

**Dudley Micro-Services Project
Year End Report
2010-2011**



Lorna Reid
Micro-Services Coordinator
April 2011

Contents

1. Introduction

- 1.1 Responding to new ways of supporting and caring for people in Dudley
 - from Putting People First to Think Local Act Personal
- 1.2 What is a micro service?
- 1.3 Who are the micro providers?
- 1.4 The Micro Provider Project in Dudley

2. Project plan and meeting milestones

- 2.1 Project plan
- 2.2 Establishment of Steering Group
- 2.3 Creation of Provider Association
- 2.4 Engaging with stakeholders and signposting

3. Barriers and challenges

4. Marketing and promotion of Micro Services Project

- 4.1 Communication with micro providers

5. Training

6. Engaging with hard to reach groups

7. Safeguarding vulnerable adults

8. Qualitative outcomes

- 8.1 National recognition of Micro Services Project and micro providers
- 8.2 Analysis of qualitative feedback from micro providers
- 8.3 Qualitative feedback from stakeholders/agencies
- 8.4 Qualitative feedback from customers

9. Quantitative feedback

10. Encouraging less traditional and promoting more diverse

social care services

10.1 Gaps in social care provision in Dudley

- 11. Providing quality assured services**
- 12. Next steps – shaping the market for the future**
- 13. Conclusion**

Executive summary

In 2010 DMBC entered into a two year project agreement with Community Catalysts CIC to set up and manage a Micro Enterprise Support Agency with the aim of supporting the development of family and community based micro services as an option for vulnerable people from which to choose their care and to promote employment opportunities across the market. The project was based on the recruitment of a Micro Services Co-ordinator employed by Community Catalysts and hosted by DMBC who had the responsibility of developing and co-ordinating the agency, identifying and developing effective working relationships and promoting the work of the programme and micro service provider to commissioners, purchasers, providers and the wider public

The purpose of the report is to provide comprehensive information regarding the progress of the micro services project in Dudley over the last 12 months and consider the options for future funding of the project.

*The personalisation strategy was highlighted as part of the **Putting People First** concordat published in 2007 and taken forward by the more recent publication of **Think Local Act Personal**. People who are eligible for funded care and support are given an upfront allocation of money in the form of a personal budget and given the choice and control to purchase the care and support that they need. Some people choose to use this money to employ their own staff but for many people this is not an attractive or feasible option. These people need a range of high quality, local, imaginative and flexible care and support services of all shapes and sizes from which to purchase the help that they need. Very small or micro providers are vital to this market diversity.*

Every local authority has existing micro providers in their area but they can be hard to identify and engage; they face growing regulatory, legislative and other barriers and in general, their numbers are falling. In every area there are entrepreneurs who would be willing and able to set up new, innovative and highly personalised service options if only they knew what people needed and had the information and support that they need to do so with confidence.

Achieving positive outcomes for people who use services is crucial in the deliverance of social care provision. Micro providers can enable quality outcomes for the people that purchase their services, and the Project Coordinator is on hand to provide support and advice in enabling projected outcomes to become reality. Nationally Community Catalysts works at a strategic level to try and iron out some of the more challenging aspects of regulation, legislation and government guidelines. It promotes the value of very small community services at all levels.

Micro providers have faced many local challenges and barriers when setting up or trying to sustain their organisation. Barriers faced include;

- Possible conflict of interest when DMBC staff have wanted to set up micro enterprise;*
- Delays in customers going through assessment and support planning process for*

a Direct Payment - This is inevitably having an effect on micro enterprises financially and could have an impact on their sustainability.

The Project Coordinator works in collaboration with and signposts to a number of agencies and stakeholders. The Project Coordinator has engaged with over 100 agencies and stakeholders within the first year of the project.

The Project Coordinator closely works with DMBC's Interim Head of Safeguarding to ensure that micro providers are able to apply policies and procedures that will safeguard the people who purchase services. This collaborative working has included access to free safeguarding training for all micro providers.

The number of new providers who set up a micro service within the first year totalled 12. New services created included a carer's café, creative arts project, community outreach support for young adults with a learning disability and a gardening and grounds maintenance project. These new services have created employment opportunities as well as providing work experience for vulnerable people giving them confidence to enter the employment market. Between 23rd March 2010 and 6th April 2011 the Project, Coordinator received a total of 68 enquiries. At the end of year one of the project, the Coordinator was actively supporting 34 micro providers.

The success of Community Catalysts and the micro services projects nationally has attracted attention from several government and third sector national bodies. This has boosted the profile of the work undertaken within the Dudley project and recognised how small providers can create great personalised services of a high standard. The visits received positive reviews regarding the innovation of the micro services and more importantly how people who access the services are able to be gain choice, control, and to promote their independence, and achieve long-term goals.

In summary micro providers felt that they have benefited well from the support they received and would like continuing support mechanisms to be available post March 2012. Evidence in this report has shown that micro social care and support services offer small, community based services. This is coupled with the enhanced ability to stretch their budget further in an economic climate where fiscal resources have been scarce.

1. Introduction

The purpose of the report is to provide comprehensive information regarding the progress of the Community Catalysts Micro Services Project in Dudley over the last 12 months and consider the options for future funding of the project.

Community Catalysts is a social enterprise, Community Interest Company (C.I.C) and a wholly owned subsidiary of NAAPS UK which is a charity and membership organisation that supports providers of very small (micro) family and community based support and care services. Community Catalysts works to harness the talents of people and communities to provide high quality small scale and local support services. Community Catalysts aim to make sure that people wherever they live have real choice of great local social care and health services and other community resources.

Case studies are used throughout the report to illustrate examples of successful micro enterprises providing choice and control for those who purchase social care services. Case studies also illustrate some of the issues and barriers faced by micro providers and how Community Catalysts have addressed these at a local and national level. For confidentiality reasons all the names in the case studies have been changed to protect and safeguard people who use services.

1.1 Responding to new ways of supporting and caring for people in Dudley – from Putting People First to Think Local Act Personal

The personalisation strategy, as highlighted as part of the *Putting People First* concordat published in 2007, aimed to improve people's experience of adult social care and enable those who purchase or access these services to have choice and control. This is taken forward by the more recent publication of *Think Local Act Personal* and links in with the Coalition government's concept '*Big Society*' where local communities are able to commission or control services that will address their needs.

The Coalition's drive to enable local neighbourhoods to flourish through the *Big Society* relies on the notion that communities can sustain their own neighbourhoods, through voluntary and community based initiatives. Some of this thinking is also key to the concept of co-production as it applies to social care whereby people who use services drive the development of service provision and use their assets to design, diversify and create services tailor made for them and their community. "*These assets are not usually financial, but rather are the skills, expertise and mutual support that service users can contribute to effective public services*"¹. An example of co-

¹ SCIE Research briefing 31: Co-production: an emerging evidence base for adult social care transformation

production in action supported by the Dudley Micro Services project is provided in case study 3.

By 2013 all individuals eligible for publicly funded adult social care should have a personal budget; a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being. A person will be able to take all or part of their personal budget as a Direct Payment. Some people will use this budget to directly employ people as personal assistants to provide the care and support that they need. Others use informal social networks such as family or friends. However, many people wish to have choice and control but do not have access to informal supports and do not want the burden of becoming an employer. These people need a range of high quality, local, imaginative and flexible care and support services of all shapes and sizes from which to purchase the help that they need.

Local authorities have been tasked with '*shaping and building the market*' to ensure that this choice is available. As yet this new role is not fully understood and local markets in many areas still provide only limited choice to people. Very small or micro providers are vital to this market diversity.

