Rethinking the future for rural service delivery

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Executive summary
Access to services is crucial to reduce rural deprivation and increase social inclusion. However, access to services for rural people has been declining for many years and will continue to do so unless we inject new thinking and start doing things differently. We need new paradigms for rural service delivery that focus more on the integrated needs of service users and less on the 'needs' of service suppliers.

The idea of 'multi-purpose village centres' was first published in 1981. Since then there are many more post offices in shops but true multi-service outlets (MSOs) are so rare that they still make the headlines.

It is argued that a sole focus on location for the delivery of services is not helpful and that the current way of measuring access in terms of the distance from locations needs to be reviewed. The focus should be on 'Integrated Service Provision' and not on 'Multi-Service Outlets'.

At the heart of the vision presented is the notion that successful service integration needs to be preceded by an analysis of the component parts of each service. Then services can be re-engineered and integrated. This can be done by considering the functions a service performs under the following headings:

1. information function
2. expert function
3. social function
4. physical function

Examples of this analysis are given in the full paper and applied to a whole range of services.

Analysing services in this way before integration, enables us to identify two things:

1. The elements of the service that need physical space (the physical elements and some of the social elements) and whether this physical space needs to be local.

2. The elements of the service that can be delivered without a local physical presence using the telephone and ICT (ie the expert and information elements and some of the social elements).

Only the physical and some of the social elements of a service need a local venue. The expert and information elements can be delivered remotely (to the local venue or to the home or business) using ICT. In simple terms, experts can sit anywhere on the end of a phone and information can be delivered using internet-based technology. A local advocate operating from a local venue could act as an intermediary to such services where required.

NHS Direct and the way the delivery of library services has changed over recent years are used in the full paper to demonstrate these principles in practice.

The paper emphasises, that despite the fact that ICT is influencing service delivery, local, physical locations are still required and will always be required to deliver the physical elements of the various services. For financial reasons and for
the benefit of service users, these should be co-located in multi-service outlets. Various forms of co-location are considered.

A remaining significant challenge is the integration of services for the benefit of end users. NHS Direct, innovative though it is, has still to be integrated with the rest of the NHS let alone services from other sectors.

The rare examples of true service integration are generally driven by those who need the services and not by those who supply them. They require true partnership working across sectors and this, more often than not, is managed by the voluntary and community sector (VCS). The VCS has a key role in the integration of services for the benefit of service users in rural areas.

1 Introduction
This short paper builds on the booklet prepared by ruralnet|uk in October 1998 at the request of the Labour Group of Rural MPs called 'A vision for the future of rural services' (NREC 1999). That document was distributed widely and was also used as the basis for a workshop hosted by Peter Bradley MP in Telford, this established a steering group which went on to support the implementation of the Waters Upton national co-location demonstration project (see Appendix 1).

The objective of the present paper is to provide a framework for policy makers and service deliverers who need to review service delivery on an ongoing basis with the overall aim of finding better ways of meeting the needs of rural people.

This paper is not prescriptive but seeks to stimulate new thinking in the area of rural service delivery and helps to put ICT in its place in terms of its actual and potential role. It updates the 1998 vision; the most significant change since that time has been the increased pervasiveness of the internet, accompanied by a better understanding of the impact it will have on service delivery.

1.1 Combating deprivation and social exclusion
Improving access to rural services is one of the main means of combating deprivation and social exclusion. For the less well off, less mobile, less supported, the older or younger members of our communities key services are not just nice to have, they are essential.

The decline in rural services is slowing down but continues:

- Six out of ten of the key services monitored by The Countryside Agency have declined in their availability to rural households in the past 12 months. These include access to Banks, Post Offices, Petrol Stations and Supermarkets, Schools and GP surgeries
- In seven out of ten key services there has been a loss of outlets in rural areas
- A lower percentage of rural households have a primary school within 2 kilometres in 2003 than in 2002
- The decline in rural post offices since 2000 has continued
- There has been a loss in accessible supermarkets and petrol stations

Source: The Countryside Agency 2004

This picture of decline is largely due to the high cost of delivery, by traditional means, to geographically dispersed rural communities, coupled with the increased mobility of the better off, causing a fall in the use of locally provided services. This decline and the associated increase in deprivation and social exclusion will

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1 This is now out of print but a PDF version is available on request
continue while we continue to deliver services by traditional means. We need to think differently.

