MIKE THACKER ON TRANSFORMING SOCIAL PRESCRIBING WITH THE OPEN REFERRAL UK STANDARD

*Transcript

[00:00] Linda O'Halloran

Local authorities have a huge responsibility to deliver hundreds of services, and many people across the sector see opportunities to do things more effectively, solve common problems once and join services up better. However, these projects can be very difficult to scale across the sector.

Today, I am excited to learn more about how the Open Referral UK standard has been making real progress. I am delighted to be joined by Mike Tucker, one of our most experienced agitators from outside government, particularly in areas such as common data standards.

You have worked extensively with the sector, but not necessarily within central or local government, and you have still managed to make systemic change happen, shape the market and seed that change across the system. Could you tell us a little more about your role and, particularly, Open Referral UK, which is the project we are here to discuss?

[01:13] Mike Thacker

It is good to be here, Linda. I have never worked officially for government, but I have worked on a contracting basis for more than 30 years, focusing on sharing data across government, particularly local government and the Local Government Association.

My real passion is standards for sharing and transmitting data between different systems and organisations within government. The aim is to improve efficiency, stop duplication and ultimately provide a better service to citizens.

Open Referral UK is my particular specialism. It is a standard for sharing open data that describes services across different local government departments and parts of central government. By service data, we mean anything from services for people experiencing homelessness and recycling services, to services that health professionals might refer people to through social prescribing rather than pharmaceutical solutions. It could also include services that Department for Work and Pensions staff refer people to when helping them prepare to return to the jobs market.

These services often cross different parts of local and central government. The objective of Open Referral UK is to gather the data relating to each service once, to a high

standard, rather than having lower-quality data gathered in multiple places and trusted by nobody. We want different parts of government to interoperate so that they can work more efficiently and better target services at the people who need them.

[03:04] Linda O'Halloran

Can you tell us more about the specific problems this can solve and the people Open Referral UK can help? When systems are joined up and social prescribing becomes more effective, what impact does that have on an ordinary citizen?

[03:24] Mike Thacker

One example I was given by colleagues in the Department for Work and Pensions was that a jobs adviser might have their own spreadsheet of services to which they can refer people who do not feel ready to return to work, want to work part-time or have mental health challenges that prevent them from working full-time. Each adviser may have their own list, while local government and health services maintain separate lists.

If the data is brought together, that citizen has access to a much wider range of services. This is particularly relevant when so many people do not currently feel able to take the step back into the jobs market.

There are many other examples. Someone who has retired may be experiencing loneliness. You might initially think that person needs a specific loneliness service, but the reality is that there is a diverse range of suitable activities, such as joining a choir. A choir would never describe itself as a loneliness service.

By joining up the data and connecting somebody's needs with a broad range of services provided by the public, private and voluntary sectors, you can identify what is most appropriate. You can also reduce the burden on the public sector by directing people towards services that address everyday life challenges, from finding ways to occupy their spare time to more serious issues such as vulnerability to homelessness, financial hardship or mental health challenges.

[05:20] Linda O'Halloran

This is a powerful market-shaping intervention. It can create efficiencies for government, direct people towards better services and support earlier intervention.

I am curious about its origins. As a technologist, you clearly understood the significant benefits of interoperability and saw Open Referral as a straightforward idea. What prompted you to start pushing it forward?

[05:47] Mike Thacker

The trigger was seeing so much duplication and a lack of understanding among service managers about the power of sharing data. That is understandable because they are not necessarily technologists.

The web has taught us that, with standards such as HTTP and HTML, we can bring multiple data sources together and do interesting things with them. In government systems, we often seem much more primitive. There is not always a basic understanding that a referral system, a service finder directory and a separate social prescribing system may all rely on the same source data.

In terms of shaping the market, we are not telling people which system they should buy.

Standards give organisations the freedom to choose systems that perform the functions they need, while still allowing those systems to connect. That means they are not tied to one supplier or buying a single black-box system that does everything and considers itself to own the data.
Instead, the data is opened up and shared across multiple sources. This helps organisations avoid vendor lock-in. They can choose a system that makes data available in an open, interoperable format. If they re-procure three years later and choose a different system, they do not have to start from scratch. They can move an API, an application programming interface, from one system to another and continue operating with a new supplier.

[07:37] Linda O'Halloran

Who created Open Referral? How much work was required to make it usable by so many organisations?

[07:46] Mike Thacker

Open Referral is an international standard that began in the United States with its 211 services. These are non-emergency services that help people with issues such as access to food banks and homelessness support.
The standard defines a set of data entities, including services, the organisations that provide them, the people those services are intended for and the subject matter of the services. The structure resembles a relational database and can be accessed through a set of web methods.
In the UK, we examined the standard in our own context and extended it to create Open Referral UK. Following initial work with iStandUK, the local government standards body, we established a UK data standard as an extension of the international Open Referral standard.

