CW+ / NHS Charities Together

Digital Inclusion Pilots Evaluation

Final Programme Report

Contents

Executive Summary

NHS Charities Together / CW+ have funded three pilots in North West London over the last two years with the original aim of improving digital inclusion in people who were vulnerable and/or shielding during the Covid-19 pandemic. Imperial College Health Partners were also funded by the same grant to conduct an independent evaluation on these pilots.

The aims of the three pilots were:
- DigitALL (led by Open Age) – to provide devices, data and skills training to enable older adults and adults with learning disabilities to achieve their personalised goals
- Powering Recovery (led by West London Trust) – to provide devices, data and skills training to enable patients of the trust to have greater choice between digital and face-to-face health services
- Hiyos Live Channel (led by Hiyos GP practice) – to deliver online content on topics relevant to addressing health inequalities, starting with work experience sessions on NHS careers

Over the last two years, the pilots have reached hundreds of people in North West London and beyond. DigitALL had supported around 550 individuals to improve their digital skills by June 2023, and were well on track to meet their target of 700 individuals supported; Powering Recovery had supported 105 people by end of June; and Hiyos Live Channel had delivered workshops with over 1,500 attendees in total. Participants reached by the pilots were diverse, and overrepresented for ethnic minorities (in the case of DigitALL and Powering Recovery) and for some of the most deprived postcodes in the country (in the case of Hiyos).

In terms of impacts achieved, DigitALL saw the greatest improvement in both confidence and frequency of using the internet, with the proportion of participants using the internet weekly or daily increasing from 20% at the start of support to 100% at the end of support. Powering Recovery also registered improvements in frequency of internet use albeit from a higher baseline where 65% of participants were already using the internet at the start of support, and 100% used it at the end. Participants also increased their confidence in using health services. Finally, we measured an improvement in self-reported wellbeing for participants of DigitALL and Powering Recovery, even though we cannot conclusively attribute this to the pilot due to the absence of a control group.

Finally, we reflected on what was needed to deliver and sustain the pilots. Costs per beneficiary supported ranged from £204 (for Hiyos Live Channel) to £2,857 (for Powering Recovery). The DigitALL pilot spent the greatest proportion of funds on direct delivery of the service to beneficiaries (77% of funds) and seemed to have the most scalable model with a central project manager and devolved delivery of the service by a large-scale consortium of charities. Partnerships and device and data donations were key enablers of sustainability.

1. Introduction and context

1.1. Digital Inclusion pilots

In late 2020 NHS Charities Together launched a call for Community Partnership Grants, to support the NHS and voluntary sector community dealing with Covid-19. The funded projects were intended to focus on supporting people who were shielding and clinically extremely vulnerable due to Covid-19, enabling equitable access to health, care and community resources through a digital resource or platform and where digital access was supported by the partnership work.

In North West London (NWL), three pilots were selected to be funded by the Chelsea and Westminster Trust charity, CW+. The potential of each pilot to be scaled to a wider population in NWL was also a key consideration when selecting the three funded pilots. Evaluation was also embedded in the initial NWL grant from the outset to ensure that any outcomes from the pilots could be measured and results used to promote sustainability of successful pilots.

The three selected pilots in NWL were:
1. **DigitALL** (led by Open Age and covering Westminster, Kensington & Chelsea and Hammersmith and Fulham)
   Supporting older adults and adults with learning disabilities (ALDs) to achieve personalised digital inclusion goals through device and data provision, personalised skills assessment and 1:1 or group support.
2. **Powering Recovery** (led by West London Trust in Ealing)
   Supporting the Trust's patients and community-referred individuals with different conditions (Chronic obstructive pulmonary disease; COPD, diabetes, dementia) to access services online through device and data provision and 1:1 or group support.
3. **Hiyos Live Channel** (let by Hiyos GP practice in Hounslow)
   Supporting young people to access health educational content on NHS careers and specific disease conditions in social media and through online workshops[1].

Imperial College Health Partners (ICHP) have been commissioned to evaluate the three pilots as part of this grant.

Brief overview of methodology and limitations

This evaluation was based on a "before-and-after" design, measuring the baseline for the key outcomes at the start of the programme and again at the end and comparing the change seen in participants, without having a control group. A recall survey was done in two of the pilots (DigitALL and Hiyos Live Channel) to understand how participants were doing after having graduated from the programme and whether benefits were maintained. A more in-depth description of the methodology used can be found in appendix A.

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[1] The original focus of Hiyos Live Channel was on providing day-time videos for vulnerable and/or shielding patients. Since the lockdown policies ended the team moved on to deliver different types of content online tailored to target population needs, around key themes of social determinants of health like education and employment and giving every child the best start in life.

Some of the limitations of the approach followed were that without a control group we cannot conclusively attribute changes seen in the study period to the pilot itself. There was also extensive variation in populations, intervention delivery formats (e.g. 1:1 vs group) and duration of support which makes attribution of outcomes even more challenging.

