



*Serving You*

## **Health and Adult Social Care Overview and Scrutiny Committee**

**4 December 2025**

### **Commissioning Care**

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#### **Summary**

This report provides the Committee with an overview of how care is commissioned by the Adult Social Care Brokerage function across both Hospital Discharge (IDT Brokerage) and Community Brokerage. It explains their shared role in sourcing placements and packages of care to support timely and safe transitions, whether from hospital or within the community, and their alignment with statutory duties under the Care Act 2014 and NHS guidance.

The report outlines operational processes, including referral triage, provider sourcing under framework agreements, cost negotiation, as well as commissioning perspectives and collaboration with the Integrated Care Board (ICB). It also addresses common challenges such as variances in costs, provider capacity, and market sustainability.

#### **1. Recommendations**

1.1 The Committee is requested to note the report.

#### **2. Budget and policy framework**

2.1 The Brokerage function operates within the following legislative and policy frameworks:

- Care Act 2014: Duties to promote wellbeing, prevent needs, and ensure safe discharge.
- Health and Social Care Act 2022: Integration and discharge planning responsibilities.
- Hospital Discharge and Community Support Guidelines (DHSC): Requirements for timely discharge.
- NHS Discharge to assess policy: Supporting discharge pathways.
- Equality Act 2010: Ensuring fair access to services.

- One Medway Council Plan: Priority 1, delivering quality social care and community services.
- NHS Long Term Plan: Improving discharge pathways and patient flow.
- NICE Guidance: Best practice for hospital discharge and intermediate care.

### 3. Background

3.1 Medway Council's Adult Social Care Brokerage service consists of two teams who are responsible for arranging and securing (also known as micro commissioning) appropriate care packages and placements including: -

- Residential and Nursing care for Older People
- Supported Living
- Specialist Residential or Nursing Care (e.g., MH, LD, and PD)
- Respite services (in the form of placements or domiciliary care)
- Domiciliary (Homecare) services
- Discharge to Assess (D2A) Beds
- Rehab Beds

3.2 The Brokerage Teams consists of: -

#### IDT Brokerage Team

- 1 x FTE Team Manager
- 2 x FTE Senior Brokerage Officers
- 1x FTE Brokerage Officer

#### Community Brokerage Team

- 1 x FTE Team Manager
- 4 x FTE Senior Brokerage Officers
- 3 x FTE Brokerage Offices

3.3 Senior Brokerage Officers manage complex cases that require additional oversight. They source:

- Older People's Residential and Nursing placements.
- Specialist placements for Mental Health (MH), Learning Disability (LD), and Physical Disability (PD)
- Supported Living services.
- Respite Care

3.4 Brokerage Officers focus on sourcing:

- Older People's Residential and Nursing placements.
- Domiciliary Care (Homecare) Services

3.5 The IDT Brokerage Team was established in April 2023 as an expansion of the existing Brokerage function to address growing pressures on hospital flow. Since its formation, the team has delivered significant improvements in discharge efficiency and system collaboration. By providing dedicated oversight of "No Criteria to Reside" compliance and monitoring patient length of stay, the team has helped reduce delays and supported timely transitions from hospital to community care. Strong partnerships have been forged with IDT Social Workers, Medway Community Healthcare, and hospital teams,

resulting in more coordinated discharge planning and improved patient outcomes.

- 3.6 The Community Brokerage Team, who manage community-based referrals and ongoing care needs, also arranges care and support for those at significant risk in the community, preventing unnecessary hospital admissions.
- 3.7 Together, the two teams form Medway Council's Brokerage Service, providing a comprehensive approach to sourcing care across hospital and community settings.
- 3.8 The team ensures quality of care by using trusted providers under framework and spot purchase agreements and negotiates care fees to avoid unsustainable costs and achieve a fair cost of care. Quality assurance includes CQC registration checks and adherence to Council quality standards.

