

Minutes of the 38 meeting of the BDA England Board held on Thursday 13 August 2020 via Zoom from 14:00 – 16:00

Present:

Julie Abayomi (JA)	Board Chair
Diane Markham (DM)	Board Member
Gill Shinkwin (GS)	Board Member
Fiona McCullough (FM)	Board Member
Belinda Mortell (BM)	Board Member

In Attendance:

Tom Embury	BDA, Support Officer
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Item

ACTION

38/1 Welcome and Apologies

Stephen Garvey sent apologies

38/2 Minutes of previous meeting

Page 4 – GS asks for correction to her description to “East of England” and more generally “NHS experience”.

Minutes approved

38/3 Membership of the England Board

FM, GS and JA considered applicants for the board. Chose three people and these names have been passed on to TE for Board approval.

- Christian Lee
- Rasleen Kahai
- David Simms

A points-based system was used to identify those that met the gaps on the board. They have had informal notification that they have been appointed and will be written to in the next few weeks once approval has been reached.

Have also written to unsuccessful candidates to thank them for their application. All have offered to be on the reserve list.

Board discussed the need to ensure continuing development, representation and opportunities within the board. All members provided, as best possible, provided information on their own starting dates.

38/4 Older people work / Workforce and AHP Public health strategy update

TE provided an update on the AHP public health strategy, including the reformation of the BDA 4 nation PH working group. Plan to reinvigorate a range of BDA initiatives, including Public Health Champions.

Work Planning 2020**a) Iodine Awareness Campaign**

Rosa Parker-Hinton joined the board for this discussion.

Board discussed the reasons why Iodine is an important part of the diet.

There are harms associated with suddenly increasing iodine intake.

40% of women of childbearing age are not consuming sufficient iodine – young people are choosing less fish and dairy foods.

We know that a lot of young women are drinking these plant milks – and need to be informed that they should use a fortified version.

RPH suggested a simple campaign using the BDA's existing resources and social media channels. If Board wants to go further, RPH suggested:

- Wider reach could be achieved through using conventional media. Statistics will be helpful in selling the story, as would individuals who have experience of iodine deficiency. Would also be helpful in terms of understanding
- Could work with our members who help to influence on Instagram, it's reaching our audience of young women

BM asked if we could change the advice on NHS Choices? GS also suggested Mumsnet.

TE promised to look at One Blue Dot update.

Possibility of working in collaboration with Alpro or Oatly?

We need to also think about how we could develop infographics for the campaign.

RPH and TE to develop campaign plan for next board meeting.

TE / RPH

b) Iodine Fortification

Jo Lewis from BDA has given BM contacts for other parts of industry.

Oatly were very interested to discuss more. Oatly fortify because the gold standard is milk, so they base the iodine and calcium on what is in cow's milk. This can vary quite a lot. There is an element of consideration around organic foods, which are popular, and they cannot be fortified.

For Oatly, their focus is on rather than it being an alternative, it needs to be more nutritious, so fortification is important.

38/5
Continued

- b) There are extra risks around weaning and cow's milk allergy patients as well. We may wish to tie into the Paediatric and Food Allergy Specialist Groups.

Could we lobby for basic level of fortification? There is no rule with these milks in terms of having to have anything. Government state that you should choose an unsweetened version and should be calcium fortified.

Still seeking to speak to Alpro. BM to provide further update.

BM

Board members discussed concerns around protein content.

c) Primary Care

TE gave a short update on the Primary Care work. Publication expected from Plymouth University study soon.

Board discussed some of the challenges with implementing primary care workforce, and implementing appropriate models.

Eleanor Johnstone invited to be invited to next meeting to discuss further.

d) COVID-19

GS has been looking at case studies and examples of what we could be adding to the workplan around COVID-19. Intelligence gathered:

- A lot of the feedback from members is around dietitian welfare
- Upskilling on critical care as a priority
- Virtual consultations are challenging for some patients – digital.
- Developing more digital/online resources
- Changing pathways and having more SOPs in place.
- Dietetic training as an issue as well. It was recognised that training leads have real concerns.

GS has discussed gathering views more widely from membership with Chloe Adams. GS to ask CA and EDPD team for further input

GS

TE also mentioned that the BDA is about to undertake a workforce survey that could feed into this.

38/6 Elevator pitch? Influencing Action Pack

Continues to be on hold.

38/7 BDA Staff/Director Update

TE gave a brief update on the appointment of the new England Policy Officer.

TE to arrange meeting with James Sandy and JA as soon as James is in post.

TE

38/8 **Feedback from Attendance at Meetings**

JA attended Nutrition Society event online – a truncated event over two days rather than four, but still positive.

38/9 **AOB**

No AOB

38/10 **Date of next meeting and CLOSE of Meeting**

October 16th 2020

EK to circulate doodle poll for next 12 months of dates. The new Board Members will be included in the doodle poll

EK