

Pilot, refinement and embedding



This section focuses on testing and improving the neighbourhood prime provider model through structured piloting, learning and system refinement.

Be Caring's model was developed through piloting, refinement and gradual embedding. Starting with five manually tracked workers, the pilot expanded as performance improved. An initial internal pilot expanded to a more formal pilot with Leeds commissioners, where an evaluation by Leeds Beckett University showed gains in retention, continuity and satisfaction.

The model evolved through continuous learning. Manual tracking was replaced by digital tools, improving rota planning and responsiveness. Staff concerns were addressed through training and communication, while commissioner engagement was strengthened with evidence.

Ahead of organisation-wide rollout, Be Caring refined systems, adapted recruitment and planned operations. Cultural change and ongoing staff engagement helped embed the model, offering a replicable approach for care providers seeking to improve workforce stability and care quality.

This section is split into the following topics:

- testing what works
- learning and improving
- preparing for rollout
- launching with confidence
- making it part of everyday
- building on success
- key decisions, key learning and advice, recommendations.

Testing what works

“We knew how to communicate with staff. It was important to reassure them that they were never worse off with the changes, because of the safeguards we put in place. We always ensure carers get paid for planned time on rotas.”

Sam Booth, Director of Performance, Be Caring

The initial phase of testing Be Caring’s model focused on validating its impact on workforce satisfaction, service quality and operational efficiency. A small, manually managed pilot was launched in defined neighbourhoods, allowing close observation of care delivery, payroll accuracy and the relationship between hours worked and invoiced.

Digitising payroll and scheduling was a key milestone, replacing spreadsheets with real-time data tools that improved monitoring and revealed patterns in care delivery. Performance metrics tracked included punctuality, time in calls and care continuity, helping the organisation assess the effectiveness of its new approach.

The pilot highlighted gaps in local authority data, prompting Be Caring to strengthen internal frameworks for measuring success. These insights informed the development of more robust systems and processes, ensuring future scalability and consistency.

The pilot demonstrated that valuing care workers through consistent pay and recognition could drive better outcomes. It also underscored the need for cultural change and robust data systems, laying the foundation for broader implementation and long-term strategic planning.

“We would recommend other commissioners pilot this approach. Test it. If it doesn’t work, it doesn’t work. But chances are, it will.”

Paul Bickerton, Head of Commissioning, Care Homes, Homecare and Quality, Manchester Local Care Organisation

Learning and improving

“We’ve taken all the learning from what we’ve done in Leeds pilot and used that to assure commissioners and have the right conversations with carers.”

Sharon Lowrie, Chief Executive Officer, Be Caring

Following the pilot, Be Caring entered a phase of reflection and refinement, using insights from staff, commissioners and evaluators to improve the neighbourhood prime provider model ahead of wider rollout. Trust was a key theme, particularly among care workers transitioning from pay-per-call. To build confidence, the organisation guaranteed no financial disadvantage during the change.

Operational improvements included refining the neighbourhood deployment model to reduce travel and balance workloads. Training expanded to cover lone working, documentation and values-based care, while digital scheduling tools enabled dynamic rota adjustments. Data analysis revealed potential over-commissioning, prompting Be Caring to investigate why we weren’t fully utilising the time. This enabled them to right-sized care packages via the trusted assessor model, ensuring resources were aligned with actual needs.

Staff feedback was formalised through staff surveys, the engagement and communications team, local teams and the people team, creating multiple channels for carers to influence change. Recruitment strategies were adjusted to attract values-aligned candidates and collaboration between central teams, managers and commissioners remained constant.

Rather than rigid milestones, the organisation responded flexibly to emerging needs. This iterative, inclusive approach strengthened confidence in the model and reinforced the importance of transparency, adaptability and shared ownership in driving meaningful change.

Preparing for rollout

“What we did with Be Caring is we talked, we listened, we took the risk... and the benefit was great.”

Paul Bickerton, Head of Commissioning, Care Homes, Homecare and Quality, Manchester Local Care Organisation

Preparation for rollout involved strengthening internal infrastructure and securing external support. Internally, Be Caring refined recruitment processes, expanded training programmes and developed systems and processes, digitising and becoming paperless where possible, enabling instant visibility. These steps ensured consistency, efficiency and quality across services.

Recruitment campaigns emphasised consistent income and recognition to attract values-aligned candidates, while scheduling systems were adapted for neighbourhood-based carer delivery routes, improving continuity and reducing travel. Staff engagement was prioritised through newsletters, feedback and interactive sessions, helping build trust and reduce resistance. Training was standardised but tailored to local needs, ensuring relevance and accessibility.

Externally, commissioner engagement was critical. For example, Be Caring collaborated with Manchester commissioners to find a solution to the funding issue, recognising that what was being commissioned was not what they or clients were getting. By demonstrating via the trusted assessor model and associated evidence, Be Caring was able to show how to right-size packages, building trust that helped to influence wider commissioning changes. Liverpool supported the model early but remained less involved, highlighting the importance of active partnership.

By the time of rollout, Be Caring had built the tools, relationships and cultural alignment needed to implement the model effectively and at scale.

