

Minutes of the 39 meeting of the BDA England Board held on Friday 16 October 2020 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
Linda Hindle (LH)	Board Member
Diana Markham (DM)	Board Member
Christian Lee (CL)	Board Member
David Simms (DS)	Board Member
Rasleen Kahai (RK)	Board Member
Kate Hall (KH)	Board of Directors Link

In Attendance:

Tom Embury (TE)	BDA, Public Affairs Manager
James Sandy (JS)	BDA, Policy Officer (England)
Eleanor Johnstone (EJ)	BDA, Professional Practice Manager,
Emily Kenny (EK)	BDA, Business Support Administrator

Item

ACTION

39/1 Welcome and Apologies

Apologies were received from Stephen Garvey.

39/2 Minutes of previous meeting

- Apologies were not recorded from Jane Brophy who had submitted them.
- A spelling error was noted in Christian's name.
- 38/8- the sentence should read 'two' rather than 'to'.

39/3 Membership of the England Board

i. Roles within the Board inc. Board of Directors Link

JA outlined a recent planning meeting which considered how the Board could prioritise its workplan and consider the expertise and experience of members new and existing. It was envisaged that members could be allocated specific roles on the Board to help lead future projects.

JS gave a brief outline of a proposed approach to policy design & development which would be circulated shortly after the meeting. He committed to following this with individual conversations to help identify gaps, opportunities and support needs. The aim was to help focus the Board's workplan and to establish connections across its membership.

JS

39/3
continued

- i. JA also asked each member to write a short outline of their interests and experience for the Board website and a photo (if comfortable to share one). JS agreed to collate these as part of the above process.

ALL

JS

ii. Introductions & Welcome to new members

The Chair extended a warm welcome to the new members of the Board at this their first meeting.

Members of the Board outlined their background and interests, as well as their length of service.

iii. James Sandy

JS introduced himself and gave a short outline of his experience in local government, NHS and the voluntary sector. His roles have mainly been in engagement, partnerships, policy development and political research.

39/4

Older people work / Workforce and AHP Public health strategy update

The Older Peoples Work Group now needed further input from members with regards to the 'Eat Well' ideas it was formulating. The intention was to generate differentiated set of guidance for older people that was focused on wider care considerations rather than purely nutritional advice. BDA 'Plan on Page' had been submitted and is awaiting approval.

LH raised an issue with regards to the timing of this work. There was an opportunity to move forward on the agreed elements of the PHE dietitians and obesity advice (which centred on BDA signposting and guidance) before changes within PHE effected the agreed approach. It was suggested that the guidance and information could be prioritised and that any design/graphics could be a second stage of promotion.

TE stated that the work would be imminent, but that some of the work had inevitably been delayed due to the pandemic and further time was added to plan, design and launch. Releasing the information first was supported as a helpful way to allow this to start moving.

The Board agreed to a further update and to consider nominating two volunteers from its membership at the next meeting.

AHP Public health strategy was now progressing with a clear work plan from the four nations group. Public Health Champions were in development and a review of the BDA's public health pages was being undertaken to focus content in one place and avoid duplication.

The One Blue Dot (OBD) / Sustainability policy document would be reviewed by the end of 2020 and overseen by the new sustainable diets specialist group. The intention was then to update OBD in August/Sept 2021 with a full review completed in November 2021. The affordability element of this will take on some of the work the BDA has carried out with Aldi.

Work Planning 2020**a) Iodine Update**

JA outlined the issues and the history of this issue on the Board. The aim was to initiate an awareness campaign (potentially linked to OBD) that asserted the need for fortified branding and the health benefits identified in recent research. She had recently spoken to ASDA who had made a decision to fortify all their own brand plant-based milks.

BM suggested that whilst smaller suppliers (such as Oatly) were flexible enough to pursue a 'very fortified'/'Better than cow's milk' strategy, multi-nationals (such as Alpro) were more restricted as they couldn't diversify across all their product range in various states (due to a variance in national standards and rules). PHE advice was confusing as it stressed the need for 'unsweetened' products linked to a low sugar message. Larger producers favoured a 'low sugar' or '0% added' strategy.

JA expressed concerns that in accordance with EU guidance, a pregnant woman would have to consume at least a litre of plant-based milk a day to reach the recommended intake. It is also not clear where the benchmark level derives from. There is a need to focus on better awareness and guidance in relation to fortified brands.

TE responded that PHE don't agree that this issue is a priority and admit that there is currently very little data. Levels of iodine in milk vary in accordance to the feed and the process used. OBD doesn't encourage the use of milk alternatives, rather it promotes a 'moderate amount of dairy'.

