as well as paid staff. A digital health hub should support participants' health and wellbeing in general as well as encouraging them to use NHS and GP services online. A further important aspect of the vision is that the NHS and community health services value and signpost to local community organisations and assets (including but not limited to social prescribing).

The strategy for supporting digital health hubs in the future will benefit from:

- Nurturing a community of practice from across the Online Centres Network interested in developing their work as a digital health hub
- Supporting digital health hubs to develop relationships with social prescribing teams specifically and more generally raising local NHS services' awareness and understanding of local community partners to enable signposting and collaboration.

- Communicating the value of hosting digital health hubs within a community-based organisation and ensuring these establish good relationships with GPs and health centres.
- Encouraging digital health hubs not based in a community organisation to seek an active community partner.
- Understanding local commissioning frameworks to support digital health hubs to be commission ready.

The time it takes to build partnerships between communities and health agencies means that investment for at least 24 months is recommended for the successful formation of these partnerships.



## Chapter 2

### Introduction

Good Things Foundation has been working with the NHS and other partners to bring digital health inclusion to those people who are most excluded and for whom digital can have the biggest benefit. The NHS Widening Digital Participation Programme aimed to ensure more people have the skills, motivation and means to access relevant health information and services online.

The programme focused on people who are more at risk of health, socio-economic and digital disadvantage. For these communities, digital can provide access to relevant information, to health and care professionals and to peer support; digital can help people (patients, carers, service users) to manage long-term conditions, and support improvements in their wellbeing and health outcomes.

Phase 1 of the NHS Widening Digital Participation Programme ran from 2013 to 2016 to improve digital health literacy in local communities through a 'blended learning' model of community-based learning and online learning, partnering with community organisations with the relationships and reach to those who need support. Phase 2 was a partnership between NHS Digital and Good Things Foundation, and ran from April 2017 to March 2020. Phase 2 has focused on supporting locally-led Pathfinders to use co-design to find points in health and care systems and processes which can be improved through digital technology and community interventions.

The digital health hubs strand ('the strand') is part of the second phase of the NHS Widening Digital Participation Programme. The strand grew out of working with three of the early pathfinders. Through these, Good Things learned *'that dedicated community locations with trusted people on hand to guide – can help socially and digitally excluded people to improve their online skills and access relevant information and tools (both online and in their local area) to improve their health and wellbeing.'*<sup>2</sup>

Good Things is now exploring the potential to scale up the digital health hubs 'model' and, to that end, is supporting a further 27 organisations that – in different ways – are existing community assets, including community centres, libraries, Citizens Advice, housing associations, GP practices and hospitals. The 27 organisations are being funded in two ways: the five 'main hubs' that were funded initially each received £25k over 12 months, while the remaining 22 'mini hubs' received £5k over six months. Good Things wanted to see what different kinds of community assets could and would do with the emerging digital health hub model.

<sup>2</sup> From Good Things Foundation's website <https://digital-health-lab.org/health-hubs>

This report focuses on 12 digital health hubs funded in 2019 (listed in Appendix, p60), chosen to provide a range of organisations, assets and approaches to the idea of a digital health hub. This evaluation benefits from reports<sup>3</sup> about three early pathfinder projects as well as drafts of Good Things Foundation's *How to Guide*<sup>4</sup>.

Specifically, this evaluation report addresses the following questions:

1. What has been achieved through this strand?
2. What has been learned, in particular about the enablers and barriers?
3. What is the future potential of digital health hubs and how might it be realised?

The methodology comprised case studies, interviews and analysis of project monitoring data and reports. The evaluation culminated in a workshop with Good Things and funded organisations to reflect on the findings and on what Good Things might want to do next. The conclusions reached during the workshop have informed the final section of this report on future potential of digital health hubs.

In this report, we use 'digital health hub' to mean the projects funded by Good Things Foundation; the funded organisations gave their projects other names. We use 'participant' to describe the people who got involved with a digital health hub or used its services. And we use 'partner' to refer to any other organisations or public bodies that the digital health hub worked with.

The methodology comprised **case studies, interviews** and analysis of project monitoring data and reports



<sup>3</sup> Evaluation and case study of early pathfinder projects in Hastings, Nailsea and Sheffield can be found here <https://digital-health-lab.org/health-hubs>

<sup>4</sup> From Good Things Foundation's website, document last updated January 2020: 'Digital Health Hubs in community assets: a How to Guide for community-based digital inclusion in health' [https://drive.google.com/file/d/1DnebWV70SSWHE0qDEn\\_NXag5WH73uqnN/view](https://drive.google.com/file/d/1DnebWV70SSWHE0qDEn_NXag5WH73uqnN/view)

## Chapter 3

# Methodology

The evaluation team worked in collaboration with Good Things to plan and undertake primary data collection; and to collate and analyse some of the reports and monitoring data collected. To facilitate this, the evaluation commenced with an inception meeting and scoping interviews with key stakeholders in Good Things also 65 High Street, one of the early pathfinders.

The evaluation has mainly focused on a sample of 12 digital health hubs (out of the 27 being funded). Our criteria for selecting them included: different types of community assets; geographical spread; a mix of 'main' and 'mini' digital health hubs;<sup>5</sup> and of universal access and specific sub-population or community.

The evaluation of the 12 digital health hubs was carried out through:

- Four in-depth case studies of funded organisations comprising an analysis of their monitoring data and reports; and interviews with:
  - 8 staff members and 3 volunteers
  - 9 participants, as well as a focus group with 4 participants
  - 5 stakeholders.
- Four mini case studies of funded organisations comprising an analysis of their monitoring data and in-depth interview with lead personnel.
- Four in-depth phone interviews with lead personnel in funded organisations.
- Review of organisations' reports, theory of change and monitoring data.

In order to create an overview of all 27 digital health hubs being funded, the evaluation also looked at monitoring data submitted to Good Things by the organisations. Where the data can be aggregated to give an overview of activity, the report does this; otherwise the data is presented disaggregated.<sup>6</sup> To set the data in context, it's relevant to note that this strand is part of a pathfinder programme and therefore Good Things is mainly interested to see the different ways organisations have approached the digital health hubs strand. Monitoring and reporting requirements have been developing alongside the strand. This means that the data from the 27 organisations has been collected in different ways, and, for the purposes of evaluation, is of variable quality and has gaps and inconsistencies. We have excluded data on distance travelled (to get to a digital health hub) as there are too many uncertainties.<sup>7</sup>

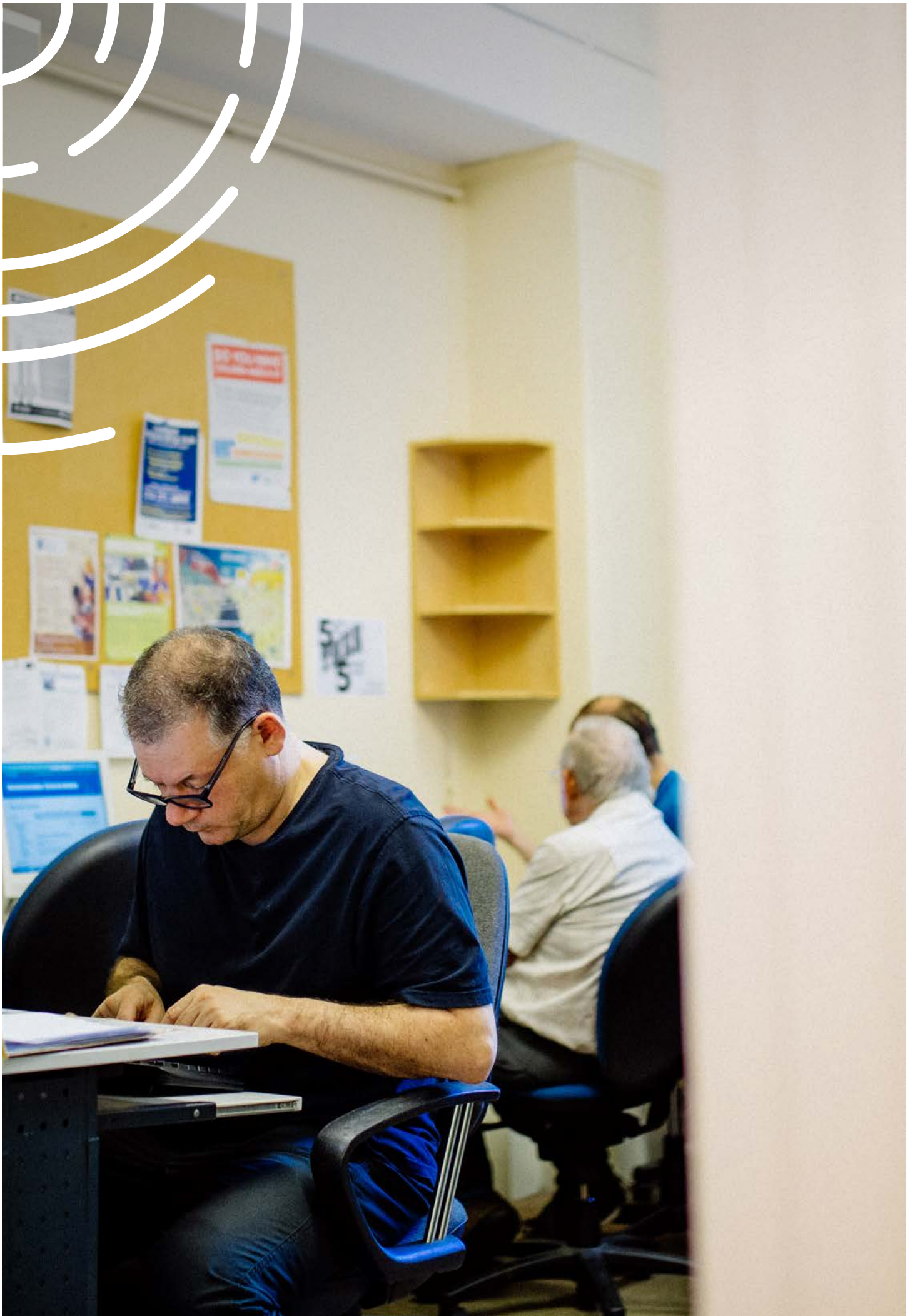
The evaluation concluded with an interactive workshop involving Good Things staff and as many of the funded digital health hub organisations as could attend: 15 individuals from 12 different digital health hubs, including 6 that were not part of the evaluation sample. The purpose of the workshop was, first, to share and test the evaluation team's analysis; and, second, to create a space where Good Things and funded organisations could do some work together on what happens next. Themes and ideas from these discussions have been incorporated into our analysis of the evaluation findings and are reflected in the report.

<sup>5</sup> 'Main' hubs received £25k over 12 months, 'mini' hubs received £5k over six months.

<sup>6</sup> The five 'main' hubs that were funded first have each collected data in their own chosen way, while the 22 'mini' hubs that were funded second were asked to collect the same data as one another.

<sup>7</sup> The exception is Asha, where we share their data from their own monitoring of distance travelled.





## Chapter 4

### What has been achieved?

The evaluation found a great deal of evidence to support the idea that a digital health hub can help improve people's health and wellbeing. It also uncovered important changes and achievements in the funded organisations' strategic thinking and ways of working. This section sets out:

1. Overview of participants
2. Achieving change with and for participants
3. Achieving change in the funded organisations

#### 4.1 Overview of participants

During April – December 2019, the five main digital health hubs recorded 697 attendances, while during September 2019 – February 2020, the 22 mini digital health hubs recorded 626 attendances. Those attendances can be broken down into what people attended their local digital health hub for (see Table 1).

Most participants engaged with more than one activity at the digital health hub they attended. All digital health hubs provide information about and introduce people to the NHS website and app, as well as online platforms used by local GPs such as myGP. Most also offer access to Learn My Way.

The data collected by the main and the mini digital health hubs are not easily compared, but what we can say is:

- finding health information online, which could include understanding their condition or prescription, is the most common type of activity
- getting help with developing digital skills is also a common activity although where a hub is based in a GP surgery this was mainly limited to accessing their own or NHS systems
- finding out about local groups, activities or diverting things to do online were popular but more commonly occurred in community-based digital health hubs

Having taken part in the activities offered, the majority (9 in 10) of participants across all of the mini digital health hubs were reported as having agreed or strongly agreed that they knew how to use the internet to answer their health questions; and also agreed or strongly agreed that they had the skills they need to evaluate the health resources they find on the internet. Two projects recorded over a third of participants disagreeing with these statements.



**Table 1: What people attended their local digital health hub for (monitoring data)**

5 main digital health hubs	22* mini digital health hubs
<p>Based on records from 5 locations, we can rank what people attended for:</p> <ul style="list-style-type: none"> <li>• getting help with developing digital skills (219)</li> <li>• being introduced to national NHS website /app (168)</li> <li>• being introduced to local GP online system (88)</li> <li>• obtaining online information about medical conditions including mental health (62)</li> <li>• volunteering to get involved / become a digital champion (46)</li> <li>• obtaining online information about wellbeing activities (25)</li> <li>• obtaining online information about local health service, pharmacy, dentist (13)</li> <li>• obtaining online information about healthy activities (10)</li> <li>• other (66)</li> </ul>	<p>Based on records from 20 out of the 22 locations, we can say that:</p> <ul style="list-style-type: none"> <li>• 7 in 10 attendances spent time accessing some kind of health information</li> <li>• 6 in 10 attendances included finding information about a wellbeing activity</li> <li>• 6 in 10 attendances included digital skills training and development</li> <li>• 5 in 10 attendances included finding information about local support</li> <li>• 4 in 10 attendances arrived via social prescribing</li> </ul>

\*Based on data from 20 digital health hubs

In addition to the individuals attending the digital health hubs, the five main digital health hubs also reported a total of 37 different community groups accessing their services.

