

Neighbourhood-based block-pay

How a pioneering new approach to homecare delivered high-quality care and retained staff



A practical approach toolkit
Based on Be Caring's approach

Contents



Introduction	03
Key terms and explanation	06
The context	08
About the organisation	11
The approach: Neighbourhood prime provider model	13
Timeline	19
Building blocks, recommendations and resources	20



Introduction



This toolkit offers a proven approach to improving care quality, workforce stability and commissioning value, supporting a shift from transactional models to flexible, person-led care with measurable outcomes.

This new toolkit is designed to be used flexibly, not read from start to finish in one sitting. It's divided into sections so you can focus on the parts most relevant to your role and interests. For some, the overview and recommendations may provide all they need. Others may choose to explore the detailed sections for a deeper understanding.

Each sub-section - called building block - sets out, in a logical sequence, the key steps one provider took with their people, workforce and commissioners to achieve a successful outcome.

For homecare providers - This toolkit supports a fresh approach to care, placing people, relationships and community at the centre of delivery. While it offers valuable insight into commissioned care, it also highlights good practice and concepts that any provider can adopt.

It offers:

- A step-by-step guide to reshaping homecare, ensuring every minute and every pound spent adds value.
- Support for adopting neighbourhood prime provider model's that reduce wasted time, improve scheduling and create stronger relationships between care workers and recipients.
- Tools for workforce development including training pathways, reflective supervision and employee engagement.
- Guidance for assessing current practices and planning a phased transition toward more sustainable models.
- Practical support for all providers including help with digital infrastructure and back-office systems.

“We’ve increased productivity, saved money in some areas and utilised the money available effectively and improved quality - all by changing how we plan rotas, adding proper travel time and valuing our workforce. The data proves it works.”

Sharon Lowrie, Chief Executive Officer, Be Caring



For commissioners - this toolkit helps move thinking beyond short-term fixes and to invest in long-term, value-driven solutions.

It promotes:

- Shifting commissioning from a transactional process to a partnership focused on outcomes, workforce wellbeing and local impact.
- Moving beyond rigid contracts by providing clear data on how funding improves care and employment.
- Unlocking greater value from every pound spent by focusing on workforce stability and care quality.
- Reflecting on current commissioning practices and identifying opportunities for improvement, even if that means paying more per hour.
- Saving resources by commissioning less, based on genuine need, without compromising quality.
- Recognising the value of specialist providers and adjust pricing to reflect added costs like travel or complexity.
- Engaging in meaningful dialogue to ensure models are adapted to local conditions.
- Co-designing commissioning models that embed the Care Act 2014 principles - placing people at the centre, building on individual and community strengths and focusing on meaningful, measurable outcomes.

Be Caring's adaptable model, built on fair pay, data-driven commissioning and workforce investment works across contexts. It delivers lower turnover, better continuity and a better use of resources, more efficient use of funding available. Success depends on strong collaboration between providers and commissioners.

Homecare works best when you have a compact geographical area – co-ordination is more effective, continuity of care improves, and workers spend more time delivering care rather than travelling, at the same time delivering operational efficiency.”Paul Higginbottom,
Service Manager, Sheffield City Council



Key terms and explanation

This section clarifies key commissioning, workforce and care delivery terms used throughout the toolkit, supporting reader understanding and confidence by explaining less familiar or context-specific terminology in a concise, accessible way.

The context

The toolkit looks at some of the challenges faced by adult social care providers, commissioners and people who draw on care and support. This includes rising demand, workforce instability and rigid commissioning models undermine quality and sustainability.

About the organisation

This explains more about Be Caring, looking at their history, size, service type, locations and ambitions. Understanding Be Caring's background is essential because it provides context for their care delivery model.

The approach

This section explains the key steps that enabled Be Caring to work with their commissioners to develop what became the neighbourhood prime provider model. It explains the key decisions that made this a success and what learning there is for others wishing to adopt.

Short video for providers

This interactive presentation is aimed at providers wishing to be talked through a summary of what Be Caring did, learning about what made a difference and some of the over-arching recommendations to those wishing to adapt and adopt such an approach.

Short video for commissioners

This interactive presentation is aimed at commissioners considering adopting a similar model or how their current approach compares with what Be Caring and their commissioners have implemented.



Key terms and explanation



This toolkit references a range of commissioning models, workforce strategies and care delivery approaches. While some terminology will be familiar to many readers, others may come across terms that are less commonly used, newly emerging or applied in a different context than they're used to.

