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# Digital Inclusion Blueprint

## For Integrated Care Systems (ICS)

— Reducing the Digital Divide —  
March 2021

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Thrive By Design  
Inclusion Innovation Improvement

mHabitat

# Introduction

Our definition of a person who is digitally included is:

**‘Someone who has the opportunity and skills to access all the benefits of digital’**

There are an estimated 9 million people in the UK who don't have access to the internet on a daily basis. That is 9 million people who

- Can't access video consultations
- Wait longer for appointments
- Also map consistently with the biggest indicators of health inequalities

This report brings together the co-designed **‘Digital Inclusion’** activities of three Integrated Care Systems throughout the Covid crisis to provide a blueprint for digital inclusion across all ICSs.

It is designed as a starting point. Showing the art of the possible to give food for thought for other ICSs to co-design their own programmes.

mHabitat recommends this guide as a beginning to a co-design process, whereby interested ICS can use the things in here to help their own tailored developments in their areas.

“

Roz Davies

Managing Director mHabitat

The last 12 months has put digital exclusion into sharp focus. As more and more services go digital we risk compounding the already tragic health inequalities that exist in our country.

We have been working with 3 Integrated Care Systems (ICSs) to co-design different approaches to tackling digital inclusion.

Here we will explore the overlaps within the 3 models that have led to creating this blueprint which covers the main facets of exclusion and ways to combat them.

We aren't suggesting that this is the complete answer to digital exclusion in health. In fact, these are just the starting points. We are excited to see how these models will develop over time. We do hope that some of the tips in here can act as a jumping off point where you might be able to co-design your own programme.

We would like to thank

Humber Coast and Vale ICS

West Yorkshire and Harrogate ICS

South Yorkshire and Bassetlaw ICS

For going on this journey with us

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# Contents



[Common support journey](#)



[Trusted touchpoints](#)



[Devices and data](#)



[Identifying exclusion](#)

## Common Support Journey

Pg 4.....	Digital Inclusion
Pg 5.....	Exclusion in Practice
Pg 6.....	The Blueprint
Pg 8.....	Trusted

## Trusted Touchpoints

Pg 9.....	1 Training Trusted Touchpoints
	<b>The South Yorkshire and Bassetlaw Model</b>
Pg 10.....	1.1 A Trusted Touchpoint
Pg 11.....	1.2 Understanding the Problem
Pg 13.....	1.3 Training 'Digital Champions'
Pg 14.....	1.4 Rapid Evaluation

## Devices and data

Pg 16.....	2 Devices to People
	<b>The West Yorkshire and Harrogate Model</b>
Pg 17.....	2.1 Decisions
Pg 18.....	2.2 High Level process
Pg 20.....	2.3 Anchor Organisations
Pg 23.....	2.4 Wipers
Pg 27.....	2.5 Community Organisations

## Identifying exclusion

Pg 31.....	3 GP Data and Social Prescribing
	<b>The Humber Coast and Vale Model</b>
Pg 32.....	3.1 Identifying those who are digitally excluded
Pg 33.....	3.2 What matters to you as a referral
Pg 34.....	3.3 Benefit your health as a referral
Pg 35.....	3.4 Closing the loop
Pg 36.....	Thanks and contact details

# Digital Inclusion

Integrated Care Systems have an opportunity to provide a joined up, systemic approach to combat digital exclusion.

The models contained within this report are from the co-design work we did with

1. West Yorkshire and Harrogate ICS
2. South Yorkshire and Bassetlaw ICS
3. Humber Coast and Vale ICS

For further reading on digital inclusion activity across the country see our mapping report here

The 'digital divide' (the chasm between those who can access and use digital and those who can't) is increasingly being recognised as a new social determinant of health.

The COVID-19 crisis brought this divide into sharp focus as many services became '**digital only**' and consequently became unusable for a significant number of people.

It could be argued that the rapid digitisation of these services is risking compounding the Tudor Hart Inverse Care Law often characterised as '**those who most need medical care are least likely to receive it. Conversely, those with least need of health care tend to use health services more (and more effectively)**'.

Motivations for digital inclusion vary across the NHS. From '**using digital to access all the benefits of digital**' to '**using digital for the specific purpose of what the NHS want e.g. electronic appointment booking.**'

The former allows for wider benefits and has a more sustained impact, whereas the latter is agenda driven, doesn't take the needs of the person into consideration and ultimately less impactful.

That isn't to say there is no value in electronic appointment booking. It just has more value when it is that thing that the person needs and not what the health service pushes.

When embarking on a digital inclusion initiative there are a number of things to take into consideration.

## 1) **Trusted people showing trusted things**

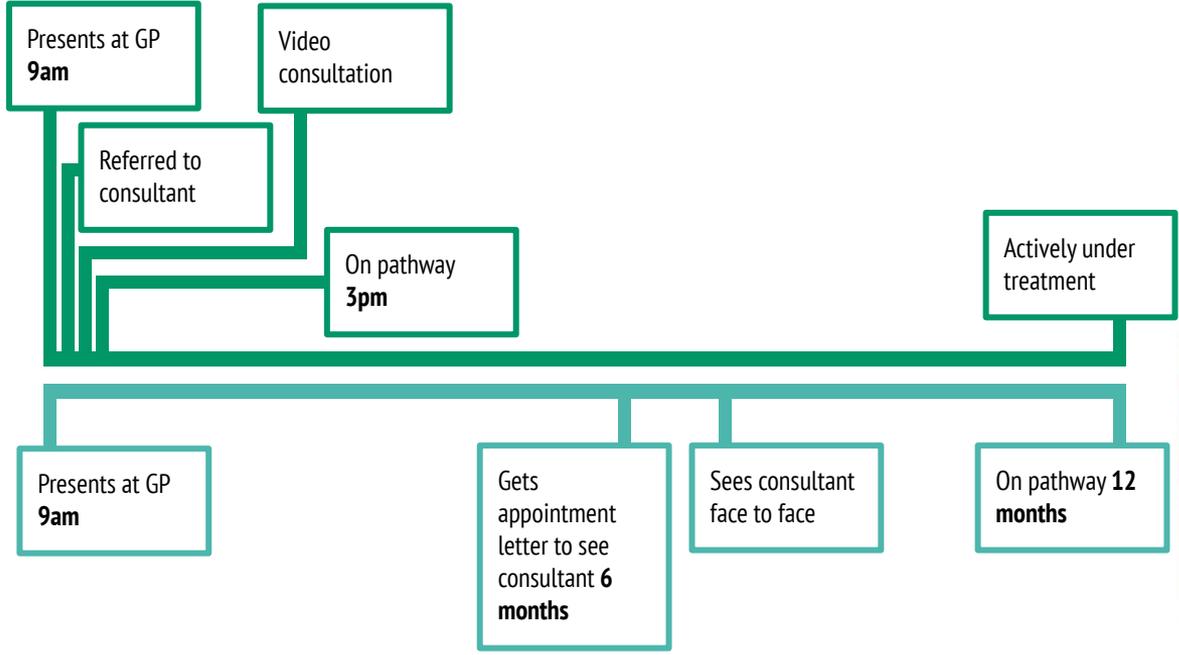
It is important to identify who is the best person or organisation to undertake digital inclusion activity. Often the people who are best placed to do this are organisations, people or places that are informal and will help with **any** problem a person presents with.