Based on the data from all 12 digital health hubs in the sample, it would appear that where the digital health hubs are hosted by community organisations they drew in a wide variety of groups:

- social and activity groups for people to meet and/or go on days out together
- groups with support to connect people who are lonely and isolated, or who are affected by autism, mental health issues, stroke or suicide
- clubs and societies to play football, practice and share photography.

The GP surgeries and libraries did not have groups accessing their digital health hub in this way. Instead, they were more likely to reach out to Patient Participation Groups, other libraries or student groups.

...where the digital health hubs are hosted by community organisations they drew in a **wide variety of groups**



## 4.2 Achieving change with and for participants

The evaluation collected stories about what the digital health hubs have achieved with and for the individual people (participants) who attended or got involved with them. These have been grouped under four headings: building trust and confidence to seek information and register online; providing an alternative route into health, pharmacy and dental services; reducing social isolation and connecting people; and opening up new possibilities and options that support wellbeing.

### Building trust and confidence to seek information and register online

The digital health hubs have gained people's trust and then supported them to become confident about accessing health information or support online. The latter has meant not only supporting people to learn digital skills but also to patiently work through their fears and concerns about going online. The feedback from participants stressed knowing where to go for reliable information – *'not scaring myself silly googling'* – and being able to navigate and evaluate online health information. One thing leads to another, staff and participants said, meaning that once people had the confidence to begin looking things up it could lead them to doing other things online.

Patients had registered online and had the confidence that they were accessing trusted self-care advice and information. Staff were not sure if registering online always translated into people using all aspects of the GP online systems: they had great feedback about the benefits of being able to order repeat prescriptions online but booking urgent appointments online remained a frustration for some. The digital health hub equipment as well as support meant that people could discreetly and privately look up health information about breast examination, liver disease or prescription side effects, for example. This was mentioned particularly by staff and participants in projects working with homeless people, refugees and people seeking asylum, all of whom are often denied privacy and discretion.

*"It's about getting more patients to take a bit more responsibility for their own care and insight into what's going on in their care."*

Volunteer

### Providing an alternative route into health, pharmacy and dental services

This was especially important to the digital health hubs working with people seeking asylum, refugees or other people who may not feel safe when they seek help with their health and wellbeing. The simple fact of creating a safe space where these conversations could take place had been very important: *'Members knew us and trusted us.'*

### Reducing social isolation and connecting people

Successfully using digital apps made people happy, connected them with family and, in older people especially (but not exclusively), made them feel less like they were being left behind. By introducing people to WhatsApp, Facebook and YouTube, the digital health hubs gave people new ways to connect with friends and family and also to explore their interests online. Learning about FaceTime changed the way one grandmother communicated with her daughter.

A community organisation supporting people seeking asylum and refugees commented that the work of the digital health hub complemented their wider work around social integration and providing non-medical support to people living with post-traumatic stress disorder.

*"Here I can find friends, family and good support for many things. It is helpful for your mind and body."*

Participant

*"We got them to look things up like using Google Maps to plot a route to the allotment. And someone who doesn't walk hardly and we helped plot that and she came to the allotment."*

Staff

### Opening up new possibilities and options that support wellbeing

Digital health hubs in community settings had not only been able to introduce people to health information and services but had then ‘widened the conversation’ to their wellbeing. This has led people to access a range of apps and tools that support wellbeing – whether directly, such as fitness, meditation and mindfulness apps – or through resources like audio books, and drawing and colouring online. The latter were thought to be a great distraction for people managing anxiety.

Digital health hub staff and volunteers had been thoughtful and creative in their hunt for digital apps and tools that might appeal to or help the people they work with. The evaluation picked up examples of workers hunting down dose apps to help elderly people manage their medication, or bus apps that would help them avoid waiting in the cold: *‘I didn’t know anything like that existed, I just tried to think what my grandma would like.’*

Finally, in a centre working with people living with dementia and their carers, the digital health hub had introduced a wide variety of opportunities – including virtual reality – for both the older people and also their carers.

*“We give [people] this confidence to be positive about their health, which really made a difference.”*

Staff

### 4.3 Achieving change in the funded organisations

The evaluation also uncovered evidence of organisations achieving change in the way they work in their local communities. In the same way as people’s individual experiences varied, so did that of the digital health hubs and their staff and volunteers. We have grouped the organisations’ achievements under three headings: building partnerships and finding new ways to work together; becoming more community focused and bringing staff with them; and understanding their role in supporting health and wellbeing.

### Building local partnerships and finding new ways to work together

The digital health hubs felt that the partnerships they had developed were an important achievement and a positive outcome of the funding. For many, partnership development had taken time and been a challenge given the short duration of the funding. Some digital health hubs had existing partnerships that had grown out of other projects such as healthy living or mental health collaborations. They had been able to build on these, which helped but still took time.

*“My advice to others would be to make sure you have the relationships going and keep it going and keep everyone up to date. I was sending pictures of the health hub to groups to keep them informed and keep them excited.”*

Staff

Digital health hubs which were led by GP surgeries that had a relationship with a community organisation in place, said that this was critical to their success; while health centres without such arrangements were much more limited in what they could deliver and often struggled to engage with patients, with the digital health hub having a more limited offer.

One positive example of this is a digital health hub delivered through a GP surgery and that was building links with a local café and temple, both of which are keen to be involved, have potential digital champions and have a membership / congregation that maps well onto the surgery patient population.

Community organisations felt it was essential to have the GP or CCG (this varied) on board. Many community organisations that run digital health hubs reported experiencing challenges with engaging with GPs; in some cases, they had found it easier to engage with the CCG than individual GP practices.

In other initiatives to link to GP practices there were some instances where the digital health hub started working directly with Patient Participation Groups based at GPs supported by practice managers.

Some funded organisations said that the digital health hubs had ‘shone a good light’ on their service and had helped them attract new and different kinds of support. For example, one organisation now has an arrangement to have medical students on placement, bringing not only expertise but other contacts as well. Another has CCG staff coming in on an occasional basis to run some training around widening digital access.

### Social Prescribing

*“Social prescribing, sometimes referred to as community referral, is a means of enabling primary care professionals to refer people to a range of local, non-clinical services.”<sup>8</sup>*

Social prescribing responds to local health needs both at a demographic and an individual level and can include a range of activities, often provided by community organisations. Therefore digital health hubs, based in community organisations, are well placed to provide a key service to support community needs.

Overall, social prescribing was limited across the digital health hubs involved in this programme (perhaps reflecting variation in the evolution of social prescribing in different local areas). However, in some cases, working with individuals with a specific, relevant role like social prescribing link workers had been beneficial.

*“We never anticipated that GPs would jump at the chance but we have been slowly chipping away. We’ll get there. They’re at the stage of being interested, the penny of social prescribing is dropping.”*

Staff

### Becoming more community focused and bringing staff with them

Many of the digital health hubs are based in organisations that are already very experienced in community engagement, understand their community and have good networks.

The evaluation found variable data around the digital health hubs based in GP surgeries and medical centres. Some had learned a lot about where, when and how to reach out to their patients. In some cases, staff – including reception personnel – said that they had a better understanding about the barriers to getting online from a patient perspective as well as being better informed about the kinds of online information and resources that might appeal to them. They had also been given the space to share and reflect on their own experiences of helping patients to get online.

For those where they had successful inclusion, it was thought that getting staff involved early – while the digital health hubs were being developed – could inspire and motivate them to help make the digital health hubs work:

*“GP secretaries, managers and receptionists come to the course – really pleased about that – they come to understand it so they can promote it.”*

Staff

There were some examples of digital health hubs based in GPs and health centres that had only been able to make a very limited offer. This was due to a number of reasons including:

- being a small GP with limited capacity and a lack of staff to take it forward
- not having the space or the structure to offer an open access digital health hub and therefore limiting the offer to one or two specific training sessions
- not having a community partner to work with and having limited capacity or experience to identify a community partner.

<sup>8</sup> <https://www.kingsfund.org.uk/publications/social-prescribing>

## Understanding their role in supporting health and wellbeing

For the community organisations, although many were already supporting health and wellbeing, having the opportunity to develop a digital health hub had sharpened their understanding of the role they can play. Several felt that they had benefited from the support of Good Things, which had encouraged them to step back and think strategically about how they support health and wellbeing and where digital might come into that.

*"For us it's given us a better understanding of what's out there. It's been quite eye-opening, like there's a dose reminder app."*

Staff



## Case study one:

# Addaction (We Are With You), Wigan



### Summary

#### How does this case study help define what a digital health hub can be?

We Are With You in Wigan & Leigh is part of a national drug, alcohol and mental health charity. This case study looks at the Wigan branch, and took place when the charity was still known as Addaction (the re-branding took place in February 2020).

Addaction's clients, some of whom are homeless or in chaotic situations, have a range of complex needs. The project supports participants to get online, with eight tablet devices available, showing them how to look up information about symptoms, treatments and medication, and where to get help outside of service hours (9am-5pm) – a key part of the digital health hub model.

*"Having that extra safety blanket for our clients to use outside of our normal opening hours."*

Staff

Initially, the digital health hub focussed on one-to-one work. More recently, the project has been piloting the digital health hub through group work, with a focus on the Breakfast Club, which they feel is opening up access and is potentially the way for it to develop.

*"We've used it more in the group sessions – it's just something more interesting to get them involved in rather than just coming to Breakfast Club to eat."*

Staff

Overall, the future potential was identified as mainstreaming the digital offer going forward, which could be done in a number of Addaction services, and both through one-to-one and group work options.

### Context

#### What is the vision and context for this digital health hub, including its partnerships?

Addaction provides a range of services for people (and their families) who misuse drugs and alcohol. It also supports people with mental health difficulties. The main office is in the centre of Wigan above a night shelter and offers a range of services, including assessment, prescribing, psychosocial, criminal justice support and employment support. Addaction has 52 community delivery sites, from GP surgeries to a community rehab based on a local farm.

The purpose of the digital health hub model is to provide any information that relates to the individuals' health or needs. The clients have complex needs and are often dealing with dual issues around addiction and mental health, and require support during the wait for appointments and in navigating the system. There has been signposting to services, one-to-one support and some support and discussion in group settings.

The clients often deal more with primary drug and alcohol issues rather than the underlying or wide-ranging wider health needs. This project focuses on accessing the NHS website, rather than a broader base of health-related sites and apps, to keeping things simple to break down barriers as much as possible and avoid inaccurate information.

*"We want to avoid 'Dr Google'."*

Staff

The project works in partnership with health providers such as local GPs, hospitals and pharmacists, as well as other partners, including the police, probation service and the Brick, a homeless shelter located downstairs.



## Achievements

### What has this digital health hub achieved? What has enabled or driven changes?

The digital health hub has achieved a number of things, including:

- provided digital access to a group that would not otherwise have access
- building on existing community support networks to share information and upskill people, thereby building confidence
- widening the conversation from the more urgent things around addiction or mental health to wider public health and lifestyle issues such as healthy eating, wellbeing and exercise
- giving people the tools to find out more about their health conditions, when they might not want to ask for help or discuss it with anyone.

Between August and December 2019, staff recorded 34 people using the digital access project. Some users were shown multiple services during their visit, totalling 43 different digital support strands that were accessed: information about a physical or mental health condition (16 people); information about a local NHS service such

as a GP, pharmacy or dentist (13); healthy activities (10); and other (4).

Staff observed that people didn't always lack the confidence to use the internet but had issues around the opportunity to access it.

*"I think it's easy to forget with our client group how resourceful they are even though they're transient and might be homeless or heavily into substance misuse ... if they need information they are pretty clued up on where to access it so maybe not a surprise that they so quickly learned ... If they're not resourceful they don't survive."*

Staff

One positive way the project has worked is that, when someone needs out-of-hours support they are more confident using digital means to access information. This enables clients to find out about services out of hours and then share with friends and others who may need local walk-in centres or A&E.

Another factor for clients is that many do not want the staff at Addaction or within other services knowing about their health concerns. A concrete example of this was people looking up conditions, such as liver conditions, to find out more and build up confidence to attend appointments.

## Addaction: A participant's story

This digital health hub participant has been a member of the Breakfast Club, where digital access via the digital health hub tablets was offered. He had previously declined the digital offer, saying he was not interested in accessing health information or services that way. Rather, he preferred to visit his GP if he had a health-related enquiry or needed to pick up medication.

*"I prefer to walk if I need something from the doctor's."* Participant

Over time, participant has engaged more and particularly been interested in getting information about the anxiety from which he suffers and looking up the side effects of medication for anxiety.

*"Previously, participant was disengaged but now is asking about medication and asked for a go on the tablets."* Volunteer

Reach has been extended to Breakfast Club sessions, attended mostly by the more transient and homeless clients, many of whom are socially isolated and find the connections at Breakfast Club provide a structure to the day and a support network. Two volunteers support the service users to access the internet, and the relationships between volunteers and service users are positive. It is unclear how often the tablets are used in the Breakfast Club programme and depends on other demands on the volunteers.

