

# Response to the publication of the refreshed Digital Health and Care Strategy for Scotland



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The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the publication of the refreshed Digital Health and Care Strategy – Enabling, Connecting and Empowering: Care in the Digital Age.

We welcome the fact that the strategy refresh was informed by the voice of many groups and organisations across Scotland, including those of our members through a collaborative event with the Scottish Council for Voluntary Organisations. Having also been consulted on an early draft of this strategy, we were pleased to see that our recommendations around person-centred approaches and true choice have been embedded into the narrative of the published document:

**“Choice for citizens means digital and non-digital options offered in parallel, on an equal footing. People will not be forced to use a digital service if it is not right for them, but it will be made available to those who want it.”**



<https://www.gov.scot/publications/scotlands-digital-health-care-strategy/pages/2/>

We welcome the strong emphasis that the strategy places on people’s outcomes and their inclusion throughout the design and delivery stages of digital service development. Moreover, individuals’ access to and control over their personal data were important issues we surfaced through our Data Dialogues funded project (My World, My Health) and we were pleased to see a commitment to give these themes further consideration through the development of a Data Strategy.

We also welcome the commitment around producing a delivery plan, ensuring transparency and accountability:

**“This delivery plan will confirm what our priorities for delivery are, what outcomes are expected to be achieved, who has been tasked with delivery, what budget has been allocated to the work and how success will be measured.”**



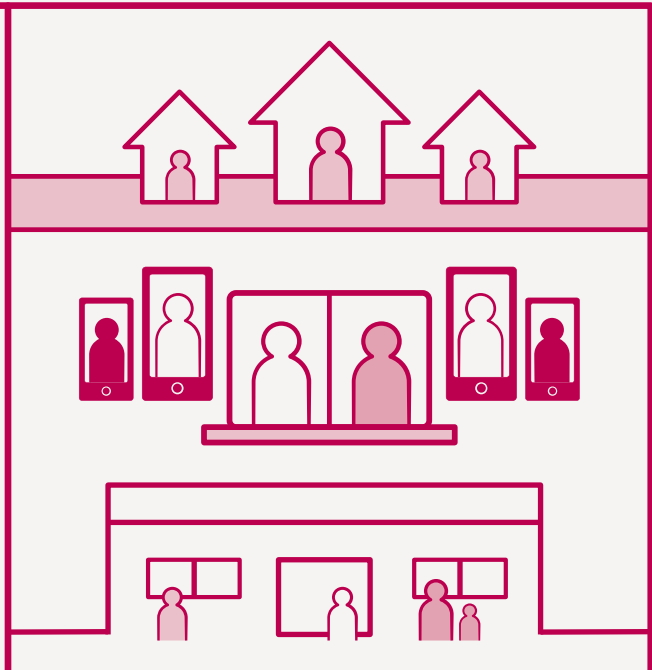
<https://www.gov.scot/publications/scotlands-digital-health-care-strategy/pages/12/>

With this in mind, however, we would also like to emphasise certain areas that we felt deserved more consideration. We recommend that these issues be addressed in further publications and commitments, in particular within the anticipated delivery plan.

## Health and social care

Throughout the strategy, there is ample reference to health and care and the need to bring these together. However, we need to ensure that the importance of 'social care', and particularly the social element inherent within this, is not lost. Going forward, we need to work together to build a system that focuses on enabling people to live good lives, rather than on reconfiguring service delivery and access. This is referenced within the strategy in the following paragraph:

**“Health and care support not only takes place in a variety of formal settings, but increasingly also in the community, in people’s homes or in libraries and community hubs. Supporting the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services is essential to how we plan services of the future. Supporting the adoption of digital practices, including through collaboration with partners across the third, independent and housing sectors, is a central component of how we can achieve this ambition.”**



<https://www.gov.scot/publications/scotlands-digital-health-care-strategy/pages/5/>

