Remote Service Futures: Service Design with Communities, A Toolkit

Farmer, Jane; Nimegeer, Amy; Currie, Margaret

Publication date:
2010



Remote Service Futures

Service Design *with* Communities

TOOLKIT

A guide

for engaging with remote and rural communities for anticipatory health service design

2010

UHI Millennium Institute

NHS Highland

Knowledge Transfer Partnerships

University of Aberdeen

HIE Highlands and Islands Enterprise Iomairt na Gàidhealtachd 's nan Eilean

Centre for Rural Health Research and Policy

Item	
	Page
Introduction: Remote Service Futures	3
Who, what, when and where and how to use this toolkit	5
Remote Service Futures Process overview	9
Before you get started	11
Stage 1: Informing and Context Mapping	23
Stage 2: Assets, Challenges and Needs	30
Stage 3: Meet the service providers, think about the future	35
Stage 4: Planning and prioritising: The RSF planning game	39
Reflect and Assess	48
Further resources and tools	51

INTRODUCTION: Remote Service Futures

Remote Service Futures provides a process and methods to bring together individual community members, community groups and public service providers to design appropriate health and related services for the future of remote communities **on an ongoing basis**, and certainly **before any 'crisis' in service provision occurs** (for example, a key local health professional retiring or leaving). Remote Services Futures is about **anticipatory service design**.

Remote Service Futures (RSF) is aimed primarily at **fragile communities**; those that have small populations, are dependent upon a small group of health care and related workers to provide community services and are relatively distant from service centres. These are high risk in terms of service change, as individual workers are well-known community figures and may be lynchpins in terms of both service provision and other community activities. Their loss or replacement with an alternative way of providing services can threaten how community members perceive their safety in the event of a health care emergency and the sustainability of their community.

This toolkit is a result of the two year *Remote Service Futures* (RSF) project funded through the Knowledge Transfer Partnership Scheme, as well as by UHI Millennium Institute, Highlands and Islands Enterprise (HIE), the NHS Remote and Rural Implementation Group (RRIG) and NHS Highland.

RSF aimed to:

- Identify ways that communities could get involved with planning their own future services in the spirit of mutuality and co-production that government policy such as *Better Health Better Care (2007)* recommends.

- Recommend good practice for bringing together community members and the public services in designing suitable services for remote communities.

RSF was aimed specifically at remote and rural areas because it was felt that there could potentially be unique challenges in dealing with small communities. At present, changes to the way services are delivered are occurring in these remote communities, often with the retiral of a key health care professional. Due to legislative and regulation changes, it can be difficult to find replacement staff with similar skills and attitudes to extending their roles as those of current professionals (Farmer et al, 2003)[1]. Simultaneously over the years, the demographic composition of remote communities has changed (often, but not always, to include higher proportions of older people) and new types of health and social care roles have emerged. It is useful to have a mechanism to review whether the mixture of service delivery to communities still represents an appropriate way of providing communities with

[1] Farmer, J., Lauder, W., Richards, H., and Sharkey, S. (2003)." Dr John has gone: assessing health professionals' contribution to remote rural community sustainability". *Social Science and Medicine*, **56**(4): 673-686.

the services they need and/or may want. Engagement in these areas has the potential to be challenging due to geography, small and scattered populations, and the social roles that local health care practitioners can have within the communities. As such we argue that remote communities require specific solutions, not a one-size-fits-all solution for engagement or service design.

RSF worked with four remote rural Scottish communities, trialling methods of engagement, reviewing ideas and finding and sharing information. The four communities involved were selected because they were distant from service centres and assessed by NHS Highland to be experiencing service provider change or potentially to be experiencing change in the near future, mainly due to retirement of existing staff.

Those with an interest in the services provided in and to, remote communities include local community members, health and social care professionals, NHS and local authority management, community planners, voluntary organisations, the Scottish Ambulance Service, education providers, politicians and others with an interest in the locality and region. A central principle of RSF has been to identify methods of allowing all these groups to exchange of information so that those involved in making decisions can see each others' perspectives, understand constraints and work within budgets.

What was the result of Remote Service Futures?

In the Remote Service Futures Project, a process for community members, service providers and others to interact and work constructively together to design suitable models for potential future remote health care service delivery was tested, adapted and created. This started with a literature review of current international best practice. A prototype process of working was constructed using an action research methodology[2] was used to evaluate and adapt the process, using the experience of working with communities, plus feedback provided by participants.

Ultimately a process for creating new service models has emerged which **incorporates key components of engagement**; i.e. the process:

- Is as **inclusive** as possible
- Is quite **highly informed**
- Demands attitudes of **construction and flexibility** from participants, and
- Is **time and resources efficient**.

[2] Action Research is a research strategy in which researchers and practitioners work together within a specific context (in this case a community), to create appropriate solutions for that context by using iterative loops of feedback and change throughout a process of problem solving and data collection. The results of the research are used to directly inform practice. For more information on action research:

J McNiff and J Whitehead, *All you need to know about Action Research*. Sage, London: 2006.

During the project, engagement worked best where participants (all participants – community members and service providers) attended all of the four events comprising the process, took on board information and asked questions, were prepared to find ways of moving beyond basic barriers and entrenched positions and were prepared to understand the standpoint of others. It worked less well where participants adopted entrenched positions, opted out, used regulations and entrenched practices as barriers.[3]

Who is this toolkit aimed at?

This toolkit is aimed primarily at service providers, managers and practitioners delivering health and social care (or related) services to remote and rural areas, but you may also find the toolkit interesting if you yourself live in a remote and rural area and are interested in getting more involved in planning your own services. It is designed to be used *in conjunction with organisations' (i.e. NHS, Local Authority, ambulance service), as well as national regulations and guidelines, governing employment and safety.*

When and why would you use this toolkit?

This toolkit can be used to recreate the Remote Service Futures design process. It should be used when:

- Change to health service is anticipated but not imminent (for example when a local practitioner is nearing retirement).
- There is real potential for that the community to influence the outcome of the decision making process.
- Service providers, managers and practitioners from the necessary agencies are committed to devoting time and energy to the process.

It is *not* recommended when:

- An outcome has already been decided and you want to persuade the community to accept it
- Change is imminent or already occurring within a community. An important component of RSF is having the time to build trust and relationships with the community.

We carried out the RSF process over the course of a year in our four communities, however, you may find that more time is needed to create good working relationships between stakeholders, in which case additional events could be included in the process. You may, on the other hand, find that your community of interest is eager and willing to speed up the process. We only recommend that you are cautious about cutting back on the time it takes to build relationships within the community, and give stakeholders plenty of time to consider all their design options.

[3] See the Remote Service Futures Final Report for more details. It can be found at http://www.abdn.ac.uk/crh

Where would you use this toolkit?

The activities in this toolkit are designed to be carried out in partnership with a remote and rural community, within the community itself. According to the Scottish Government's 6 fold classification, "remote and rural" includes communities that have a population of 3000 or less and remote areas as being thirty minutes or more from a population of 10,000 or more. The communities with which we carried out the Remote Service Futures Project were all small remote and rural communities containing between 100 and 300 people and you may wish to adapt some of the methods outlined here if your community of interest is larger than this.

While the process used in this toolkit can be used for open events aimed at the entire community, we had success in some areas with recruiting a smaller core group of community members who are all committed to being involved for the duration of the process and represent a variety of views from within the community. However, when using a 'core group' these events were also still advertised and open to the wider community. We found using a group identified by the community to be a successful way of keeping continuity throughout the events but also allowing a variety of views to be aired.

Evidence from RSF suggests that good community engagement for planning…

- ✓ Is honest and transparent
- ✓ Is anticipatory
- ✓ Considers flexible models that work for the community context, needs and wants
- ✓ Considers how the community experiences their service to be important
- ✓ Acknowledges that informal services that practitioners carry out within the community are often important to the community in addition to what is in their 'official' job description
- ✓ Requires joined-up thinking and multi-agency co-operation
- ✓ Is open to new roles, hybrid roles and new ways of working
- ✓ Is based on the premise that community members, when given the information, time and resources, make effective equal partners in designing local services
- ✓ Requires managers who are willing to be persistent in finding and producing creative ways to make co-designed safe, sustainable solutions
- ✓ Is often messy, challenging and uncomfortable but can also be worthwhile and rewarding

How to use this toolkit

This toolkit describes in **step-by-step detail** how to replicate the process that we undertook in the Remote Service Futures Project. Keep in mind that this toolkit is meant to be adapted to individual communities and situations and should be used as a **guide,** rather than something that must be slavishly followed. Note that the toolkit is by no means intended to be a definitive guide to engaging communities, but it is meant to help you to carry out a process similar to the one undertaken in the Remote Service Futures Project. We have included links to helpful resources, guidelines, and other toolkits that may be of use in planning your own engagement initiative.