2 The joint provision of services
The concept of the delivery of a range of services from one location is not new. Seminars and conferences on the subject include:
- The NREC conference on one-stop-shops (NREC 1989)
- The Countryside Agency's Joining up rural services conference in 2001

Research has been carried out and reports written:
- Feasibility study of 'multi-purpose village centres' (Development Commission 1981 cited by Moseley & Parker 1998)
- RDC Publication 'The Joint Provision of Rural services' (Moseley & Parker 1998) and the follow-up report in 2000
- The joint Business in the Community, Beer & Pub Association and Countryside Agency Publication 'The pub is the hub' (Countryside Agency 2001)

Action on the ground has included the Countryside Agency currently supporting four national demonstration projects:
- Hudson House Project for Arkengarthdale and Swaledale in North Yorkshire
- Keystone Trust's Multi Mobile Project in Norfolk
- Integrated Community Resource Centre in Northumberland
- The Waters Upton Co-Location Project in Shropshire

So this has been a 'hot topic' in the UK for nearly 25 years. Why then are Multi-Service Outlets still a novelty? Progress seems to be limited to the integration of post offices into shops, postbuses which carry both people and mail and a handful of other initiatives that are so unusual that they make national headlines.

Various terms have emerged over the years to describe this approach: one-stop-shops, 'Tandem Operations', Multi-Service-Outlets and calls to 'make the pub the hub' for the delivery of a whole range of services to rural people.

Several studies have pointed to the cost savings that result from the sharing of premises by two or more services. This is very helpful but joint delivery should be about more than saving money. It should also be about delivering integrated services that better match people's needs.

In this paper it is argued that there has been too much emphasis on the 'supply' side of the equation when planning, funding and delivering rural services and not enough attention to the 'demand' side. The demand side of rural services is already highly integrated, because, on a personal level, people's needs are highly inter-related.

The indications are that if we pay more attention to the complex and integrated needs of service users we are likely to come up with models of delivery that are also integrated and that these models may also save money. These are strong forces acting in the same direction and these are already leading to change.

An unemployed single mother in a village is likely to need to know about the local job market and training opportunities. She will need information on public transport and childcare. Her world is not divided neatly into departments for employment, training, transport and childcare. Her world, like all of our worlds, is an integrated whole: she has a seamless mix of needs - can she get a seamless mix of services?
So, the integration of services not only makes sense from a cost point of view (the usual focus) but also from a user's point of view.

Focussing purely on budgetary pressures has resulted in the closure, one by one, of the current locations for rural service delivery. So the library is the first to close followed by the Bank, the school, the Post Office, the pub and so on.

In 2000 most rural settlements did not have a general store (78%) or a small village shop (72%). 53% did not have a pub but 85% did have village hall or meeting place (Countryside Agency, 2000).

It is very difficult to re-establish a location for service delivery, of any sort, in a settlement where the last community space has closed. Often, this is the village hall, which, despite recent initiatives such as the 21st Century Village Hall Scheme, may not be of the required standard to enable meaningful multi-service delivery. The percentage of rural settlements that have lost their 'last outlet' may be as high as 20% although this is difficult to calculate from the summary data currently available.

2.2 What is an MSO?
A multi-service outlet (MSO) has come to mean a single location where a range of services is available which would have traditionally been delivered by different agencies from different locations. Thus, an MSO might include a post office, a shop, a cybercafe, a take-away and a library or any other range of public and private sector services. The term MSO has come out of the recent policy and consultation work done by Defra.