## 2) **Digital inclusion isn't static**

A person can move up and down a digital inclusion scale for a variety of factors e.g. loss of income, degenerative conditions

## 3) **No one person knows it all**

There are currently 50,000 apps just related to COVID-19. People, practitioners, volunteers and colleagues don't need to know everything - it's impossible. But they can know where to look for trusted digital solutions with people.



# Exclusion in practice

A patient who presents at a GP practice with cardiovascular complications at 9am on a Monday can be

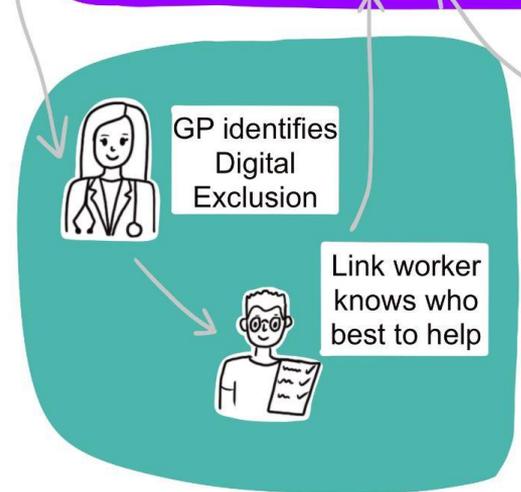
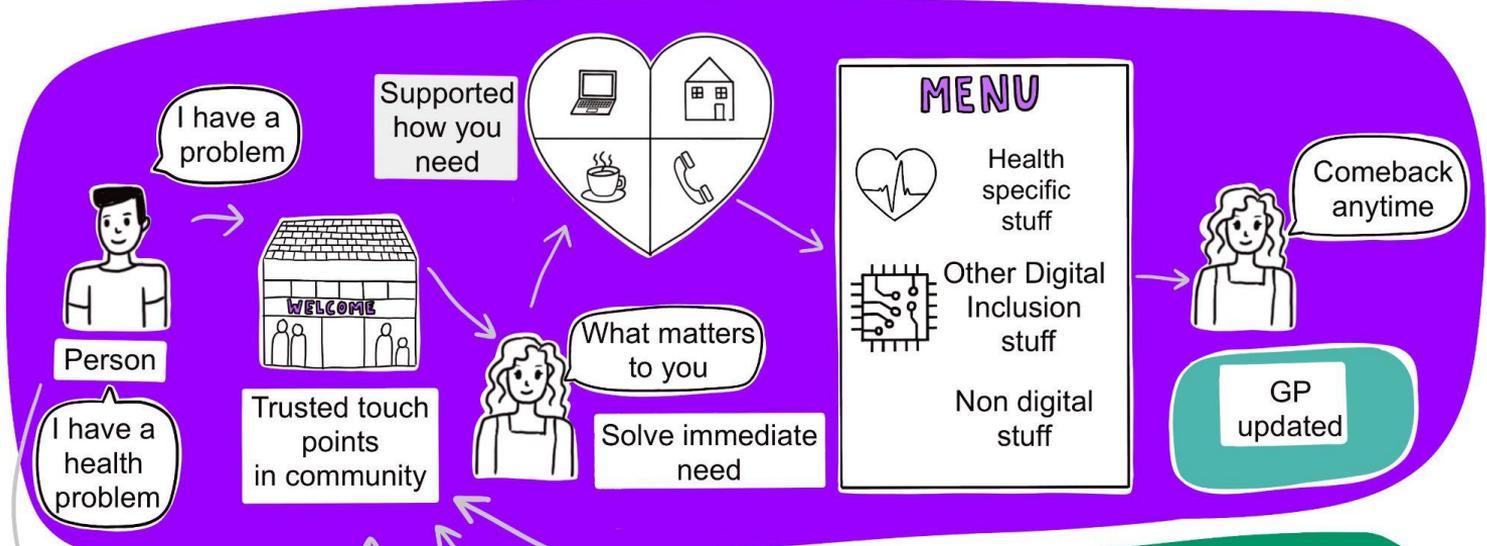
- Referred to a consultant
- Have a video consultation with consultant
- Admitted to a cardiovascular pathway