*"Volunteers here listen to me."*

Participant

Key enablers for the changes include the basics of providing access and devices for clients to use, as well as:

- encouraging the staff team to utilise the information in a digital way and encouraging service users
- sharing information to improve service users' skills, abilities and knowledge
- breaking down barriers around the internet by constantly offering access if people want it but not insisting.

It also helped that Good Things was thorough and clear on expectations. Communications were good and they supported the new service manager to understand the bid when she took over and went back to basics.

## Challenges

### What have been the barriers and challenges to success?

Digital access outside of the service is one of the key challenges for the clients at Addaction. Many don't want to go to a local community centre or library as they don't feel comfortable in that kind of environment. Conversely, although there are advantages to having many services in one building, this can be daunting for clients who would respond better to an outreach-based community service.

The multiple layered health issues of the client group – addiction, homelessness, mental health – means they are often in chaotic situations and concerned about immediate needs rather than their wider health and wellbeing. Not having digital access can further contribute towards this.

Another challenge has been with the rollout of the project: initially in one-to-one sessions but more recently in groups, specifically the Breakfast Club. This has meant the tablets haven't been completely accessible all the time and relies on the volunteers' confidence in using the tablets and leading on the digital project:

*"The volunteers are a bit out of their comfort zone as it's not something they have done before. If you're not confident yourself, it's difficult to teach someone else to do it."*

Volunteer

...giving people the tools to find out more about their health conditions, when they might not want to ask for help or discuss it with anyone



## Potential

### **What is the future for this digital health hub? What's needed for successful scale-up?**

By focussing the digital health hub more with groups than with one-to-one support, more people can be helped. The service has already been introduced to the Breakfast Club but there are many groups at Addaction and therefore opportunities to promote digital access and extend the reach to its community and young people's services, among others.

Addaction already has a clinical offer, so has links to GPs and pharmacies that could be built on, and an opportunity to have a wider health conversation with clients. A key point for this would be to embed the digital access project from the beginning of an interaction with Addaction during the health check with the nurse.

There is also potential to offer the digital health hub model more widely in local communities, particularly for those clients who don't want to visit the main site.

For scaling-up, it's important to increase the confidence of volunteers by training them to become digital champions to work alongside clients on digital access.

Being part of a larger national organisation makes continuity of funding more likely, so the Wigan branch can both work to embed the project more locally and continue to use the tablets and promote the NHS site. They can also share this as a good practice example with colleagues from other areas.



## Pen portrait one: Cross Gates, Leeds



### Background

#### The organisation

Cross Gates & District Good Neighbours' Scheme is a community-based charity in Leeds that works with and for local older people to reduce loneliness and isolation, support independence, promote healthy lifestyles and try new things. It has in the region of 1,200 members aged 60 and above. 100% Digital Leeds is a cross-sector collaboration led by Leeds City Council to promote digital inclusion. It was already involved in the NHS Widening Digital Participation programme through a Dementia Pathfinder supported by Good Things Foundation. They approached Cross Gates to partner with them in order to create the digital health hub.

#### The project

Cross Gates describes the digital health hub as, 'A place that people know and trust where they can come and get skills and confidence in technology but with an emphasis on health. People learn from digital champions who are their own age.' They want to see people not only accessing health services online but also taking up wider wellbeing activities. Most of the people who attend the weekly wellbeing sessions are aged 70 or above and are living with long-term health conditions.

#### Snapshot of monitoring data

The project recorded 43 people accessing the digital health hub between October 2019 and February 2020. The main activities recorded in the funder monitoring forms indicate that all but one person learned how to find health information online, while nearly half signed up for updates from a local health support group, and a quarter are recorded as having accessed the NHS app.

### Context

100% Digital Leeds is a movement trying to make a difference to the tens of thousands of adults who are offline or lack basic digital skills. One way that they do this is by working with third-sector organisations to help embed digital into what they already do, building their capacity to support the people they work with.

Cross Gates had already picked up that its members' digital skills were low and, '*a lot of members are fearful of digital.*' It was already running a weekly wellbeing session and had good relationships with several GP surgeries. For Cross Gates, this project was an opportunity to add digital into this existing work on health and wellbeing.

### Learnings

#### Achievements

Cross Gates' approach has been to train older people as digital champions in order to promote peer learning about digital. In addition to developing digital champions within the Cross Gates centre, 100% Digital has also trained digital champions in the surgeries where Cross Gates' members are patients.

The project has raised awareness among its members about the potential for dealing with health online and has introduced older people to the NHS app and GP online system.

Older people have been introduced to a range of ways that digital can enhance their wellbeing. Examples include:

- discovering that there is a bus app that will tell you when the bus is coming, so that you can avoid waiting in the cold, and then learning to use it

- introducing people to the BorrowBox audio books app; this has been very popular
- trying out a number of wellbeing apps in the dementia café, including colouring apps and using virtual reality goggles.

Carers of people living with dementia are also thought to have benefited from learning about digital to support their own wellbeing.

More generally, it is thought that the project has increased digital skills and increased older people's confidence to use digital services.

Finally, the project has galvanised further interest. The local GP already came along to the weekly wellbeing sessions. But now a local police officer comes along as well, having first visited to run a safety online session.

### What enabled change

Partnerships are critical to the project's success: the GP practice for referrals and the 100% Digital Leeds connection for training digital champions. The role of the GP receptionist is thought to be especially important.

*"The GP receptionist would have that conversation. We're trying to get them to bring it up as much as possible. If you do need help [e.g. with signing up online] you can bob over to Cross Gates Good Neighbours and we'll sit with them."*

The other key driver was creating a friendly environment, taking a holistic approach to digital, starting with a coffee and a 'how are you' chat. Teaching is 'at the right level' and delivered peer to peer by three volunteer digital champions who are also in their 70s. Cross Gates describe its philosophy as '... a soft approach. Digital is not the starting point, you'd scare them off.' They start with things like music or looking at old photos of Leeds.

### Challenges

This is intensive, often one-to-one, work and it takes time. The learning from Cross Gates is that it can take four to five months for someone who has never engaged with digital to begin to access the health services online. Cross Gates has a 16h/week worker and does not have the kind of space to easily support one-to-one work.

The online health systems – GP and NHS – don't make digital access easy. Patients have to know how their GP's online system works, and it is hard for Cross Gates to support this because there is no standard system. Patients become frustrated because they still have to ring the surgery for same-day appointments. Finally, while the NHS app could be useful, getting signed up is complicated:

*"After we have helped them to get set up they have to click on an email, type in a code etc and if they don't do that then we have to start all over again."*

Cross Gates was also grappling with some specific challenges to do with supporting people with memory loss – 'I'm trying to type up instructions for her.' – and looking into voice recognition technology for people with visual and/or hearing problems.

### The future

There are 35 community networks across the Leeds area. 100% Digital Leeds thinks there is the potential to link these and roll out the digital health hub model across Leeds.



## Chapter 5

### What has been learned?

The evaluation uncovered a wealth of learning and insights from the 12 digital health hubs that took part. These insights help explain why and how the digital health hubs achieved the kinds of change discussed in the previous section. This section sets out:

1. Enablers of achieving change
2. Barriers to achieving change

#### 5.1 Enablers of achieving change

Although the context in which the digital health hubs were being delivered varied considerably, some common themes emerged. They are discussed under the following headings: comfortable atmosphere; outreach; finding a 'hook'; GP practice support and enthusiasm; and flexible use of a range of technology.

##### Comfortable atmosphere

The evaluation found that a key component of the digital health hubs was creating a friendly, comfortable atmosphere where access to digital feels 'incidental and not medical'. Mainly this was a community space that people knew and trusted, which was either run by the digital health hub already or that was willing to host its outreach work. Creating new drop-in spaces was less successful and staff said it was hard to even get people through the door. In some digital health hubs, the atmosphere was achieved in part through training volunteers to act as digital champions and provide peer-to-peer learning support.

*"[We] say it's about helping you feel better in the UK. We've not made it about health, we've done it more on a wellbeing approach, not a medical approach."*

Staff

*"We're not perceived as anything other than a community resource, a place to meet others ... We're not seen as an authority ... we're just us, so people are not worried about coming and talking to us about anything."*

Staff

*"We work with people from any part of the world, welcome you and treat you with respect, entertain you, give you transport when going back. Take care of children and family. Once here you feel at home."*

Participant

##### Outreach

Some digital health hubs also took an outreach approach, taking the digital health hub to other sites. This was particularly true with one library service's realisation that people weren't going to always travel to central locations, so they took the digital health hub to local libraries and also engaged Patient Participation Groups at GP surgeries.

### Finding a 'hook'

Tapping into people's interests was the best way to engage people in digital, staff said. The evaluation heard stories about people being supported to listen to old songs on YouTube, look at old pictures of their town or find a website about a hobby that they already pursue offline.

*"We use things people are interested in like cooking, catching up with things you've missed on TV and then you go from Coronation Street to say mindfulness on YouTube. The learning for us is about how to combine health with their hook. It's learning by stealth."*

Staff

*"It's a soft approach, digital is not the starting point, you'd scare them off."*

Staff

*"People can come in and someone will ask, "What are you interested in," and no one will make you do a whole course."*

Staff

### GP practice support and enthusiasm

Most community-based digital health hubs had found it hard to create a relationship with local GP practices. Where partnerships had been developed, the practice manager and receptionist had played a crucial role in promoting and embedding the digital health hub in the way they work.

*"What draws them in is down to encouragement from the practice manager – she really encourages them and promotes it. We had a meeting with her and she sent out the info to all of the practice's networks."*

Staff

*"The GP receptionist would have that conversation. We're trying to get them to bring it up as much as possible. If you do need help [e.g. with signing up online] you can bob over to [name of digital health hub] and we'll sit with them."*

Staff

### Flexible use of a range of technology

Pathfinder grants provided funding to buy equipment and pay for good WiFi; and to buy tablets and dongles that enable people to experiment with digital access in new settings (even an allotment!). This has been welcome, and some digital health hubs had benefited from additional in-grant support so that they could respond to a new opportunity. Some digital health hubs had staff with experience of using digital in other settings and this too had been beneficial.

What mattered most was being flexible and offering choices. Some digital health hubs said it was important to use the technology that people already have, trust and feel comfortable with – often that means their phone – and introducing them to how they can access health via their device. For others it was helpful to make available tablets or laptops that people could use for side-by-side or social learning and also take away and use privately. There were some challenges around apps that are not supported by all types of phone, and the need to wipe the browsing history between uses to protect each participant's privacy. This also had the effect of preventing people from bookmarking useful sites or using an app on a tablet.

*"Most of service users never had culture of experience with digital. Phone for years and say, "Oh, can I access the internet on my phone?" So the level [is] basic – need to develop the skills and understanding."*

Staff

Tapping into people's interests was the best way to **engage people in digital**





## 5.2 Barriers to achieving change

All the digital health hubs came up against barriers and challenges. Whereas the digital health hubs in the evaluation shared some of the enablers that we have identified, the barriers they came up against varied and were more related to the different contexts in which they work. The barriers and where they were experienced are discussed under the following headings: meeting different needs; time to overcome fear of technology; lack of cooperation from GP surgery; limited time for set up; limited social prescribing; GP online systems; NHS capacity and space.

### Meeting different needs

Understanding and meeting a wide variety of learning and other needs was a challenge. Some digital health hub participants were destitute and/or had little or no English. Others included complete beginners and people with no digital equipment of their own, as well as people with the equipment but a lack of knowledge and/or were isolated and lacked confidence.

One digital health hub said that in future they plan to train more digital champions – who can help to start educating their friends and family members – and then use the champions to really help spread the word that the digital health hub is there to support them. They plan to focus on training a few people very well, to increase their language and computer skills, and for them to start spreading the knowledge outwards.

At another digital health hub, the multiple, layered health issues of the client group – addiction, homelessness, mental health – means they are often in chaotic situations and concerned about immediate needs rather than their wider health and wellbeing. Not having digital access can further contribute towards this.

### Time to overcome fear of technology

Fear of technology was a barrier, but one that – with time, patience and repetition – the digital health hubs felt they could overcome. They did this by building trusting relationships first and then moving on to building confidence in technology: *“When people hear the word ‘course’ they get scared.”* (staff).

As such, the evaluation findings suggest that community partners are particularly important to overcoming this barrier because of their emphasis on trust.

### Lack of cooperation from GP surgery

Half of the digital health hubs in the evaluation reported a lack of support (and, therefore, referrals) from GPs. These hubs led by community organisations or other non-medical facilities, suggested that this was down to a perceived lack of capacity, funding and energy in some NHS services; and the short-term nature of the funding put GPs off engaging with the project.

*“The only challenge is approaching GP services for referrals. I think they might be busy. I even tried physically to see some of the GPs located around our office.”*

Staff

Even where a digital health hub was based in a GP surgery, there were challenges around lack of buy-in and co-operation of all staff within the practice.