This toolkit is designed to be used by:

- Service provider managers from all areas of health and social care
- Local health and social care practitioners
- Third party community engagement mediators

It is intended to be used for:

- Anticipatory service design (that is, designing services in advance of when they are actually likely to change)
- Engaging remote, fragile communities whose services are reliant on few practitioners

The process described in this toolkit is intended as a **starting point** to increase communication between stakeholders, to create relationships, and to gather those who have an interest in each community's health care together and think about planning for the future. This process is **not** intended to be an end in itself. Throughout the course of the process we recommend thinking of the contacts you build and the communication channels you open up as the start of an enduring and mutually beneficial relationship that needs to be continually supported and cultivated if you are to reap longer term benefits of community engagement, including increased trust, better communication, community empowerment and sustainability.[4]

As with any community engagement process, the Remote Service Futures Project was not "perfect" and, in order to help you to learn from our own mistakes and challenges, we have included a number of case studies and tips to help you to have more successful events. We have also included a set of templates to help you use techniques we have designed and/or adapted.

We recommend that you undertake the engagement events described in this toolkit as part of a process, and not as stand alone activities. While some events may work well on their own, you will find others extremely challenging if you have not taken the time to use the previous steps to build relationships

[4] Harrison, S., Dowswell, G. and T. Milewa. (2002). "Public and user involvement in the UK National Health Service". *Health and Social Care in the Community*, **10**(2): 63-66.

and trust before undertaking them. Before starting any engagement process we recommend that you consult you own organisation's guidelines and regulations regarding community engagement, as well as the Scottish Government's Standards for Community Participation to ensure that you are acting in accordance with recommended best practice. Also, care should be taken that any services designed as part of your engagement process conform to all applicable safety standards and guidelines at a local, national and EU level.

Challenges Remaining:

While we hope you find the RSF process useful in helping to engage with remote and rural communities in designing their future services, it has also raised a number of issues and challenges that need to be addressed. It may be helpful to consider some of these issues before carrying out your engagement. These challenges include:

- How can design be effectively carried out (as it must be) both within communities and across localities? In other words, how will this process link in with design and planning that is taking place on a larger scale?
- It may be easier to work with a consistent and committed group of community members, selected by the community in a design/planning process, but what is the relationship between that group and the whole community when a plan is arrived at. May the wider community still reject it?
- While service providers are given guidance and support for engaging communities, there is very little information and guidance for communities about how to engage with their service providers for planning purposes.

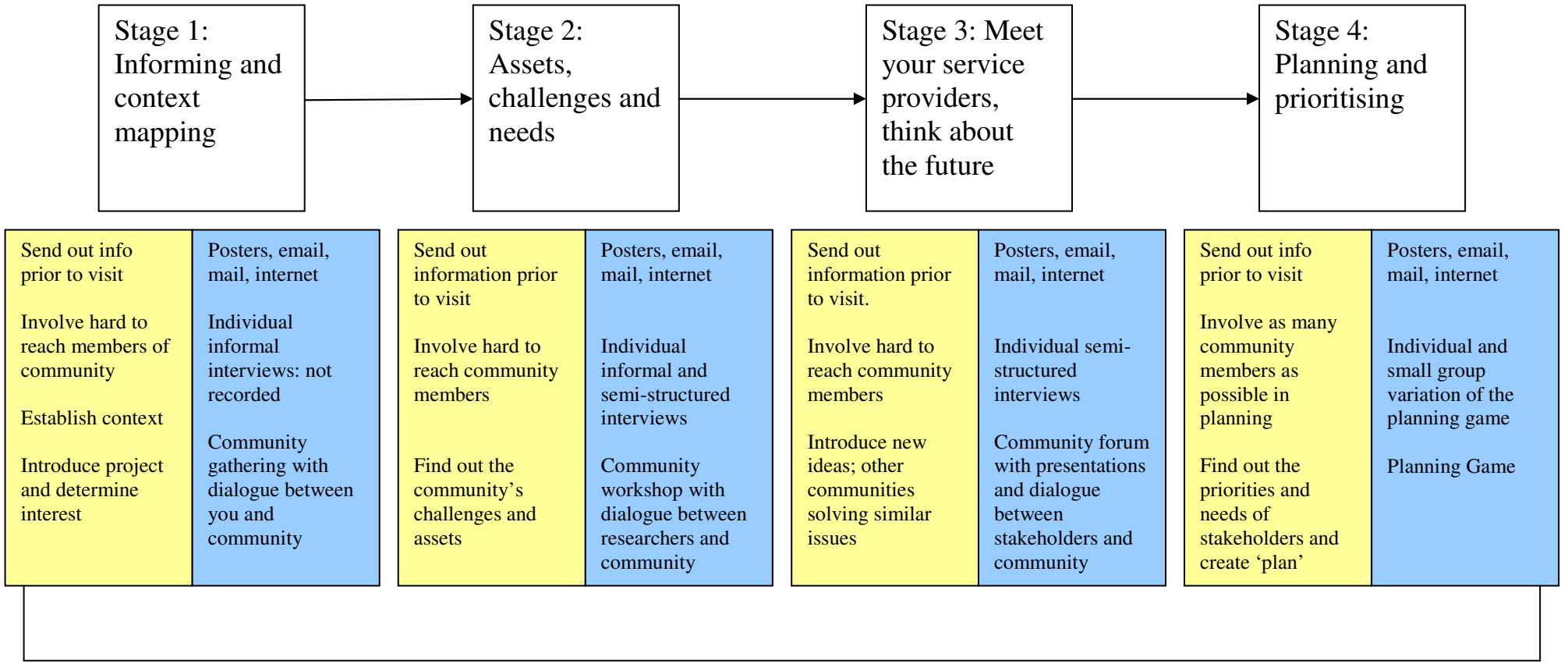
We hope you find this toolkit useful!

For an overview of the Remote Service Futures Project we have also produced a final project report. For a copy of the final report or for any questions related to Remote Service Futures, contact:

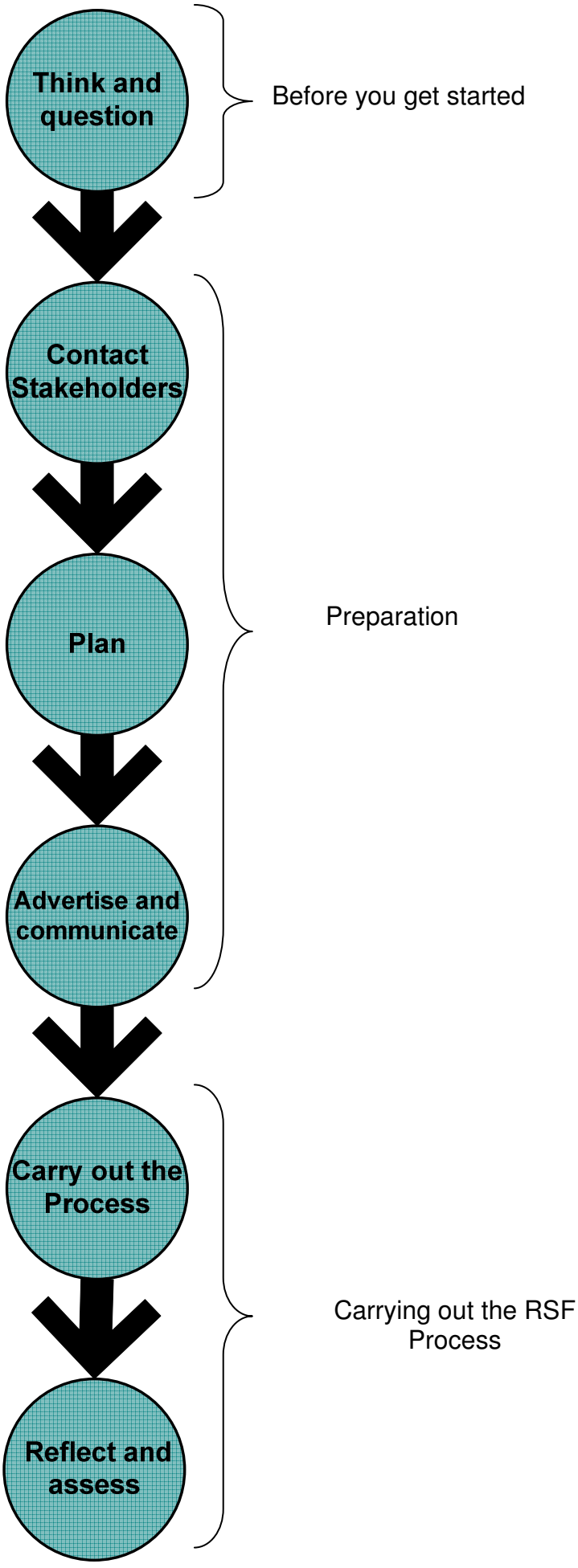
Centre for Rural Health,
UHI Millennium Institute,
Centre for Health Science,
Inverness, IV23JH

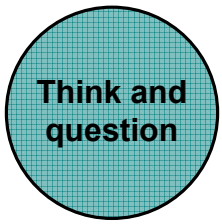
Phone: 01463 255893
email: jane.farmer@uhi.ac.uk

The Remote Service Futures Process: An Overview



Throughout the process there was involvement via a website, email, telephone and mail. A simultaneous community profiling project was also carried out


Think and question
Before you get started
Contact Stakeholders
Plan
Preparation
Advertise and communicate
Carry out the Process
Carrying out the RSF Process
Reflect and assess



Things to consider

Before getting started in engaging with the community, it is important to ask yourself the following questions. Thinking about these questions now will also help when you are explaining the aims, objectives and potential outcomes of engagement to the communities. It is important to be as honest as possible with yourself at this stage and, if possible or appropriate, you may want to share some of this information with your fellow stakeholders.