Micro entrepreneurs can provide a wide range of locally based services. Some are easily identifiable as 'social care' services e.g. day support services; domiciliary care agencies but others are less obvious e.g. leisure classes, supported housing, holistic therapies, employment opportunities, community cafés.

Every local authority has existing micro providers in their area but they can be hard to identify and engage; they face growing regulatory, legislative and other barriers and in general, their numbers are falling. In every area there are entrepreneurs who would be willing and able to set up new, innovative and highly personalised service options if only they knew what people needed and had the information and support that they need to do so with confidence. There has been a view that new services will simply emerge and existing services adapt and thrive in response to the growing number of people with their own budgets. Evidence suggests that this does not happen so easily and in most areas, the local market is becoming less rather than more diverse.

There are many people in Dudley offering support and services to small numbers of people in their local community. They may do this on a voluntary or on a paid basis. For some people this is their only source of income while for others payment does little more than cover the cost of providing the service.

Community Catalysts provides a support agency specifically designed to stimulate new micro market enterprises and support existing micro enterprises who may wish to diversify in line with the personalisation and Big Society agendas.

1.1.2 Outcomes

Achieving positive outcomes for people who use services is crucial in the deliverance of social care provision. With the right direction, help, support and advice micro providers can deliver quality outcomes for the people that purchase their services.

Transparency in outcomes: a framework for adult social care highlights four main factors in delivering quality outcomes in social care:

- ◆ Effectiveness – *getting it right the first time*; the focus of services should be to achieve the best possible outcomes for individuals in their circumstances.
- ◆ Experience – *a positive experience of care and support*; people should be treated with respect and involved in their care, and there should be an active role for users, carers and local people; the perspective of individuals and local groups on how services were delivered and what they achieved should drive responsibility and improvement;
- ◆ Safety – *protecting vulnerable adults*; the basic principle of protecting the most vulnerable people from avoidable harm, ensuring risk and choice are balanced appropriately, and setting the necessary standards in provision to ensure all services will adhere;
- ◆ Efficiency – *ensuring value for money*; there will be financial limitation on social care over the coming years, quality services will be those which can continue to achieve the best outcomes in tight times, including micro services².

Examples of how micro services deliver on these four factors are outlined in this report.

1.2 What is a micro service?

For the purposes of the project a micro service is defined as those who have no more than 5 paid or unpaid full-time equivalent workers and are independent of any larger or parent organisation.

Examples of micro services could include:

- Small day centres'
- Small residential homes
- Meals and lunch clubs
- Personal Development

² Transparency in Outcomes: a framework for adult social care, <http://www.inclusionnorth.org/documents/Transparency%20in%20Outcomes%20-%20A%20Framework%20for%20Adult%20Social%20Care.pdf>

- Social networking opportunities
- Employment support
- Therapeutic and holistic services
- Advocacy
- Support to people living in their own homes
- Short breaks and holidays
- Friendship and good neighbour schemes
- Support to access employment, education and leisure
- Community based transport services
- Brokerage and support planning
- Drop in centre's and support during the day
- Social groups

1.3 Who are the Micro Providers?

Just as the range of micro services is as diverse as the people who use them, the same can be said about the people who provide them. What micro providers have in common is that they want make a difference to the lives of the people they support and have a personal interest in how the service is delivered.

- ◆ Micro services may be delivered by any one of a wide range of business models including: sole trader, small business, social enterprise, not for profit, charity, or voluntary organisation.
- ◆ They may be delivered on a paid, barter or voluntary basis. If provided for payment, that payment may form all or part of someone's income or may simply cover the costs of delivering the service
- ◆ Micro providers are usually self-employed and some do not employ any staff but directly deliver the service themselves. Others employ a small number of (usually local) people to support what they are doing
- ◆ Micro services may be delivered on a full time or occasional basis – fitting in with other employment, caring responsibilities or study
- ◆ They may be established or newly emerging
- ◆ They may include older people or those who have an illness or disability (who may be users or potential users of services themselves) who want to deliver social support or care services
- ◆ They may include the families or friends of older people or those who have an illness or disability who want to deliver social support or care services

1.4 The micro services project in Dudley

The Micro Services Project in Dudley commenced on 23rd March 2010 to support those who wished to set up a micro-enterprise in line with closure of Dudley MBC's learning disability day centre provision, and to work with developing services within older people, physical disabilities and mental health services. The project also works to support existing services (including community and voluntary services) who wish to

diversify or require support to become sustainable long term in line with personalisation and *Think Local Act Personal*.

The Dudley project will run for 2 years and is due to end in March 2012. The Project Coordinator is employed by Community Catalysts, hosted by Dudley MBC, and based within the Commissioning Team (previously based within DMBC's Transforming Social Care Team).

2. Project plan and meeting project milestones

2.1 Project plan

The Micro Services Project in Dudley is underpinned by a project plan, created in partnership with Dudley MBC and Community Catalysts to ensure the smooth operation of the project. The Project Plan aims to ensure that all milestones are met and that micro providers are given the information, guidance and support they need to be able to offer a sustainable and quality. The following points highlight the milestones that have been met over the course of the first year of the project.

2.2 Establishment of a Steering Group

The Steering Group was established at the start of the project in 2010 to support the values and aims of the project and to share expertise and ideas.

The Steering Group meets on a bi-monthly basis and is guided by terms of reference and chaired by DMBC's Head of Service for Commissioning. The group is made up of various professionals within DMBC's social care department, commissioning, policy teams and external voluntary organisations such as Dudley Voluntary Sector Council. The membership and terms of reference for the group are regularly reviewed and as a result, the Steering Group will now include membership by people who use services, local community members and a micro provider representative.

The Steering Group members have also supported and co-facilitated workshops and presentations to provide comprehensive advice to and transfer their professional skills and knowledge to micro providers who are at the early stages of setting up a social care service. The workshops and presentations include policies and procedures guidance, business planning, marketing, and social enterprise.

2.3 Creation of Micro Services Provider Association

Providers have told us that running very small services can be a difficult task, made even harder by regulations, standards, funding and a multitude of other things. Specifically providers sometimes:

- ◆ Struggle to cope with all the different regulations and standards

- ◆ Feel unsupported and alone with no one to turn to for advice
- ◆ Find it difficult to access training that meets their needs
- ◆ Spend more time dealing with paperwork than supporting people
- ◆ Have to compete with bigger organisations with many more resources
- ◆ Feel their opinions on everything from fees to NVQ go unheard
- ◆ Find things like finance, insurance and employment issues difficult to deal with

The Coordinator has limited time and resources to support providers and an Association of micro providers has been established in order that they can:

- ◆ Network with each other
- ◆ Share issues, barriers and challenges faced with a view to resolving these issues
- ◆ Share examples of good practice,
- ◆ Provide peer mentoring for each other and feed off each other's skills and expertise.

In order to be a member of the Association providers must sign up a commitment to services that:

- ◆ Are small, flexible and person-centred
- ◆ Are provided by families and individuals in local communities
- ◆ Value the person and their gifts
- ◆ Promote independence and choice.
- ◆ Promote diversity and equality of opportunity

They must also :

- ◆ Have 5 or fewer full time equivalent workers (paid or unpaid) to deliver the service
- ◆ Be independent of any larger or parent organisation
- ◆ Have a commitment to continually developing their own knowledge and skills and supporting their workers to do the same
- ◆ Be willing to ensure their services are compliant with all legislative and regulatory requirements
- ◆ Operate according to best practice guidance
- ◆ Endeavour to continually improve the quality of the service that they offer
- ◆ Ensure their enterprise is viable and can offer security to the people who use its services

2.3.1 Joining the Micro Services Provider Association

Micro providers are asked to complete a short membership form and agree to the general association guidance and code of conduct. An interview then takes place with the provider to confirm that they are compliant with legislative and regulatory requirements relating to their service and to ensure they are able to meet the code of conduct.

