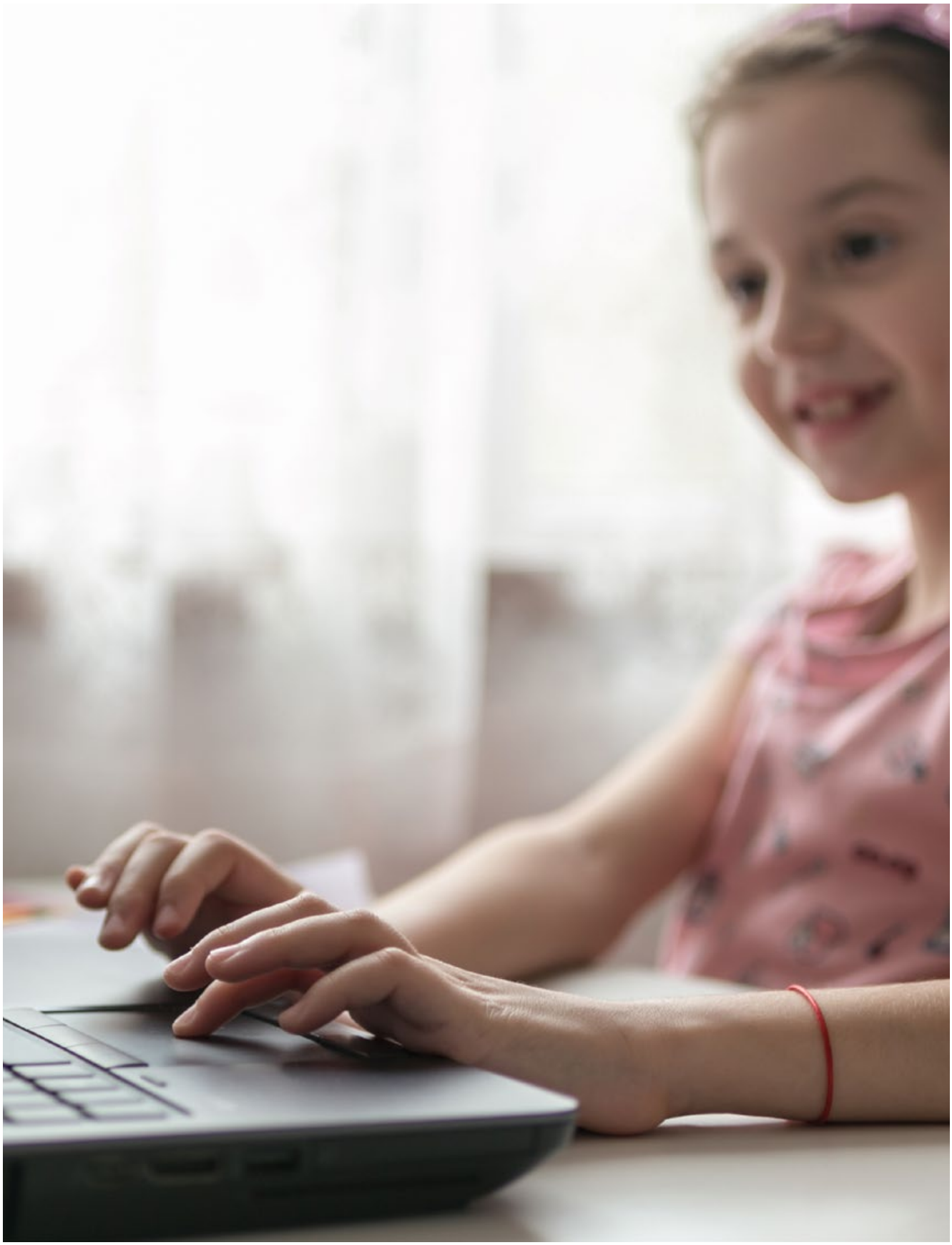
Appendix 1

Bridging the Digital Gap - Improving Health Outcomes through Digital Innovation

Annual Public Health Report 2020/21

A BETTER MEDWAY
Easier ways to be healthy

Medway Council
Serving You



Healthy Minds, Healthy People: Wellbeing across the life course in Medway

Director of Public Health for Medway's Annual Report 2020-21

A BETTER MEDWAY
Easier ways to be healthy

Medway Council
Serving You

Contents

1. Foreword

James Williams, Director of Public Health Medway Council

This Annual Public Health Report is a departure from previous reports. The nature of the significant challenges presented by the COVID-19 pandemic to the health of the Medway population over the past 20 months renders any comparisons, analysis or progress on actions and recommendations set out in previous years extremely difficult. Action is however in hand. A major investigation looking at factors impacting on the health of the population of Medway will be completed in 2022. The findings from this work will be used to undertake a detailed review of the issues facing the people of Medway and highlight any new challenges affecting the population.

The primary focus of this report is digital exclusion. The COVID-19 pandemic has seen a rapid increase in the use of technology. The impact that access to online services and support have on the population is significant. The challenge of ensuring that all residents, in particular those who would gain most benefit, are able to access digital services is important.

The future battle lines are clear. People who are able to acquire digital devices and have the capability to use them effectively will be in a strong position to increase their wealth and health. People who do not have the digital skills, equipment or ability to access services online, will suffer worse outcomes. They are likely to experience inequalities in work, in health and consequently have a shorter life expectancy and spend more time in poor health.

There is a strong ambition in Medway to create an environment that enables everyone to reach their potential. The examples of local innovation set out in this report are evidence that Medway Council and its partners in the public, private and voluntary sector are fully committed to addressing disparity caused by digital exclusion and ultimately bridge the digital Gap.

Councillor David Brake, Portfolio Holder for Adults' Services and Public Health:

This Annual Public Health report for 20/21 demonstrates the breadth and depth of partnership working within Medway. It highlights the action being taken to tackle digital exclusion and also sets out the excellent innovation and responses of Council staff and partners in other agencies. As the Lead Member of Public Health within my Portfolio, I commend this report and the recommendations it makes. Adopting these will help to ensure everyone living and working Medway can fulfil their potential.

This Annual Public Health report for 20/21 demonstrates the breadth and depth of partnership working within Medway.

2. Acknowledgments

My personal thanks to all colleagues who have contributed to the compilation of this Annual Public Health Report. These include: Su Irving, Mark Breathwick (and team); Logan Manikam; Ummi Bello; Ghaliah Baroom; Aeilish Geldenhuys; Jack Rye; Liam Bonthrone; Scott Elliott.

3. Introduction

Since 2020 the world has had to contend with the severe and ongoing impacts of the SARS-Cov-2 (COVID-19) pandemic. This pandemic has caused significant loss of life and severe illness, internationally, nationally and locally. Nations and organisations responsible for protecting the health of the public have been galvanised into action. Innovative advances in science have led to the rapid production and dissemination of life-saving vaccines, medicines and other treatments to safeguard the public health.

There has been a resurgence in local community connectivity. Neighbourhoods have come together in new digital spaces. These forums have enabled local people to engage, offer and receive both virtual and physical support during this crisis. This last point is critical. For many, the pandemic has been challenging, but for a particular segment of our community (for example older adults) those from Black, Asian and minority ethnic groups and people living in the most disadvantaged areas, the pandemic has taken a severe and disproportionate toll.

The highest case rates of infection were among the Asian ethnic group, who experienced rates of infection 1.8 times that of White and Mixed groups. The cumulative confirmed case rate for the Black ethnic group was 1.4 times the rate for the White and Mixed groups. Among the Asian population, Pakistani and Bangladeshi groups had the highest confirmed case rates.

The hospital admission rate and mortality rate for the Black and Asian groups was three times higher and two times higher than the White group respectively (1). Although later reports have shown a reduction in the impact of disparity associated with COVID-19 in black Caribbean and African groups, there is still an ongoing negative impact on Bangladeshi and Pakistan minority ethnic populations (2).

The manner in which the COVID-19 pandemic impacted on the whole framework of society has led to a rapid rise in the use of new and existing technology in a timeframe that had not been envisaged. It is therefore highly likely that many people who may have been disproportionately affected by the pandemic are less likely to have access to, or be able to effectively utilise, digital tools that might help them address issues and concerns about their wellbeing. The term used to describe people in this situation is 'digital exclusion'.

