

Community care committee: report to ARM 2022 audio transcript

Dear RB,

I am Dr Anil Jain, Chair of BMA Committee on Community Care. I am pleased to present to you my report for 2021/2022 session.

Our committee is a multi-branch of practice fully committed to supporting high-quality social care services. These services help people to live independently at home and are essential in delivering a successful, coherent package of care.

Unfortunately, since 2020, Covid-19 had a significant impact on patients in Care Homes, Nursing Homes and Hospices who suffered disproportionately throughout the pandemic. We made it our priority and argued for adequate & appropriate PPE, adequate clinical care, sympathetic visiting by family & friends, adequate mental health & wellbeing support, and priority vaccination for Care Home residents and staff considering their high risk. We have been contributing to regular Covid-19 Group meetings, Health & Care Bill Working Group, Wellbeing and Mental Health Group and have been working closely with the BMA Council and other committees including PLG.

Covid-19 brought funding and staffing issues in Community Care in sharp focus along with Advance Care planning issues in Care homes. Hence, we set up two multidisciplinary working groups on Care Homes and Advance Care Planning.

I am pleased to report that the publication of our report on Care Homes and Social Care emphasising the need for real reforms in Social Care in England on 9th June 2022.

In this report, we share our experiences and insights into the social care system. We outline the underlying problems that we feel have led to the current situation and discuss the consequences of these problems on staffing, individuals in need of social care support, and clinical practice.

Improved workforce planning is absolutely critical considering the acute shortage of social care workers. Many social care staff are from ethnic minority backgrounds. These staff members disproportionately face discrimination and unfair working conditions. This is unacceptable – our social care colleagues from ethnic minorities deserve better support.

We strongly support the principle of integrated care and insist that doctors want to work more effectively across organisational boundaries, for the benefit of their patients and their own working lives.

The current funding system to support older and disabled people is failing to deliver the quality and continuity of care needed for the 21st century. Despite the 2014 Care Act introducing a national system of eligibility, local variation is still leaving many older people without any support.

The funding needs to go on long term staffing levels and infrastructure, not one-off projects or pockets of money you need to bid for and expensive restructuring and rearranging the deck chair exercises.

Overall, funding for social care should never be filtered off to other areas, so flexible that it can easily be removed to meet demands from other sectors or seen as expendable when cuts are required.

We conclude that the proposed solutions set out by the Government are insufficient to tackle the scale of these problems and that additional reform is needed to ensure that the social care system can meet the growing care needs of the population.

To improve the social care system in the long term, we propose that the Government must:

1. Increase long term funding
2. Provide free personal care at the point of need
3. Ensure social care workers are paid the Real Living Wage as a minimum
4. Introduce a standard work contract and improved training opportunities for social care staff

The advanced care planning working group has agreed at the outset that a patient centred approach is key to delivering comprehensive, continuous care via an ACP.

This fundamental view forms the basis of the working Group's perspective when deciding its objectives. The advanced care planning working group investigated what needs to be considered when creating a 'gold standard' ACP.

This has included what the patient should expect from their ACP, how to start the process and which clinicians should be involved and responsible for the initiation and completion of the plan.

The ACP working group worked closely our Medical Ethics team and closely followed the developments of the Ministerial Oversight group for DNACPR. I am pleased to report that our recommendations has been included in the final guidelines published by the Ministerial Oversight Group. My colleagues Simon Tavabie has published a blog outlining our work.

My priority for the next session will be:

1. continue to seek Social Care reforms highlighted in our report;
2. engage with rest of the Association to feed in our members experiences further shaping BMA key asks for social care;

3. ensure adequate provision of wellbeing and mental health support
4. and build further alliances and collaborate with the PLG and the policy team and look at the issues of Health Inequalities in Social Care

Finally, I want to thank all my committee members, Chief Officers, Secretariat staff, Policy team and Medical Ethics Colleagues for their immense support throughout the year which has helped me achieve these objectives and I look forward to working with them in the next session.

Dr Anil Jain

Community Care Committee chair