To ensure they are demonstrating good practice, micro providers are asked to provide the details of three contacts who can give feedback about the service. Feedback could be from service users (or their representatives), regulators, or other professionals.

It is important to gain feedback from those who purchase micro services to ensure that they are getting:

- ◆ Choice and control within the service they have purchased
- ◆ Value for money
- ◆ Good quality services
- ◆ The opportunity to feedback to their service provider and have a say in how their support is delivered

The case study below illustrates the feedback received from a customer regarding a micro provider.

Case Study 1

Brian has a learning difficulty and previously attended a DMBC day centre. When it was announced that this day centre would close Brian started to use a newly established micro day service.

Brian's mother Mrs Jones, has identified notable differences to Brian's behaviour since he started to attend the micro day centre. "Brian was very quiet when he attended the council day centre, he either sat up a corner or wandered around the day centre and didn't speak to anyone. Since attending the new day centre, he has really come out of his shell". Brian adds "I like it here, cos I've made friends and there aint loads of people, I don't like too many people, and the girls sit with me and help me" – (relating to the support staff at the micro day centre).

Mrs Jones adds, "I'm glad there are these micro centres set up, some people like my son don't like to be surrounded by too many people, and the staff at the council day centre weren't able to give him the attention that they give him here, I think that's why he's more chatty now and more confident". She further adds, "My son is in his fifties and I've never seen him so happy, he's really motivated now and looks forward to going to the day centre"

2.3.2 The benefits of joining the Association

The Association takes a lead role in telling people about the work of very small providers in Dudley. It ensures that the provider voice does not go unheard and gives providers a place to tell people, commissioners and others about the excellent work that they do.

2.3.3 Outcomes of Provider Association meetings

The Association has 14 members and meets every 6 to eight weeks. It is imperative that the providers feel comfortable and therefore meetings take place in an informal setting.

Many micro providers often do not realise the expertise and underlying skills they have and they are subsequently able to share with others. Some are budding entrepreneurs with a strong business background, some are able to share skills from their previous working background and assist with policies procedures and training, whilst others are able to share technological expertise such as setting up websites or databases.

The members of the provider association have decided how they would like meetings structured and have chosen to have guest speakers at alternate meetings who are able to support and advise micro providers on issues and barriers they face. Subsequent meetings will encompass social networking events whereby providers will be able to network with each other and share ideas, skills and expertise.

Guest speakers at Provider Association meetings so far have included;

- Justin Haywood, DMBC's policy analyst, providing advice about social enterprise and funding mechanisms
- Lynda Wattis, DMBC Principal Librarian (also working with the Transformation of Social Care Project) advising about the Community Information Directory and how micro providers can use this to promote their

2.4 Engaging with stakeholders and signposting

The Project Coordinator does not work in isolation and is supported by a number of agencies and stakeholders. The Project Coordinator has engaged with over 100 agencies and stakeholders within the first year of the project.

Those providers who were not supported by the project because of ineligibility were also signposted accordingly. For example, a large organisation wishing to procure a contract with Dudley MBC was signposted to the Commissioning Department. In addition, a provider wishing to operate and provide a service in another borough not supported by the project was made aware of the Community Catalysts Provider Guide.

2.4.1 Stakeholders within Dudley MBC

A number of professionals within Dudley MBC have been consulted regarding the project and have provided advice and input to the Coordinator. Some of these stakeholders include representatives from the following:

Commissioning – working with contract officers and commissioners to alleviate some of the barriers that micro providers are facing when trying to procure contracts with DMBC.

Social and Economic Regeneration - enabled strong links to be made with Policy Analyst and Neighbourhood Regeneration officers in terms of obtaining information on local and national funding streams. Advice provided on applications for funding and information on business initiatives and social enterprises.

Transforming Social Care Team – support received from team members and they co-facilitated workshops and presentations. Also provided advice regarding the roll out of personal budgets, and the new assessment and support planning procedure.

Social Work Teams – engaged with teams as a mechanism for promoting the micro services project and supporting micro services by referring and signposting potential customers.

Libraries – links and consultation made with Principal Librarian with the development of a new Community Information Directory (Launched October 2010) – which is vital for micro services to promote their organisations.

Shared Lives – able to signpost to Shared Lives Coordinator with regard to services more suitable to be delivered under Shared Lives.

Carer Coordinator - The Carer Coordinator has been able to work collaboratively with the Micro Services Coordinator with innovative ideas and signpost carers who may wish to set up a micro enterprise.

Marketing and Communications - the marketing and communications department, not only supports the Micro Services Coordinator to promote the project – they also aim to support micro providers by advising them on marketing and market research strategies. The Marketing and Communications Department in year 2 will be providing a training package accompanied by workshops for micro providers.

2.4.2 Business Support Agencies

The Project Coordinator signposts micro providers to business support networks

(although these are now somewhat limited due to cuts in funding). *Business Link* is one of the main organisations that support micro providers with business planning and financial analysis. However grass roots level business support can be offered by organisations such as *Pathways to Enterprise* (part of Wolverhampton Network consortium and operate borough wide), who provide business support at a very basic level before referring onto *Business Link* for more in depth business support.

2.4.3 Equality and diversity organisations

A number of equality and diversity organisations have been consulted and liaised with. These organisations include:

- ◆ **Gender matters** – an organisation working and supporting transgender people or those going through gender reassignment
- ◆ **Summit House** – working with lesbian, gay, bisexual and transgender groups (LGBT) and supporting people with HIV and AIDS
- ◆ **Centre for Equality and Diversity (Cfed)** – main umbrella body, working with organisations who support all equality and diversity groups in Dudley

Further discussion regarding the outcomes of engagement with these organisations and hard to reach groups is discussed in Chapter 6.

2.4.3 Dudley Council for Voluntary Services (DCVS)

DCVS support voluntary groups, charities and social enterprises. The Project Coordinator is able to work collaboratively with DCVS to support micro providers with basic business planning, funding applications, setting up of organisations (including support with organisations constitution and policies and procedures).

3. Barriers and Challenges

Micro provider barriers and challenges

The Project Coordinator has been working with micro providers in Dudley to look at some of the barriers and issues faced and addressing these at a local and national level. The section outlines some of the main issues micro providers have faced, and how these issues have been tackled by the project.

- ◆ **Possible conflict of interest with DMBC staff who wish to set up micro enterprise** - with the closure of DMBC day service provision many DMBC staff have been faced with redundancy. Many staff have expressed an interest in setting up their own micro enterprise as they are concerned, not only about losing their own jobs but also about the people who are losing a service. Staff raised concerns about marketing their potential organisations without crossing

professional boundaries with potential customers, most of who access the day centres they work in

A staff protocol has now been introduced, highlighting the issues and how they should be approached. It is clear that whilst DMBC will do its utmost to support staff wishing to set up a micro enterprise, staff should not be harassing or attempting to procure customers into purchasing their service. In addition, staff have been advised that any type of promotion or marketing should be done in their own time.

- ◆ **Delays in customers going through assessment and support planning process for a Direct Payment.** This is inevitably having an effect on micro enterprises financially and could have an impact on their sustainability. Many have been keen to set up good quality services for those who are losing local authority provision, however concerns have been raised by providers regarding the length of time it is taking for customers to go through the assessment, support planning and resource allocation process before they receive a Direct Payment with which they can choose to purchase a micro service.

The Project Coordinator has raised the issue with DMBC senior staff and consultations are in place with support planners, social workers and team manager regarding speeding up the process and working collaboratively with micro providers.

- ◆ **Concerns that customers with mild moderate needs will not get a Personal Budget under new Fair Access to Care Services (FACS) criteria.** This could have an impact on the sustainability of micro enterprises and impact on those who do not have a personal budget but still require social care services.