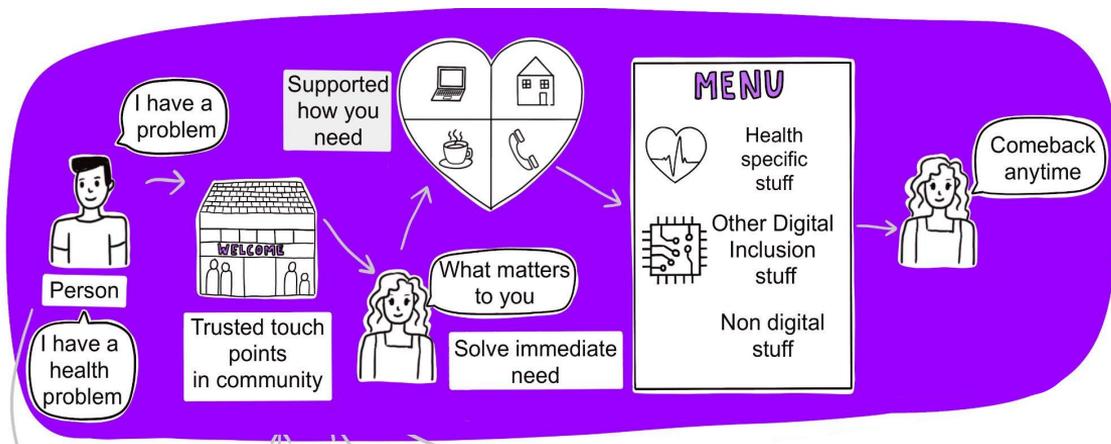
Within **6 hours**

If they have access to wifi, a digital device and know how to use it.

If the same patient didn't have access to wifi, a digital device and know how to use it. To get to this same point on the cardiovascular pathway could take **12 months**

# The Blueprint





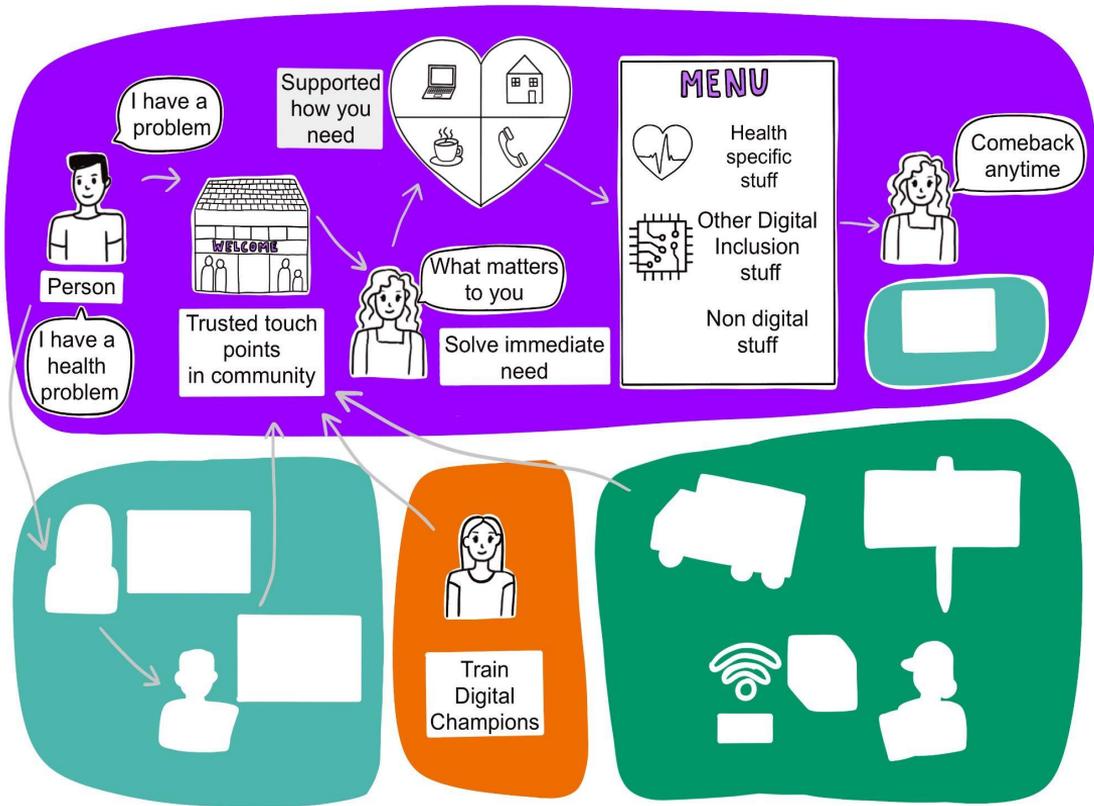
# Trusted

Each of the ICS pathways outlined in this document have one part of the journey in common; **The support provided by Trusted Touchpoints.**

We know from this work (and external evidence such as [NHS Widening Digital Participation](#)) that providing holistic support to excluded people with **'what matters to them'** is the most effective way to increase digital inclusion.

Therefore, it is not surprising three ICS models have incorporated this. The three models that we will explore show different ways to support and feed into this top layer of the blueprint.

It is vital that the trusted touchpoints are adequately funded for their time and efforts. Also that any system embarking on this journey acknowledges that support takes time.



# 1

## Training Trusted Touch Points

The South Yorkshire and Bassetlaw model

Where we explore how to identify Trusted Touchpoints in a community, how to train and fund them to help people they already meet (outside of the health system) with digital inclusion and digital health literacy.

# 1.1

## A Trusted Touchpoint

A place or organisation that has a peer like relationship with someone who is excluded. This could be a community centre, a library, some NHS services (although often there is a power in-balance there), a shop, pub, anything.

This model shows how we identified likely trusted touchpoints and trained them to undertake the activities set out in the introduction (purple model).

## Trusted Touchpoint Checklist

1. An organisation that interact with your priority excluded communities
2. Helps people with any problem that they have
3. Has a peer like relationship with excluded communities (flattened power dynamic)
4. Is easily accessible (e.g. situated in a local community)



# 1.2

## Understanding the problem

We worked with 5 areas across the South Yorkshire and Bassetlaw ICS footprint..

Sheffield, Barnsley, Rotherham, Doncaster and Bassetlaw. During the co-designed sessions we discovered that each area had a different priority groups of excluded people to concentrate on in line with their strategic objectives.