The Cambridge Centre for Housing and Planning Research (CCHPR) found that even before the COVID-19 pandemic, 22% of the UK population lacked basic digital skills (3). These people are consequently subjected to increased risk of inequality. They are less able to access services or gain insight on issues that affect their health and wellbeing.

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There are five basic digital skills that can be used to measure digital exclusion. These are:

- **Communicating:** the skills required to communicate, collaborate, and share information; for example, by using word processing software and sending emails
- **Handling information and content:** the skills required to find, manage and store digital information and content securely; for example, the ability to use search engines and the skills to assess the reliability of internet content
- **Transacting:** the skills required to register and apply for services, buy and sell goods and services and manage transactions online; for example, the ability to book and pay for travel tickets online
- **Problem solving:** the skills required to find solutions to problems using digital tools and online services; for example, using an online live chat facility to fix an issue, or using a tutorial video to learn how to do something
- **Being safe and legal online:** the skills required to stay safe, legal and confident online; for example, controlling privacy settings on social media and recognising suspicious links in emails.

The Digital Poverty Alliance is a UK registered charity focussed on eradicating digital poverty. It found that 25% of vulnerable children did not have access to a suitable device for learning. Seventy percent of households with an income less than £17.5k per year only had foundation level digital skills, whilst 82% of jobs advertised required digital skills (4).

Digital exclusion has a significant impact on public health. For example, the Centre for Economics and Business Research (CEBR) suggests there are a number of areas that benefit people who acquire basic digital skills. These include:

- **Earnings:** People who acquire basic digital skills can increase their earnings by between 3% and 10%
- **Retail transactions:** Shopping online has been found to be 13% cheaper on average than shopping in-store
- **Communication:** Basic digital skills enable people to connect and communicate with family, friends and the wider community. These skills are used14% more frequently than other communication methods

It found that 25% of vulnerable children did not have access to a suitable device for learning. 70% of households with an income less than £17.5k per year only had foundation level digital skills.

There is ample evidence linking lower income levels to poor health outcomes. In his latest report on health inequalities in England, Sir Michael Marmot found the more deprived a local authority was, the higher the mortality rate during the COVID-19 crisis. Mortality from other causes follows a similar trajectory (5). The Annual Public Health Report for Medway 2019/20, looked at the social context and the wider determinants that lead to inequalities in health in detail. This report will therefore not look to reprise that work. It is, however, important to note that people with strong social networks, who engage and communicate regularly with friends and family are generally more resilient and have better self-reported wellbeing than those who do not have regular contact with others.

The COVID-19 pandemic has highlighted the importance of digital exclusion. It has also identified the range of benefits that can be achieved through digital innovation. It has given greater impetus regarding actions required to bridge the digital divide. This annual public health report explores a number of concepts associated with digital exclusion and unpicks the role that digital innovation can play to empower communities and help address health inequalities within Medway.

4. Digital Connectivity

Prior to the COVID-19 pandemic, most people took for granted the ability to engage in face-to-face conversations. Human nature is such that, other than in extreme circumstances, it is expected that you would be able to physically interact with family, friends, work colleagues, or even complete strangers encountered in various settings. Being unable to engage and connect with others can lead to people becoming socially-isolated or lonely. There is good evidence that suggests being socially-isolated or lonely can lead to significant negative physical and mental health impacts. These include:

- an increased risk of hypertension and cardiovascular disease
- a reduction in cognitive functioning
- an increased risk of depression (6)

This emerging evidence appears to indicate that social isolation and loneliness have similar effects in relation to increasing an individual's risk of premature mortality, which are comparable with other more commonly understood preventable risk factors, such as smoking and physical inactivity. Addressing the underlying causes of social isolation and loneliness is a public health priority, given the potential severe consequences of inaction.

People of all ages have experienced loneliness and social isolation due to the impact of national restrictions introduced to manage the COVID-19 pandemic. It is, however, apparent that some sections of society have been disproportionately affected. These include:

- People living in rural areas
- People with physical disabilities or mental health issues
- People living with long-term health conditions

In addition, many others, for a variety of reasons, may have been shielding and unable or reluctant to physically connect with others. The inability to meet face-to-face to share issues, receive or give support to family, neighbours, and friends, was very detrimental to both physical and emotional wellbeing during periods of lockdown or extended restriction. (7)

4.1 Digital Interventions and social prescribing

One approach to help address social isolation and loneliness is to connect people virtually using digital technology. Enabling people to engage and interact virtually can help to alleviate the negative impacts of social isolation and loneliness. Social prescribing is a process that can facilitate these connections.

Social prescribing refers to a mechanism by which people are signposted or referred to activities that help them address social, emotional, or practical needs. Social prescribing programmes work best when they are designed around and built upon existing community assets.

Simply Connect Medway is a bespoke Medway Council and Medway Voluntary Action social

prescribing initiative. Its primary aim is to support local people to improve their mental health and physical wellbeing. The programme is comprehensive and structured so that people are able to access a range of services and support from assured organisations and individuals. Although primarily accessible online, accommodation is made for those digitally excluded, with one-to-one telephone support available.

4.2 Challenges related to accessing digital services

Before COVID-19, people without access to the internet were already at a significant disadvantage in terms of seeking jobs, accessing financial support, ordering food online, and connecting with support organisations. During the pandemic, many people, for the first time, have had to rely on the internet and digital devices to access support, get things done and to participate more fully in society.

Some fear using technology:They have concerns relating to fraud and being scammed online (there has a been a significant increase in online scams since the start of the COVID-19 pandemic, with many scammers taking advantage of public vulnerability to sell fake COVID-19 messages, including paying for COVID-19 vaccination passports – we'll go into more details shortly) . Digital inclusion is therefore not just about getting more people online; we need to make sure we can address the genuine fears or barriers individuals may have.

There is a need to acknowledge the real risks of becoming a victim of crime online. UK Finance published a report that highlights the steps that organised criminal gangs took to exploit people's fears about the COVID-19 pandemic. There has been a significant increase in impersonation scam cases. These occur when criminals impersonate trusted organisations to trick victims into handing over their money. Criminals sent fraudulent emails claiming to offer government support to those impacted by the pandemic and scam text messages requesting payments to book a COVID-19 vaccine. They have also impersonated delivery companies to exploit the rise in online shopping. These cases almost doubled to 39,364 in 2020.

Scams weren't just related to COVID-19 messaging: They also affected people who wanted to connect with others socially online during the pandemic. There was a 38 per cent increase in cases of romance scams, where people were tricked into sending money or assets to individuals with whom they had forged an online relationship. (8)

There are also other factors to consider, including the costs of acquiring and running digital equipment. For people on low incomes, paying for digital devices and necessary internet connectivity may need to be weighed against purchasing food, clothing or paying for other necessities (such as essential utility bills).

4.3 Financial challenges, links to employment and digital inequality

The groups that were financially impacted at the start of the COVID-19 pandemic were still worse off up to mid-April 2021. This includes the self-employed, who were three times as likely to report reduced income and twice as likely to use savings to cover living costs compared with employees. (9)

Young people appear to have fared worse financially during the pandemic, with 15% of those aged under 30 years reporting their income had been reduced. This compares with 5% of people aged 60 and over, most of whom will have been receiving pension income, which would not have been affected by the pandemic. In terms of financial resilience, 47% of those aged under 30 reported being able to afford an unexpected expense; in people over 60 years, this was 71%. (10)

There is more work to do to fully understand the full financial impact of the pandemic on different working age generations, but emerging evidence would suggest the consequences of a loss of income are more likely to negatively impact on younger people and low-income individuals and families. It should be acknowledged that central government recognised the impact the pandemic was having on working age adults and provided significant resources to help manage this disparity.

The national Coronavirus Job Retention Scheme (furlough scheme) supported workers throughout the pandemic. Cumulatively, a total of 10.8 million jobs to the value of £70 billion were supported up the point of the scheme closing in September 2021. Industries such as wholesale and retail, accommodation and food services had some of the highest incidences of furlough. (11)

Table 1 provides an overview of the uptake of the furlough scheme by age. This reaffirms the impact that the pandemic had on younger adults in the workplace.