To support clarity and shared understanding, this section offers concise explanations of key terms used throughout the resource - helping readers navigate the content with confidence as they progress.

Neighbourhood prime provider model - This commissioning approach designates a single lead provider responsible for delivering homecare services within a defined local area. While other providers may operate in the vicinity, commissioned care under this model is delivered exclusively by one agency. This enables consistent staffing, stable rotas, reduced travel time, and stronger relationships with local health and care teams. Contracts remain based on hourly rates but typically include guaranteed volumes to support service stability. It's important to distinguish this from other variations, such as shared or collaborative models, where two or three providers may operate in partnership - but only if the care volume in the area justifies it. These are not considered prime provider models but rather partnership-based approaches. Unlike the neighbourhood health service model, which integrates a broader range of NHS services across health needs, the prime provider model is specific to homecare and does not extend to wider clinical services.

Block-pay - Be Caring's pay model for care workers, where colleagues are paid for the full time they're out at work, including travel, training and gaps between visits. It's not a fixed shift (e.g. 7:00 – 14:00) but based on actual start and finish times with unpaid breaks. This supports financial stability and values staff time.

Task-and-time model - a traditional commissioning method where care is delivered in fixed time blocks (e.g. 30-minutes), sometimes criticised for prioritising volume over personalisation. This can fragment care and reduce flexibility, making it harder to respond to individual needs.

Trusted assessor - a trained and experienced member of staff, typically office-based, who is responsible for conducting internal reviews of care packages. This role enables timely adjustments based on real-time needs, supporting more responsive and accurate commissioning while reducing delays associated with external assessments. In most cases, the trusted assessor is a designated assessor within the provider organisation. However, depending on the provider's structure, this role may also be fulfilled by a registered manager (RM), deputy manager, or another suitably qualified staff member.



Integrated outcomes process - Be Caring's approach to embedding outcomes into care planning and reviews. It involves structured assessments, regular team discussions and personalised goals that reflect what matters most to the individual. This process is supported by digital tools but relies on practice, training and culture.

Sufficient hourly rate and contract mechanisms -a commissioning model that combines an appropriate hourly rate with mechanisms like retainer payments for hospital admissions, higher rates for shorter visits and funding for travel time. This ensures financial sustainability and better value for money.

Onboarding – this is the process of welcoming and preparing a new care worker to begin their role. It includes practical steps like introducing them to the organisation's values, systems and team and ensuring they're ready to start safely and confidently. Unlike induction, which focuses on formal training, onboarding is about initial integration and for Be Caring includes regular check-ins.



The context



Adult social care providers operate in an increasingly complex environment, where rising demand, workforce instability and competitive commissioning landscapes collide. Delivering high-quality, person-centred care often requires not only operational resilience but also a shift in how services are structured, attract investment and are aligned with the needs of local communities.

The challenge for adult social care providers

Adult social care providers are facing mounting pressures as demand for homecare grows. With the over-85 population in the UK expected to nearly double over the next two decades ([National population projections: past, present and future | National Statistical](#)) and most people preferring to remain in their own homes, the need for sustainable, high-quality care in the community is greater than ever.

Yet, the sector is struggling. Staff turnover averaged 24.7% in 2024–25 ([Department of Health & Social Care – Adult Social Care in England, Monthly Statistics: September 2025](#)), this is estimated to be costing providers over £500 million annually and disrupting continuity of care. Many frontline workers leave within their first year due to insecure contracts, low pay, unpaid travel time and limited training. These are all factors that contribute to burnout and a loss of valuable skills.

Domestic recruitment has also declined across adult social care in England, with 85,000 fewer British workers than three years ago. While international recruits have helped fill gaps, policy changes mean providers must now focus on retaining and supporting staff already in the UK.

To win local commissions, providers should deliver care shaped around people's assessed needs, rather than rigid time slots. The dominant task-and-time model fragments care and has been criticised by National Institute for Health and Care Excellence (NICE), trade unions and others for undermining person-centred support.

Providers operating in areas with high health inequalities face disproportionate challenges. These communities often have greater needs and complexity, placing significant strain on providers delivering intensive, tailored support. Yet, such factors are often overlooked during commissioning, leading to under-resourced services that struggle to meet demand. Closing this gap is vital to ensure fair access to quality care and prevent widening health disparities.

