

# Planning and preparing



This section outlines Be Caring's transformation journey, detailing the need for change, strategic objectives, risk management, infrastructure upgrades, and key individuals.

In 2018, Be Caring faced a critical turning point, financial instability and poor care quality exposed deep flaws in the time-and-task commissioning model. In response, the organisation launched a strategic, values-led transformation centred on ethical employment, personalised care and long-term sustainability. Driven by its employee-owned structure, Be Caring prioritised carers' wellbeing and co-designed a block-pay model that recognised the full value of their time.

This transformation was underpinned by proactive planning: engaging commissioners, supporting staff through change, securing stable funding and investing in digital and operational infrastructure. Inclusive leadership and clearly defined roles fostered trust, collaboration and resilience, laying the groundwork for a sustainable, high-quality care model.

This section is split into the following topics:

- identifying the case for change
- setting objectives and benefits
- identifying and managing risks
- assessing infrastructure needs
- engaging the right people
- key decisions, key learning and advice, recommendations



# Identifying the case for change

**“When I joined the organisation, we weren’t in a great place. We had services across the north of England that were losing a lot of money. If we’d carried on the way we were, we’d potentially not be around.”**

**Sharon Lowrie**, Chief Executive Officer, Be Caring

In 2018, Be Caring faced a pivotal moment. The organisation was grappling with significant financial challenges, including over £1 million in debt and mounting losses across its northern services. At the same time, its workforce, predominantly employed on zero-hour contracts with limited travel pay and no job security, was experiencing deep instability. This precarious environment led to high staff turnover, low morale and inconsistent care delivery.

The leadership team identified the root cause: the time-and-task commissioning model. This system rewarded volume over quality, pushing carers to complete as many visits as possible, often at the expense of meaningful engagement with people. Internal data painted a stark picture:

- in Leeds, carers spent only 65% of their time on care calls
- in Manchester and Liverpool, this figure dropped to around 55%.

This model was not only eroding care quality but also proving financially unsustainable.

Determined to reverse course, the leadership team, drawing on their own NHS and financial expertise, committed to a bold transformation. Their approach was grounded in Be Caring’s identity as an employee-owned organisation, which brought a strong ethical imperative - to treat carers fairly and build a sustainable, values-driven business.

The case for change was compelling - financial necessity, ethical responsibility and a commitment to delivering better care. Guided by performance data, staff feedback and sector insights, Be Caring launched a strategic overhaul of its commissioning and workforce model, one designed to align values with practice and secure long-term sustainability.

# Setting objectives and benefits

**“Those early strategic decisions, such as rebranding and piloting new workforce models, were the foundations to change the culture. A stepping stone for the next few years.”**

**Sharon Lowrie**, Chief Executive Officer, Be Caring

From the beginning, the objectives were clear - improve outcomes for those receiving care, enhance working conditions for staff and ensure long-term viability. Central to this was a move away from the traditional time-and-task commissioning model to the neighbourhood prime provider model.

Be Caring morale imperative to treat its workforce fairly was formalised in January 2019, when the organisation rebranded and launched a co-design process with staff to define a new mission, vision and values. This placed people at the heart of its operations.

Leeds was chosen as the pilot site for testing the new approach due to its supportive commissioning environment and existing investment in hospital admission prevention. The pilot aimed to test a more holistic and sustainable approach to care delivery. The aims and objectives included:

- people would receive more personalised, relationship-based care
- staff would gain greater job security, clearer career pathways and a stronger sense of ownership
- the organisation would benefit from predictable income through ‘neighbourhood prime provider model’ contracts, enabling better planning and resource allocation.

Be Caring’s transformation would be ambitious but grounded in a clear understanding of sector challenges. By aligning financial, operational and cultural goals, the organisation set out to create a future where both those delivering and receiving care are genuinely valued.

# Identifying and managing risks

As Be Caring embarked on its transformation journey, the leadership team was acutely aware of the risks involved. Changing the way care is commissioned, delivered and experienced is no small task and the organisation faced a number of potential barriers that could have derailed progress.

What set the organisation apart was its proactive approach, identifying barriers early and developing strategies to overcome them. These included:

- **Commissioner resistance:** Many local authorities were hesitant to move away from time-and-task models. Be Caring focused on receptive areas like Leeds and Newcastle to build credibility.
- **Workforce concerns:** Staff feared income instability. Be Caring addressed this through regular engagement, informal meetings and one-to-one support to build trust in the neighbourhood prime provider model.
- **Financial risk:** Lack of guaranteed funding posed threats. Be Caring secured neighbourhood prime provider model contracts and contingency funds, including a 14% uplift in Manchester to ensure income continuity.
- **Digital infrastructure:** A systems review raised scalability concerns. A phased rollout with internal testing ensured the platform could support the new care model effectively.