Table 1: Total number of individuals on furlough at any time throughout the Coronavirus job retention scheme (CJRS), broken down by age and gender

Age	Females	Males	Unknown gender	Total
Under 18	165,500	123,700	-	289,300
18 to 24	909,400	867,500	-	1,776,900
25 to 29	606,200	679,600	-	1,285,900
30 to 34	562,200	661,400	-	1,223,600
35 to 39	503,000	606,400	-	1.109,400
40 to 44	437,600	536,400	-	974,000
45 to 49	448,200	543,600	-	991,800
50 to 54	463,100	557,800	-	1,020,900
55 to 59	404,100	503,000	-	907,100
60 to 64	273,300	358,000	-	631,300
65 and over	166,800	216,800	-	383,600
Unknown	46,600	36,200	142,200	225,000
Total	**4,986,100**	**5,690,400**	**142,200**	**10,818,700**

Source: Coronavirus Job Retention Scheme (CJRS) 2021

There were 119,500 roles in Medway eligible for furlough during the period of operation. As of 21 November 2021, 44,900 Medway residents had accessed the national furlough scheme. The highest proportion of the Medway workforce in the scheme was 7% at the peak of furlough which was the period measured up to 31st May 2021. This compares to 8% in England and the South East Region in the same period. The lowest proportion of workers in Medway enrolled in the furlough scheme was 3% (as of 30th September 2021). The rate for England and the South East Region at this time was 4%. (11)

The Chartered Institute of Personnel and Development (CIPD) published findings from a survey undertaken with employers in the summer of 2020. They found 54% of employers surveyed had used digital and online learning during lockdown, and 80% planned to increase this over the next 12 months. (12)

Whilst Medway may have had a lower rate of furlough than the England and South East average, it is vital that local people, in particular those in lower-paid roles, are able to benefit from the additional investment and focus of employers on upskilling the workforce in relation to a more digital way of working.

54% of employers surveyed had used digital learning during lockdown

4.4 Home working and mental wellbeing impacts

It has already been highlighted that people in the lowest income brackets were more likely to report negative impacts to their physical health and general wellbeing during the pandemic than higher earners. Data from the office for national statistics found that 18% of people in the lowest income bracket (£10,000 per annum) stated the pandemic had made their mental health problems worse. Over 32% of workers in this income bracket stated they have increased levels of stress and anxiety. (10)

For some people, it has been possible (and often necessary) to work from home more than usual during the pandemic. Moreover, working from home instigated a dynamic shift in the lives and routines of many workers. The main advantages of homeworking reported by employees were an improved work-life balance and being efficient at completing work. Older adults found fewer distractions when working from home, but those aged 16 to 29 years experienced more distractions compared with working in the office. (13)

Disadvantages of homeworking included difficulties collaborating with others on work and fewer job opportunities when working from home. (14) Overall, more people felt working from home was better for their health and wellbeing (45%) compared to around one third (29%) who thought working from home was worse for their health and wellbeing. This finding is confirmed by a survey of employers which found that improved staff wellbeing was the main reason for businesses intending to increase homeworking. (15)

There is clearly a balance to be had to build on the innovation and technological advances that digital connectivity brings to the workplace. For example, the welfare of those working from home needs to be considered. Although the majority of people did find having the option to work from home being beneficial, there is a need to guard against negative aspects of home working. These include loss of cohesion within the workplace.

Due to their role or circumstances, some staff may not be able to work from home (ancillary staff, people with direct client facing roles, etc). In addition, for many, home working for long periods at inappropriate workstations could lead to the development of musculoskeletal problems. There is also the important issue of mental wellbeing. Findings from a study undertaken into home working during the pandemic by the Royal Society for Public Health (RSPH) found 46% of respondents had reduced the amount of exercise they undertook. The RSPH survey also found 56% of people had difficulties switching off after work. (16) This may have been due to not having a structured start and finish to the day, or could be related to the fact that many were working from bedrooms and sofas. Not having a distinct separate workspace was most likely leading to symptoms of disturbed sleep and increased mental wellbeing challenges for home workers. (16)

Medway Council has adopted a hybrid way of working that gives staff the opportunity to continue benefitting from the positive aspects that working from home has on their health, wellbeing and productivity. Staff have been provided with additional support, IT equipment and risk assessments to ensure they have the appropriate tools to keep them connected and engaged with colleagues. There is more work to be done to understand the full nature of digital transformation within the workplace. Increasing digital skills within all employers and organisations in Medway is a key priority for Medway Council. The Council has put in place local solutions to support the digital infrastructure required to enable people to work from home and businesses to thrive in Medway (which is covered in the next section).

5. Local authority leadership role, creating digital foundations

In line with UK policy and recent reforms to regulation and legislation, Medway Council is working towards providing world-class digital connectivity that is gigabit-capable and reliable, with coverage across both our urban and rural areas. With part fibre broadband networks (such as Fibre to the Cabinet (FTTC), ADSL and cable) now reaching just over 96% of the UK, focus has turned to the deployment of full fibre broadband or Fibre to the Premise (FTTP). Full Fibre is widely acknowledged to deliver superior connectivity and will openup the next generation of applications for residents and business users. It will also be at the heart of much wider digital advances, underpinning 5G mobile networks and power Medway's ambitions to be a leading smart city and address inequities related to digital inclusion in Medway.

Currently, access to superfast and ultrafast broadband in Medway is greater than the national average, however as of June 2021, just over 7.7% of Medway was capable of gigabit speeds. This is significantly lower than the national average of 40.3%.

To address this imbalance, CityFibre, who are tasked with building a new generation of Full Fibre infrastructure for the UK, have recently started replacing ageing copper-based networks with gigabit-capable full-fibre connectivity for over 90,000 residences across Medway. The network is due to be completed in 2024. There are, however, ongoingchallenges in our rural areas, including Strood, the Hoo Peninsula, and Cuxton and Halling. CityFibre have recently announced that these areas will be covered in Phase 2 of their FTTP rollout.

Recognising the need to support our rural communities, Medway Council has been working to improve the quality of broadband connectivity on the Hoo Peninsula. Case Study 1 provides an example of Medway's ambitious digital transformation programme. The full details of this ambition will be set out in the Council's forthcoming Digital Transformation Strategy.

As of June 2021, just over 7.7% of Medway was capable of gigabit speeds. This is significantly lower than the national average of 40.3%.

Case Study 1- Poor broadband speeds on Hoo Peninsula

Unstable broadband speeds on the Hoo Peninsula have led to 80+ rural dwelling houses to register an interest in supporting a broadband upgrade scheme for Cooling Parish (which includes Spendiff). The residents were quoted nearly £170k by Openreach to carry out the works. This was not seen as a viable option despite potential financial support from Building Digital UK (BDUK), which is part of the UK Government Agency the Department for Digital, Culture, Media & Sport (DCMS). BDUK is responsible for ensuring that every UK home and business has access to high quality, superfast internet connectivity, through its Rural Gigabit Voucher Scheme (RGVS).

This led to frustration, particularly with an increase in home working and the sharing of unreliable bandwidth between different family members.

In response, both Medway Council and Kent County Council have lobbied Central Government for earlier consideration for Project Gigabit to focus on our hard-to-reach rural postcodes in Medway and Kent; and to advocate for larger RGVS to bridge the gap in funding requirements.

6. The health benefits of digital connectivity

People on lower incomes are less likely to be able to gain the benefits of accessing services more efficiently or less costly online. In addition, the potential health and wellbeing benefits associated with accessing and effectively using digital services are significant. Chapter 3 explores this context in more detail.

Digital connectivity plays an increasingly important role in the way in which modern healthcare systems provide care and support. The National Health Service (NHS) is committed to addressing digital exclusion and the NHS long-term plan makes a strong commitment to reduce health inequalities and address unwarranted variation in care arising from digital exclusion. (17)

In its 2018 report 'The future of healthcare: our vision for digital, data and technology in health and care', the NHS identified the need to address deep-rooted structural issues within the current NHS IT infrastructure. (18) It recognised the need to improve the manner in which data is collected, shared and utilised within the NHS. There is also a firm commitment within the NHS to increase the capacity and capability of both staff and service users to get the most benefit from improvements in technology. This last point is critical in terms of action required to narrow the divide between communities and individuals currently experiencing worse health outcomes.