We created personas from discussions with CCG's and community stakeholders for each of the excluded groups to help understand some of the problems they face and the people/places they have interactions with. Therefore, helping us to identify a 'Trusted Touchpoint'

These personas are being constantly iterated

# Persona: Asylum Seeker

**Name:** Mr X

**Age:** 32

**Gender:** Male

**Language:** Somali

**Job:** Unemployed

**Housing:** Temp accomm'n

## Digital Confidence



## Health Activation



PICTURE

*"I don't know what I need help with"*

## Why Digital?

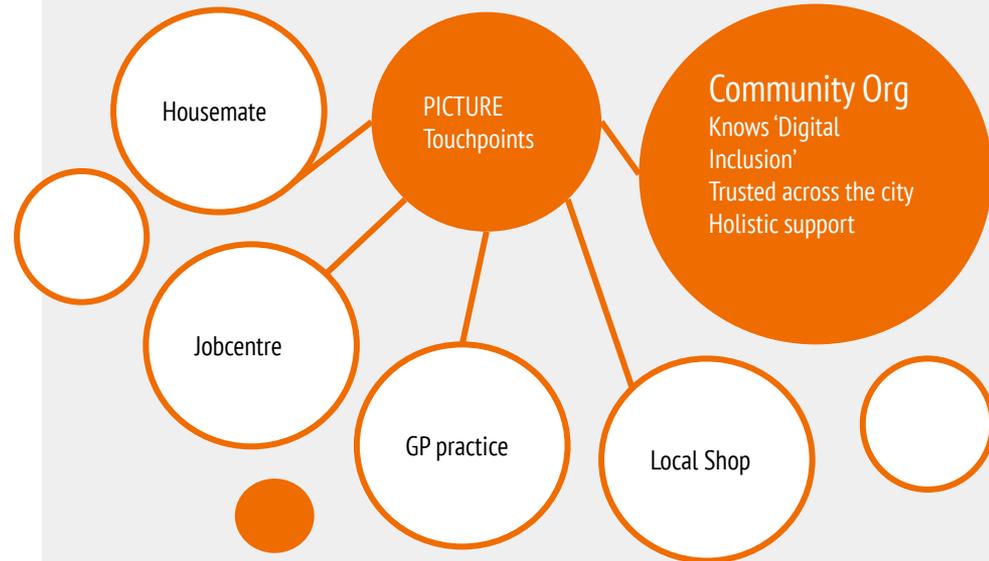
- Connect with family and friends
- Participate in Home Office interviews
- Register with a GP
- Apply for jobs eventually
- Learn a new skill
- Look up health concerns
- Able to communicate with services

## My life:

- Been in Sheffield for 18 months.
- Moved between lots of temporary accommodation
- Have upcoming Home Office interview
- Taking English classes
- No family here and few friends
- Some people shout at me in the street

## Challenges:

- I don't have internet access at home.
- I haven't got the paperwork to get a job so I can't afford a phone. I use Learn for Life to call council
- I don't understand a lot of what I need to do to see a Doctor or claim benefits
- I get lonely



### What matters to you:

Help solve their immediate need regardless of subject

**When it feels right discuss/ show any two of the following**  
(one must be from **left** column)

#### Health tools

NHS.UK  
NHS Apps Library  
Condition specific websites

#### Accessing Health

GP Online  
Repeat prescriptions  
Remote consultations

#### Skills (using Learn My Way or other tools)

Video calls  
Safe searching for health information

#### Local services

Accessing local services  
Searching for support

#### Fun things

Searching based around their interests

# 1.3

## Training 'Digital Champions'

Once the 'Trusted Touchpoint' has been identified we spent time with them to

- a) Iterate our personas
- b) Discuss objectives
- c) Co-design activities with them

It was reaffirmed to us that the most important part of engagement with excluded groups is '**what matters to them**'. Helping to solve a person's immediate need (often outside of health and social care) solidifies trust. Only when it 'felt right' did digital health tools enter the conversation. For evaluation purposes we gave a defined list for funded activities (see opposite)

**TIP: Don't say digital and don't refer to community colleagues as Digital Champions.** It puts people off.

Work on evaluation framework with people who are capturing data

Qualitative and quantitative equally important

Baseline data capture at first health discussion (after solving initial need)

Impact data capture after 1 month

# 1.4

## Rapid Evaluation

Each of our 'Trusted Touchpoints' helped design and complete an evaluation framework for the project.

The goal is to baseline people at the beginning of the relationship. Capture the activities undertaken by 'Digital Champions' and then measure impact after one month.

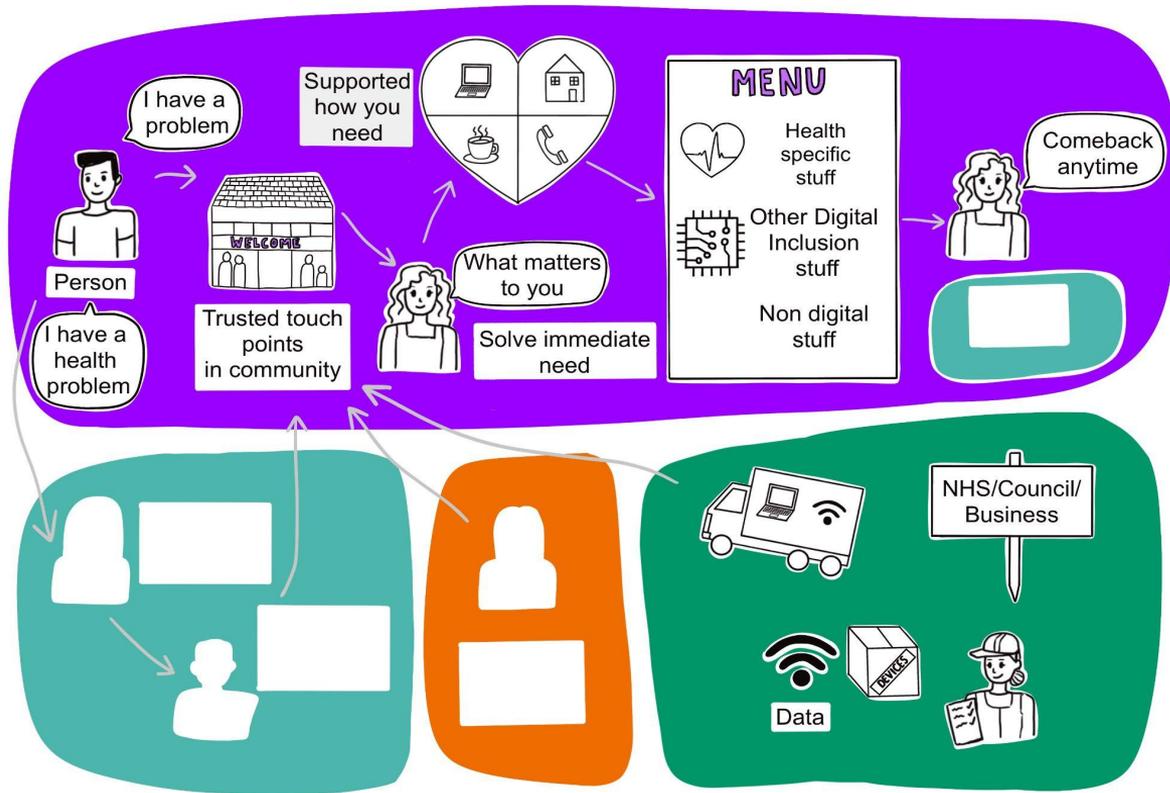
There is national evidence, such as the NHS Widening Participation Programme' that can be weaved into evaluations and help show Return on Investment etc for activity such as this.

