

Why leaders must act

Insights on digital inclusion in
health and social care for
those driving change

June 2026

Overview

This report draws on learning insights from a series of masterclass sessions. The Digital Inclusion for Health and Social Care Masterclass was designed for senior leaders across the health and social care system, including executive teams, directors, associate directors, heads of service and equivalent roles across NHS, Local Authorities, Health and Social Care Partnerships, Social Work, Social Care, Care and Support Providers, Housing, and Third, Voluntary and Independent sectors.

The purpose of the masterclass was to support leaders in their responsibility for building digital inclusion into strategies and design for digital services and reform and in delivering commitments as outlined in the Health and Social Care Service Renewal and Population Health frameworks (2025):

“Embedding and mainstreaming digital inclusion support across health and social care as part of business-as-usual processes in service delivery.”

“Embedding digital inclusion approaches which promote digital choice and reduce the risk of deepening inequalities.”

The Masterclass aimed to:

- strengthen understanding of how digital inequality impacts access to services and health outcomes;
- highlight the relationship between digital exclusion and widening health inequalities;
- introduce practical models, tools and resources to support local implementation;
- share evidence on the social and economic value of investing in digital inclusion.

The Masterclass is part of the Digital Inclusion Programmes National Learning Exchange and formed part of a wider programme of support, connecting leaders and their teams to follow-on activity including:

- themed Webinars focused on priority areas such as mental health, social care, primary care, disability, ethnic minority communities and self-management; and
- Digital Inclusion Accelerators providing structured, hands-on that support for health and social care teams to develop actionable digital inclusion plans and implementation priorities.



Session Delivery and Participation

The masterclass sessions were delivered by colleagues from the Scottish Council for Voluntary Organisations (SCVO), Mhor Collective and Tara French Consulting. Five sessions were delivered in total, with strong engagement from senior leaders across the health and social care system.

Across the series, 156 leaders registered, with 99 leaders participating in the sessions.



156

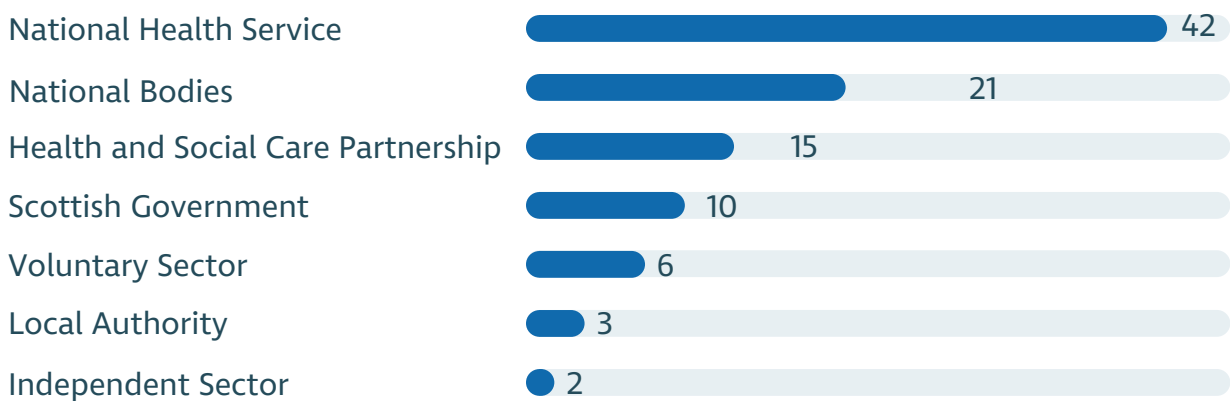
Registered



99

Participated

Participants came from a range of organisations across health and social care, including the NHS, national health and social care bodies, Health and Social Care Partnerships, Scottish Government, local authorities, the third sector and independent providers.



Sessions were delivered on Microsoft Teams and included presentation slides, discussion, and Mentimeter questions to support interaction and gather insight. Participants were also invited to complete post-session evaluation to share feedback.



What does digital inequality look like?

Leaders said digital inequality looks like:



The most common responses described digital inequality in terms of access and accessibility, particularly device access, connectivity and assumptions about people’s ability to use digital services. Many framed digital inclusion as a human rights issue, highlighting unfair access to services, exclusion, inequity of information, power imbalances and the risk of people being left behind.