Better digital connectivity and access means better access to healthcare services for all. There is a clear and strong relationship between groups that are digitally excluded and those at greater risk of poor health. (5) The benefits of digital access include improving health literacy and empowering residents to better manage their health and care, thus offering an opportunity to prevent and reduce the likelihood of serious illness and disease.

The importance of digital connectivity in terms of supporting people to access treatment, care and support has been made abundantly clear during the COVID-19 pandemic. There have been considerable challenges to the NHS and care systems. The pandemic has led to increased demand for care and support and services have had to contend with high levels of staff sickness absences and the requirement to reduce the spread of COVID-19. This led to many services that did not involve urgent care moving to online access and review.

In March 2020, the NHS issued guidance to primary care providers stating that all patients should be triaged before an appointment, ideally through an online consultation. It also directed that remote appointment options should be used where clinically

appropriate to reduce the risk of infection from COVID-19. As a result, the majority of general practices switched to a system of 'total triage', with 99% of GP practices using remote consultation platforms to triage patients before offering them an appointment according to their particular needs. (19)

It is recognised that for many people wanting to have a face-to-face appointment with their primary care provider, the shift to online consultation was challenging. Prior to the COVID-19 pandemic, approximately 80% of GP appointments took place face-to-face. As of June 2020, this had fallen to just under a half, with around the same amount taking place over the telephone.

It should be stated that facilitating online access to primary care services was a key ambition set out in the NHS Long Term Plan in January 2019. This stated that all patients would have a right to online GP consultations and access to a 'digital-first' primary care offer by 2023/24. (17)

People who possessed the digital tools and were able to use them effectively were therefore in a better position to make use of this new NHS innovation and online provision. They could access remote assessment, diagnostic interpretation and treatment. Others however, who were not as competent with digital services, or did not have the equipment to go online, did not fare so well. They were unfortunately faced with waiting in long telephone queues, or attending hospital emergency departments (ED) as a last resort. In some cases, attendance at a hospital ED may have been the correct course of action. It is, however, clear that many people attending ED departments did so for non-urgent reasons, thus placing additional strain on emergency care services and impacting on the ability of the service to treat and manage people whose needs were more acute.

There is clearly a balance to be made between the benefits of accessing remote online clinical services and face-to-face care and support. For example, COVID-19 patients who have been admitted to hospital, treated and discharged are able to receive innovative bespoke care and support from the 'GP at home' service. This enables GPs to monitor individuals recovering from COVID-19 in their own homes using oxygen, blood pressure equipment and other digital devices. This frees up capacity within acute hospitals allowing more people to be cared for in the community (19).

More people have started to make the shift to accessing NHS services online. The NHS App is a service that enables people to access a range of NHS services on their smartphone or tablet device. In March 2020, registrations to this service increased by 111%. (20) People have also increased their use of the NHS e-prescription services to get their prescription sent electronically to a pharmacy, as opposed to collecting it in person from their GP. In March 2020 over 1.25 million nominations were made nationally to the e-prescription service. (20)

More work is required to gain a full understanding of the impact of the shift to access online NHS services on population health outcomes and the role that digital services played to help working-age adults deal with the consequences of the pandemic.

7. Children and Young People's Health Services

Nationally and locally, the COVID-19 pandemic has led to unprecedented changes to the way in which children's services have been delivered within the NHS. For example, 22% of paediatric staff were redeployed nationally to support adult services. Within hospitals, 3 to 6% of paediatric in-patient care capacity was reallocated to cater for adult COVID-19 patients. In Medway and nationally, it is believed that many parents and carers may have delayed seeking access to care for children due to fear of exposure to COVID-19 in clinical settings.

Not attending or missing clinical appointments has the potential to lead to long-term harm for some children. National data suggests the COVID-19 pandemic resulted in a small number of late presentations in children, which had the potential for serious harm. The key issues identified were mainly delays in relation to care in children with diabetic conditions, mental health issues, and sepsis. (21)

Recognising the difficulty some parents faced in terms of decision making, the Royal College of Paediatrics and Child Health (RCPCH) produced advice for parents to guide them on how and when they should seek medical care for their children during the pandemic. (22)

7.1 Digitally enabled local child health services

Digital technology played a pivotal role in transforming the way in which children's services were accessed during the pandemic. Child health services providers in Medway had to respond rapidly and adapt their service model in response to the challenges that COVID-19 presented. The major innovative change was offering some services digitally (e.g., virtual consultations and clinics). These services played a significant role during the pandemic. They enabled the continuity of care for high-risk patients and children with long-term health conditions. Virtual outpatient consultations allowed shielded staff to conduct outpatient work from home and the use of online technology further enabled collaboration with multiple specialists able to join calls and interact with patients and each other.

Other digital services offered included online support and training for parents and carers to enable them to manage conditions and continue ongoing treatment. This model helped to keep children out of hospital where possible.

Despite the clear benefits of using digital services, it is also recognised there are disadvantages. The findings from an initial review undertaken by the RCPCH into the impact of COVID-19 on Child Health Services within the UK has recently been published. This review was undertaken between November 2020 and February 2021. (23) It surveyed clinic leads working in child health services and asked about their main concerns regarding virtual consultations. The key issues raised were:

- Risk of missing safeguarding issues (81.4%)
- Risk of missing other health issues (77.9%)
- Problems with patients accessing technology (75.6%)
- Not seeing the patient but only their carer/ parent (74.4%)
- Communication issues (59.3%)
- Lack of ability to ensure confidentiality (54.7%)

It should be noted that although this was a national survey, there was a low response rate from the South-East of England (54%). Caution is therefore required in terms of generalising the results within the South-East Region and by proxy to Medway. It is, however, accepted that virtual consultations do have a bearing on the ability of child health staff to gain a full understanding of certain conditions (for example, autism diagnosis). They also make it difficult to identify any related factors that could increase risks associated with safeguarding. Digital exclusion is also a major risk in this context, with potential barriers to virtual consultations for those without access to appropriate devices or internet connectivity.

It is likely that digital services will continue to be used to some extent in the post COVID-19 era. In response to the concerns raised around virtual consultations, the RCPCH recommends that decisions as to when to conduct face-to-face appointments instead of virtual consultations should be reviewed by GPs on a case-by-case basis. (23)

7.2 Digital innovation in Child Mental health and wellbeing

Using digital technology to address the mental health needs of children and young people during the pandemic has been as important as dealing with physical conditions they present with. Mental health disorders are a significant cause of child disability in the UK. The COVID-19 pandemic served to intensify known risk factors for child mental health disorders. The pandemic has also disrupted their support infrastructure, leading to concerns that children's mental health may be negatively affected.(24)

There has only been limited investigation into this area at present, given the current ongoing nature of the pandemic. Most studies that have been undertaken found on average that children's mental health had worsened during the pandemic. Referrals to child mental health services are currently at record highs. (24)

Evidence from the 2020 Mental Health Survey for Children and Young People in the UK, suggests that children who are disadvantaged economically, females and those with pre-existing mental health needs were most negatively affected by the pandemic. Nationally it was estimated that 12% of occupied in-patient beds in paediatric hospitals were occupied by children admitted for mental health issues (up from 6% in 2019).

The impact on the mental wellbeing of college students was marked. Almost 3 in 10 (29%) of students at UK universities said they had engaged with mental health and wellbeing services since the start of the Autumn 2020 term. The most frequently specified services used were GP or primary care (47%), online university services (40%), and NHS or Improving Access to Psychological Therapies (IAPT) programme (29%). (25)

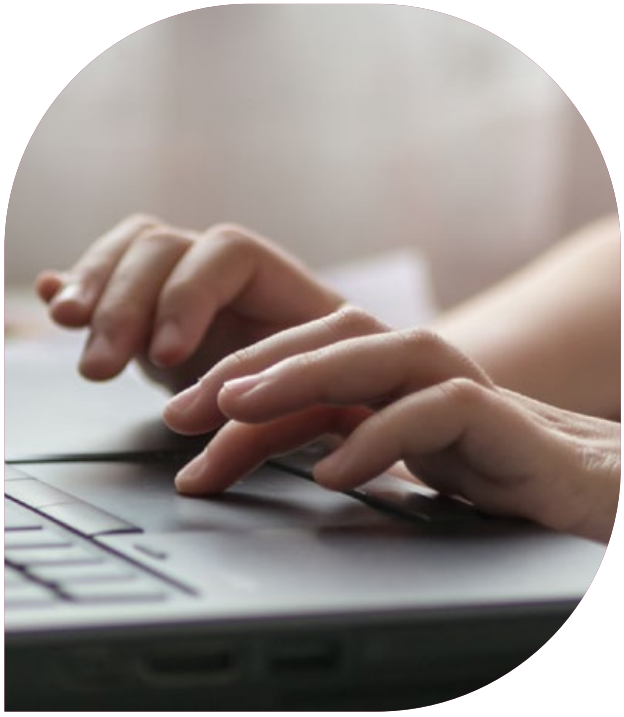
7.3 Digitally enabled remote access to services

Within Medway, specific work was undertaken to better understand the challenges our children and young people were facing. Findings from the Medway Children and Young Peoples' Lockdown survey showed an increase of low-level mental health conditions in the population, reflecting the national findings. Key issues reported were general anxiety, health anxiety and stress.