Micro providers have been encouraged not to think in a linear fashion, but to “think outside the box” in terms of service provision. Many micro providers have varied facets and experience within their skill set and they are advised to be more inclusive when offering service provision rather than exclusive (see following case study).

Case Study 2

Provider A has primarily worked within learning disabilities services and wants to set up a day service (community outreach) provision for people with a mild to moderate learning disability. She is aware that the FACS criteria for personal budgets have changed to critical and substantial which has had a financial impact on those with moderate needs whose eligibility for funding has been re-assessed or reviewed. She is concerned that this will impact on her business and her business will not be sustainable long term.

She has sought advice from the Micro Services Coordinator who has enquired about any other skills and expertise she possesses; it has been established that she has also worked with people with challenging behaviour and are severely disabled.

Provider A has now set up her micro enterprise and is providing a service that supports a group of 3 to 4 people with mild and moderate needs and similar social interests, 3 days a week (therefore charging a reduced affordable daily fee for each customer). For the remaining 2 days, she supports someone with more substantial and complex needs who requires one to one support

- ◆ **Difficulty with providers (in particular sole traders) obtaining Criminal Records Bureau (CRB) checks.** Many developing micro providers have faced the issue of obtaining a CRB, especially as they are not able to transfer it from one employer to another. Many providers have paid independent umbrella organisations to acquire CRB's checks, which creates a financial burden. Furthermore, self-employed individuals are not able to obtain CRB's via this route since the vetting and barring scheme was halted by the coalition government (see section 7 on safeguarding). The Chancellors Growth review has taken on board the issues that Community Catalysts have raised on behalf of micro providers
- ◆ **Ambiguity whether providers who provide support with transport require a license under private hire vehicle (PHV) legislation – refer to Chancellors Growth Review.** (available as an attachment to this report).
- ◆ **Start up costs.** Lack of support for start up costs for micro providers is an ongoing concern, particularly within the current economic climate. However depending on their business status, some micro enterprises are able to access grant funding and are signposted to relevant organisations such as **UnLtd**³ if they are constituted as a social enterprise.

³ UnLtd – is a Charity which support social entrepreneurs and offers small start up grants

- ◆ **Ambiguity regarding Care Quality Commission (CQC) regulations and sole traders providing care.** There is confusion as to whether sole traders providing care (sometimes called self-employed personal assistants) should be registered and regulated by CQC. Also questions about whether an individual should be classed as a self employed carer or an employed carer (PA). An information sheet produced by Community Catalysts and NAAPS addresses this issue. (available as an attachment to this report).
- ◆ **Business support agencies on the demise –** The Coalition has announced that Regional Development Agencies (RDA's) will close by March 2012⁴. Many RDA's provide funding streams to business support agencies such as *Business Link* and consequently, *Black Country Business Link* advisory service will close in November 2011⁵. This will have a major impact for micro providers who are often signposted to Business Link or similar support agencies for business planning advice. Although some providers have argued that agencies such as Business Link are very "corporate" and appear to cater for medium to larger organisations – it is undoubtedly recognised that support is required in this field.

Local enterprise partnerships (LEP) will replace business support agencies across the UK and a Black Country LEP will soon be introduced. However, it is anticipated that LEP's may not be able to offer the local support mechanism that Business Link was able to offer.

Project Coordinator challenges

- ◆ **“Employed Personal Assistant (PA) versus the Self Employed PA” and misconception of micro services intervention.** There has been a misconception by many that the Project Coordinator will support PA's who are employed by a Direct Payment recipient. Whilst there is an identified need to support PA's, the remit of the Micro Services Coordinator is to support independent enterprises who are struggling with various aspects of their business structure (i.e. Care Quality Commission (CQC) regulation, business planning, funding, marketing etc).
- ◆ **Managing the success of the Micro Services Project.** This has caused capacity issues for the Project Coordinator, who has received a large number of referrals, a majority of which have stemmed from DMBC staff who wish to set up a micro enterprise.

The Project Coordinator has subsequently devised a questionnaire for new providers to capture the essence of their ideas, thoughts and pre-planning processes. This enables the Coordinator to filter out those providers who are serious about setting up a micro enterprise against those who are vaguely enquiring. Provider questionnaires were introduced 6 months into the project and

⁴ England's Regional Development Agency News 2011, <http://www.englishrdas.com/>

⁵ Black Country Business Link, www.businesslink.gov.uk

on average 97% of questionnaires are returned.

4. Marketing and promotion of the Micro Services Project

In addition to support from DMBC Marketing and Communications Department, the Project Coordinator has promoted the project via other mechanisms such as:

- ◆ Action 4 Employment newsletter
- ◆ DACHS matters (DMBC publication),
- ◆ DMBC intranet,
- ◆ Transforming Adult Social Care summit in Birmingham 2010,
- ◆ Various presentations within DMBC departments to social workers,
- ◆ Day centre staff and managers,
- ◆ BME community events,
- ◆ Provider stakeholder events,
- ◆ Several market place events for providers.

Internal and external Stakeholders who have engaged with the coordinator have also actively promoted the project

In total two market place events have been held for providers (primarily within learning disability services) and further similar market place events are scheduled to be held in the summer 2011 for micro services delivering to people with a learning disability physical disability and older people.

4.1 Communication with micro providers

As well as regular Association meetings, the Project Coordinator produces a fortnightly bulletin for micro providers, providing information on national and local issues including updates on legislation and regulation, training courses available and local resources available to micro providers. Providers are also given the opportunity to contribute to the bulletin; by advertising their events, open days and any resources they may have available that would be useful for other micro providers.

5. Training

Some of the barriers and challenges raised by micro providers have included access to training and information on regulation, legislation and processes. The following training and workshops have been arranged and/or facilitated through the Micro Services Project.

- ◆ **Care Quality Commission (CQC) training** – Community Catalysts in conjunction with NAAPS facilitated a 1 day workshop regarding the new regulatory framework. 10 delegates attended the workshop.

- ◆ **Policies and procedures workshop** – in conjunction with the DMBC's Commissioning Officers, 2 workshops were held advising developing providers about the policies and procedures required for setting up a social care organisation. Good practice guides and examples were given along with advice regarding the approved provider processes. Approximately 30 delegates attended over the 2 workshops.
- ◆ **Business planning workshop** – facilitated by DCVS in partnership with Community Catalysts. A half-day workshop informing delegates of the basic principles of good business planning. This also gave delegates interested in setting up a social enterprise, charity or voluntary organisation the opportunity to arrange one to one support with DCVS. 14 delegates attended the workshop, and data retrieved from DCVS showed that 97% of delegates had significantly increased their knowledge of business planning.

Forthcoming workshops include marketing and market research workshops.

In the initial stages of the project, the Project Coordinator had negotiated with DMBC training department, that mandatory training would be free of charge to micro providers. The mandatory training includes health and safety, moving and handling, food hygiene, risk assessment, data protection, fire safety and safeguarding.

From July 2011, the DMBC training department will charge a subsidised fee of £35 per training course to micro providers who are non-regulated and are not an approved DMBC provider. Safeguarding training will remain free of charge. Current negotiations are in place with the training department to review charging policy for micro providers, especially in light of forthcoming Quality Mark accreditation process through Community Catalysts (see section on Quality Mark).

The Project Coordinator is currently a member of the Adult Social Care Training Consultation Group.

6. Engaging with hard to reach groups

According to the 2007 annual population survey, there were approx 19,285 people from a BME background in Dudley, which makes up 6.32% of the Dudley population. With the main ethnic origin being those from an Asian Pakistani, Asian Indian and Black Caribbean background⁶. No data is currently available for LGBT groups within the Dudley Borough.