Socioeconomic factors such as poverty, disadvantage and lack of opportunity were frequently referenced, alongside geography as a barrier. Closely linked were knowledge gaps and a lack of digital skills, confidence and literacy. Concerns were also raised about the impact of digital inequality on participation and engagement, including limited choice, missed appointments and poor service design or oversimplification.

Emotional impacts were also evident, with references to frustration, embarrassment, confusion, loneliness, isolation, fear and lack of trust, as well as stigma and discrimination. Other themes included over-reliance on digital channels, the impact on care when systems prioritise administration over relationships, and a perception among some people that digital services are simply ‘not for me’, reinforcing disengagement from services.



Impact of Digital Services

Digital first is as much about culture as technology

Leaders recognised that Scotland's digital-first ambition represents a cultural shift, not just a technological one.

Digital-first approaches are often interpreted as increased use of:

- Online forms
- Digital self-help
- Remote access to services

Leaders also highlighted that there is still limited shared understanding of what digital delivery means in practice for different people.

With an increase in digital delivery there is a recognised need to think about accessibility, not only in technical terms, but in relation to whether services are:

- Understandable
- Usable
- Designed around people's needs

It was recognised that some organisations, services and communication are now almost entirely digital, with very limited paper-based processes. While this can improve efficiency, it can also create challenges for people who cannot access or use digital services. Where information is held only in digital systems, it can be difficult to provide support to access digital and meaningful non-digital alternatives, raising important questions about choice, accessibility and equity.

Digital has huge potential but can also create barriers

There was strong recognition that digital can bring significant benefits such as:

- Reducing duplication and improving efficiency
- Decreasing manual administration
- Freeing up staff time for care and relationships
- Supporting access to services
- Reducing the need for travel

However, leaders were equally clear about the risks.

Digital is both a significant driver for change and, at times, a barrier to adoption. The focus needs to be on joining up services through a citizen-need perspective, not just organisational objectives.



Digital can create new barriers where:

- Services are designed around organisational needs rather than people's needs
- Digital options are introduced without support for people to use them
- People lack access, skills or confidence
- Digital poverty pushes people towards crisis services rather than preventative care

Designing services around people, not systems

A consistent message was the need to shift towards a more person-led approach. Leaders emphasised the importance of:

- Understanding the full service pathway from a user perspective
- Designing equitable non-digital alternatives alongside digital services
- Offering hybrid models that combine digital and traditional care
- Ensuring people are supported to use digital options, not just offered them

There was an emphasis that digital inclusion should be seen as essential to making services work in practice, not an additional layer.

“while there are digital options available, most services are unable to support people to use those.”



Impact of Digital Services

Participation, engagement and equity



Consultation



Participation



Engagement

Digital was also described in relation to patient participation, engagement and consultation which is increasingly digitised. Digital can support sharing knowledge and information, but there is a need to make sure people without digital access are still included.

There is a real impact on the ability to give equitable support and ensure all voices are heard with a risk of widening health inequalities if solutions are not inclusive. Digital inclusion needs to be built in all new services and digital should be part of a ‘tapestry of supports,’ not the only option. It can feel isolating for older people, and people see issues like missed appointments and missed opportunities to keep people updated on referrals and appointments.

Over-reliance on links to websites and NHS inform doesn’t take account of health literacy or digital skills, and misinformation is a growing problem which continues to rise in the wider digital/social media ecosystem in health and care. The opportunity to explore whether there are ways to influence large technology organisations to ‘whitelist’ certain sites was suggested.

More broadly, people can struggle to identify what support is available locally, and there is a growing sense of digital fatigue, with multiple systems and ongoing changes making it harder for people to keep up. There is also increasing interest in the role of emerging technologies, including AI, and how these can be used safely and inclusively within health and social care.



Workforce impacts

The shift towards digital delivery also has significant implications for the workforce.

While digital can support more flexible ways of working, leaders highlighted ongoing challenges around digital skills, confidence and capacity. There is a need for continuous upskilling, with digital capability becoming an essential part of all roles.

In many cases, staff are expected to support people to use digital services without having the necessary training, tools or time to do so effectively.

Key workforce challenges include:

- Ongoing need for digital skills development and training
- Limited access to devices and tools, particularly for community-based staff
- Increased pressure on staff to support digital engagement alongside existing roles
- Concerns about the pace of change and the impact of emerging technologies such as AI

There was also recognition of wider cultural impacts. Leaders described instances where there can be uncertainty around new technologies, alongside expectations of staff being 'always on' and available. While digital can improve efficiency, there is a need to balance this with staff wellbeing and sustainable ways of working.