A working group was proposed and agreed to address Perinatal Health and to look at the wider questions relating to 'building blocks' and new evidence. This could then recommend any necessary amendments to BDA guidance and actions for professionals across the emerging Integrated Care System (ICS). The working group would:

- Summarise the key issues
- Outline the communications messages
- Recommend appropriate ways to campaign & nudge

BM, JB & GS volunteered to join the membership of this group.

b) Primary Care (this item was considered first due to the other commitments of supporting staff)

i. Primary care recruitment issues

GS updated that she had been liaising closely with managers around several recruitment issues relating to Primary Care Networks (PCNs) employing their own dietitians rather than linking to local departments within the trusts. It is vital that PCNs tap into local teams and their expertise. BDA needs to consider how it can link to and influence GP practices.

EJ explained she had received a number of concerns from across the BDA membership since dietitians had been placed on the GP contract alongside colleagues in physiotherapy and occupational health but with very unclear role requirements or expectations. GPs were seeking more clarity on the roles and seemed to be placing recruitment adverts independently of local trusts. This raises a number of concerns for disconnection and duplication. BDA will lead on advising GPs to come to the trusts rather than direct employment (posts that are not subjected to AfC) and are also developing two separate pieces of guidance:

- 1) For GPs- To better support practices and practice managers
- 2) Dietitians themselves

This work is currently in draft and being collated. BDA is also linking to RCGP and BMA to ensure a linked-up approach.

GS asked if safeguarding considerations relating to clinical healthcare professionals had been properly included within the codes and guidance.

EJ confirmed that this had been covered and was very much needed to underpin the governance of the posts along with training requirements and the wide portfolio agreements. The ACP Framework would be available in mid-2021 and then BDA will look to establish a sub group to consider it to build on the work to date by the reference group and the steering group.

JA asked for more information regarding training provision for dietitians (as first point of contact practitioners) and suggested that members of the board who work in HEIs may like to be involved in those discussions in future.

GS, DS and FMc agreed to support the reference group with this work.

**GS, DS &
FMc**

LH asked if any link had been made with Thomas Kearny as NHSE/I regarding the draft guidance for GP commissioning.

EJ responded that the BDA guidance was being based upon the model used within Physiotherapy.

c) COVID-19

The pandemic's continuation means that disruption to existing workplans and timelines is to be expected. A number of working groups have been established to advise the Board and wider membership on priority issues such as PPE and AGPs, as well as wider impact of the situation on dietitians.

JB commented that one key consideration is of dietitians who are working outside of the Covid response and the impact concentration on that is having on wider health issues such as diabetes and weight management. There is lots of support for well-being amongst the profession, but people will need to be given time to look at it. The Board should focus on services that are being diminished (cancelled and moved clinics) because of the wider health response.

LH suggested the England Board should use its influence to raise profile and identify opportunities, such as in respiratory and critical care. Student training was an area of great risk and there is a real need to ensure that new dietitians are continuing to come through. It is important that our activities don't cut cross or duplicate those of other partners.

JS suggested that a discussion or focus group approach may help to provide an engagement opportunity for members, as well as distil thinking around some of the key topics.

39/6

BDA guidance on staffing levels

GS East of England Dietitian Managers had fed back that they felt the current staffing guidance utilises salary ranges that can be unhelpful. They felt that they were missing out and would like it removed from the guidance. There seemed to be a growing trend to opt for the lower end of a pay scale. It was suggested that this issue may need to go back to the specialist groups for consideration.

EJ responded by stating that the guidance was in part based on workforce data and a recent staff survey which had sort to identify some of the gaps and build on information from HCPC. This feedback will be passed to Chloe Adams within the team to investigate further in relation to comparable professions. BDA guidance is for standard roles, but the specialist groups are looking at how they can be tailored to particular areas.

BM commented that very few dietitians were coming through at higher scales and that most appeared on Band 6 posts. There was a real risk that to GPs this may look like a cheap option. PCNs should be approached to adopt a Band 7 minimum and that lower grades would need to be supervised by a more senior post. It is important that we consistently challenge for the value of highly skilled dietitians.

EJ reiterated that PCNs would be reimbursed for these posts so it was not really sensible to opt for the lower band. She committed to looking again at these documents in light of this feedback and updating the guidance as needed.

39/7 **Feedback from Attendance at Meetings**

Members are encouraged to feedback from other activities, meetings and groups. This is a standing item for all to contribute to.

TE gave an overview of the weight management and obesity work including a further discussion planned for the coming weeks to discuss the role of Healthy Weight Coaches and how we can ensure a good fit with the role of dietitians.

TE also updated regarding what is currently termed 'The Long Covid' Programme. A briefing is being prepared. JS and Chloe Adams are attending the planned meeting and will feedback accordingly.

JS

39/8 **AOB**

None.

39/9 **Date of next meeting and CLOSE of Meeting**

To be circulated.