To address these issues, KOOTH (Medway's commissioned online mental health service for children and young people aged 10-25), developed a bespoke, free online confidential mental health community 'Togetherall'. This service offers self-assessments, recommended resources, and a wide range of self-guided courses young people can do at their own pace. (26)

Medway Youth Service also set up a range of online group activities for young people aged 11 to 18. They provided additional bookable sessions for young people to talk to youth workers, gain advice, support or just to chat and catch up. More than 1,000 young people accessed and took part in the online sessions. (26)

Medway Youth Service set up a range of online group activities for young people aged 11 to 18.



8. Education and digital poverty

Whilst schools remained open during the lockdown, in March 2020 schools across the UK were closed for most pupils, other than for the children of key and essential workers. The majority of students had to be taught and supported online. Nationally and in Medway, schools responded to this challenge by adapting their services to deliver home learning. Schools provided a range of solutions, including offline provision such as worksheets, recorded video and 'live' online lessons. (27) This shift to home learning required children to have good access to devices and internet connectivity.

The school day is normally around six to seven hours long, however, during lockdown some students only spent two to three hours online. There was an income disparity associated with home learning and the Institute for Fiscal Studies found that active resource materials (e.g., online classes or online chats) were 37% more likely to be provided to the richest third of primary school children than to the poorest third. The National Foundation for Education Research (NFER) established that students from the most affluent backgrounds were spending over four hours per day using online learning, compared to the average of two to three hours for lower income families. (27) The net result was that parents in lower income groups may have had to spend more time supporting their children with schoolwork as they may have not been able to access support directly online. (27)

In recognition of the need to address the risk of widening inequality associated with digital online access, national government launched The Get Help with Technology Programme. This scheme provided 1.3 million laptops and tablets to disadvantaged students. (28)

Medway Council responded directly to the needs of learners accessing education via council provision (Medway Adult Education–MAE). In common with the wider educational system, MAE had to contend with supporting learners to access courses in different ways throughout the lockdown period. The challenge for tutors was compounded given that some learners were studying English as a Second Language (ESOL). For these students, not being able to complete studies was having a very detrimental effect on their ability to comprehend the information being shared at national level and they needed assistance to take action to protect themselves and their families from the threats

posed by COVID-19. MAE staff were able to help these learners address misinformation about COVID-19 and teach students how to use track and trace.

MAE also had to contend with socially isolated adults and some learners who had childcare commitments or concerns about shielding. To address these challenges,tutors provided a hybrid approach to delivering classes both online and face-to-face at the same time. This was sometimes difficult in practice, with some learners having to share internet connections within their households.

To tackle the uncertainty and possibility of additional closures of educational establishments, tutors prepared students for future remote learning by integrating digital skills into their courses from the start where appropriate. This innovation assisted them in making the transition to online learning again in January 2021 and reduced cancellations. For instance, learners with learning difficulties and disabilities in some supported learning classes remained in touch with their peers and were able to continue learning using Google Classroom. Tutors also took food parcels to learners' homes with recipe cards to support online cookery sessions. For some learners, MAE staff were the only contact they had with the outside world on a regular basis.

MAE's online learning opened the centres to a raft of new learners, including adults who had been furloughed or were looking to change career. To date, over 250 learners have engaged with the new e-learning programme launched in June 2020. These courses broadened MAE's curriculum offer and the new programme gives adults the opportunity to learn at a time and place that suits them and helps increase the digital skills of Medway's community.

MAE is building on the learning and innovation from the COVID-19 pandemic and future curriculum. Courses are being planned with extensive online content. Staff will embed digital skills to support learners who may need to transition to remote learning for any reason. MAE is also able to provide access to digital equipment for those who require it. To ensure the service can cater for the needs of new learners, everyone applying to take a course is initially assessed for their digital skills alongside their English and Maths skills prior to enrolment. They are asked if they have any issues with access to technology and are given information on how MAE can support them.

Progress has also been made with the integration of digital authentication software to support online enrolment with MAE. Online enrolment was previously only available to learners on certain courses. The shift to digital authentication will enable MAE to better serve the needs of the community of Medway.

Medway library services play an important role to tackle digital exclusion. Local libraries have become community learning hubs and they support some of the most vulnerable communities. Although access to library buildings was limited during lockdown, libraries continued to provide essential services. This included PC access to people so they could deal with issues related to employment or benefit services, or access to health and other support online.

In Medway, from 2020 to 2021 total library visits decreased by 86%, resulting in a dynamic revision of how libraries can continue to deliver books either physically or digitally to the population of Medway through innovative solutions. For example, although Medway's mobile library bus service was unable to deliver its normal services during the pandemic, books were still loaned through this initiative and delivered to homes.

With automatic renewals, Medway libraries were able to expand their online services with online story times and book clubs. This means that whilst the number of physical library visits decreased, there was an influx of new online-only users who accessed digital collections during lockdown. The training and supportive role and access to equipment that library staff and facilities provide was sorely missed during periods of lockdown. Public IT sessions held within Medway libraries dropped by 96% and the number of active computer users in Medway libraries dropped by over 65% during the pandemic. (29)

It should be noted that the reduction in face-to-face library access was more than offset by the uptake of online digital library services. Online digital resource enquiries increased by almost 80% during the period.

Medway libraries have adapted well to the shift and increased demand for digital access. It is clear that libraries are ideal environments to offer digital assistance and upskill the most vulnerable. They have an important role to play in addressing digital exclusion and tackling inequalities in Medway.

The pivotal role that libraries played to tackle digital exclusion is echoed in the innovative manner in which other community services have supported our vulnerable populations. Section 9 explores how the manner in which the council has worked to address digital disparity in the Medway community.

9. Addressing digital disparity working with communities

Medway Council was awarded additional funding as part of the Government's COVID-19 Emergency Assistance Response, enabling the council to support the most vulnerable within our communities. Citizen's Advice Medway (CAB) agreed to manage the Emergency Assistance Grant (EAG) on behalf of Medway Council from the 1 September 2020 until 31 March 2021. People who were struggling to afford food and pay for utilities and other essentials household items due to COVID-19, were supported. Given the issues already described, supporting low-income families to pay their utility bills was critical in dealing with digital exclusion.

CAB received over 7,726 applications, of which 6,572 interventions were awarded:

- 85% of awards were to families
- 88% were classed as receiving low-income
- 458 applicants received support with housing-related issues
- 201 applicants were supported to escape from domestic violence
- Ten clients had no recourse to other public funds
- 83% (6,433) of those were supported received food and clothing
- 256 awards for essential household items were given
- Fifty-six applicants were awarded with support for utilities

Carers First provide information guidance and support to carers in Medway. They are resourced by Medway Council and are part of the Medway Voluntary Community Sector, Better Together Consortium. During the past year, the service has sought to help all carers to become digitally engaged, and has also focussed on supporting adult and young carers who are struggling financially and are experiencing digital poverty. Examples of activity includes:

- Successfully supporting 15 young carers to bid for and access funding to purchase laptops to complete school work
- Successfully supporting Medway Carers Forum to bid for and achieve funding for the provision of digital training courses
- Providing three carers with IT equipment through the Carers Support Payments

Case Study 2- Digital poverty for carers

A parent carer with sole caring responsibilities was caring for an individual with challenging behaviour and severe mental health needs. The carer, who is on their own, was getting older and feeling isolated. The carer's usual support and social networks had been negatively impacted due to the COVID-19 pandemic. After attending an IT course, the carer was awarded a tablet from the Carers Support Payments. The carer said: *"The tablet has been a 'God send'"* and is now able to see friends and family using the internet, and is really happy and grateful for this.