As is the focus in this toolkit, a neighbourhood prime provider model, with block-shift pay, guaranteed hours, paid travel and training, is one model that is likely to offer a more sustainable alternative.

To thrive, providers may need to rethink how care is delivered, focusing on continuity, workforce wellbeing and neighbourhood-based models that align with what people truly need.



“We were losing money in the way we were being commissioned, and the quality wasn’t great. Knowing we couldn’t deliver the model we wanted because of the commissioned funding, I called my chairman and said, we either work differently, or we withdraw.”

Sharon Lowrie, Chief Executive Officer, Be Caring

The challenge for commissioners

Adult social care commissioners face growing pressure to deliver quality services amid rising demand and constrained budgets.

Spreading care visits across wide geographic areas increases travel time and reduces efficiency. A more concentrated footprint, such as zoned commissioning, enables better rota planning, improves continuity of care and supports workforce wellbeing. Commissioners are increasingly working with providers who are open to innovation, testing new models that prioritise outcomes and sustainability.

A key shift for many may involve moving away from minute-by-minute billing. Planned time payments better reflect the realities of care delivery, support fairer pay and allow for more accurate data collection. This enables commissioners to make informed decisions and providers to manage resources more effectively.

Poor pay rates and rigid commissioning structures have led some highly trusted and well-rated homecare providers to stop tendering for local authority contracts altogether. These providers often cite unsustainable pricing, lack of flexibility and the inability to deliver quality care within the constraints of current funding models. This trend risks reducing the diversity and quality of provision available to commissioners and citizens alike.

Smarter commissioning offers a path to better care and greater sustainability. By concentrating services and securing collaborative relationships, commissioners can build a more resilient adult social care system that meets the needs of both citizens and providers.

“You’re not over-commissioning or under-delivering. You’re commissioning exactly what’s needed, and that precision benefits everyone: the care worker, the provider, and the citizen.”

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



The challenge for people who draw on care and support

For people who use adult social care services, the impact of stretched services is deeply personal. As demand for homecare rises, driven by an aging population and a growing preference to remain at home, many individuals face rushed, impersonal support from temporary staff with little time to build relationships or respond to changing needs.

Inconsistent care delivery, often shaped by rigid provider systems, means visit times are dictated by scheduling software limitations rather than the preferences or needs of the person.

In some areas, commissioners only commission minimum of 30-minute visits and some providers are also resistant to delivering or accepting less than this duration, regardless of whether someone needs ten minutes for a medication prompt or an hour for complex support. This mismatch undermines dignity and person-centred care, whilst incurring unnecessary costs for funders.

Families frequently report concerns about reliability, with late, inconsistent and occasionally missed visits causing distress and anxiety. Meanwhile, the wider health system struggles with delayed hospital discharges and increased reliance on crisis services.

To truly support people, care must be shaped around their lives and their choices. Flexible, person-centred commissioning is essential for dignity, wellbeing and better outcomes. This toolkit offers one tested, scalable solution that aligns commissioning with workforce needs and community outcomes.

“Investment in quality carers would mean that older people could stay in their own homes longer retaining some dignity and independence but still get care and support. A well-trained carer could spot a change in someone’s health, helping to organise treatment at home, which I think is the quickest place for recovery.”

David Airton, Be Caring client

Further support

Skills for Care publishes [national reports](#) around the adult social care sector workforce, including size, structure, turnover rates etc., as well as insight into [The value of adult social care in England](#).



About the organisation

The toolkit looks at what is being achieved by Be Caring, a community-based adult social care provider that is predominantly funded by local authority commissions.

Originally established in 2005 as Care and Share Associates (CASA), the organisation rebranded to Be Caring in 2019 to reflect its evolving mission and values. Today, Be Caring operates across the North of England, delivering services in Leeds, Manchester, Newcastle, Bradford, Liverpool, Sheffield and Tyneside.

Person-centred care and community focus

Be Caring supports over 1,100 individuals and employs around 850 care and support workers and 100 office, central and senior colleagues. Its services include homecare, specialist and complex care and community-based reablement. The organisation's approach is deeply person-centred, aiming to empower people to live independently and with dignity. Care teams are structured around local neighbourhoods, fostering strong relationships with people who draw on care and support, families and community partners.