## 4. Advice and Analysis

### 4.1 Collaboration

- 4.1.1 To ensure care is tailored to eligible needs, the Brokerage Teams work closely with social work teams and providers.
- 4.1.2 The IDT Brokerage Team support people who are managed by the Integrated Discharge Team. However, if an individual is already known to Locality Teams and their needs remain unchanged during admission, the Locality team retains responsibility. Where needs have changed during admission and a new assessment is required, the cases transfer to IDT.
- 4.1.3 Between November 2024 and November 2025, IDT Brokerage processed 854 cases. Approximately 16.5% of these, remained with the Locality teams, the remainder were managed by IDT (either Social Care or Health).
- 4.1.4 For hospital discharge cases collaboration is embedded into practice through a daily scheduled meeting, where both teams review each active case in detail, share updates, and brainstorm solutions to overcome barriers. Throughout the day, the IDT Brokerage team provides real-time progress updates via shared spreadsheets and maintains an open communication channel through Microsoft Teams, enabling instant messaging and quick decision-making.
- 4.1.5 The Community Brokerage Team provides specialist support for cases overseen by the Locality Teams. These cases may involve individuals with a long-standing history of engagement with Adult Social Care, as well as those who are accessing support for the first time. The team works collaboratively to ensure that appropriate services and resources are identified and arranged, promoting continuity of care and person-centred outcomes.

- 4.1.6 Due to the extended duration for which cases are typically managed, often longer than those handled by IDT Brokerage, it is imperative that the team maintains consistent and transparent communication with all relevant stakeholders. This includes social workers, service providers, and other professionals involved in the individual's care and support.
- 4.1.7 Between November 2024 and November 2025, Community Brokerage processed 1,927 cases.
- 4.1.8 On top of their case work with the Locality Teams, Community Brokerage also support the Transitions and Targeted Review Teams with work that falls outside of the typical operational processes.
- 4.1.9 Community Brokerage works closely with the Transitions Team from age 17 to identify future care needs. This early engagement enables proactive planning and ensures that services can be implemented within very short timescales once the individual turns 18.
- 4.1.10 The Community Brokerage team supports complex cases, including those transitioning from residential school placements, by liaising with providers and proposing tailored solutions that meet assessed needs. The team collaborates with Commissioners to address gaps in the market for this specific cohort, ensuring that suitable and sustainable services are available.
- 4.1.11 Community Brokerage works in close partnership with the Targeted Review Team, meeting twice weekly to discuss reviews of designated providers, Section 117 cases, and Continuing Health Care (CHC) improvers. For CHC improvers, Brokerage engages directly with the team to negotiate costs as Integrated Care Board (ICB) rates often fall outside the Council's agreed contract prices; where negotiation is not possible, alternative provisions aligned with band rates are explored and in relation to Section 117 funding, Brokerage verifies costs to ensure the correct split with the ICB is reflected.

## 4.2 Operational Process

- 4.2.1 IDT Brokerage plays a critical role in supporting discharge pathways 1, 2, and 3 by sourcing placements, discharge-to-assess beds, rehab services, and homecare packages for individuals who are medically fit for discharge from hospitals in Medway, Kent and out of county.
- 4.2.2 Community Brokerage ensures individuals remain safely supported in the community. It is particularly critical for those at risk of hospital admission or experiencing Carer breakdown.
- 4.2.3 The process begins for both Brokerage Teams with case allocation following the Adult Social Care Best Practice Panel. The Panel is held weekly to discuss cases and establish the most appropriate support required to meet someone's needs and support their wellbeing.