The Micro Services Coordinator has worked with DMBC's BME Community Development Workers in order to engage with micro community groups interested in diversifying in line with personalisation.

Many BME groups in Dudley (and nationally) have been running for many years with

⁶ Annual Population Survey, Office of National Statistics (2007)

little structure and are heavily reliant on grants from the local authority (either through small grants or SLA funding) or funding from other external agencies. In this economic climate it is recognised that SLA funding/small grants are either on the decline, have been cut substantially or the application criteria is so stringent that it is becoming increasingly difficult to get through the process. It was found during the first year of the project that many micro BME groups and organisations work in isolation. It is therefore important to continue the collaborative working with the BME Community Development Workers to ensure that those groups who work in isolation and with little support, are engaged with, and people who access those services have choice and control in the support they receive.

Involvement with LGBT groups in Dudley is limited, especially with regard to developing social care organisations. Discussions with officers from Gender Matters and Cfed, identified little involvement with the LGBT community in Dudley.

7. Safeguarding Vulnerable Adults

It is imperative that safeguarding principles are applied when looking at micro market development.

The Project Coordinator works closely with DMBC's Interim Head of Safeguarding to ensure that micro providers are able to apply policies and procedures that will safeguard the people who purchase their services. This collaborative working has ensured free safeguarding training is available for all micro providers. The Project Coordinator encourages providers via newsletters and Provider Association meetings to take up the opportunity of regularly reviewing their safeguarding policies and training.

8. Qualitative Outcomes

8.1 National recognition of the Dudley Micro-Services Project

The success of Community Catalysts and the micro services projects nationally has attracted attention from several government and third sector national bodies. This has boosted the profile of the work undertaken in Dudley. Activity has included:

- ◆ Visit by the Department of Health (DoH) Deputy Director for Social Care, Policy and Innovation to look at the progression of micro services
- ◆ Community Catalysts pitch at Dragons Den event as part of the *Think Local Act Personal Partnership/Association for Directors of Adult Social Services (ADASS)* and supported by *Society Guardian* Newspaper. A Case Study displayed the great work done within local communities at the INSIGHT Carer's café in Brierley Hill, Dudley.
- ◆ Visit by National Audit Office (NAO) to look at the issues and barriers faced by

micro enterprise.

The visits received positive reviews regarding the innovation of the micro services in Dudley and more importantly how people who access the services are able to be given choice, control, promote their independence, and achieve long-term goals (see case studies three and four below – examples of some of the services that were visited).

Case Study 3 – Carer and Community Café

Volunteers many of whom use social care services e.g. carers, people with learning disabilities and the long-term unemployed run the Carers Café. The primary goal of the Carer's Café is to offer an informal community and information hub for carers and those who access social care services and to ensure that they gain valuable information in an informal setting, which is often the type of environment which has been impinged on those wishing to access information and drop-in services. The café hosts drop-in surgeries (facilitated in partnership with other organisations) for carers and service users. They also provide peer mentoring for other up and coming organisations.

The secondary aim of the café is to boost the confidence of the volunteers to gain valuable work experience in order to achieve future paid employment as well as increase social interaction skills with those who access the service. The café is a great example of co-production in action and exemplifies the notion of communities working in partnership with public services (i.e. DMBC, PCT and the voluntary sector) to deliver great community focused social care services.

Case Study 4 – Creative arts and recycling project for learning disability students

The Creative Arts Day Centre, encourages their students to become creative through recycling every day materials into creative art and furniture/items for the home. They are taught the processes of creative art and creative thinking from inception to completion. This includes being taught about the materials they use and the scientific methodology of using different materials, textures and chemicals. Students are given an opportunity to sell the goods they create onto parents, carers, and their friends. In terms of long-term goals and outcomes they gain experience in money management and retail work experience. A future goal for the project is to create a retail unit to trade and sell goods made at the centre, and to employ the students to work there.

8.2 Analysis of qualitative feedback from Micro providers

A survey was carried out by the Director of Operations from Community Catalysts to establish how micro providers responded to support from the Project Coordinator and whether support was still required long term. The survey below outlines the response from the micro providers. In summary micro providers felt that they have benefited from the support they received.

Evaluative survey Value of the project to micro providers in Dudley March 2011

Introduction

On the 15th February the survey questionnaire was sent to 23 micro providers in Dudley all of whom had had contact with or received support from Lorna Reid the Community Catalysts Micro Services Coordinator.

7 responses were received 4 by e mail and 2 through the post with one provider submitting 2 responses. 6 questions were asked with a 7th asking permission to share the provider's comments with Lorna Reid and others. Responses were as follows:

1. What kind of contact have you had with Lorna Reid?

Providers stated that they had contact with Lorna by phone, email, face to face through visits to the service and at meetings. Contact has been on an occasional or regular basis and in a number of locations.

One provider stated *"Contact with Lorna has been various. My initial meeting was essentially introductory and a way of establishing how she might be of help to us. Since that time we have met to further develop our working relationship and to identify potential initiatives for social enterprise diversification"*

A provider stated *"I have met Lorna on several occasions to discuss my ideas she has been very supportive and given me advice which as I have never done anything like this before is of immense help"*

Providers seemed to value the flexibility that Lorna is able to have in her role and one stated *"We have not been able to get to her until after our working day, but Lorna has been happy to accommodate us until well after normal working hours..."*

2. What has Lorna done that has worked well for you?

Several providers mentioned the benefits they had gained by gaining access to key contacts that have brought value to their service. One provider stated *“she has contacted others that she considers will be able to help us”*. Another *“Lorna has sign posted us to people who can give us advice, such as Judith Round from Direct Payments, to Caroline Webb from Dudley Voluntary Services, for business advice”*

The majority of providers talked about the value of simply having someone to talk to and to ask for advice. A number talked about the value of information that Lorna was able to supply *“at all times Lorna has acted upon, my queries, questions and forwarded me appropriate information of which supports my role and my enterprise”*

Providers mentioned that the project had helped them to explore ideas and new ways of working. For example *“providing information and advice and most importantly being able to discuss ideas and new initiatives”*

Two providers valued the help that Lorna was able to give to get their enterprise off the ground *“at that stage Lorna met with us to talk through our ideas and was able to offer the views of an outsider and throw ideas and thoughts about our early plans. This was useful and gave us lots of things to consider...”* and *“Lorna has been a steadying influence as we wanted to run before we could walk and has, quite rightly, reined us in and put everything into perspective”*

Providers cited practical advice that Lorna had given them in order that they could deal with a problem or issue. For example *“she has also found me a place on the meetings this month and next and is helping with the paper work on our venture that we are setting up with regards to insurance (and) staff”* and *“Lorna has sent us emails about policies and procedures which are relevant and has helped us with our enquiry about suitable insurance companies to approach”*

The opportunity to meet with other providers in a similar position was valued by one provider *“it has more recently been useful to go to meetings arranged by Lorna to meet with professionals for guidance and others in similar positions to us to talk about difficulties and exchange ideas”*

3 Is there anything that hasn't worked so well?

The majority of the providers surveyed had no comments about what had not worked well

One provider shared their initial reservations about engaging with Lorna and this seemed to relate to a lack of clarity about connections with DMBC and concerns about the potential for breaches of confidence *“...because of the negative attitude of some of our senior management we were very unsure of how much information was being passed between Lorna and these individuals therefore we were careful about information which was passed to Lorna from ourselves*. However this provider also commented that these reservations had

been unfounded and the issues addressed stating *"We have since talked to Lorna about our concerns at that time and have apologised to her as we judged her unfairly"*

One provider had concerns about the advice offered to her by one of the organisations that Lorna had signposted her to in the early development of her service ideas *"Initially, when we first talked about starting our own micro business it was suggested that we go to Business Link, which we did, they suggested that we visit Walsall Endeavour, as we did want to go down the social enterprise route, but after our meeting there we were totally confused, it was all way over our heads."* This statement seems to question the suitability of some early signposting from which lessons can be learned, however it is also an interesting reflection on the effectiveness of mainstream business and social enterprise advice services for emerging micro and small social care and support enterprises.