✓ Who or what is my community of interest?

Is it a geographical community that you are dealing with? Consider the boundaries, parameters and criteria that you are going to use to define the 'community'.

_____
_____
_____
_____

✓ Why do you want to engage?

If you are using this toolkit then it is to be assumed that you would like to explore co-designing health services for communities, with communities. However, it is worth asking yourself

- Why now?
- Is there an event coming over the horizon such as a local practitioner nearing retirement age?
- OR do I just want to get a better idea of a community's priorities and preferences for the future?

Record your reasons for engaging:

_____
_____
_____
_____

✓ What is your ideal outcome?

What do you want to get out of it? Do you have defined outcomes by which to judge success? Later on in the reflect and assess section of this toolkit factors are identified that may help in evaluating success but you may wish to add more in order to tailor the process to fit your desired outcomes.

Record your ideal outcome(s) below:

_____
_____
_____
_____
_____

✓ How much impact will the community's input have on actual service delivery?

This process takes your work in a community through several levels of engagement, from just informing the community about things, through discussing, and through to mutual decision making. You should consider the level of engagement that all involved (from managers to local practitioners to community members) are willing to undertake. For example, if you are a service manager and you want to find out a community's opinion on potential service configurations but the final decision will be yours, then the community is merely *informing* your choice and this needs to be made clear from the start. (see Appendix for Levels of Participation and what they mean.)

Think about how much impact this process will actually have on the community's future service model and write it down:

_____
_____
_____
_____
_____

✓ Who needs to be involved?

With regard to any one community, there are many groups of people that can be affected by health care service delivery (e.g. the NHS, ambulance service, local authorities, local government, voluntary organisations, community members, etc.) and it is important to include as many of them as possible in the process. Keep in mind that many of the factors that influence health care delivery in an area could be outside the direct remit of health care such as transport or housing. For more information on identifying and contacting stakeholders, go to the contact stakeholders section of the toolkit.

Record the key people and agencies that need to be involved:

_____
_____
_____
_____
_____

✓ Who are the hard to reach voices?

Within every community there will be community members who are more difficult to reach. This is why Remote Service Futures includes several different methods of engaging (community members) in each stage. Hard to reach voices may not just be people who are unable to attend public events for whatever reason, they may also be people who are uncomfortable speaking up in public.

Record who in the community could be considered 'hard-to-reach' because of health, physical, age, cultural, geographical or other factors:

_____
_____
_____
_____
_____

✓ Are there any potential agendas or conflicts of interest?

Some individuals or groups may have a particular agenda or pursue a vested interest in the outcome of design so you should consider this carefully.

Record any vested interests or conflicts that you can foresee at the outset:

_____
_____
_____
_____
_____

✓ Are there any potentially sensitive topics?

You may already have an idea of what you expect will be a sensitive issue to raise in your chosen community with regards to community engagement for health and social care. It may, however, be a good idea to get a feel for the history of the community and its relationship with its service providers. Initially this could be done by speaking to other service providers, but, as part of RSF, it was helpful to get background information from the community themselves to see their view of past events.

Record any potentially sensitive topics that you anticipate may arise when engaging with this community?

_____
_____
_____
_____
_____

✓ What are potential barriers to involvement?

Engagement should be as inclusive as possible in order to include as many views as possible, you need to consider the range of issues that could affect access. This could include

- accessibility of venue
- timing of event
- any potentially competing factors (such as a national football competitions, ferry times, or meetings of local groups)
- Are there speakers of other languages in your community who may not be reached by your communications?

If you have a small number of interested people who are unable to attend group events, for example, you may want to consider carrying out home visits or interviews as well, however, before doing so you should consult your own organisation's guidelines about ethical practice to ensure that you are acting within them.
Record any other potential barriers to engagement with the community:

_____
_____
_____
_____
_____

✓ Are you an open, clear and frank communicator who does not take adverse comments to heart?

If not, is there someone else in your community or organisation that would be more effective at carrying out engagement? Continuity is key to building strong relationships so ideally the process should be carried out by one or two core people. You may also want to consider the benefits of inviting a third party mediator with experience in community engagement to help facilitate the process. This may be particularly pertinent if tensions with the community are high as a third party mediator can act as an impartial broker between the community and service providers as long as it is clear that their role is to be objective and non-partisan.

✓ What kind of resources do you have at your disposal in terms of funds, time and venues?

The RSF process requires a time commitment from all involved. It has, however, been designed primarily to fit in with the convenience of community members. Each community visit will be quite intense and concentrated, possibly comprising home visits during the day, evening events and time for just getting to know the community better. This is in order to ensure that valuable time is used effectively. The RSF process is designed to be cost effective so none of the exercises in this toolkit should have a significant monetary cost.

Record the resources you have available to you, including funds, staff and time:

_____
_____
_____
_____
_____

✓ Have you consulted the guidelines and resources that your organisation provides for quality community engagement?

There are a number of resources available to NHS employees to help them carry out community engagement. Some of these resources are listed at the end of this toolkit. You should also consult the Scottish Government's National Standards for Community Engagement, a reference which can also be found in the **Further Resources** section of this document.

Preparation

Identify and contact stakeholders

It is important to consider all of the groups of people that might want to have a say in a community's health and social care provision. Using the list of stakeholders that you made in the previous section, consider whether it includes the following groups:

- Community members
- Community council and other local groups, including advocacy groups
- Local practitioners from all agencies and services (including NHS, local authority, ambulance service, etc.)
- Managers from all agencies and services (including NHS, local authority, ambulance service, etc.)
- Local patient representative groups or pre-existing community engagement groups
- Voluntary organisations
- Scottish Health Council
- Local councillors, MSPs or other government representatives
- Ward managers and others with links into community planning processes such as any existing Community Planning Partnerships
- Anyone else who could have a stake in the outcomes of the design process

About your stakeholders…

- All groups and individuals involved can act as equal partners in this process, with one taking the organisational lead. This implies/means that information is shared openly between everyone involved. Consider how you will keep the communication channels open with community members, other agencies and groups throughout the process.

- When contacting stakeholders, ideally try to speak to them either face to face or on the phone to give everyone the chance to be clear about what they would like to take away from the process. After initial contact has been made email is probably fine, but try to have face to face meetings periodically to help maintain good relationships.

- At the start it is important to ensure that everyone involved is equally committed to agreed principles and outcomes of the engagement process.

- It is good practice to speak to any local health and social care practitioners prior to your visits AND as soon as possible after arriving in the community in order to make them comfortable with your presence.

- Create a contacts list of participants that you can add to as you find new people. Identifying the right people can be a slow and organic process, with new contacts being discovered along the way. You will likely not identify most of the key community-based contacts until you actually make your first visit there. A contacts list will be a useful tool for planning all future visits and communications as you can then ensure that no-one has been left out.

Working with a core 'representative' group

At this stage you may want to consider creating a 'core group' of community members, that is, a group of people from the community who are influential, keen to be involved, and willing to make the commitment to attend all four stages regularly. In RSF, this group was often composed of individuals identified by the community themselves, existing community organisations and local health care practitioners. Once identified, group members were contacted and discussions were held with them in advance of the first meeting to ensure that they were interested in becoming a part of the process.

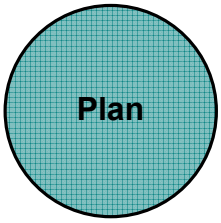
Members for this core group may include representatives from the local community council, other community organisations, local health care practitioners, and anyone else who is keen. The group should ideally include a variety of viewpoints and should include members who will be able to feed back to the wider community following events with their perspective on events.

It was found, during RSF, that the presence of a core group gave the process some continuity and created a knowledgeable group who could pass on information to the rest of the community and even recruit for events. However, even with the core group, each event held in the community was advertised and was open to anyone who wanted to attend. By having this mixture of core participants and open attendance, it was possible to have more continuity between events than in areas where we did not form a core group, while still allowing varied viewpoints to be heard at each stage.

SUMMARY

What to do at this stage:

1. Identify all stakeholders
2. Establish contact with stakeholders, agree the aims and principles of the process and ideally, try to meet face to face with influential stakeholders
3. Create a contact list of all stakeholders for future use



Plan your visits

Plan out rough dates for all four meetings of the RSF process from the very beginning and book your venues. Service providers may require a lot of notice in order to visit remote areas. Keep in mind that a two hour event in a remote community could mean up to three or four days out of the office depending on ferry schedules, flights, weather, etc. Events may also have to be held on weekends in order to accommodate the community.

When choosing a venue, consider what you will need for each stage. Go back and check what you have recorded about potential barriers to involvement in the **Think and Question** section of this toolkit. Doing a little extra research at this stage could possibly save you from being camped out for hours in a cold venue with a poor turnout!

If you have decided that you will be carrying out home visits/interviews as part of your process, you should check with NHS Ethics/R&D office to ensure you are following correct procedures. It is also a good idea to use this time prior to starting the process to check on your organisation's safe working practices for remote working. We have included a planning checklist at the end of this toolkit to help you map out the process.

SUMMARY

What to do at this stage:

1. Plan a rough timescale for your events
2. Investigate potential clashes with your visit times, contact stakeholders to check potential dates and book venues
3. Check your organisation's guidelines on ethics and safe working procedure prior to start as work may be needed prior to the start of the engagement process

Get the message out

- About a month before your first visit, get the message out in the community that you will be visiting

- Make any communications clear, concise, and free of jargon. Have your communications proofread by a non NHS person.