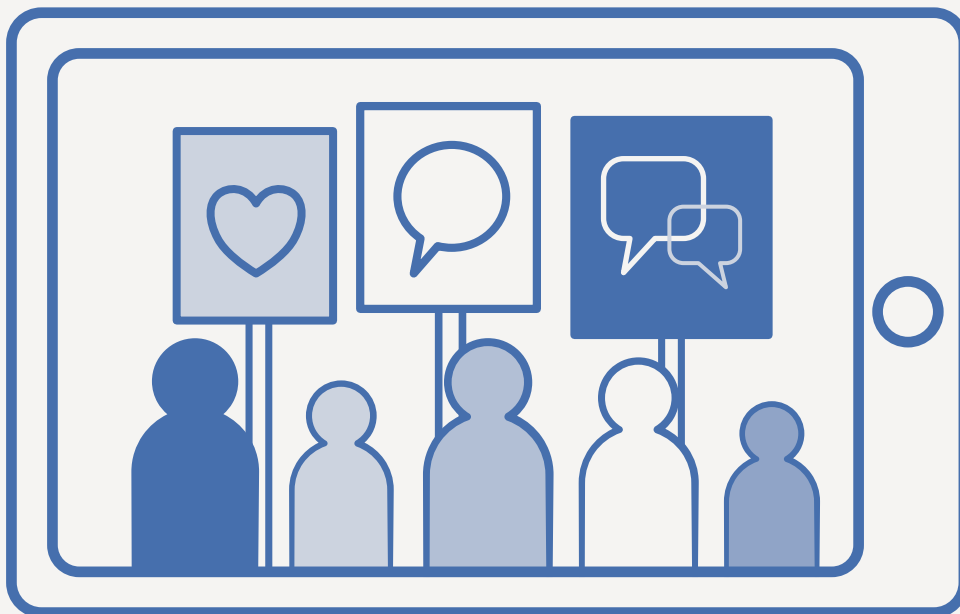
We welcome this recognition of the need for both formal and informal support provision and ask that we do not lose sight of the importance of reciprocity and mutuality within the health and social care system. As the Independent Review of Adult Social Care highlighted, more investment is needed into the preventative and early intervention types of support that might otherwise be overlooked if we focus solely on the redesign of current services. We ask that the Delivery Plan clearly articulates how this will be achieved in practice.

## Human rights approaches

We felt that the strategy lacked clarity around how it will contribute to the protection and promotion of human rights in a practical way. While we acknowledge that there is a human rights vision and language used in the document, and that it refers to equality and ethics issues specifically, we believe it is important that a human rights based approach is fundamentally and explicitly embedded (rather than implicitly) within the commitments and that the upcoming delivery plan will clearly demonstrate how it respects, protects and fulfils human rights.

As highlighted in our previous submission, the ALLIANCE, Scottish Care and VOX have been engaging with stakeholders and individuals across Scotland to develop **a set of five Human Rights Principles for Digital Health and Social Care**. We believe that these co-produced principles should be adopted by all developers, providers, commissioners and supporters of digital in health and social care, to ensure that the provision of new services and digital systems do not inadvertently impact on the rights of people living in Scotland.

Furthermore, we welcome the acknowledgement that use of digital services should be a free choice that does not impact on the quality of care individuals receive. This links to one of our five principles and we are glad to see this referenced so clearly in the strategy. However, we believe that it is also important to emphasise that needs change and therefore the choice of digital and non-digital options needs to be offered on a continuous basis and taking account of individual needs and preferences.



# Accessible and inclusive design

We acknowledge the commitment to adopting the Scottish Approach to Service Design in the development of new services. However, we would like to stress that the strategy needs to be delivered by taking into account the wider partners relevant to its implementation and by ensuring that inclusive design is a core feature of new and ongoing developments.

Within the strategy narrative, digital inequality is typically characterised at three levels: “a lack of access to an appropriate device, or a lack of skills, and lack of confidence to use digital services.” We feel, however, that there are other important barriers that people face that can limit their digital interactions even when they have the necessary resources, confidence and skills. People living with sensory loss (recent or lifelong), dementia or other conditions often have to navigate systems and services that have not been designed with their needs in mind. This lack of inclusive design within mainstream services, as well as a lack of integration with assistive tools, can mean that these groups are unfortunately often left behind.