[08:47] Linda O'Halloran

So, this was a group of people who had worked in local government and understood the benefits of standards. They effectively decided to use some of their spare time to adapt the standard for the UK context.

[09:06] Mike Thacker

Exactly. iStandUK is run by people who work, or have previously worked, with local government. It is based at Tameside Council. It is therefore very much driven by local government, particularly by people who understand interoperability because they have held those roles within their own councils.

[09:28] Linda O'Halloran

It is interesting that, for many people, this is extracurricular. It may not be the main focus of their job, but something they choose to do, sometimes in their spare time, because they recognise the benefit.

[09:47] Mike Thacker

Some councils do treat systems integration as a distinct role, but too often it is an adjunct to the job of keeping existing mechanisms running. That is probably one way in

which local government differs from central government, where there tend to be more technical specialists.

[10:10] Linda O'Halloran

So it was a collection of people who understood the problem at scale and wanted to address it. Once you had reached a point where you were happy with the functionality of the Open Referral UK standard, how did you encourage uptake?

[10:31] Mike Thacker

I would not say we are ever completely happy, but we have refined the standard over the years. We now work closely with the international group, which faces similar problems across the provinces of Canada, individual US states, France and Australia. We are all learning from one another.

We developed the standard from a document on paper into a set of APIs. If an organisation transfers service data, the standard defines the structure that data should take through a RESTful API over the internet. Some properties are mandatory and others are optional. Organisations can use different terminology within their own software, but they map and rename those fields so that the application programming interface remains consistent and can be understood by anybody receiving or providing data.

We also developed technical resources to help people implement the standard, including a validator. This is one of several machine-driven tools that checks whether an implementation complies with the standard.

Since then, some early-adopter councils have implemented it in-house or through suppliers. A small number of service-directory suppliers now support the standard as a core part of their products. Others offer it as an additional feature, while some are still watching the market.

My message to procurement teams in local government is that, when procuring software that handles service data, they should include a requirement in the invitation to tender for compliance with the standard. They should only pay the invoice once the implementation passes the validator, which is available online free of charge from the Open Referral team.

[12:35] Linda O'Halloran

I want to explore how you got it off the ground and reached a point where adoption could begin to take care of itself, because that feels like the hardest part. Did you have to build a case for the people who needed to understand the benefits and fund the work required to bring the standard to maturity?

[13:05] Mike Thacker

We are continually making the case, and it is difficult because a standard is not particularly valuable when only two or three organisations are implementing it.

I often use examples such as railway gauges or containerisation, both of which took decades to become established. Today, nobody would manufacture a shipping container that could not fit a ship, a lorry or the wider transport system. However, many local government standards are still a long way from that level of adoption.

Early adopters do not always gain much immediately, other than being ready for the

market to change. Uptake is growing slowly, but we believe there will be a tipping point when the value becomes obvious. Today, you would not commission a website that was unsupported by common web browsers because established standards exist. We do not yet have the same well-embedded standards for transferring service data.
iStandUK is doing a great deal to promote the standard. There is also an MHCLG project funding the implementation of Open Referral UK in two areas: Greater Manchester, across its ten councils, and Bournemouth, Christchurch and Poole.
The purpose is not simply to implement isolated instances in separate councils. It is to implement the standard across groups of councils and associated public, private and voluntary sector bodies, so that we can properly assess the value of transferring and sharing data between them.
We expect to see the outputs over the next 18 months or so, and the data will be freely available to anybody who wants to use it. We are still early in the journey, but I believe these projects will demonstrate the value. I also look forward to suppliers supporting the standard and innovators using the open data in ways the public sector may not yet have considered.

[15:28] Linda O'Halloran

This is exciting, and it is to MHCLG's credit that it has supported the work. That feels like a critical condition for success. The other standards you mentioned took decades, while their economic benefits are now exponential.
People working in the sector understand that much of this potential remains untapped in the public sector. We need to find ways to deliver market interventions more quickly, so MHCLG deserves credit for supporting this work.

[16:04] Mike Thacker

I think MHCLG understands it. The Local Digital 'Fix the Plumbing' initiative supports this approach too. Many organisations have signed the Local Digital Declaration, but when it comes to implementation, people do not always understand what it means.
To me, it means making sure the different parts fit together. That is the purpose of 'Fix the Plumbing', and interoperable data standards are one way to achieve it.

[16:38] Linda O'Halloran

The standard itself is one part of the solution, but understanding what prevents people from adopting it is another. Have supporting interventions, partly with help from MHCLG, accelerated adoption and the benefits that better interoperability can deliver?