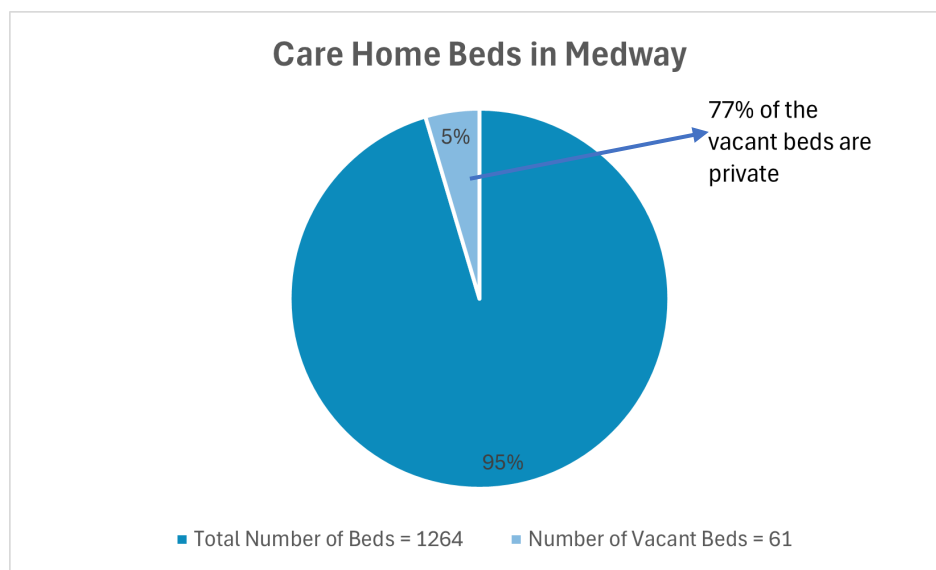
- 4.2.4 Panel is Chaired by the Assistant Director, with Operational Managers, Social Work Team Managers, Occupational Therapists, Commissioning, Finance, Kyndi and Brokerage in attendance.
- 4.2.5 When cases are held by IDT, or a person is in Hospital, there is a dedicated Best Practice panel held daily to prevent delays which could in turn result in delays to discharge.
- 4.2.6 Similarly, if someone is at immediate risk in the community, cases can be discussed outside of panel with Heads of Service or the Assistant Director, to ensure decisions are made in a timely manner, mitigating the risk of safeguarding concerns and preventable hospital admissions.
- 4.2.7 Once a case has been assigned to a member of the team, the Senior/Brokerage Officers then begin the micro-commissioning process, sourcing care under framework agreements or spot purchase arrangements.
- 4.2.8 Throughout the process, the Brokerage Team coordinates with social workers, service users, providers and hospitals to facilitate assessments, maintaining regular communication to confirm outcomes.
- 4.2.9 When a provider accepts a person, the team negotiates costs, working to reduce fees where necessary, and confirms funding arrangements. Once costs are finalised, the Brokerage Team provides contracts and ensures quality assurance checks are completed before the move where they have not been done previously.
- 4.2.10 When a person requires discharge from Hospital, daily engagement with IDT enables real-time problem-solving and discharge planning. Having a structured, multi-step approach ensures timely, cost-effective, and person-centred transitions from hospital to community care.
- 4.3 Joint Responsibilities
- 4.3.1 Although the two Brokerage Teams manage separate caseloads, they share certain operational responsibilities. These include processing Homecare Variations and managing the Mosaic Provider Portal.
- 4.3.2 A homecare variation refers to any change in an individual's care package, such as an increase or decrease in the number of care hours, adjustments to visit schedules, or amendments to the type of support provided. These variations must be accurately recorded to ensure that care delivery and invoicing reflect the actual services received.
- 4.3.3 Between November 2024 and November 2025, the Brokerage Teams processed approximately 4,800 homecare variations, averaging around 400 per month. Timely completion of these variations is essential to maintain accurate records and ensure that client invoices correctly represent the care delivered. Delays or inaccuracies in processing can lead to discrepancies in

billing and impact provider payments, making this a critical function within Brokerage operations.

- 4.3.4 To improve accuracy and efficiency, the Mosaic Provider Portal has recently been introduced. This system enables providers to record actual care delivered directly into the portal, reducing reliance on manual updates from Social Workers and providers.
- 4.3.5 In cases where care hours decrease, the portal will automatically update Mosaic, ensuring real-time alignment between planned and delivered care. This innovation is expected to significantly reduce administrative burden and improve data quality.
- 4.3.6 The Mosaic Provider Portal is currently in the early stages of implementation. The Brokerage Teams are working closely with the Finance Operations Team, Commissioning Team, and Systems Team to ensure a smooth transition and resolve any operational challenges.