## Baseline example

Unique Identifier	Digital Confidence	Exclusion indicator	Barriers to digital	Pre existing health conditions	Digital Health Literacy Activity 1	Digital Health Activity 2	Comments
P1	1	Asylum Seeker	No Wifi at home and ESOL	Digestion problems and discomfort with bullet wound in arm	NHS.UK	Wellbeing activities	Found that giving up smoking may reduce acid reflux

## After 1 month example

Digital confidence	How has health activation increased/decreased	What does the person do online now	How does the person access digital	Impact



# 2

## Devices to people

The West Yorkshire and Harrogate ICS model

Where we look at the concept of 'digital poverty' and how large anchor organisations within ICS footprints can start to repurpose equipment for those who cannot access it.

# 2.1

## Decisions

Through our Co-Design workshops we all agreed on a set of eligibility criteria for the programme.

Guiding Principle



Devices and/or data is **given** to the recipient. There are **NO** conditions on how the device must be used and what it is used for

Eligibility for receiving kit



A person is identified by community organisations as  
(a) Having no access to digital devices and/or internet access where they reside

(b) Being vulnerable due to any of the following reasons

- In the priority vaccine cohorts 1-3
- Low income
- Long term health condition
- Resides in a deprived area
- Cares for someone

Bundles that are available



People can be given

- A device (once the device that suits their needs becomes available)
- Data
- Both a device and data

### Anchor Orgs

NHS Trusts  
Council  
Business

**Main responsibility:** sourcing equipment and data along with funding for other two parties time and efforts

### Wipers

ADISA  
registered

**Main responsibility:** wiping the equipment to ADISA standards and ensuring it's ready use for beneficiary

### Community Orgs

**Main responsibility:** identifying excluded individuals and supporting them to use the donated equipment safely

# 2.2

## High Level Process

The following page shows the a high level process map.

There are three main contributors in the process

- 1) Anchor Organisations
- 2) Wipers
- 3) Community Assets

We will go into more detail about the roles of each.

**Anchor Orgs**  
NHS Trusts  
Council  
Business

Identifies 2nd hand devices.  
Or buys new devices

Agrees for them to be donated

Buys data to be donated



**Wipers**  
ADISA  
registered

Receives donations

Wipes and configures if 2nd hand

Stores equipment until needed

Consults 'what person needs' list and informs org it's ready



**Community Orgs**

Community asset identifies an excluded person

Completes 'what person needs' form

Identifies best org to support that person

Picks up device and data

Person receives device and is supported

Anchor Orgs  
NHS Trusts  
Council  
Business

Identifies 2nd  
hand devices.  
Or buys new  
devices

Agrees for them  
to be donated

Buys data to be  
donated

# 2.3

## Anchor Orgs

### Breaking it down

Anchor organisations generally refers to large (usually not for profit organisations) in a geographical area e.g. NHS trusts, Councils, large 3rd sector orgs. ICS's provide an opportunity to bring these organisations together around the problem of digital and or device poverty.

**Anchor Orgs**  
NHS Trusts  
Council  
Business

Identifies 2nd  
hand devices.  
Or buys new  
devices

Agrees for them  
to be donated

Buys data to be  
donated

#### Agreed

- ICS leads and Digital Poverty Leads to work with Anchor Orgs to identify equipment that was due to be sent to recycling
- Any working kit under 7 years old

#### Actions

- ICS to converse with digital leads across the Anchor Orgs to bring on board with the project
- They agree for kit to be donated

#### Things to find out

- Paperwork needed to release kit
- Terms of use that will reassure donor of safety of recipient & appropriate end of life steps for device
- Investigate pre existing contracts for end of life kit

#### Recommendations

Look at local Reboot campaigns for inspiration

The first step is to convene representatives of these anchor organisations around the problem of Digital and/or Data Poverty.

By bri

#### Equipment being disposed of

Understanding the disposal policies of anchor organisations is key to unlocking large amounts of equipment that can be donated.

Working with Chief Digital Officers (CIO) of these organisations early in the process is imperative to ensure all governance and paperwork is in order.

There will already be 'disposal procedures' in place which may have long term contractual obligations. If this is the case consider a Reboot donation strategy for unwanted devices.

**Anchor Orgs**  
NHS Trusts  
Council  
Business

Identifies 2nd  
hand devices.  
Or buys new  
devices

Agrees for them  
to be donated

Buys data to be  
donated

### Agreed

- Data purchased to be co-ordinated from an ICS level
- Start with a few packages whilst testing your process and then once that is right you can ramp up orders

### Actions

- ICS to purchase relevant data packages

### Recommendations

- Most likely laptops will be the first thing donated through Anchor Orgs so consider dongles/mifi over SIMs
- Consult with local community organisations about what would be best

### Things to find out

- How much data can be purchased
- In what form (dongles, sims etc)
- What platforms are zero rated?
- Access to data as Personal Health Budget / Social Prescribing

Data poverty is an increasingly recognised problem. If excluded individuals don't have digital devices then it is unlikely that they will have immediate access to Wifi. Therefore, it is important that an initiative such as this also provides data.