Aim of this report

This final programme report and the three pilot-specific reports aim to:

- Summarise key achievements and outcomes of each pilot and the programme overall, both in terms of digital inclusion outcomes and broader impacts on health and wellbeing

- Outline what processes and resources were needed to achieve those outcomes

The UK Government Guidance on digital inclusion evaluations outlines both intermediate digital inclusion outcomes (access, use, skills and confidence, and motivation) and broader outcomes i.e. what having those digital skills enables you to do. These can be outcomes in different areas like employment, education, health or "communicating and connecting" with others (see Figure 1). The NWL Digital Inclusion programme primarily focused on intermediate outcomes related to digital access, use and confidence, and on broader outcomes related to healthy lifestyles and communicating and connecting. The Hiyos Live Channel project also focused on employment and education.

BENEFITS REALISATION ROADMAP
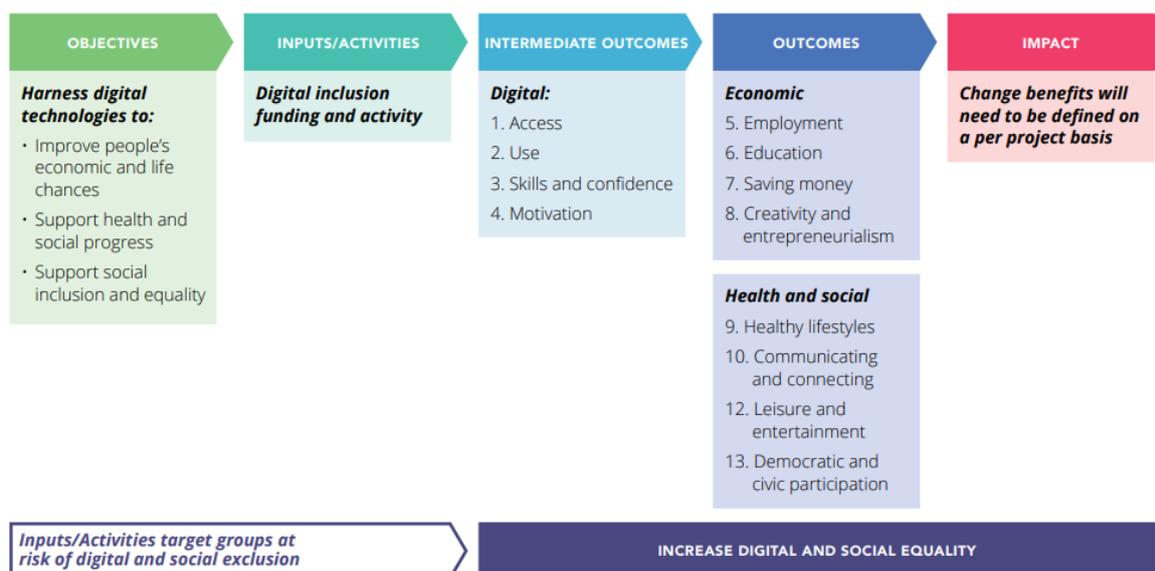
Figure 1 - UK Government guidance on outcomes to capture in digital inclusion evaluation. Outcome areas captured in this

programme indicated by orange boxes

Original image from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605087/DigitalInclusion_Toolkit_Overview.pdf

The logic model for the NWL Digital Inclusion programme is shown in Figure 2.

The original aims of the programme were to address inequalities in NWL, in particular access to digital services that increasingly moved online during the pandemic. Through provision of skills training, data and devices, the pilots aimed to improve access, use and skills and confidence to use digital devices and services (see Figure 2 – "Outcomes – digital inclusion"). By improving access and skills for vulnerable groups in the population, participants are better able to achieve their personalised goals and improve their wellbeing and quality of life, whether that is due to being more connected to friends and family and/or by an improved ability to access services.

For the Hiyos programme specifically, the focus was on provision of tailored and relevant content for deprived groups of the population once they had skills to access services and attend sessions online. The aim of that pilot was to educate participants about health-relevant issues, with an initial focus on NHS careers sessions for younger people.

Measures of demographics and inequality were captured throughout the duration of the pilots to understand whether the pilots were reaching those most in need.

CW+ Digital Inclusion – Programme-level Logic Model
Projects supporting digital inclusion for health and wellbeing in NW London

Need	Programme	Activities	Outcomes – digital inclusion	Outcomes – health, wellbeing & other	Impact

Covid-19 has exacerbated inequalities across NWL.

One increasing area of inequality has been a **growing reliance on digital healthcare provision**, which can exclude those without access to internet, mobile data, devices, and/or skills/training

DigitAll [DA]:
For people who are digitally excluded (**older people and people with learning disabilities**)

Providing access to devices and personalised training

Powering Recovery [PR]:
For people with **COPD or long Covid**

Supporting cohorts of patients who want to attend rehab virtually but lack skills or equipment

Hiyos Live Channel:
For **practice patients**, with content also available to **wider population in NWL / England**

Video content delivered on topics of interest to practice patients' health and wellbeing*.

Needs assessments

Access to devices (loaning/gifting)

Training

Group and 1:1 sessions

Social media posts

Live webinar channel

Joint project meetings

Access
- [DA] Increased ability to access online and offline socialising and activities, e.g. video calls with family, GP
- [PR] Ability to access videos and other content online

Use
- [DA+PR] Increased frequency of device/app use

Skills
- [PR] Increased ability to self-manage health (i.e. through app, or remote monitoring)

Confidence/Motivation
- [DA+PR] Confidence in digital skills

Health
- [PR] Improvement in attendance of rehab sessions
- [PR] Ability to attend online appointments
- [PR+DA] Ability to self-manage conditions and use self-care apps
- [DA] Improved ability to engage with online healthcare services (e.g. appointments, online prescriptions)

Wellbeing
- [PR+DA] Improvement in quality of life

Other
- [DA] Accessing non-health services online

Increased digital inclusion for vulnerable people in NWL in order to improve people's wellbeing and provide access to health, care, and community resources.

