

**Minutes of the 40 meeting of the BDA England Board (EB) held on Monday 11 January 2021  
via Zoom from 10:00 – 12:00**

**Present:**

Julie Abayomi (JA)	Board Chair
Belinda Mortell (BM)	Board Member
Fiona McCullough (FMc)	Board Member
Gill Shinkwin (GS)	Board Member
Jane Brophy (JB)	Board Member
Christian Lee (CL)	Board Member
David Simms (DS)	Board Member
Kate Hall (KH)	Board of Directors Link
Tabitha Ward (TW)	Board Member (Pending Ratification)

<b>In Attendance:</b>	James Sandy (JS)	BDA, Policy Officer (England)
	Tom Embury (TE)	BDA, Public Affairs Manager

**Item**

**ACTION**

**40/1 Welcome and Apologies**

Apologies were received from Linda Hindle and Rasleen Kahai.

**40/2 Minutes of previous meeting, 16<sup>th</sup> October 2020**

The minutes from the previous meeting were agreed with the following updates from the actions log noted:

**39/3 i** - JS had completed a round of individual conversations to help identify gaps and opportunities in relation to the policy design & development process. A short outline of members interests and experience for the Board website should be completed by early February.

**39/5 b i** - Older People Work Sub-group had now completed its activity (more in item 40/4).

**36/7-** 'The Long Covid' Programme and anticipated briefing had been put on hold after the planned meeting was cancelled. It was noted that Dietitians are not well reflected to date in the policy documents from Government.

**40/3 Membership of the England Board**

**i. Introductions & Welcome to new member**

The Chair extended a warm welcome to Tabitha Ward as a new member of the Board. Tabitha was appointed following the resignation of Stephen Garvey and approved as the first reserve list candidate by members of the Board of Directors (BoD). Her membership will be ratified at a meeting on 20 January 2021. The Chair extended an invitation to this meeting as a guest.

Members of the Board outlined their background and interests.

**ii. Roles within the Board**

JS introduced the key drivers and focus for the EB as outlined in the notes of the development session held in December 2020. The intention was to match the skills, knowledge and interests of members with these themes, allowing individual members to take a leadership role in facilitating each. It was also envisaged that members could serve as a regional link to respective branches given the geographic spread of the Board.

The following leads were identified through the discussion:

<b>Key Driver</b>	<b>Lead EB Member</b>	<b>Supporting Member(s)</b>
<b>BDA Membership</b>	<b>Belinda Mortell</b>	<b>Kate Hall</b>
<b>Primary Care Networks (PCNs)</b>	<b>David Simms</b>	<b>Kate Hall</b>
<b>NHS Long Term Plan (LTP) Integrated Care Systems (ICS)</b>	<b>Gill Shinkwin</b>	
<b>Community Mental Health Framework</b>	<b>Christian Lee</b>	<b>David Simms</b>
<b>COVID-19 Response</b>	<b>All</b>	
<b>UK Trade 2021+ &amp; Workforce Governance, Project Planning &amp; Strategic Plan</b>	<b>Jane Brophy</b> <b>Julie Abayomi (Chair)</b>	<b>Kate Hall</b>

**JS**

JS agreed to forward details and ask for further expressions of interest following the meeting. It was also agreed to explore a common social media/online document sharing platform for use by members between meeting (in line with a social media plan for England Board). TW offered to support this strand of activity.

**TW**

CL highlighted that the BDA was offering a social media training session to members (at cost) on 24 February 2021.

**AHP Public Health strategy**

TE joined the meeting for this item and outlined the work to date which had involved the working group and each of the four country policy officers. Progress had been slow and the current situation had meant a number of key personnel being diverted. The plan is now to reinvigorate the Public Health Champions and explore training for non-public health dietitians. Work continues with the BDA specialist groups and the Practice Education & Policy Team.

JB asked if the focus was on traditional public health themes or if this had been revised in the light of the covid pandemic. TE confirmed that it was more aligned to the Public Health England Framework, longer-term public health policy aims and developing a broader Allied Health Professional (AHP) approach across the four nations strategies.

