


Building stronger communities: adopting the Open Referral UK standard for better local services

Open Referral UK helps councils connect residents to community services more effectively by enabling richer and more accurate sets of service information.

This supports better outcomes, greater efficiency, and improved signposting by professionals. Below, you'll find a business case with real-world examples, case studies, potential savings, a cost-benefit summary, and useful tools.

A calculator to estimate your own potential benefits-

 Benefits case- Open Referral v4.1 .

A guide to help your teams implement ORUK [Project Initiation Document being released in January 2025].

A community to help you (<https://openreferraluk.org/>)

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1. The problem

"We were investing in the website as a whole. We did an audit and the directories we had were the worst performing with poor user experience. We got the service teams onboard to tackle the problem centrally." **Head of user experience, council adopter**

There is significant citizen demand for support from councils, with 2 million requests annually for Adult Social Care, plus millions more across SEND, Children's social care, and other services.

Over 60% of these requests lead to signposting to universal and community services, or no service at all. For an individual council this can be upwards of 10k requests per year that are currently being addressed suboptimally as access to accurate local service information doesn't exist.

Service teams often work in silos, using separate directories that aren't regularly updated, which leads to distrust from residents and service providers, reducing the

incentive for councils to invest in improvements.

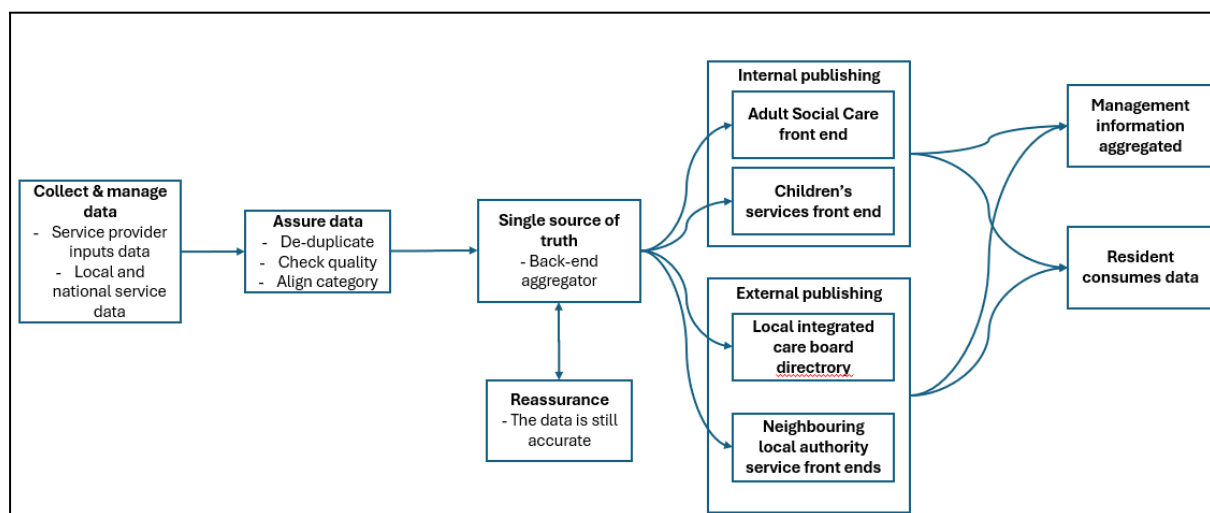
Additionally, millions of visits to council websites and other directories seek information on services like coffee mornings or SEND activities. These aren't tracked nationally, but we know are a lifeline to people looking for support.

2. How standardised data can help

"The big driver for us to adopt ORUK was to help cope with the demand on our services. It is a prevention strategy- how can we help people self-serve and access services outside of the council?"- Council adopter

Data that is collected, assured, and reused can break the negative cycle. Coordinating service teams to use the same data (via the ORUK data standard and implementing assurance will streamline how the organisation manages and shares community data.