Patients retain **health knowledge/information** and have greater confidence to manage their health

Patients take action on health information they received

Greater patient choice between traditional or digitally-enabled health interventions.

Shared learning

**Inequalities measures will be monitored throughout**

Figure 2 - NWL Digital Inclusion programme logic model

* Hiyos focus shifted from purely health and wellbeing content to deliver sessions on NHS careers

2. Activity and reach of the programme

The three pilots in NWL supported over 2,000 people as shown in Figure 3. DigitALL and Powering Recovery received around 800 referrals and had supported ~650 people by the end of June. Hiyos Live Channel had delivered five work experience workshops by the end of June, attracting over 3,000 sign-ups from across the UK and having over 1,500 attendees in total.

The pilots were generally able to attract participants from their intended target populations and participants were overrepresented for vulnerable or traditionally excluded groups of the population. For example:

- DigitALL supported 132 ALDs and 417 older adults with very low levels of digital skills at the start of support. Asian or Asian British and Black or Black British ethnicities were overrepresented in those supported compared to the triborough population
- Powering Recovery supported over 100 people from the Ealing area. Greater than 60% were over 55 and over 50% of participants were Black or Black British. However, the starting level of digital skills in these participants was higher than in the DigitALL pilot.
- Hiyos Live Channel reached primarily young people (70-80% under 24 years of age); people who signed up were overrepresented for some of the most deprived postcodes in the country (as per Index of Multiple Deprivation)

	DigitALL	Powering Recovery	Hiyos Live Channel
	665 people **referred** to the project	**139** people **referred** to the project	**>3000** people signed up for 5 work experience workshops (**1050** from NWL)
	549 people **supported**	**105** people **supported**	**~1550** attendees in 5 NHS work experience workshops
	528 participants "**graduated**"	**75 participants** "**graduated**"	**395** workshop attendees completed work experience task to get a certificate

*Data collected from teams at the end of June, activity figures will have changed since as pilots have continued to deliver support

Figure 3 - Total numbers of people supported by the three pilots

3. Impact of the pilots on beneficiaries

3.1. Digital inclusion outcomes: access, use and confidence

Only two of the pilots, DigitALL and Powering Recovery, measured impacts related to digital inclusion outcomes.

The pilots addressed **access** barriers through provision of devices and data to participants who needed devices and/or data:

- For DigitALL, just over half of older adults supported needed a device and did not have one previously. ALDs were supported using two different models: some participants were given devices while users with higher needs attended a drop-in centre where they could access laptops and support.
- For Powering Recovery, most participants who signed up needed a new device as sometimes even if they had one it did not meet their needs (e.g. smartphone with very small screen).

Both pilots provided individual assessments of skills levels for participants and personalised support to gain relevant digital skills, either 1:1 or in a group format.

Participants reported an increase in their **confidence** doing different online activities (Figure 4):

- For DigitALL, average confidence looking up information on the internet on a scale of 1-5 increased from 1.9 at the start of support to 3.7 at the end, and 4.6 for the subset of participants who were called back 3 months after end of support
- For Powering Recovery, confidence in the same skill increased from 3 out of 5 at the start of support to 4.3 at the end (no recall survey done for Powering Recovery)

Participants did not only increase their confidence but also reported more frequent internet **use** by the end of the programme (Figure 5): for DigitALL, the proportion of participants using the internet weekly or daily went from less than 20% at the start to 100% at the end of support, while for Powering Recovery most participants already used the internet at least weekly at the start (>65%) but this also increased to close to 100% at the end of support.

I can look up information on the Internet (n=396*)

* Older adults only

How confident are you searching for information on the internet? (n=69)
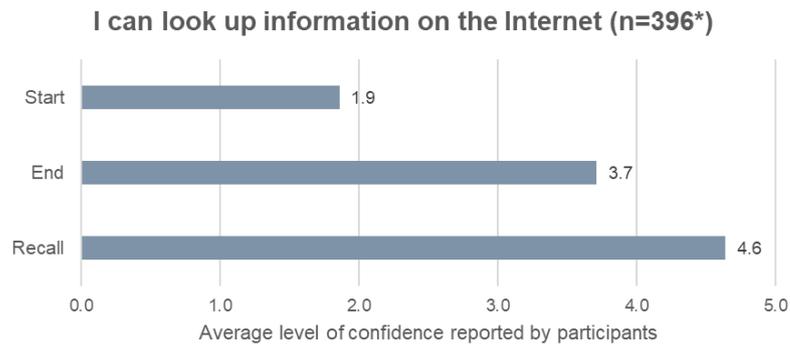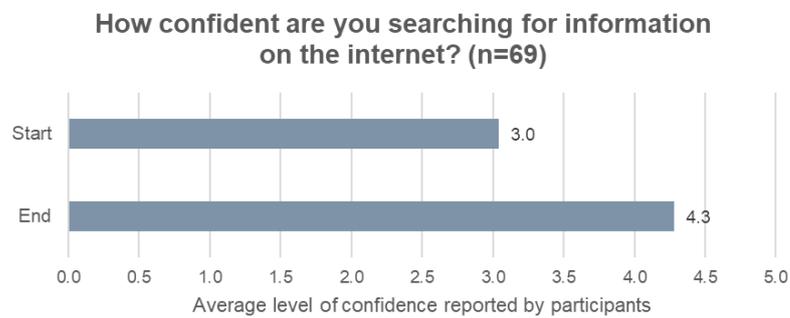
Figure 4 - Confidence looking up information on the internet for DigitALL and Powering Recovery

