

Response to Australian Digital Health Agency from Good Things Foundation

Digital Health Consultation

1. Executive Summary

Good Things Foundation is a charity based in the United Kingdom with a vision of a world where everyone can benefit from digital.

To deliver this vision, we work both in the UK and internationally, bringing together national and community partners to help people gain the support and digital skills they need to change their lives and overcome social challenges. In Australia, we work with partners including the not-for-profit organisation Leep in a pilot project supporting disabled people in Western Sydney. In June 2016, our Chief Executive Helen Milner undertook a speaking tour of Queensland to inspire action as part of Australia's National Year of Digital Inclusion. As a result of this work, we are discussing further projects with partners from a range of organisations and companies in Australia.

We welcome the Australian Digital Health's Agency consultation, designed to better understand how to support citizens to take advantage of the opportunities that new technologies offer to improve healthcare, and would like to share our own experiences of:

- delivering digital inclusion programmes over the last 15 years
- delivering a major digital health programme in the UK, Widening Digital Participation (2013-2016), which was funded by the UK government.

We have three lessons we would like to share:

i) **Digital healthcare and digital inclusion go hand in hand, focusing on the 'furthest first'**: those not yet online - almost three million people in Australia - are often the heaviest users of public healthcare. Older people, disabled people and those on low incomes are the most likely to be offline, and evidence shows these individuals have the most to gain by using technology. Before they can be introduced to digital health services, we need to support them to have both access to technology and the basic skills to use it. We therefore recommend investment in a major programme to develop these skills in a health context.

ii) **Deliver at scale**: in the UK, our Foundation has supported 2 million people to develop basic digital skills since 2010. We have achieved this through: i) a network of local community partners, who have the deep reach into target groups who can benefit most from technology, and have computers and paid or volunteer tutors which are available for people from these target groups to use at no cost; ii) an online learning platform, called [Learn My Way](#), which we make available to these community partners so that learners have consistent and high quality learning products; iii) a range of support services to our network, all underpinned by a common vision and strategy.

iii) **Embed digital inclusion within healthcare**: the next stage of the UK government's Widening Digital Participation programme is to develop regional pathfinders which seek to embed digital inclusion within regional health networks, in order to: i) consider the needs of the most vulnerable when designing digital health services; ii) reduce unnecessary use of face to face national health services; and, iii) improve patient experience and satisfaction.

We therefore recommend that the Australian Government establishes a similar programme to Widening Digital Participation, and would be pleased to share our lessons with you in more detail.

2. Lessons from the UK experience

i) Digital healthcare and digital inclusion go hand in hand; we need to reach the ‘furthest first’:

The UK and Australia face a similar challenge around digital healthcare: a revolution in digital health is going on all around us, but there is not yet equal opportunity to participate in this revolution. As the US Institute Pew Research outlines: ‘In 10 years, the internet will be readily available, everywhere, at low cost..The greatest impact will be on personal health. Health care will become self-administered. We will detect, monitor, diagnose, get advice and treatment, through mobile, wearable and implanted network device.’¹ However, the report goes on to highlight: ‘We risk a dangerous divide between the digital haves and have-nots.’

According to the Australian Index of Digital Inclusion, almost three million people in Australia are not online. There are many parallels between digital inclusion in the UK and Australia. In particular, there is strong evidence in both countries of the relationship between digital and social exclusion. Those not online are primarily older people, disabled people, and people on low incomes - the same groups which make greatest use of health services. In the UK, people with long-term conditions and disabilities are three times more likely never to have used the internet. Service transformation, particular of government services, is also a priority in both countries. In Australia, there are additional issues of:

- Distance: outside coastal towns and cities, the population can be dispersed, impact both on access to good quality broadband and ability to bring people together to develop digital skills
- Use of the internet by indigenous people: evidence from the Australian Digital Inclusion Index shows that use of the internet by indigenous people is lower than for the general population.

In 2013, NHS England - an agency of the UK Government’s Department of Health - funded a three year programme, Widening Digital Participation, to support those most likely to experience digital and health inequalities. Good Things Foundation won the contract to deliver this and over three years, we:

- Reached over 387,000 people, raising awareness of digital health resources
- Trained almost 222,000 people to use online health resources
- Trained over 8,100 volunteers to help deliver the programme.

82% of learners were socially disadvantaged and likely to be experiencing health inequalities.

Impact on participants included:

- 41% learned to access health information online for the first time
- 65% feel more informed about their health
- 52% now feel less lonely or isolated
- A total of £6m saved in avoided GP and A&E visits in just 12 months

¹ Anderson, J & Rainie, L: ‘Digital Life in 2015’ (Pew Research, 2014)

One example was Ron, a learner who had been living in a tent by a busy road. Poor mental and physical health and a gambling addiction had left him out of work and homeless. Through our project, Ron developed digital skills which led to him finding housing and improving his life, health and wellbeing.

The programme also enabled successful approaches to be developed and tested to 'reach the furthest first', including:

- People with dementia
- Carers
- People with learning difficulties or disabilities
- Young people, including those at risk of offending.

We recommend that a similar programme be established in Australia to ensure that the benefits of digital health services can be enjoyed by all.

ii) Deliver at scale

With light-touch national co-ordination, Good Things mobilises a network of 5,000 local community partners, supported by 25,000 volunteers, to achieve impact at scale. We have achieved this through:

- Clear focus and collective vision: we provide leadership to the network and to external partners, working across sectors to close the digital divide
- Exceptional products, particularly our online learning platform, Learn My Way, which helps people learn basic online skills through personalised pathways (eg. jobs, health)
- Evidence: our learning platform collects data at individual, local and national levels, and learner and centre surveys measure progression and impact. Our research and development helps to drive strategy both within the charity and outside the organisation.
- Support: we provide a range of support to our network, including marketing, training, grants, and advocacy.

We take large, complex ideas and work out clear, practical ways to translate them into effective programmes which create social impact. A focus on robust data collection means this impact can be clearly demonstrated. This creates outcomes for individuals including:

- Digital outcomes: creating confident and independent internet users; people who are more motivated to be online and understand how they can personally benefit
- Economic outcomes: people are able to manage their money better and save costs; they are also more employable and more entrepreneurial
- Health and social outcomes: people are healthier, less isolated, more connected to their communities, more able to participate, better informed, and more confident in using health care services.

iii) Embed digital inclusion within healthcare

One of the lessons from the first phase of the Widening Participation programme is that, in order to have sustainability, digital inclusion needs to be embedded within local national health care services, with 'reaching the furthest first' a core principle of all we do. NHS Digital (another agency funded by

the UK Government's Department of Health) is currently scoping a new programme of work which follows on from the first Widening Digital Health Participation programme, and seeks to build evidence of how digital inclusion can be a more integral part of health and social care infrastructure.

Our lesson is that digital inclusion should not be seen as a stand-alone service, but is most effective when it is embedded into healthcare infrastructure so that commissioners of health services - digital and non-digital - consider the needs of all patients when designing health and care solutions.

We would be pleased to share our experiences and expertise about how to introduce digital health services to people with low or no digital skills. We recommend that the Australian Digital Health Agency invest in a major programme to develop these basic digital skills in a health context.

Yours sincerely

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