Case Study 3- Digital Support Offer

John, 67, is retired and lives in Chatham. He used to use computers at work, but when he retired, he lost access to a computer. John had been accessing the internet via a smartphone, but this was limited due to his eyesight and the size of the screen. When the Covid-19 pandemic hit, he was advised to shield as he was clinically vulnerable. John was unable to do more for himself, and had to rely on neighbours to help, including doing food shopping for him. John received a letter from Medway Council listing available digital support; he would not have known where to go for digital support until he received the letter. John contacted Medway Voluntary Action (MVA) and was given a laptop through the MVA Digital Inclusion scheme.

"Thanks to you I've been able to use the internet more than I ever could before. It's a great freedom, and I don't have to be a burden on my neighbours. I have my independence back and can keep in touch with my family, and still see them even though we are apart" (John, 67, Chatham).

Carers First provide information guidance and support to carers in Medway. They are resourced by Medway Council and are part of the Medway Voluntary Community Sector, Better Together Consortium.

10. Staying connected in care homes

Care can be defined as the process of caring for somebody by providing what they need for their health or protection. Care homes exist to provide care to some of the most vulnerable individuals within society. The COVID-19 pandemic has significantly tested the ability of care homes to fulfil this function.

Care workers and those involved in the provision of care services should be commended for the invaluable work they have done throughout the pandemic. Care homes have had to contend with major challenges, not least high levels of media scrutiny linked to excess mortality rates at the start of the pandemic, and workforce and equipment challenges, for example, insufficient supplies of personal protective equipment (PPE) which created significant issues for home.

Given the nature of the role, it is not possible to replace physical face-to-face interactions between care home residents and workers. In addition, many homes had to restrict access to visitors to protect vulnerable residents and the workforce during outbreaks, or when there were high rates of infection in the community. The Social Care sector has worked tirelessly to produce new and innovative ways to allow residents to keep in touch with those they hold close.

NHS Digital provided iPads to care homes and additional support to help care providers improve their internet access. The primary aim of improving internet connectivity and provision of digital devices was to enable all care home residents in England to have equality in access to video consultations and remote care. This initiative did, however, give homes the capability to facilitate virtual visits for families and relatives. Whilst virtual visits will never replace a face-to-face experience, they have helped many people stay in touch with loved ones and served as a lifeline for many.

Social media has been key in helping services communicate with family members and care providers significantly increased their use of social media. This enabled family members and friends of residents to stay in touch and feel connected, particularly at times of celebrations, birthdays, anniversaries, etc.

Despite the success, there are some limitations to virtual visiting. These include restriction as to the number of devices available within some care homes, as well as training in use of devices for staff, in particular for safeguarding and online safety. These issues are not insurmountable and workarounds were put in place.

Across Medway, many care homes utilised additional funding provided to them centrally to develop and introduce the use of visiting pods and visiting suites. These initiatives appear to have been successful.

An additional benefit of the shift to a more digital way of working was more professional visits and resident consultations being undertaken online. Medway Council also fast tracked the development of the Medway Care Portal, a digital resource that has been invaluable in aiding the councils understanding of issues within the sector by collating data on vaccinations, sickness, COVID-19 testing rates and rapidly engaging with the care sector to provide the latest government guidance or advice in relation to COVID-19. This has also enabled proactive engagement with care homes to support them in maintaining safe and effective services.

11. Bridging the digital gap, supporting the most vulnerable

This annual public health report has briefly explored some of the excellent work undertaken in Medway to bridge the digital gap and address digital exclusions. Although some case studies have been presented, these do not do full justice to the extensive work undertaken by a range of organisations and individuals in Medway.

Innovative projects have improved people's digital awareness, skills and confidence, enabling people to have a level of connectivity with friends, family and services that has transformed their lives.

There has been strong collaboration and partnership working between different groups and agencies to provide support for the Medway population throughout the pandemic. Medway Council's Housing Team has looked back on the way in which it harnessed the power of digital technology to save lives. This story is set out in section 11.4 and highlights the full role that housing services play to protect and improve the public health.

11.1 Rough sleepers

In a time of uncertainty for all services, one thing was clear - the emerging COVID-19 pandemic was going to present a significant challenge. At the start of the pandemic there was a very limited understanding of how the COVID-19 virus was transmitted from person to person.

Urgent action was required to manage this emerging threat. The outcomes of good partnership working, and fast response undoubtedly not only saved lives; they created new future opportunities to reshape the way in which support is provided to the most vulnerable in our homeless and rough sleeping population.

The rough sleeping community disproportionately includes individuals with chronic and acute mental and physical health issues, substance misuse, and those at risk of adverse health outcomes. It also includes people with no recourse to public funds. These are some of the most vulnerable people in society. With this latter point in mind, we had to build and deliver a comprehensive prevention and treatment strategy for a diverse population. There was a need to work with both statutory and non-statutory partners. This was therefore more than simply collaborating; there was a requirement to operate as one functional unit.

11.2 Digital tools for collaboration

The initial challenge was to bring all stakeholders and partners together in a single place to have open and detailed discussions about the issues. The digital platform chosen for this task was Microsoft teams. This technology enabled all colleagues to meet weekly (and more frequently) interact virtually and review the key challenges set. These challenges included:

- How do we respond to support people in the COVID-19 Care and COVID-19 Protect categories?
- How can we effectively coordinate between voluntary services, including soup kitchens, supported housing and other temporary accommodation providers?
- How can we make sure that people with multiple disadvantages have the support they need to access health care?
- How can we identify those most vulnerable to COVID-19?

11.2.1 WhatsApp groups

Housing Services had not previously made much use of the WhatsApp messenger App. Through establishing a dedicated WhatsApp group, which has secure connectivity, people were able to receive urgent messages and make contact quickly. This enabled the sharing of information and rapid action to be taken, when, for example, important new health guidelines emerged.

11.3 Training for the voluntary sector

The voluntary sector already has a wealth of experience of working with the homeless and rough sleepers. To achieve consistency of work done, we wanted to support these services in their frontline work. Medway Council's Housing Strategy and Partnership Team created and delivered free basic training through online systems, to the voluntary sector. Topics included:

- Professional boundaries
- Safeguarding
- Lone-working
- Effective communication
- Record keeping
- Risks and risk management
- Trauma-informed approaches

This training was delivered online and recorded for services to refer to and recap. Something you do not get with traditional meeting room training.

11.4 Accommodation for all

When the Government's 'Everyone In' strategy was announced, we were operating our Severe Emergency Weather Protocol (SWEP). One Big Family, a small local charity, was providing a winter shelter at a local church hall for six people who were experiencing rough sleeping.

We had to find adequate accommodation that would allow rough sleepers to adhere to the guidance on isolating, maintaining hygiene, and social distancing during a pandemic when most hotels and accommodation providers had closed. We didn't want to look for accommodation outside of Medway, we knew how important it was to be in your local area. So, with planning, we moved the six people from the church hall into a local hotel with One Big Family staying onsite in the hotel, as they did at the shelter, to offer support and get the urgent updates about the virus to these individuals. Alongside One Big Family, the Rough Sleeper Initiative Outreach Team, Medway Street Angels, Gillingham Street Angels, Serveco, and Pathways to Independence all attended the hotel to deliver support. Having services onsite that knew the clients well, meant that they had a familiar face to engage with. Effective support was therefore able to be delivered alongside accommodation which encouraged people to stay in and stay safe.

We were also able to offer self-contained rooms to people who were clinically extremely vulnerable living in shared accommodation. This was important where there had been a suspected or positive case of COVID-19, as it allowed people to self-isolate for the required periods of time.

Commissioned housing services incorporated digital technology in the day-to-day support services through the use of tablet devices. Some services, such as Riverside Housing First project, gave out smart phones to tenants so that some aspects of face-to-face support could still be achieved, in a virtual and safe way.

Some members of Medway Council's Housing Team in action!