We know that data packages get used up quickly, particularly if people need to have video consultations on non 'zero rated platforms' and it is therefore important to give guidance on where people can access free Wifi (e.g. libraries) as well.

Wipers  
ADISA  
registered

Receives  
donations

Wipes and  
configures if 2nd  
hand

Stores  
equipment until  
needed

Consults 'what  
person needs'  
list and informs  
org it's ready

# 2.4

## Wipers

There are two choices in wiping devices.

- 1) Taking on the responsibility yourself and ensuring you reach ADISA standards
- 2) Contracting a local organisation to do this work

Whichever you choose there will be cost implications.

The wipers ensure that equipment is stored and released to community organisations as bundles become available.

The wipers must be agnostic as to who receives the bundles. It is the role of the community orgs to identify need.

Wipers  
ADISA  
registered

Receives  
donations

Wipes and  
configures if 2nd  
hand

Stores  
equipment until  
needed

Consults 'what  
person needs'  
list and informs  
org it's ready

#### Agreed

- Devices are received and stored with the wiping orgs
- Wiping orgs responsible for quality checking devices

#### Actions

- Receive and log devices (usable/not usable)

#### Recommendations in West Yorkshire and Harrogate

Start with  
Digital Access West Yorkshire  
Solidaritech  
North Yorkshire Council

#### Still to find out

- Funding for contractors time as per volume of units unknown in this early stage

In the simplest model, all devices that are sourced by the anchor organisations are sent to the wipers. This keeps the process simple for the Anchor Orgs.

The Wiping org examines devices to test that they are usable. If they are then they can move onto the next step. If they are not usable then they must be disposed of. NOTE wipers will tend to have these disposal procedures in place. However it is worth setting down expectations with them regarding

- a) Selling for parts
- b) Green disposable procedures

Whatever suits your ICS

Starting small with one organisation can help get all of the paperwork problems ironed out before rolling out further.

Wipers  
ADISA  
registered

Receives  
donations

Wipes and  
configures if 2nd  
hand

Stores  
equipment until  
needed

Consults 'what  
person needs'  
list and informs  
org it's ready

#### Agreed

- Contractor to wipe devices to agreed standards
- Test suitability of devices

#### Actions

- Sets devices up to any needs identified in the submission form
- Stores devices until ready to be picked up
- Attaches some training material (either links to youtube videos and/or printed materials)
- Identify does it come with software licences
- Clean (covid secure)
- Removes and physical identifier (e.g. stickers from home org)

#### Still to find out

- Geographical boundaries and therefore may need more contractors

The Wipers have a number of tasks to perform to make sure the device is safe, wiped and Covid secure.

After these tasks there is an opportunity to think about how what further supporting materials are used to help people. E.g. there may be bookmarked links to health sites, e-learning platforms (such as Learn My Way and even printed materials to show how to turn it on and off.

An important part of the co-design process is to understand what is most useful to people and where can the community organisations be best supported in their ongoing upskilling of people.

**Wipers**  
ADISA  
registered

Receives  
donations

Wipes and  
configures if 2nd  
hand

Stores  
equipment until  
needed

Consults 'what  
person needs'  
list and informs  
org it's ready

#### Agreed

- Contractor simply works down the list from the 'what person needs' form
- Whomever is next on the list who has ticked for this device/data gets it

#### Actions

- Consults the list of people and needs
- Emails the community organisation that submitted the form to say it's ready
- Organises pick up

#### Still to find out

- Hand over documents for shifting of liability of bundle

In our version of the model, the Wipers must remain agnostic to whomever is the recipient of the device. The community orgs uncover needs and fill out a shared 'What person needs' form which describes

- How someone is eligible
- Whether they need device, data or both
- Ideally what type of device would suit them

As a full bundle becomes available the Wipers simply consult the list and find the first person whom this bundle satisfies.

## Community Orgs

Community asset identifies an excluded person

Completes **'what person needs'** form

Identifies best org to support that person

Picks up device and data

Person receives device and is supported

# 2.5

## Community Orgs

Often best placed to identify exclusion and provide ongoing support (as in Section 1).

This model is predicated on 'going at the speed of the community orgs'. They are an under resourced asset in most areas and although they may be able to identify lots of excluded people they may not have capacity to support them all at once.

So the community orgs set the pace of the model by how often they flag a person to be a recipient.

## Community Orgs

Community asset identifies an excluded person

Completes 'what person needs' form

Identifies best org to support that person

Picks up device and data

Person receives device and is supported

### Agreed

- Community organisations are trusted to identify a person in need.
- The project goes at the pace of the community organisation so as to not overwhelm them

### Actions

- We start small
- We start with one community org to make sure the model works

### Recommendations for West Yorkshire and Harrogate

Cross Gates Leeds  
100% Digital Leeds

### Still to find out

- Funding of community organisations time

We trust the community organisations to identify people. We need no further evidence than their word that someone meets the criteria (in our model).

We think this is important for 3 reasons

- 1) Respecting the community organisations
- 2) Respecting the person in not asking them about their finances etc
- 3) Ensuring there are no identifying data points passed between Community Orgs and Wipers

## Community Orgs

Community asset identifies an excluded person

Completes **'what person needs'** form

Identifies best org to support that person

Picks up device and data

Person receives device and is supported

### Agreed

- Community org completes the 'what person needs' form
- Only submits one at a time, in line with their capacity to support someone
- No batch requests at this stage

### Actions

- Community org decides whether it will be them who supports the person with digital skills and safe use or identifies another org e.g. Barclays Digital Eagles
- Community org completes the 'what person needs' form and sends it to contractor
- Explains to the person that they are now on a waiting list

### Still to find out

- The digital confidence of the community orgs. They know needs but may need training (as per section 1 of this report)

By completing the 'what person needs' form, the Community Org is agreeing that

- 1) The person identified meets the criteria
- 2) The community org has identified support to help the person use the device safely - this could be the community org or another free resource such as Barclays Digital Eagles.