As an example, the Waters Upton Co-Location Project includes a shop, post office, ICT access centre, meeting room and community office and will offer ICT training, adult education, police services, CAB, library, a legal advice surgery, prescription collection and delivery, hairdressing, credit union, homework club, MP's surgery, junior internet club, rural stress help desk, chiropodist, tax and benefits information, parish council office and an information and cash point.

2.3 Is the focus on co-location helpful? Do we need locations at all?
The focus on a static location is problematic for three main reasons. Firstly, a single location will not be in a convenient place for everyone. Secondly, the setting up of a 'super' MSO in one location may result in the closure of other smaller outlets in the surrounding areas which is likely to result in services, delivered in traditional ways, becoming less accessible for many.

Finally, to focus on location assumes that a service is best delivered from a physical space. This is obviously the case with some services. It is hard to imagine that chiropody services could be delivered without a physical space. On the other hand not all elements of a service need to be delivered from a physical space although traditionally they might have been. This is explored in more detail below.

In addition, some services may be difficult to co-locate. Users' privacy may be compromised or a playgroup may be too noisy to be next door to serviced offices or a doctor's surgery.

2.4 Location independent health services
There has been a quiet revolution going on in the delivery of health care in the UK. Before the launch of NHS Direct in March 1998, the only way to access expertise on personal health matters was through a face-to-face meeting with your GP. GPs were not generally available at the end of a telephone. By December 2003 NHS Direct was handling over half a million telephone calls and
NHS Direct Online half a million on-line transactions every month, making it probably the largest single e-health service in the world (Publictechnology.net 2003).

One has to ask: why wasn't NHS Direct set up before? It certainly wasn't because of the lack of the appropriate technology. The telephone has been with us for 120 years. Is it a lack of imagination, cultural antagonism or professional turf protection perhaps? It is likely that NHS Direct would have been set up sooner, if our primary focus had been on the effective delivery of the services that people need, rather than other factors.

3 What is the role of ICT?
ICT has been put on a pedestal by some as 'the future' or 'a panacea' for the delivery of services. Others have put it in the bin, either feeling it will have, at best, a minimal role, or that it will further exclude people, or fearing that rural services will decline while the promised delivery via ICT never really materialises. There are grounds for the latter argument. ICT has a reputation for never quite delivering to expectations. Most of us have seen touch-screen information kiosks installed and taken away. Most of us have been frustrated by online booking systems that do not quite work.

ICT shouldn't be on a pedestal or in the bin. It is certain to have an increasingly important and effective role in rural service delivery. How do we decide what this is?

3.1 True service integration
It is extremely challenging to take as a starting point the integrated needs of the customer and then implement truly integrated services. If this is to be achieved, it requires a high degree of collaboration between agencies.

However, if this is to be the vision then how might it be realised?

At the heart of the vision presented here is the notion that successful integration needs to be preceded by an analysis of the components of the different services and, more than likely, the 're-engineering' of the services to be integrated. With that in mind, it might be helpful to analyse each service to be delivered in terms of the different functions it performs. Back in 1998 we broke these down into: the information function; the physical function and the social function. Now we would advocate:

1 The Information Function  
2 The Expert Function  
3 The Social Function  
4 The Physical Function

What we mean by these different functions is best explained by reference to examples. The table below demonstrates this principle for a sample of different services.
<table>
<thead>
<tr>
<th>Function Service</th>
<th>Information</th>
<th>Expertise</th>
<th>Social</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library service</td>
<td>The library catalogue.</td>
<td>The services of a qualified librarian.</td>
<td>Not primarily a 'social' service although the 'spin-off' social interaction will be important to some users.</td>
<td>The books on the shelves.</td>
</tr>
<tr>
<td>Medical service</td>
<td>Information on health and well-being.</td>
<td>Nurse. Paramedic. Doctor. What's wrong with me? Do I need to see a doctor?</td>
<td>As above.</td>
<td>Physical examination, diagnosis and/or treatment².</td>
</tr>
<tr>
<td>Job-seekers' service</td>
<td>Jobs available. What training available and where.</td>
<td>Jobs adviser. Will there still be jobs in ICT after I qualify?</td>
<td>A job seekers service may not require a physical location. But if it is delivered in part from a location then a spin-off would be the potential for networking with other job-seekers/ employers.</td>
<td></td>
</tr>
<tr>
<td>Pensioners' lunch club</td>
<td>Information on the date/venue etc. See 'Physical' column also.</td>
<td>See the 'Physical' column.</td>
<td>The lunch itself. Sitting with peers and exchanging gossip, news and current affairs.</td>
<td>The lunch itself and the venue in which it is served. Leaflets etc may be given out at the lunch club. There may be expert speakers. Cash payment mechanisms.</td>
</tr>
<tr>
<td>Retail services – soft and convenience goods (fresh food, greetings cards, stamps, clothes etc)</td>
<td>Information on availability, price and commodity range. Non-cash payment mechanisms.</td>
<td>Retailer. Are these melons sweet?</td>
<td>May be incidental or more significant. Shopping is now accepted as a major leisure activity for some.</td>
<td>The ability to view, touch, feel and try on the goods and/or the convenience of being able to buy and use goods immediately. Cash payment mechanisms.</td>
</tr>
</tbody>
</table>

² BBC, The Other Medicine, Radio 4, 5/10/04, 2100-2130

"There are two aspects to any therapy. If we take depression as an example, if we look at the overall effectiveness of antidepressants they work. But if when we do the placebo controlled trials we find that probably only 15 or 20% of their effect is because of the actual chemical we're prescribing. So perhaps 70 or 85% of the effect may be due to caring for the patient, putting them into a clinical trial, saying I recognise you have a problem, oh dear you have a very low mood for whatever reason or maybe this is a chemical imbalance. And so a lot of the effect that the GP will gain from the prescription is because of the process of consulting and prescribing." Dr George Lewith, University of Southampton.
### Table 1 (continued): The information, expertise, social and physical elements of a sample of services

<table>
<thead>
<tr>
<th>Function Service</th>
<th>Information</th>
<th>Expertise</th>
<th>Social</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail services - hard goods (books, CDs, electrical appliances etc) ie goods that can be easily and precisely described and don't need to be 'touched' by consumers pre-sale.</td>
<td>The catalogue of goods. Non-cash payment mechanisms.</td>
<td>Consumer consultant. Fellow consumers. How does this product compare with these? Consumer feedback.</td>
<td>None or incidental.</td>
<td>Distribution warehouse and network. The fact that the product can be described precisely and delivered to specification means that no local physical infrastructure is usually required. Cash payment mechanisms.</td>
</tr>
<tr>
<td>Adult Education services</td>
<td>Details of courses available including content, structure, programme etc. Non-cash payment mechanisms.</td>
<td>Course tutors/mentors.</td>
<td>Peer to peer support and incidental social activities.</td>
<td>Workshops and seminars. Cash payment mechanisms.</td>
</tr>
</tbody>
</table>

The physical elements of a service obviously need physical space. In this space people will meet others which also enables ad hoc social interaction between users of the services. This is always considered to be a very important spin-off of local service delivery. Equally important, is the fact that, irrespective of the ICT developments that we can foresee, the physical elements of services will always need space, now and in the future.

Analysing services in this way before integration enables us to identify two things:

1. The elements of the service that need physical space (the physical elements) and whether this physical space needs to be local. These are the only elements that have to be in the MSO and have to be co-located in rural communities.
2 The elements of the service that can be delivered without a physical presence (ie the expert and information elements and some of the social elements). For example, experts can sit anywhere on the end of a phone and information can be delivered using internet-based technology.

See Figure 4 for the application of this to library services.

If we consider the tools and techniques we use to deliver services and, in addition to this, break these down into non-ICT and ICT tools and techniques then this reinforces the need (or not) for physical space and puts ICT in its place. It becomes very clear what the role of ICT is in future service delivery. See Table 2.