More broadly, digital capability is increasingly linked to recruitment and retention. Organisations need to keep pace to remain competitive as employers and service providers.



System and infrastructure challenges

Alongside workforce challenges, there are wider system-level considerations.

Leaders described the increasing move towards digital systems and online platforms, often linked to sustainability and efficiency. While this creates opportunities to improve access and coordination, there remain significant challenges in how systems are designed and connected.

Leaders highlighted:

- Limited integration between health, social care and wider organisational systems
- Increasing complexity across multiple platforms and tools
- Gaps between system design and real-world use

A range of developments were referenced, including:

- The shift from analogue to digital systems
- Electronic medication ordering
- Digital Front Door approaches and impact across services
- Increased use of video appointments and automated processes

While these developments offer clear benefits, they also require ongoing investment beyond initial implementation. This includes:



**User support
and training**



**System maintenance
and updates**



**Licensing and
staffing costs**

Current budgets do not always account for these ongoing requirements, creating a risk that digital systems are introduced without the infrastructure needed to sustain them effectively.



Organisation readiness for digital inclusion

Health and social care organisations are committed to advancing digital inclusion, but progress is constrained by limited resources and financial pressures. While there is strong intention and enthusiasm, day-to-day operational demands make it difficult to prioritise digital inclusion. As a result, inclusion activity can be deprioritised despite being recognised as essential.

Readiness was widely described as ‘work in progress’, with real momentum but significant gaps.

Common themes included:

- Strong willingness to act, but limited capacity and capability
- Inconsistent support for people using digital services
- Variable access to training and workforce development
- Uncertainty about how to move from strategy to implementation

In some organisations, digital options are available, but there is limited ability to support people to use them effectively.

There is a need to formalise approaches and agree shared models. Leaders highlighted the importance of change management and questioned whether current national programmes fully account for the level of support needed to deliver transformation in practice.

Overall, there is clear awareness and commitment, but the challenge remains in how this is implemented and resourced.

“Sustainable funding and dedicated resources are essential to ensure organisations and services can deliver on commitments to embed digital inclusion effectively.”



Barriers to readiness

While progress is being made, several barriers continue to limit pace and scale.

These include:

- Governance processes such as DPIAs
- Procurement constraints
- Funding limitations
- The pace of technological change

There is often a tendency to focus on large-scale solutions, rather than building on existing good practice. Leaders emphasised the importance of starting small, building confidence, and embedding digital equity within existing services.

There was also recognition that digital inclusion is often viewed as external (focused on people accessing services), rather than also considering the needs of staff.

In practice:

- Staff may lack confidence or support to use multiple systems
- Digital tools can be overwhelming, particularly for some groups
- Hidden costs (e.g. devices, authentication tools) can create additional barriers

While strategic vision is often in place, implementation remains slow due to competing pressures and system constraints.

“From a vision perspective, the strategy is there, but implementation is slow due to governance, funds, and the pace of change. Sometimes organisations embrace the right technology (e.g., Microsoft Office 365) but then forget everyone needs an Authenticator app, creating unforeseen costs for mobiles when staff don’t want to use their own devices.”



Requirements for Digital Inclusion

Leaders identified a number of key requirements to support the effective and sustainable embedding of digital inclusion across health and social care.