The community orgs that have the best relationships with excluded groups may not feel confident in supporting people with digital. This is an ideal moment to incorporate section 1 of this report to help train them up.

TIP: Training up the people who have the relationships with excluded groups is better than having digital experts somewhere that excluded groups don't go

## Community Orgs

Community asset identifies an excluded person

Completes 'what person needs' form

Identifies best org to support that person

Picks up device and data

Person receives device and is supported

### **Agreed**

- Support is already in place before person receives device (could be community org or something else) - whatever works for the person

### **Actions**

- Ongoing support to use digital safely

### **Still to find out**

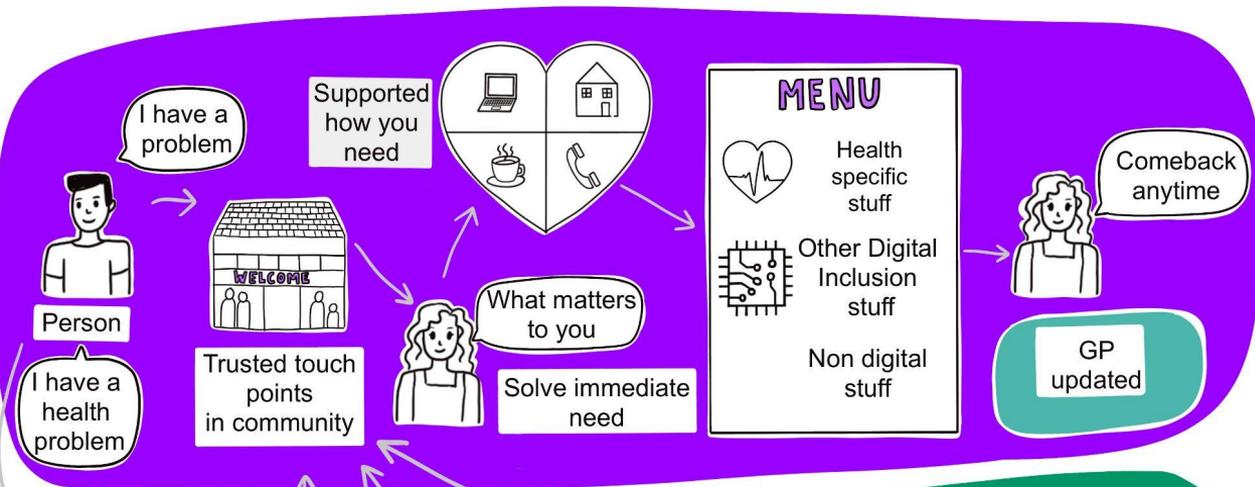
- How to update the ICS of the impact

The person receives support much like the purple section of the blueprint. Support is based on what matters to the person and in a way that suits them.

Impact of this model could be measured in a similar way to section 1). That is baselining and impact analysis after one month.

There are also external evidence sources for impact that can be expected with this type of activity. See the [NHS Widening Digital Participation](#) programme for evidence of a

- **£6.40** return on investment for every £1 spent
- Based on reduction in A&E attendance and GP appointments



# 3

## GP Data and Social Prescribing

The Humber Coast and Vale model

Where we look at ways in which GP practices can identify those who are digitally excluded and some of the methods of supporting those people

# 3.1

## Identifying those who are digitally excluded

Roxton GP practice has developed SNOMED codes on SystmOne to indicate those who may be digitally excluded.

We know that digital inclusion is wider and more nuanced than this but for the purposes of identification it is a good starting point.

Roxton GP practice can now

- Run off a report to show the number of potentially digitally excluded patients
- Flag patients who may be suitable for further support (see 3.2)

## SNOMED on SystmOne

### Can you book a GP appointment online?

Online Appt - No and I'm not interested in learning how to  
Online Appt - No and would like to learn if it would help me access care  
Online Appt - Yes but only with help from others  
Online Appt - Yes but choose not to  
Online Appt - Yes and do use

### Can you order repeat prescriptions online?

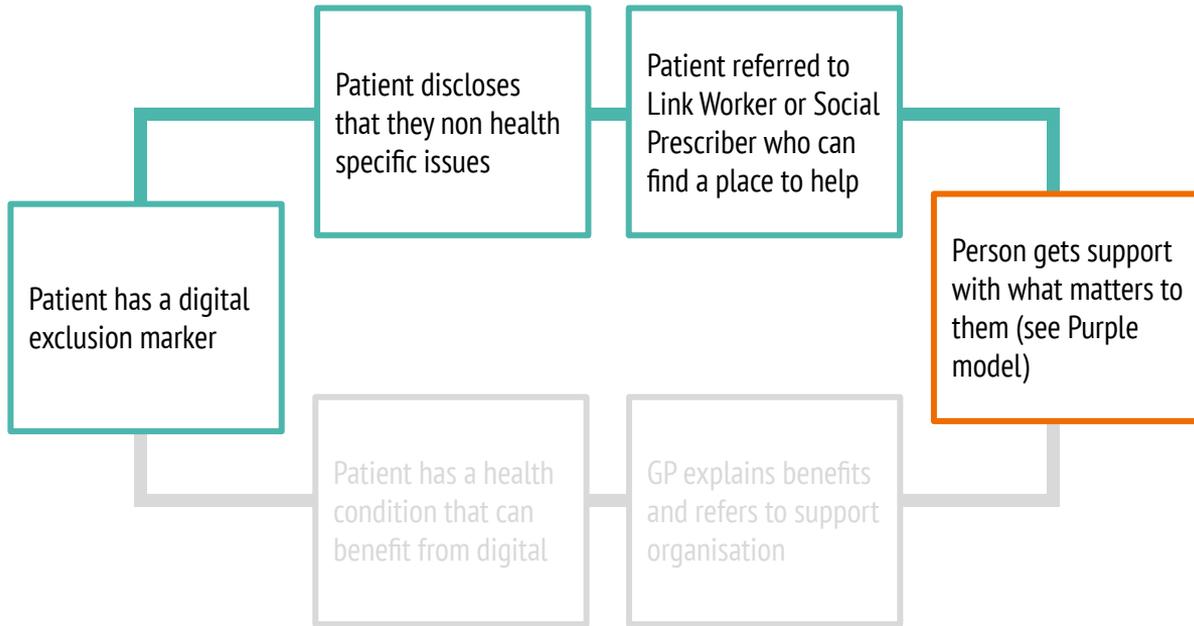
Online Px - No and I'm not interested in learning how to  
Online Px - No and would like to learn if it would help me access care  
Online Px - Yes but only with help from others  
Online Px - Yes but choose not to  
Online Px - Yes and do use