- Advertise in a variety of ways including posters in the local shop, church and community hall, a notice in the local paper/newsletter and/or on the community website, a short advert on local radio, and as much word of mouth as possible (which you will get from speaking directly to community members and local practitioners). Be sure to advertise in plenty of time (at least a few weeks ahead) but also try to send a reminder closer to the time.

- Be sure to include the DATE, TIME, and LOCATION of the first event, and to indicate that if people would prefer to speak to you on an individual basis, home visits/interviews are available too (if you will be offering this). It might also be helpful to distribute an information sheet and/or direct people to a website with information about the process for prior reading. Be sure to put a contact name, email and phone number and address for people to contact you with questions before the event.

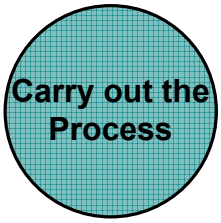
- Often rural community councils hold email lists for local people, it may be worth contacting them to see if they will circulate an email about the event to the community.

SUMMARY

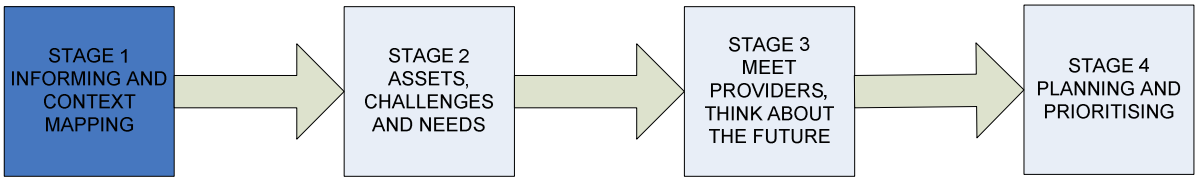
What to do at this stage:

1. Advertise your first event
2. Make sure you use a variety of media
3. Don't use jargon!
4. Create information sheet/website and be accessible for questions

Carrying out the RSF Process



Visiting the community



Stage 1: Informing and context mapping

Objectives: to meet with communities, tell them about the project, answer questions, start to gain trust and start to identify ideas. Visiting and meeting the community provides the first information to try to build understanding of the 'context' of the community i.e. what it looks like, feels like, who turns out, what community members say, getting the 'vibe' of the community towards the process.

Informing: How we did this

- During this stage we made our first visit to the community to introduce the process and answer any community members' questions. RSF conducted a community meeting/gathering as a part of this stage.

- We found it helpful to contact local health and social care practitioners first thing upon entering the community, to ensure that they were comfortable with our presence.

- Prior to the meeting we found it useful be out in the community, speaking to people both individually and in groups. Sometimes this was arranged prior to our arrival but it was also good to be open to speaking to any and all community members that we met during the course of our stay.

- These chats were informal and served to ‘get the lie of the land’ and let us know how the community felt about its health care and related services. It was also an opportunity to discuss the process with community members and gauge their opinions and feelings prior to the public meeting.

- At this stage we found it important to try to speak to as wide a range of people as possible, but in later stages we did try to focus on interviewing predominantly people who were unlikely or unable to attend public events.

- In order to get a ‘feel’ for the community, it was valuable to just have a wander around, check out the local amenities, have a coffee in the local café and buy something in the local shop. It allowed us a taste of living in that community first hand.

- We found the first meeting was most successful if it was fairly informal. Having called the meeting we spoke first, explaining what we were doing, objectives, relationship with the NHS, etc. and then asked the community if they were willing to participate in the process we were starting. We emphasised that this was about <u>including</u> *their* views and giving *them* the chance to inform service design. The rest of the meeting was given over to questions and open discussion.

Tips for success when doing it yourself:

- Try to choose a venue that is accessible for all, is central to the community and is warm and dry. While this will usually be the village hall, it may be better to hold events somewhere like the local café or hotel if it is a more welcoming place. Within RSF we have spent time in the occasional cold, damp village hall, as well as warm, comfy halls and the hospitableness of the venue definitely impacted on the willingness of community members to come out to events!
- Community members asked if we could offer refreshments: tea, coffee, biscuits or even wine and cheese were appreciated and made a good ice breaker.
- Remember to introduce yourself and the process clearly and tell the community what you are responsible for as well as just your job title and contact. It might be helpful to distribute an information sheet with contact information as well as the aims of the process.
- Be open and honest about what you hope to gain from the process and what you would like to achieve with the community on board.
- Don't be defensive. Open, honest and frank communication is appreciated.
- Ask community members what they would like to achieve from the process and what they hope to avoid happening too. Emphasise your aspirations and purpose: that they will be able to shape their future services.
- Avoid standing up at the front of a room. Try to place chairs in a circle or informal grouping and sit down with everyone else so that you avoid 'lecturing'.
- Don't be afraid to let the process be driven by community members: if they don't like something about the process, adapt it! For example, some communities may like their events to be structured and formal with agendas and the like, whereas others may prefer something more relaxed and organic. Nothing is written in stone and people shouldn't have to take part in something that they are uncomfortable with. Use your judgement.
- If you are visiting the community with a colleague, avoid chatting about the community or what you perceive you are doing/achieving in public places as snippets of information, heard out of context, can be damaging to your relationship with the community. Perceptions of you 'gossiping' are unprofessional anyway.
- We found it helpful in the first meeting to let community members vent about any issues they wish to as it is informative about where they are coming from and is important in helping them to feel their concerns will are listened to.

What's the first public meeting like?

This is a composite story put together from our experiences across the communities in the Remote Service Futures Project…

The first public meeting generally has a good turn-out; it appears this is because community members are suspicious of 'outsiders' coming to talk to them about health and other services. Their perception is that when this has happened, in the past, it has been a prelude to suggestions of cutting, replacing or changing services; for example, replacing a local district nurse with an outreach team or replacing a local GP with a nurse practitioner and team service. At the first meeting, it is assumed that something bad is afoot. Community members relate their history of poor relationships with NHS and the local authority and relate stories of poor community engagement. Community members may occasionally be hostile or accusatory.

In the communities we visited we tried to reassure that RSF was an anticipatory process and that one of its principles was that services would not immediately change. Assuring people that things won't change right away was good, on the one hand, because it stopped people from worrying; on the other hand, it was problematic…If there was to be no action, people did not want to waste their energy getting involved.

It is very important for communities to say *why* they are suspicious of NHS, local authority and ambulance services' attempts to 'engage' with communities as they are stating their position. It is useful to understand their history and emotions about engaging with service providers as it provides an opportunity to discuss what can be done to minimise the risk of these things occurring again.

SUMMARY

What to do at this stage:

- Make your first visit to the community
- Speak to people in their homes (if part of your plan) and out in the community to get a feel for attitudes towards health services
- Hold a public meeting or event to introduce the process and answer questions
- Give out contact information and details about the process

Other potential methods to try at this stage:

Alternatively, or in addition to what we've done you may wish to try some of these other methods at this stage. For more information about these methods, check the links to other toolkits provided at the end of this toolkit:

Focus groups
Comment cards/postcards
Information leaflets
Information website
Leaflets
Public scrutiny
Surveys
Questionnaires
Telephone interviews
Discussion suppers

Context Mapping

Objectives: to establish the 'data context' of the community for informing understanding of communities, to use as a talking point with communities, to build into an exercise around needs and budgeting.

- Context mapping provides an opportunity to give the community an 'early deliverable'. Community members can ask questions about aspects of their service that they would like to know more about. Delivering information back to the community is a good way to start earning trust.

- Once you have visited the community you will have information about which services they receive from speaking to community members and local practitioners. This is a good starting off point.

- Decide what you, the community, and local service providers would like to know. A good baseline is: which services does the community receive, how often does it receive them and at what cost. Don't forget to consider emergency services, for example the number of air ambulance or ambulance callouts that a community receives in a year. It is also helpful to know condition prevalence and demographic information.

- This information can be fed back to the community at any time but you should also collate it into a reader friendly format with graphs and charts so that it can be used in Stage Four. It is a good idea to speak to the appropriate service managers and local practitioners prior to feeding this information back to the community to ensure that it is correct and appropriate (i.e. it is not sensitive, it is accurate, and does in fact reflect the information the community has requested.)

- You may wish to use the Mapping Template provided in the template section of this toolkit to get started. Remember that this is only a guide and you may wish to find different or additional information than is listed on the template.

Where to find data and information:

- For most costing and activity data you will have to contact the finance department of the appropriate organisation (i.e. ambulance service, NHS, local authority, etc.) Community level costing data is currently a tricky issue in many cases as most budgets are held at a higher level, for example locality level, although this may soon change with construction of the Integrated Resource Frameworks. If the community you are looking at is an island or other geographically bounded area, it may be much easier to find data and information. Be persistent, it is often a case of finding the right person who can help you find what you need.

- If budgets are not available at a community level, it may be necessary to estimate a budget on a per-head-of-community basis from larger, available figures. Be sure that you make it clear when presenting information to the community that this is what you have done.