*“The idea is fantastic, the problem has been in the delivery purely because of workforce.”*

Staff

But all of the digital health hubs agreed that it was worth persisting:

*“We never anticipated that GPs would jump at the chance, but we have been slowly chipping away. We’ll get there. They’re at the stage of being interested, the penny of social prescribing is dropping.”*

Staff

### Limited time for set up

It took longer to build partnerships and get digital health hubs set up than the funded organisations had expected. In order to build lasting connections and achieve the kinds of culture change or change of approach needed, the digital health hubs would have benefited from longer-term funding.

### Limited social prescribing

Overall, social prescribing was limited and community organisations reported a number of challenges in getting referrals via social prescribing, including: local areas not being very advanced in social prescribing themselves leading to unclear referral routes; social prescribers being concerned about the short-term funding of the digital health hubs and therefore the long-term value in referring; restructuring within CCGs leading to other priorities; and difficulties in identifying the right person.

*"They keep saying they will pass the referrals to the social prescribers. I tried to give my card to social prescribers who come to our office for meetings, so they can refer people to us. I contacted the central contact in CCG for social prescribing, she made attempt to connect me with the person who is dealing with this."*

Staff

### GP online systems

Each GP surgery operates its own online system. This means that some community-based digital health hubs find themselves trying to support patients across a number of different systems. Some said that although they could introduce people to the online system, they could not be certain that people actually began using them. For example, the community organisation might assist a patient with setting up a login but the patient would forget to activate the account.

Several staff members in community organisations commented that the NHS app is not the best way to encourage people to access information online, in part because it requires a login and password whereas some locally developed apps are open-access.

### NHS capacity and space

GP surgeries are mainly unable to provide the wrap-around or follow-up support with going online to make either a one-off event or short-term funding worthwhile. Several GP-based digital health hubs said that it was hard to find space in the right accessible places to accommodate their work and engage communities.



## Case study two: Asha, Stoke-on-Trent



### Summary

#### **How does this case study help define what a digital health hub can be?**

The digital health hub is very much integrated with other services at Asha, which since 2005 has helped asylum seekers and refugees, and promoted their social inclusion. Many digital health hub users also access the food bank, English lessons and a range of support and social activities.

This project trains champions and works with people – both one-to-one and in small groups – to better use their own phones and tablets, as well as providing computers, to access Learn My Way, the myGP app and the NHS website to help them to improve and manage their own health (booking appointments, ordering prescriptions and finding health information) and become digital champions.

Asha would like to continue to offer this support as many of the service users are spending a lot of time at home during the day in isolation – so getting online and connecting with others, as well as looking up their health needs, would be really beneficial.

Asylum seekers who aren't living nearby generally don't have the resources to travel to the centre but there is potential to reach them by developing partnerships, particularly with GPs, some of which have already offered outreach sessions.

### Context

#### **What is the vision and context for this digital health hub, including its partnerships?**

Asha is a charity that promotes social integration of asylum seekers and refugees through skill development and volunteering opportunities, schools-related activities, and group and one-to-one support.

Service users often suffer from post-traumatic experiences, live in social isolation, deal with language barriers, are destitute and are finding it difficult to integrate into their local community.

Asha provides a digital health hub with computers and free digital access available daily to help people to be able to use a computer and their own devices (phone, tablet) at home to go online and look for how to manage their own health.

One or two days per week, a Digital Health Peer support worker also helps them learn how to book medical appointments or install applications such as myGP on their mobile phones, as well as leading group sessions and training. The approach is one of teaching people how to do things, so the next time they can do it themselves:

*"If they need something, send email to edit and send back to lawyer so show them for next time so they can do it by themselves."*  
Staff

This approach of skills building is also reflected by a high number of digital champions supporting the digital health hub at Asha.

Between April and August 2019, Asha was developing relationships with a local GP service to social prescribe and running some outreach surgery-based sessions. Asha also has existing relationships with Stoke refugee health project, Sandbank GP and the Mental Health Hospital, who are all referring patients. There is an aim to build further relationships, and mapping exercises were underway to compile a list of all local GPs that are used by asylum seekers and refugees.

## Achievements

### What has this digital health hub achieved? What has enabled or driven changes?

Access to health services has improved. Participants feel more at ease with finding health information online and accessing the services, such as booking appointments, finding contact information and learning about breast cancer screening for women. Early findings from monitoring show that most users reported feeling more confident by the end.

Between April and December 2019, 236 people were recorded using the service. Their top priorities (multiple responses allowed) were: accessing generic NHS website and app (113 people); accessing information and help for computer and digital skills (106); and registering to become a digital health champion (42).

There were also group users that accessed the service, with common interests (women's group, refugee football team) or for specific learning goals (digital champions, Learn My Way, NHS apps).

*"It's good to know about this stuff. Know about using the computer something good. I started Learn My Way a few months ago and still look at it ... More confident to access health services – about my health but want to learn more about what can find or use it in the future."*

Participant

The service has helped users understand how they can use their own phone or tablet to get online. It has also helped them break down their suspicion about computers and worries about being watched.

*"Some people never used computer in their life from some countries. I show them how to use the computer, I make them confident and show them we control the computer. Some people when touch mouse hand shaken. You control the mouse, it's not controlling you."*

Staff

The service has also reduced social isolation, through the making of friends and forming WhatsApp or Facebook groups. Mental health, anxiety and isolation are all issues affecting asylum seekers, particularly those on their own.

*"Helped me make friends and know more about my community. I still come here and see new people who need help and really need help. [Asha] offers confidence, it's relaxed and a home place."*

Participant

## Asha: A participant's story

This digital health hub participant is an asylum seeker who was having difficulty with stress and adapting to the challenges of living in Britain without much support and limited funds. When he first came to Asha he was homeless.

*"I didn't know how to use a computer and he showed me the basics. Then I used it for my stress, NHS 111 and then I tried to reach some information about how to manage my stress. Then I got some programme on my phone that helped me sort it out because it helping me a lot NHS 111, before I used to stress a lot. I used to not be that clean if you had seen me."*

The support worker met this participant on the road, and commented on the difference made through attending Asha. This participant agreed that the impact of attending Asha has been huge.

*"Because I have been rough living for about two years on the streets – now more better as I have my own place to sleep. Now when I come here I talk to different people and that takes my stress out. or play football on a Saturday and it all helps to manage my stress, read books, news on the computer / internet I was using."*

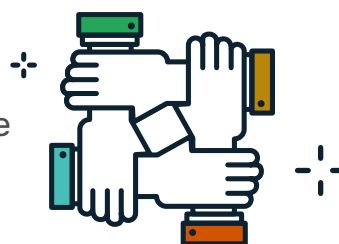
The changes and help from Asha have been of such huge impact – both the practical help as well as the support side. This participant talked about now being in a position to deal with other health issues, having had support for the more acute and immediate issues including booking a GP appointment, now in the system, and giving up smoking:

*"It was not easy before but even now I try to stop smoking cigarette, alcohol, everything ... For me the best charity you know as sometimes taking us outside to visit a place. All this one can help you to put your stress down... I feel more confident now."*

*"They helped me a lot for food, they give me advice. I was so desperate before they helped me to get some support to include in my case. Sometimes so stressed I didn't want to buy food myself. They showed me NHS 111 and how I could manage my stress and anything I want for my health. For me they are like family."*

*"They are welcome to Asha, they help everybody from different backgrounds, Africa, Iraq, China – Asha best organisation. Do lots of things, play football, computer, visit to place and give me a bicycle."*

This participant agreed that the impact of attending Asha has been huge



A number of key components were identified as enabling this change:

- identification, trusted relationships, feeling of being family and of belonging
- Asha's understanding of asylum cases added a layer of trust
- inclusivity and all-welcome attitude
- addressing other needs, such as getting food and advice, and then being supported to access NHS 111 and other digital services
- having a key lead person who has a shared lived experience and who speaks the community languages of those participating.

## Challenges

### What have been the barriers and challenges to success?

The initial challenge is that many users already have devices, but don't know that their mobile phone can be used like a laptop and see it as a communication tool only. If the service could do more sessions outside Asha, it could reach more of these users. Asylum seekers spend more time at home so just knowing this would help them to pass their time.

*"Most of service users never had culture of experience with digital. Phone for years and say, "Oh, can I access the internet on my phone?" So the level [is] basic – need to develop the skills and understanding."*

Staff

Social prescribing is not very developed in Stoke, which has caused challenges in linking with GP services. The main referring GP is 6 miles from Asha, which was a barrier due to the cost of travel being unaffordable on an asylum seeker's allowance.

Language was another challenge, but many staff and volunteers speak different languages, so Asha are well placed to address this barrier.

## Potential

### What is the future for this digital health hub? What's needed for successful scale-up?

Asha did manage a couple of outreach sessions but there is potential to develop partnerships, particularly with local GP surgeries, and also roll out the digital health hub through GP-based sessions and other work outside Asha. Sharing the findings of the work may encourage more partnership working with wider health partners.

Reach could also be extended by providing more training and support to get more people understanding what their phones are capable of and how they can get online at home. Training more digital champions could help with this.

Scale-up would include rolling it out across the city: offering more of a satellite service to access the digital health hub, as not all refugees and asylum seekers can travel to Asha.

There is also potential to build on the already good partnership working:

- the CCG now have a relationship with Asha as a result of the project and send people to deliver training around digital health access on an occasional basis
- Asha has an excellent relationship with Good Things Foundation, which has been more than a funder, offering technical advice, timely support and a willingness to help
- the British Red Cross works with the same people and offers complementary services, so there have been referrals in both directions:

*"...this digital project helping people really struggling at that time. BRC didn't have equipment to support clients in Stoke, so Asha having equipment and staff makes things easier for BRC and for people to have access to what they need. Really life-changing and hope it's going to carry on."*

Partner

## Pen portrait two:

# Hackney Co-operative Developments (HCD)



## Background

### The organisation

Hackney Co-operative Developments is a local community economic development agency that works within the Hackney community to explore ideas and opportunities for a sustainable environment. It aims to relieve poverty for those living in the borough of Hackney and to support communities to flourish. HCD is committed to building opportunities for local people, with a strong commitment to building inclusivity and a fair society.

HCD is located in a community centre and is very well linked with local community and other local organisations. It runs a range of other projects, including 50+, Healthy Eating and Digital Assist, and also manages a local community square.

### The project

HCD wants to make digital health services and information accessible to everyone, particularly to those who are socially excluded and suffer from health inequalities. At its centre, it has computer access open to all and encourages a peer-support approach where it supports services led by users. For this project, HCD has trained five digital health champions; the majority are local community members. Through the project, HCD aimed to provide access to health information online and support users to navigate online health information independently and with confidence.

## Snapshot of monitoring data

In total, monitoring reports submitted in February 2020 show that 35 people accessed the service. 14 people were referred from other organisations, either by MRS Independent Living or Healthwatch Hackney. The two main activities supported were:

- digital skills training, with participants taking part in at least one course focusing on the 'Improving your health online' section of Learn My Way (21 participants)
- finding out more information about specific health conditions (23 participants).

## Context

Hackney is a very diverse community with multiple languages and ethnicities; as a well-established community hub in the area, HCD delivers a range of community services, building trust with the various communities it serves.

HCD already had a range of networks, including being a member of the Hackney Social and Health Care forum. HCD had an established relationship with Hackney CCG, having delivered a GP patient online digital inclusion project. It also worked closely with key partners such as Healthwatch Hackney and MRS Independent Living, both of which are mostly working with older people. It was also already delivering some other 50+ projects, linking with the Connect Hackney Project, which is a lottery-funded Ageing Better project, delivered by Hackney CVS and providing a range of resources for projects aimed at the 50+ population.

HCD has been a part of the Good Things 'online centres' network for some time and has previously delivered a widening digital participation project.

## Learnings

### Achievements

The digital health hub has achieved a clear interest in health and finding accurate information online. Some of the work the digital health hub has done is to help signpost and support those using the service to find credible information that can be trusted, so pointing people to NHS websites and other trusted providers:

*"People are interested in their diet, in a specific health issue which could be diabetes, cancer, it could be anything. People are really interested but at the same time they don't want to be misinformed."*

Being accessible and open is an approach that has supported community members to access the digital health hub. Having a digital offer within a community setting has meant the digital health hub could take a blended approach and do some work around digital access whilst people were there for other activities or services: 'it could be benefit advice, digital skills, training, we are always open and we don't turn people away.'

HCD were able to support a number of people who had been issued with NHS prescription penalties as well as helping with housing and other wider issues that affect health and wellbeing. In some cases, the digital health hub staff called the NHS on behalf of those attending to explain the issue because of the participant's language barrier. In other cases they helped them address the issue by responding online.

Overall, the digital health hub has built confidence for community members to develop understanding and positivity around health issues, which has made a difference. The mix of roles between helping people access online information and also talking to people about their conditions and being a listening ear has been a way to support wider wellbeing. As well as support with health conditions, some of the wider wellbeing issues were also supported through the project: 'Sometimes I tried to help her with what type of food to eat in order to be more healthy.'

### What enabled change

A number of factors have supported HCD to drive change, including:

- being well networked and having key partnerships to support delivery
- having an established track record in the community: for example, having already supported a number of people to register for GP online services before this project
- having a trusted community centre that is integrated into the community, which already accesses it for other projects and a range of services.

