OpenCommunity Discovery

The case for a community-based services data standard

Contents

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Acknowledgements

Snook

Snook are an award-winning Service Design and Social Innovation Agency based in Glasgow and London. We believe that design provides organisations with a practical way of engaging all stakeholders and 'doing' innovation. We use Agile approaches, design methods and tools to support organisations to co-design and co-produce new service models.
wearesnook.com

UrbanTide

UrbanTide are smart cities and open data experts. We have led and been involved in projects to define what a smart city is and how to achieve it, developing appropriate standards and models to follow and deliver smart cities and open data solutions. We are a trusted delivery partner for both national and local governments in this area.
urbantide.com

OpenCommunity

OpenCommunity is the name of the project to bring digital thinking to the challenging problem of directory-based information. It was established by Adur & Worthing Councils, Devon County Council and Buckinghamshire County Council. It was funded by the Ministry of Housing Communities and Local Government's Digital Fund.
opencommunity.org.uk

Summary

Every local authority, health organisation, police force and voluntary sector organisation maintain some form of directory of locally available services, with massive duplication of effort. This discovery project explores the case for standardising how service data is captured, communicated and quality assured.

Community services are used by everyone. They provide vital services that support our wellbeing from before we are born until just after we die. People access information and community services in different ways. Some people know what services they need and how to access them. Others need support to understand their situation and then work with a trusted professional to get the help they need.

> " People often don't see themselves as carers. If your husband has had a stroke - you're still a wife! It can be seen as a derogatory term. People see caring as part of being a family, a partner or a good friend. That they've failed if they need someone else to help. What that means is that when we see people, they're often at the end of their tether. They're in crisis by the time they get to us. "
>
> **Devon Carers**

Information about community services should be available where and when end users need it, in the formats that are appropriate for them. Fundamentally, this is about seeing community services data as a vital asset that helps people to find the right information at the right time to live a fair and healthy life.

> " So lets say I've just left prison, I don't have stable housing lined up and I have a heroin addiction. Currently, there's about a 4 month wait for a methadone script. So until then I'm going to continue to use heroin. That's the nature of addiction. If I'm then found with needles in my room, I'll be kicked out of the shelter I'm in, so made homeless. So because of one service failure, that has a knock on effect on another. "
>
> **CEO, CVS Hub**

More available and higher quality data about community services holds promise to deliver significant social and economic benefit. For example, between 120 and 240 people in Buckinghamshire each year initially self-fund their own adult social care before running out of

resources. They then rely on local authority run adult social care services. It costs approximately £44,200 per person/per year to provide nursing and residential care. If better information about community services led to only 1 person remaining independent for a year in each of England's 160 local authorities responsible for adult social care it would result in:

£7m adult social care savings nationally per year

This is one of many cases where community services data could have a significant impact in preventative care. In addition to the social benefits, adopting a data standard could lead to efficiencies in how data is managed and lower public spending on technology systems.

Estimated national direct cost savings of up to £11.69m per year [1]

Good data standards for community services already exist. However, the ecosystem and infrastructure required for their adoption does not. There is momentum to change this. There is evidence of demand from local authorities and a supportive environment for standards adoption from central government.

45% of local authorities see a community data standard as extremely useful to their work.

However, data standards alone will not address the underlying challenges of maintaining high quality data about the community services landscape. It needs:

- a clear group of owners across central and local government
- coordinated investment and stewardship
- collaborative approaches to procurement of service directories and data products
- changes in culture and ways of working
- new products and improvements to current ones.

This report outlines the vision for a coordinated ecosystem approach to drive implementation of existing standards.

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[1] Estimate (+/- 30%) based on the typical product spend and FTE staff involved in data management across a typical upper-tier authority area the 160 upper-tier administrative geographies.

Introduction

This project explores the challenging problem of local service directories. Every local authority, health organisation, police force, together with other voluntary sector service providers maintains some form of local directory-based information, with massive duplication of effort.

Typically there is little join-up, no data standards, inconsistent quality assurance and little in the way of shared service data. Many directories have artificial geographical boundaries, resulting in patchy provision of information to citizens living near administrative boundaries.

This project sets out to explore the case for standardising how service data is captured, communicated and quality assured.

What are community services?

Community services are for everyone. They help us to maintain positive wellbeing throughout our lives, from before we're born until just after we die. Often people access community services in situations when they're vulnerable.

Local authorities have a legal responsibility under the Care Act (2014), Childcare Act (2006) and Homelessness Reduction Act (2017) to provide information about services available in their locality.

On these legal bases, community services include statutory services provided by local authorities.

Tier	Upper-tier authorities [2]	Lower-tier authorities [3]
Statutory responsibilities	Adult social care (regulated and unregulated) services	Supported housing/homelessness services
	Family and children's services	Communities and neighborhoods services
	Supported housing/homelessness services (If a unitary authority)	

Local authority statutory responsibilities for community services by authority tier.

Community services also include NHS and public health interventions tackling issues like smoking, mental health, diabetes and obesity.

[2] Upper-tier authorities: Counties, London boroughs, Metropolitan districts and unitary authorities
[3] Lower-tier authorities: Cities and non-metropolitan districts

However, the majority of community services are delivered by charities, social enterprises, not-for-profit organisations, voluntary organisations and community groups.

Examples of community services

Some examples of community services include:

- Childcare services
- Help into work
- Fitness and physical wellbeing
- Mental health support
- Community healthcare
- Drug and alcohol support
- Homelessness services eg. night shelters
- Activities to prevent social isolation
- Carers' support

Read more about the legal bases for community services in the appendix.

What are data standards?

> " Open standards for data are reusable agreements that make it easier for people and organisations to publish, access, share and use better quality data. "
>
> **Open Data Institute**

Data standards are the rules by which data is described and recorded. To make data more useful we need to standardise the meaning of data and its format. For example, Christmas day could be recorded as:

- 25 December 2019
- December 25 2019
- 25/12/2019
- 25-12-19
- 12-25-2019

To help reduce the confusion around different ways of writing and storing dates, a global standard (ISO 8601 [4]) was defined. To meet this standard the date must be recorded as YYYY-MM-DD or 2019-12-25.

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[4] https://www.iso.org/iso-8601-date-and-time-format.html

If everyone has a different way of describing the same information, it is difficult to exchange data or collaboratively work with it. Standards are like language for data. In order for a standard to be successful, people have to actually use it.

General benefits of data standards include:

- Improved data quality and consistency
- Reduced data duplication
- Lower data management costs
- Easier data sharing
- Ability to aggregate and analyse data between systems
- Easier integration with third party systems
- Lower costs to switch between product suppliers
- Potential new markets and innovations built on standardised data

A standard for community services data could improve the quality and availability of information about the community services ecosystem. It would allow for information to be shared easily between local councils, community services, the NHS and central government. Overall, a data standard would enable better signposting and referral to community services organisations, leading to improved social, health and wellbeing outcomes.

Who is involved in community services?

There are nine main user groups involved in the community services ecosystem. They are:

Community service providers
Community service providers offer services that support people across all stages of life. They generally cater towards specific life events and circumstances, for example starting a family, recovering from illness or overcoming addiction. Community services are often delivered by charities, social enterprises, not-for-profits, community organisations, individuals and informal groups. They are delivered in a wide range of environments including; schools, health clinics, homes, faith centres, community centres, care homes, online and over the phone.

Priority user need
These are the key considerations to be aware of when designing for this user group. There are many more - we've captured more highlights of these in **the appendix**.

> **As a** community service provider
> **When** sharing information about my services
> **I need** it to be quick, simple and intuitive
> **So that** we can focus on service delivery

Service users

Service users access community services. They can have a diverse range of needs. At one extreme, they may be people who know what they need and how to access it. At the other, they might be a person with complex needs who requires help to understand what services could support them and how to access them.

Priority user need

> **As a** service user
> **When** I'm looking for services to support my needs
> **I need** to find services near me
> **So that** I can access them easily and cheaply

Referrers

Referrers help *'service users'* discover and access community services. Referrers may be front-line staff directly involved in delivering a service, or solely responsible for referring *'service users'*.

Priority user need

> **As a** referrer
> **when** referring people to services
> **I need** quick access to a named contact
> **so that** I can verify that the service is trustworthy, and check it's suitable for my clients

Data custodians

Data custodians maintain information systems to support *'service users'* and *'referrers'* to find, access and refer to services. They often manage relationships with *'community service providers'*, helping to clarify a provider's service offer and verify data quality.

Priority user need

> **As a** data custodian
> **When** information about services change
> **I need** to be promptly notified of those changes and able to verify them easily
> **So that** people trust my data as a source of accurate service information

Community connectors

Community connectors act as hubs within a community services landscape. They usually work in a particular sector (e.g. wellbeing or care), and work to connect *'service users'* to appropriate services. Additionally, they help *'service providers'* discover each other, and work with the community to understand what unmet needs exist and how to meet those. Some staff in community and voluntary sector (CVS) organisations act as community connectors. They understand the full service landscape and are able to connect people accordingly.

Priority user need

> **As a** community connector
> **When** connecting people to appropriate people or information
> **I need** an accurate picture of all the available services
> **So that** I am known as a trusted source of knowledge

Commissioners

Commissioners make decisions on what services require resourcing in order to meet the needs of the community. It is important for commissioners to make decisions based on evidence. Commissioners of community services might include local councils and national government, the NHS and other public health bodies, trusts and foundations. They might support existing *'service providers'* to meet demand or encourage innovation of new services to address emerging needs.

Priority user need

> **As a** commissioner
> **When** commissioning services
> **I need** to understand where there are gaps in supply and demand
> **So that** I can make informed decisions that save money and improve outcomes

Procurement teams

Procurement teams, in the scope of this project, are involved in buying service directory products.

Priority user need

> **As a** procurement team
> **When** buying community services data products
> **I need** to find a solution that allows the highest data quality for minimum staff time at the lowest price possible
> **So that** we can meet our constituents' needs within the small budget we have available

Service directory providers

Service directory providers provide information systems to support the discovery of services by '***service users'***, ***'referrers'*** and ***'community connectors***.' Often they are specialist suppliers, providing technology products for the public and voluntary sector. They also include; new independent suppliers addressing needs not being met by existing products, and local authorities building internal service directory products.

Priority user need

> **As a** service directory provider
> **When** building our product
> **I need** to remain competitive with new innovations in the sector
> **So that** we retain and grow our market share

Standards designers

Standards designers provide an open, standardised and agreed way of recording data.

Priority user need

> **As a** standards designer
> **When** developing standards
> **I need** to work closely with representative users of the standard
> **So that** it is useful and widely adopted

Integrators

Integrators need to integrate data from **‘service providers’** into their own systems. They may use this data for a range of reasons. For example they might be building their own referral system for social prescribing or be a commissioner analysing data. They may expect to integrate this data in a number of ways, possibly using an application programming interface (API) or downloading data in other portable formats e.g. csv.

Priority user need

> **As an** integrator
> **When** integrating community services data into my system
> **I need** to it to be in a standardised form
> **So that** I can pull in data from multiple systems quickly, easily and reliably.

Our research

We carried out user research in Worthing (Adur & Worthing Councils), Aylesbury (Buckinghamshire County Council) and Exeter (Devon County Council).

Our research involved:

49 In-depth interviews with

10 Community referrers   **10** Data custodians

9 Community services providers   **4** Existing standards teams

4 Integrators   **4** Directory product developers

3 Community connectors   **3** Service users

2 Commissioners

Desk research into the business case for data standards.

14 Responses to a demand study survey with local authorities and CVS organisations.

The key goals of our research were to:

- Survey existing work on data standards for community services.
- Learn whether there is a demand for a data standard for community services.
- Understand the behaviours and challenges that exist around sharing, maintaining and accessing information about community services.
- Understand whether a standards driven approach would address the underlying challenges.
- Explore a provisional business case for further development.

Read more about our research methodology in the appendix

Key user research findings

We synthesised our user research into over 200 common themes, 40 categories and 70 concept sketches. Full details of our research findings can be found in the User Research Library [5] or in our weeknotes [6]. Nine highlights are below:

1. Directory users have a wide spectrum of needs

Different users of community service directories have varying levels of understanding and acceptance of the services they need.

In Worthing, the *continuum of need* describes a family's capacity to identify and get the support they need. A similar concept is understood within the NHS, at a patient level, as "Patient activation" [7].

People with a lower continuum of need (higher 'Patient Activation' level) will be more likely to self-serve and seek services online, sometimes via a service directory. Those with more complex needs will often require support via a referral to access appropriate services.

A referrer's role is often to help people to understand their needs, minimise their overwhelm of information and help them to make decisions in the right order.

> " *They might have come in and spoken about something completely random. Perhaps they want to do a benefits check. What they don't say if you don't ask, is that they have bailiffs coming the next day. When you are struggling to pay rent and council tax, you don't know how to prioritise. Our advisors are trained in certain legal areas to help people deal with things in the right order.* "
>
> **Citizens Advice manager**

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[5] https://research.localgov.digital/projects/data-standards-for-community-based-services/
[6] https://opencommunity.org.uk/updates/
[7] https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/
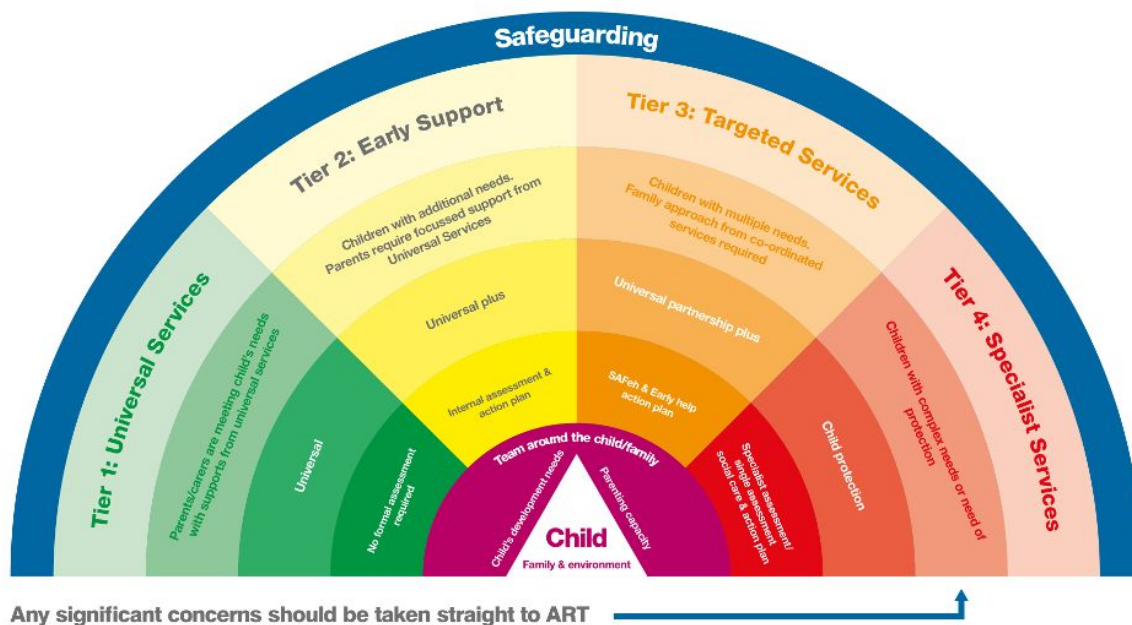
The continuum of need for children's services in Worthing.