4. Can you suggest anything else that we should be doing?

One provider had concerns about communication between providers and DMBC *"I think communications with DMBC and Micro Businesses have not been that good and some improvements could be made"*

Others talked about the value to them of having a Micro services Coordinator in post and able to support them *"The work that you do is of immense benefit to small community organisations and the insight that you are able to bring to bear on issues faced is valued by most if not all"*

5. Is your enterprise more or less likely to be a success because of Lorna and the work that she is doing?

One provider felt that without support from the project her business may not have got started stating *"Lorna has always been there for us and I feel that we have an ally in her. If Lorna had not been in her post then I really have no idea who would have helped us to get off the ground"*

Providers felt that their enterprise was more likely to be a success as a result of Lorna's intervention. One provider stated *"because of our contact with Lorna and the fact that she keeps us informed of the events and opportunities happening in Dudley we have more confidence in ourselves, feel less isolated and therefore hope that our enterprise will succeed"* another *"It is likely that with the ongoing support from Lorna that my enterprise will be a success"*

Also *"It was quite a daunting prospect to set up as we did not have any business experience and knowing that there was someone at the other end of the phone who would talk in plain and simple English has helped"*

And "I know that I can contact Lorna for advice and support and no question is a stupid one. She has pushed for us to have free training from DMBC in our first year which would have been fantastic but we shall wait and see if this is still a possibility...."

One provider felt that in the current financial climate it is difficult to be clear what the future holds for their enterprise. They stated *"At this stage it is difficult to ascertain, particularly in view of potential funding cuts but it is hoped that in the long term we will have a better view of our position as a provider of services to older people"*

6. Have you got any other comments?

A provider commented "to add Lorna has always been honest and helpful in her comments and gives plenty of things to think about..." and another "I have found her (Lorna) polite and also listens to what I have to say and guides rather than dictates so all I can say on behalf of our group is thank you"

Another stated "It may be of some use at this time to get her some help as there are a lot of people setting up micro businesses"

"There are a lot of lonely people especially pensioners and recently in my (news) paper (it stated) that loneliness is the hidden killer which threatens health. We are a pensioners club run by pensioners and some members are in their 90s and I am in my 80s"

There were some concerns expressed by providers about the future of the project *"I really hope that the funding for Lorna continues for the next few years, as we NEED her expertise"* and *"Only to encourage you to continue the fantastic work you are doing assisting small community providers to become better positioned to deliver services in their chosen area of activity"*

8.3 Qualitative feedback from agencies/stakeholders

The Project Coordinator works with and engages a plethora of internal and external agencies and stakeholders who support the project or provide specialised services. The following statement is a quote from DMBC's Carer Coordinator who is Steering Group member and collaboratively supports some of the micro provision run by carers:

"Understandably many carers are worried about the changes that personalisation will bring. Although much uncertainty remains, there is a little more optimism as new - and more varied - provision comes along. The Micro Services Project is helping people to see new opportunities, new ways of working and how these can be developed. Some carers with bright ideas of their own are benefiting from the project's practical support and knowledge - not to mention the boundless enthusiasm and encouragement of the Projects Co-ordinator. The Project also provides a focal

point for networking opportunities which will benefit members as their projects and businesses develop”

8.4 Qualitative feedback from customers

See case study no.1

9. Quantitative feedback

Between 23rd March 2010 and 6th April 2011 the Project Coordinator received a total of 68 enquiries.

Provider status' has been set into 3 categories:

Existing (more than 12 months old)

Developing (not yet set up enterprise, at enquiry stage)

New (providers set up less than 12 months).

Total no. of existing provider enquiries	14
Total no. of developing providers supported during 1 st year	32
<i>Of the above figure no. of those who did not pursue setting up a service</i>	<i>12</i>
<i>No. of those who did not maintain contact with Coordinator (new, existing and developing)</i>	<i>4</i>
*Total no. who were not eligible for support under criteria	10

** those who were not eligible under the support criteria were either not a micro provider, were part of a larger parent organisation or did not provide a social care service. Those who were excluded from receiving support were signposted accordingly.*

The total number of new providers who set up a micro service within the first year was 12. Of those 12, 2 providers ceased trading; one due to personal reasons and the second provider decided his service was not financially viable to continue (transport service).

On average, it has taken approximately 6 months for a developing provider to set up a micro enterprise. It is important to note the amount of planning and preparation required to set up a micro enterprise, such as business planning, sourcing accommodation, arranging insurance, employing staff, market research and scoping customers.

Reasons for developing providers deciding not to set up micro service

Reason	No. of providers
Business not financially viable	3
Secured other employment with DMBC	4
Secured other employment	3
Entered into partnership with larger provider	1
Other reasons	1

The enquiries are broken down into the support needs of the people served (all enquiries inc exclusions)

	Existing	Developing	New
Learning disabilities	9	13	7
Older people	8	6	2
Physical disabilities	1	2	1
Mental health	1	1	1
Sensory disabilities		3	
Providers able to support people from all groups	2	10	1
Total no. supported at end of year 1	7	16	11

Of the above figures 4 of the micro providers offered cultural specific services to the Black-Caribbean and Asian-Indian Community.

Business status of new and existing enterprises supported

Sole trader/self employed	3
Social enterprise	2
Voluntary organisation	2
Partnership	1
Charity	4
Not for profit	0
Small business	6

Total number of customer opportunities offered by providers who have been actively supported at end of year 1 –

Type of micro service	No. of customer opportunities per week
Domiciliary care/homecare	57
Community outreach	55
Day services	120

Social groups	150
Leisure/healthy lifestyles services	50
Employment opportunities	35
Other (i.e. community café, performing arts group)	135
Total no. of customers that micro services are able to accommodate per week in year one	602

Outcomes measured for people who use services (out of 18 new and existing providers actively being supported at the end of year 1)

Possible outcome for people who use services	No of providers that can provide outcome
Developing numeracy and literacy skills	4
Developing skills for employment opportunities	4
Increased independence at home/stay at home	6
Developing money management skills	5
Developing general life skills	9
Improve social skills	all
Improve healthy living/lifestyles	4
Increase dexterity	7

At the end of year one the Project Coordinator was actively working with **34** new existing and developing providers of which 18 are currently delivering services.

Offering Value for money

Micro providers are able to provide more flexible, person centered approaches to social care provision compared to larger providers. With support from the Project Coordinator providers have been able to offer good quality services at reasonable costs.

Micro providers have been encouraged to lower their overheads by either looking at alternative areas of support, or where providers are using building based provision to utilise community resources (e.g. community centres or church halls). It would therefore be less likely that they will be responsible for building maintenance and rents payable would usually incorporate utilities.

The cost of DMBC daycare for people with a learning disability was £66.94 per day compared to an average cost of micro services daycare of £35 per day. DMBC's PULSE service (people using local services everyday), which provides a community based service for people with a learning disability costs £73.66 per day, compared with an average of £30 per day for a similar micro service (with transport included).

DMBC's Internal homecare services costs £15.51 per hour compared with an average of £8.50 per hour to a similar micro service.⁷

At a time where financial resources are scarce people using services can spread their budgets further by purchasing more cost effective quality micro services. A sample taken from 62 people leaving DMBC day service provision within learning disabilities has shown that 54 of those people are accessing micro services.