How frequently do you use the internet? (n=528)
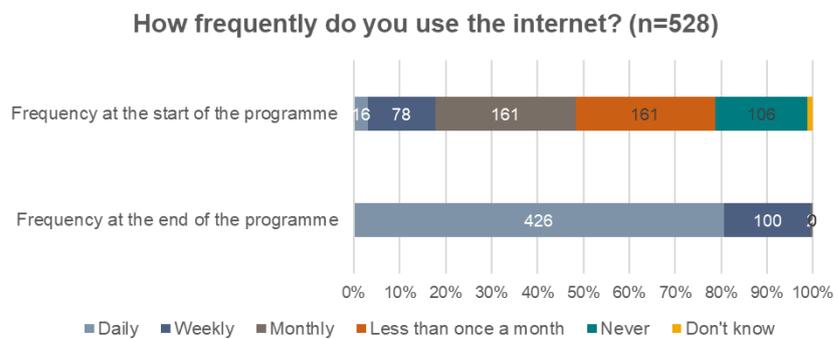
Figure 5 Frequency of internet use for DigitALL and Powering Recovery

How often do you use the internet? (n=69)
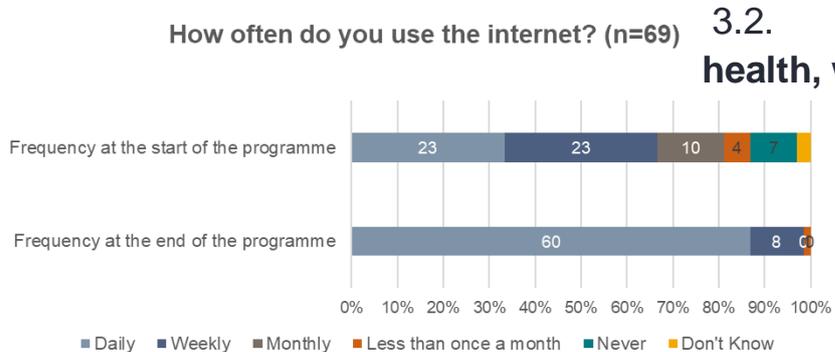
3.2. Impact on health, wellbeing and education

3.2.1. Health and wellbeing outcomes

One of the main aims of the programme was to improve participants' ability to access services that moved online during the pandemic. Participants of both DigitALL and Powering Recovery pilots reported an increase in **confidence accessing health services online** (Figure 5): for DigitALL

confidence on a scale of 1-5 increased from 1.2 at the start of support to 3 at the end, and 4.1 when participants were called 3 months after support end; for Powering Recovery confidence increased from 2.6 at the start to 3.9 at the end. DigitALL participants reported an increased confidence in booking appointments online (80% of participants at the end of support) and ordering online prescriptions (50% of participants at the end of support). Powering Recovery participants attributed their increased confidence in attending appointments online to the support from the Powering Recovery programme.

These two pilots also measured changes in participants' wellbeing for the duration of the programme. One of the key hypotheses in the programme's theory of change is that if people are empowered to use digital skills to achieve their personal goals, they will improve their wellbeing in general. This could happen for example by making them feel more connected if they are able to communicate with friends and family on social media.

Figure 7 shows the results for one of the wellbeing questions, compared to the Office for National Statistics (ONS)-measured wellbeing levels in the boroughs where each of the pilots were based.
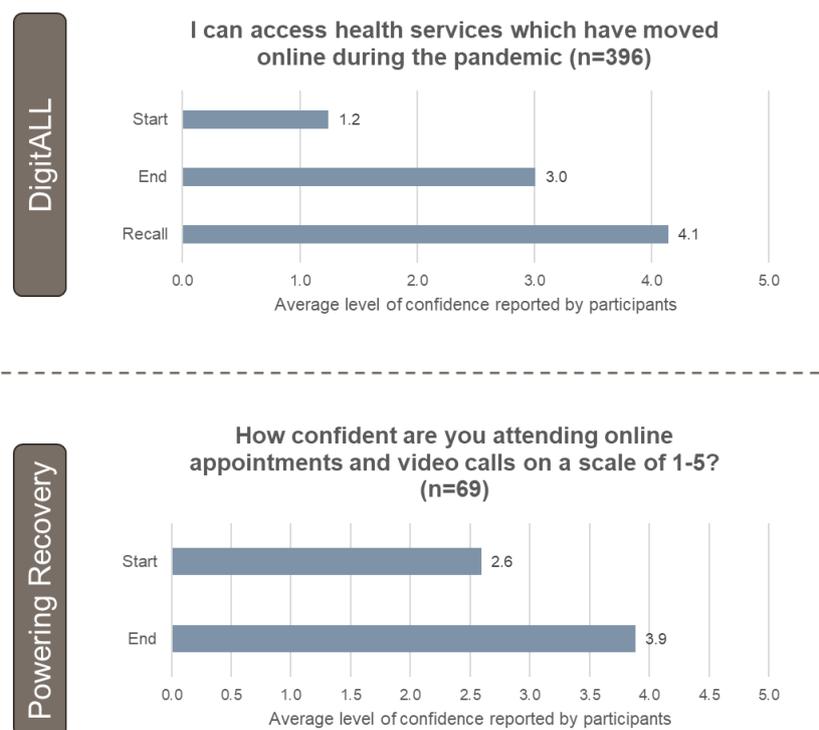