Example business model



This unlocks several benefits:

1. Improved outcomes as residents receive accurate, timely information: accessing the right help at the right time.
2. Better resident experience. Increased trust in online information and reduced frustration in accessing services.
3. More effective signposting: staff can refer to a broader range of services, improving efficiency.
4. A joined-up front door to services. Reusing data across organisations enhances the resident experience.

3. The power of sharing a common standard

“People with serious mental illness struggle to find the information they need online. The NHS found that it was an important resource, but there were lots of local directories and it needed a better approach across them all.” **Community Action Network**

When councils, Integrated Care Boards, and charities use the same standard (e.g. ORUK), they can easily share data and the data management costs, leading to:

- Reduced assurance burden, as data can be reused across different contexts and geographies
- Residents are shown services that are geographically relevant to them regardless of council boundaries
- Fewer updates for service providers, who only need to update once rather than across multiple platforms
- A virtuous cycle where more frequent updates lead to greater trust, more usage, and ongoing data updates

For example, a national charity only needs to update its data once and it's automatically shared with all councils using ORUK.

ORUK helps organisations create and maintain data that is more trusted, reusable, and offers valuable insights into community service usage.

4. The benefits of using ORUK

“We selected ORUK because we want to future proof our system and get the benefits once others have adopted. The guidance was good, and the Open API means we can push data elsewhere.” Head of community, Council adopter

The Open Referral UK data standard helps to achieve all the benefits laid out above.

It also offers a range of additional benefits:

- Support from a growing community: You'll join a network of users who share tips and tools to help implement the standard
- Endorsed by the government: ORUK is backed by the Central Digital and Data Office, ensuring it's a future-proof investment ([link](#))
- Easier data management: ORUK helps separate the back-end data from the front-end user experience, making it easier to update and display information across different platforms

5. What's the impact?

“Lots of people in the council have been crying out for a system like this, and there it is, virtually fully formed and ready to use on a plate. It will revolutionise how social care functions as a mediator between people in need and the community support on their

doorstep.” – Adult Social Care worker in council using tool developed with ORUK standard

Improved referrals to universal services

ORUK adopters aim to improve resident outcomes by connecting residents more effectively to universal services. In 2023/24, 2.1 million adult social care requests were made, with 600k (29%) signposted to universal services and 590k (28%) receiving no service. Millions more requests come from SEND and Children’s care each year.

Improving referral processes can:

1. Increase the chances of people finding the appropriate and accurate information at the right time.

What could that look like?

Example scenario: A social worker visits a family to support her client. She is the mother of a child with autism who doesn’t qualify for formal support, but is struggling. She asks for other avenues to help cope. This is outside of the adult social care worker’s expertise, and the contacts she had no longer work at the organisation. The events on the council website are out of date, so there was limited support that she could offer.

With reliable and accurate information, a service finder tool could be used to provide social workers and other community professionals with this information. Using the same back end information, a self-service directory on the website with the same data can be published to help people in need of support.

In our example authority, the Adult Social Care, Children’s social care, and SEND teams receive 16.5k support requests annually. Of these, 4.4k (27%) result in signposting to universal services, presenting an opportunity for better referrals.

4.1k (25%) receive no service, highlighting the potential for early intervention to prevent crises. Many more will call in to the customer contact centre and not be registered in these statistics.

| | Adult social care | Children's social care | SEND |
|---------------------|--------------------------|-------------------------------|-------------|
| Total requests | 13,036 | 2,607 | 864 |
| Universal services | 3,818 | 391 | 216 |
| No service provided | 3,668 | 261 | 190 |

2. Delay or reduce spending on services.

The hypothesis behind social prescribing and community based support is that addressing requests for help early can prevent situations evolving into crises.

While cost savings can't be attributed to this ORUK directly, improving community referrals for just 10% of residents in our example council—over 850 people annually—could generate meaningful savings. ORUK helps to enable the work done at Place level and help organisations support frontline workers with better data.

3. Divert demand away from the council

“We wanted to find a way to work better with the voluntary and community sectors. We wanted better prevention, and to help shift away demand from council services...we have Adult Social Care workers, health professionals, and community workers using it.”