Employee ownership and workforce empowerment

A defining feature of Be Caring is its employee ownership model. Staff are co-owners, giving them a meaningful voice in decision-making and ensuring that profits are reinvested into workforce development. This model promotes inclusion, openness and shared responsibility. It also enables enhanced employment terms, such as guaranteed hours, paid travel time and clear career pathways.

Values-led culture

Be Caring's core values (Be Kind, Be Proud, Be Involved, Be the Best You Can Be, Be Happy, Be Safe) were co-developed with staff and are embedded across all services. These values underpin a culture of high-quality, compassionate care.

The organisation has received exceptional feedback from the Care Quality Commission (CQC), including an 'Outstanding' rating in Leeds – since this approach was adopted -and has been praised for its holistic, relationship-based approach.

Innovation and service development

Be Caring continues to invest in service innovation and workforce wellbeing. Initiatives such as VOICE employee representation, the Above and Beyond programme and the Trusted Assessor Pilot empower staff to shape services and personalise care. There is further information about each of these later in the toolkit.

The organisation has also invested in developing its own digital system, which supports responsive and efficient service delivery by ensuring the right information is available at the right time. A number of these initiatives are explored in more detail in this toolkit.

Latest strategy and progress

Be Caring's 2025–28 strategy sets out a bold vision for shaping the future of social care through five interconnected goals. At the heart of its influencing agenda is a commitment to challenge conventional care models and forge strong partnerships with commissioners. By raising the national profile of care and contributing to the design of future commissioning frameworks, Be Caring aims to become the provider of choice.



The organisation's focus on talent reflects its belief that empowered colleagues deliver exceptional care. It will continue to celebrate diversity, promote inclusion and invest in leadership development. Strengthening skills and career pathways will ensure staff feel valued and equipped to grow.

In refining the model, Be Caring will embed its person-centred approach consistently across services. Empowering colleagues through its Above and Beyond programme, Be Caring has embedded a pro-active outcomes-focused/driven approach through its care planning and assessment processes.

The Above and Beyond programme will be expanded to deliver meaningful outcomes, while continuous improvement processes will be sharpened to enhance community impact. Achieving 'Outstanding' ratings from the CQC remains a key ambition.

Under information and systems, the rollout of a bespoke new digital solution called CAREVIEW 360 will support smarter, data-driven care. Staff will be trained to use systems effectively and processes will be embedded to ensure timely access to vital information. The digital and technology section explains more.

Be Caring's ambition also includes expanding into new regions, offering complementary services and exploring new markets such as the self-funding market and supported accommodation. This growth will be guided by the same values that have defined its journey so far, kindness, respect and a commitment to quality care.

“We've spent years working on our culture and improving our practice and our systems.”

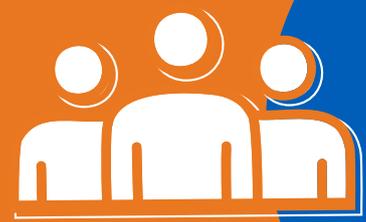
Laura Mwamba, Director of Business Development and Innovation, Be Caring

“When we inspected Be Caring Leeds, we were pleased to find people were exceptionally well supported, receiving safe care from kind, passionate staff who went above and beyond to provide a person-centred service which enhanced people's lives. Leaders had good oversight of what was going on and actively supported staff to deliver exceptional care, spend quality time with people and use their own initiative to benefit people.”

Sheila Grant, CQC Deputy Director of Operations in the North



The approach



At the heart of this transformation is adopting and securing a neighbourhood prime provider model that turned Be Caring from a struggling provider into a thriving, award-winning organisation. This model is the golden thread that has helped Be Caring stay in business, build a confident, capable workforce and deliver outcome-focused care that changes lives.

Unlike traditional commissioning models in homecare, which typically operate on a pay-per-call or pay-per-minute basis using electronic call (EC) data, Be Caring's approach works within these existing structures but reshapes how services are organised and delivered. The success of the model lies in achieving density and stability within defined neighbourhoods.

In each area, local arrangements underpin this approach. For example, in Leeds, Be Caring acts as the prime provider, with first refusal on new care packages and a retainer payment that supports continuity and planning. In Bradford, we're one of two providers in a defined area and receive a retainer payment to maintain capacity. In Sheffield, we're again the prime provider with a retainer in place. Across all these locations, we're still paid by the call, but by building care around neighbourhoods and securing volume commitments, we can deliver efficiency, flexibility and quality.

What wasn't working with the commissioning model?