What this means for a *directory product*

Some people searching a directory don't know what services they need. They may not know the category of search term to start with, and their needs may fall under several categories. The core users of public service directories are more likely to be people with a lower continuum of need. Service users with complex needs are more likely to access services through a referrer.

2. There are three tiers of referral relationship
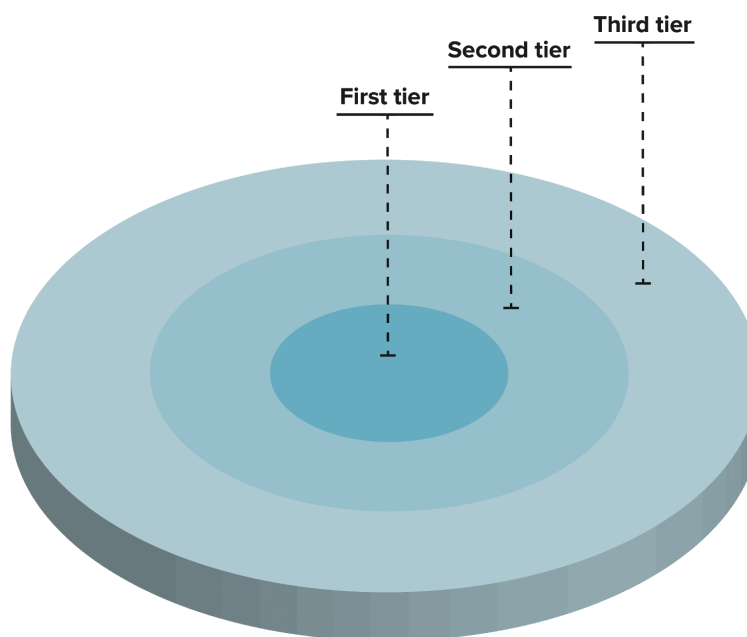
Referral relationship tiers

We discovered that the methods referrers used to contact services differed based on how regularly they referred to those services. There seemed to be three tiers to people's referral habits:

First tier: Services who referrers contact daily. These are often on a printed list in the office, or in a referrer's phone address book. They may share a core customer base, cross-refer, and may even be partners on projects.

> " *I've worked here for over ten years. I know who to speak to.* "
> **Street outreach worker**

Second tier: Experienced referrers probably know the people who run these services too. Referrers tend to prioritise referrals to services with whom they have a relationship. Some might use a personal directory at this level, for example in a spreadsheet or email folder, customised to their client base. Less experienced referrers may use a directory or Google for this tier, or may ask colleagues for suggestions.

> " *...the longer you've been doing the job, the more you get a little database going in your mind of who you need to signpost to. The other thing I do in my role is I've got a bank of hyperlinks - a directory, basically.* "
>
> **Carers charity**

Third tier: These are services that referrers very rarely refer to. They may exist out of the referrer's sector, or be based outside their area. They probably don't have personal connections with these services, and will have to look them up especially. Most referrers currently use Google to find these services.

> " *Nothing beats the omnibox at the top of a Chrome browser. I know I can just hit Ctrl + T, search and get to a phone number in less than 30 seconds.* "
>
> **Social prescribing referrer**

What we first thought
Service directories are used by professionals to signpost and refer people to community services.

What we saw
Current service directories don't play an important role in the day to day work of community service professionals. Many professionals maintain their own lists primarily of contact details for services. If you Google at home, you'll probably Google at work, too.

What this means for *community services directories:*
For professionals to use directory products, they must be quicker and easier to use than a phone address book or Google. Being able to find their main contacts quickly is therefore a priority, and required logins may inhibit use.

3. Some community services are easier to capture than others
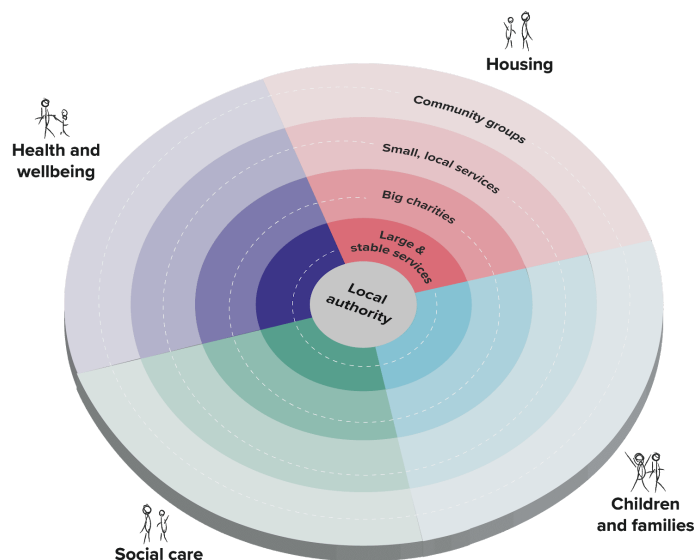
The ease of capturing up to date information about community services depends largely on two factors:

1. The amount services change over time
2. The capacity of services to update their information

The size of an organisation appears to have a strong relationship with these two factors. As the size of an organisation decreases:

- The frequency of service information changes tends to *increase*
- Their capacity to update service information *decreases*

> " *[Standardising and sharing data] for big charities and community organisations will be easy. They will let you know all the times their project opens. They have the capacity to do that. Smaller grassroots organisations are difficult. I don't know how you get around that challenge without humans holding that knowledge.* "
>
> **CEO, CVS Hub**

Large, often national services such as Samaritans' helpline rarely change details of their service provision. Furthermore, there is often a member of staff responsible for marketing and sharing the details of those services digitally.

At the opposite end of the scale are small, constantly changing services such as community groups, walking clubs and childcare activities. Some may only exist for a few years at a time, many are vulnerable to changes in funding or infrastructure, and many are run by informal one or two person teams, with limited technical ability.

We heard that these services form an essential part of the social prescribing landscape, but this doesn't seem to be matched by a recognition of the support they need to share their services, or the value to them of doing so.

What we first thought
Community services directories are an important channel for voluntary sector organisations to share their offer.

What we saw
Voluntary sector organisations are typically time poor, have low capacity to accept new clients, and are often unfamiliar with digital tools. They will only use channels that bring them the right customers for minimal effort. Directories do not currently meet this need.

What this means for *data custodians and adoption:*
Different sizes and types of service provider need varying degrees of support to share their information. To capture smaller outer layer services in a directory, the information they need to provide must be quick, minimal and simple to share, and via an easy to understand process.

Community connectors and CVS organisations seem to be a good route to connect to those outer layer services. Staff in those roles act both as human directories of outer layer services and builders of resilience within that layer.

If directories become a more widely used and visible resource, updating service information within them will become a more beneficial notion to outer layer services.

4. Public vs professional directories

For all of the sectors we spoke to; family information services, homelessness services and adult social care, there was a need for both a public and professional-only view of service information.

The professional view is for council staff and professional referrers to community services.

There are four main needs it covers:

1. **Some service information is sensitive**, and would present a risk to clients if made public. For example, services for drug addiction or victims of domestic violence may be targeted by drug dealers or abusers if their location and details are made public.

2. **Some (usually smaller) services have concerns about their capacity**, or about advertising their services to the public. For example social groups for those with social anxiety, or part time childminders. Many of those services would only be comfortable with professionals seeing that information.

3. **Referrers rely on personal named contacts** within an organisation, and knowing their availability (which often differs from an organisation's opening times). This information isn't always appropriate to be made public, but is vital to their work.

4. **Professionals' usage needs for a directory also differ considerably from the public**. Typically professionals require fast access to a specific service's contact details, rather than to browse options. Existing directory products are not designed to accommodate this.

What we first thought
Community services professionals use directories to refer their clients.

What we saw
Directories do not currently provide referrers with the information they need to do their job. This may be a reason why many revert to Google, or keep a personal directory bespoke to their typical clients.

Providing a public view of community service information is a legal obligation of local authorities. Family information, adult social care and homelessness services all fall under this category.

However, we found that public directories are currently underused. There appears to be several reasons for this:

1. **Primary public users** have a low continuum of need or are highly activated. As such, the people who use service directories are only a subsection of the wide range of users who would benefit from accessing community services.
2. **Poor usability of directory products**. Difficulty navigating the interface and poor search functionality make it difficult to find the services a person is looking for.
3. **Lack of visibility and awareness of directories**. Many weren't aware that service directories existed, and wouldn't have expected to find that information from their local council. Few service users appear to be aware that directory data is managed or verified.

Further, directory results don't typically appear high up in Google search listings for local service information, which means they're rarely discovered organically.

4. **Incomplete or siloed data.** Some users didn't find the information they were looking for the first time they searched a directory, so didn't use it again.

5. **Google is faster and sufficiently accurate.** Whilst many people we spoke to said they would like a directory, most also admitted that Google was working fine for them.

Some, but not all of these issues can be addressed by standardised service data.

Developing a schema that supports search-engine optimisation (SEO) so that listings appear in search results is essential to the widespread adoption of service directories.

> **What this means for a *standard* and *directory product:***
> A standard must capture data suitable for both professional and public view. For users entering service information, it must be clear what will be visible to whom, especially as directory data becomes shared with other directories. Directories must also be compliant with GDPR, and make clear where a person's data will be shared. This might involve new products or views of the data designed for professional use.

5. Siloed directories leads to siloed commissioning

To commission services effectively and efficiently, commissioners need to be able to see an overview of service need and demand across both geography and time.

As important as understanding the existing supply of services, understanding where unmet needs exist is also vital. This is currently difficult to do. Joined up directories and users' search data may help to meet that need.

Furthermore, there is a relatively new trend in commissioning towards preventative care and asset-based support services. These services often sit outside of commissioners' usual remit (in the referral tiers model above, they might be tiers two and three). This means that they need a wider overview of community service supply and demand.

What this means for a *standard* and *directory:*
A data standard must capture the geography of a service and its availability in time to a sufficient detail to allow clear analysis of supply.

A directory product that can perform smart analysis of user's searches may offer a competitive advantage to commissioners.

6. 'I need to be able to trust the data' means different things to different people

Users of service directory data have varying but important needs regarding service data quality.

The highest need for service data quality comes from the NHS. Urgent care and primary care services must be able to refer accurately to appropriate care. They need to know both that the service's details are correct and that the service itself meets a minimum standard of quality. The NHS currently has a contractual and quality assurance relationship with healthcare service providers. With community-service providers it cannot use this mechanism to be confident of service quality and safety.

At the other end of the spectrum, public directory custodians are responsible for verifying vast numbers of user-inputted services. They have only sufficient resources to verify the basics, for example that a service's website and email address are valid. To compensate for this they place the responsibility for verification on end users, using 'buyer beware' warnings to avoid potential repercussions.

" *We are still debating as a system how we will quality assure and in some instances formally refer or signpost people to services we know little about. There's been some work done developing a quality mark of services. But how do we want to assure ourselves without breaking the energy and vibrancy of that sector by whopping great contractual obligations around it?* "

NHS Commissioner, Devon

What this means for *governance*:

A key advantage of a data standard is that it allows agencies to share service data. However, one of the most common things we heard in our research was "I don't think I could trust someone else's directory to be up to date".

This cannot be solved by a standard alone; a quality assurance framework must operate in parallel. There is no quality standard that will meet the needs of all directory users.

There must be clear standards for data and service quality assurance that can be followed by data custodians. At least three different levels of assurance are recommended, to allow for trustworthy referrals for social prescribing, and to easily capture service information for changeable services.

Products built with standards should be able to accommodate different views according to data quality needs.

7. Artificial geographic boundaries inhibit people's ability to access services

Because service directories are maintained by local councils, they typically only contain information about services in that region.

We saw many cases of this presenting issues for service users, for example:

- Homeless people are only eligible to access services where they have a 'local connection' such as a family member nearby. This means they are often referred onwards by homelessness services to services in other regions. Because those places are outside their jurisdiction, that referral often just takes the form of an email, thereby limiting the chance of a successful referral and leaving vulnerable people unsupported.
- Parents seeking childcare information want to be able to evaluate all available options. However many people live and work in different areas, which means needing to consult several service directories to find all of the available options.

What this means for a *standard* and *directory*:

A standard could solve the problem of artificial boundaries. But it will solve it if, and only if, directories are adapted to pull in service data from other councils' directories. It should be clear who is responsible for managing every directory listing.

8. Human relationships save lives. Not services

Many community services exist to support people at a vulnerable point in their lives, such as bereavement, loneliness, addiction, aging and requiring care. The process by which people can find and access an appropriate service to meet their needs is as important as the service itself. Emails and digital solutions only go so far. Better service data should enable better human connections and referrals. They cannot replace the value of human connection.

> " *There is a world of difference between being introduced human to human and being sent an email. It's human to human contact that changes peoples' lives. Not services.* "
>
> **CEO, CoLab Exeter**

What this means for a *directory:*

List the humans behind services.
Design referral processes that build in human connection.

Designing a standards ecosystem

What needs to happen to make this work

Key recommendations

1. **Identify clear owners and sponsors of the community services standard.**

2. **Good standards already exist. Work with the standards community to drive their implementation, development and adoption**

3. **Collaboratively procure data systems across teams and organisations who depend on community services data and include standards as a requirement.**

4. **Test standards and demonstrate their value through real world use cases with real data.**

5. **Support data custodians across local authorities and the community sector to work better together in a networked way to discover, validate and quality assure community services.**

Good community services data standards already exist. However, the ecosystem and infrastructure required for their adoption does not. This is not due to a lack of need; as our business case later suggests, better data about community services could deliver significant social and economic benefit.

Despite mature standards from a technical viewpoint, standards are redundant unless adopted at scale. For a community services standard to be adopted in the UK and its benefits to be felt, a systemic and coordinated approach is required. As such, our recommendations outline a vision for an ecosystem to develop and adopt a community services data standard.

Design principles

In designing the ecosystem, we have outlined four principles that we believe are critical to its success.