By anticipating challenges and responding with integrity and innovation, the organisation was able to navigate a complex change process and emerge stronger.

**“There was some resistance from the commissioners around paying carers on shift-pay. We did this without the Commissioners on side to start.”**

Sharon Lowrie, Chief Executive Officer, Be Caring

# Infrastructure needs

**“When we began this journey, the central infrastructure was almost non-existent. There was barely anybody to actually do any of what we wanted.”**

**Sharon Lowrie**, Chief Executive Officer, Be Caring

Be Caring’s transition to a new care delivery model required a complete overhaul of its infrastructure. Leadership understood that success would depend on building strong foundations across digital systems, workforce development and operational tools.

A top priority was the creation of a robust digital platform. The existing systems were reactive and underutilised, unsuitable for the demands of neighbourhood prime provider model commissioning. To support real-time rota planning, performance monitoring and an integrated outcomes process, Be Caring began developing a bespoke digital solution tailored to its new model.

At the same time, the approach called for a reimagining of workforce development. Carers needed new skills and support to thrive in a values-based, relationship-focused environment. This led to the expansion of HR and learning and development teams, tasked with delivering training in digital literacy, updated procedures and person-centred care. Workforce development efforts focused on equipping carers with the tools and confidence to deliver values-based care, reinforcing the importance of empathy, autonomy and professionalism.

Operational systems also needed to evolve. Payroll and rota planning tools were reconfigured to ensure fairness, transparency and efficiency under the new model. These upgrades ensured that systems like payroll and scheduling reflected the principles of fairness and sustainability, supporting both staff wellbeing and service quality.

Through targeted investment and strategic planning, Be Caring laid the groundwork for delivering high-quality, sustainable care, anchored in both ethical values and operational excellence.

# Engaging the right people

**“There was a co-design piece of work with colleagues around the mission, vision and value. We bring those values into everything we do. We did lots of workshops. It was very much internal. We did get everybody involved.”**

**Laura Mwamba**, Director of Business Development and Innovation, Be Caring

Be Caring’s transformation was driven by inclusive, values-led leadership and strategic engagement. Leadership roles were shaped around complementary skills, with responsibilities adopted based on expertise and interest.

## Key roles and what they did:

- **Executive leadership team** – Provided strategic direction, built commissioner relationships and ensured financial and operational stability, which included:
  - **Head of finance** – managing finance team and streamlining finance operations.
  - **Head of people** – oversee people support through values-driven Be Supported (regular one-to-one reviews for colleagues), absence management, colleague wellbeing strategies and Union relationship management at a local level, supporting managers to support people.
  - **Performance team** – uses data to monitor service delivery and guide decisions.
  - **Continuous improvement team** – oversees care standards and informed training.

NB: As part of the evolution of the senior leadership, the head of performance and head of business development became directors

- **Local leadership teams** – to ensure accountability, clearly defined roles and responsibilities, with a local leadership team which includes:
  - **Lead co-ordinator/Co-ordination team** – managed scheduling and staff deployment.
  - **Quality team** – ensuring care delivery meets care needs, care planning assessment, trusted reviews, working jointly with social work teams and integrated neighbourhood health teams.
  - **People team** – conducting direct observations, supporting care workers in the field and Be Supported (supervisions).
  - **Trainer** – delivered values-based induction and ongoing training
  - **Recruitment lead** – attracted and onboarded culturally aligned staff.

This inclusive approach built a culture of trust, transparency and long-term sustainability.



## Key decisions

- Rebranded as Be Caring in 2019, co-designing mission and values with staff to align culture with the new care model.
- Proactively identified and began addressing transformation risks early enabled Be Caring to build resilience, credibility and trust.
- Selected Leeds for the pilot due to favourable investment, enabling early testing of the approach in a financially viable environment.
- Identified the need for a system re-design to support scheduling, care planning and outcomes tracking aligned with operational needs.

## Key learning

Success began with a clear reform case and aligned goals with commissioners. Early stakeholder engagement built trust, while phased implementation maintained momentum. Investment in infrastructure, including digital tools and staff development, was possible by empowering staff and involving the right people on this journey.

## 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.