A tipping point has been reached: without fairer funding, provider ability to support workforce and maintain quality is at risk. Providers cannot continue to "make time more efficient" indefinitely when cuts are applied in real terms."

Sharon Lowrie, Chief Executive Officer, Be Caring

Be Caring's transformation was driven by a clear recognition that their existing model of care was no longer fit for purpose.

Commissioning practices in homecare, though well-meaning, often create structural barriers that hinder effective delivery. While commissioners and providers share the goal of helping people live well at home, the current system doesn't always align commissioned care with the resources needed to deliver it.



A major flaw lies in how travel time is treated. Though included in the hourly rate as a percentage, this approach ignores the fixed nature of travel time, which disproportionately impacts shorter visits. This results in an hourly rate that underestimates the true cost of care and limits providers' ability to invest in their workforce.

The widespread use of 30-minute minimum care calls added further inefficiency. Care is typically commissioned in fixed blocks - 15, 30, or 60 minutes - regardless of actual need or delivery realities. Local authorities often cite IT system limitations or political pressures, as reasons for avoiding shorter calls. Even when shorter visits would be more appropriate, they're financially unviable due to pro-rata payment models that fail to cover fixed costs like travel.

To make homecare sustainable, commissioning must reflect delivery realities. This includes:

- sufficient volumes of work in local areas to support efficient rota planning
- investment in hospital admissions and cancelled calls to stabilise income.



The catalyst for change

By 2018, the organisation was facing mounting financial instability, fragmented service delivery and high staff turnover. These issues were exacerbated by a commissioning framework focused on tasks and time rather than outcomes and relationships. Internal analysis revealed that carers were spending less than 70% of their paid hours delivering care, with the remainder lost to unpaid travel and scheduling gaps. This not only undermined the quality of care but also placed the organisation's future at risk.

In response, Be Caring's leadership committed to a bold, values-led strategy. In 2019, the organisation rebranded and launched a co-design process with staff to define a new mission, vision and set of values. This marked a cultural shift toward transparency, inclusion and ethical service delivery. The team recognised that to truly support both care workers and people, they needed to move away from fragmented paying carers by the visit, to the full-shift pay approach under the neighbourhood prime provider model.

The journey continued in 2020 with a pilot at their Leeds service, where Be Caring introduced guaranteed hours, paid travel and training time and structured support for care workers. This model enabled more meaningful visits and improved financial stability for staff. It also helped to create stronger relationships between care workers and people who draw on care and support, enhancing wellbeing, quality of life and continuity of care. Leeds was chosen strategically due to its supportive commissioning environment and existing investment in hospital discharge, making it an ideal location to test the new approach.

The pilot not only validated the full-shift neighbourhood prime provider model but also laid the groundwork for wider transformation. It demonstrated that by valuing the workforce, Be Caring could deliver higher-quality, more consistent care while improving operational sustainability. This foundational phase became the springboard for a multi-year journey of innovation, expansion and sector influence.



How change was achieved

Scaling the neighbourhood prime provider model required more than operational tweaks, it demanded a complete reimagining of infrastructure, workforce support and commissioner relationships. However, this happened gradually and purposely over time, as Be Caring changes its culture, systems and commissioner relationships.

Designing a digital solution - Be Caring invested in comprehensive system redesign, developing new processes, data insights and organisational capability. Ultimately this has led to the creation of CAREVIEW 360, a system designed to unify scheduling, care planning and an integrated outcomes process. This enabled real-time rota optimisation, improved data transparency and reduced duplication across services, allowing managers to respond quickly to changing needs and ensure resources were used effectively and efficiently.

Workforce development - staff were supported through structured onboarding, paid training and neighbourhood-based rotas that reduced travel stress and improved continuity of care. Recruitment focused on values and local knowledge, ensuring carers were embedded in the communities they served. The organisation also introduced wellbeing and onboarding calls, peer mentoring and reflective supervision to build resilience and trust.

Local geographic delivery - a defining feature of Be Caring's model was its neighbourhood-based approach to service delivery. Care workers were assigned to small, local geographic areas and generally frontline workers live within the vicinity. This helped to reduce reliance on cars, shortened distances between visits and enabled care workers to walk between people who draw on care and support. As a result, more time could be spent with people rather than travelling, maximising every minute of the working day.