Figure 6 - Average confidence accessing health services online, before and after being supported by digital inclusion pilots

At the start of these programmes, the levels of wellbeing reported by participants of the pilots seemed much lower than wellbeing levels measured in their home boroughs at a similar time (2022 data available for boroughs, and participants started being supported from April 2022 onwards). At the end of the support period by both pilots, wellbeing levels of participants seemed to have improved, although we cannot conclusively attribute the improvements to the support received.
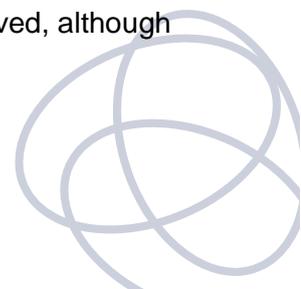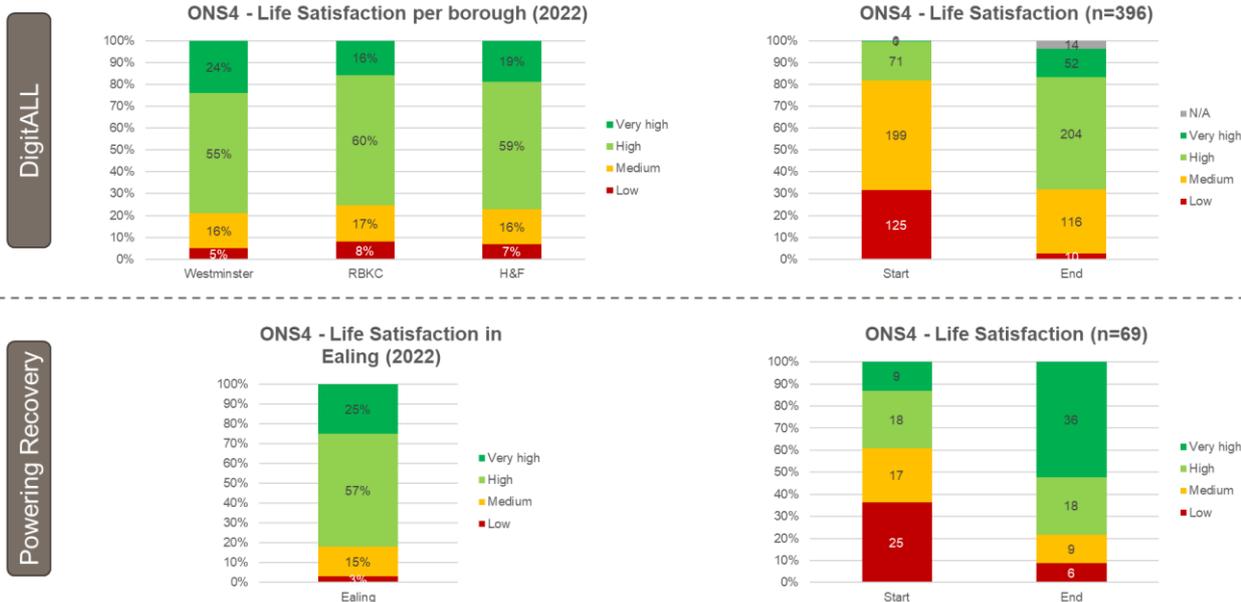
Figure 7 - ONS4 Life Satisfaction results for DigitALL and Powering Recovery, at the start and end of the programme

3.2.2. Education and employment outcomes

Hiyos Live Channel on the other hand aimed to deliver health-relevant content to participants via social media and online workshops. For their NHS work experience workshops, nearly half of people signing up were students with an existing interest in healthcare (~45% of sign-ups), but the remaining people signing up either did not know what to do or were looking for employment or volunteering opportunities.

At the end of the sessions, >90% of participants agreed or strongly agreed that they felt greater **confidence** in managing their career and >90% reported that they had **intentions** or concrete actions in place to take up a career in healthcare; at least 35% of participants attributed these intentions to the Hiyos workshop.

The pilot leads reached out to participants again 3-6 months after the pilot ended and of the 57 participants who responded (response rate = 4%), most had **taken action** on the information they learned: some researched roles further, while 19 people reported having applied for an internship or work experience and another 7 for a job since attending the workshop. However, it is important to note that Hiyos surveys were anonymous (not linked) and had much lower response rates than surveys for the other pilots. Since answers only represent a very small subset of the >1500 people who attended Hiyos sessions, we cannot know how many of those attendees accessed different education or employment opportunities specifically due to their participation.