- Community profiling information including population size, age, indices of deprivation, economic information, crime statistics, etc can be found at www.scotpho.org.uk and http://www.sns.gov.uk/

- Some costing and activity information, including the cost of community based services (excluding GMS) can be found at www.isdscotland.org

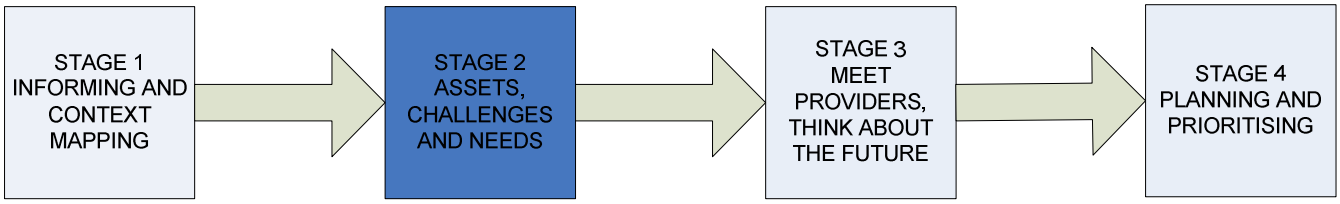
- Condition prevalence for a practice area (Quality Outcome Framework Data) can be found at http://www.gpcontract.co.uk/sha.php?orgcode=SCO&year=9

A chart to help you get started can be found in the Templates section of this toolkit.

SUMMARY

What to do at this stage:

- Consider which data and information you and the community would like to know and think about what would be helpful for planning
- Find this information using the appropriate agencies and resources, some of which are listed in this section



Stage 2: Assets, challenges and needs

Objective: to find out from the community what they see as their strengths and weaknesses in terms of health and health and social care service provision; to establish their aspirations of where they want to go, as a community – and the role of health and services in that.

In this, the second community visit, a workshop is held in which community members themselves identify what they think their assets are in terms of being a community, going forward into the future and the role of their health and healthcare and related services in that, as well as what their challenges are. The idea is to get the community thinking about what their needs and wants are and to get the service providers thinking about any contextual issues related to health care that they may not be aware of. As with the previous meeting, this workshop should primarily be attended by those carrying out the engagement, the community and, if appropriate, the local health care practitioner(s).

Assets challenges and needs: How we did this

Materials:
- Large A3 flipcharts with either stands or blue tack to stick them on the wall
- Colourful marker pens

We arranged the chairs in the venue into an informal grouping with the flipcharts at the open end

We placed the three flipcharts side by side with one or more flipcharts entitled ASSETS, one or more flipcharts entitled CHALLENGES, and one or more flipcharts entitled TO DO or ITEMS FOR ACTION

As people mentioned something in one of the categories, we wrote them up on the flip charts. Our role in this workshop was to act as scribe: it was up to community members to run the discussion. The flipcharts helped to add a level of transparency to the proceedings and we were able save them for display at the next event to remind people about what they discussed.

The third flipchart, entitled TO DO or ITEMS FOR ACTION was used to record concerns that could be dealt with immediately. Following the meeting it was important to make every possible effort to deal with the items on this chart prior to the next stage. This helped with the process of trust building and showed the community that someone was actually listening to their concerns. This is especially important when it comes to an anticipatory design process because it may be months or even years before any service changes agreed are brought into action.

- The idea of this workshop is to get the community to brainstorm about the things that make their community a good place to live (their assets) and what they would like to see improved (their challenges). For a list of common community assets and challenges, please see the RSF final report[5]. Although the discussion should be based on healthcare, all kinds of other things could come up including quality of life, transport, amenities, communications systems, ways of working, "character" of the community and housing. All of these things impact on the health of the community and are vital CONTEXTUAL factors that should be taken into consideration when planning health care and related services.

- If the discussion is a bit slow to get going, you can start by suggesting things that other communities have brought up. Common assets that remote and rural communities routinely mention include: low crime rates, good personal attention from locally based health care professionals, good environment, and good community spirit. Common challenges that emerge are often things related to remoteness in an emergency or lack of access to urban resources.

- This stage can also be carried out in peoples' homes if you are including interviews. Simply add their contributions to the notes of the meetings afterwards. As these notes will be circulated to all stakeholders (see next point) it will give the entire community a chance to comment on points made and feed back about them.

- Following the meeting type up the notes from the flipcharts, along with a short explanation of why the meeting was held and what will be happening next. This should be circulated to everyone in the community, not just those who attended the meeting, as well as all other stakeholders through the communication channels you identified in the earlier sections of this toolkit. Specify that, if anyone has anything to add to any of the categories or wants to comment, they can do so by contacting you.

- Displaying copies of this information at the local GP practice, village hall or meeting place is also a good idea.

[5] The Remote Service Futures Final Report can be found on the website at www.abdn.ac.uk/crh

- If any of the items listed on the CHALLENGES or TO DO flipcharts pertain to services that were not represented at the meeting, get in touch with representatives from those agencies as soon as possible and liaise to address issues or get information so you can report back progress at the next stage.

Tips for success when doing it yourself:

- ✓ Be sure to advertise as thoroughly for this and every subsequent event as you did for the first one. See the **Advertise and communicate** section of this toolkit for tips on how to do this
- ✓ Having a local health or social care practitioner present at this meeting can be sensitive. On the one hand they may contribute significantly to the discussion but, on the other hand, the community may feel constrained from commenting on aspects of services if the local practitioners are present. This is one reason that it is so important to get to know the context of the situation beforehand. Our experience suggests it is best to let the service provider decide for themselves if they would like to be present
- ✓ Send the information back to the community in a timely fashion

SUMMARY

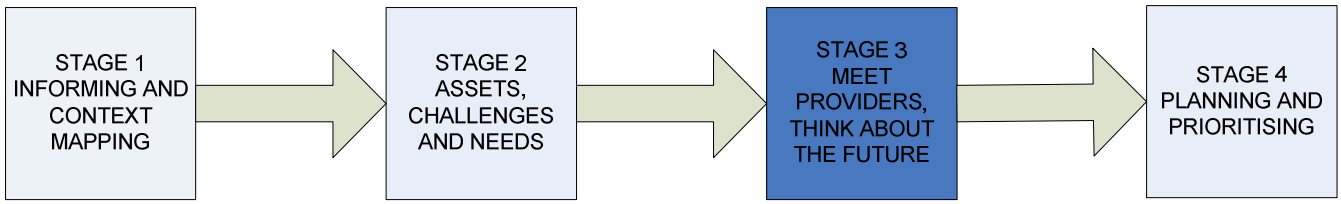
What to do at this stage:

- Hold a workshop in which community members identify their challenges and assets
- Carry out home visits/interviews to find out the same information from those who can't attend public meetings
- Write up notes and send back to all community members
- Carry out any actions noted on the TO DO flipchart
- It can be useful to save the flipcharts for use in the next stage

Other potential methods to try at this stage:

Alternatively, or in addition to what we've done you may wish to try some of these other methods at this stage. For more information about these methods, check the links to other toolkits provided at the end of this toolkit:

Focus groups
Comment cards/postcards
Information leaflets
Information website
Leaflets
Public scrutiny
Surveys
Questionnaires
Telephone interviews
Discussion suppers



Stage 3: Meet your service providers, think about the future

Objective: to find out more about current services, to think about ways services could be provided in the future and to establish relationships between service provider managers and community members

At this stage it is important to encourage as many different service providers as possible to visit the community. There are two main activities as part of 'Meet your service providers, think about the future':

1. A service provider road show
2. A community based forum showcasing ideas for service provision

These two activities could be held separately or as part of the same event.

The service provider road show: how we did this

- The road show was an event that gave community members the chance to meet with service providers in an informal way, over a cup of tea, with no audience and no time limits.

- Service providers brought along displays about information that might be of interest to the community (or just bring themselves!), for example, information about which services were available in the community, new/different ways of providing services, or frequently asked questions. Some service provider workshops from RSF have included representatives from the local NHS management team, council, SAS, NHS24 and others. It was also an opportunity to display information gathered during the Context Mapping at Stage 1 for the community.

- Displays were mounted in a public place that was convenient for through-traffic and hosted by service providers for a span of time, for example from 3pm through to 7pm, in order to accommodate the different schedules of community members.

- The road show was essentially a drop-in event with tea, coffee and other refreshments with no other agenda than to get to know the public and answer questions.

The community forum: how we did this?

- The community forum, or community conference as it is also known, was an event in which service providers, agency representatives or community members from other communities were invited to give a series of presentations on different ways to provide aspects of health and social care services.

- The speakers invited were either related to the challenges and assets that the community identified in stage 2, or directly requested by the community. For example, in one community there was concern that there was little social support for some older residents, but also mentioned that there was a strong community spirit, we invited a representative from a formal volunteering initiative like Time Banking.

- In each community there were around four presenters and, following each presentation, a free discussion was held to debate the potential merits or drawbacks of each idea.

- At this stage we found it useful to have local health care practitioners present as they were able to become involved with the debate about how or if any of these ideas would work locally.

- Some of the presentations that took place during RSF included:

    - NHS general managers, nursing and midwifery managers: usually including discussion of community health nurse roles.
    - Local authority social services managers and providers; for example about generic health and social care workers and telecare.