#### 4.4 Challenges

- 4.4.1 Challenges include significant cost variations between health-funded and social care-funded placements.
- 4.4.2 Health-funded placements are often commissioned at substantially higher rates, which often creates an expectation among providers for elevated fees. This disparity can influence the availability and affordability of placements for social care, as providers become accustomed to the higher fees offered by health services. Consequently, this can limit options for individuals requiring social care funding, leading to increased negotiation complexity and potential delays in securing appropriate support.
- 4.4.3 This places pressure on social care budgets, risks inflating market costs over time, and requires robust commissioning strategies to maintain equity and financial sustainability across the system.
- 4.4.4 There is limited provider capacity within Older Persons' Residential and Nursing care, which restricts placement options and can lead to delays in securing appropriate support.
- 4.4.5 The lack of availability not only reduces choice for individuals and families, which is a requirement under the Care Act 2014, but also impacts hospital discharge flow and places additional strain on the Brokerage Teams.
- 4.4.6 Across 28 Care Homes in Medway, there are a total of 1,264 beds. As of 4<sup>th</sup> November 2025, there were 61 vacant beds across Medway, 47 of which were private.



*Graphic 1 - Care Home Bed Numbers*

- 4.4.7 Private placements typically incur significantly higher costs, in some cases more than £1,000 per week greater, than the Council's contract price, and are often inaccessible to local authorities, creating additional financial and operational challenges when sourcing appropriate care.
- 4.4.8 Commissioners are aware of the gaps in market and are actively working with providers to increase bed capacity available at Medway Council band rate.
- 4.4.9 When searching for a care home placement, searches are initiated by contacting homes who accept Medway Council's Contract Prices (band rates) however, if suitable options cannot be secured within these costings, the Brokerage Team seeks approval from the Assistant Director or Director to approach homes with higher costs. These requests are made when a person is not safe to remain in their own home or to ensure discharge is not delayed further.
- 4.4.10 Table 1 outlines the number of care providers who accept Medway's Contract Price (Band Rate) and those who request higher prices.

Placement Band	Band Rate			Non Band Rate	
	Medway	Kent		Medway	Kent
Standard Residential	5	2		6	53
Residential Dementia	11	3		6	65
Standard Nursing	5	1		4	57
Nursing Dementia	4	2		3	61

*Table 1*

- 4.4.11 Between November 2024 and November 2025, the IDT Brokerage Team managed a total of 854 cases. Of these, 519 cases involved individuals being discharged from hospitals across Kent and Medway. The hospitals are a mixture of Acute, Community and Mental Health Hospitals. Table 2 overleaf gives a breakdown of the number of referrals made by hospitals.

Area	Number of Referrals
Medway	379
Kent	129
Out of County	11

Table 2

4.4.12 Table 3 provides a breakdown of the types of care arranged.

Provision Type	Number of Cases
Homecare	291
Older Person's Residential/Nursing Care	304
Supported Living	30
Working Age Residential	17
Respite	2
Rehab	180
Discharge To Assess Beds	30
<b>Total (Nov 24 – Nov 25)</b>	<b>854</b>

Table 3

4.4.13 Between November 2024 and November 2025, the Community Brokerage Team managed a total of 1927 cases. Table 4 gives a breakdown of the types of care arranged.

Provision Type	Number of Cases Processed
Homecare	1434
Older Person's Residential/Nursing Care	192
Supported Living/ Working Age Residential	156
Respite	145

Table 4

4.4.14 The current Brokerage process is manual and time consuming, for example every transaction/email discussion with every care provider has to be input into a spreadsheet and if the Acute Trust want to know why a providers are not able to support a person this requires manually pulling information from the spreadsheet into a word document. There are no reporting tools available.

4.4.15 We are currently exploring digital transformation through an E-Brokerage solution to enable end-to-end referral management, brokerage management, and invoicing, improve transparency and reduce the administrative burden. Sustainability will be enhanced by expanding access to providers who accept band rates, reducing reliance on high-cost providers and improve throughput.