BM asked if a lack of dietitians references in the long covid AHP plan was of concern. TE stated that close working with PHE continues and that the BDA is advising on the collation of covid recovery guidance nationally (UK). The BDA is broadly confident that were involved, but is continuing to ensure that there are specific references included as this develops.

TE outlined ongoing treatment and patient flow data work which will help the profession prepare for the demands of the long covid work.

**Older Peoples Work Group**

TE stressed that the aim with this work is to develop something that compliments the 'Eat Well' guide and emphasises key elements and specific variations in its application for an older cohort. A Plan on a Page (POP) has been submitted to BDA SMT to work up the practical activities, required design time and likely costs.

The older version of the 'Eat Well' guide is still being used over the current one. It is also used differently in different places. There is also a real mix in terms of how it is applied. The guide is largely unsuitable for general dietetics advice, but it is used as a starting point for a conversation. There remains a debate as to whether it is useful or not. TE suggested that much of this debate depends on being able to take the most relevant information and the principles underpinning it to the cohort in question. It is important to remember that there cannot ever be a model that will be suitable for all.

TE outlined that the Public Health strategy work is ongoing and continuous, the aim being to have PH Champion networks in place within six months, followed by a range of training and development within 12-18 months. The four nations group will continue to meet.

Older Peoples Work Group will await the academic peer review of its work, but anticipate the initial protocol within six months.

The Board agreed to receive further updates accordingly.

**Work Planning 2021****a) Iodine Awareness**

JA presented a supporting paper in relation to a proposed BDA Iodine awareness campaign.

The intended outcomes of the project, an indicative timeline and consideration the longer-term impact and effectiveness have been captured in the POP which will be submitted to BDA SMT (attached as appendix A).

It was noted that engagement with manufacturers and corporate partners would be key to the success of this proposed campaign.

**b) a) Primary Care**

BM raised a concern regarding the duplication and need for strong learning/training links within the emerging PCN structures and appointments. NHS England's descriptors that had been placed mid-December appeared to be at a standard Band 7 post and not well defined. Furthermore, they had not mention of the PCN dietitian role or the need to embed it via the PCN Director. The first point of contact roles would need to be certain of diagnosis and may involve a different skillset (for example it may involve a physical examination). There was also a heavy focus on frailty and paediatric work for AHP roles. This needs to be considered particularly within Gastro context for example. The recent Plymouth research document provides a good evidence base, but a lot of this practice is well established and has been over the last 30 years.

It was agreed to plot a workshop session in February to consider the Plymouth work and to evidence the range of pathways that exist or are developing.

**c) COVID**

JS outlined the current restrictions and the declaration of a third national lockdown across the UK. **JS**

JB considered whether there should be an agreed basic level of service for dietetics or a consensus on the base line provision in light of the fact that most AHPs had now been asked to join the mass vaccination effort.

JS agreed to look at the existing member data on service provision within the members survey and if a baseline position was feasible. It was noted that the workforce will inevitably be diverted towards and that patient safety is paramount. It was felt that it is generally positive that dietitians have been seen as part of the wider NHS service. **JS**

**Feedback from Attendance at Meetings**

JA commented that the BDA Research Symposium was very good and a strong example of an online event.

40/7

**AOB**

JB raised that students are still being expected to attend and work. They are increasingly isolated with a lack of networking opportunities and peer support. A great deal of student support is delivered on a case-by-case basis and there appears to be a variety of approaches to student placements.

KH agreed to raise the student workforce issues at the forthcoming BoD meeting (20 January) along with the issues raised around first point of contact and developing PCN roles.

**KH**

39/9

**Date and times of 2021 meetings and CLOSE of Meeting**

- A workshop focusing on the Plymouth Research will take place in February (date to be confirmed).
- Next Meeting 19 March 2021 at 10:00am via Zoom.
- Further dates for 2021 to be circulated.

**The meeting closed at 11:43am**