### Challenges

The key challenge for HCD has been engaging GPs. Whilst engagement at a CCG level has been more positive, the engagement of GPs and social prescribers has remained a challenge. HCD tried to contact GPs in a number of ways, including going through the CCG, asking service users to speak to their GPs and making direct contact:

*"I even tried to see some of GPs located around our office. They keep saying they will pass the referrals to the social prescribers. I tried to give my card to social prescribers who come to our office for meetings, so they can refer people to us."*



## The future

One area of future potential is to build on the existing partnerships and relationships in place with stakeholders such as Hackney CCG, Healthwatch Hackney, HCVS and the council.

On a more practical project-delivery side, HCD is thinking of training more digital champions to extend the reach to their friends and family members. They see this as a way to reach diverse communities, engaging digital champions who can speak community languages and support others from within their communities.

*“Rather than me trying to explain something, get the digital champions to spread the word. Focusing on training few people very well and to increase their language, their culture, rather than me trying and so on. Because we are dealing with different cultures, people with different cultural background, language problems and so on.”*





## Chapter 6

# What is the future potential of digital health hubs and how might this be realised?

The evaluation highlighted clear lessons from digital health hubs and showed strong indications of benefits to participants' health and wellbeing. In this section, we show the key elements of the model that should be considered in moving forward, as well as the conditions that would support this.

This section focuses on:

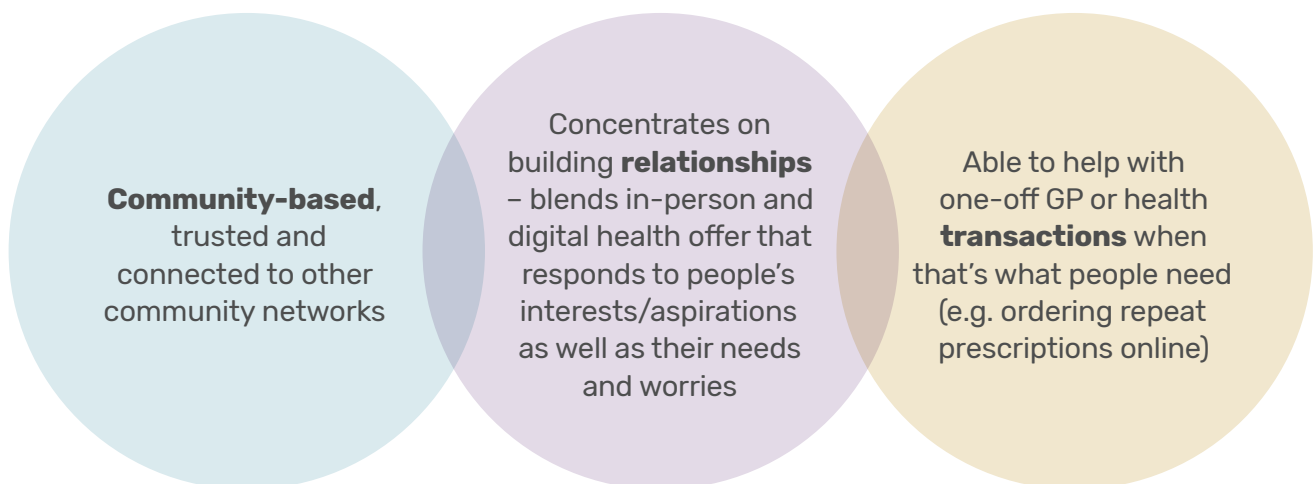
1. The digital health hub model
2. Conditions to support digital health hubs
3. Future potential for digital health hubs

### 6.1 The digital health hub model

In order to build a picture of what works and the key elements that contribute to this, we needed to first understand what is unique about a digital health hub. During the evaluation process, we have been able to distil what appear to be its distinctive features.

As highlighted in the Good Things evaluation report on 65 High Street (an early pathfinder), we have looked at the digital health hub through the lens of 'community engagement'. Community engagement is a way of developing a working relationship between public bodies and community groups. Good community engagement will mean that both parties can understand and act on the needs or issues of community experiences, helping to achieve positive change.<sup>9</sup> The evaluation suggests three features that are distinctive to digital health hubs (Figure 1).

**Figure 1: What is distinctive about a digital health hub**



<sup>9</sup> <https://www.scdc.org.uk/hub/community-engagement>

Digital health hubs provide a blended offer, where the digital support is secondary to the 'relational' aspect of their work.

They concentrate on:

- building ongoing relationships of trust with community partners and local people
- understanding and responding to the community's needs and experiences
- creating a welcoming space where people can bring their interests and aspirations, as well as their needs or worries.

Because of this, digital health hubs require people who are skilled in knowing where to take the conversation when someone walks through the door. For example, if a visitor simply wants help with an urgent question or transaction (e.g. booking an appointment, ordering a repeat prescription or finding information online) then, a digital health hub should be able to respond to such a one-off, 'transactional' request.

No matter where a digital health hub is situated the key thing is the approach to the different dimensions highlighted above. From an analysis of the evaluation sample of 12 digital health hubs, it has been possible to discern three typical settings and associated activities for a digital health hub: GP surgery, community organisation or library. These are set out in Table 2 (see following page).



**Table 2: Three typical settings for digital health hubs: where they are, what they do and how (drawn from analysis of the evaluation sample of 12 digital health hubs)**

GP Surgery (public health setting)	Community organisation (civil society setting)	Library (civic building setting)
<p><b>Where:</b> Support is likely to be provided from a consulting room (training, in-depth advice or support) and in the waiting room (awareness-raising, encouraging people to access support). Creating space for a digital health hub is often a challenge. Where efforts have been made to develop volunteer peer support, this is mainly linked to existing arrangements for patient participation.</p>	<p><b>Where:</b> Support is likely to be provided throughout the building. Creating space for one-to-one support can be a challenge but community organisations are successfully embedding digital support in existing drop-in sessions. The work is intensive, and benefits from a dedicated worker as well as trained volunteer peer support.</p>	<p><b>Where:</b> Support appears to be provided throughout the library, with an emphasis on skilling up staff and making them aware of the health and wellbeing potential of digital. Outreach and taking the digital health hub 'on tour' to local libraries works well as a way to engage local people rather than having a physical area.</p>
<p><b>What:</b> GP surgeries have a practical need to introduce their patients to the online systems they use in order to be able to operate an efficient, modern service. They recognise the benefits to patients (and therefore the surgery) of supporting patient wellbeing but the energy and capacity to engage with these opportunities varies.</p>	<p><b>What:</b> Community organisations are interested in their users' overall wellbeing and will usually start by wanting to understand the whole person, their interests and concerns, and from there work with them to identify appropriate support. These organisations are often the first to know when local systems and processes aren't working. Therefore, they will often find themselves involved with helping their users access or understand systems like GP online services even if this is not really their remit.</p>	<p><b>What:</b> Many libraries are already familiar with and supporting a range of e-learning opportunities and have the skills and resources to integrate the e-learning associated with digital health hubs. Further, they are well-connected to county or borough wellbeing initiatives and authorities where potential for scale up / roll out lies.</p>

*(Continued overleaf)*

GP Surgery (public health setting)	Community organisation (civil society setting)	Library (civic building setting)
<p><b>How:</b> Typical activities for a digital health hub based in a GP surgery:</p> <ul style="list-style-type: none"> <li>• support with finding health information online</li> <li>• being introduced to the NHS website and app</li> <li>• being introduced to GP online systems</li> <li>• being introduced to prescriptions online</li> </ul>	<p><b>How:</b> Typical activities for a digital health hub based in a community organisation:</p> <ul style="list-style-type: none"> <li>• support with finding health information online</li> <li>• being introduced to the NHS website and app</li> <li>• being introduced to GP online systems</li> <li>• being introduced to prescriptions online</li> <li>• gaining digital skills and confidence to use them</li> <li>• support with finding local wellbeing information online, including local groups and activities</li> <li>• support with finding enjoyable things to do online that can provide a distraction from anxiety, trauma and other serious issues</li> <li>• facilitating community groups</li> </ul>	<p><b>How:</b> Typical activities for a digital health hub based in a library:</p> <ul style="list-style-type: none"> <li>• support with finding health information online</li> <li>• being introduced to the NHS website and app</li> <li>• being introduced to prescriptions online</li> <li>• support with finding enjoyable things to do online that can provide a distraction from anxiety, trauma and other serious issues</li> </ul>



## 6.2 Conditions to support digital health hubs

With the above model in mind, the evaluation explored the key conditions that support digital health hubs, which can be divided into community engagement; facilities; and people.

### Learn My Way (online learning platform)

Learn My Way is a website of free online courses, run by Good Things Foundation to help people develop their digital skills. It provides over 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 - while also offering plenty to help people develop their digital skills further. It includes modules on 'Improving your health online' (how to use GP services online and use the NHS website to find health information). Learn My Way has been used through the Good Things network since 2013 and was a key resource for digital health hubs to support digital inclusion.

*"It's good to know about this stuff. Know about using the computer something good. I started Learn My Way a few months ago and still look at it... More confident to access health services - about my health but want to learn more about what can find or use it in the future."*

Participant

### Community engagement

The first step in establishing a digital health hub (suggested by Good Things guidance) is to find out what the community needs and how the people within it engage with local activities and the wider community.<sup>10</sup> The evaluation findings support this.

It is important to allow time for a community needs assessment process as preparation for the project delivery. The evaluation shows that it was not always possible to do this, or else it had to be done alongside delivery due to time constraints. For the more established community organisations with trusted relationships already in place, it was easier to establish the digital health hub as they could draw on the rest of their work to inform the project. However, for other organisations - particularly some of the GP-practice-based digital health hubs - this lack of preparation time had more of an impact and in some cases resulted in decisions about the digital health hub being made with little understanding of community needs. The evaluation findings imply, therefore, that, in order to develop a digital health hub, organisations either need pre-existing community health networks or they need to be given the time to establish them.

Another lesson about community engagement is reach: not all community members can be expected to come to the digital health hub, so an outreach approach to offer the project and build relationships needs to be adopted. This includes collaboration and partnerships with other providers. Examples of outreach from the evaluation include running sessions for refugees and asylum seekers at more local GP practices, and a digital health hub in a central library running drop-in, satellite sessions at local branches.

<sup>10</sup> From Good Things Foundation's website, document last updated January 2020: 'Digital Health Hubs in community assets: a How to Guide for community-based digital inclusion in health' [https://drive.google.com/file/d/1DnebWV70SSWHE0qDEn\\_NXag5WH73uqnN/view](https://drive.google.com/file/d/1DnebWV70SSWHE0qDEn_NXag5WH73uqnN/view)

## Facilities

Having a trusted space with good facilities has been an important condition for digital health hubs. Sometimes this is an already known community centre, café, library or other hub, which allows the digital health hub to be part of a blended approach, with other activities and ways to engage people, creating a safe space. In addition to the physical space, ensuring that basics such as easy, free and secure WiFi access and guiding people to good information using credible apps or websites is key.

## People

It is really important that the people involved in the digital health hub – staff, volunteers and peers – are non-judgemental and respectful, a factor that has very much come across from the evaluation. By helping participants feel that they belong and that they can relate to the other people they meet there, digital health hubs help build confidence and a sense of involvement.

The value of a peer support role – trained ‘digital champions’ – was commented on in different contexts, including by homeless people at one project and refugees and asylum seekers at another. For one community-based project, because digital champions reflect the local diverse community, may speak community languages and/or can engage people from their specific community, they were a really important part of the delivery. It was felt that training more digital champions would enable the digital health hub to spread its message, reach more people and build more trust.





### 6.3 Future potential for digital health hubs

To explore the potential for digital health hubs, we have broken down this section into areas covering the health and social care context; building partnerships; community of practice; embedding digital health hubs; and resourcing digital health hubs.

#### Health and social care context

The health landscape is not easy to understand but the NHS Long Term Plan (published January 2019)<sup>11</sup> lays out a number of initiatives relating to local areas that could be useful in terms of the potential for digital health hubs. Particularly relevant is the establishment of Primary Care Networks (PCNs), which group together surgeries to integrate health services for a particular place-based population of between 30,000 and 50,000. Because a key component included in the role of PCNs will be to provide link workers for social prescribing, there is an opportunity for digital health hubs to draw on them for support around digital participation.

Covering a larger geographical area and working to integrate services across health and social care are Integrated Care Systems (ICSs). These are often county-wide but the size can differ depending on the area. They take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. The NHS Long Term Plan has an ambition that every area of England will have an ICS by April 2020. Among the key aspects of this model relevant to digital health hubs is the personalisation of services to support patient choice, as digital access is a key component of making informed decisions. Another aspect is the emphasis on joined-up care for patients and the responsibility of health service providers to work with voluntary organisations, charities and community groups, providing an opportunity for non-health-service-based digital health hubs.

Within each local NHS structure (e.g. CCG or local public health department), the action plans and priorities are based on the needs of the local population and demographic information about health inequalities. As these bodies share the wider outcomes of the digital health hub model, there is potential for partnerships and commissioning opportunities, such as demonstrating how digital participation can help with local plans to reach seldom-heard groups and address health inequalities.

To fulfil its duty to consult the public in the design and planning of services, the NHS has a link to structures around patient and public voice at a national, regional and local level, which can provide opportunities for digital health hubs. In fact, there have already been good examples where digital health hubs have worked with GP-surgery-based Patient Participation Groups to publicise and involve people in coming along to the digital health hub.