- Scottish Ambulance Service talking about emergency services provision, community first responders and the Heart Start Programme.
- Representatives of the voluntary sector talking about volunteer and community transport schemes, good neighbour schemes, timebanking.
- Staff from Scottish Centre for Telehealth talking about telehealth and telecare initiatives.

This stage is NOT about trying to "sell" ideas to communities that you want them to adopt. It is about informing community members about options and new practices and generating a debate about how things *could* work in the future. If the community decides to take voluntary schemes further, that is *their* choice.

Tips for Success when doing it yourself:

- ✓ We found that displaying the flipcharts from Stage 2 during both of these events was a good way of reminding the community about the issues they raised and helped to highlight the relevance of the presenters at the community forum.

- ✓ As facilitators for this process, we gave a brief recap and introduction about the process and its aims, as well as what would be happening next and how this event fit in.

- ✓ Following our introduction it was important to feed back to the community about what we had done about the items on the TO DO or ITEMS FOR ACTION flipchart.

- ✓ We ensured that presenters from both events left clear contact information for community members if they wanted to follow up on any of the ideas and agreed to be responsive.

SUMMARY

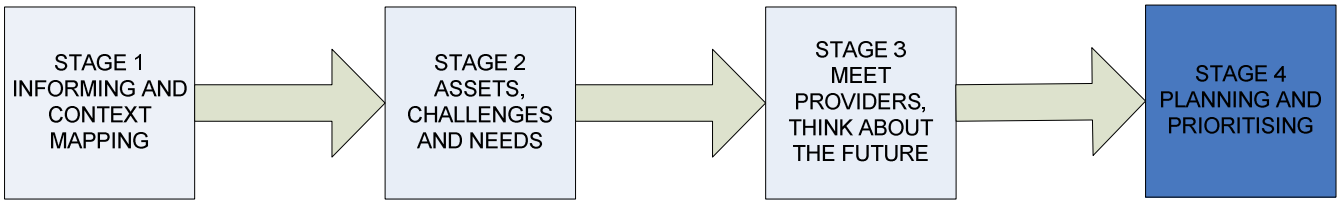
What to do at this stage:

- Hold a Service Provider Road Show in a local venue during which time community members can drop in to learn more information about their services and meet their providers and managers.
- Carry out home visits to disseminate information and hold informal interviews with interested community members (if this is part of your plan.)
- Hold a Community Forum with presentations about service delivery that directly address the community's concerns.
- Be sure to feed back to community about actions from the previous stage.

Other potential methods to try at this stage:

Alternatively, or in addition to what we've done you may wish to try some of these other methods at this stage. For more information about these methods, check the links to other toolkits provided at the end of this toolkit:

Focus groups
Charettes
Information leaflets and websites
Telephone interviews
Discussion suppers
E-consultation techniques
Exhibitions
Opinionometers
Story dialogues
Interactive displays



Stage 4: Planning and Prioritising: The Remote Service Futures Game

Objective: to use the information, knowledge and relationships built during Stages 1-3 to invite community members and service providers to work together to design future services

During this stage, you will be using the information generated in the three previous stages with communities to analyse and design their future services using the Remote Service Futures Game. The most difficult part of this stage is working out which figures for the budget to give the community. A general goal here is to create an anonymised budget estimate that covers the cost of all health and social care staff in the community. While there are dangers in attempting to do this, there is a lot of practical value in giving communities access to their budget and, indeed, it is difficult to ask communities to make budgetary tradeoffs without first knowing what can and cannot be afforded (according to current service provider budgets.)

RSF Game:
What's included?

- Set of Skill Strips
- Set of anonymised Practitioner Cards
- Template for Planning Sheet
- Key for anonymised Practitioner Cards

The Remote Service Futures Game (or RSF Game) is a design tool to use with communities, following a process of information exchange and relationship building. It is important that you do NOT attempt this game as a stand-alone exercise without getting to know the community first as the necessary trust and communication to carry it out successfully will not be established. It is also important that you are very clear with community members about the impact that their choices in this game will have on actual service provision. The game is designed to be played when there is no immediate threat of change BUT on the other hand, change is visible on the horizon. A good example of this might be if the community has a health care professional who will be retiring in the next few years. During the course of the RSF project we created, trialled and refined the RSF game to suit the needs of remote and rural communities.

The idea is to find out which service configuration(s) the community thinks might work, in conjunction with you the service provider, and other partner agencies, in plenty of time to actually be able to create and implement the configuration for the future. Ideally, this game would be the starting point of a conversation or negotiation that would ultimately result in a robust, feasible health and social care design for future implementation.

How did we use the game?

As part of the Remote Service Futures Project, we used the RSF game in a slightly different way in each community. Here are a couple of examples of different ways we played the game in different areas:

In one community where there was a high turnout of both community members and service providers, we were able to form two community groups and one service provider group. After playing the basic version of the game (as outlined on the next page), the groups came back together and we were able to compare and contrast the service designs of the community and the professionals and try to reach a compromise. This also highlighted the differences in how the community and the service providers thought services should be delivered locally.

In another community, where there was a specific need to be addressed and the community had moved on in previous discussions to discussing how this need could be met, we played a shorter version of the game and the community used the skill strips to design a new hybrid job description with their service manager which is now in the process of being developed.

In another community, where there was low turnout, the game was played on an individual basis (i.e. each individual functioned as a 'group' of one) and it was predominantly used to better inform players about how health care and related services are currently configured and designed.

The game can be used
- to find community priorities,
- to compare and contrast the priorities and choices of one or more stakeholder groups,
- to create workable health care plans for the future,
- as a tool to create new job descriptions
- as a learning tool for people who wish to know more about health and related services and how they are designed currently
- as a training tool for staff to help them consider different viewpoints when planning

The basic format of the game is:

1. **Community members split into working groups**.

   Groups of 4-7 are ideal. It is a good idea to assign a facilitator to each group and give all groups access to knowledgeable and communicative managers who can ensure that their plans will conform to applicable safety and other standards and regulations.

2. **Each group discusses the data and information generated in the project and decides on a list of 5-10 of their most important health and social care needs**.

   Try to encourage everyone to contribute and try to avoid any one person dominating the discussion. This may require strong facilitation!

3. **Using the skill strips, the groups prioritise 10 of the skills that they consider to be most relevant to meet the needs identified in step 2 above.**

   Make a note of these for later comparison.

4. **Using the anonymised Practitioner Cards, along with an approximation of their budget (obtained during the context mapping), the groups consider which professional(s) have the skills that they require and could be afforded within their current budget.**

   The cards are anonymised so that community participants do not simply focus on one favoured practitioner, but rather focus on which skills and practitioner would meet their needs. If none of the Practitioner Cards (or combination thereof) is satisfactory, you could work with the participants to create a new job description for a hybrid professional to work in their community. See the Rules of Play section on the next page for more information on carrying out this stage of the game.

5. **Groups come together and each presents back their plan. The community then debates the potential merits and disadvantages of each plan and attempts to reach a consensus.**

   It is important at this stage that service providers present are honest with the community about any potential challenges to their plans. If you consider that a design could not be delivered for some reason, e.g. current assessments of what is clinically safe, then you should be upfront about it. If your concerns are mainly due to the “hassle” that you will have to go through to bring it about, be honest about that too. It is important to assess what can be delivered and not to agree to unfulfillable promises.

Rules of Play:

Designs must take into account real-life planning constraints such as

- The European Working Time Directive that constrains how many hours a week professionals (other than GPs) may work: this may place constraints on some plans for out of hours services though it may be possible to consider ways around this.
- Professionals must not be required to do things that are unethical, illegal or dangerous under current public sector guidance.
- Avoiding difficulties associated with lone workers such as professional isolation and maintaining skills.
- Issues of recruitment: the positions must be attractive to potential applicants. A remote island is unlikely to attract a highly qualified professional to move all the way there for a one day working week.
- Blended positions should be logical. For example, in the real world a single handed GP may not want to carry out social care duties.

NOTE:

The Skill Strips and Practitioner Cards included in the toolkit are intended as a guide only and are **designed to be modified to fit your circumstances.** The Skill Strips and Practitioner Cards are based on core competencies and basic job descriptions for each Scottish health and social care profession/work group at the time of creation and they may be variable according to each health board, local authority area or country. Go through them carefully before you start and adapt as necessary. You may wish to add or remove Practitioner cards as appropriate to your area.

The costs ascribed to each profession on the Practitioner Cards are NOT the take home salary for someone with that job, they are the **cost to the organisation to employ that person** based on information from managers at the time of creation (2008/2009). When creating a new card or adapting, you should add approximately 20-30% on top of salary (depending on the local circumstances) to find the approximate cost of employment to the organisation.

We also recommend leaving some Skill Strips blank to allow community members to identify required skills that are not accounted for on the strips. In previously worked with communities, the skills added have ranged from community development skills to informal skills to help them integrate into the unique remote community context.

While we have provided a basic description of how to play the RSF game, there are a number of ways to adapt the game based on

- How much time you have to play it
- What you want to achieve
- The stage the community is at in its thinking about future services

Other ways to play the game:

- The basic version of the game, as outlined above, generally takes around **4 hours.**

- If you are pressed for time, or the community is interested in looking only at how they are going to design for a particular aspect of service provision (e.g. older peoples' social care needs), you may wish to complete only items numbered 1-3 on the basic plan. That is, use the skill strips but do not involve the anonymised practitioner cards. At the end of stage 3, bring all groups back together and get the groups to explain their choices. Discuss these skills with the community and try to come to a consensus, which you should then write up on large flip chart paper. This should take around **2-3 hours**. The results of this version of the game could be used to:
    - Move towards a consensus on goals.
    - Inform service providers about the community's priorities and preferences.
    - Create a unique job description for a generic worker or modify an existing practitioner to adapt them to community needs.
    - Generate an in depth discussion about health care planning and provision.