A community services data adoption ecosystem should be:

Resilient	Be resilient to changes in government and funding.
Community-led	Be developed and implemented through communities of practice, bottom up not top down.
Agile	Be designed through delivery and tested with real world use cases and data.
Scalable	Offer joined up national infrastructure but allow for incremental adoption.

The community services standards ecosystem
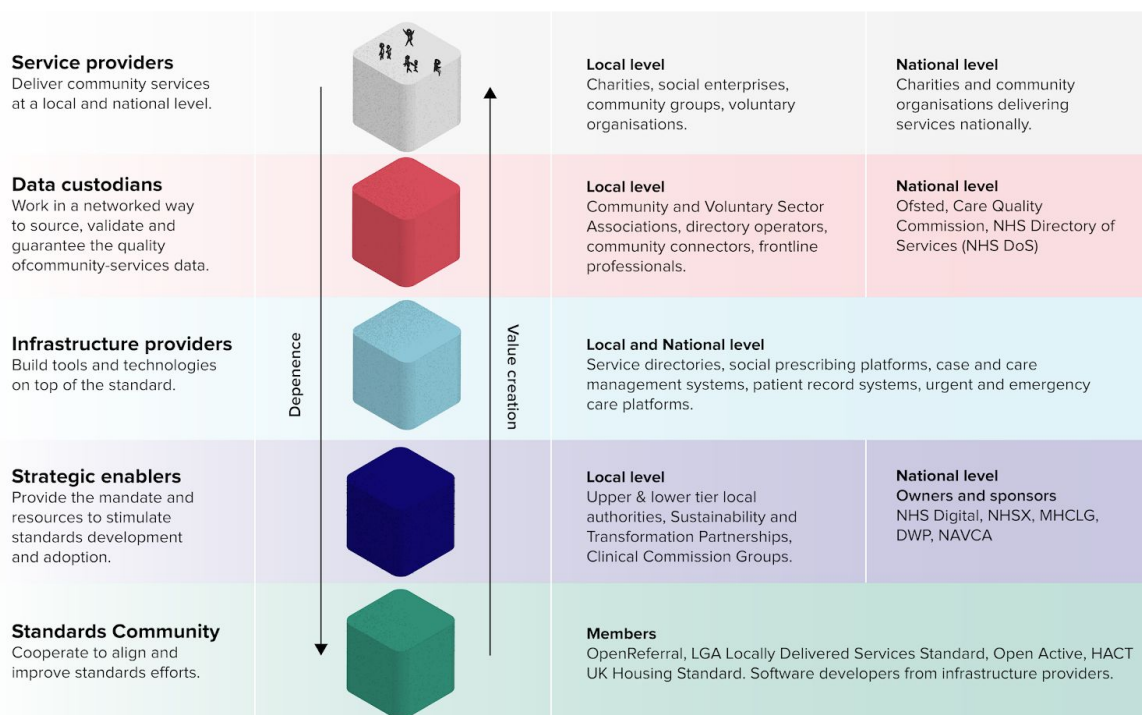
The community services standards ecosystem

The vision for the community services standards ecosystem is a layered model. Each layer depends on the layers above and below. It represents networks of people and organisations cooperating to build consensus and to implement the standard at a local and national level.

There is no hierarchy to the layers - equal collaboration is needed. The diagram above visualises this layered model.

Layers of the standards ecosystem (from the bottom up):

1. **Standards community** - A network of related standards and software developers cooperating to align and improve standards efforts.

   a. Core members:
      i. OpenReferral and Local Government Association (LGA) Locally Delivered Services Standard
   b. Related standards:
      i. OpenActive, HACT UK Housing Data Standard.

2. **Strategic enablers** - This group provide the mandate and resources to stimulate standards development and adoption. This includes government, health and social care services and the community services sector.

a. At a local level:
    i. Upper and lower tier local authorities
    ii. Sustainability and transformation partnerships (STPs)
    iii. Clinical commissioning groups (CCGs)

b. At a national level:
    i. NHS Digital / NHSX
    ii. Ministry of Housing, Communities and Local Government (MHCLG)
    iii. Local Government Association (LGA)
    iv. National Association for Voluntary and Community Action (NAVCA)
    v. National Council for Voluntary Organisations (NCVO)

3. **Infrastructure providers** - Build tools and technologies on top of the standard. This layer includes:
   a. Known directory product providers.
   b. Services who may want to integrate with community services data (for example NHS DoS, volunteer brokering platforms)
   c. New public data registers that reduce effort and duplication.

4. **Data custodians** - Data custodians from an ecosystem lens are networks of people who source, validate and guarantee the quality of community services data. They include:

   a. At a local level:
       i. Local authority directory data managers
       ii. Front-line workers involved in referral
       iii. Community connectors
       iv. CVS hubs
   b. At a national level:
       i. Community-service sector funders
       ii. Regulators

5. **Service providers** - Community service providers operating at both a local and national level.

6. **Service users** - Should be able to discover and access both local and national services through the channels that best meet their needs.

Layer 1: Standards community and design

Standards Community
Cooperate to align and
improve standards efforts.

Members
OpenReferral, LGA Locally Delivered Services Standard,
Open Active, HACT UK Housing Standard, software
developers from infrastructure providers.

Standards development ultimately results in technical specifications for data schema and APIs
that inform the development of digital products and services. In layman's terms, these define
the format by which data is captured and shared.

However, beyond the technical components, there are a wide range of activities involved in
standards development to:

- Build **consensus**
- Foster **adoption**
- Grow **capacity**
- **Manage change** and improvements.

From a technical perspective, existing standards already meet many of the user needs
identified through our research. However, some further development is needed to fully meet
needs specific to the UK context.

**Our core recommendation is for national strategic enablers to resource a
standards community that builds on and aligns existing standards.**

Recommended standards community participants

Existing standards

There are already existing standards designed for the community services use case. The two most relevant of these are:

OpenReferral [9]

OpenReferral's development started in 2011 supported by Code for America [10] and Ohana [11], officially launching in 2014. It provides extensible data models describing community services and a suite of RESTful APIs for data exchange and synchronisation. In the USA it has been adopted by "*211*" call centres [12], a telephone referral service for community information. In the UK, it has been implemented in the social prescribing pilot 'Connected Kingston' [13].

Local Government Association (LGA): Locally Delivered Services Schema [14]

The LGA's Locally Delivered Services Schema (LDSS) was a standard initiated in 2016 in partnership with iStandUK [15]. It links with a category system previously developed by LGA and iStandUK, which we will discuss later. It's scope includes:

- Services from local authorities
- Adult's services for personalisation and social care
- Children's and family services
- Special educational needs services
- Services provided by public health organisations
- Services provided by community/voluntary groups and charities
- Services from commercial organisations

The LDSS provides schema definitions for key models that make up locally delivered services. However, it only currently offers provision for comma-separated values (CSV) formats. JavaScript Object Notation (JSON), Extensible Markup Language (XML) and Resource Description Framework (RDF) formats are subject to further development. This means it is optimised for data exchange between spreadsheets, but is less suitable for database systems. An application based on the schema was piloted by the LGA and Lancashire County Council with IEG4[16] in January 2017 [17].

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[9] https://openreferral.org
[10] https://www.codeforamerica.org/
[11] https://github.com/codeforamerica/ohana-api
[12] http://www.211.org/
[13] https://connectedkingston.uk
[14] https://istanduk.org/wp-content/uploads/2017/03/STD04248p-Locally-Delivered-Services-Schema-Guidance-2.pdf
[15] https://istanduk.org/
[16] https://www.ieg4.com/
[17] https://www.ukauthority.com/articles/lga-looks-to-pilot-local-service-data-standard/

Features	Open Referral	LGA LDSS
Describes organisations	✔	✔
Describes community services	✔	✔
Describes schedules	✔	✔
Describes events		
Describes service contacts	✔	✔
Supported by an active community online	✔	
Well documented with examples and explanations	✔	✔
Supports an extensible format e.g. JSON or XML	✔	
Open governance model	✔	
Openly licenced	✔	

There is significant alignment between OpenReferral and LDSS. However, based on the evaluation above, we prototyped a community services standard based on OpenReferral.

Developer resources

The following resources are available for developers to help with standards testing and implementation:

- OpenReferral Human Services Data Standard specification [18]
- OpenReferral Human Services Data API Suite [19]
- OpenCommunity experimentation and proposed changes [20]
- Example data [21]

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[18] https://openreferral.readthedocs.io/en/latest/hsds/
[19] https://openreferral.readthedocs.io/en/latest/_static/swagger/?url=../openapi-hsda.yaml
[20] https://opencommunitystandard.github.io/specification/
[21] https://opencommunitystandard.github.io/specification/_static/example-data-1.html

SNOOK   wearesnook.com

Related open standards

There are related open standards that are worth being aware of and aligning with as part of the standards community:

OpenActive [22]

OpenActive supports open data publishing of opportunities for sports and physical activity. The project is led by the Open Data Institute [23] and Sport England [24]. Data largely comes from leisure centre providers. Physical activities, sporting clubs and societies very much form part of the community services landscape.

HACT UK Housing Data Standard [25]

The UK Housing Data standard is developed by the Housing Association Charitable Trust (HACT) with OSCRE [26] on behalf of the UK housing association sector. It has been in development since 2017. It provides a comprehensive set of data standards supporting the key activities of housing associations. Version 1 has already been adopted by 21 housing associations. The current version of the standard is supported by a further 23 housing associations. Progress is being made towards release of version three in quarter three of 2019 that will include information about care services, care referral and care referral response.

Accessible Information Standard [27]

The Accessible Information Standard is produced by the NHS. From August 2016, all regulated health and adult social care provision must conform to it. It is designed to record the accessibility and communication needs of people accessing health and social care in a standard way. For example, recording whether people need information provided in audio, braille, easy read or large print formats.

Key insights

From speaking to existing standards designers, we learned that alongside the technical aspects of standards development it is equally important to:

1. **Build a strategy for adoption**
   Rather than incorporating everything in a standard, build a first version that allows as many people to adopt it as easily as possible, and iterate based on the needs of the community.

2. **Collaborate with what's already out there**
   Rather than building *another* standard, and trying to convince others to sign up to it;

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[22] https://www.openactive.io/
[23] https://theodi.org/
[24] https://www.sportengland.org/
[25] https://www.hact.org.uk/DataStandard
[26] https://www.oscre.org/
[27] https://www.england.nhs.uk/ourwork/accessibleinfo/

collaborate. Engage with the community of standards that already exists and work with them, developing their standard to meet your needs.

3. **Meet your data where it's at**
Service data is already stored in service directories. Work with the systems that data is currently stored in as a starting point.

Our recommendations within the standards community layer of the ecosystem include:

- **Governance recommendations** - Towards developing a governance model around the community services standard.
- **Technical recommendations** - Technical concepts to address unmet user needs and requirements specific to the UK context.

Governance recommendations

Open leadership and community engagement

Develop the standard in the open through ongoing engagement with the communities who you expect to use it.

Many of the standards designers we talked to spoke about the importance of outreach and community engagement in order to build consensus, make informed design decisions and support adoption.

The standards community supported by strategic enablers should provide open channels of engagement with low barriers of entry. Examples include:

- **Transparent change requests** - Define an open process to review proposed changes and development of the standard. For example, using the request for comments (RFC) [28] pattern.
- **Critical moments** - Be explicit about moments where critical decisions are going to be made so that the standards ecosystem can be best informed.
- **Open meetings** - Host bi-weekly open video calls and record them, offering the option for people to listen back.
- **Define an engagement calendar** - Map out who you need to engage and when.
- **Be proactive** - Actively reach out to people and organisations who you need to bring on board.

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[28] https://en.wikipedia.org/wiki/Request_for_Comments

Start small

> **Build the minimum viable standard** needed to start to build consensus, and focus strategies around adoption first and foremost, rather than capturing everything.

Whilst it can be tempting to release a fully featured standard as V1, the key to building a successful standard lies in adoption. Make it as easy as possible for stakeholders to meet v1 of the standard, then work with them to adapt it to meet new needs.

Transparent architecture and system roadmap

> **Outline a clear and transparent roadmap.**

A transparent delivery roadmap provides clarity for developers and infrastructure providers looking to adopt or influence the standard. Infrastructure providers need to know when breaking changes might be introduced so they can plan and prepare for them.

Strategic enablers should ensure there is sufficient funding available for a roadmap to be developed and delivered.

Licensing

> **Align with GDS Open Standards principles [29] and make the community services data standard available under an open license.**

This means there are no licensing barriers to people using the standard and provides clarity about who can use the standard and how.

Technical recommendations

Based on our research and prototyping, the following are technical recommendations. They outline extensions and adaptations to the OpenReferral schema to address user needs and increase its utility in the UK.

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[29] https://www.gov.uk/government/publications/open-standards-principles/open-standards-principles

Opening times and schedules

> **Capture recurring service schedules of any pattern. For example, a regular knitting group on Mondays and Thursdays should be able to be entered just once.**

As a community service provider
When I run repeating events and activities
I need to be able to describe that information just once
So that I can use my time effectively and focus on delivering services

Many service providers structure their offer through recurring activities and events. We found that the provision for defining opening times or schedules (in both standards and current directory products) is limited, with only the ability to describe daily or weekly patterns. This need can be met by using the "recurrence rules" found in the iCalendar (RFC 5545) specification [30].

iCalendar recurrence rules provide a flexible way to describe all manner of recurring events e.g. "the first Friday of the month", "every other Wednesday", "Mondays and Tuesdays every other week".

Introduction of the iCalendar Rrule spec as structured data would:

- Allow service providers to more accurately express their service offer.
- Reduce data input and management time involved in listing repeating events.
- Enable novel calendaring applications for end service users (e.g. 'add to calendar') and commissioners (e.g. time based analyses of service provision).

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[30] https://icalendar.org/iCalendar-RFC-5545/3-3-10-recurrence-rule.html

Geography

An open standard should allow for queries across borders and directory systems.

Consider how to best model service geographies to enable more sophisticated spatial search.

Geographic details of services are important attributes that meet a number of user needs. Geographic elements of a community services data standard should consider two types of spatial query:

- **Service location** - A physical location where a service is accessed.
- **Coverage area** - The geographic catchment area of a service.

Both OpenReferral and the LGA Locally Delivered Services Standard include the concept of a service location and coverage area. However there are specifics about how the UK defines geographies that could be used to enable more accurate and sophisticated geo-search.

Service location
The Ordnance Survey's UPRN (Unique Property Reference Number) is a unique identifier for every spatial address in Great Britain, and can be found in OS's address products. Where possible a UPRN should be provided for service addresses. Including a UPRN:

- Improves addressing accuracy.
- Enables community services data to be linked with other spatial datasets.