#### Building partnerships

Partnership working is essential to the digital health hub model but development of such partnerships takes time if they are not already in place. The short-term aspect of the pathfinder funding model doesn't support this; this affects digital health hubs in both health and in community organisations. Having a trusted community organisation involved in the digital health hub is key to achieving the blended offer (see Figure 1, p35).

In the case of some GP surgeries, the experience of developing or partnering with a digital health hub has acted as a catalyst for some staff to move away from traditional roles, building awareness and inclusive practice.

Collaboration on a local and regional level with networks, groups and agencies across sectors can extend the offer of the digital health hub, encourage referrals and ultimately create more opportunities for service users.

<sup>11</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

### Community of practice

The digital health hub leads really appreciated the opportunity to come together at the start of the digital health hub programme and for the evaluation workshop. However, some said they would have liked more opportunities to come together for networking and learning and to address common challenges.

There was great engagement from the 12 digital health hub organisations attending the evaluation workshop. Some of the benefits noted were sharing of experience, learning, best practice and ideas; identification of similar barriers and opportunities; an opportunity to reflect when things are otherwise busy; and networking.

The digital health hub leads are keen to see this national community of practice develop and it could be embedded further in future planning.

### Embedding digital health hubs

Digital health hub leads were committed to looking at how to continue the work and embed the digital health offer in other services and projects. Some talked about continuing to provide some aspect of digital health support where they could. Ideas around this included building local relationships with health providers or community groups to explore opportunities, and training more volunteers as digital champions to lead on aspects of the project, although digital health hubs need to be realistic about their capacity.

Another idea that was adopted by a couple of digital health hubs attending the workshop was to move project staff to other funded projects internally. For example, one digital health hub provider is planning continuity of the same staff but on another programme, so relationships are established, and the digital aspect can be more integrated into delivery.

### Resourcing digital health hubs

One of the evaluation's key findings was the need for longer-term funding: the mini digital health hubs were just starting to bed in and establish partnerships when their six months' funding was coming to an end. The evaluation findings and the Good Things Foundation's own guidance (which is based on the experiences of 30 digital health hubs) can help to make the case for funding packages – amount, duration, conditions – that would make scaling up digital health hubs possible.

More systematic monitoring and reporting on digital health hub activity is also needed to develop a robust evidence base. Reflecting the design-led 'test and learn' approach taken for this Pathfinder programme, Good Things has wanted to avoid placing too many requirements on the organisations it funds. Further work needs to be done on grant selection criteria and management to find the ideal balance between placing more conditions to improve assessment and allowing the digital health hubs to innovate and adapt to their circumstances.

Some digital health hubs have had success in leveraging funding, which is positive news. One digital health hub, based in a library, has been awarded £45,000 from the NHS Digital Accelerator Programme to carry on, and expand, the project across the county library service. Another digital health hub has secured charitable funding to extend the current worker's role by six months.

Building on these successes and looking at opportunities to bring in additional funding are clear priorities moving forward and something that all involved are working hard on. There is an economic case that could be further explored around the savings to the public purse and the reduction of pressure on NHS services, particularly GP surgeries, that a digital health hub model can facilitate.

## Case study three: Destinations, Saltburn



### Summary

#### How does this case study help define what a digital health hub can be?

Destinations is a community resource and learning hub for the Saltburn and East Cleveland area. Its digital health hub is physically connected to an independent café, Milo's, which provides a friendly atmosphere and leads directly to casual seating areas for people to use laptops and tablets, in addition to a separate computer room.

When asked what defines a digital health hub, one staff member responded:

*"The atmosphere ... we're not perceived as anything other than a community resource, a place to meet others, it's not necessarily about us [the staff]. We're not seen as an authority – we're not affiliated, we're just us so people are not worried about coming and talking to us about anything ... There are no limitations or requirements. People can come in and someone will ask, "What are you interested in," and no one will make you do a whole course."*

While Destinations continues to offer more general digital learning and access, the NHS Pathfinder support project has led to the service's additional focus on health and wellbeing opportunities and resources.

Many of the users have mental health issues and some just appreciate the company, bringing their own laptops with them to the digital health hub.

*"Destinations is somewhere I'll always come and always bring people to. I will take them to look at volunteering opportunities so that they can be in control over their lives moving forward. Because it's quiet you can pick up a drink and go in there rather than feel like they're being looked at."*

Participant

### Context

#### What is the vision and context for this digital health hub, including its partnerships?

Destinations is a privately-owned company with a friendly style of working that has, since 2006, been run as a community resource and a digital learning hub for the Saltburn and East Cleveland area. It hosts a café, called Milo's, which is now separately owned.

Their initial meeting with the Good Things was a catalyst for both refocusing on health and for the big change of reorganising the whole of the ground floor so that the café space could be used as a 'hook' to draw people in. The café opens directly into the digital health hub behind – there is no door separating them.

Evaluation participants said that, even though the café is now separately owned, café staff continue to signpost and encourage customers to explore the rest of the building and have maintained the friendly atmosphere that Destinations feels will encourage people who are lonely or otherwise vulnerable to feel at home there.

A staff member described the organisation as follows:

*"Destinations is the training element of what we do. Town Hub is the whole building. It was great having the café but it got very busy and that was detracting from what Destinations does – we wanted to focus back on our training and move into health and employability."*

The training is mostly non-formal – 'No courses, just what people need when they need it.' (staff member) – and can be as simple as showing users how to find something on YouTube. More than half of the interactions are about digital access, such as help with repeat prescriptions and leisure centre bookings.

*"We offer a non-judgemental route for people to come in and talk about their health. We're guides as well as teachers for people to find. It's learning without barriers."*

Staff

The exception is the job search/employability sessions that Destinations runs for the DWP. Staff said that these have been possible due to being part of the Future Digital Inclusion (FDI) project run by Good Things Foundation, which Destinations has been part of for the past six years: *'Without Good Things Foundation and its learning resources we would not have been able to support jobseekers as much.'*

Most of Destinations' partnerships are not with health agencies, although they have worked with GPs in the past and continue to try to engage with them, especially on the back of the funded project:

*"We never anticipated that GPs would jump at the chance, but we have been slowly chipping away. We'll get there. They're at the stage of being interested, the penny of social prescribing is dropping."*

Staff

The project to expand and develop the digital health hub was done in partnership with Doorways Youth Project, one of several tenants within the Town Hub building. Mental health is the biggest issue that

Doorways deals with, working with about 25 people at any one time. Doorways is linked into local young people's health and wellbeing networks and gets referrals that way.

Destinations has also begun building relationships with local and regional support agencies and health condition related charities.

## Achievements

### **What has this digital health hub achieved? What has enabled or driven changes?**

In the first six months, Destinations made alterations to the building's layout, improved the WiFi and purchased new digital equipment. In that time, 14 people were trained as digital champions.

The main training room, which used to be a conventional bank of desktop computers, is now an informal space with comfortable seating where people can use laptops and tablets. This has had the effect of bringing the café 'into' the rear of the building. A separate office at the back of the building has been converted to house a bank of desktops for training and/or private use.

*"At the time I stumbled on the café I had mental health issues, anxiety ... It felt comfortable, I was coming in because it was friendly, people were having conversations from one bit of the place to another. It felt safe ... I could tell that there were people here with anxiety like me but they were joining in. I saw that there was internet and computers. So started coming into the café and bringing my laptop – my comfort my space."*

Participant

By offering improved access to devices, the digital health hub has encouraged use: people who might feel uncomfortable in the internet room can come and use a laptop or tablet in the less formal areas. The digital health hub has also helped develop a community of support – Destinations hosts groups accessing digital together but also gives individuals a place to come and feel welcome.

## Destinations: A participant's story

This digital health hub participant is in his thirties and for more than five years he has been going to Destinations once a week with his support worker, with whom we spoke. He has autism, is non-verbal, and has severe learning difficulties. At Destinations, he uses the computer and also spends time with another group of people with learning disabilities that meets there at the same time.

He has learned a lot about how to navigate the computer while at the same time interacting with his support worker. So, in addition to developing computer skills – something which ‘makes him happy’ – he also gets social learning from his time as part of the digital health hub:

*“It’s really important that he gets to do these things because he’s quite a sociable person. It’s all part of his wellbeing.”*

Like many people with autism, he likes routine and structure. When he arrives at Destinations, the computers are all set up; he knows the manager and the other people that come to the digital health hub. As his support worker explained:

*“With [him] being non-verbal, he can be quite vocal; he wouldn’t be able to do it somewhere like a library. So [at Destinations] it doesn’t get frowned upon.”*

Staff have helped people to navigate the internet to find what they need, including medical information, home-education materials, wellbeing and fun. When the local leisure centre digitised its booking system, it sent people to Destinations for help with learning how to use it. So Destinations recruited one of them as a volunteer digital champion to help out.

Monitoring has demonstrated that users have substantially increased the amount they have gone online and have used websites that they have not used before, which may indicate improved digital skills. There has also been an increase in users choosing to look for non-urgent medical advice and book appointments online rather than going in person to a GP or pharmacy.

Between April and December 2019, 176 people were recorded as having used this service. Their priorities (may be multiple answers) included accessing: information about a physical or mental health condition (47 people); local GP surgery online for repeat prescriptions and to update records (35); the generic NHS website and apps (35); and wider health and wellbeing information, such as a new mums’ group (25).

There were also group users that accessed the service, one of which met regularly over the course of the period. The centre also ran four ‘Beach Hut’ days in August, when they took the digital health hub on the road.

Among the factors that have enabled these changes, staff identified the project leads’ backgrounds in technology, engineering and business; that because of technology, Doorways is ‘open’ 24/7; and word of mouth in the community in Saltburn and via local groups.

Users liked that there was a balance between a community feel and getting medical information; that you could get a coffee and take it anywhere in the building; and that staff let themselves be led by people's interests rather than their health needs.

*"You don't feel pressurised. It's being able to come in when you want to. They help you if you want to, otherwise they leave you alone."*

Participant

## Challenges

### What have been the barriers and challenges to success?

It became apparent that not everyone was aware that Destinations' digital offer had been extended to health and wellbeing in its broadest sense. To begin to make that connection more obvious, they held an open day for the community to come and see what the Town Hub is about, and find out about the associated health and wellbeing opportunities and resources, both digital and 'traditional'.

At least a couple of users weren't pleased with the changes to the space, particularly the relocation of the computer suite to a separate room.

Staff noted that finding a way to maintain the level of service, including maintaining up-to-date equipment, information and apps could be a challenge.

## Potential

### What is the future for this digital health hub? What's needed for successful scale-up?

Destinations will continue to pursue their informal approach to learning, introducing people to digital resources that support their interests and questions, now with a focus on health and wellbeing. And they will continue to present themselves as a Town Hub open to anyone.

*"We see the potential of the project growing as more people begin to benefit from digital health options and online opportunities for wellbeing and we will be continuing to help, deliver and grow our digital health offer, along with other digital learning, as best we can."*

Staff

...introducing people to digital resources that support their interests and questions, now with a **focus on health and wellbeing**



## Pen portrait three: Norfolk and Norwich Millennium Library



### Background

#### The organisation

Norfolk Library and Information Service (NLIS<sup>12</sup>) manages 47 libraries across Norfolk. The Norfolk and Norwich Millennium Library is located at the Forum in central Norwich. The Forum is home to several organisations and is a focus for a wide range of learning and cultural activities. It houses learning organisations, Citizens' Advice, a café, and a restaurant, as well as the library.

#### The project

The project was based at the Norfolk and Norwich Millennium Library. It aimed to create a digital health hub, train digital health champions and provide evidence for a potential roll out to other library sites in Norfolk.

*"We decided to have a discrete area in our central library in Norwich, but it's not hidden away. We bought furniture that gives it its own identity."*

The project is delivered through library staff and volunteers engaging in conversations and helping people access relevant health information online to build their skills and understand resources and information available.

#### Snapshot of monitoring data

Between November 2019 and January 2020, 11 people are recorded as using the digital health hub. Two were socially prescribed: these both came from the Castle Partnership Surgery in Norwich. Most of the people who took part used the digital health hub to find health information online or do the digital skills training.

### Context

The Digital Health Hub was started as an extension to NLIS existing partnership with Public Health called Healthy Libraries and aimed to deliver against the wider Norfolk County Council Digital Inclusion Strategy.

Some of the wider context for this digital health hub includes supporting the library service to meet shared outcomes locally to reduce health, social and economic inequalities and help people live happier and healthier lives. Healthy Libraries works with local pharmacists, dentists, local voluntary sector providers, Men's Sheds and other Public Health mental health and well-being initiatives.

*"We wanted to extend the Healthy Library offer and bring it in line with what we were already doing around Assisted Digital and our digital offer. We're extending our partnership with the NHS through this project."*

Furthermore, as part of Norfolk County Council they could link in to commissioned services involved with mental health and wellbeing, social prescribing and reducing social isolation.

<sup>12</sup> Our acronym.

## Learnings

### Achievements

The digital health hub enabled conversations with key professionals in the NHS, which in turn created a strong relationship with the Digital Accelerator Programme and has enabled the trial to become an embedded offer for NLIS.