## 5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Workforce capacity	Increased demand for brokerage and sourcing care packages may exceed current staffing levels ability to meet demand.	Workforce planning, recruitment strategies, and digital automation (E-Brokerage solution) to reduce manual workload.	C III (Unlikely/ Moderate)
Market capacity	Limited provider availability, especially in Older Persons' Residential and Nursing care, leading to delays in hospital discharge and reduced choice for service users.	Ongoing market engagement, framework agreements, and collaboration with commissioning to expand capacity at band rates.	C III (Unlikely/ Moderate)
Financial risk	Tariff variation between health-funded and social care-funded placements creates cost pressure and negotiation complexity.	Joint tariff controls with ICB, use of CareCubed for benchmarking, and robust negotiation strategies.	C III (Unlikely/ Moderate)
Digital implementation risk	Delay or failure in implementing the Mosaic Provider Portal and E-Brokerage solution could impact efficiency and data accuracy.	Close collaboration with Systems and Finance teams, phased rollout, and contingency plans for manual processes.	C III (Unlikely / Moderate)
Safeguarding risk	Delays in sourcing care for high-risk individuals could lead to safeguarding concerns or preventable hospital admissions.	Escalation protocols, daily best practice panels, and emergency decision-making processes with senior managers.	C III (Unlikely/ Moderate)

<b>Likelihood</b>	<b>Impact:</b>
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

## 6. Climate change implications

- 6.1 [The Council declared a climate change emergency in April 2019](#) - item 1038D refers and has set a target for Medway to become carbon neutral by 2050.
- 6.2 Adult Partnership Commissioning ensures climate change is incorporated and embedded into all commissioned services and strategic plans delivered by them.
- 6.3 The service ensures care homes and domiciliary providers have access to information on relevant climate action, events and activities taking place in Medway via the Medway Care Portal and Adult Social Care newsletters and support registered care homes and domiciliary providers to take climate action by including relevant agenda items at Care Forum meetings.

## 7. Financial implications

- 7.1 The Brokerage Teams play a key role in achieving cost efficiency through active negotiation with care providers, resulting in market stability through a fair cost of care. This process is underpinned by a structured approach that ensures both fair and equitable costs and service quality.
- 7.2 Brokerage works closely with providers to establish efficient and sustainable pricing models that balance the provider's operational viability with the Local Authority's responsibility to secure value for money.
- 7.3 To support transparency and consistency, the Brokerage Team has implemented CareCubed, a nationally recognised cost benchmarking tool. CareCubed uses provider-submitted data from across the country to generate a cost range based on the proposed provision and level of support required. This enables the calculation of a fair and evidence-based cost of care for Working Age placements and Supported Living services.
- 7.4 When sourcing placements out of area, Brokerage tracks costs across Kent and nationally. This allows the team to demonstrate awareness of regional pricing, ensuring providers do not apply inflated rates for out-of-area authorities.
- 7.5 Tables 5 and 6 provides the committee with actual examples of cost negotiations carried out by the Brokerage Teams, in the financial year 2025/2026.

Provider	Provider's Proposed Rate (Weekly)	Brokerage Negotiated Rate (Weekly)	Annual Cost Avoidance
Care Home 1	£2,040.00	£1,200.00	£43,800.00
Care Home 2	£2,209.09	£1,556.93	£34,005.75
Care Home 3	£3,402.00	£2,861.05	£28,206.68
Care Home 4	£1,200.00	£800.00	£23,464.29

*Table 5 – IDT Brokerage Negotiations*

Provider	Provider's Proposed Rate (Weekly)	Brokerage Negotiated Rate (Weekly)	Annual Cost Avoidance
Care Home 1	£1,500.00	£1,450.00	£2,607.14
Care Home 2	£1,650.00	£1,050.00	£31,285.71
Care Home 3	£1,500.00	£1,300.00	£10,428.57
Care Home 4	£7416.67	£5271.08	£10,421.44

*Table 6 - Community Brokerage Negotiations*

7.6 To date, in the 2025/2026 Financial Year both Brokerage Teams have generated £403,659 Annual Savings, and £751,988 Annual Cost Avoidance.

## 8. Legal implications

- 8.1 The Care Act 2014 and the Health and Care Act 2022 are the two key pieces of legislation that shape responsibilities for hospital discharge and Adult Social Care (ASC).
- 8.2 The Care Act establishes the duty on local authorities to assess needs, determine eligibility, and ensure appropriate care and support is arranged, including market shaping and continuity of care.
- 8.3 The Health and Care Act 2022 builds on this by reinforcing integrated working between health and social care, introducing measures to improve discharge processes, and promoting collaboration through Integrated Care Systems (ICS).

### Lead officer contact

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### Appendices

None

### Background papers

None