English Community Care Association

CQC Fees Consultation 2014/15

Response from the English Community Care Association

1. Introduction

1.1 The English Community Care Association (ECCA) is the largest representative body for community care in England. It speaks with a single unified voice on behalf of its members and the sector, and is seeking to create an environment in which providers can continue to deliver and develop the high quality care that communities deserve. ECCA's core mission is to support user choice, empowerment and quality services. ECCA's members provide a wide range of services for adults with care and support needs including services in residential and nursing settings, homecare, housing and community-based support and they deliver specialist care home services such as rehabilitation, respite, palliative care and mental health services.

1.2 ECCA is pleased to provide a response to the Care Quality Commission (CQC) consultation on changes to the CQC's regulatory fees from April 2014. ECCA is very supportive of the changes being proposed by the CQC in principle and the leadership being demonstrated to bring these about. We welcome the engagement with providers and we are members of the ASC coproduction group and the CQC Fees Advisory Panel. As a member of the latter we are involved in the strategic discussions on future fee rates beyond 2014/15 and we understand that considerable changes are on the horizon which will impact the fee rates payable. We accept that this will be discussed in detail with the Panel and will be based on more extensive internal CQC costing information than is currently available, so will allow providers a transparent understanding of why fees will be at the level proposed. In advance of this new costing data and further measurement of the costs and benefits of CQC's work we believe that there should be no fee increase for ASC in 2014/15.

2. Policy Options

Question 1 Do you agree with our proposal for increasing the fee levels for all providers by 2.5%?

2.1 ECCA supports the direction of travel within the CQC and is encouraged by the proposed modus operandi of co-production, but the reality is that the CQC has still to deliver changes and for a sustainable amount of time. In other words ECCA objects to a fee increase when the improvements promised by CQC are still to be delivered consistently. This coupled with the further proposed changes in social care (which are still to be consulted on) means there will be a great deal of change over the coming year creating the potential for the basics to take a back seat. However, providers are to be charged more for this time of change and possible upheaval.

2.2 ECCA regrets the recent proposal that from April 2014 the fees for all providers will be increased by 2.5% was not discussed as an option by the CQC Fees Advisory Panel, but was instead introduced at a very late stage prior to the release of the current consultation on 2014/15 fees.

2.3 The fee increases are being proposed within the context of 28% council budget reductions since 2010 and the concomitant pressure put by councils on care home fees with many seeing no increases or reductions. This means CQC fee increases will not be able to be recovered via state funding and so impact further on home viability. CCGs are imposing similar fee reductions on continuing healthcare funded placements. However there is no oversight of state commissioning to ensure the centrally imposed costs on providers are recognised and reimbursed within the fee rates paid to homes.

2.3 We are opposed to any proposed increase across the board for all CQC regulated services. The fee increase is seen as a means of further reaching required full cost recovery from provider fees. The fact is however that fees from the social care sector already delivers 85% cost recovery while other sectors, such as the NHS, has 75% and primary medical care services 50%, yet the fee increase is to be general across the board. We do not believe this to be fair. Instead there should be a fee freeze for ASC until such time as other sectors achieve the same percentage cost recovery.

Question 2: Which option for changing the bands and fee levels for care home providers would you prefer*?*

2.4 ECCA believes that a third option of ending the banding altogether should have been offered. The banding is not an appropriate way to charge fees and a fee per bed is the ECCA preferred option. This was in fact previously the basis for fee setting and the move to a banding has had no benefit other than making the process more complicated for providers.

2.4 We believe that option 2 is the best way forward in the absence of any proposal to abandon the bandings. It is a move to lessen the differences and 'cliff edges' between certain bands and thus presents a more equitable way forward for all providers. Providers will not have to potentially scale-up or scale-down capacity in an effort to fall into a more 'desirable' fee band.

ECCA
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For more information contact

Ann.mackay@ecca.org.uk