[16:57] Mike Thacker

It is still early. The main challenge is getting the message across and showing individual councils what they can achieve.
For example, a council might develop a Family Information Service directory with an Open Referral UK API, then use the same data to develop a Local Offer directory for children and young people with special educational needs and disabilities.
We have learnt that an incremental approach works well: introduce the standard within a single council, but use it across multiple front ends and departments. We are actively encouraging that.

We also have experience with integrated care boards, which bring health and local government together. In Pennine Lancashire, for example, there has been early evidence of the value of bringing data into one common source that can support both health and social care.
Those are the kinds of interventions and nudges that have helped create movement. I do not want to overstate how far we have progressed, but momentum is beginning to build.

[18:16] Linda O'Halloran
A critical factor is that you are funded to create this momentum and identify opportunities.

[18:23] Mike Thacker
It should not require funding forever, but local government colleagues often say that they recognise the long-term value of this work while being too financially constrained to make long-term investments. They are focused on getting from one day to the next. Having MHCLG provide pump-priming funding helps us get started. Once we move over that initial hurdle, the value becomes more obvious.
There is also typically a three-year procurement cycle in local government. People need to understand the benefits, but adoption must also align with the procurement cycle for each new system. In central government, we may need to wait for a suitable new project. Open Referral UK has been through the central government GDS approval process and is now an endorsed standard. Central government organisations should use it. Localism means local government can choose whether to adopt it, but in central government it should be used.
The message from one department to another should be: 'Give me the data in the Open Referral UK format. That is what the government standards require.'

[19:49] Linda O'Halloran
That is an important intervention, using the harder levers government has available.

[19:55] Mike Thacker
I do not like relying on the stick because there are so many benefits that should provide sufficient incentives. However, the stick may help us get over the initial hurdle.

[20:10] Linda O'Halloran
It is a major campaigning exercise to help people understand both the benefits and how they can use their own agency to become part of the solution.
What other conditions have helped you make the case for Open Referral to people in central and local government? You have also done a lot of work in the open. What has been critical in getting to the point where you do not need to sell the idea quite so hard?

[20:49] Mike Thacker
Your initial question about the impact on individual citizens is ultimately what matters. When you speak to service managers or link workers sitting behind a desk or answering a telephone, helping people with immediate day-to-day problems, they do not necessarily need to understand the technical issues of interoperability. They see a screen and a range of services.

The key is connecting those people delivering the service with the IT and integration specialists who understand the technical detail, so that everybody is on the same journey. IT teams may understand the standard, but the people delivering the services are the ones who ultimately count.
We need to reach people in multiple roles across central and local government to make adoption happen.

[21:48] Linda O'Halloran
That task is often underestimated. It is difficult to tell a complex story in simple terms, and different stakeholders need different stories.
You need the broad story about how a project will change the world, but you also need hard numbers showing exactly what it will save.

[22:12] Mike Thacker
We have figures for Open Referral UK relating to the time and money saved by avoiding duplicated effort in gathering and publishing service data. I would argue that much of the saving should be reinvested in improving data quality.
What we do not yet have are figures showing the extent to which the standard improves people's lives, such as reductions in homelessness or benefit dependency because more people have returned to work. Those outcomes are much harder to measure, but the evidence should develop over the longer term.

[22:55] Linda O'Halloran
For many people, the technology is a straightforward choice. What other adoption support would be useful?
How have you helped less technical people engage with and adopt the standard? What have you needed to provide alongside the standard itself, such as guidance or training, to accelerate adoption?

[23:18] Mike Thacker
The technical implementation is not especially difficult. Sometimes a council such as Southampton simply approaches us and says, 'We have implemented it. Please validate it.' We may not have spoken to them before, which is excellent.
However, implementing a standard in a wider organisational context requires more support. You need to bring together the people who publish the data and understand where trust sits. That requires guidance and training.
The SAVVI project, the Scalable Approach to Vulnerability via Interoperability, incorporates Open Referral UK alongside other elements of supporting potentially vulnerable citizens. It has developed playbooks that use practical examples to guide teams through the steps they need to take.
SAVVI also focuses heavily on privacy and the ethical use of data. Those issues are less prominent when we are discussing open service data, although we still need to ensure that we do not disclose too much.
The playbooks guide people through potential barriers and provide a step-by-step approach. They explain who needs to be involved, how to establish the current situation, what steps to take, when a deliverable might be achieved, and how to report on, test and

refine the model. SAVVI has made good progress in documenting that process.
Our approach with Open Referral UK was almost the reverse. We put the standard out there and observed how people adopted it. We are now bringing the two approaches together, learning from those who picked it up and ran with it, and documenting their experience more systematically. This will allow later adopters to learn from the successes and lessons of the early adopters.