It is important not only to describe locations, but also the details of how services relate to them. As an example, a park might be given as a service location, along with a meeting point e.g. "meet at the west entrance to the park".

Coverage area
Many community services are delivered at the neighborhood level, others may have a catchment area of a district, a city or county. In some cases, services are available nationwide

for example telephone helplines like Samaritans, the Switchboard LGBT+ Helpline or online services.

OpenReferral provides a simple service area description field. In contrast, the LGA Locally Delivered Services standard includes attributes for:

- Coverage type - a type of administrative geography e.g. Lower Layer Super Output Area (LSOA).
- Coverage extent - as a polygon (a shape made up of geo-coordinates).
- Coverage uri - a unique reference for the specific geography.

A standard should support the ability to define coverage areas from a single neighborhood to national services. However, there is a need to strike a balance between the desire to accurately represent geography for statistical and spatial analysis, and the data management burden this might place on service providers and data custodians entering this data.

Taxonomies and controlled vocabularies

Standard taxonomies make it easier for people to find what they are looking for.

Develop controlled vocabularies and taxonomies independently to the core data standard.

Controlled vocabularies and taxonomies are agreed and standardised lists of words used to categorise data.

One of the imagined benefits of a data standard is being able to search and compare services across systems. However, one system may define a service as "bereavement support", another might categorise the same service as "counselling". Without adoption of controlled vocabularies, these search and compare use cases will not be possible.

Separating the development of controlled vocabularies from the core standard:

- Reduces the risk of slowing development and adoption of the core standard.
- Allows for vocabularies to have their own governance and versioning process.

There are already defined taxonomies and controlled vocabularies employed by existing standards. Two of these are:

Open Eligibility [31]
Open Eligibility is the taxonomy system recommended and used by OpenReferral.

Pros	Cons
- Extensive - Linked to OpenReferral - Written in plain english	U.S. centric

LGA 'needs, circumstances and services' [32] [33] [34]
The LGA Locally Delivered Services Standard links to the 'needs, circumstances and services' controlled vocabularies developed by the LGA.

Pros	Cons
- Extensive - UK centric - Linked to LGA's Locally Delivered Services Standard	Not written in plain english

Explore alignment of these two taxonomies for the UK context. When developing taxonomies and controlled vocabularies, co-design and usability testing with community-service providers, referrers and end users is of critical importance.

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[31] https://company.auntbertha.com/openeligibility/
[32] https://standards.esd.org.uk/?uri=list%2Fneeds
[33] https://standards.esd.org.uk/?uri=list%2Fcircumstances
[34] https://standards.esd.org.uk/?uri=list%2FenglishAndWelshServices

Documentation and tooling
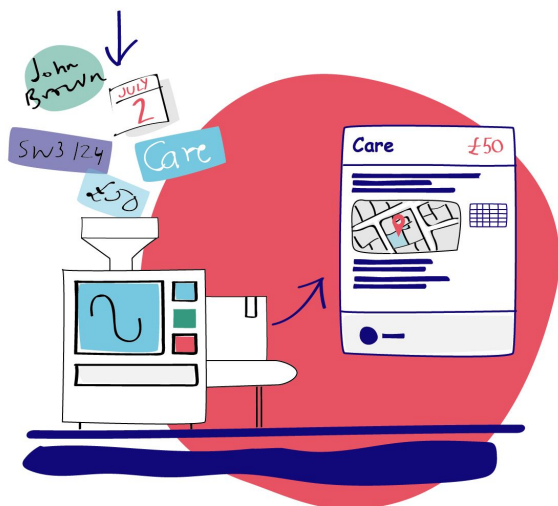
Tools to help providers check their data is standards compliant

Provide documentation and tools to help drive standards adoption.

At the core of any standard exists detailed specification documents. In the course of our research we found some standards documentation which was more approachable than others.

The best specifications not only detailed how to structure information, but also provided guidance in creating good quality entries. For example, like this:

> *"description (string): a free text description about the service, this should tell us what the service is in plain language, aimed at users of the service."*

Not like this:

> *"description (string): a free text description about the service"*

Adopting a standard can involve a significant amount of research. Good documentation, tutorials, examples, and tools are all means of enabling adoption. Standards documentation shouldn't only provide details, but also tutorials and overviews of features.

The time and financial burden of adapting existing data to meet standards can be further supported by providing tools such as data converters (to assist in transfer). A data converter would extract data from existing systems into a standardised form. Validators confirm data conforms to the standard's specification, and highlight where adaptation is required.

Identifiers and registers
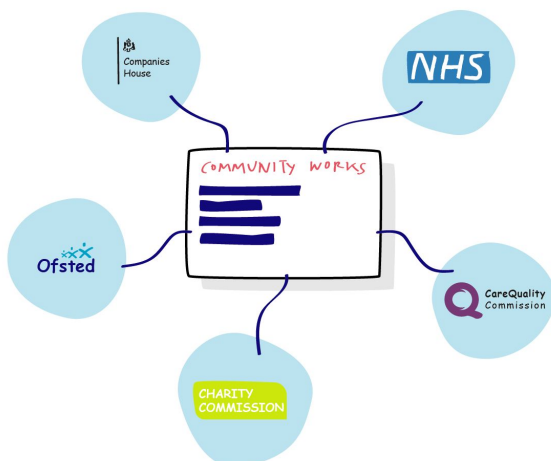
Use identifiers to help automate data sourcing and improve trust in the data.

Our research uncovered data quality and trust as significant issues. Measures to combat duplication, and reduce the effort involved in sourcing data could be supported by making use of identifiers from a variety of sources. Identifiers are unique numbers that allow data to be verified or pulled in from other sources, for example an Ofsted Unique Reference Number (URN) can be used to look up a childcare provider's details and confirm their authenticity.

We propose adding provision for identifiers and registers where possible. This allows for community services data to be augmented with data from approved registers. For example the Charity Commission, Ofsted, Care Quality Commission or Companies House.

Provide metadata

Include important metadata to help track data across systems.

Metadata is data about data. Users and applications might source standardised community services data from multiple systems, some of which might use different versions of the standard. To help track data across systems, the standard should include the following metadata:

- The source of the data (for example the operator of the system).
- The version of the standard data is formatted in.
- A history of edits to the data and who made those edits.

Data protection and GDPR
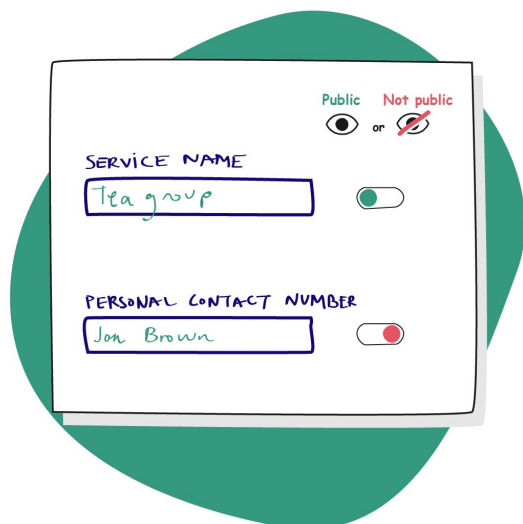
Protect privacy by design by using authorisation policies to control access.

A community services data standard would include personal data, for example personal contact details for service staff, and in some cases sensitive personal data. One of our core recommendations is around clearly differentiating public and professional facing views.

One technical concept to handle this involves introducing authorisation policies or 'scopes' with sensible defaults that control the visibility of certain pieces of data. A simple analogy for this is the way Google Docs allows readers to control the visibility and functional control different viewers have of a document.

This would give community-service providers control over who sees what, for example differentiating between public and professional views. Furthermore, it would allow for data controllers to manage who can access what data.

An important thing to standardise in order for authorisation policies to work is the definition of what counts as a 'professional'. Our recommendation is that this should encompass as a minimum council staff and staff in statutory services.

Layer 2: Strategic enablers

Strategic enablers
Provide the mandate and resources to stimulate standards development and adoption.

Local level
Upper & lower tier local authorities, Sustainability and Transformation Partnerships, Clinical Commission Groups.

National level
Owners and sponsors
NHS Digital, NHSX, MHCLG, DWP, NAVCA

Strategic enablers exist both at a national and local level. They work together in a coordinated way to provide the mandate, resources and environment to stimulate standards development and adoption. They also stand to gain the most from the successful adoption of a national community services data standard.

Examples of strategic enablers include:

At a national level:

- **NHS / NHSX**
  The NHS Long Term Plan committed to *"creating genuinely integrated teams of GPs, community health and social care staff"* [35]. NHSX holds the mandate for setting NHS data standards. If community services data is to support social prescribing and effective triage to non-medical services, then NHS and NHSX are vital strategic enablers.

- **Ministry of Housing, Communities and Local Government (MHCLG)**
  The Local Digital Declaration champions the development of shared solutions to common challenges in local government. MHCLG, acting as a national strategic enabler, could avoid fragmentation of effort by local authorities. A mandate and resources from MHCLG would bring focus to community services standards development and adoption.

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[35] https://www.longtermplan.nhs.uk/online-version/overview-and-summary/

- **National Association of Voluntary and Community Action (NAVCA)** [36]
  NAVCA represent nearly 200 CVSs across the country. NAVCA are important in representing the needs of community services organisations at a national level.

- **National Council for Voluntary Organisations (NCVO)**
  The NCVO represents 14,000 voluntary sector member organisations. Together with NAVCA they could be an effective body to represent the needs of the voluntary sector.

At a local level:

- **Upper-tier and lower-tier local authorities** - Upper-tier and lower-tier authorities both have responsibilities to provide community services data. Community services data is vital infrastructure that holds potential to unlock significant social value and savings across local authority services. Greater coordination between upper and lower tier authorities within localities is needed for a data standard to be effectively adopted.

- **Sustainability and transformation partnerships** [37] - STPs are consortia of health services and local authorities in 44 areas across England. They have a remit to work towards integrated care services. STPs provide an effective strategic vehicle to drive standards development and adoption at a local level.

- **Clinical commissioning groups** - Clinical commissioning groups make commissioning decisions about health services at a local level. They represent the needs of health services in adopting and implementing community services data standards.

- **Community and voluntary sector associations (CVSAs)** - CVSAs are membership organisations for local community and voluntary sector organisations. They often hold community services data themselves. Involving CVSAs ensures that standards development and adoption is community-led.

Recommendations

The role of strategic enablers is to create environments that stimulate both development and adoption.

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[36] https://navca.org.uk/
[37] https://www.england.nhs.uk/integratedcare/stps/

Ownership

> **A community services standard must have a clear owner and champion**

Ownership plays a vital role in helping to focus and drive standards development for the benefit of the sector. However, there is no clear current owner for a community services standard in the UK.

As examples: OpenActive, is led by Sport England and the Open Data Institute, and the UK Housing Data Standard is developed by HACT. Whilst the LGA and iStand own and champion the Locally Delivered Services Standard, it is not widely adopted and would benefit from continued improvement as part of the broader standards community we recommend.

It may be that the community services standard would benefit from a network of owners. This approach could help support it to meet the ecosystem design principles (agile, resilient, community-led and scalable). Proposed candidate owners and sponsors include:

- NHS Digital / NHSX
- Ministry of Housing, Communities and Local Government (MHCLG)
- Local Government Association (LGA)
- National Association for Voluntary and Community Action (NAVCA)
- National Council for Voluntary Organisations (NCVO)

Success measures

> **Define what success looks like for community services data and how to measure it.**

Whilst many of the directory teams we spoke to had analytics, there was a lack of clarity about what success looks like and whether it was being achieved. Strategic enablers should work with the community services ecosystem to define success measures for community services data. For example, are users successful in finding the services they need? This allows for better benchmarking and continual improvement to meet user and business needs.

Feedback loops

Create and maintain channels to get continual user feedback.

Standards development requires continuous user engagement to ensure that the standard meets user needs. Strategic enablers should create the environment for the standards ecosystem to be community-led, practical and delivery focused.

This means supporting ongoing user research and engagement between end users, community services providers, data custodians, infrastructure providers and the standards community. Focus groups or user testing may be effective ways to do this.

Awareness

Invest in building awareness amongst professionals and the public, of community services information.

In our research, we found that awareness of community services directories was a significant barrier to their use. By working cooperatively within a locality, strategic enablers can be more effective in building awareness of the value of community services data and service directories.

Procurement

Use procurement to help drive standards adoption over time.

Strategic enablers can use procurement as a means to drive adoption in a number of ways:

1. **Data standards as a requirement:** Due to lack of an enforced standard, there are no current product providers that are standards compliant. Suppliers need time and investment to adapt their systems to meet standards requirements.

2. **Cooperatively procure systems:** Larger contracts bought across networks of strategic enablers locally could provide the resources needed to develop or modify existing systems to be standards compliant. It could also stimulate the development of new fit-for-purpose tools.

Demonstrators

Stimulate new markets around community services data through demonstrators.

Strategic enablers should seed fund the research and development of new products and services built with community services data, in order to explore what becomes possible with structured community services data.

Legal

Create a legal environment that supports adoption.

One of the primary benefits of open standards is improved data sharing. Given concerns around GDPR and data sharing, strategic enablers play an important role in removing legal barriers to adoption. This might involve providing legal support to draft sample data sharing and licensing agreements.

Training

Design training programmes across services.

Strategic enablers should design community services data training programmes across:

- Health services.
- Community organisations.
- Local authorities statutory services teams.

This coordinated approach enables:

- Development of best practice around managing and using community services data.
- Improved economies of scope by designing one training programme across services.

Layer 3: Infrastructure providers

Infrastructure providers
Build tools and technologies
on top of the standard.
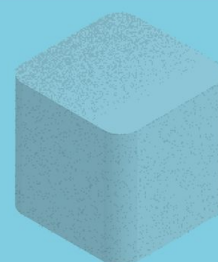
Local and national level
Service directories, social prescribing platforms, case and care management systems, patient record systems, urgent and emergency care platforms.

For a community services data standard to be effective it has to be adopted by infrastructure providers.

In many sectors, adoption of open standards is made possible due to similar technologies used by organisations. For example, in the case of OpenActive, leisure providers have booking systems that are largely comparable.

By contrast, the community services sector is composed of a diverse ecosystem of technologies. Further to this, community services themselves typically have low technology capacity and literacy. Many community groups and organisations need support to articulate their offer as services and use technology systems.

Integrating open standards

There are a number of product types where a community services data standard may need to be integrated including:

- Service directories.
- Social prescribing platforms.
- Case and care management systems.
- Patient record systems (Emis and SystmOne).
- Urgent and emergency care platforms (NHS DoS, NHS 111).
- Volunteer brokerage systems.