Council adopter

By better utilising community services, demand on overstretched council services can be reduced

4. Help inform the commissioning of services and improve management information

“Front door staff and social prescribers find a huge benefit, and commissioners can see what is happening across the country. If there is a geographical gap”

Community Action Network

Collecting data across the area will help service teams identify gaps in service that need to be addressed.

5. Allow for bespoke tools can be built on top of the data

“Our anti-poverty team is looking to reuse the data in some way... AI could also be a hook to get people involved in the future.”

Council adopter

A solid foundation means you can develop specialised tools and front-end platforms that reuse the same data. We have heard of one example in mental health, where data is reused and filtered for professionals across both local government, community teams, and the NHS to access local and national service information.

Staff efficiencies

We know that many council workers make referrals to community services as part of their role. They spend time and effort finding services, or maintaining their own lists. A better approach would save time for these workers.

The more services and organisations (ICBs, charities, other LAs) that reuse and consume the same data, the greater these cost efficiencies scale.

These savings are not necessarily ‘cashable’, but reduced duplication and efforts can help free up time for staff, improving productivity.

Savings estimate

We have estimated that the following (example Council data in brackets)

Social workers (front door staff)

10% of all social workers (16)

% of time spent looking for universal services (15%)

Fully loaded cost for employee (£51.8k)

Total cost (£120.8k)

Community worker

Total number of community workers per org (27)

Time spent looking for services (12.5%)

Fully loaded cost per employee (£37.9k)

Total cost per council (£125.5k)

All other social workers (non-cashable)

Total number of social workers per org (140)

Time spent looking for services (2.5%)

Fully loaded cost per employee (£69.0k)

Total cost per council (£241.6k)

Total cost per council (£487.9k)

Realistic time savings between 5-20% (£24.4k-£97.5k)

Software savings

Service teams often use different tools to store and manage community service data, requiring multiple licences or efforts by different internal teams. Consolidating these can reduce costs and achieve annual savings. These estimates were calculated in a previous project by Snook, which can be found [here](#).

Estimated savings

The estimated the cost involved for a typical upper-tier council.

Example council cost

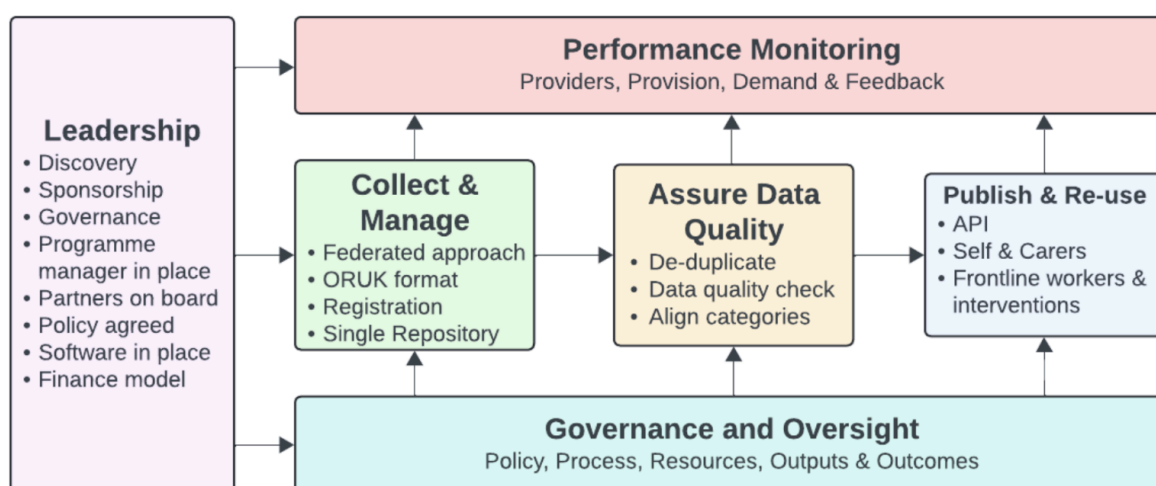
| Metric | Spreadsheet | Small directory | CVS Directory | Self-build directory | Service directory | Total |
|----------------------------------|-------------|-----------------|---------------|----------------------|-------------------|----------------|
| Number of products used | 30 | 5 | 2 | 1 | 2 | 40 |
| Cost per product | £0 | £500 | £750 | £7,000 | £25,000 | N/A |
| Annual cost | £0 | £2,500 | £1,500 | £7,000 | £50,000 | £61,000 |
| Estimated saving % (low) | 10% | 10% | 10% | 10% | 10% | 10% |
| Total saving (low) | £0 | £250 | £150 | £700 | £5,000 | £6,100 |
| Estimated saving % (high) | 50% | 50% | 50% | 50% | 50% | 50% |
| Estimated saving £ (high) | £0 | £1,250 | £750 | £3,500 | £25,000 | £30,500 |