[25:27] Linda O'Halloran
That is a good example of why you need to be adaptive and flexible, identifying the barriers as they emerge.

[25:38] Mike Thacker
That is why I value working with people from local government who have a range of roles, including data protection and service delivery. They have a deeper understanding of the issues involved in delivering services on the ground and are not simply discussing the technology.

[26:00] Linda O'Halloran
On the point about collaborating with other professions, have you increasingly worked with policy officials in central government to encourage them to prescribe Open Referral UK? Which policy areas are you focusing on, and how does that work?

[26:19] Mike Thacker
Worklessness is high on the government's agenda, and the Department for Work and Pensions has shown interest in the standard.
We have also had extensive discussions with health colleagues, both centrally and through individual integrated care boards that are exploring local data sharing.
Those are probably the two main areas of government policy where we believe Open Referral UK can contribute. There is clear interest in what it can achieve by helping people return to work, increasing social prescribing, reducing pressure on the NHS and promoting public health so that fewer people need treatment for preventable illness.

[27:07] Linda O'Halloran
It is a compelling case. What would you say to policy officials working in those areas? How can they become more involved with, and advocate for, the Open Referral UK standard?

[27:23] Mike Thacker
They should shift more of their emphasis from responding to problems that have already occurred towards planning to prevent similar problems in the future.
I raise public health frequently because it is generally recognised that one pound spent on public health can save multiple pounds later by reducing illness. Public health includes activities such as sports clubs in parks and opportunities that help people become more active. Those may not immediately look like health services, but they have a clear impact on health.
If government officials understand those connections, they can help communities support themselves by sharing service data, measuring what works and stopping

funding for approaches that are ineffective. Standardisation is the only practical way to share that data consistently and measure the results.

[28:24] Linda O'Halloran

How important is standardisation now that artificial intelligence is becoming more prominent?

[28:31] Mike Thacker

AI is interesting because I do not know how far we can rely on it to take disparate data, written in different people's language, and convert it into a consistent format that everybody can understand. We hear examples of AI getting simple things wrong, such as counting the number of letters 'r' in 'strawberry'. The extent to which AI can solve the standardisation problem is still to be established.

AI can certainly create benefits once reliable public data is available. We can use AI and language models to support voice-driven queries. Someone might ask a voice assistant how to deal with a particular problem and be directed towards relevant services. However, AI needs reliable source data. My priority is to make that reliable data available. Software developers, including those building AI systems, can then use it in interesting ways, many of which we may not yet have imagined.

[29:44] Linda O'Halloran

Hopefully, those will be good things.

[29:47] Mike Thacker

Yes, we hope so.

[29:50] Linda O'Halloran

If you had a magic wand, what would you do to mainstream adoption so that everybody could benefit from open service information when they need it?

[30:04] Mike Thacker

For every publicly funded service, whether it is delivered directly by a public organisation or by a private organisation on its behalf, there should be a requirement to publish the service details once through an openly accessible, standardised format. Each service should have a UID, a universally unique identifier, and everybody else using that data should be directed to the same source rather than asking for the information again.

[30:38] Linda O'Halloran

Piece of cake.

For anybody who identifies a similar problem but is not part of a policy team or the GDS standards board, what advice would you give? What has been most important in helping you advance your mission and become known as the king of Open Referral UK?

[31:02] Mike Thacker

There are levers you can use. You can point out that the standard is endorsed by government and can therefore be trusted.

A supplier can also say, 'You did not include this requirement in your tender, but we

believe you should have it because it will give you an advantage in future.' Small nudges like that make a significant difference.
If I were a supplier, I would seize the opportunity and explain that supporting the standard creates a competitive advantage. The supplier is doing what government says it should do, whether or not an individual tender explicitly asks for it, and the customer will benefit in the long run.

[31:56] Linda O'Halloran
I wholeheartedly agree. More generally, what advice would you give to somebody who sees a different systemic problem and wants to get their mission in front of the right people?

[32:11] Mike Thacker
Step back and generalise the model. Understand other people's agendas and determine whether your idea helps them. If it does, target the relevant audience. If it does not, go and do something more useful.

[32:29] Linda O'Halloran
That may be the right place to leave it. Telling a good story is critical, and you have clearly managed to do that well enough for many people to buy into the idea spontaneously.
May you continue to be successful, and may adoption of Open Referral UK be faster than the adoption of UPRN and container standards.

[32:57] Mike Thacker
Watch this space.

[32:59] Linda O'Halloran
Thank you so much, Mike. Thank you to everybody who stayed with us to hear from Mike. We are keen to understand how this story relates to the problems you are working on. If you have feedback on the playbook or on what you heard today, we would be very pleased to hear from you. Thank you very much for joining us.