Community connections - care teams bring valuable insight into the communities they serve, including cultural nuances and informal support networks - elements that are vital in building trust and delivering truly person-centred care. While some staff may be locally recruited, others are sponsored workers who are trained and supported to build their knowledge of the local area. Be Caring emphasises that recruiting carers with the right values remains the primary focus. Regardless of background, all care workers are equipped to understand and connect with the neighbourhoods they work in. For many people, being supported by someone who understands their community adds a layer of comfort and dignity that traditional models often lack.

“Because it’s such a small geographical area, carers are not travelling long distances. You can pay them fairly for a full shift, covering their travel time. Less travel time means more time to spend with people and build important relationships.”

Hannah Holmes, Service Manager, Sheffield, Be Caring



Trusted assessor - Piloted with Manchester City Council, a trusted assessor model enabled internal staff to conduct care package reviews traditionally done by social workers. This approach streamlines care planning, reduces hospital delays, and builds trust with commissioners by allowing more flexible, responsive commissioning. Reviews are based on real-time client needs and informed by Electronic Care Monitoring (ECM) data, care notes, client feedback and staff insights. People are fully involved, with changes made only after informed agreement, ensuring reviews are seen as quality improvements rather than cost-cutting. A dedicated co-ordination and review team monitors performance, supports rota planning and ensures accurate recording, with trained coordinators maintaining consistency and confidence. The pilot delivered measurable benefits, including increased efficiency (from 55% to 70%), right-sized care packages, and high satisfaction among clients and staff. CAREVIEW 360 will support wider rollout by providing the data and evidence needed to tailor the model across different local authorities.

“Staff were trained to carry out comprehensive assessments using care notes, contact logs and client conversations. No changes were made without client agreement, fostering trust and strong commissioner relationships.”

Caroline Kiely, Trusted Assessor Lead, Be Caring

Stronger governance - Internally, governance was strengthened through distributed leadership, monthly management meetings and a continuous improvement team. Staff were involved at every stage, shaping services through co-designed initiatives. This inclusive approach ensured that change was not only implemented but embedded across the organisation, creating a culture of ownership, adaptability and continuous improvement.



“Retention comes from meaningful work, strong relationships and a culture of respect. Carers stay because they feel valued, supported and proud of what they do.”

Stacey Clarkson, Assistant Director of Operations/Registered Manager – Leeds, Be Caring

The results of Be Caring’s transformation have been far-reaching and deeply positive. Staff report significantly higher job satisfaction with retention rates improving across all regions. Predictable income, meaningful roles and supportive management have created a culture of pride and commitment. Biannual surveys show a growing number of staff would recommend Be Caring as a place to work.

Neighbourhood-based delivery has strengthened relationships between people and their care worker and improved continuity.

Commissioners have seen tangible benefits including reduced under-delivery, improved efficiency and better value for money. In Manchester, productivity of care workers increased by over 25% following the adoption of the neighbourhood prime provider model.

Be Caring’s approach has also influenced wider sector practice. Several local authorities have adopted elements of the model and the organisation continues to share learning nationally through consultancy, data sharing and policy engagement.

Key decisions that secured success

- **Piloting in a favourable environment** - Be Caring launched its approach in Leeds, where favourable investment conditions allowed for early testing. This strategic choice enabled the organisation to trial innovations in a financially viable setting, reducing risk and building early credibility.
- **Investing in bespoke digital infrastructure** - After identifying limitations in off-the-shelf systems, Be Caring gradually developed a custom digital platform tailored to its operational needs. This included scheduling, care planning and real-time reports, enabling agile development, performance tracking and continuous improvement.
- **Secure neighbourhood prime provider model contracts** - The organisation negotiated minimum hours contracts, still based on hourly rate and hours delivered e.g. 80% of expected hours, which is guaranteed. This stabilised income and enabled investment in workforce development, training and service quality. Contingency arrangements further protected staff income during care disruptions, supporting financial resilience and trust.



- **Embedding values-based workforce strategies** - Be Caring redesigned recruitment and onboarding to prioritise empathy and community connection. Structured induction, wellbeing calls and neighbourhood-based rotas improved retention, morale and continuity of care, aligning workforce practices with organisational values.
- **Strengthening governance and continuous improvement** - Governance roles were embedded across central and local teams, supported by real-time data and monthly management meetings. A continuous improvement team was established to oversee safeguarding, complaints and quality, driving transparency and service transformation.

