Committee on Community Care (CCC)
Written report to the ARM 2023

Introduction

The CCC (committee on community care) is a multi-branch of practice group that considers and reports on changes, trends and policy in community care. CCC's role is to connect the dots between branches of medical practice and pay attention to the joins between primary, secondary, and social care. We monitor policy and trends, pinpoint unmet care needs, and promote new and novel approaches in community care. We draw on the expertise of our diverse membership including GPs, specialists in elderly medicine, community paediatrics, palliative care, psychiatrists, doctors in training, primary care practice nurse and those working in public health and community medicine to inform and advise the BMA.

The Covid-19 pandemic left a long-lasting impact on health and social care, with disproportionate impact on community care services with excess mortality in care homes and hospices. Hence, CCC has continued to bring to fore these issues within the BMA and more widely by sharing the insights and experiences of our members.

CCC workstreams

This session, the CCC continued to focus its work across three priorities: advance care planning (ACP), social care and care homes, and mental health in community. The three multi-disciplinary working groups have provided a valuable way of working for CCC and its members, drawing on the experience of doctors working in diverse healthcare settings as well as the PLG patient representatives.

Future proofing social care

The ongoing social care crisis in England remains of key concern to the CCC. The CCC working group recently met to discuss ongoing issues affecting the workforce and patients within the sector. The group is currently exploring expanding on last year’s report published by CCC titled ‘Who cares? The need for social care reform in England.’ The group has focused additional key themes including:

- Better terms and conditions (T&Cs) and training and development for care home staff members; recommendations for at least similar T&Cs to the NHS staff or consideration of agenda for change T&C for them
- Preventing discrimination and bullying & harassment faced by care home staff, many of whom are of Black, Asian and minority ethnic (BAME) and international background
- More support for unpaid carers and possibly a carers’ charter
- Better support for elderly patients moving out of hospital into interim care, care homes or their own homes
- Various other additional support for vulnerable elderly and care homes patients- preventing falls, continence care etc
- Further developing the funding theme- provision of free personal care at point of need.
- Addressing health inequalities in social care

The committee was a key stakeholder and contributed to the BMA’s submission to the House of Lords Integration of Primary and Community Care Committee. As part of the response, we’ve highlighted the challenges facing community health services- the discharge from acute services into the community, the silo working across the interface between secondary and primary care and the impact on patients. We’ve stressed the importance of leaders leading from the front, showcasing and sharing learning from great examples of integrated good care locally.

In terms of external engagements with key stakeholders, Dr Anil Jain, the CCC chair recently attended parliamentary event about the ‘Long-term solutions to the social care crisis in England’ organized by the Health Foundation on 9 May 2023. The event noted that instead of last-minute, short-term funding, a sustainable long-term plan for both funding and the workforce led by local commissioners and communities was needed. During
the panel, Dr Jain highlighted the extent of discrimination and racism staff from ethnic minorities and international background face in both the NHS and social care and stressed the importance of addressing this to both staff wellbeing and retention. Dr Jain also highlighted our ask for more funding for social care, free personal care at point of need. It was a great event in which CCC successfully raised the profile and put forward BMA's priorities on social care.

**Universal principles of advance care planning (ACP)**

Over the course of the last session, CCC successfully collaborated with the BMA's medical ethics committee and inputted into the Ministerial Oversight Group on DNACPR (do not attempt cardiopulmonary resuscitation) and the production of its co-badged *Universal Principles for Advance Care Planning*. This was a significant achievement for the association and this session, CCC's ACP working group has been exploring how to build upon this key document. The working group recently met to discuss how to support the implementation of the principles and we will be re-establishing the contact with the ministerial team to progress this piece of work. The group agrees that a patient centred approach and equity of access to ACP is key in delivering comprehensive, continuous care for ACP. We have also agreed with BMA medical ethics team a key role for CCC in further dissemination and implementation of these guidelines. We have an important role to play as talking about end-of-life care should be done in the context of a healthcare professional raising the conversation. Our work is very much preventative and will help society to be more willing to talk about it and become aware of their choices as they approach end of life.

**Mental health**

As a new addition to our priorities this year, the committee has been exploring the current state of mental health services in England. The working group met for the first time to discuss the issues affecting access to mental health services, pressures on the workforce and the lack of adequate funding affecting mental health services in UK. Following from our discussion, the committee is currently working on developing its own position statement. As part of this, we are also exploring case studies and quotes from our members working in community to highlight the existing pressures affecting patient care. We hope this will complement the existing BMA work on mental health pressures, which has been led by Dr Andrew Molodynski, CCC deputy chair and also BMA's consultant mental health lead. Lastly, we are working closely with the BMA policy team on their new mental health project that seeks to identify and address any gaps in existing work in order to better influence governmental policy. We look forward to exploring this more in our upcoming committee meeting on 26 June.

**Input into pan-BMA work**

Over the session, CCC also continued its representation at the regular pan-BMA working groups and round tables such as the BMA wellbeing and mental health group, PLG symposium on *Avoiding the harm of imprisonment Health and social equity in the criminal justice system (CJS): a focus on women* and board of science symposium on 'Suicide prevention during economic crises: A UK approach'. We have also worked closely with the BMA Council, board of science and other committees including the PLG. We are making our valuable contribution to the BMA covid inquiry steering group. The committee has also inputted on various pan-BMA policy consultations responses, including but not limited to the NHS service specification interim services for children and young people with gender dysphoria, the new code of practice for the Mental Capacity Act for England and Wales and the House of Lords inquiry into primary care and community care.

**Looking forward**

Community care has never had a higher profile amongst policy makers and government, with explicit plans to move towards a public health and preventative model of healthcare. CCC is ideally placed within the BMA to respond to and support this agenda and will continue to lobby for social care reform, advance care planning and mental health community services. We will also continue to engage with the rest of the association to feed in our members’ experiences to better shape BMA's position and key asks for social care. Furthermore, we will continue to build further links and relationships with other BMA teams and committees such as the board of science and patient liaison group in order to maximise our impact within the association.

If you want to know more about CCC's work, please get in touch with us at info.ccc@bma.org.uk

Dr Anil Jain,
Chair, BMA CCC
Community care committee overview