Case Study 5

Jason has a moderate learning difficulty and previously attended a DMBC day centre 5 days per week, which cost approximately £334.70 per week. Since his re-assessment under the new FACS criteria, his personal budget is now approximately £100 per week, which he receives as a Direct Payment.

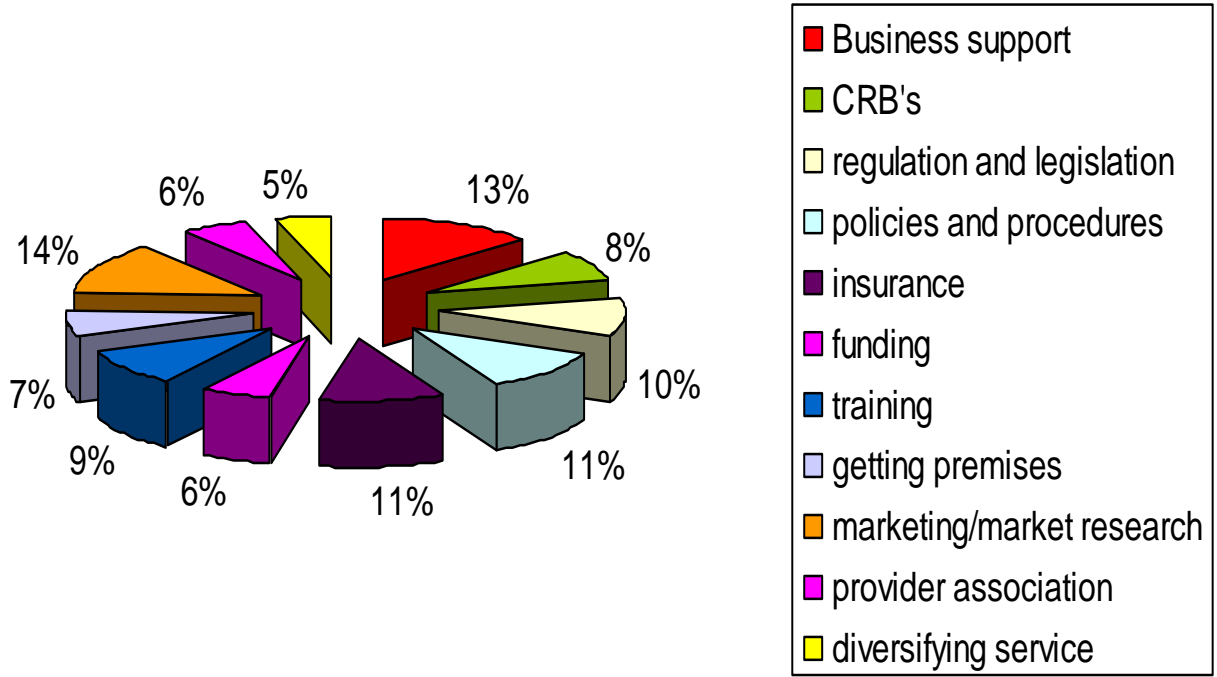
Jason attends a day centre 1 day a week @ £35; a creative arts centre @ £35, 1 day per week; he volunteers at a community café 1 day a week (no charge), and receives community outreach support 1 day a week @ £30. He spends the 5th day volunteering at a garden project. Although Jason has spent his budget for the week, he has been able to exercise choice and control, by being able to choose what activities he would like to attend at reasonable prices and hence stretch his budget further. It also enables him to engage in different activities rather than attending the same venue everyday and this has boosted his confidence and enabled him to increase his independence.

Supporting micro services

The pie charts below provide an analysis of how micro providers were supported. This is categorised as follows; type of support and advice received/required; agencies signposted to and outcomes of interventions with agencies.

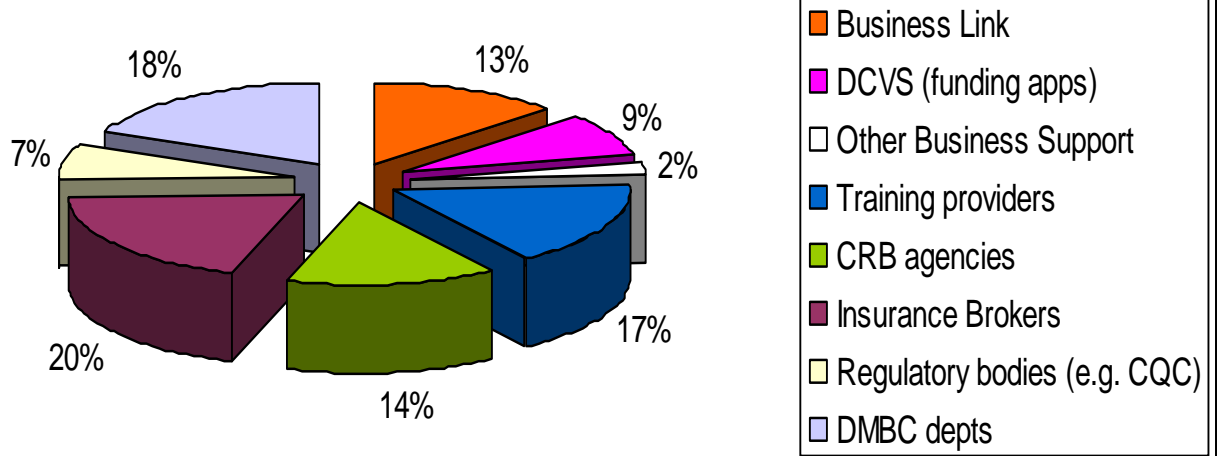
⁷ Obtained from DMBC's finance team based on unit costs of social care service provision

Type of Support and advice required/received

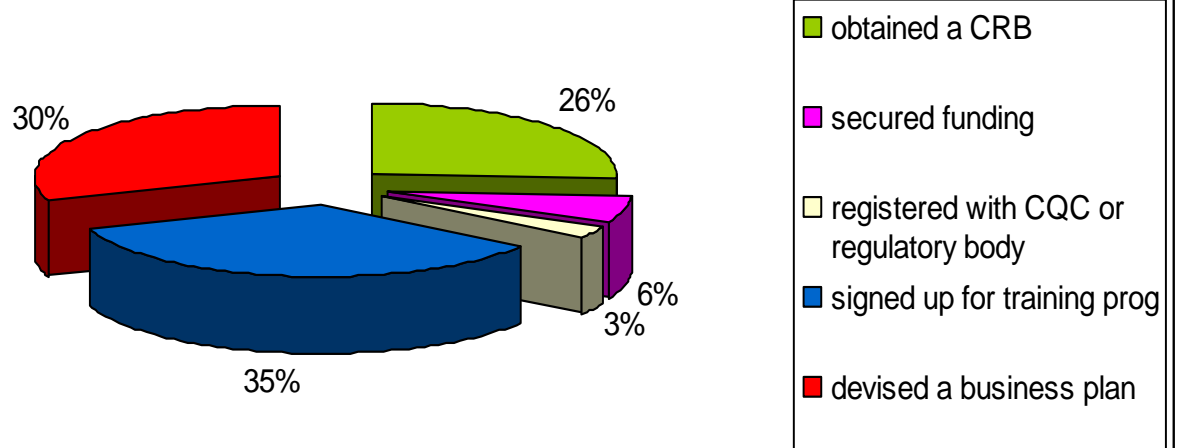


Of those who made enquiries, most required support and advice with business planning and support, with the least requiring information about funding and the Provider Association.

Agencies signposted to



Outcomes of interventions with agencies



10. Encouraging less traditional and promoting more diverse social care services

As well as traditional care, services many budding entrepreneurs have opted to create alternative social care services. The following case studies provide examples of such services.