They estimate a saving of **£6.1k** per year, but initial feedback from partners suggest this could equate to **>£30k**

6. What's the cost?

The cost of implementation depends on your chosen business model. We have heard different ways in which councils and voluntary organisations have approached implementing ORUK within a broader business model, but the broader methodology is outlined in the diagram below.

Example business model



Guidance on making these decisions is available in the accompanying project initiation document [being released in January 2025]. These will be offset by what is currently spent across your service teams.

This investment is to help introduce a modern approach to help eliminate the manual work being done in spreadsheets and PDFs currently.

Options (indicative)

Off-the-shelf platform

- Setup fee: £10k-£25k | Annual licence: £20k-£40k
- Data transformation: 1-3 weeks (may be included)
- Ongoing assurance: 1-1.5 FTE

DIY approach using open source

- Typically involves a technology partner, supported by in-house developer time
- Upfront costs: £60k-£100k (no annual licence fee)
- Data transformation: 1-3 weeks
- Ongoing assurance: 1-1.5 FTE

7. Build your business case

We have developed an ORUK template business case to help get you started.

Business case**1) Links to strategic ambitions**

Establishing the strategic case for this project is crucial, especially its impact on services. Engage service owners (e.g., Adult Social Care, SEND) to understand current processes and identify key issues.

- Do staff have the necessary information for effective referrals?
- Are residents receiving the support they need?
- What are the major challenges?
- How many requests for help result in signposting or no services?
- How is this information currently provided, and what is the cost?

2) Benefits and impact**Improved community service referrals**

We receive [xk] requests for support from residents each year. [xk] of these requests results in signposting to universal services, whilst [xk] results in no services being provided.

| | Adult social care | Children's social care | SEND | Other services | Total |
|---------------------|--------------------------|-------------------------------|-------------|-----------------------|--------------|
| Total requests | | | | | |
| Universal services | | | | | |
| No service provided | | | | | |

Spending on software

Across these services, we are spending [£k] per year on licences for directory products, spread across numerous service areas and products. Consolidating these will reduce the total cost. This may be offset depending on any licence costs for the new business model. Utilising a shared back end for these products will make it easier to keep the data up to date.

| Service area | Products used | Annual cost | Estimated saving |
|--------------|---------------|-------------|------------------|
| | | | |
| | | | |
| | | | |

| | | | |
|--------------|--|--|--|
| Total | | | |
|--------------|--|--|--|

Operational efficiencies- Use the calculator [link] to estimate this

| | | |
|----------------------------------|------------|-------------|
| General social workers | Low | High |
| Estimated time savings (days) | | |
| Estimated time savings (£) | | |
| | | |
| Front door social workers | Low | High |
| Estimated time savings (days) | | |
| Estimated time savings (£) | | |
| | | |
| Community workers | Low | High |
| Estimated time savings (days) | | |
| Estimated time savings (£) | | |
| | | |
| Total efficiencies | Low | High |
| Estimated time savings (days) | | |
| Estimated time savings (£) | | |

3) Business model

Using the PID [Link], collaborate with service teams to decide on a business model and desired "to-be" state.

Engage with the ORUK community (<https://openreferraluk.org/>) for feedback, then develop an implementation plan and obtain cost estimates from suppliers. Use this to complete your business case.