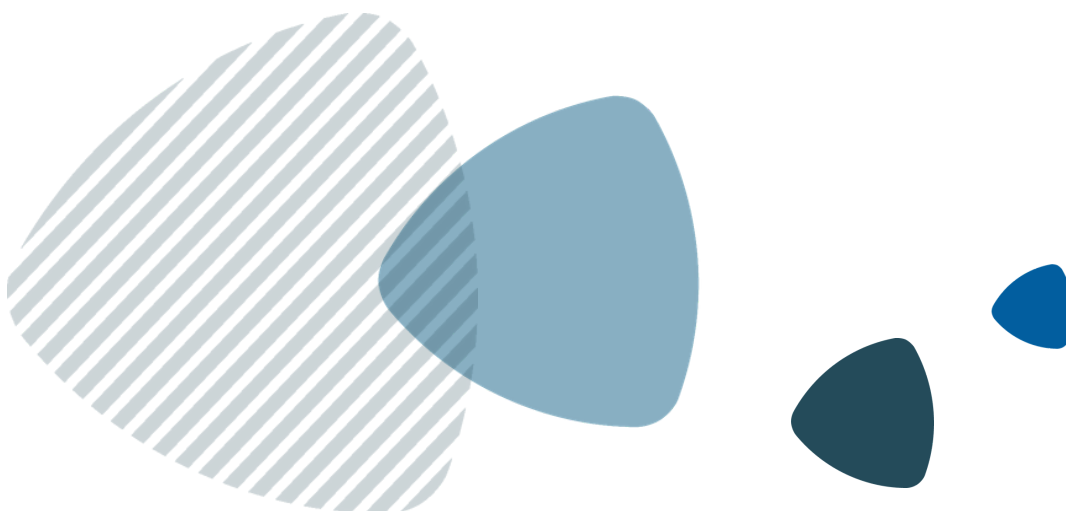
Resource and investment

The most commonly reported response to requirements for digital inclusion was resource, both funding and staff. It is not possible for digital inclusion to become 'self-sustaining' - it will always require a budget and people to embed digital inclusion and prevent further inequality. Responses acknowledged that resourcing digital inclusion would be an investment, making the investment upstream to save money downstream. However, it is often 'hidden' that costs have been saved which is not then reinvested upstream.

“During the pandemic we were prepared to give people smartphones to increase access without worrying about immediate cost! It worked...”

Sustainability remains a key challenge, particularly where voluntary sector provision depends on short-term funding, despite the sector playing a crucial role in supporting digital inclusion.

This reinforces the need for a more collective and joined-up approach to planning resilient pathways and making best use of existing resources and support across systems and communities. Leaders also highlighted the importance of maximising available resource through internal service review, securing buy-in from funders, and creating the conditions to work at pace where needed.



Requirements for Digital Inclusion

Leadership and strategic clarity

Clear priorities and strong, knowledgeable leadership were identified as essential to embedding digital inclusion effectively across health and social care. Leaders highlighted the importance of recognising digital inclusion as integral to service quality, rather than as an additional activity. At present, quality discussions are often focused more heavily on financial and programme governance than inclusion and accessibility.

There was also recognition that exclusion undermines the fundamental right to health, making communication, awareness-raising and inclusive service design critical.

Leaders highlighted the importance of:

- Strong leadership buy-in
- Clear communication of priorities
- Evidence-based approaches to demonstrate impact and value
- Research and cost-benefit analysis to support investment decisions

Without these foundations, digital inclusion risks remaining aspirational rather than embedded.

Coordination and system alignment

Leaders questioned whether there is currently full visibility of digital inclusion and digital learning pathways operating across health, social care, local government and community and voluntary sectors.

There was recognition that activity can sometimes develop in isolation, despite shared goals and challenges. Mapping existing provision and strengthening strategic connections between services and sectors was identified as a potential way to:

- Reduce duplication
- Improve consistency
- Strengthen referral pathways
- Create a more joined-up experience for people accessing support



Requirements for Digital Inclusion

Infrastructure, governance and systems

Infrastructure was recognised as fundamental to embedding digital inclusion effectively. This includes:

- Consistent systems across Scotland
- Reliable and accessible connectivity and digital infrastructure
- Alignment between national and local services

Leaders highlighted the geographic implications of consistent access to services, particularly in remote and rural areas, and noted the need for Scottish Government intervention to ensure equitable infrastructure and access.

Digital inclusion was also identified as requiring a clearer governance role within organisations and systems. Participants highlighted the importance of ensuring equality impact assessments (EQIAs), alongside data protection impact assessments (DPIAs), capture digital inclusion considerations effectively.

There was recognition that procurement and governance processes need to enable innovation rather than unintentionally create barriers. Current risk thresholds and DPIA processes can slow progress where digital inclusion is not considered as part of core delivery and transformation planning.

Workforce and delivery models

Embedding digital inclusion in health and social care requires dedicated time, clear structures and ongoing education and support.

Suggestions shared included:

- Dedicated teams to train and support practitioners
- Digital champions and peer support approaches
- Community-based and supported living hubs
- Intergenerational support models

Leaders highlighted that engaging both staff and communities is essential to ensuring digital inclusion becomes a shared responsibility and an integrated part of care delivery.





Report authors:

Dr Tara French, Laura Scott, Aaron Slater, Shona Munro, and Dr Irene Warner-Mackintosh

To cite this report:

French, T. Slater, A., Scott, L., Munro, S., Warner-Mackintosh, I. (2026). Why leaders must act: insights on digital inclusion in health and social care for those driving change. Scottish Council for Voluntary Organisations.



Contact

For more details on the Digital Inclusion Programme contact:

digital@scvo.scot