The strategy acknowledges the fact that the migration to digital during the pandemic has also widened inequality. We found that this was particularly true for people living with sensory loss. Therefore, we would welcome if there were more detail on embedding inclusive and accessible communications as part of the forthcoming delivery plan.

We felt that another omission was the lack of reference to broadband access and poor internet connectivity as an accessibility issue. Once again, many people may have access to an appropriate device along with the skills and confidence that they need. However, we have heard through our **Discover Digital engagement** that people may still be unable to take advantage of digital health and social care option due to rurality and poor or slower connectivity compared to urban counterparts. We would like to stress that digital access is necessary in order to realise the human right that is 'digital choice' and that providing equitable access and connectivity cannot be left as solely the responsibility of the market.



## Infrastructure and interoperability

The strategy makes reference to further embedding Office365 across the health and care system. While we appreciate that this is the industry standard, we believe that the pressing need is for interoperability as opposed to homogenisations. Many organisations providing valuable social care and informal support use other systems, ranging from bespoke apps to open-source software solutions, which should be supported to integrate with NHS and wider systems. The strategy does makes reference to using “internationally recognised open technical standards to improve interoperability”, which we thoroughly welcome and would only add the need for embedding open data principles and open referrals standards within this as well.

As mentioned through our previous submissions, **ALISS** can be taken as an example of a good digital practice that is founded on open data principles. ALISS plays a specific and practical role in relation to both access and infrastructure by enabling organisations to use the ALISS platform for developing or enhancing their own directories, or for creating signposting systems by surfacing the co-produced ALISS dataset, rather than using scarce resources to create new, siloed directories which can in turn contribute to an already cluttered landscape.

## Digital Front Door

We acknowledge that the role of the ‘Digital Front Door’ concept which is being proposed will be linked to the infrastructure and interoperability theme above. Therefore, we would welcome more detail in the delivery plan around how it will integrate with local services from statutory, third and independent sectors. We would also like to stress the importance of providing alternatives to ensure equitable access to services to those who choose not to use digital options. Finally, as mentioned in previous submissions, we would welcome some clarity around where the role of the National Digital Platform is in this emerging landscape.



## Digital skills and leadership

We were pleased to see clear commitments within the strategy to focus more on the needs of the workforce. In addition to this, we would like to highlight that there are additional and alternative roles emerging, which are increasingly required to support people to access digital and develop the necessary skills and confidence. These new roles will be paramount to supporting a more connected and equitable society and therefore need their own focus and investment, as well as ensuring that there is equity in support provision across sectors.

Furthermore, while there is a strong emphasis within the strategy on upskilling and empowering the workforce and citizens to use technology, it does not make specific reference to supporting unpaid carers who may be providing informal digital skills support. We know that unpaid carers make an invaluable contribution to the provision of care and support across Scotland and therefore ask that their contribution is recognised and bespoke support outlined within the upcoming delivery plan.

## Citizen involvement

While the need for citizen involvement is clearly emphasised across the document, we feel that there is a need to provide a more enabling environment for people to participate in research and digital development initiatives. Due to the speed and rate at which new services and ideas are being developed, there is a risk of citizen involvement becoming a transactional and tokenistic process, rather than one that provides high value to both developers and contributors. We would therefore like to invite more detail within the delivery plan around exactly how individuals will be involved in true, meaningful co-production of digital health and social care tools and services and how the participation of all of society's individuals, including seldom heard groups, will be resourced and supported.

## Implementation and evaluation

Finally, we welcome the explicit recognition of the third sector as a delivery partner for the refreshed Digital Health and Care Strategy. In closing, we would only like to reiterate the importance of involving third sector and social care organisations, as well as informal support providers, as meaningful partners in the implementation and evaluation of the strategy too.

# About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims. We seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.





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