- If you would like to hold a more in-depth planning session and have sufficient time, it is possible to take more time over each stage of the game and allow discussion to grow and evolve. In this case you may consider holding a **planning weekend**, however, be prepared to go the extra mile if you do so by organising adequate refreshments and childcare. Stages 1-3 (or even 4) could be carried on the first day (Saturday) and then the following day groups can refamiliarise themselves with the materials, finalise their plans, and then hold the larger group discussion. With this longer type of event, you could hold a social event on the Saturday evening, such as a ceilidh. We found this gave a chance to get to know the participants on an individual basis.

Tips for Success:

- ✓ At the end of the event, we found it helpful to give out contact sheets with the names of every service provider who has attended events, what they do, and direct contact info if possible.

- ✓ Based on our experiences, we recommend you plan to begin at least half an hour after the advertised time and make clear in all publicity materials that it is NOT a drop in event and participants should plan to stay for the duration of the event. Late arrivers often miss the object of the game and will potentially find it a bewildering and unhelpful exercise.

- ✓ When playing one of the longer versions of the game, we found it helpful to plan the event for a weekend day and offer lunch to participants either afterwards OR following plan formation and before reporting back and discussion. This provided a much needed break.

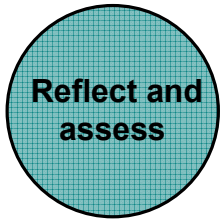
- ✓ We found it important to ensure that there was a service manager available to advise each team (or to rotate between teams) because the game was one of the best opportunities for in depth discussions about the challenges, constraints and opportunities in planning throughout the entire process. Teams that did not have access to manager advisors did not get as 'in depth' into issues around service design and, as such, did not engage with the process in as meaningful a way as others.

- ✓ Before ending this event, we found it useful for service providers to spend 30 minutes discussing with the community the actions that they would be taking forward from the day, as well as their plans for when they would next meet the community. At this point they could discuss which mechanisms the community would prefer for continuing on the process started in Remote Service Futures. For example, when there was a core of enthusiastic individuals that could form a planning group that providers could continue to meet with, or if there were existing structures in the community that would be more appropriate to use, such as a well respected community council or patient representative group.

SUMMARY

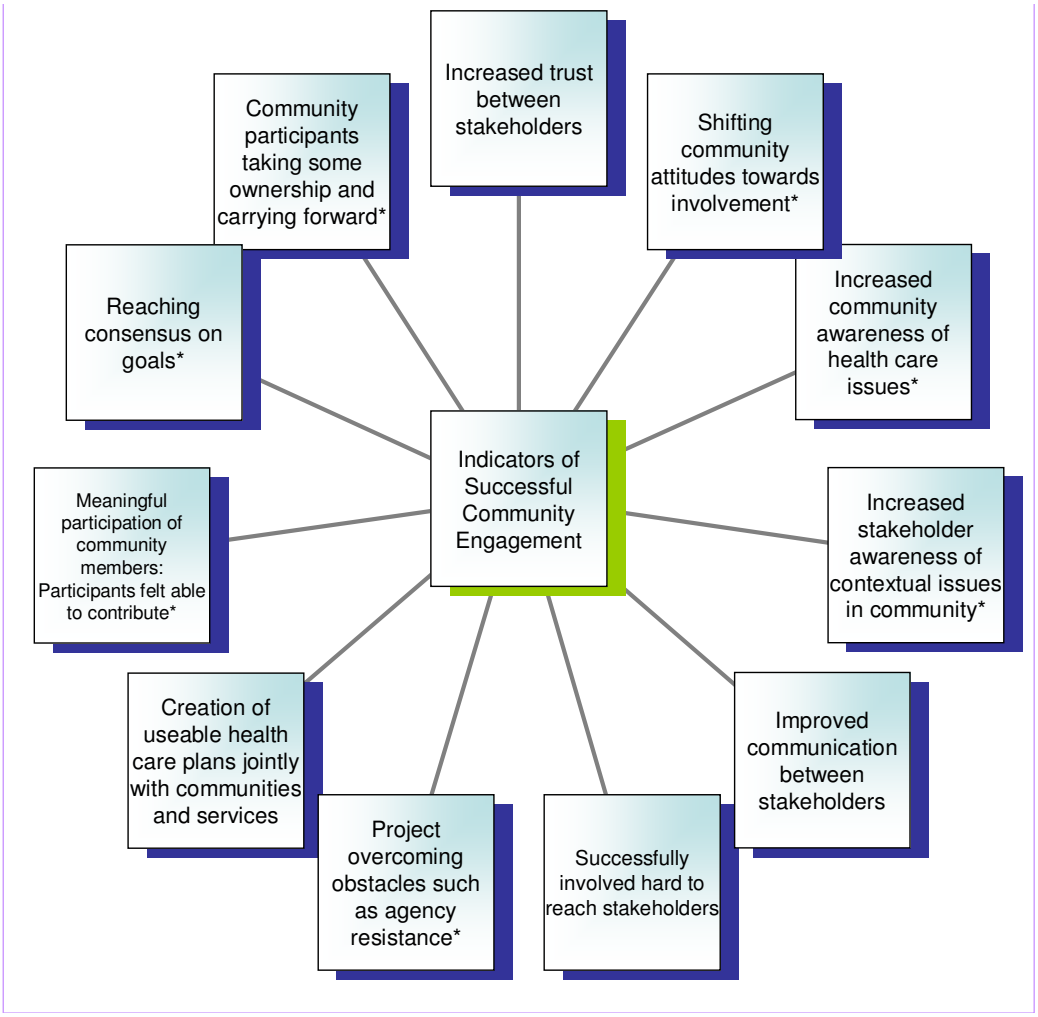
What to do at this stage:

- Gather all information from the three previous stages and make it available to the community in the form of notes or displays.
- Play the game, choosing your version based on what you would like to achieve, how much time there is available, and your own judgement about what the community would benefit from most.
- Decide on how to take the process forward, next actions, and the format you will use to engage with the community from now on.
- Feed back to the community about the results of the game, as well as future plans for engaging with the community.



How did you do?

It is important to assess, evaluate, reflect and consider following every stage. The following are the criteria that we considered important during the Remote Service Futures Project. They were based on a model by Renn et al (1993)[6] as well as our own aims and goals, however, you may have additional indicators of success that you wish to include, depending on your specific goals as listed in the first section of this toolkit:



[6] Renn et al. (1993) "Public participation in decision making: a three-step process" Policy Sciences: 26: 189-214, 1993. Any indicators in the diagram marked with a * are original indicators as identified by Renn et al.

How can you evaluate your success at meeting your criteria?

In order to satisfy your stakeholders, funders, managers and the community, it is important to have a robust framework for systematically evaluating success. To achieve this it is important that you use more than one method of evaluation following each stage of the process (formative evaluation) and again at the end of the process (summative evaluation).The following methods can help you to get an idea of your success:

- Make a note of attendance numbers at the events.
- Keep a note of the ways in which you have attempted to contact hard to reach participants.
- Use your own experience. You are a participant in this process so be sure to keep good but anonymised notes so that you can look back on them and review progress. You have a good idea yourself of how well an event was received so be sure to make a note of how you and fellow service providers felt about the experience to add to the evaluation process.
- Use an evaluation feedback form (a template can be found in this toolkit) at the end of each session and for interviews if applicable. This can help you evaluate what community members found useful, whether they felt able to contribute, whether the event raised their awareness, and what you can do differently in the next event to make it a better 'fit' for the community group. Qualitative responses to the open questions on this form will also help you to know if you are reaching other goals such as increasing trust. For example, we were able to analyse the qualitative comments on the feedback forms from some of our events and noted an increase in community expressions of trust. Feedback forms were also helpful in letting us know when events were too formal or other ways in which we could improve for the next time.

- Informal chats with community members and groups following the event can be a good way to gauge how people in the community saw the session. For this, and other reasons, is important to give your contact information and ask questions of community members so that they can give you feedback at a later date if they are uncomfortable doing so in a group setting.

- It may be advisable to have a brief team meeting with representatives from all partner agencies (NHS, SAS, council, etc) following the meetings to allocate actions to specific individuals or find answers to community queries. This will also allow you to gauge how successful participants from other services/agencies have found each event.

There are many different evaluation methods and techniques that you may want to try. Please see the Further Resources section at the end of this toolkit for sources.

Final Note:

No matter how long and hard you try, you will likely not be able to involve everyone in the community. However, you should do your best to provide the mechanisms for everyone who does want to get involved to do so easily.

Remember to check your own organisation's guidelines and advice for community engagement before getting started.

In the appendix of this toolkit we have also included a number of checklists, templates and self reflection tools that we hope you find useful!