Examples of these products are given in the table below:

Product	Description
Open Objects [38]	Market lead service directory, typically used by family information services
Scout [39]	Service directory supporting the local offer
Looking local [40]	Service directory supporting the local offer
Community and Events Directory [41]	Service directory often integrated into adult social care provision
Simply Connect [42]	Social prescribing platform
Famiio [43]	Family information and childcare services directory. Currently in development
Made Open [44]	A community-led directory platform
Do.it [45]	Volunteer brokering platform
Health Unlocked [46]	Social prescribing platform
NHS DoS [47]	A central directory of NHS services integrated with NHS Pathways
NHS 111 [48]	An online and telephone triage and information

[38] http://www.openobjects.com/
[39] https://www.wearefuturegov.com/products/scout
[40] https://about.lookinglocal.gov.uk/
[41] http://www.publicconsultinggroup.co.uk/social-care/emarketplace-and-directories/
[42] http://www.simplyconnectsolutions.co.uk/
[43] https://famiio.com/
[44] https://madeopen.co.uk/community-directory
[45] https://doit.life/
[46] https://healthunlocked.com/
[47] https://digital.nhs.uk/services/directory-of-services-dos
[48] https://111.nhs.uk/

	service for non-urgent care
Emis [49]	Patient record system used by GPs and primary care services
SystmOne [50]	Patient record system used by GPs and primary care services

National data registers

At an infrastructure level, the standards ecosystem would benefit from new national data registers that:

- Reduce the risk of duplicate data.
- Minimise the effort of sourcing and sharing data.

For example, many services are available nationally. Rather than national providers updating their offer with each locality, they could manage data about their offer centrally, through a national register. This data could then be consumed by any authorised system.

Recommendations

Data sourcing

Source data at the lowest possible labour cost and burden on community-service providers.

Given the technology environment and capacity of the community services sector, data sourcing is an important consideration for standards adoption.

There are a number of national data custodians who routinely collect high quality data about community services as part of their day-to-day business, for example:

- **Care Quality Commission** - Quality assures regulated adult social care providers.
- **Ofsted** - Quality assures registered childcare providers.
- **Funders (for example, Big Lottery Fund)** - Capture data on application and through monitoring activities.

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[49] https://www.emishealth.com/products/emis-web/
[50] https://www.tpp-uk.com/products/systmone

Where data can be sourced from the every day business of organisations that support community services, it should. Sourcing standardised data directly from these organisations would:

- Reduce the burden on service providers to maintain their data in multiple locations.
- Allow data custodians more time to support smaller organisations and groups.

Quick add and edit

Build ways to add and edit services quickly.

Rather than requiring lots of detail up front, capture the minimum data needed to be useful. For example, professionals could have a browser or email plugin to add community-organisations as they find them.

These could then be processed by data custodians to verify the service and capture more information. This could help increase the diversity and coverage of data about available community services.

Duplicates discovery
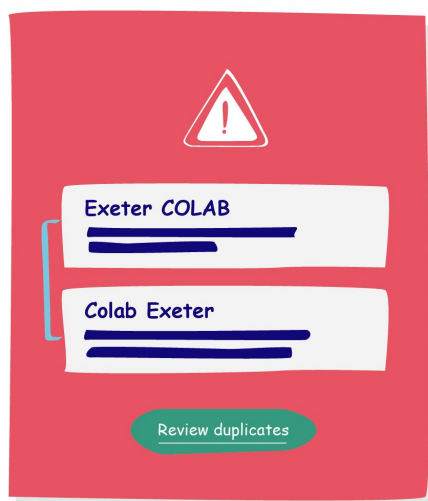
Prototype and test tools to support discovery of duplicates.

One of the main use cases for a data standard is reducing duplicated data, with the larger goal of creating one source of truth about available community services. However there are significant challenges in handling duplicates between systems, even with a coherent data standard.

The same service might be included in two different systems but with slight variations in description. Our technical standards recommendations such as use of identifiers can help, for example:

- Telephone numbers.
- Email addresses.
- Registration numbers.

All of these might all be used to support duplicates discovery.

Layer 4: Data custodians

<div style="background:#EA5B6A; color:white; padding:20px;">

Data custodians
Work in a networked way to source, validate and guarantee the quality of community-services data.

</div>

Local level
Community and voluntary sector associations, directory operators, community connectors, frontline professionals.

National level
Ofsted, Care Quality Commission, Charity Comission, community organisation funders.

Within every locality there are people who already collect and manage community services data. They include:

- Local authority directory managers
- Frontline workers involved in referral
- Community connectors
- CVS hubs

However, they currently work in an uncoordinated and siloed way. Each may only hold a partial view of what community services are available.

From a standards ecosystem lens, data custodians should be supported to work in a more networked way, that better mirrors the community services landscape at a local level.

They have a common goal to build and maintain a complete picture of the service landscape in communities. By working in a networked way data custodians can:

- Capture harder to reach services through better connection with frontline workers.
- Access more accurate and timely information through better connections between local authorities and frontline.
- Build trust and awareness with service providers and other frontline professionals in community services directories.
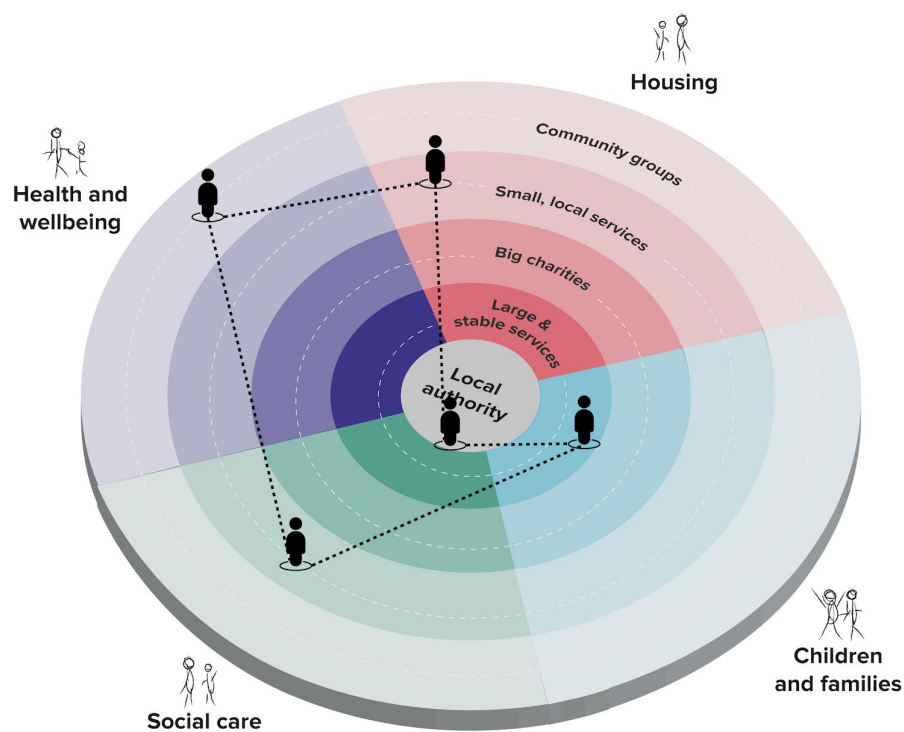
Data custodians adopting networked ways of working.

Recommendations

Communities of practice

Cultivate communities of practice with data custodians.

Bring together existing data custodians across teams and localities who share common goals and needs around managing community services data. This is the first step in establishing more networked ways of working. Communities of practice should celebrate and recognise the value of data custodians in maintaining community services data.

Validation workflows
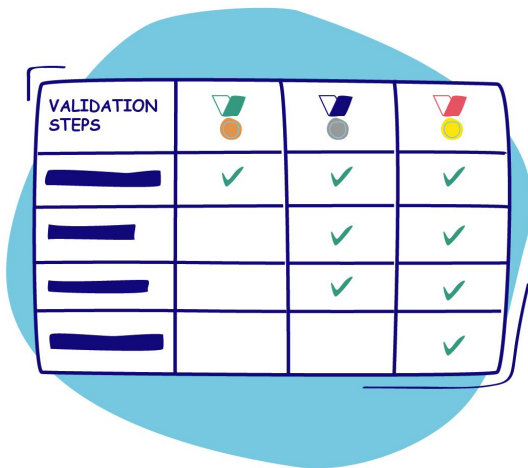
Design new tools and workflows with data custodians to validate services and service data.

Data custodians already have some processes in place to validate services and update data. However, through our research, we found there was no consistency as to how platforms supported service data to be checked and approved. Infrastructure providers should provide

new tools and workflows that allow for data custodians to collaboratively and efficiently moderate data. This could be further supported through automation, for example, detecting email bounce backs from service providers or periodically trying to access service providers' websites to listen for dead links.

Data quality marks

Consider how to guarantee service data quality.

One of the significant barriers to community services data being more widely used is public trust that information about the services is accurate, and the services themselves have been verified as safe and of sufficient quality. One method to do that is through user-generated feedback; we heard a lot of people describing a desire for rate and review type of functionality or a "Tripadvisor" for community services. This would allow inaccurate information and poor quality services to be flagged. However the underlying need here is one of trust.

Different service users have different needs regarding data quality; when searching NHS 111 for example, it's essential that the pharmacies and clinics it signposts are accurate. Children's bank holiday activities, by contrast, pose less critical risks regarding accuracy.

Being more public about how services are checked and their information is verified would give consumers better assurances of their safety and quality.

However, this should be done in a way which avoids excluding smaller, more informal services. In order to accommodate these varied data quality needs, a data standard should allow people and systems to request filtered data that meets their quality thresholds. For example, only organisations with certain types of verification would be listed in an NHS directory.

Layer 5: Community service providers

Service providers
Deliver community services
at a local and national level.

Local level
Charities, social enterprises, community groups,
voluntary organisations.

National level
Charities and community organisations delivering
services nationally.

Community service providers are vital to successful adoption of a data standard.

Understanding their needs and providing them with the right support is critical. Without their buy-in, capturing information on their services becomes impossible. Ultimately, the standards ecosystem should create value for community service providers. It should:

- Raise their visibility and economic status within public service provision.
- Offer better tools to help them deliver their service.
- Support greater collaboration across the community services landscape.

Recommendations

Contacts finder

Build new data products for
professionals that make their job
easier.

A community services data standard enables new products built with standardised data. For
example, a contacts finder view for professionals. This product works like a phone directory
for community-based services, making it faster to find accurate contact details to refer people
to. It consumes only the contact details for services held centrally.

Layer 6: Service users

Service users ultimately stand to benefit most from better structured and more available
community services data. The community services data standard should enable people to
access services through the channels that best meet their needs.

We should not expect that people only access this information through service directories.
Information about community services should be available where and when end users need it,
in the formats that are appropriate for them. This means making community services data
available:

- Through GPs.
- In search engine results.
- In print.
- Through community referrers.
- From Citizens Advice.
- On local authority websites.
- Through NHS services.

Fundamentally, this is about seeing community services data as a vital asset that helps people to find the right information at the right time in order to live a fair and healthy life.

Our recommendations in relation to service users are focussed on concepts that could improve the experience for people of finding the services they need.

Community services triage
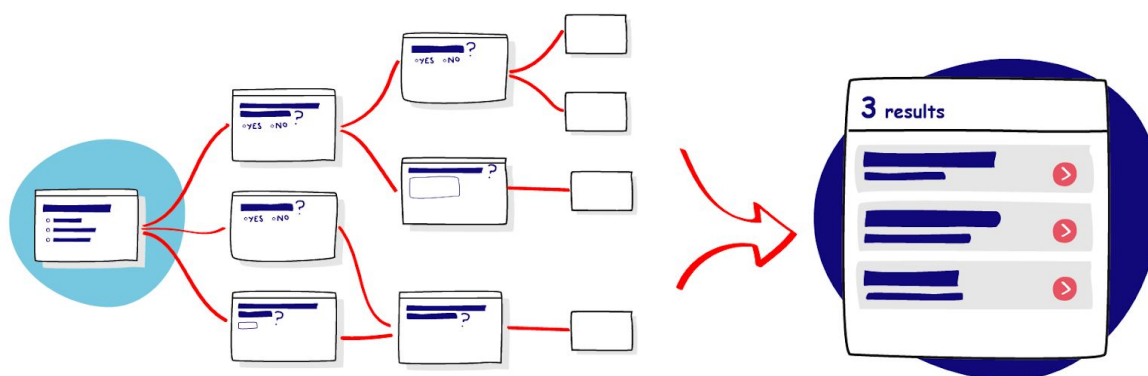
Structured data enables new ways to discover relevant services.

Current service directories typically have search and filter type interfaces. A common design pattern we saw in our research was some form of geographic search (e.g. postcode), supported with keywords and categories.

Better structured and standardised data enables experimentation with triage-like search design patterns. Users answer a series of questions to search and filter down to services that best match their needs. In some settings this could help reduce users' overwhelm of information and make better use of rich data.

> " *With community asset databases we just spit out a long list of results, and*
>
> *that's not good enough. How we curate results is part of the challenge.* "
> **NHS commissioner**

Related services

Help users to find related services.

Better structured community services data could allow for more sophisticated modelling of how services relate to one another. With suitable levels of search usage, 'recommender' systems become possible. This could help people with common needs to find relevant services more easily, and provide useful insights for commissioners.

Print on demand

Build in capability to print community services data.

Many users still rely on print as a way to access information and services. For example, people accessing adult social care may still prefer to receive printed information via post. It's worth remembering that 8.5% [51] of UK adults have never used the internet. Ensuring they have access to community services information is vital. Infrastructure providers should experiment with modern web features like CSS for print and exporting data for use with desktop publishing tools.

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[51] https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2018

Why addressing this makes sense

Strategic case

Background

Strategic enablers have all made policy and programme commitments that provide the environment for adoption of a data standard around community services. For example:

- Ministry of Housing, Communities and Local Government (MHCLG), Local Digital Declaration. [52]
- NHS, Long Term Plan. [53]
- Department of Health and Social Care, NHSX. [54]
- NCVO, Civic Society Almanac. [55]

All make calls for greater collaboration across local government, health, social care and housing to offer truly integrated public services. In addition to these programme commitments, local authorities have a legal requirement to provide information about local services.

MHCLG Intervention

Data standards should be developed to serve the needs of a sector. MHCLG represents the needs of local government in central government. Without MHCLG intervention, reliance on standards development led solely by individual local authorities risks:

- Fragmentation of effort.
- Slow rates of development and adoption.
- Further proliferation of competing standards with no alignment.