**Table 2: Examples of the tools and techniques used for service delivery**

<table>
<thead>
<tr>
<th>Service element</th>
<th>Non-ICT</th>
<th>ICT-supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>Leaflets</td>
<td>Open access website</td>
</tr>
<tr>
<td></td>
<td>Newsletters</td>
<td>Email</td>
</tr>
<tr>
<td></td>
<td>Posters</td>
<td>Mailshots</td>
</tr>
<tr>
<td></td>
<td>Postal service</td>
<td>Emailshots</td>
</tr>
<tr>
<td>Expertise</td>
<td>’Surgery’</td>
<td>Online forums</td>
</tr>
<tr>
<td></td>
<td>Consultation</td>
<td>Online expert systems</td>
</tr>
<tr>
<td></td>
<td>Face to face mentoring</td>
<td>Experts Online</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephone</td>
</tr>
<tr>
<td>Social</td>
<td>Meetings</td>
<td>Soulmates online &amp; similar</td>
</tr>
<tr>
<td></td>
<td>Clubs</td>
<td>online interest groups</td>
</tr>
<tr>
<td></td>
<td>Matching services (eg Soulmates)</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Face-to-face care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Examination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Display of goods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivery of the physical elements of a service</td>
<td></td>
</tr>
</tbody>
</table>

Key: Plain text – physical location not required

*Italics – may work in conjunction with a physical location*

**Bold – needs a physical location**

There are services that have been re-engineered in this way even though they haven't necessarily been integrated with other services. A good example, already quoted, is NHS Direct which is a telephone service staffed by nurses and backed up by ICT-based expert systems. NHS Direct delivers medical expertise that would have previously required an appointment with a doctor. NHS Direct is developing all the time and increasingly the expert systems used by the nurses who staff the phones, are being made available directly to those who can access the internet. Even today you can go through a series of Yes/No questions on the NHS Direct website to find out whether you have Ringworm or not! See Figure 1.
Figure 1: Self-help from NHS Direct Online

Figure 2: The Guardian's Soulmates Service
When Library Services adopt this proposed approach they tend not to invest in library-only mobile services: the library catalogue is on the internet (many already are), one can order books via a website, a librarian is available on the phone and the books requested are delivered to shelves in the village shop in a delivery van along with other popular unsolicited titles. The same van may also distribute locally produced fresh food.

**Figure 3: Old supplier-led thinking, the decline of services**

Moreover, the role of ICT in delivering or complementing services of a social nature is now becoming recognised\(^3\). Traditionally services such as youth clubs, lunch clubs, sewing circles and the like are only delivered in physical spaces. However, ICT is playing an increasingly important role in supporting social networks. At a very simple level, young people's basic need to be 'seen' by, and communicate with, their peer group has been supported to an unprecedented level by mobile phones and text messaging. More sophisticated ICT systems support services with a high social element. A good example is The Guardian's 'Soulmates' service which seeks to match people looking for companionship. See Figure 2.

3.2 Venues, vans and VDUs
So, the use of ICT is changing the way we access services. But what about service integration? A criticism that could be levelled at NHS Direct is that, although it is revolutionising delivery, it is still a sectoral 'health' service. It is yet to be integrated fully with the other elements of the NHS, let alone integrated into the services of other departments. Plans to do the former are recognised as a priority.

As indicated earlier, the concept of integrating services for the benefit of end users is not compatible with the departmental approach used by those who design and deliver services. Taking a sectoral approach is usually wasteful and does not match the needs of service consumers. In the worst case scenario a physical building is replaced by a service-specific mobile facility and then this is replaced by a kiosk. See Figure 3.

It is a great disappointment, then, that this is precisely the plan for the future of NHS Direct - the introduction of NHS Direct-only kiosks. See Figure 5.

In the future, will users really want to enter public spaces to be confronted with a bank of kiosks, one from each service provider? As well as multi-service outlets, service users need multi-service kiosks and multi-service mobile outlets as well.

Integration needs to happen at all levels.