Engagement with individuals and GP teams was slow at first so the digital health hub piloted other ways to work and took an outreach approach. This enabled increased participation. Outreach included speaking to people during Get Online week:

*“Where we got the most people (about half dozen), we sat right at the entrance to the library ... We were engaging with people the whole day.”*

Towards the end of the project, NLIS also took the digital hub on the road and set up pop-up versions in Norwich and around Norfolk. These drop in sessions proved more successful and it made sense to take action to reach more people.

Part of the outreach process included sending flyers and posters to GP surgeries outlining times on offer and the support available from the digital health hub. Despite this, and regular contact, the referral process was slow. This started to improve when NLIS contacted Patient Participation Groups (PPG) at GP surgeries through a contact at the Clinical Commissioning Group (CCG):

*“The key people we should have got in touch with sooner is the PPG’s because they are patients, they are in GP surgeries already.”*

This has included speaking to individual PPG groups and attending a stakeholder meeting with members of different PPGs from the Norwich area. Investing time building a strong working relationship with local NHS partners and the CCG has proved to be one of the key achievements of the project.

*“It was important to develop the relationships. The NHS partners in particular, just learning some of the [professional] language, who to approach and then suddenly we discovered the local NHS Digital Transformation Program Manager and following a half-hour conversation with her, everything started moving forward.”*

Another area of achievement is the training of five members of staff plus three volunteers to be digital champions. As part of this, they organised for Public Health England, Knowledge and Evidence team to come and do two half-days’ training for the champions and community librarians in health information literacy, identifying good sources of information, and counteracting fake news around health ‘... especially important because we are based in a library.’ This training has been cascaded to library managers across the service.

Given that locally there is a target for each GP Practice to register 25% of their patients online, this became one of the focus areas of the digital health hub.

### What enabled change

Norfolk and Norwich Millennium Library developed solid relationships and partnerships through this project that helped to drive change. They also took an outreach approach, which helped to achieve the successes of the project. They had a dedicated community librarian taking a lead.

*“The difference in this project is appointing a community librarian who has relentlessly created ways to approach partners, has gone out and met people, has been really responsive to those who showed interest.”*

### Challenges

In the time available for this project, the facility in the central library was not well utilised and there were few referrals. This might be because the partnership-building took a lot of time relative to the overall length of the project.



Despite work to develop social prescribing, including building links with GPs and social services, this was not taken up to a great degree. There is a feeling that the short-term nature of the project funding was a contributory factor to this – ‘... one GP surgery was going to make referral, however another person said, don’t bother the scheme is going to finish in February.’ – and also that the wider focus on transformation at the CCG detracted away from it.

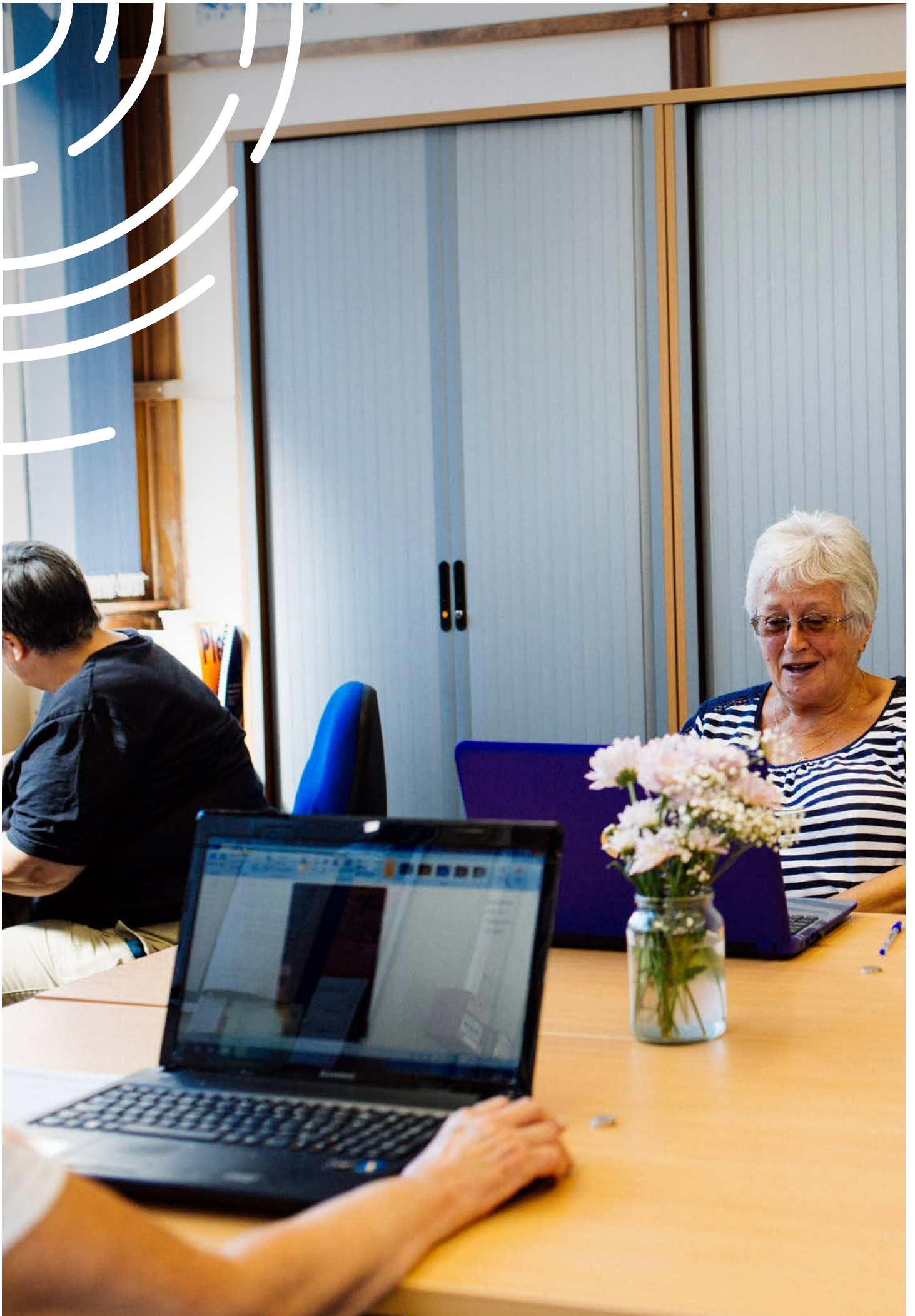
### The future

Norfolk Library and Information Service was particularly interested in this project to see if it was something they could roll out across the 47 libraries.

*“We want it to carry on and be part of our healthy libraries activity, which we call Healthy Libraries Connect. There’s a range of things we work on with Public Health, primarily about upskilling our staff including “Make Every Contact Count” and the kind of face to face conversations that encourage healthy behaviour changes. The support for health information literacy and digital health goes hand in hand.”*

Through the project, NLIS has built such a successful partnership with their local CCG that it has been awarded funding of £45,000 to continue, and expand, the project as part of the NHS Digital Accelerator Programme.





## Chapter 7

# Conclusions and recommendations

### 7.1 Conclusions

The evaluation has identified achievements and learning from the digital health hubs strand that both make the case for taking the model further and provide some guidance on how this should be pursued.

First among these is what makes a digital health hub distinctive: it is responsive to the community and addresses people's aspirations as well as their needs; by concentrating on building relationships it creates an atmosphere of trust, which encourages learning and take-up of the wider health offer; and the model is flexible enough to also encompass one-off transactions like learning how to use the NHS App or a GP online system or video call.

Because of this community-based approach, time needs to be planned in prior to the project launch for:

- an assessment of what the community needs and how the people within it engage
- creating a welcoming, safe space that draws people in
- involving the whole team (staff and volunteers) in stepping back and reflecting on what a blended approach that inspires a community's trust, confidence and engagement might look like.

Digital champions who are representative of the community and trained to provide peer support increase the sense of belonging that participants feel at the digital health hubs. Further evidence suggests that peer support is an important part of what works in delivering a digital health hub. Encouraging peers to train as digital champions will not only help reach other community members but allows the champions themselves to sustain and build involvement.

Whether the digital health hub is located in a health provider's premises or in community facilities such as a café, library or other centre, there is a symbiotic relationship that needs to happen.

As mentioned above, a community-based digital health hub is plugged into local needs; however, to understand how they can fit into the wider health sector, they need to develop partnerships with health providers, which takes time.

The converse is true for health-provider-based digital health hubs in many cases: it was more difficult for them to have the time and capacity to build relationships with community groups. It is fair to conclude that for GP-based digital health hubs success depends on involving a trusted community organisation as a delivery partner and to support outreach.

In looking at next steps, a distinction can be made between the existing projects and the programme as a whole.

Some of the existing projects said that at least some aspects of the digital health hub offer would continue even without funding – in some cases through absorbing into other (funded) roles and projects – and that there had been at least some legacy effects in the form of new or nascent partnerships and, at the very least, raised awareness. In addition, many of the digital health hubs are looking for local or regional opportunities and have had some successes.

For the digital health hub programme, adequate finance and a different funding model will be needed to support Good Things to scale up this offer. Funding options to draw on programmes within and outside of the NHS for support can be explored. The wider cost-benefit could be further explored to make a case for savings in resources due to pressure being diverted from frontline services to digital ones.

Peer support feels like an important part of what works in the digital health hub model and there is strong potential to build on this going forward. Encouraging peers to train as digital champions will not only help reach other community members but allows the champions themselves to sustain and build involvement.

Connected to this is the support for those delivering digital health hubs through an ongoing community of practice. The digital health hub representatives participating in the workshop around the evaluation felt encouraged meeting others and being part of a programme-wide discussion. This could be built on, with Good Things providing more opportunities for digital health hub leads to step back and think strategically about how they support health and wellbeing, and the role and impact of the digital health hubs going forward.

## 7.2 Recommendations

This report has discussed findings from an evaluation of digital health hubs still at an early stage in their development. The conclusion sets out key insights and learning from across their collective experience of developing digital health hubs. Finally, the report consolidates this experience and learning into this set of recommendations about a future vision, strategy and investment in digital health hubs.

### Vision

The vision is of digital health hubs that are embedded in their community, responsive to people's interests as well as their needs, and delivered through volunteer peer support as well as paid staff. A digital health hub supports patients to use NHS and GP services online and to access online resources and opportunities that will support their health and wellbeing in other ways.

### Strategy

The strategy for supporting digital health hubs in the future will benefit from:

- Nurturing a community of practice from across the Online Centres Network interested in developing their work as a digital health hub.
- Supporting digital health hubs to develop relationships with social prescribing teams. During the period covered by this evaluation it was too early to begin this or to make much progress, whereas with the emerging Primary Care Networks the time now feels right to encourage this.
- Raising local NHS services awareness and understanding of local community partners to enable signposting and collaboration.
- Communicating the value of hosting digital health hubs within a community-based organisation. This adds value to both the community engagement aspects leading to building up trust as well as the range of activities that can be provided. However, finding ways to support community organisations to establish good relationships with GPs and health centres is vital.
- Encouraging digital health hubs not based in a community organisation that they need to seek an active community partner that can provide some of the added value identified.
- Understanding local commissioning frameworks to support digital health hubs to be commission ready.

### Investment

The investment in digital health hubs will need to be cognisant of the time it takes to build partnerships between communities and health agencies. Prospects for successful partnership formation may be increased if funding is for at least 24 months.

## Case study four:

# The Wembley Practice (North West London CCGs)



### Summary

#### How does this case study help define what a digital health hub can be?

North West London's digital health hub is a drop-in service located in The Wembley Practice, a GP surgery. It is located in Brent – a borough with high ethnic diversity, many different languages, and areas of both affluence and deprivation. It has been well publicised in the practice, the adjacent health centre and the wider community, but the space devoted to the weekly digital health hub is tucked away in a consultation room, so is not immediately inviting but appreciated once discovered.

- most people used the digital health hub to access online GP services and the NHS website/app, though some also used it to develop their digital skills
- staff were especially interested in engaging older people in the local multicultural community, because many are socially isolated and have language barriers, with little experience of accessing health and wellbeing information online
- the practice manager and staff are committed to the project but issues around promoting the service are still being worked out
- in addition to helping people find reliable sources of health information and taking advantage of the practice's digital offer, the digital health hub has made people happy about the social interaction and to have learnt new skills.

### Context

#### What is the vision and context for this digital health hub, including its partnerships?

North West London Collaboration of Clinical Commissioning Groups put in a bid to set up a digital health hub in three sites: the Wembley Practice; Northwick Park Hospital; and in the library of Brent Civic Centre.

The work of the CCG's Digital Innovation Team is about patient engagement, so the digital health hub was a good fit with their other projects, such as the Health Help Now app they had developed to supplement the NHS app.

When asked to describe what they saw as being a digital health hub, staff said:

*"[We] want to create a relaxed drop-in service, not strict times, just say we're here to answer your questions. Mainly it would be about health but would help them with tech too."*

*"It's about getting more patients to take a bit more responsibility for their own care and insight into what's going on in their care."*

### Achievements

#### What has this digital health hub achieved? What has enabled or driven changes?

Among the various users of the digital health hub, the project had been particularly interested in attracting older people in the local multicultural community, who were perceived as more likely to be socially isolated, not accessing health and wellbeing online, and also having language barriers.