MHCLG intervention provides the necessary platform to:

- Convene strategic enablers
- Develop governance structures around an open community services data standard.

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[52] https://localdigital.gov.uk/declaration/
[53] https://www.longtermplan.nhs.uk/
[54] https://www.gov.uk/government/news/nhsx-new-joint-organisation-for-digital-data-and-technology
[55] https://data.ncvo.org.uk/what-is-the-almanac/

Stakeholder issues

A number of stakeholders at different levels need to be engaged for the approach to work. They have been clearly identified throughout our definition of an ecosystem approach to developing the community services standard.

Some differences exist in levels of buy in and readiness to adopt a community services data standard. Suppliers in particular are crucial for standards adoption to work. For suppliers there needs to exist a clear incentive to engage. A coordinated approach with potential to open new markets presents an attractive opportunity.

Key risks

- Lack of provider buy in.
- Poor / inconsistent adoption of the standard.
- Poor implementation of the standard by suppliers.
- Underlying usability issues with current products.
- Fragmentation of effort around standards design and adoption.
- Implementing an untested standard.
- Lack of training to support data custodian teams to adopt the standard.
- Changes to working practices.

Objectives

In defining next steps, the following objectives have been identified:

- Reduce duplication of effort and data.
- Improve the quality and consistency of data.
- Make community services data reusable between existing systems.
- Test and evidence the benefits of data sharing through delivery.

What is the economic benefit of standards adoption?

Direct cost savings

From a demand survey of 14 local authorities and desk research with the three OpenCommunity partners councils, we identified five types of service directory and estimates of their related direct costs. Those types are:

1. **Service directories** - Usually public directories procured from a directory provider. Around 2000 service records. What most people think of when they think of directories. For example, a family information service directory run on Open Objects.
2. **Self-build directory** - built in-house by a local authority to meet a need not covered by regular directory products. Usually around 1000 records. For example, Adur & Worthing's 'Find It' directory, supporting a social prescribing pilot.
3. **CVS directory** - Directories operated by voluntary sector organisations.
4. **Small directory** - Typically less than 100 records, often forms part of the content management system for a district level local authority.
5. **Spreadsheets** - Personal or team spreadsheets of services, which usually meet a particular user group's needs.

Based on our research we have provided estimates of how many of each directory type might be in operation across a typical upper-tier geographic area. For example within a county and its districts. It is important to mention that some directories are operated by local authorities and others are operated by community organisations.

We have also detailed two direct cost estimates related to directories, the direct product spend per year and FTEs involved in data management. All our estimates have a tolerance of ±30%.

	Spreadsheet	Small directory	CVS directory	Self-build directory	Service directory	Total
Product						
Product count [56]	30	5	2	1	2	**40**
Product unit cost per year [57]	0	500	750	7,000	25,000	**33,250**
Product total cost per year [58]	**0**	**2,500**	**1,500**	**7,000**	**50,000**	**61,000**

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[56] Estimated across a typical upper-tier local authority area (+/- 30%), including upper tier and lower tier local authorities and CVS operated directories.
[57] A typical cost (+/- 30%) based on our survey and desk research
[58] Product count x product unit cost per year. (+/- 30%)

Staff time [59]						
FTE per product	0.05	0.25	0.5	1	1.5	**3.3**
FTE total	1.5	1.25	1	1	3	**7.75**
FTE total cost (£) [60]	**44,174.09**	**36,811.74**	**29,449.39**	**29,449.39**	**44,174.09**	**184,058.7**
Total cost (£)	**44,174.09**	**41,811.74**	**30,949.39**	**36,449.39**	**94,174.09**	**247,558.7**

Breakdown of direct costs for community directory products and staff across a typical upper-tier geographic area.

The national picture

Given that providing community services information is a legal requirement for England's 160 upper-tier authorities, we have made the following assumptions based on the above calculations:

- A typical spend on community services data across an upper-tier geographic area is between £173k [61] and £322k[62] on products and data custodian staff.
- This translates to a public spend on community-service directory products in England between £6.8m and £12.7m per annum.
- We estimate that in England there are between 868 and 1612 FTE involved in data management with a salary spend of between £27.7m and £51.5m.
- The estimated combined spend nationally is between £34.5m and £64.2m.

Across an upper-tier geography, if organisations involved in community services data were to implement data standards and networked approaches to data management

Savings of up to £73,096 per year
From direct costs across a typical upper-tier geographic area.

On the assumption of local authority areas having shared community services data systems built on standards with minimal duplicated data and easier maintenance and validation, we estimate a net public saving of:

- 1.75 fewer FTE (±30%) per authority area = £36,075 - £66,996
- Up to 10% saving on directory products per year = £6,100.00

[59] Staff time is calculated based on the amount of time spent on managing community services data.
[60] Estimated directory count x FTE total by directory x an assumed Admin Officers/Assistants annual salary of £29,449.39 (+/- 30%)
[61] Total of total costs (- 30%)
[62] Total of total costs (+30%)

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When considered across England this could translate to:

National estimated savings of up to £11.69m per year

From lower public spend on directory products and FTE data management effort nationally.

Breakdowns of the direct cost profiles for West Sussex and the Wider Devon Area are given below:

West Sussex

Total number of directories	18
Product spend	£72,250
Data custodian effort (Full-time equivalents)	9.5
Data custodian salary costs	£279,763
Total per year	£352,013

Wider Devon Area

Total number of directories	8
Product spend	£84,800
Data custodian effort (Full-time equivalents)	8.25
Data custodian salary costs	£242,956
Total per year	£327,756

See appendix for detailed cost profiles for West Sussex and the Wider Devon area.

The value of prevention

The real benefits and savings of standards adoption come from improved availability and quality of data about community services. Referring people to community services could play an important role in preventative health and social care.

In our research, we heard anecdotally many stories of how helping people to access appropriate services promptly would:

- prevent their situation from escalating
- minimise the costs of a person's care long term.

It is beyond the scope and capacity of this project to calculate the economic value of prevention. However from our research we present four scenarios where more available community services data could play a part.

Scenario one: Adult social care commissioning

Cost savings in adult social care rely on people retaining their independence for longer. This relies on having accurate information about community services which they can use instead. For example befriending services or wellness activities.

We heard from Buckinghamshire County Council between 120 and 240 people a year, who initially self-fund their care, deplete their resources. They then become eligible for state supported adult social care. Example costs of care:

- £854 per week for a new nursing placement.
- £878 per week for a new residential placement.

In Buckinghamshire:

- **Lower estimate:** Caring for 120 people under a nursing placement may cost £5.33m per year.
- **Upper estimate:** Caring for 240 people with a residential placement would cost £10.95m per year.

If better data led to even 1% of the lower estimate (1.2 people) being more informed about their care options and better connected in their community, leading them to remaining independent for one year, this could generate a minimum saving of £53,301 a year in Buckinghamshire.

£8.5m Adult Social Care savings nationally per year
From better access to community services information leading to one person per upper tier authority live independently for one year.

Scenario two: Reducing costs of rough sleeping

Data standards and better structured data

Better service information available (esp. outside locality)

Rough sleepers connected to supporting services faster

Access sustainable accommodation faster

Lower costs of related support needs

Cheaper care per person over their lifetime

We spoke to two homelessness services and three street outreach workers in Exeter and Worthing, all of whom told us that timeliness is critical to reducing rough sleeping.

If a rough sleeper can be connected to services promptly, then the amount of time they spend on the streets can be drastically reduced - sometimes to weeks rather than years.

We heard that access to quality information about which community services to refer them to was critical, and in particular when making referrals to services in other localities, this information was difficult to find.

Standardised community service data could improve this situation.

Scenario three: Social prescribing

Data standards and better quality data

Better service information available to NHS services

Patients with non-medical issues connected to appropriate services

Reduction in numbers of 'repeat visitors' to NHS services

Reduced costs of NHS frontline services
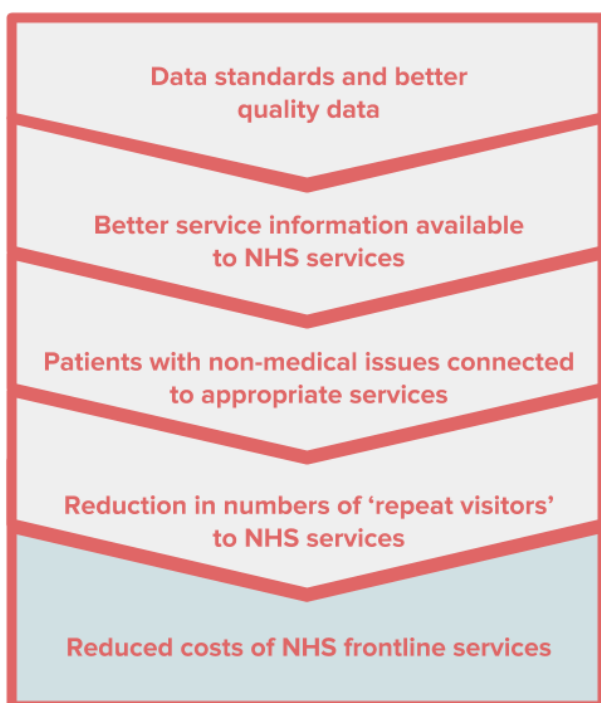
We spoke to an NHS DOS lead and NHS commissioner in Devon, both of whom told us that community service data is the missing puzzle piece to effective social prescribing. Many of these frequent flyers have non-medical needs, which could be better met through community services rather than NHS support. For example, walking groups, wellbeing activities and groups that tackle social isolation.

GPs, ambulance staff and hospitals currently struggle to find community service data to refer people to. This is compounded by short-term commissioning, which means newly commissioned service providers struggle to build awareness to the health sector.

Standardised data is critical to this.

Whilst national data on social prescribing is not yet available, local studies suggest a reduction in GP visits and ambulance calls by frequent flyers of between 2-50%.

Scenario four: Long-term unemployment benefits claimants

Data standards and better
structured data

Information about services available
to Jobcentre staff

Long-term unemployed directed to more
appropriate forms of support

Underlying causes of people's
unemployment are addressed

Reduced costs of long-term unemployment

We spoke to a member of the digital team at DWP. We heard about how long-term benefits claimants usually have needs beyond what a work coach is able to support them with, and that work coaches would benefit from community service information detailing services to refer them to for those needs. For example, mental health provision, addiction services or debt management support.

Some work coaches and Jobcentres hold information about community services, but this is not currently done in a standard way, and varies considerably. A joined up service directory could offer this information.

What next?

From a technical perspective, good community services data standards exist. There is demand and momentum from local authorities for a data standard to address fragmentation of community services data. Driving forward standards implementation holds promise to deliver significant social and economic benefits.

However, no single authority acting alone is capable of delivering standards adoption. What is needed is coordinated action across central and local government, health services and community sector organisations to develop the adoption ecosystem:

1. **Community services ecosystem round tables**

MHCLG and the OpenCommunity partners should bring together the strategic enablers, standards community and suppliers identified in this report. The purpose of these roundtables should be to communicate and discuss the findings of this discovery, seek alignment and assess feasibility of standards adoption. This approach can be taken at both a local and national level.

2. **Explore collaborative procurement**

At a local level, local authorities should explore opportunities to collaboratively procure standards compliant data systems. This should be done by engaging with the community services ecosystem in their locality, to understand their needs.

3. **Identify owners of the standard**

Without clear ownership and an accountable body, adoption of a community services data standard is at risk. In our report we identify, MHCLG, NHSX and NAVCA/NCVO as a possible network of owners of the standard. Through a consortium of owners we can ensure the adoption ecosystem stays true to its design principles of being resilient, agile, community-led and scalable.

Appendices

User Research

Research objectives

Standards

- To understand why existing data standards have not been more widely adopted and what barriers exist.
- To build a community of stakeholders and interest around open data standards for community services.
- To understand what 'good' standards look like for different users, and the level of interest in adopting these.
- To be able to qualitatively assess the demand for a community services data standard.

Service directory products

- To understand the systems currently used by referrers to connect people with community services.
- To be able to understand high level use cases related to service directories by various user types.
- Be able to articulate clear user needs to accompany those use cases.
- Generate robust insights that can inform prototyping of a data standard and visualisation of potential new cases afforded by adoption of a shared data standard.

Community services

- To understand the environment in which these are established and communicated, and the challenges that exist around using service directories

Research methodology

Observation

We spent time within a service provider to better understand the environment, journey and wider context in which service users are referred to, discover and access services. We wanted to observe their experience of a referral, and to understand what a successful connection to a service looks like from the perspective of a service user, a referrer and a service provider.

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Contextual interviews

We conducted short face-to-face interviews with referrers. Our focus was on understanding:

- The wider context and journey of making referrals
- Their relationship with service users
- The needs and challenges referrers have around referring people to services
- Their relationship with data trust and quality
- How they measure and monitor success
- The different ways in which referrers identify and explore a service users' needs, and ensure they are met.

We conducted short face-to-face interviews with data custodians and were given a tour of the directories they managed. Our focus was on understanding:

- The process of adding, validating and maintaining service data
- How they measured and monitored success
- Challenges they faced with using directories
- Use cases for standardised service data

We carried out short video and face to face interviews with data standards providers and service data integrators. Our focus was on:

- Exploring best practice, opportunities and challenges related to delivering data standards that work and can be adopted at scale.
- Understanding the business case and potential uses of shared community service data.
- Building a network around the OpenCommunity project.

Focus group

We ran a focus group with data custodians in Buckinghamshire County Council, to further explore the challenges around building shared service directories. We ran a design exercise with each participant adopting the role of a different user, exploring:

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- How the current system is succeeding and failing for them
- Their needs for service information
- How shared service information could benefit them
- How to develop and implement a system for shared community information, and the challenges that exist around that

Survey

To learn more about the business case for further investment we surveyed a cohort of local authorities. In the survey we assessed the demand for a shared data standard and gathered data to inform high level value for money analysis.

Desk research

We conducted desk research to understand what challenges have previously been faced in developing data standards, what awareness and interest currently exists around these, and barriers to adoption that were found.

User needs

From our research, the following are the key user needs that emerged.

Service users

Service users access community services. Those with more complex needs might work with a *'referrer'* to help them identify and access appropriate services.

As a service user

When I'm looking for services to support my needs

I need to be shown a manageable shortlist of results

So that I don't get overwhelmed by the options and can make a timely decision

As a service user

When I'm looking for services to support my needs

I need to know eligibility criteria up front

So that I don't spend time or resources trying to access services I am ineligible for

As a service user

When I'm looking for services to support my needs

I need to find services that are easy to access from where I live or work

So that I don't have to travel further or for longer than I have to

As a service user

When I'm looking for services to support my needs

I need to find services I can afford, and be able to trust that the information is accurate

So that I don't become more vulnerable than I already am

As a service user

When I'm being referred to a service

I need to be treated like a human, and be supported in my journey to accessing that service

> **So that** I don't feel neglected at a time when I'm vulnerable

Referrers

Referrers help **'service users'** discover and access community services. They may be front-line staff directly involved in delivering a service, or they may work to support **'service users'** over a long time period.

