

Minutes of the 37 meeting of the BDA England Board held on Tuesday 16 June 2020 via Zoom from 10:00 – 12:00

Present:

Julie Abayomi	Board Chair
Diana Markham	Board Member
Gill Shinkwin	Board Member
Stephen Garvey	Board Member
Fiona McCullough	Board Member
Jane Brophy	Board Member
Belinda Mortell	Board Member
Linda Hindle (from 11)	Board Member

In Attendance:

Tom Embury	BDA, Support Officer
------------	----------------------

Item

ACTION

37/1 Welcome and Apologies

Linda Hindle apologies until 11

37/2 Minutes of previous meeting

- Minutes corrected as requested
- GS reported that she was meant to be on AHP Public Health Working Group but that had been delayed due to COVID-19

37/3 Membership of the England Board

JA set out her desire to recruit new members and diversify the board's membership. JA said she had put out a twitter advert for posts, with plenty of responses.

Board discussed the number of additional members that may be needed, and the specific gaps that it was felt needed filling. TE confirmed that there is no set size, but that it is helpful to have reasons for determining additional roles and why someone has been approved. Scotland board have specific roles identified, and England board may wish to consider this. TE to find this and circulate to board.

TE

It was agreed that based on current numbers and gaps needed filling, three posts would bring the board size to ten.

We know that Jo Instone (BDA member and former BDA England Policy Officer) is one person who wishes to apply. JA confirmed that we have had four applications to Emily Kenny so far.

Board agreed a number of characteristics that would be desirable to have on the Board:

37/3
continued

- A person from a BAME background
- Early career (first five years) Can also be a link to the student population
- Representatives from the North East/South West
- May also wish to identify someone working in Primary Care/CCGs.

TE confirmed that an advert will be going out in Members Monthly this week. Decided that waiting for Dietetic Today would be too significant a delay.

The board discussed what would happen should we have too many good candidates. It was agreed that the board would be clear that this is a three-year post, and that further opportunities would come up to join in future.

It was agreed that the Board would also work on a role descriptor to aid in choosing candidates. JA, GS and FM agreed to assist with this.

**JA, GS &
FM**

37/4

Older people work / Workforce and AHP Public health strategy update

LH gave an update on the AHP Public Health Strategy – which is being stepped up again post-COVID. The original document was published a little over a year ago. Looking at forming the right strategic connections and leadership, and ensuring the health and wellbeing of the workforce.

Following COVID-19, the PHE team are looking at how we can reframe the work on this in a post-COVID world, using appropriate language. Three reasons this is so important:

- Demonstrating that we've used a public health approach to respond to COVID-19
- More and more need to focus on prevention, as COVID-19 has highlighted the issues of health inequalities and the impact of lifestyle related comorbidities.
- We were forced to stop things and make changes to practice really rapidly due to COVID-19, so there are some unique opportunities to capture that innovation.

Jo Instone had pulled together a response to the AHP Public Health Strategy. Important to understand where this now sits. TE to discuss with EPP team.

TE

Sustainability is the other area – NHS England has pushed an initiative on this, and AHP group are keen to be involved, to both highlight what AHPs already do and what we could do. This links closely to the public health agenda as discussed above. A meeting is planned with Andy Burman and TE on Friday 19 June.

Older People – working with PHE to better recognise malnutrition and older people within the Eatwell guide for example, because it has been felt that PHE doesn't have enough of a focus on malnutrition. This is in part due to the focus on obesity.

PHE had agreed that they would include a statement/narrative which makes it clear that most recommendations do not apply to people with/at risk of malnutrition.

Work Planning 2020

Board discussed the draft 2020 workplan. It was felt helpful to include an item on **COVID-19**, given its impact in the next 12 months. Ongoing rehab in particular was felt to be an important topic, including the role of dietetics within wider group. BM mentioned [a really positive NHS guidance document](#) published on this recently, into which the BDA has had input.

Board members to work on drafting a section on this for workplan, TE to polish.

All

Also, important to consider changes to dietetic practice brought about by COVID-19, such as digital education.

Impact on student education has been significant and will continue to be so, including placements.

SG

England Board could encourage members to take part in the existing survey being run by NHE England and Improvement to look at role of AHPs in COVID-19 response. LH to send link to TE. TE to share via social media channels with members.

LH & TE

COVID-19 is a real opportunity to push the role of dietitians in rehabilitation. There will be refreshed guidance and frameworks around this. This will be co-ordinated by GS.

This has also highlighted the issue of food insecurity, challenges of food access. BDA will continue to highlight these issues.

NHS Long Term Plan - We may want to look at personalised care, digital working, considering the wider range

New routes into the healthcare, new training methods. TE could invite EPP to provide update. Taking time for people to see the value of new

Nutrition training at medical schools. JA has had input to Edge Hill Medical School development.

a) Iodine Update

Is there a lack of understanding generally about fortification? Do we need to look at this wider issue? Board agreed that it would make sense to focus on Iodine as a starting point.

Board discussed the possibility of speaking to the nutrition/dietetics of these companies, or do we need to talk to the marketing/development teams. Or, is it even further of public health?

Fake news element – people have concerns based on misconceptions about safety.

Fortification seems to be much lower for iodine than compared to milk. We can explore why this is, what the iodine source is. BM to explore this with Alpro.

BM

Could look at a study/survey to understand the patient/public.

Cheaper options may be less fortified, so cost may be an element. This in turn will have more impact on poorer.

TE

TE to invite member of the Comms Team – Rosa Parker-Hinton or Rob Newsome to next meeting to discuss this.

b) Primary Care

We are into stage two of the Primary Care programme. Evidence due very soon from Plymouth University which will inform the next stage.

Board discussed the funding available for additional posts in primary care, but BDA needs to give dietitians the tools to pitch for this.

Should take as much learning as possible from the successful CSP campaign as well as Pharmacy, recognising the differences in numbers will mean a slightly different approach. Creating a ready to go business case should be one element.

Board also discussed the need to deal with GPs perspective on the difficulty of referring to dietitians in secondary care.

TE to update the workplan

TE

37/6 Roles Within the Board

As part of discussions on point 37/3 board members outlined their own position to help identify gaps in the board:

- Diana Markham – Trade Union and London
- Jane Brophy – NW and NHS Secondary and Community (Diabetes, Renal and Weight Management)
- Belinda Mortell – NW and Industry
- Stephen Garvey – West Midland and HEI
- Fiona McCullough – East Midlands and HEI
- Julie Abayomi – North West and Research
- Gill Shinkwin – NHS and East of England

37/7 Elevator pitch? Influencing Action Pack

TE gave an update on plans for IAP, which have been put on hold during the COVID-19 pandemic response. Hopes that this can be revitalised and further requests made to England Board for input in the near future.

37/8 BDA Staff/Director Update

TE gave an update on new structure since reorganisation.

TE to circulate round organisation chart

TE

37/9 Feedback from Attendance at Meetings

Quite a few meetings cancelled. GS will send round notes of last meeting attended in early March.

37/10 AOB

N/A

37/11

Date of next meeting and CLOSE of Meeting

Doodle Poll for August and October dates

TE