## The Wembley Practice: A participant's story

This digital health hub participant is a grandmother and lives locally. She saw a leaflet about the service and came and asked at reception about it. She had to come a couple of times before she was directed to the right place. Then she met the digital health hub coordinator:

*"I told her how out of the water I feel. Everyone seems to be progressing."*

Whenever she asked for help from family members they just 'took over'. She was scared to go online and especially scared about fraud:

*"I want to learn but I don't want to leave myself vulnerable."*

After coming along to the digital health hub, she is now registered to access her healthcare online and has learned how to video call with her daughter. It has also given her confidence and made her aware of what services are available.

She feels better about managing her health because she knows how to contact the doctor, order repeat prescriptions, and find out about her symptoms and treatments, as well as ideas for diet and exercise to manage her Type 2 diabetes. She now encourages other people her age to get involved and not let life pass them by:

*"With the right drive more seniors could become more computer literate...  
Yes their children can help them but they're not liberating them...  
A lot more people could be liberated to do things for themselves."*

The project had improved digital access, by helping people to:

- know what sources of information are reliable (rather than googling)
- become better informed about information available online about health, as well as about activities and hobbies
- understand the benefits of registering with the surgery's online services – for appointments, records (including vaccinations), etc.

Records for 32 people<sup>13</sup> who used the digital health hub between October and November 2019 indicate that they used the digital health hub to access the NHS website or app (16); repeat prescriptions and/or the surgery's online system (10 people); and digital skills (6).

Surgery staff said that many people leave the project transformed: they arrive lonely but have a little tea, a chat, and do something – go on Facebook or learn how to use WhatsApp to keep in touch with family members – and they leave happy.

*"The idea is brilliant. You can't imagine how happy they are. The feeling and satisfaction is brilliant."*

Staff

The project also reflected well on the surgery:

*"People are a bit taken aback. [The digital health hub] is not what they expected. It did help put the health centre in a good light. It shone a good light that you could come here and get help."*

Staff

<sup>13</sup> Numbers add to 32. Two were recorded as 'other'.

There has been good publicity of the digital health hub, with promotional materials in the practice, information circulated to other health centres and practices within the CCG, and leaflets and presentations given at Neasden Temple and a local community hub and café, the Friendship Café. Brent Council has featured it in their monthly residents' magazine.

The challenge has been actually getting people through the door to access the digital health hub. The things that have helped achieve this include:

- being that friendly face, the person with time to talk after someone who feels isolated has been to an appointment
- the surgery telling people that the digital health hub can help them with the new Dr iQ app<sup>14</sup> if they are finding it difficult – 'that's been our turnover'
- adding extra resource so that a member of surgery staff can boost digital health hub capacity and allowing time to go into the waiting room and sit with people
- ensuring information also reaches the people who are connected to a patient and supporting them with their health.

One volunteer described how digital champions come to be able to promote apps:

*"First they have to adopt [the app], use it, find their own nugget in it, then they can share and encourage others to use it."*

## Challenges

### What have been the barriers and challenges to success?

The project has experienced a number of challenges, particularly in the early months in getting people to know about and access the service and with clarifying funding, data-sharing and other responsibilities between the practice and the other stakeholders. It was also felt that the project coordinator required better support and that technical issues around connectivity and devices could have been resolved earlier.

The digital health hub's location is seen as problematic as it is in a small treatment room in the surgery, which is less inviting to patients than, for instance, a social community centre. GPs and reception staff have been instructed to direct patients to the digital health hub, however this is not being done as often as hoped. Staff said that they simply didn't know how to promote it properly:

*"Staff have to stand at the door and encourage people to come in – it's hard to catch people when they are leaving after an appointment, and they feel pressured or think it's for feedback – but once they are through the door, they are surprised and pleased."*

Location is a problem, but **once through the door** they are surprised and pleased



<sup>14</sup> Dr iQ is a new online consultation platform for NHS patients that the Wembley Practice is seeking to introduce.

## Potential

### What is the future for this digital health hub? What's needed for successful scale-up?

The project staff and surgery have tried different ways of working on the project and explored a range of partnerships. There's a feeling that, although the project hasn't been easy, they are now well-placed to take it forward. The key components are:

- buy-in from the practice manager and staff
- partnerships with community organisations
- the local authority's recent appointment of social prescribers, who are keen to support the digital health hub
- control over budget for promotion and staff resource for the digital health hub.

The project will continue in this practice, the practice manager says, and there is interest in spreading it across the rest of AT Medics, the network of GP practices that they are a part of. It fits well with the introduction of Dr iQ.

The project has built links with the Friendship Café and Neasden Temple, both of which are keen to be involved, have potential digital champions and have a membership / congregation that maps well onto the surgery patient population.

As well as operating from community spaces, staff thought that the digital health hub could still run from the surgery but with a more 'structured' approach tied to specific clinics or aimed at specific populations, especially isolated older people in the local multicultural community: 'Isolation is what we need to connect with.'





## Pen portrait four: Starting Point, Stockport



### Background

#### The organisation

Starting Point Community Learning Partnership is a social enterprise based in a coffee shop within a Stockport community. The organisation focuses on ways for people to engage more in community learning, with a driving ethos of building resilience and supporting people to realise their own potential. Starting Point is already part of the local social-prescribing community engagement model that sees patients referred into Starting Point's general online learning and digital skills offer.

#### The project

Starting Point has worked with a local care home as well as the local GP practice to build awareness and understanding about

- how digital can help people to manage their mental health
- how using technology to socialise and play online can lead to better health
- how we can use digital to help us become more at home in our communities
- how patients can access medical records and order repeat prescriptions online

#### Snapshot of monitoring data

The project has supported 28 residents of a nearby care home in three ways: finding health information online, finding local support and accessing wellbeing activities. All 28 were referred by the care home through social prescribing. These were elderly people, some of them living with dementia, mainly frail; two passed away. All of them had low or no digital skills at all.

### Context

This project has been an opportunity to build on Starting Point's existing health partnerships – it has an established partnership with a local GP practice – and expand its digital offer to be more focused on health, in the belief that this will help address local health inequalities. As stated in its funding application:

*"This project will allow us to concentrate on improving digital health skills and create a more robust process that tackles the root causes of health inequalities within our community."*

### Learnings

#### Achievements

Starting Point feels that the project's biggest achievement has been the realisation that age and health don't have to be barriers to digital. With the right help and support, people of any age can discover that digital is *'out there for them.'*

Through developing the project, Starting Point has gained a better understanding of the range of available digital health resources, especially for older people, such as dose reminder apps: *'It's been quite eye opening.'*

It has also learned a great deal about, *'how to combine health with [older people's] hook. It's learning by stealth.'* The project developed a raft of sessions where health was the backbone but it wasn't made obvious. The activities were called iCan... relax, cook, walk, etc and included:

- helping someone who rarely walks to plot and then follow a walking route to the nearby allotments, which are managed by Starting Point and the local GP
- supporting people to catch up with a TV programme – *'the hook is Coronation Street'* – and from there introducing, say, mindfulness on YouTube.

This project has been an opportunity to develop a new partnership with a nearby care home with which it previously had no contact. Starting Point would like to find ways to build on the partnership and to encourage care home staff to incorporate digital into their work with residents.

### What enabled change

Starting Point already had a very good link with the GP practice and this seems to underpin its ability and confidence to expand further into health. The GP practice manager is supportive of Starting Point and sees it as helping her to *'build a community'* around the surgery. It also has over a decade of experience of digital in communities.

In addition to its own existing partnerships and experience, Starting Point said it also helped that what they are trying to achieve – building communities around health, developing digital health support – are at the forefront of current health and wellbeing policy in Stockport.

Finally, the funding itself has enabled Starting Point to purchase dongles to use in the care home and even on the local allotment. This makes it easy for the care home to try out digital access without any outlay on WiFi.

### Challenges

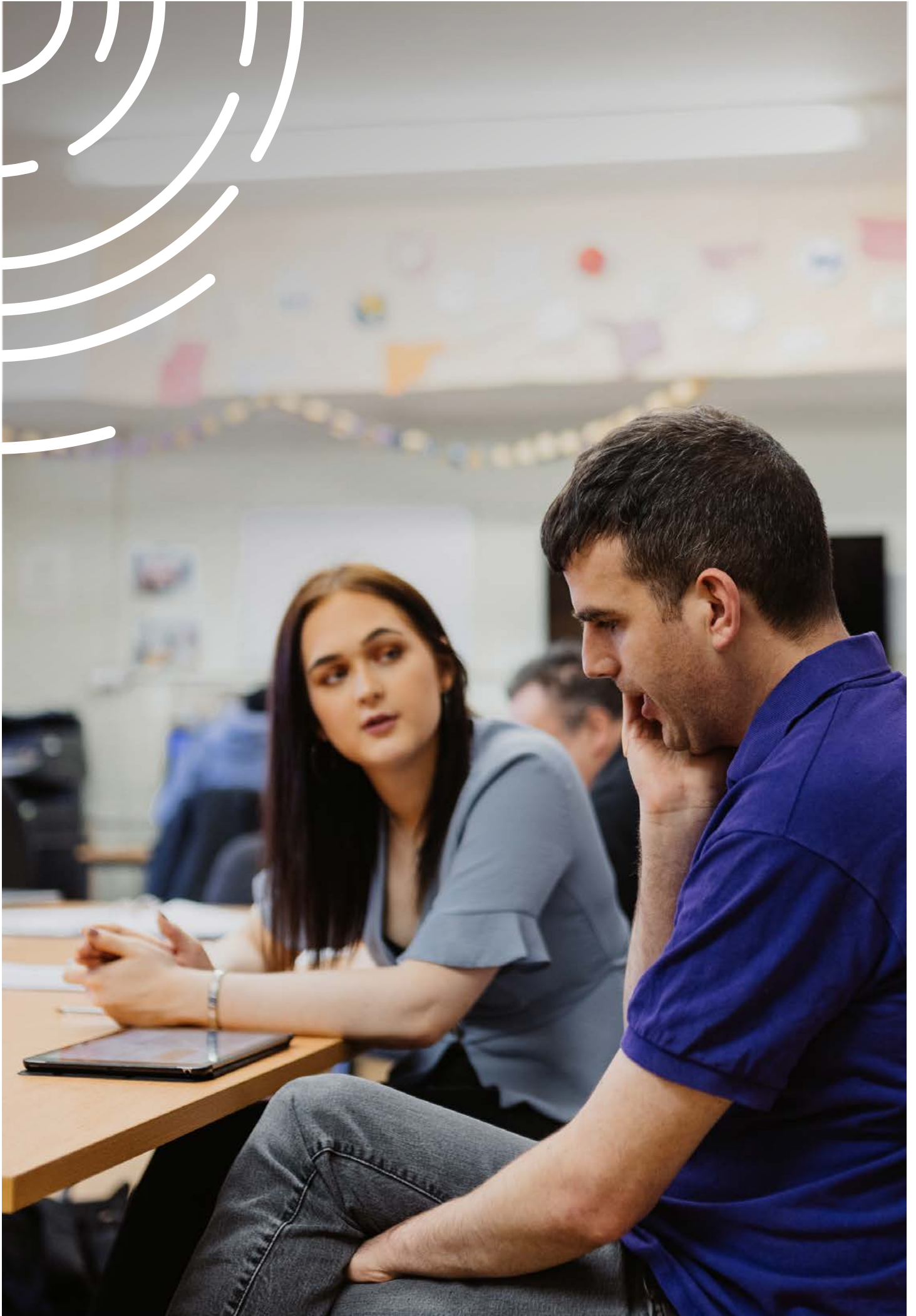
Two main challenges were highlighted by Starting Point.

First, while they were pleased with the partnership, it hasn't been easy, mainly due to a reluctance among care home staff because of how busy they are: *'A feeling of being overworked and underpaid.'*

Second, many of the people they were working with have memory loss and are frail. This suggests that progress might need to be measured in a different way from other digital projects.

### The future

Starting Point would like to take this experience and do further work looking at where digital in communities is already happening and adding in a health focus.



## Appendix

### Digital health hubs sampled

The evaluation focused on a sample of 12 digital health hubs.

- Addaction (We Are With You), Wigan [CS]
- Asha, Stoke-on-Trent [CS]
- Castle Point & Rochford CCG, Rayleigh
- Chapeltown & Harehills Area Learning Project, Leeds
- Cross Gates, Leeds [PP]
- Destinations, Saltburn [CS]
- Hackney Co-operative Developments (HCD) [PP]
- Learn For Life Enterprise, Sheffield
- Norfolk and Norwich Millennium Library [PP]
- Starting Point, Stockport [PP]
- The Wembley Practice (North West London CCGs) [CS]
- Yarm Medical Centre, North Yorkshire

The four digital health hubs where the evaluation carried out in-depth case study visits (see case studies) are indicated with [CS] in the list above. These include an analysis of how each project helps define what a digital health hub is and a digital health hub participant's personal story to illustrate the positive impact these projects have on real people.

In addition, we have included four pen portraits – marked as [PP] above – to give a further flavour of the ways in which digital health hub projects have been interpreted and have evolved in other contexts (see pen portraits).



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For more information  
about the project, contact  
Good Things Foundation on:

e: [research@goodthingsfoundation.org](mailto:research@goodthingsfoundation.org)

t: 0114 3491619

