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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY, 13 DECEMBER 2022

Councillors Present: Graham Pask (Chairman), Alan Macro (Vice-Chairman), Jeff Beck, Tony Linden and Andy Moore

Also Present: Paul Coe (Service Director, Adult Social Care), Councillor Graham Bridgman (Portfolio Holder: Deputy Leader and Executive Member for Health and Wellbeing), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Sarah Webster (Berkshire, Buckinghamshire and Berkshire West Integrated Care Board), Rebecca Girnary (Berkshire Healthcare NHS Foundation Trust), Hugh O'Keefe (NHS England - South East), Sarah Deason (The Advocacy People), David Chapman (System Clinical Lead for Pharmacy Optometry & Dental Services, Nilesh Patel (Chair Thames Valley Local Dental Network) and Catherine Woolley (Stamma)

Apologies for inability to attend the meeting: Andrew Sharp (Chief Officer Healthwatch West Berkshire) and Andy Sharp (Executive Director – People)

PART I

29 Election of Chairman

RESOLVED that Councillor Graham Pask be elected Chairman of the Health Scrutiny Committee for the rest of the 2022/2023 Municipal Year.

30 Minutes

The Minutes of the meeting held on 20 September 2022 were approved as a true and correct record and signed by the Chairman.

31 Declarations of Interest

There were no declarations of interest received.

32 Petitions

There were no petitions received.

33 Stammer Services provided by Berkshire Healthcare NHS Foundation Trust

Catherine Woolley from STAMMA gave an overview of the report on the need for and benefit of specialist stammering services. It was noted that they used the terminology of a ‘stammering service’ rather than a ‘fluency service’. Catherine Woolley explained that they were contacted earlier this year by members of Berkshire Healthcare Foundation Trust (BHFT) who had raised concerns that staff were leaving the service and were not being replaced. They were concerned about the service and the impact on children. Catherine Woolley advised that they were interested to learn more about the BHFT service review and how the options might be implemented. Catherine Woolley noted that

she was concerned that option 1 relied heavily on the Michael Palin Centre which might not have provided therapy and it would have been a challenge for local families to travel to London.

Catherine Woolley highlighted a further concern about the reduction in staffing levels leading to a significant change in service provision over the last 6 – 12 months and the resultant impact on children and young people in West Berkshire. The Chairman noted that resources were a national issue in speech and language therapy and asked what could be done in relation to retention and recruitment. Catherine Woolley advised that there was a significant impact from Covid on speech and language therapy. She noted that many Trusts had a specialist clinical pathway for speech and language therapy and that stammering was the third core pathway of speech and language therapy that required specialist support. Catherine Woolley advised that there was a psychological risk associated with stammering particularly with stigma and attitudes towards people who stammered. The care pathway was holistic in providing support, resilience and social communication skills. She advised that generalist speech and language therapists might not have had the time and experience to provide that. Catherine Woolley agreed that recruitment and staff retention was an issue. She noted that staff needed to be encouraged to stay longer. Staff needed time to share learning and skills, and that clinical supervision and training was needed to retain and recruit staff.

Councillor Tony Linden asked what the implications were for residents of West Berkshire. He noted that it was a rural area which was a challenge for service provision and that there were areas of deprivation. Catherine Woolley advised that it was difficult to assess the impact of stammering on someone. She highlighted that it had a big impact on someone's life, such as the negative stereotyping and resultant behaviours towards people who stammered. She gave an example of employment tribunals and the impact on education. There could have been teasing and bullying. Young people who stammered were more likely not to attend school and had higher levels of anxiety and depression which impacted on their mental health in the future as adults. It was not the case for every individual but these were potential impacts if not given specialist support. Catherine Woolley explained that for some, speaking more fluently was the end goal but for others they needed support to help resolve underlying anxiety, fear and sense of self. The importance of the specialist service was having time, space and capacity to provide holistic therapy.

Councillor Alan Macro noted that BHFT were rated as a one (Extremely good) in 2019 and asked where Stamma rated BHFT now. Catherine Woolley confirmed it would probably be a two (Good) now due to the levels of staffing and provision of the service.

Rebecca Ginary, Interim Head of Children's Community Services at BHFT, gave an overview of her report and the 3 options they had for the service review. She noted that it was timely to carry out the review of the service and noted that BHFT received very positive feedback from service users over the last 10 years that they had been running the service in a similar way. Rebecca Ginary agreed with Catherine Woolley on the importance of early intervention, the right training and the appropriate levels of competence, and noted that BHFT valued the specialist input of colleagues within the service. Rebecca Ginary explained that the current stammering service (currently called fluency) was based within the wider Children and Young People Integrated Therapies (CYPIT) which included speech and language therapists, occupational therapists and physiotherapists who worked across Berkshire. She highlighted that it was important to see the current fluency service in the wider context. She explained they were commissioned by the Integrated Care Boards (ICB) and Local Authorities to provide services for children with and without EHCPs (Education and Health Care Plans). The current caseload for all children in the county accessing speech and language therapy

services from CYPIT was 6066. The number of children accessing the stammering service was between 40 and 60. She confirmed they needed to provide the right and timely input but highlighted this was a small number in the context of their service which included children with other specialist needs. They needed to risk assess in the context of the wider population and the increase in demand for all services had grown significantly since Covid. They had had a 200% increase in children put forward for assessments of an EHCP. Rebecca Ginary noted there was a national crisis in recruitment.