4. How the pilots were delivered – process findings

4.1. Costs and resources used to deliver the pilots

We looked at the budgets of each pilot to understand what resources were needed to deliver support to participants (Table 1). In terms of costs per beneficiary, results for the 3 pilots were quite different: Hiyos had the lowest cost per participant at ~£200 per participant, followed by DigitALL at ~£670 per participant and Powering Recovery at £2,857 per participant. Even though these pilots are very distinct, we can note that:

- DigitALL and Powering Recovery had relatively similar interventions (delivering devices, data and skills training) so the difference between the two is striking
- Part of this difference is due to the late scale-up of Powering Recovery, where the majority of referrals and participants supported has come in the last 3 months leading up to June 2023; cost per participant should therefore go down for the remainder of the programme. However, DigitALL are also on track to meet their target of supporting 700 participants so their costs should also go down further by the end of the grant period.
- DigitALL also secured £35,000 of additional funding for the pilot which is why their budgeted total is higher than for other pilots. This is included in the calculations of cost per beneficiary.
- It is also important to consider what the "cost per beneficiary" relates to, since all these interventions are quite different and range from personalised support and device gifting (in the case of DigitALL and Powering Recovery) to attending a 3-day workshop (in the case of Hiyos Live Channel). DigitALL have also spent the greatest proportion of funds on "delivery costs" of the three pilots; a more in-depth breakdown of costs can be found in Table 2.

	DigitALL	Powering Recovery	Hiyos Live Channel
Cost per beneficiary	£673	£2,857	£204
Number of beneficiaries	549	105	1547
(definition used for beneficiary)	Number of people who started support by June 2023	Number of people who started support by June 2023	Number of workshop attendees by June 2023
Delivery costs as % of total	77%	67%	70%

Table 1 - Cost per beneficiary for the 3 pilots

The more detailed breakdown in Table 2 allows us to understand what proportion of spend went towards delivery vs central management and towards equipment, staff or other costs.

Hiyos spent the majority of their budget on staff time, primarily reimbursing internal staff for the time spent delivering and preparing content for the programme. Their equipment costs, interestingly, were higher than for the two pilots purchasing devices and data for participants – the main spend in this category was in software licenses to host the sessions and analyse social media activity to understand what content was resonating with people.

DigitALL and Powering Recovery have more similar types of spend, primarily on staff, "other delivery costs" (including payments to partners delivering skills training) and equipment to allocate to

participants:

- DigitALL had a model where one staff role was hired to manage the partnership and pilot as a whole e.g. overseeing referrals and device distribution, as well as data collection. That meant that all the costs listed as equipment or "other delivery costs" went towards the direct delivery of support to participants.
- In the Powering Recovery pilot, support was delivered by two full-time staff (initially one full-time role was for project management but this changed to two delivery staff later to enable the programme to scale faster). "Other delivery costs" also included other payments to West London Trust for rooms and overheads, which meant that even without a full-time project manager the "central management" costs for this pilot were higher than in DigitALL.
- For both of these pilots, the equipment costs ended up being lower than budgeted, as a significant proportion of devices and data packages were donated or gifted to the pilots by either private companies or system partners.

	DigitALL (budget)	Powering Recovery (budget)	Hiyos Live Channel (actual costs)
Staff	81,665.70	173,072.00	238,473.11
as % of total	*22%*	*58%*	*76%*
Equipment	67,600.00	26,680.00	76,801.65
as % of total	*18%*	*9%*	*24%*
Other delivery costs	220,200.00	100,226.00	
as % of total	*60%*	*33%*	
TOTAL	**369,465.70**	**299,978.00**	**315,274.76**
Subtotal - Central management	*83,465.70*	*98,228.00*	*94,416.07*
as % of total	*23%*	*33%*	*30%*
Subtotal - Direct delivery	*286,000.00*	*201,750.00*	*220,858.69*
as % of total	*77%*	*67%*	*70%*

Table 2 - Costs of the three pilots (budgeted or actual, as indicated

4.2. Enablers and barriers to delivery – key themes from the process evaluation

We interviewed pilot teams and delivery partners to feed into the interim evaluation last year and held some updated interviews earlier this year to capture any changes in context or processes. This section builds on both of those sets of interviews to reflect on the programme as a whole.

What went well during pilot delivery

- **Participant satisfaction**: participants were very satisfied with support received from all three programmes; ~90% of participants in DigitALL and Powering Recovery pilots rated them as "Very Good", as well as ~70% of Hiyos workshop participants
- **Partnerships**: in all pilots, partnerships increased the impact that could be achieved. In DigitALL, a partnership of charities delivered skills training to participants, allocating participants flexibly between them according to existing capacity ensuring greater numbers could be supported. Powering Recovery community partners helped them to increase referrals and donated devices to the project, ensuring more funds were available for support. Finally, Hiyos used their school partners to test their work experience workshop idea with students and adapt it to their needs.
- **Personalisation and personal contact with participants**: all programmes involved elements

that made the intervention "personal" to participants: whether that involved setting personalised targets (DigitALL), providing 1:1 support (DigitALL and Powering Recovery) or the chance to have direct contact with clinicians and get an individual work experience certificate (Hiyos)

- **Building on existing strengths of delivery teams**: pilots worked best where they were building on existing strengths and relationships. For example, Powering Recovery was able to scale up faster when they moved to a team with more relevant capabilities and relationships; whereas Hiyos found that it was easier to produce content and get engagement in areas their team were experts in.
- **Adaptability**: all the teams needed to improvise and adapt to changing context and challenges to deliver support to participants. Some examples of changes were e.g. changing areas of focus (Powering Recovery, Hiyos) or changing the way in which teams were reimbursed (DigitALL).
- **Mutual support within and across pilot teams**: mutual learning and support between the three pilot teams and between the different organisations within the DigitALL partnership were mentioned as an aspect of the programme that worked well.