Every service supporting people currently or formerly rough sleeping completed a Clinically Vulnerable Triage Form. This helped identify and track those who were more at risk. Messages went out as urgent to all agencies via the WhatsApp group and COVID-19 Services meetings. This enabled us to make sure every person was registered with a local GP. Online referrals were made to the specialist homeless nurse who took referrals for anyone who did not have a GP or who struggled to access their current GP. The homeless nurse was able to help people sleeping rough who had no recourse to public funds seek medical help. They also provided flu jabs for everyone we engaged in the project.

At the hight of the pandemic the housing services were accommodating over 45 people at one time (over 150 people in total) in a local hotel. Because all these people were housed in one location, it enabled full involvement of all partner agencies. This included Turning Point, the substance misuse provider, which was able to give tailored support to those experiencing substance misuse problems.

Online digital communications enable the housing team to coordinate all this activity and save lives. Without these tools, the task would have been even more challenging than it was.

Case Study 4

The pandemic meant that many services that rough sleepers heavily depended on had to shut their doors and stop face-to-face work. Online support became a necessity. Public Health gave us a tablet to use at the hotel, which was fully-cleaned between guests using it. For some of the guests this was the first time using modern technology. It gave them an exciting opportunity to get to know how to access the virtual world! Staff supported them with making online appointments, creating email accounts, and finding support services. Information on where they could access computers such as the AMAT 411 local housing charity support hub and Medway libraries were given to them in the Medway services leaflet.

It also meant that for the guests which received this support, they now know that to engage in a service doesn't mean that they have to physically travel to the service to find out relevant details, and that technology can be used to make contact, arrange assessments and discuss any concerns.

12. A Better Medway Service 2020-2021

In support of the Better Health Campaign, launched by Public Health England and prompted by the pandemic, Medway Council, including the Public Health Team, has been providing a series of services and programmes to support Medway residents to get their health back on track. Residents are supported and encouraged to adopt healthy lifestyles through a range of services, including cookery, weight management and smoking cessation. Prior to COVID-19, these services were almost exclusively delivered via face-to-face interventions in the community. The switch to online delivery was both necessary due to social distancing restrictions and purposeful, so the team could keep providing support.

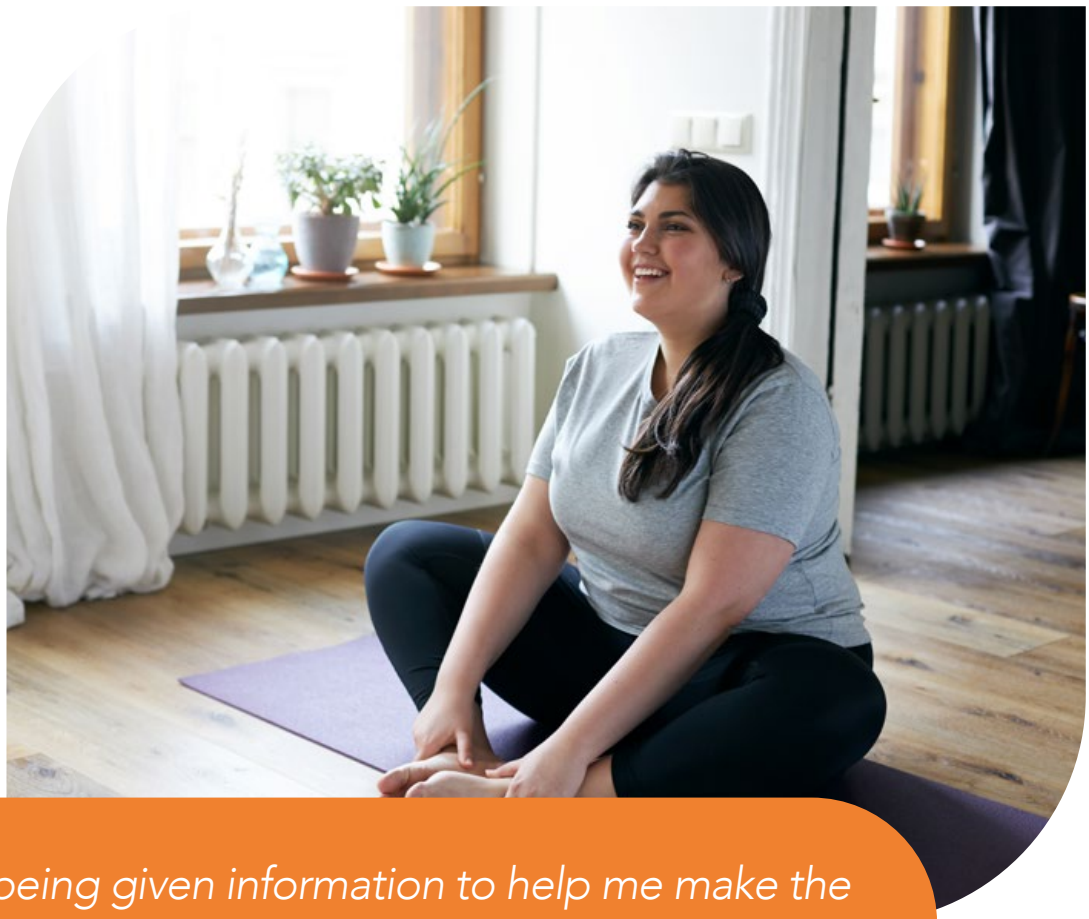
12.1 Weight Management

The adult weight management service immediately moved to using telephone consultations without a break in service to our cohorts of clients. This continued throughout the period of lockdown with staff graduating to video calls for some contacts as clients began to feel more confident about remote or virtual consultations.

12.2 Healthy Way

Healthy Way is a free 12-week course to help to live a healthier lifestyle and to lose weight. In 2020/2021, 16 online courses were delivered, and 106 people completed the online programme, which started in August 2020 due to the social distancing measures in place.

"The course and presenter were amazing. I cannot praise it enough. It happened at a tough time in all of our lives and was so valuable. You could implement something in your life from each week, I learnt so much"



"Loved being given information to help me make the right choices, but not being "lectured".

12.3 Cookery sessions

Supporting families to produce heathy, nutritious food during the pandemic has been a key focus for the Medway Public Health Team. There were a number of interactive live sessions streamed, as well a recorded videos. These included food selection, preparation and cooking, and were suitable for all ages. In addition, advice on infant weaning, breastfeeding and healthy eating tips for children were provided online.

"The online sessions and seeing the other mums were really helpful. I learnt how to be braver with making a transition from puree foods to finger foods and learned the different things that we can give our babies to eat."

12.4 Little Chefs

Little Chefs is a fun-filled online cookery group for families with children aged two years to four years. It supports with gaining confidence in cooking skills and enables parents to learn how to involve their little ones in preparing food. Children find out where food comes from, how it grows and why we need to eat a variety of foods to stay healthy.

Each weekly session is based around themes such as: 'eat a rainbow' and 'plants give us food' through cookery, craft activities or a story time. Throughout the pandemic, sessions were designed and delivered online via MS Teams. This was carried out in conjunction with Medway Adult Education. Ingredients were made available to be collected from a mutually agreed central collection point and parents and children joined online to participate in these sessions. Fifty families completed the online healthy eating cookery courses during the 2020 lockdown period.

"I would highly recommend the Little Chefs course to any other parent like myself, a bit stuck and out of ideas. The children learnt such a lot about nutrition, food groups, trying to reduce the amount of sugar they eat and much, much more."

"I have loved attending this session. Even if I have had not such a good day at school during the day, coming to this class online has made up for it and makes me so happy."

"The tutors organised the course very well, it was a good size class, and we got a lot from it. My son has tried some new foods, some I didn't think he would enjoy, but he did! He has also become a lot more interested in what I'm doing in the kitchen and wants to help, which is great."

12.5 Smoking Cessation

Social distancing restrictions prevented the Medway Stop Smoking service from providing face-to-face services during 2020. The team shifted the service online and continued to support people to quit smoking people remotely. Despite these challenges, the core smoking team supported 469 people to quit smoking last year, using a combination of phone and video calls. The success of the last year has resulted in the team reviewing the balance of delivery services, with residents still choosing online and phone support services, and the team seeing a higher-than-average quit percentage at 63% compared to 56% in the previous year. This has led to a review of the service model and based on the acceptance of people to receive support online, the team have now reduced the number of face-to-face community clinics to offer more virtual sessions online.