Key learnings

Success began with a clear case for change and was sustained through stakeholder engagement, ethical financial planning and investment in both people and technology. Digital tools supported efficiency and care quality, but their impact depended on staff empowerment, agile development and real-time feedback. Governance was embedded across teams, rooted in culture and shared ownership rather than hierarchy.

A key differentiator in Be Caring's approach is its focus on the workforce. The organisation advocates for fair pay, including travel time and moves away from zero-hour contracts. This commitment to staff wellbeing is not only ethical but also strategic. Well-supported staff deliver better care, stay longer in their roles and build stronger relationships with people who draw on care and support.

The neighbourhood prime provider model required cultural change, transparency and iterative learning. Importantly, Be Caring's journey shows that transformation doesn't require perfection from the start, simple tools and strong values can drive meaningful change.

“We’ve learnt as we’ve developed. It’s been iterative, authentic and we’ve built the story from the ground up.”

Sam Booth, Director of Performance, Be Caring

“We don’t have all the answers - nobody does. It’s about listening to others, learning from exemplars, and having the commitment to shared learning and collaboration.”

Paul Higginbottom, Service Manager, Sheffield City Council



Timeline

Year	Key activity
2018	Faced financial instability and concerns regarding poor care quality. Leadership identified systemic issues in time-and-task commissioning and committed to ethical, values-led transformation focused on workforce wellbeing and sustainable care.
2019	Rebranded as Be Caring. Staff co-designed mission and values. Strategic planning began, laying foundations for what become the neighbourhood prime provider model. Infrastructure and cultural change were prioritised.
2020	Piloted block-pay model in Leeds, including offering guaranteed hours, paid travel and training. Began to identify the digital tools needed to deliver this way of working.
2021	Evaluated original pilot outcomes. Refined recruitment processes, expanded training and negotiated ways of utilising existing money effectively – ensuring all care is paid by hourly care delivered. Prepared for wider rollout with phased mobilisation plans. Began to engage other commissioners to talk about the approach.
2022	Strengthened governance and infrastructure. Embedded digital reports and performance tracking. Established new continuous improvement team.
2023	Full rollout of the neighbourhood prime provider model across services. Six-month mobilisation phases included commissioner negotiations, staff training and system upgrades. Cultural alignment and transparent communication supported success. Expanded to new Bradford service.
2024	Expanded into Sheffield. Began to formally develop CAREVIEW 360 platform. Pilots like 'Trusted assessor' and 'Community wellbeing service' embedded. Focus shifted to outcomes, efficiency and sector-wide learning. Expanded to new Sheffield service.
2025	CAREVIEW 360 entered final testing. Consultancy and support offer developed. National influence grew through data sharing and policy engagement. Continued investment in workforce development and digital innovation.



Building blocks, recommendations and resources



The building blocks are available to download individually from our website. Each one offers a deeper look into a key step of the process, highlighting important decisions and lessons for those looking to replicate the approach. Every building block is supported by practical resources, including two tailored checklists, one for providers and one for commissioners, as well as additional tools to help you implement specific elements effectively. implement some recommendations.

Planning and preparing - this looks at the need for change, the goals and benefits of transformation, how risks were managed, infrastructure requirements and the importance of involving the right people to support successful implementation.

Digital and technology - this looks at reviewing existing infrastructure, selecting the right additional solutions, understanding the benefits of a customised approach, building digital confidence and achieving efficiencies through technology.

Financing and investment - this looks at planning investment, ensuring long-term affordability, unlocking value and efficiencies and how commissioned funding supports quality care.

Involving key stakeholders - this looks at identifying understanding stakeholder needs, partnering with commissioners, strengthening relationships and proposing the approach to other commissioners to build wider support and collaboration.

Governance and implementation - this looks at roles and accountability, how the process was guided and how progress was measured to ensure effective implementation and continuous improvement.

Workforce - this looks at how Be Caring attracted, recruited and embedded its workforce - through onboarding, skill development, meaningful roles and local knowledge. It also explores how the organisation supports, develops and retains staff through valued conditions, meaningful work and ongoing commitment.

Pilot, refinement and embedding - this looks at testing and refining the approach, learning and improving through feedback, preparing for rollout, launching with confidence, embedding the model into everyday practice and building on success for long-term impact.

Outcomes, impact and learning - this looks at what's been achieved, the impact of the transformation, how meaningful outcomes were measured and how lasting change has been delivered through a values-led, sustainable approach.