Common challenges

- **Low engagement and referrals** – Powering Recovery had very low numbers of referrals for the first year of delivering the programme; Hiyos also delivered different kinds of workshops at first, some of which with very low levels of engagement and few sign-ups. Both teams seemed to recover from this challenge by pivoting to groups with clearer needs and making better use of existing expertise.
- **Using resources effectively to deliver personalised support** – DigitALL and Powering Recovery teams reflected that delivering personalised 1:1 support was challenging at times in terms of the resource required.
- **Data collection challenges** – collecting data for all participants of DigitALL and Powering Recovery (for the evaluation but also to support delivery e.g. by doing personalised assessments) was seen as resource-intensive and challenging for the teams. Participants also found some of the surveys too long.
- **"Graduating" from the pilots** – some participants found it challenging to "graduate" from the programmes and expressed a desire for more support from all three pilots. In the two pilots that involved devices and data access, it was difficult to make a loaning model work since that would involve removing access when support finished so participants were allowed to keep their devices when they finished support. Discounted data rates were also provided for participants to be able to afford connectivity when free access expired.

5. Considerations for sustainability

Figure 8 below outlines some of the key considerations from teams on the factors that were required to set up and sustain the digital inclusion pilots. Based on initial feedback from the pilot teams:

- DigitALL is currently applying for funding to continue delivering the service
- Powering Recovery are currently exploring different options of continuation however there are no firm plans at present for the continuation of the programme beyond the end date for the funding
- Hiyos Live Channel will be continued by the Hiyos practice, with a focus on continuing to deliver the work experience workshops in a less resource-intensive way, and delivering more sessions focused on health-related topics like diabetes, asthma or mental health

The partnership model championed by DigitALL seems especially suited to scaling. New partners have joined the charity consortium since the pilot started and the partnership size has enabled them to apply for funding together. This consortium model with central management has also allowed DigitALL to allocate participants and referrals flexibility to minimise waiting times. Since organisations were already delivering similar initiatives as part of their Business as usual (BAU), this project worked as a way to bring in more referrals in a joined up way and allocating them flexibly to whatever organisation had capacity to deliver at a given point in time, minimising the chances that either participants or staff were waiting around for long.

Another key enabler of sustainability has been data and device donations. Even though some of the pilots originally intended to loan rather than gift devices, leads reflected on how it was challenging to take devices away from people when programme support ended, knowing they would not be able to get alternative ones. Securing partnerships that would allow data and device donations to continue might be a way to make device gifting to participants more viable in the long run. There is a tension between what looks good in terms of sustainability for delivery organisations (e.g. being able to loan devices might enable them to support more people) vs for individual participants (for whom keeping a device would be essential to maintain access). Some teams e.g. MenCap have come up with more sustainable models where it comes to devices – in their case, setting up a drop-in centre with a fixed number of devices that people can come in and use.

As a final reflection on enablers of sustainability, the evaluation of these pilots used a "before-and-after" design since it was not feasible to have a control group for any of these. This necessarily limits the strength of recommendations we can make. We would recommend that any pilot scale-up also considers evaluation and in particular explores how we can make use of NWL system data (e.g. Whole System Integrated Care;WSIC) to strengthen some of these findings.

Setting up a digital inclusion programme

Engage local population and organisations to improve targeting and reach – think about how you will identify and reach the populations who need support and use referral forms to screen for people who need support the most

Invest in dedicated project management – project management resource can help to make project delivery more efficient and enable those supporting participants to spend more time in direct delivery activities

Build on teams' existing strengths – consider where the project fits within the organisation and which teams have the expertise and contacts needed to deliver it

Use partnerships to increase impact – the right partners can make these programmes go further by identifying people in need in the community, delivering support to participants as part of their existing initiatives, or providing/donating devices and data

Sustaining the pilots and their impact

Maintain and/or expand existing partnerships – partnerships developed as part of this programme have matured, enabling cross-learning and joint applications for funding. More organisations could be added to existing partnerships to scale the programmes to new target populations.

Streamline referrals and delivery – pilot leads reflected on ways they have been saving time and resource in programme delivery. E.g. Powering Recovery have pulled together new referral templates that made referrals easier, and Hiyos have been recording workshops with the aim that some of them could be delivered at least partly via a recording, saving the team time.

Secure further data and device donations – even though two of the pilots had intended to purchase devices, many devices and data packages were donated by partner organisations and/or private organisations as part of corporate responsibility initiatives. This enabled the grant money to go further and to support more people; securing longer term device and data donations would be important to sustain these programmes.

Fund programmes for longer periods – two-year funding was a real advantage for organisations that often live from grant to grant and enabled investment on project management and capability building that enabled better project delivery

Figure 8 - Key considerations for digital inclusion pilots set up and sustainability

Appendices

A. Methodology

This evaluation was conducted in 3 main stages:

- A discovery stage in 2021- early 2022, in which we co-designed logic models for each of the pilots with pilot teams, and compiled outcome frameworks for each pilot
- A data collection stage, where we supported teams to design and implement data collection tools and gather data for the evaluation
- A reporting stage, where we analysed and summarised all data from the evaluation

This final evaluation report was preceded by an interim evaluation which was primarily a process evaluation, capturing key learnings from pilot delivery and outlining recommendations for improvement.