12.6 Physical Activity

The physical activity team designed online content to support those living in Extra Care schemes. Live TV sessions were delivered aimed at individuals 55 years old and over. Medway Sport also provide a range of online content, including virtual fitness classes, that have been extremely well received.

13. Staying independent for Longer: Telecare/Digital Care Homes Project

There have been tremendous advances in technology to support the safety and welfare of individuals living in their own home or in specialist accommodation. Medway's Adult Social Care Strategy recognises that if we are going to get the best care and support for people living in Medway, we need to make sure that we make use of the opportunities that Technology Enabled Care Services (TECS) provide.

The evidence suggests that in areas where TECS are operating effectively, there are fewer falls, fewer admissions to hospital, as well as delayed admissions to nursing and residential homes.

We know that most people want to remain independent for as long as possible. Our Telecare provider in Medway is Kyndi and Medway Council works closely with them to monitor advances in technology and bring these into use, for the benefit of local residents.

Case Study 5

Graham is 82 and had a minor stroke four months ago, leaving him with weakness on his right side. Graham recently lost his wife, who had previously managed all the meal preparation, and he was increasingly reliant on his daughter and home care services for meals and drinks.

Medway's reablement service worked with Graham for four weeks, to help him to learn how to use a microwave and other kitchen aids, including a kettle fitted on to a tipper, so he could prepare his own drinks safely. He also had Telecare services installed, which helps reassure his family that he is safe and can reach help and support at any time. As well as his lifeline alarm, discreet sensors in the home can also monitor for safety and movements around the home. Graham is now happy to prepare his own meals and drinks and is more independent and less reliant on his daughter. He no longer requires any home care services.

Medway Council also works closely with our NHS colleagues. We jointly commission a range of services where social care and health interlink. The Council has been working over the last year to deliver a Digital Care Homes project in partnership with colleagues in the Kent and Medway Integrated Care Body (NHS commissioners). Some examples of the benefits from this collaboration include securing additional resources to invest in and support the provision of digital technologies within care homes to deliver healthcare services. This has enabled increased access to online consultations and facilitated the remote monitoring of residents with specific clinical conditions.

The project comprises three core elements:

- The delivery of a digital literacy package to care homes
- The provision of an iPad library to loan equipment to care homes which do not have this technology
- Establishing a digital dashboard which can track the project, but also collate the evidence on the benefits to be delivered, to inform future plans

Case Study 6

A service user (MT) was identified who would potentially benefit from having a Canary System installed in their property. Canary Systems are digital wireless monitoring systems that can record movement or identify whether devices have been used within a home or setting. MT lives alone with no current package of care in place. MT was a very independent strong-willed person who recently had started to become quite cognitively impaired.

MT's family raised concerns about MT's ability to perform activities of daily living and live independently as they were worried about a recent Early-Stage Dementia diagnosis that MT had received.

Personal hygiene: MT was known to go days without showering and was taken to the family home once a week to ensure they were having a shower. A sensor was agreed to be placed in the bathroom. It found MT was not frequenting the bathroom.

Eating and drinking: MT would always state that they had eaten and drunk regularly, however due to weight loss, the family doubted this was actually the case. A sensor was placed in the kitchen. This censor reaffirmed MT was not eating frequently. The family ensured that MT was taken to their home once a week to ensure they had a hot meal and shower.

On day 16 post installation, it was noted that MT data was showing a reason for major cause of concern. There was no activity showing on MT data from 10am the previous day. Following discussion with their next of kin, MT appeared to have deteriorated rapidly and gone into crisis at 10am the previous day. MT had been taken to the family home to keep safe and was now safe in respite care.

This last example highlights the benefits of technology to keep people safe. MT was able to return home and live independently, with the Canary System providing assurance to relatives and care staff.

14. Summary and Recommendations

There is significant positive learning to take from the substantial work that has been undertaken within Medway over the past 18 months. This Annual Public Health Report has reviewed a number of excellent examples of collaboration and innovation in Medway, all focussed on narrowing the digital divide. Summaries of additional innovation are set out in Annex 1. It is, however, clear that there is a narrow window to capitalise on the positive aspects that have arisen as part of the pandemic. It is also recognised that as part of a longer-term economic regeneration and transformation programme, Medway is currently revitalising and reinvigorating its digital infrastructure. Medway will soon wear the 'digital crown' for the South East of England. In order for our population to fully benefit from this transformation, the following recommendations should be considered by all stakeholders and partners.

NHS Services - The benefits of online access and virtual consultations are well-evidenced. It is, however, recommended that action is taken to enable those people who for whatever reason, be it choice, lack of knowledge or skill, who are unable to use digital technology are not prevented from accessing appropriate NHS services that meet their needs.

Data Sharing - The pandemic has highlighted the benefits of data sharing and collaboration between agencies. It is important that momentum is maintained. It is recommended that additional engagement work is undertaken to maximise the benefits to local systems from joint working in order to ensure these are not lost when normal 'post pandemic' service delivery models are resumed.

Training and Learning - Increasing the skills and abilities of our most disadvantaged communities is essential to bridge the gap and tackle the digital inequalities that exist in society. The role that libraries and Medway Adult Education and other stakeholders have played to support our most challenged communities has been pivotal throughout the pandemic. It is recommended that additional work be undertaken to determine how to maximise the capabilities of MAE and the library service to address digital disparity within our more challenged communities.

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16. Annex 1. Examples of more specific digital support and services, provided to local people in Medway

Mid Kent College Community Support	Mid Kent College initiated a programme specifically designed to foster intergenerational engagement and reduce social isolation. People can be referred to the service by a number of local agencies, as well as via our specific social prescribing initiative. College students provide support on a range of things to older adults or people who are digitally excluded. This includes advice on using new technology or devices. The project has proved pivotal for the local community and has helped tackle digital inequality in distinct populations at risk of marginalisation. For example, empowering people to use apps and websites to undertake online shopping or banking; and giving them the confidence and skills to use technology to contact friends and family. This activity has resulted in people feeling more digitally connected and able to undertake activities that can help to reduce social isolation.
Walderslade Together	This community initiative has given out 'Phablets' to people using their service to enable them to become more connected. Phablets are mobile internet enabled tablet devices. As they are touchscreen, they are extremely useful for people who may not be able to use a standard keyboard, or who are unfamiliar with, or do not access to technology. People receiving them were able to access support online, including how to browse the internet safely. The Phablets allowed people to contact friends and family during the pandemic.
Medway Afro Caribbean Association (MACA)	Given the significant impact on diverse and ethnic minority populations, MACA established a digital support network for community members aged 50 and over. This digital platform enabled local people to stay connected to each other and receive information and support tailored to their needs. It facilitated the delivery of a range of support services and ensured any vulnerable community members were able to reach out to the wider network if they were in crisis.
Mutual Aid Road Reps (MAAR)	MAAR is a new local Medway community organisation established during the COVID-19 pandemic. The primary focus of MAAR is to bridge the gap of isolation through facilitating simple acts of kindness and building friendship. MAAR set up a series of opportunities for people who already had their own digital technology to come together. They deliver virtual quizzes, coffee mornings, offer emergency support for food shopping and prescription pickups. People who were identified from the virtual sessions as being particularly vulnerable and socially isolated were also offered the option of a face-to-face discussion with a vetted volunteer.
Medway Voluntary Action (MVA) Digital Project	MVA is a long established voluntary sector organisation providing a range of services to people in Medway. MVA established a digital exclusion project that provided tablets to any clients of the service who staff or referrers identified as lonely. In addition, MVA worked closely with the Medway Vulnerable Peoples Hub and Medway Social Isolation Network. The Hub and Network were established by Medway Council to support those shielding, in need, or requiring welfare support. MVA provided training and advice via a digital platform to clients so they could access services and support. They also sent hard copy letters to any clients who it was thought would benefit from the project. Evaluation of this project is ongoing, but initial feedback from service users has been positive.
Arches Local Conversation Café	The Arches Local Community organisation supports people living in one of the most disadvantaged localities in Medway Luton Ward. This organisation set up a series of virtual conversation cafes that enabled local people to access advice and guidance on key issues facing them. This included tenancy issues and debt advice as well as specific information on COVID-19 vaccination and myth busting sessions to address resident concerns.