Some Further Resources:

A Few Community Engagement Toolkits:

Building Strong Foundations Toolkit
http://www.sehd.scot.nhs.uk/involvingpeople/bsftoolkit.htm

Health Canada Policy Toolkit for Public Involvement in Decision Making
http://www.hc-sc.gc.ca/ahc-asc/alt_formats/pacrb-dgapcr/pdf/public-consult/2000decision-eng.pdf

Open Minds: A Guide to Engaging Communities
http://www.newcastle.gov.uk/wwwfileroot/cxo/consultation/Engagementtoolkit.pdf

Community Engagement Toolkit – Dundee City Council
http://www.dundeecity.gov.uk/dundeecity/uploaded_publications/publication_562.pdf

Passport to Community Engagement
http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/scrcs_020713.hcsp

Relevant Policy Documents:

Our National Health – A plan for action, a plan for change
http://www.scotland.gov.uk/Publications/2000/12/7770/File-1

Patient Focus and Public Involvement
http://www.scotland.gov.uk/Publications/2001/12/10431/File-1

Partnership for Care
http://www.scotland.gov.uk/Publications/2003/02/16476/18730

Better Health, Better Care
http://www.scotland.gov.uk/Publications/2007/12/11103453/0

Delivering for Remote and Rural Healthcare
http://www.scotland.gov.uk/Publications/2008/05/06084423/0

National Standards for Community Engagement
http://www.scdc.org.uk/uploads/standards_booklet.pdf

Additional Resources:

NHS Highland: Get Involved
http://www.nhshighland.scot.nhs.uk/GetInvolved/Pages/GetInvolved.aspx

The True Costs of Public Participation
http://www.involve.org.uk/assets/Uploads/True-Costs-Full-Report2.pdf
VOiCE (a free planning tool for engagement initiatives)

http://www.scdc.org.uk/voice/download/?sess_scdc=d9eda6fc9494b5fcbd613ddae01a7be1

NHS North of Scotland Research Ethics Committee
http://www.nhshighland.scot.nhs.uk/Research/Pages/ResearchEthics.aspx

Scottish Neighbourhood Statistics (for community profiling information)
http://www.sns.gov.uk/

Communities Scotland: a library for community engagement resources
http://www.ce.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/scrcs_006709.hcsp#TopOfPage

Selected further Reading

Arnstein, S. (1969). "**A ladder of citizen participation"**. Journal of the American Planning Association. 35(4): 216-224. [ww.partnerships.org.uk/part/arn.htm]

Boutilier et al. (2001) **"Community action success in public health: are we using a ruler to measure a sphere?"** Canadian Journal of Public Health. 2001 Mar-Apr;92(2):90-4.

Choguill G, "**A ladder of community participation for underdeveloped countries"**, *Habitat International* **20** (1996) (3), pp. 431–444.

Farmer et al (2010) **"Territorial tensions: Misaligned management and community perspectives on health services for older people in rural areas"** Health and Place 16 (2010) 275-283

Healey, S. (2009) "**Towards an epistemology of public participation"**. Journal of Environmental Management Volume 90, Issue 4, April 2009, Pages 1644-1654.

Renn et al. (1993) **"Public participation in decision making: a three-step process"** Policy Sciences: 26: 189-214, 1993

Thomson, E., Farmer, J., and Tucker J.S. (2008). "**Informing debate or fuelling dispute? Media communication of reconfiguration in Scotland's rural maternity care".** *Social Policy and Administration* 2008. 42 (7); 789-812.

Wilcox D, *The guide to effective participation*, Joseph Rowntree Foundation, London (1994).

Remote Service Futures Planning Checklist

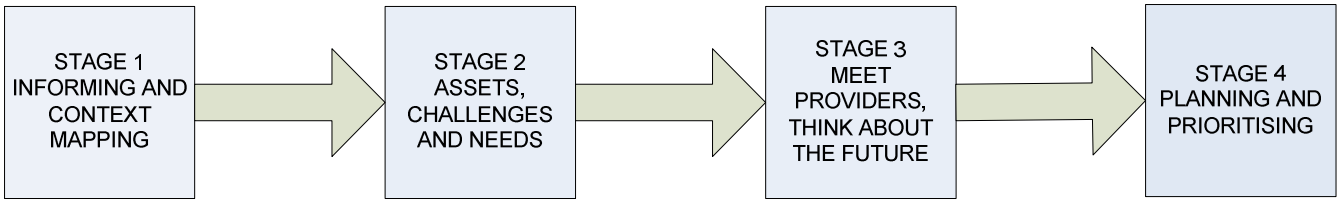
	STAGE 1: INFORMING AND MAPPING
When should this take place?	
Who needs to be present?	
Which resources are needed for this stage?	
Has venue been booked?	
Have all stakeholders been contacted?	
Are there any actions resulting from this stage?	

	STAGE 2: ASSETS AND CHALLENGES
When should this take place?	
Who needs to be present?	
Which resources are needed for this stage?	
Has venue been booked?	
Have all stakeholders been contacted?	
Are there any actions resulting from this stage?	

	STAGE 3: MEET THE PROVIDERS
When should this take place?	
Who needs to be present?	
Which resources are needed for this stage?	
Has venue been booked?	
Have all stakeholders been contacted?	
Are there any actions resulting from this stage?	

	STAGE 4: PLAN AND PRIORITISE
When should this take place?	
Who needs to be present?	
Which resources are needed for this stage?	
Has venue been booked?	
Have all stakeholders been contacted?	
Are there any actions resulting from this stage?	

Remote Service Futures: At a Glance



Community:_____

Who is responsible for organising these events: _____

Using outside facilitation? Yes ☐ No ☐

Stage 1 will take place on_____
at _____

Stage 2 will take place on_____
at _____

Stage 3 will take place on_____
at _____

Stage 4 will take place on_____
at _____

Goal of this community engagement: _____

List of key stakeholders to contact:

_____
_____
_____
_____

Pre Engagement Reflective Tool

To help you to carry out the Remote Service Futures Process, take a few minutes to fill out this reflective tool. It is comprised of a series of questions that you, as the leader of this process, should ask yourself prior to beginning the process. It may also be helpful to revisit this exercise before every subsequent stage of the process. This exercise is for your own personal reflection.

1. To what extent do I already know what I want from this process in terms of a service design?

_____
_____
_____
_____

2. To what extent is the service design for this community already pre-decided (or constrained) by policy, employment frameworks, management pressure, efficiency cuts, pressure groups, etc.?

_____
_____
_____
_____

3. Am I able to be fully honest with the community about my motivations and the motivations of my organisation with regards to future service design?

_____
_____
_____
_____

4. Am I open to carrying forward plans that may include hybrid roles or other non-traditional (but safe and legal) service configurations, even if that means a lot of work to ensure that obstacles are overcome and the necessary agencies are brought together?

_____
_____
_____
_____

Community Profiling Worksheet

Community Name: _____

Information Required	**Source**	Result
Population numbers	Electoral register, local GP practice	
Health and social care services available in the community	Local managers, community, local practitioners	
Cost of community health services (in general and per head)	www.isdscotland.org	
Cost of community health services per head average for Scotland	www.isdscotland.org	
GMS budget (in general and per head)	Local NHS finance department	
GMS budget per head average for Scotland	Local NHS finance department or www.isdscotland.org	
Social Care budget (in general and per head)	Local Council	
Social Care budget per head average for Scotland	Local Council or Scottish govt website	

Number of out of hours call outs for community in the last year	Local GP Practice	
Number of ambulance or air ambulance callouts in the last year (and cost of these)	Local Scottish Ambulance Service contact	
QOF Data: Disease prevalences	www.gpcontract.co.uk	
Demographic info, indices of deprivation, other area statistics	www.scotpho.org.uk www.sns.gov.uk	

Levels of Community Engagement[7]

1. Inform / Educate / Disseminate information:

Information flows *from* the service providers *to* the communities. This level is mainly used when:

- ✓ there is a need for facts/information,
- ✓ a decision has been made,
- ✓ there is a need for acceptance,
- ✓ there is a simple issue

(often used in public health or to advertise events)

2. Consult / Gather information:

Information flows from the community to the service provider. This level is mainly used when:

- ✓ There is some potential for community to influence decisions but decision ultimately made by service provider

3. Involve / Discuss:

Information is shared back and forth between stakeholders. This level is mainly used when:

- ✓ the community has the potential to influence decisions,
- ✓ a two way conversation is needed
- ✓ issues are slightly more complex

4. Collaborate / Engage:

Information is shared back and forth and community will have a lot of influence over the decision. Decision making will be a mutual process. This level is mainly used when:

- ✓ community *will* influence decision, good for
- ✓ issues are very complex, value-laden

5. Empower / Partner

Community manages process themselves in partnership with service providers and outcomes *will* be implemented.

---

[7] These levels of community engagement are based on an amalgamation of several different 'ladders of participation' including:

Arnstein, S. (1969). A ladder of citizen participation. *Journal of the American Planning Association*. **35**(4): 216-224. [ww.partnerships.org.uk/part/arn.htm]

D. Wilcox, The guide to effective participation, Joseph Rowntree Foundation, London (1994).

G. Choguill, A ladder of community participation for underdeveloped countries, *Habitat International* **20** (1996) (3), pp. 431–444.

For more information about Remote Service Futures or any of our other projects, please visit the Centre for Rural Health website at

http://www.abdn.ac.uk/crh/