Information for this final evaluation was collected in the following ways:

1. Survey data

Data for each programme was collected via several surveys, and the appropriate data sharing agreements were put in place so that anonymised or pseudonymised data could be shared with ICHP. For two of the projects (DigitALL and Powering Recovery) results were pseudonymised so we could compare how people did in their start, end and recall surveys. This was not the case for Hiyos Live Channel where data collection for participants of the workshop was anonymous and only one of the surveys (registration survey) was compulsory. Recall surveys were conducted by two of the teams (DigitALL and Hiyos Live Channel) to understand if benefits from the programme had been maintained after "graduation": in the case of DigitALL the aim was to evaluate retention of digital skills; whereas for Hiyos Live Channel the aim was to understand if workshop participants had acted on information learned during the workshop. These recall surveys were voluntary (participants gave consent to be contacted again when filling in the "end" survey for either pilot). For DigitALL they required the programme manager to call participants individually, which was resource intensive: for that reason, a target number of responses (100) was set for that pilot.

The number of responses / participants at the end of June 2023 are shown below.

For Hiyos, data from three surveys covering five workshops was received:

Survey	Workshop 1 – July 26-28th	Workshop 2 – October 4th-6th	Workshop 3 – October 25th	Workshop 4 – February 14th-16th	Workshop 5 – May 30th-June 1st	Total
Pre-workshop sign-up survey	N=270	N=350	N=946	N=914	N=550	N=3030
Post workshop satisfaction survey	N=66	N=154	N=283	N=395	N=159	N=1057
Recall survey	Recall 1 (for Workshops 1- 3): N=40			N= 57		

For DigitALL, data from eight surveys was received:

Survey	Referral form	DART* (older adults)	DART* (ALDs**)	Final survey (older adults)	Final survey (ALDs)	Recall survey (older adults)	Recall survey (ALDs)	Early exit form
responses	N=665	N=417	N=132	N=396	N=132	N=72	N=46	N=21

*DART = Digital Assessment Readiness Tool (starting survey) **ALDs = Adults with learning disabilities*

For Powering recovery, data from three surveys was received:

Survey	Pre-support survey	Post-support survey	Patient record*
N responses	N=112	N=71	N=139

All referrals, including those who withdrew or who are currently awaiting support

There were inconsistencies between the number of survey datapoints submitted and the number of participants whose status indicated they had started support or finished support. Some participants may have chosen not to answer specific questions, so the total number of responses for a given question may not match the totals above.

Survey data was analysed by ICHP and aggregated by unique participant number where relevant, to understand how individual participants' outcomes had changed over time. Thematic analysis was conducted on key open-text fields to identify the main themes mentioned by participants on targets set or satisfaction with the pilots.

For the Hiyos project, where postcode information was available, postcodes were matched to Index of Multiple Deprivation deciles using the following tool: https://imd-by-postcode.opendatacommunities.org/imd/2019

2. **Semi-structured interviews**

We carried out six brief semi-structured interviews online with key stakeholders between June-July 2023 including:
- Project delivery teams
- Delivery partners (voluntary organisations)

The aim of these interviews was to capture any main changes to project delivery in the past year and understand how the teams are preparing for project sustainability. The number of interviews per project were as follows:

	DigitALL	Hiyos	Powering Recovery

Project team	1	2	2
Delivery partners			1
TOTAL	**1**	**2**	**3**

Interview findings were analysed using thematic analysis.

Key limitations of this study
This study had several limitations. First, the design used was a before-and-after design. This is one of the weaker types of evaluation design since it does not include a control group: without a control group we cannot conclusively attribute changes seen in the study period to the pilot itself. For example, where there is an improvement in wellbeing we cannot say if that improvement was seen in the overall population (for example, due to the lifting of Covid-19 lockdown policies) or only in those being supported by the pilots.

The pilot interventions being evaluated targeted multiple populations, they comprised multiple formats and variations of the intervention being delivered, flexible targets and varying duration of support. While personalisation was a key feature of two of the pilots, this complicates measurement of the level of improvement for participants as a whole since there is a difference in seeing no improvement because the intervention does not work vs because most participants did not set a target to improve in a specific area.

Another limitation was the level of iteration and change during pilot delivery. Two of the pilots (Hiyos Live Channel and Powering Recovery) changed significantly in terms of focus of the pilots and target populations, which affected evaluation delivery in different ways:
- Hiyos Live Channel started with the aim of providing content 5 days a week for shielding practice patients and ended up doing 3-day workshops for school age children on NHS careers. The change in focus meant that some of the original outcome areas in the logic model were no longer relevant. The fast pace of iteration also meant that the evaluation team did not have a chance to input into the initial version of surveys being rolled out, resulting in some inconsistencies in data reporting in the first few workshops
- Powering Recovery started with a focus on supporting pulmonary rehab patients and later expanded to other patient groups. The later expansion to new populations e.g. people with dementia meant that there was no time to re-develop questionnaires with those populations in mind and so some of the outcomes may have lower validity for some of the new populations added.