Launching with confidence

“When expanding into locations where we had not previously delivered care, we were able to advertise differently and recruit differently. It was far easier than trying to turn the ship around and encouraging staff to do things differently.”

Sharon Lowrie, Chief Executive Officer, Be Caring

Be Caring’s full organisational rollout of the neighbourhood prime provider model took place in April 2023, following years of piloting and preparation. Opting for a ‘Big Bang’ launch across all services reflected confidence in the model and the team’s readiness.

Communication was central, staff were engaged through newsletters, briefings and informal ‘Coffee and Cake’ sessions, with VOICE representatives used to monitor feedback and guide real-time adjustments. Support structures were strengthened, including expanded back-office teams and refreshed training aligned with the new model. Managers were equipped with data to monitor performance and respond proactively.

Safeguards ensured carers were paid for all scheduled calls, easing concerns about income and workload. The trusted assessor model played an important role in increasing or decreasing care according to individual needs, helping commissioners align services more closely with actual demand.

The launch marked a cultural shift; positioning Be Caring as a leader in values-based care. Transparency, empathy and a strong focus on quality underpinned the transition, reinforcing trust and setting the stage for sustainable, person-centred care delivery.

Making it part of everyday

“The neighbourhood prime provider model has become the standard across all our services, making a lasting difference for our colleagues and clients.”

April Carr, Communications and Engagement Lead, Be Caring

Following the successful launch, Be Caring embedded the neighbourhood prime provider model into its core operations and culture. Staff contracts, policies and working practices were updated to reflect the new approach, with digital tools and quality monitoring supporting consistent delivery across all services.

Digital integration was key. Scheduling systems were refined to support neighbourhood-based runs, while performance reports offered real-time insights into care delivery. These tools became part of daily operations, helping managers identify trends and respond proactively. Quality monitoring was institutionalised through audits, feedback loops and direct observations, ensuring continuous improvement and accountability.

Campaigns, such as winter falls prevention, were driven by data and supported by training, demonstrating how insights could be translated into proactive care strategies. Central support teams were expanded to manage recruitment, training and performance more effectively. Values-based recruitment and transparent communication created cultural alignment and innovation.



Building on success

“We build the care plans making sure people spend the duration in the call so that they can spend extra time with the client and call back if needed.”

Sarah Tate, Continuous Improvement Manager, Be Caring

With the neighbourhood prime provider model embedded across all services, Be Caring is now focused on optimisation, expansion and sector-wide influence.

A key priority is the continued development of CAREVIEW 360, the organisation’s digital platform for scheduling, performance monitoring and data-driven decision-making. Enhancements aim to improve usability and enable broader adoption by other providers, supporting sector-wide transformation.

Expansion into new local authority areas is underway and Be Caring is actively bidding for the right contracts and try to influence where commissioners are receptive as part of their future planning and market engagement. Consultancy support is being developed to help other providers adopt the neighbourhood prime provider model and restructure care delivery, sharing learning and tools to accelerate change.

Workforce development includes plans for specialist care skills and leadership programmes, ensuring staff are equipped to lead and innovate. Be Caring also seeks to influence national policy by sharing data and insights to advocate for sector reform.

This forward-looking strategy reflects a commitment to continuous improvement and collaboration, ensuring the model’s success becomes a foundation for wider impact.



Key decisions

- Piloted the neighbourhood prime provider model internally to test viability, refine the approach and build evidence before scaling across services.
- Digitised payroll and scheduling early to improve accuracy, reduce manual workload and enable scalable performance tracking.
- Guaranteed care workers full pay for scheduled calls during transition, ensuring financial stability and building trust in the new model.
- Redesigned recruitment to attract values-aligned care workers, supporting cultural change and long-term workforce retention.

Key learning

“When you work this way and build this kind of relationship, you see a reduction in the volume of commissioned hours. But that’s not a loss - it’s a sign that the system is better managed.”

Paul Bickerton, Head of Commissioning, Care Homes, Homecare and Quality, Manchester Local Care Organisation

Adopting a neighbourhood prime provider model requires more than operational change, it demands cultural transformation, trust and continuous learning. Start small, test thoroughly and digitise early to support data-driven decisions. Engage care workers with transparency and safeguards to ease transition fears and collaborate with commissioners using real-world evidence.

Embed the model through values-based recruitment, robust training and digital tools that support frontline delivery. Success lies in listening, adapting and aligning systems with purpose. Be bold, be patient and stay rooted in your values. The journey is iterative, but the impact on workforce wellbeing and care quality is profound.



“We’re still commissioning - but we’re doing it better. The results speak for themselves. Performance increased, quality improved, costs reduced, and staff felt valued. Carers are happier because their rotas are realistic and achievable. Citizens aren’t impacted, they benefit.”

Paul Bickerton, Head of Commissioning, Care Homes, Homecare and Quality, Manchester Local Care Organisation

Recommendations for providers

A checklist of practical recommendations and resources to help providers to adapt and adopt similar informed by this building block section.

Recommendations for commissioners

A checklist of practical recommendations for commissioners to help adopt some or all of the approach used by Be Caring’s commissioners.