4 From MSO to ISP
We recommend that rather than focussing on Multi-Service Outlets (MSOs) we should aim for Integrated Service Provision (ISP). By ISP we mean integrating all aspects of all services where it makes sense for end-users. Only the physical aspects of services need be integrated within MSOs. All other aspects of services need to integrated as well. Fortunately, the technology we have available to us today has been designed precisely for this purpose. The StartHere kiosk is an example of this. This single touch-screen kiosk gives access to a variety of information from advice on benefits, health, education, work, housing, care and crime. The future success of the StartHere kiosk does not depend on technology but on the will of the various service providers to work together and collaborate.

* An internet implementation of the StartHere kiosk can be seen here: www.starhere.org
5 Approaches to co-location

Despite a change of emphasis from MSO to ISP there is still a need to co-locate and integrate the physical elements of various services both for the benefit of service users and to reduce the costs of delivery. It is therefore useful to consider different approaches to co-location. To distinguish the different approaches the following terms are used:

1 Serial co-location
2 Parallel co-location
3 Service integration

5.1 Serial co-location
This would typically take the form of a room (or space) being hired out to different agencies at different times to enable the agencies involved to deliver services locally. This is how most village halls are used. Although these are multi-service outlets, they may not always be the most helpful solution for end users. If you have to travel 3 miles to get to an outlet of this nature it is not very convenient to have to wait a whole day for the next service you need to arrive. It may be much better to travel a longer distance to the local market town where you could access the services individually, through single-service outlets, at different locations in the Market Town, on the same day.

5.2 Parallel co-location
This describes the situation where different agencies hire different spaces in the same location at the same time. This is likely to be much more customer friendly. However, the services delivered in this way may not be integrated to any degree. Each service is delivered by the agency involved in the space allocated to them.

5.3 Service integration in one location
True service integration is the only answer if one takes full account of users’ needs. What might this look like in practice? In the Bromley By Bow centre in east London the doctors are employed by the community and they operate from a community-run MSO. It is as easy for the doctors to recommend and enrol a lonely person suffering depression on a two-week art class, which takes place in the same location, as it is to issue a prescription for anti-depressants. In fact, the doctors can point to any one of 125 activities that take place in a normal week. The Bromley By Bow centre, which was one of the inspirations for the government's Healthy Living Centre initiative, has a single reception area which looks more like an art gallery than a doctors' surgery. Here users can book everything from an appointment to see the doctor to a table for an evening meal in the community café. On average, 2,000 people use the centre each week which is about 10% of the catchment area. And this is in an area of many ethnic communities where the links between the groups would not normally be strong.

This urban example does not reflect all of the aspects of the model for future delivery proposed here. Many of the services delivered from the centre are informational or expert in nature and ICT could play a bigger role in their delivery. However, this does not matter so much in an urban context where high population densities exist and the cost of having a physical centre within walking distance can be justified. And, given a physical centre, there is no reason why one should not use it for the delivery of the non-physical elements of services.

However, the situation is different in sparsely populated rural areas where small communities may be down to their 'last outlet', where physical space may be very limited, and the catchment area may not be large enough to justify full-time operation.

Although applicable to service provision in both urban and rural areas, the ISP
Approach described here is of far more relevance to rural areas as a way of maintaining levels of service delivery. The ability to access significant elements of different services without the need to travel to a physical centre is of significantly greater benefit to dispersed rural populations than it is to more highly concentrated urban ones.

6 Super MSOs versus Mini MSOs
Research (Moseley & Parker 1998) has already highlighted the negative aspects of co-location when applied to a sparsely populated rural area and more work is required before concrete recommendations can be made. It might be more appropriate to aim for more mini MSOs in rural areas rather than fewer larger MSOs. Both would integrate services for the benefit of users but mini MSOs would not seek to provide all the services all of the time. Instead they would provide different sets of services, aimed at different target groups, on different days of the week or times of the day. So, for example, integrated youth services would be available in the evening (a youth club plus), services for elderly in the day and so on.