Case study 6 – Gardening and grounds maintenance project

The project supports and supervises people with a learning disability and encourages them to gain confidence and valuable work experience in horticultural skills, which will enable them to eventually gain paid employment. The students are taught about health and safety regulations, manual handling and maintaining healthy lifestyles through exercise.

Case study 7 – Older person's social group

This voluntary social group for older people combines social interactions with its members as well as learning and developing skills in woodwork. The group meet 4 days per week and create various items of woodwork including bird boxes (which they distribute to schools), rocking horses and other types of furniture and toys. The group finance themselves through grant funding, bartering by exchanging goods for materials and equipment and they accept contributions for the goods they produce.

This group prevents social isolation as well as enabling the members to develop new skills and expertise.

Case study 8 – Community outreach and support

This service is run by a sole trader who supports people with a learning disability in the community and promotes independence, health and wellbeing. The provider works with people in their homes, supporting and encouraging them with day-to-day issues such as money management, developing employability skills as well as support in the community to access various universal community services. The provider is also working with young adults with a learning disability in transition from children's services to adult services and assists them through the transition to enable them to adapt to adult life. Further support also includes promoting independent travel. This will enable people with a learning disability to become more empowered, less isolated and gain more confidence and independence in the community as well as the option of gaining employment.

Case study 9 – Performing arts group

The performing arts group is a registered charity, provides support to people with a learning disability, and encourages speech therapy, confidence building and exercise through dance and drama. Furthermore, the group aims not to marginalise those with a learning disability, but integrate the students by engaging in mainstream performances nationally. This enables the general public to gain a greater understanding of people who have a learning disability and negate the concept of stereotyping and prejudice, by acknowledging that people with a learning disability can and should integrate with the wider community.

10.1 Gaps in social care provision in Dudley

Anecdotal evidence from Dudley social care professionals, parents/carers and people who use service suggests that the gaps in care provision in Dudley include transport, meals services and community outreach/ support. Whilst the latter two types of provision are actively being pursued by developing and newly established micro providers, transport continues to be a contentious issue. Many people who use services have stated that the lack of transport provision is a barrier for them. Furthermore free or subsidised transport such as *Ring and Ride* has been seen to be difficult to access. However, in contrast a micro transport service that was created in October 2010 ceased trading in January 2011 due to lack of customers and competition from free community transport services.

It could be argued that transport services such as these cannot survive in the social care sector in isolation, but perhaps 'join forces' with another service provider (e.g. a micro day service) to enable them to be more sustainable.

There also appears to be gaps in social care provision for young people in transition from children's into adult services. Case study no. 8 (above) provides a good example of this type of service provision in the micro market sector. However, services that cater for this specific age group (18-25) are low.

11. Providing Quality Assured Services

Commissioning and Micro Approval Process

“There is increasing evidence from the independent (voluntary and private) provider sector and from micro services that local authority commissioning practice needs to change in order to foster efficiency and productivity. It appears that adult social care commissioning is not yet facilitating the type of market development, diversification and community capacity building needed for personal budgets to be used productively and efficiently”⁸

DMBC’s commissioning department have created a new non-tendered approval process for providers (including micro-providers) and the Project Coordinator is working collaboratively with Commissioners to support micro providers through this process for those who wish to become DMBC approved providers.

Quality Mark

Evidence from the first phase of the national pilot of the micro services project in Oldham and Kent suggested that the majority of emerging micro enterprises fall outside current regulatory and legislative frameworks for care and support services. In addition Micro providers who are regulated by the CQC have concerns that the regulatory approach does not allow them to show the quality of their service. It is important that all providers can demonstrate the quality and value of the services that they offer. It is equally important that service users and commissioners have a method of assessing the quality of services and comparing them with each other when making purchasing choices.

The second stage of the project, managed by Community Catalysts, focussed on developing and testing an approach to quality marking that is tailored for micro social care enterprises. The approach to quality marketing has been designed to be accessible and appropriate to many different service types whilst also being comprehensive and robust.⁹

The Quality Mark process will be implemented in Dudley in 2011, with the support from DMBC’s Commissioning Team. This is designed to work just as well for someone with a learning disability running a tea club for older people as for someone running a day service running Monday to Friday and with fifteen customers. The Quality Mark looks at all the processes used by the service to make sure they are legal and safe but then focuses on the experiences of the people using the service.

12.Next steps – shaping the market for the future!

The first year of the project has seen the creation of a variety of micro services

⁸ Personalisation, productivity and efficiency – SCIE report 37 (2010)

⁹ The Quality Mark – Addendum to Micro Markets Practical Guide, NAAPS, DH (2010)

<http://www.communitycatalysts.co.uk/wp-content/uploads/2010/12/Quality-Mark-Project-final-project-report-2.pdf>

primarily aimed at people with a learning disability, with a number of existing social care services also supported to diversify. The second year of the Micro Services Project will concentrate on developing services aimed at older people, and those with a physical disability or mental illness, whilst continuing to support newly developed micro providers through the Provider Association and one to one support.

Future funding for the project

As indicated earlier in the report, the Micro Services Project is due to end in March 2012. However, this report has highlighted the need for a continuing support agency post March 2012 to stimulate third sector and private social care organisations as well as supporting the existing and newly developing organisations. It is anticipated that the second year of the project will continue to be successful and create further referrals due to the closure of some older people's day services and cuts to DMBC internal homecare. Furthermore, the slow emergence of people accessing mental health services receiving a personal budget and the drive of the Coalition Government to stimulate the health sector markets will encourage more people to set up small (micro) services, thus identifying the need for further support from a Project Coordinator.

Future funding for the project relies heavily on how successful the project has been thus far, what types of quality services have been created and how providers have identified the need for continuing support and advice.

15. Conclusion

Evidence in this report has identified the success of the first year of the Micro Services Project and provided examples of how micro provision is based on principles of best practice, offering services of a good quality and value for money.

The barriers and challenges that micro providers face have been addressed at a local and national level with some fantastic results, stemming from free and subsidised local training for micro providers to addressing key national issues regarding breaking down bureaucracy in regulation.

Micro market provision is needless to say a "small fish in a big pond", with competition emerging from larger more established organisations that have built up a reputation over a number of years. Evidence in this report has shown that micro market provision offers small, community based, friendly, more one to one support, and enables choice and control for those who purchase social care services. This is coupled with the enhanced ability for the customer to stretch their budget further in an economic climate where fiscal resources have been scarce.

Micro services have demonstrated that they are able to produce positive outcomes for the people that use their services, and the illustrations through the case studies have shown how micro services have built up people's confidence, increased independence, well being and promoted healthy lifestyles. In addition, micro services have created employment and volunteering opportunities for local people in Dudley; during the second year of the project, the Coordinator will begin to gain data into the real impact of this area.

The Coalition drive to create a Big Society and encourage co-produced services has been embedded in micro commissioning in Dudley. Services such as the Carer's Café are a prime example of co-production in action. The café demonstrated joint working with the local community and local agencies, along with providing advice, support and information for people of the local community whilst also empowering people, creating job opportunities and increasing social capital. With new services emerging in the second year of the project, and changes to how services are commissioned – co-production will be an innovative route to delivering local services for local people.

Many of the developing and new micro providers are up and coming social entrepreneurs, others are local people who want to provide good family community based services to their neighbourhoods. Others want to ensure that those people who are losing local authority services are able to access services immediately without having to anxiously wait for something to become available or worry about paying extra money for more traditional and less valued services.

With this in mind, it is essential that in order for micro services to continue to be sustainable in the long term and for the market to continue to adapt and diversify, local support must be available to micro providers. Without that support, the range of services will decrease and the very people who use services will feel the effects in the future.