

## OPEN DATA CONSULTATION

### **Response from the Association of Directors of Adult Social Services Information Management Group**

- There is a need to make information / data about public services more readily available - a presumption to publish. This presumption will in social care need to recognize the width of potential information, and the current lack of infrastructure in the form of the standardization, methods of interpretation and systems that make aggregated data meaningful. In the current economic climate these will not develop rapidly unless specifically encouraged. Effort in this area may detract from the resource spent on the front line.
- this should apply to:
  - all public bodies
  - all service providers of public services whether or not funded from the public purse (including catalogue providers and other intermediaries)
  - charity, not for profit organisations providing public services with or without direct or indirect public investment / subsidy
  - the private sector for social care which is larger than the state sector
- Published information must have no risk of identifying individuals, directly or indirectly, either from citizen level data or from statistical information - the cost of achieving such true anonymisation should be part of the assessment of best value. If this consultation envisages the release of raw data at individual level about social care, this would be unacceptable. It should also be made clear to the public exactly what it is proposed to publish, and what raw data this is based upon.
- Social is just one of the forms of care, and they have cross influences on one another. Mental and physical health can be affected by housing and have a knock on to daily functioning. Judgments in just one service can be misleading.
- For information to be meaningful and comparable involves standards at both data and meta data levels, and often at processed information levels [it is meaningless to be able to say the Birmingham MBC spends X times more on care than Bracknell-Forest without information on the context such as responsibilities of the different authorities, needs of their residents, comparative incomes and health provision
- Information in social care can be based on personal choice as much as the best remedies for needs, and data collection does not allow for this, or, the many to many relationships between needs and services and outcomes. Resource to understand this and turn data into information is in short supply.

- Some data sets should be defined and their publication mandated by Government, others should have defined standards for publication (if published)
- Non mandated but standardised data sets should be subject to local best value assessment for decision to publish. A request for such information when the decision is not to publish should present a case for publication identifying the public benefit they would provide as added value of receiving the information, the business benefits they would gain. The public body would then either change its decision, confirm its decision, or propose a charge not greater than the cost identified in the best value assessment
- Compliance would involve a mixture of:
  - legislative levers
  - public pressure / image
- Although there is a clear case for establishing consistent approach top standards for collecting and publishing information on user experience, there are issues of "burden" on citizens as well as costs to public bodies to take into account. Citizens who feel over surveyed might either refuse to respond, or respond in a minimalistic way that undermines the data quality.
- Data quality will improve as a result of publication and challenge, but sometimes the data quality could have serious adverse consequences. While a care home may not provide the best or most economic care, it is a problem if it closes since data shows that this may lead to the death of current residents.
- Accredited information intermediaries sounds good in theory, but the DH "Information Standard" is not widely used by local authorities as it does not necessarily add value to or give greater confidence in publicly provided information.
- There should be "Board" level responsibility for publishing open access data ensuring privacy and confidentiality appropriately protected. In larger organisations a Transparency Board may also be beneficial.

## Definitional

Your definition of "information" is technical and does not match the usual public understanding of the word. In social care they contribute much information to their own assessment, and can be given information about services available. As such using this word in just a technical sense is confusing, and it would best be if other terms were found.

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