7 The opportunities and threats to true integration
The barriers to the integration of services must not be underestimated. Some of these are institutional, others relate to the personalities involved in any given situation. In one situation a group of people will be able to work successfully together to integrate services. In another situation another group will not be able to achieve this and will quote a whole raft of reasons why it won't work. Personality and the way in which people inter-relate in any given situation are crucial to the success of service integration.

7.1 Rewards and motivation
In some circumstances, changes are required to the way people are rewarded and motivated to deliver services. It is beyond the scope of this paper to have investigated circumstances in which this occurs. However, an example from the early 1990s will serve as a demonstration. At this time a community centre in a rural area wished to display lists of job opportunities on its noticeboard. The centre sought an arrangement with the local Job Centre whereby they would send the details of new jobs by fax. This seemingly simple suggestion never materialised. The barrier that emerged was, at that time, a significant amount of the funding received by Job Centres was predicated on 'footfall' and face-to-face interaction with job seekers in the Job Centre. So Job Centres were 'forced' by the funding regime to keep all information on new jobs inside Job Centres and not release it. Thankfully, the situation with Job Centres has changed. However, are there similar mechanisms in place today which mitigate against integration of services for the benefit of end users? We need to be sure that there are not.

7.2 Protection of status
Large determinants of what Chief Executives, Heads of Departments and other key decision makers earn are the size of the budget they control and the number of people for whom they are responsible. Under these circumstances how can we encourage the Head of Libraries and Heritage to sign over £100,000 to the Health Authority to deliver library services as part of an integrated service?

7.3 The vision and persistence of certain key individuals
The importance of project champions is not a new concept. Such a champion, who may come from the public, private or voluntary sector, is often behind successful service integration projects. These people are entrepreneurs either in the pure business sense (shop owners, pub landlords etc) or in the social sense (the social entrepreneur or community activist). The recognition and support of social entrepreneurs and the social enterprises they run is a very positive factor in the realisation of the ISP Approach presented here.
7.4 The implications for monitoring and evaluation
At the moment a key measure used in the annual State of the Countryside Report to measure the accessibility of services is the distance from key service locations eg GP surgeries, Post Offices & Banks and Building Societies. If we are to pursue a policy under which only the physical elements of services are delivered from locations whilst other elements are made more accessible over the phone and internet then access to services is likely to improve while the number of physical access points may decrease. This means that the monitoring and evaluation methodology will have to change if it is to reflect the improvements in access to services that will result from the ISP Approach proposed here.

In technical terms a review will be needed of the 'Headline Rural Indicator' for equitable access to rural services outlined in the Rural White Paper, 'Our countryside: the future. A fair deal for rural England'.

7.5 Policy direction
Government policy is a key driver for change. Policies that might support the ISP Approach advocated here include Defra's emerging MSO and Social Enterprise policies, the process of rural proofing, and the whole concept of joined-up government (at all levels). The extended schools policy and supporting legislation is also a great enabler for opening up schools for the benefit of the wider local community. The recently announced extension of funding support to the rural post office network (16/9/04) has the potential to promote innovation, as long as it is applied imaginatively and not simply used to maintain the status quo.

7.6 Technology
New technology, and in particular internet-based technology, is the most significant enabler for the ISP Approach. The technology underpinning the internet, namely http, or the ability to link any page on the internet to any other one, is perfect as the foundation for the delivery of 'integrated service provision'. Although precautions do need to be taken, there is no reason why an internet-enabled kiosk should be restricted to the delivery of health services. If that restriction exists it is there because the service deliverer has applied it. The ability of the internet technology we have to today to integrate services and deliver them by text, telephone and video is there for us to exploit right now.

7.7 Education, training and support
If the ISP Approach is to work, then the people who interact with those who access services will need particular training and support. These people will be 'the service integrators', the advocates or interpreters for a number of services and will require a specific set of skills. In addition, the planners and implementers of an ISP Approach will need advice, guidance and support. Online methodologies for providing this are already in place, for example, the online experts and mentor-matching services offered by ruralnet\online\5.