> **As a** referrer
>
> **When** I'm looking for services to refer / signpost a person to
>
> **I need** to know the service's eligibility criteria up front
>
> **so that** I try to refer people to services they are ineligible for

> **As a** referrer
>
> **when** working with a client who needs to access services in another district
>
> **I need** to be able to speak to a contact in relevant services
>
> **so that** I can make sure my client will be adequately supported when I refer them

> **As a** referrer
>
> **when** evaluating a service for a client
>
> **I need** to be able to build relationships with their team
>
> **so that** I can understand their offer and trust their quality

> **As a** referrer
>
> **when** looking for details about a service provider
>
> **I need** to be able to find accurate information as quickly as possible
>
> **so that** I can discuss their details with my clients, and refer them during my meetings with
>
> them

> **As a** referrer

when understanding the services I can refer to

I need to know about changes in the service landscape

so that I can feel better qualified to discuss options with my clients

Community service providers

Community service providers provide a range of services to support people across all stages of life. Community services can be delivered by charities, social enterprises, not-for-profits and community organisations, or by individuals and informal groups. They may be delivered as one-off events, in-person support, online or over the phone.

As a community service provider

when working with a client with needs outside of my known contacts / pathways

I need to be able to quickly and easily find accurate contact details for relevant services

so that I can find services in-situ while working with clients, and have a conversation with

them to assess suitability

As a community service provider

when I launch a service

I need to be able to share details of it as quickly and easily as possible with my intended audience

so that the right people can effectively access our service, and I can focus on delivering services

As a community service provider

when our service details change

I need to remember to update information about our service offer, and to do that as quickly and simply as possible

so that people can effectively access our service, and I can focus on delivering services

As a community service provider / referrer

when a colleague asks about services I am aware of

I need to be able to easily share contact details with my colleague

so that they can easily make contact

As a community service provider

when I share my service details

I need to be clear where and with whom that information will be shared

so that I can manage my privacy and capacity, and protect my clients' safety

As a community service provider

When I run repeating events and activities

I need to be able to describe that information just once

So that I can use my time effectively and focus on delivering services

Community connectors

Community connectors act as hubs within a community services landscape. They usually work in a particular sector (eg. wellbeing or care), and work to connect service users to appropriate services, service providers to service users and each other, and with the community to understand what unmet needs exist and how to meet those. Some staff in CVS organisations act as community connectors, by understanding the full service landscape and being able to connect people accordingly.

As a community connector

When supporting small service providers to build awareness of their events

I need to show them something that is appropriate to their technical ability and audience

So that they trust my knowledge and continue to engage with what I do

As a community connector

When connecting people to appropriate actors or knowledge

I need to have an accurate picture of all services that exist, that I can access and share details of easily

So that I am trusted as a knowledge source

Data custodians

Data custodians maintain information systems to support *'service users'* and *'referrers'* find, access and refer services. They often manage relationships with *'community service providers'*, helping clarify a provider's service offer and verify data quality.

As a data custodian

When someone creates a new service record

I need to be able to verify the information and data quality as easily and quickly as possible

So that I can be confident that the records in my directory are accurate and accessible, and manage my workload

As a data custodian

When information about a service record changes

I need for it to be updated as quickly as possible

So that people trust my directory as a source of accurate service information

As a data custodian

I need to know that the data is useful to people and improves people's lives in some way

So that I feel like I'm having a positive impact in the world

As a data custodian

When information comes into my directory from another source

I need to know that it's accurate

So that people's trust in my directory isn't eroded

Service directory providers

Service directory providers provide directory systems to support discovery of services by '**_service users'_** and **_'referrers'_**. They may be specialist suppliers, new independent suppliers or local authorities building internal products.

> **As a** service directory provider
>
> **When** a local authority is looking to procure a directory
>
> **I need** my products to offer the best solution in terms of cost, useability and ease of migration from their existing supplier
>
> **So that** they purchase my product

> **As a** service directory provider
>
> **When** a local authority procures my directory
>
> **I need** to provide a workable product and an acceptable level of support for the minimum extra cost and time
>
> **So that** I can maximise my profit whilst maintaining a good level of customer satisfaction

Commissioners

Commissioners make decisions on which **_'community services'_** are created and/or receive investment. It is important for commissioners that they make commissioning decisions based on need and evidence. Commissioners of community services are equally diverse. They might include local councils and national government, the NHS and other public health bodies, trusts and foundations. They might support existing **_'service providers'_** to meet demand or encourage innovation of new services to address emerging needs.

> **As a** commissioner
>
> **When** commissioning services
>
> **I need** to understand where there are gaps in supply and demand across both geographies and time
>
> **So that** I can make informed decisions that save money and improve outcomes.

As a commissioner

When commissioning services

I need to understand what other services are required to meet the needs of service users

So that users with complex needs are fully provided for

Procurement teams

Procurement teams, in the scope of this project, are involved in paying for service directory products.

As a procurement team

When buying community services data products

I need to find a solution that allows the highest data quality for minimum staff time at the lowest price possible

So that we can meet our constituents' needs within the small budget we have available

Standards designers

Standards designers provide an open, standardised and agreed way of recording data.

As a standards designer

When developing standards

I need to work closely with representative users of the standard

So that it is useful and widely adopted.

Integrators

Integrators need to integrate data from *'service providers'* into their own systems. They may use this data for a range of reasons. For example they might be building their own referral system or be a commissioner analysing data. They may expect to integrate this data in a number of ways, possibly using an application programming interface (API) or downloading data in other portable formats e.g. csv.

> **As an** integrator
>
> **When** integrating community services data into my system
>
> **I need** to it to be in a standardised form
>
> **So that** I can pull in data from multiple systems quickly, easily and reliably.

Legal context: the community services landscape

To fully understand the landscape behind community services, it's helpful to look at the legal and political background to them.

What are community services?

A commonly understood definition of community services is any affordable service (usually free or low-cost) that support a person's wellbeing, across their whole lifetime. "Well-being" [63], in relation to an individual, means that individual's well-being so far as relating to any of the following—

1. personal dignity (including treatment of the individual with respect);
2. physical and mental health and emotional well-being;
3. protection from abuse and neglect;
4. control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
5. participation in work, education, training or recreation;
6. social and economic well-being;
7. domestic, family and personal relationships;
8. suitability of living accommodation;
9. the individual's contribution to society.

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[63] Definition of Well-Being, Care Act 2014

Statutory responsibilities

Local authorities have a legal requirement to share information about local community services, under three main sectors: family information, adult social care and homelessness services.

Childcare services

Information about childcare services must be provided under the Childcare Act 2006:

Childcare Act 2006:

Duty to provide information, advice and assistance

1. An English local authority must establish and maintain a service providing information, advice and assistance in accordance with this section.
2. The service must provide to parents or prospective parents information which is of a prescribed description and relates to any of the following—
   a. the provision of childcare in the area of the local authority;
   b. any other services or facilities, or any publications, which may be of benefit to parents or prospective parents in their area;
   c. any other services or facilities, or any publications, which may be of benefit to children or young persons in their area.

https://www.legislation.gov.uk/ukpga/2006/21/part/1/crossheading/information-advice-and-assistance

Examples of these services include:

- Children's centres
- Childcare
- Services for children with special educational needs
- Mental health services
- Children and Adolescent Mental Health Services
- Children and Family Court Advisory and Support Service

Care services

Information about adult social care services must be provided under the Care Act 2014:

Care Act 2014:

Providing information and advice

1. A local authority must establish and maintain a service for providing people in its

area with information and advice relating to care and support for adults and support for carers.

2. The service must provide information and advice on the following matters in particular—
   a. the system provided for by this Part and how the system operates in the authority's area,
   b. the choice of types of care and support, and the choice of providers, available to those who are in the authority's area,
   c. how to access the care and support that is available,
   d. how to access independent financial advice on matters relevant to the meeting of needs for care and support, and
   e. how to raise concerns about the safety or well-being of an adult who has needs for care and support.

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Under the Children and Social Work Act 2017, each local authority must also consult on and publish service information about statutory and discretionary services for its care leavers. This is known as the Local Offer. https://www.gov.uk/government/publications/local-offer-guidance

Examples of these services include:
- Adult social care services
- Bereavement and counselling services
- Mental health services
- Befriending groups and loneliness prevention
- Benefits advice services

Homelessness services

Information about services relating to homeless people must be provided under the Homelessness Reduction Act 2017:

Homelessness Reduction Act 2017:

Duty of local housing authority in England to provide advisory services

1. Each local housing authority in England must provide or secure the provision of a service, available free of charge to any person in the authority's district, providing information and advice on—
   a. preventing homelessness,
   b. securing accommodation when homeless,
   c. the rights of persons who are homeless or threatened with homelessness,

and the duties of the authority, under this Part,

d. any help that is available from the authority or anyone else, whether under this Part or otherwise, for persons in the authority's district who are homeless or may become homeless (whether or not they are threatened with homelessness), and

e. how to access that help.

http://www.legislation.gov.uk/ukpga/2017/13/section/2/enacted

Examples of these services include:

● Alcohol and addiction support services

● Homelessness and housing services

● Mental health services

● Early prevention

Business Case

Benefits

User type	Description of change	Benefit/ Saving/ Neutral/ Cost	Qualitative/ quantitative
Service users	Access to services that may be more relevant. Reduced access to inappropriate services.	Saving	Quantifiable but not with current data.
Service users	Access to preventative services over crisis services.	Benefit/Saving	Quantifiable but not with current data.
Service users	Access to services that may be easier to access.	Saving	Quantifiable but not with current data.
Service users	Greater selection of services to support the user. Reduced anxiety.	Neutral	Qualitative benefits
Service users	Increased likelihood for self service and selection. Improved self actualisation.	Neutral	Qualitative benefits
Service Providers	More people access more appropriate services.	Benefit/Saving	Quantifiable
Service Providers	Reduced risk of people viewing information they should not.	Neutral	Qualitative benefits for risk reduction
Service Providers	Saves time inputting data.	Saving	Quantifiable
Service Providers	Awareness of other relevant service providers (space, time and service type).	Benefit	Quantifiable
Referrers	Reduced resource needed to learn about services.	Saving	Quantifiable

Referrers	Do not have to maintain my own directory.	Saving	Quantifiable
Data Custodians	Saves data management time as prescribed and automated.	Saving	Quantifiable
Data Custodians	Development of shared and more effective data management approaches.	Benefit/Saving	Quantifiable
Data Custodians	Learning/training required.	Cost	Quantifiable
Data Custodians	Adaption or new data management tools needed.	Cost	Quantifiable
Data Custodians	External system integration can be automated removing need for manual processing.	Saving	Quantifiable
Service Directory Providers	Software changes are needed to be compliant.	Cost	Quantifiable
Service Directory Providers	Potential to create / access new markets built around shared standards.	Benefit	Quantifiable
Service Directory Providers	New requirement disrupts and increases opportunity for new providers.	Neutral	N/A
Procurement Teams	Need to procure a new or updated data management tools and/or service directories.	Cost	Quantifiable
Procurement Teams	Opportunity for shared services increase thus reducing the number of procurements and overall time.	Cost	Quantifiable

Procurement Teams	More competitive marketplace can reduce cost.	Saving / Benefit	Quantifiable over time
Procurement Teams	Lower costs to switch suppliers and migrate data.	Saving	Quantifiable
Service Commissioners	New product development needed to exploit data analysis.	Cost	Quantifiable
Service Commissioners	Reduced cost of data transformation and management.	Saving	Quantifiable
Service Commissioners	Better understanding of service demand and supply.	Benefit/Saving	Qualitative
Service Commissioners	Able to integrate community services as part of holistic care packages.	Benefit/Saving	Qualitative
Service Commissioners	Increases service use and awareness so increased funding.	Benefit/Saving	Qualitative
Service Commissioners	Makes alliance commissioning easier.	Benefit/Saving	Qualitative
Integrators	Saves time in creating new innovations.	Benefit/Saving	Quantifiable
Integrators	Product innovations are more accurate and likely to be more acceptable. Increased use and revenue.	Benefit	Qualitative
Integrators	More likely to transfer solutions to new areas (space and type).	Benefit	Qualitative
Standards Community	Creation of a new community around the standard.	Benefit	N/A
Standards Community	Gives practitioners in the field a better platform.	Benefit	N/A

Definitions

- **Options:** The alternatives for delivery. A long list of 10 and a shortlist of 4 is recommended. If the numbers of options are below the recommendations please state the reason.
- **Strategic fit:** Does it meet spending and strategic objectives, related business needs and service requirements? Does it provide holistic fit and synergy with other strategies, programmes and projects?
- **Achievability:** Does the organisation have the available skills, and is it able to change as needed, to deliver? Does it match the level of available skills which are required for successful delivery?
- **Supplier capacity and capability:** Do potential suppliers have the ability to deliver the required services?
- **Affordability:** Can it be financed from available funds? Does it match other funding restraints?
- **Potential VFM:** Does it maximise the return on the required spend (benefits optimisation) in terms of economy, efficiency and effectiveness from both the perspective of the organisation and wider society? Does it minimise associated risks?
- **Summary:** The summary of options should state whether it is possible, preferred or discounted.

Objectives

In defining options, the following objectives have been identified:

- Reduce duplication of effort and data.
- Improve the quality and consistency of data.
- Make community services data reusable between existing systems.
- Test and evidence the benefits of data sharing through delivery.

Summary of options

1. **Do nothing** - Continue as now with no further investment in exploration of a community services data standard.	
Strategic fit	The do nothing scenario is increasingly not fit for purpose and not a good strategic fit. Doing nothing would lead to: - Continued duplication of effort and data. - Perpetuated poor quality and inconsistent data. - Inhibited ability to share and reuse of community services data.

	- Lack of data infrastructure to support growing demand and integration needs across health, social and community care. - Lack of ability to test and evidence data sharing on user outcomes. Further to this, 39% of local authorities surveyed as part of our demand study expressed dissatisfaction with their current system. 45% identify a community services data standard as extremely useful to their work.
Achievability	- Whilst the do nothing is achievable in the short term. Long term it risks worsening issues. - Resources are gradually reducing causing strain in maintaining existing quality levels. - A new approach is needed to address existing obligations and realise the benefits of integrated care.
Supplier capacity and capability	Whilst competition is not deemed strong there are options and supply that seems fit for current practice.
Affordability	Poor investment in directory products and data sharing results failure demand and costs elsewhere.
Potential VFM	It is working OK at the moment but there is no or little benefits optimisation and effectiveness is questioned.
Summary	**Discounted**

2. **Economic case discovery** - In-depth analysis of the feasible social and economic benefits of wide-spread adoption of a community services standard.