### Have you used AskMyGP?

AskMyGP - No and I'm not interested in learning how to  
AskMyGP - No and would like to learn if it would help me access care  
AskMyGP - Yes but only with help from others  
AskMyGP - Yes but choose not to  
AskMyGP - Yes and do use

### Have you used video consultations with a GP?

Video Consults - No and I'm not interested in learning how to  
Video Consults - No and would like to learn if it would help me access care  
Video Consults - Yes but only with help from others  
Video Consults - Yes but choose not to  
Video Consults - Yes and do use

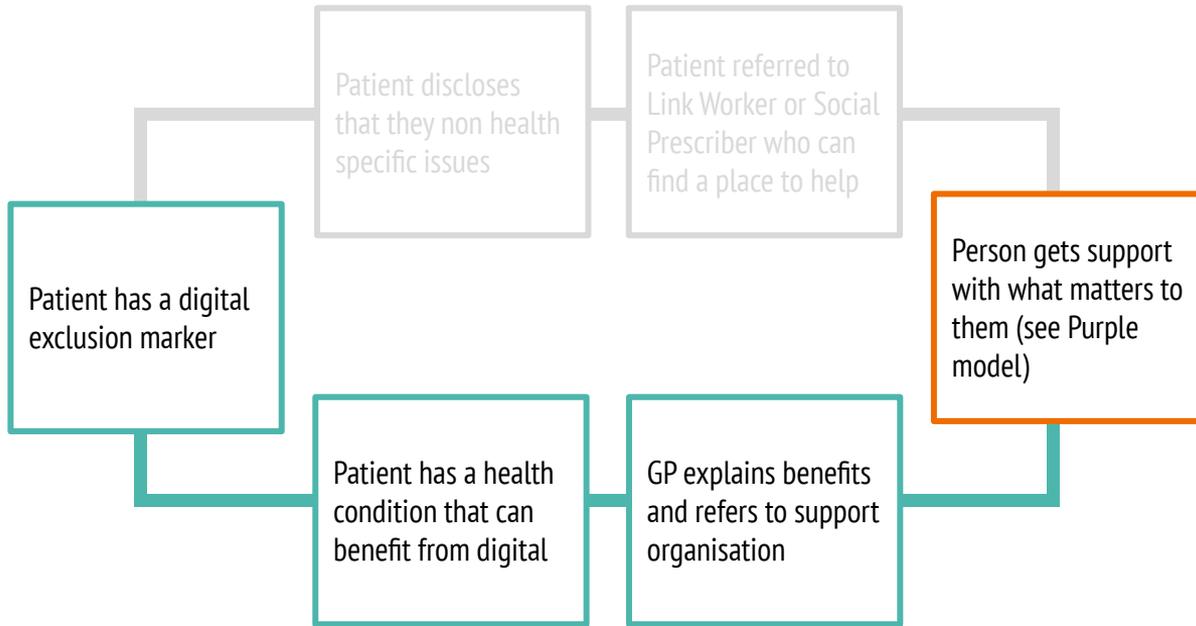


# 3.2

## What matters to you as a referral

Now that patients have a digital exclusion marker we can begin the process of referrals.

Referrals tend to be more successful if they are focussed on a non health related issue that is disclosed to the GP. For example, a patient may say they are in financial difficulties. Then a referral to a link worker is so they can get help with this. Digital will be an incidental part of the support that they receive. (See Purple model)

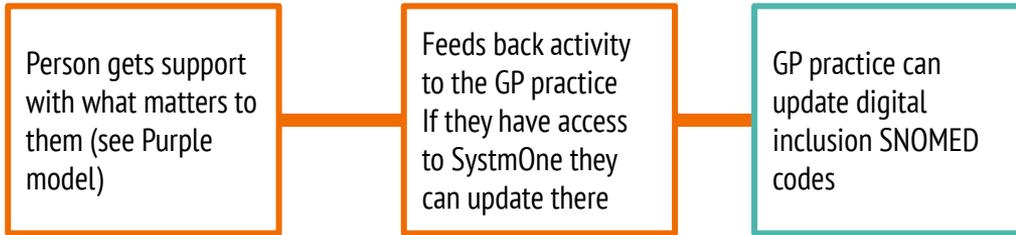


# 3.3

## Benefit your health as a referral

'Selling the benefits' of digital is difficult as the very term is often used in too many different ways to be meaningful. However, some patients may be able to get specific benefits from being digitally included (such as shorter waiting times to see their consultant or more accurately able to monitor themselves for certain Long Term Conditions).

If a GP can identify these very specific 'selling points' and the patient agrees that it would be beneficial to them then referrals to support organisations can flow from there



# 3.4

## Closing the loop

Having supported the patient through the support outlined in the Introduction (purple section of the wider model), the trusted community organisation updates the GP practice on activities undertaken. This can be done with certain access to SystemOne or arranging your own way to feedback (telephone call etc).

The GP practice now knows that the person is more digitally included than before and can recommend digital tools in the future to benefit the patient's health.

# Thanks to

All of the partners and people that we have worked with in each of the ICS areas. There are over 100 organisations and people that have been involved in the co-design processes across the areas and their time, knowledge and creativity has been so valuable.

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**Ben Gildersleve** - South Yorkshire and Bassetlaw ICS

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**Brian Edmundson** - Humber Coast and Vale ICS

## If you would like to chat further

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Do get in touch if you would like to work with us, if you have any insights to share or want to find out more about our work.



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