7.8 Flexibility
By definition the ISP Approach requires a high level of flexibility on the part of those who deliver services. Trust and joint working are essential. This makes the successful MSOs resilient to the changing contexts in which we all operate.

7.9 Legal and regulatory
Legal and regulatory forces such as rate relief and change of use policies all help to maintain rural services.

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\5 www.ruralnet.org.uk
8 The future, service integration and the crucial role of the community

If we continue as we are and don’t start to do things differently we face a continuing decline in access to services for rural people with the negative impacts this will have on deprivation and social inclusion.

The creative use of ICT that we are seeing already in the delivery of components of health and library services will continue as it makes sense for service providers and will reduce the costs of certain aspects of service delivery.

Integration of services for the end user is the key challenge. The rare examples of true service integration are generally driven by those who need the services and not by those who supply them. They require true partnership working across sectors and this, more often than not, is managed by the voluntary and community sector (VCS). The VCS has a key role in the integration of services for the benefit of service users in rural areas.

Figure 6: From MSO to ISP

Even though we recommend a shift from a focus on MSOs to a focus on Integrated Service Provision, the physical elements of services will always need a location where they can be delivered. For financial reasons and for the benefit of service users, these should be co-located in multi-service outlets. So, MSOs have an important role within a model of integrated service delivery. See Figure 6.

Too many pundits have outlined a new utopia – so easy to imagine, yet seemingly so hard to bring into being. Service providers must simply start their strategies by breaking out of their service silos and putting themselves in the place of the rural customer. As we have seen with the example of the NHS Direct telephone helpline, small, practical shifts in thinking can bring about big advances for service users. Hopefully we will not have to wait another one hundred years for today’s latest technology to be harnessed for public benefit in a similar way.

Whatever the future holds, one thing is clear: there is a requirement to think differently about the delivery of rural services and this must be done with the needs of service users uppermost in our minds.

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Appendix 1
The Countryside Agency’s national demonstration projects

The Waters Upton Co-Location Project

Waters Upton is the main village in the parish of Waters Upton, approx 6 miles north of Telford, Shropshire. The project, led by the Parish Council, aims to retain key services which had been under threat and to introduce some new ones. A developer donated the site under a Section 106 agreement. The two-storey building includes a shop, post office, ICT access centre, meeting room and community office and will offer ICT training, adult education, police, CAB, library, solicitors’ legal advice surgery, prescription collection and delivery, hairdressing, credit union, homework club, MP’s surgery, junior internet club, rural stress help desk, chiropodist, tax and benefits information, parish council office and information point and a cash point.

Hudson House, North Yorkshire

The small market town of Reeth in the North Yorkshire Dales acts as a resource centre for Arkengarthdale and Swaledale and as a gateway for the 700,000 visitors to the area each year. Hudson House, a former bank branch, was purchased by a Community Trust set up to turn the building into a community asset. The building provides an enterprise, information and service facility on the ground floor and three affordable flats on the first floor which will help address local housing need. There are plans to develop the grounds as a community orchard and garden and, at a later stage, to convert a separate two-storey building into a youth facility.

Keystone Multi Mobile, Norfolk

Keystone Community Partnership is a Development Trust, leading the regeneration programme for the Brandon, Thetford and Brecks area of South Norfolk. Poor access to services and poor public transport are major issues in this area. Multi Mobile provides a fleet of vehicles which can be used flexibly to meet a range of needs in different locations, taking services to people in their local area and improving access to more centrally based services and activities. The vehicles and equipment will be available for use by a wide range of public, private and voluntary sector bodies and community groups.

Bell View, Belford, Northumberland

Belford lies at the centre of north Northumberland, midway between Berwick on Tweed and Alnwick. The Bell View project was established in 1997 by local residents, following the closure of the local authority residential home for the elderly and the threatened loss of the day care service from the same site. Following local consultation and a housing needs survey, plans were developed to redevelop the site into an integrated community resource centre which will incorporate a day care centre for the elderly and a resource centre for the wider community. The project will also provide 5 sheltered housing bungalows for the elderly through a partnership with a local housing trust.

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