Outcomes
- Greater evidence and confidence on the social and real costs, benefits and savings possible from implementing a community services data standard.
- A community of stakeholders ready and confident to commit to standards adoption.

Outputs
- A detailed report and data evidencing the economic case.
- A plan for adoption and implementation.

Strategic fit	The economic case option is only partially a good strategic fit: Pursuing this option would not: - Reduce duplication of effort and data. - Improve data quality and consistency. - Make community services data reusable.

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SN∞K	However, it would: ● Provide a means to potentially quantify the costs, benefits and savings of standards adoption. However this would be disconnected from delivery. ● Could lead to greater alignment between stakeholders and resources.
Achievability	● Some of the costs, benefits and savings are easy to measure. ● The community services data ecosystem is complex. Some public spending on community services is across departments within local authorities or within programmes of work. Fully accounting for everything may not be achievable. ● Many of the benefits of better availability of community service data are in preventative health and social care. This has proven hard to evidence and so there are questions as to how achievable this option is.
Supplier capacity and capability	● Would require engagement between a service design / technology company and a business analysis / economics specialist. ● Neither has the complete necessary skills to deliver an appropriate economic analysis alone.
Affordability	● Is likely to be affordable within available funds.
Potential VFM	● Could deliver greater confidence in the case for investment. ● However, there is already evidence from our research that standards adoption would lead to sufficient savings and benefits. ● Defining an economic case disconnected from delivery risks under or over estimation of costs/savings/benefits. ● There is a risk of not capitalising on the momentum of the local digital fund and connected funding.
Summary	**Possible**

3. **Low-code alpha** - Implement the OpenReferral standard in a low-code platform in one locality with no engagement of the standards community or suppliers.	
Strategic fit	The low-code option is only partially a good strategic fit: ● Should lead to reduction in duplicated data and effort. ● Should improve the quality and consistency of data. ● Would make data reusable by others. ● Could provide a means to test and evidence the benefits of data sharing through delivery. However, there is a risk this is only applicable for local authorities who already have a low-code environment. Results may not be immediately transferable to other local authorities.
Achievability	This is a highly achievable option. The data standard already exists and is achievable within the existing resources of a pilot local authority.
Supplier capacity and capability	Suppliers of low-code platforms should be able to provide sufficient functionality to support implementation of the standard.
Affordability	It is likely to be affordable within the resources of local authority budgets. No MHCLG intervention is needed to support this.
Potential VFM	Good value for money at a local authority level but it misses wider public benefits of other options.
Summary	**Discounted on the grounds that no MHCLG intervention is needed.**

4. **Major directory provider alpha** - Implement and develop the OpenReferral standard with one major directory provider and prototype demonstrator product(s) with the resulting data.

Strategic fit	The Major directory provider alpha is a good strategic fit. If implemented correctly would lead to: ● Reduced duplication of effort and data. ● Improved data quality and consistency. ● Make data reusable. ● Test and evidence value. Further to this it could: ● Provide a trigger for other suppliers to adopt the standard to take advantage of lower costs for local authorities of switching providers.
Achievability	Broadly this approach would be achievable but there is a risk of reliance on a major directory provider being overly influential in the programme.
Supplier capacity and capability	From a technology perspective, this is within major directory providers capacity and capability. However, there are questions as to supplier readiness to engage in standards effort on an individual basis.
Affordability	This option is not affordable by a single local authority, MHCLG intervention would be needed. With enough local authority customers of a major directory provider, they would hold the influence to stimulate a supplier response.
Potential VFM	Engaging with a major directory provider would deliver standards compliant systems across large parts of England. However, there is a risk of perpetuating existing market conditions by only working with one major provider. Overall, it may be possible to achieve standards compliance from major directory providers as part of a wider standards effort for a similar level of investment.
Summary	**Discounted**

5. **Data extract and demonstrator alpha** - Develop a tool to extract existing data held in service directories into the OpenReferral standard and prototype demonstrator product(s) with the data.

Strategic fit	The Data extract and demonstrator alpha is a good strategic fit. If implemented correctly would lead to: ● Reduced duplication of effort and data. ● Improved data quality and consistency. ● Make data reusable. ● Test and evidence value. It could also provide extract tools identified in the report to facilitate switch between standards compliant and non-compliant suppliers.
Achievability	It is uncertain how achievable this would be. It is dependent on a local authority gaining direct access to the data of their system. Transforming potentially unstructured data into structured data is complex. It is uncertain how achievable and reliable this would be.
Supplier capacity and capability	This would need engagement from a software/data science specialist supplier. There are suppliers out there that could deliver against this approach but a potentially limited number.
Affordability	This would not be affordable by a single local authority. It would need investment from MHCLG and other partners.
Potential VFM	Whilst it could test the ability to extract, transform and reuse community services data from existing systems it may not deliver significant value for money. It is unclear how transferrable the outputs of this approach would be to other localities and systems. Furthermore it does not lead to the necessary supplier engagement to deliver wider standards adoption.
Summary	**Discounted on the grounds that it does not lead to wider standards adoption**

6. **Open-source alpha** - Implement and develop the OpenReferral standard by resourcing the build of an open-source community services directory.

Strategic fit	An open-source alpha is a good strategic fit. If implemented correctly would lead to: ● Reduced duplication of effort and data ● Improved data quality and consistency ● Make data reusable. ● Test and evidence value that could then be built on across other localities Further to this it would: ● Result in a more affordable community services directory/data product that could be used by other local authorities.
Achievability	It would be broadly achievable. The OpenReferral standard provides well structured and tested data schema and APIs. This would allow for further investment in user experience design and developing new ways to interact with the data.
Supplier capacity and capability	There are a number of suppliers who would have the capability and capacity to deliver of product of this type.
Affordability	This would not be affordable by an individual local authority. It would require coordinated investment from a number of local authorities. It would benefit from further MHCLG investment and ideally investment from NHS.
Potential VFM	Creating an open source community services directory that builds on the current state of the art would deliver good value for money. However, there are challenges in getting other local authorities to switch providers and adopt. Furthermore, unless the open source alternative is adopted it is unlikely to lead to wider adoption of the standard.
Summary	**Discounted**

7. **Neighbouring geographies pilot** - Pilot implementation and development of the OpenReferral standard across neighbouring geographies and test data sharing.

Outcomes
- Existing suppliers implement the standard in their products including major suppliers of service directory products at a national level.
- Efficiency improvements to how data is managed.

Outputs
- A number of standards compliant systems and products.
- Community services data is available under authentication allowing for analysis, de-duplication and reuse.

Strategic fit	The Neighbouring geographies option is a good strategic fit. If implemented correctly would lead to: • Reduced duplication of effort and data • Improved data quality and consistency • Make data reusable. • Test and evidence value at a regional scale. Further to this it could: • With the right suppliers could be transferable nationally. i.e. if major suppliers become standards compliant then this would be transferred to other regions. • Provide a trigger for other suppliers to adopt the standard to take advantage of lower costs for local authorities of switching providers.
Achievability	It has been demonstrated as achievable in other sectors. For example: • OpenActive - sports and physical activity. • HACT UK Housing Standard - housing associations. This gives confidence that a similar approach is achievable across local authorities and community services. It would need coordination from local authorities and the identified strategic enablers to stimulate a suppliers response. There are existing strategic enablers at a local level to resource and deliver such a pilot with the right resource. However it would require significant coordination with a number of software providers.

Supplier capacity and capability	Broadly suppliers are capable of standards implementation from a technical perspective. The standard has already been proven and tested in the USA and the Connected Kingston pilot. There are questions as to how willing and ready suppliers may be to engage in a standards effort.
Affordability	With coordinated investment across neighbouring geographies and further investment from MHCLG, it would likely be affordable within available resources.
Potential VFM	A neighborhouring geographies pilot would provide significant value for money. Particularly with engagement of key suppliers, creating potential for outcomes to be transferred nationally.
Summary	**Possible**

8. **Do maximum** - Engage a number of suppliers and localities in implementation and development of the OpenReferral standard.

Outcomes
- Existing suppliers implement the standard in their products including major suppliers of service directory products at a national level.

Strategic fit	The Do maximum option is a good strategic fit. If implemented correctly would lead to: • Reduced duplication of effort and data • Improved data quality and consistency • Make data reusable. • Test and evidence value at a national scale. Further to this it could: • Provide a trigger for other suppliers to adopt the standard to take advantage of lower costs for local authorities of switching providers.
Achievability	It has been demonstrated as achievable in other sectors. For example: • OpenActive - sports and physical activity. • HACT UK Housing Standard - housing associations. This gives confidence that a similar approach is achievable across local authorities and community services. It would need coordination from local authorities and the identified strategic enablers to stimulate a suppliers response.

Supplier capacity and capability	Broadly suppliers are capable of standards implementation from a technical perspective. The standard has already been proven and tested in the USA and the Connected Kingston pilot. There are questions as to how willing and ready suppliers may be to engage in a standards effort.
Affordability	Based on cost estimates of delivering Version 1 of existing standards with comparable complexity it would be affordable with MHCLG investment and co-investment from a number of local authorities. The HACT UK Housing Data Standard is delivered on a sponsorship model with sponsors contributing an average of £27,500 and approximately 23 Housing Associations supporters, so an estimated budget of £632,500. It is estimated that the OpenActive standard cost approximately £500,000 (+/- 30%) to develop and implement. Given that our recommendation is adoption and further development of the existing OpenReferral standard, rather than development of a new standard, the development costs are likely to be less. An estimate would be approximately £450,000 (+/- 30%).
Potential VFM	Would deliver an efficient means of achieving standardisation and wide-spread value for money.
Summary	**Preferred**

Direct cost profiles: Detailed case studies

West Sussex

Name	Product cost / year (£)	FTE	FTE Salary (£)	Total direct costs (estimate)
West Sussex Wellbeing [64]	500	0.25	7362	**7862**
Connect to Support [65]	22500	1.5	44174	**66674**
Local Offer [66]	15000	1	29449	**44449**
Family information service [67]	20000	1.5	44174	**64174**
Find my nearest [68]	500	0.25	7362	**7862**
Going local [69]	7000	1	29449	**36449**
Community works members directory [70]	750	0.75	22087	**22837**
Adur Interests.me [71]	750	0.5	14724	**15474**
Crawley Wellbeing Hub [72]	500	0.25	7362	**7862**
Crawley Older People's Directory [73]	500	0.25	7362	**7862**
Crawley Community Directory [74]	500	0.25	7362	**7862**
Horsham Wellbeing [75]	500	0.25	7362	**7862**
Horsham Older Peoples Directory of Services [76]	500	0.25	7362	**7862**

[64] https://www.westsussexwellbeing.org.uk/events
[65] https://www.westsussexconnecttosupport.org/s4s/WhereILive/Council?pageId=574&lockLA=True
[66] https://westsussex.local-offer.org/
[67] https://familyinfoservice.westsussex.gov.uk/Synergy/FSD/
[68] https://www.westsussex.gov.uk/find-my-nearest/find-my-nearest-services/
[69] https://goinglocal.onmats.com/i/mobileservicedirectory/login
[70] https://www.bhcommunityworks.org.uk/member-directory/
[71] https://adur.interests.me/directory
[72] https://crawley.westsussexwellbeing.org.uk/events
[73] https://issuu.com/crawleyboroughcouncil/docs/jul_2018_crawley_older_people_s_dir
[74] http://www.crawley.gov.uk/pw/Community_and_Neighbourhoods/Community_Directory/index.htm
[75] https://horsham.westsussexwellbeing.org.uk/events
[76]
https://horsham.westsussexwellbeing.org.uk/assets/uploads/documents/Online_Older_Peoples_Directory_of_Services_1519145392.pdf

	Product cost / year (£)	FTE	FTE Salary (£)	Total direct costs (estimate)
Horsham Community Directory [77]	500	0.25	7362	**7862**
Mid Sussex Community Connections [78]	500	0.25	7362	**7862**
Mid Sussex Wellbeing [79]	500	0.25	7362	**7862**
Chichester Wellbeing [80]	500	0.25	7362	**7862**
Worthing Interests.me [81]	750	0.5	14724	**15474**
Total	**72,250**	**9.5**	**279,763**	**352,013**

Wider Devon Area

Name	Product cost / year (£)	FTE	FTE Salary (£)	Total direct costs (estimate)
Pinpoint Devon [82]	30500	1.5	44174	44174
Deva Volunteering Directory [83]	3800	1	29449	29449
Devon Services [84]	1500	0.5	14725	14725
Plymouth Online Directory [85]	16000	2	58898	58898
Our Plymouth [86]	6000 [87]	1	29449	29449
Torbay Family Information Service Directory [88]	25000	1.5	44174	44174
Torbay Orb [89]	1500	0.5	14725	14725
Torbay Community Youth Service Directory [90]	500	0.25	7362	7362
Total	**84,800**	**8.25**	**242,956**	**327,756**

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[77] https://www.horsham.gov.uk/communitysupport/community-support/voluntary-sector-support/community-directory

[78] http://www.community-connections.org.uk/

[79] https://midsussex.westsussexwellbeing.org.uk/events

[80] https://chichester.westsussexwellbeing.org.uk/events

[81] https://worthing.interests.me/directory

[82] https://pinpointdevon.co.uk

[83] http://www.vcconnectsystem.org.uk/devonvaonlinedirectory/

[84] http://www.devonservices.org.uk/

[85] https://www.plymouthonlinedirectory.com/kb5/plymouth/directory/home.page

[86] https://ourplymouth.co.uk/

[87] Procured under a one off fee of £30,000 and an assumed useful life of 5 years.

[88] http://fis.torbay.gov.uk/kb5/torbay/fsd/home.page

[89] http://torbayorb.com/

[90] https://www.torbay.gov.uk/children-and-families/services-and-support/youth-service/ysd/

N.B. In the case of Devon. Whilst Plymouth and Torbay are both unitary authorities, they form part of the Wider Devon Sustainability and Transformation Partnership [91]. As such, the directory products listed here include Devon, Plymouth and Torbay.

Note that this figure only considers formal community services directories. In our research we found that many people kept and maintained their own spreadsheets of community service information. Additionally local Citizens Advice teams contribute to a county-wide service directory. The staff time required to compile and maintain these contributes to additional but difficult to quantify savings.

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[91] http://www.devonstp.org.uk/