Rebecca Ginary moved on to the review of the fluency service. She noted that permanent roles could not be recruited to during the review of the fluency service. They did approach staff to cover extra hours and advertised for temporary staff. Unfortunately there were not any staff to cover whilst the review of the service took place. However, Rebecca Ginary reassured the Committee that it was not their intention for the service to stay as it was. They were risk managing all children during the interim. Some of the feedback they had received from staff internally was that many did not feel confident to meet the needs of children and young people who stammered. Many referenced the importance of the internal specialist team that they could refer to. Rebecca Ginary highlighted that the generalist staff who worked in schools had relationships with the children, staff and families that was really valuable. With the right support from specialist therapists embedded in the generalist teams, they felt they could have increased capacity to pick up and meet the needs of those children at lower risk of a stammer that would be pervasive and ongoing. Therefore children could be dealt with more swiftly than they would if being referred to an internal service. The direction they were going in terms of a recommendation was to step away from the idea of a separate stammering service but to have a specialist stammering pathway within the main service. It would include some specially trained therapists with additional experience, knowledge and understanding who held responsibility for their own continuing professional development including networking, training and development.

Rebecca Ginary noted this was aligned with how they were looking to develop many aspects of their services. She stated that current demand outstripped capacity in every element of the service and so they had to think creatively about how to maximise capacity and how to develop services so that those children at highest risk were supported. They did not have capacity to work with all children on an individualised basis. The premise across all services was about empowering those closest to the children to better understand and identify needs, and to understand strategies that could be embedded. There were a small number of children for whom this was not enough and so they were looking at signposting to a specialist pathway, such as the stammering pathway that was being reviewed.

Councillor Andy Moore asked for clarity regarding the outcomes that were being looked for in the stammering service and how long individual patients were worked with. Rebecca Ginary advised it was hard to say an average length of stay within a specialist pathway as it was very individual. She advised they worked in an impact based way. Rather than looking at the diagnosis they looked at what impact it had on their day to day lives and on their education. It was unlikely the stammer would ever go away and so there would be times when it was more difficult. The expectation was that children would go in and out of the service depending on what they needed at that time. They did not think it was helpful to keep children on the acute caseload unless they were actively involved in supporting them. The service review showed a number of children were on the caseload without being seen for over a year.

Catherine Woolley highlighted that the intensity of support from speech and language therapy required by people that stammered could be very acute and needed a significant

period of input at times. She stated this was different to some of the other pathways in speech and language therapy. Whilst the child might not be on the caseload for long, they might have needed regular input and interventions often on a weekly basis. Catherine Woolley noted concern that generalist staff might not have had the capacity to provide that with so many other children on their caseload.

Councillor Linden asked for more information on how the fluency service worked with Early Years providers and in schools, including state schools, academies and private schools. Secondly he also asked for more information on the preferences of the options presented. Rebecca Ginary explained that every school had a named speech and language therapist regardless of the funding and whether children had an EHCP or not to ensure they worked in a joined up way. The same was the case for Early Years settings. In terms of the fluency service, where the risk could be safely managed by the therapist based in school with advice and support from a specialist (where the child was at low risk of their stammer becoming pervasive or persistent) the support would happen through the school and parents. For children needing a higher level of intervention this would not be picked up by the generalist therapist as it would not be practical for them to deliver high level intervention. Rebecca Ginary confirmed that children without an EHCP were funded by the ICB and that was based on where their GP was. They would go to whichever school they were attending or be invited to a clinic during the holidays. Therapists largely tried to work in schools as that was more beneficial. For children with an EHCP, the issuing Local Authority funded whatever input was defined within the plan. As BHFT were the registered provider they would be required to deliver that. There were currently no requirements for a high level input within EHCPs.

In relation to the 3 options, Rebecca Ginary stated that they did not have an intention to close down the service or pathway. They wanted to refine how the pathway looked to maximise capacity and to grow the skills of the generalist team to create more capacity. Their preference was either option two or option three. They were leaning towards option three as the most cost effective and best use of resources. This would be Band 6 therapists with the use of assistance in schools for lower risk children. However they still had focus groups with service users and parents in January which would inform the final decision. There were pros and cons with both options. Rebecca confirmed that she agreed with the benefit of a Band 7 therapist in the team. However it was not something they had in other specialisms. They were looking to have a specialist pathway to make sure they were managing the risks appropriately. They would confirm with the Health Scrutiny Committee when a decision was made.

Catherine Woolley requested to make a comment regarding the two options. She acknowledged option three had advantages to enable generalist speech and language therapists to feel confident to provide a universal level of intervention. However with option three, Catherine Woolley explained there was a danger to rely on speech and language therapists to deliver the bulk of the stammering intervention. They were not qualified to a degree level and there was a risk of a big burden on them. There was a real benefit of the Band 7 highly specialist pathway as with other clinical pathways. The Chairman clarified that Catherine Woolley and Rebecca Ginary would maintain a dialogue as they moved forward. Rebecca Ginary also confirmed that there was a place for generalist staff, many were very skilled and had many years of experience. She also added, in terms of increasing capacity, that they were looking to develop their online offer. Many of the young people liked online support since Covid as it was found to be really accessible. The service was investing in digital developments and in having pre-recorded training packages and delivering online training in schools. For whichever option was chosen they would look at a rolling programme of training for all staff including a mandatory refresher in stammering.

Councillor Macro asked for the reason for doing the service review given it was highly rated. He also noted the poor result to the consultation exercise and asked if BHFT understood why that was. Rebecca Ginary explained that they were in the process of asking patients why there was not more positive engagement. She noted that they were finding that there was a low response for all consultations since Covid. With regards to the rationale for the review, Rebecca Ginary advised that there was a responsibility for spending public money and they recognised the huge increase in demand versus capacity on the service more widely. They acknowledged they could not provide an exceptional service for a small number of people if there were unmanageable caseloads in other parts of the service. The wider service pressures combined with the timing of staff leaving the service, meant it was the right time to carry out the service review.

Councillor Moore asked why there had been a 200% increase in demand since Covid. Rebecca Ginary advised that a lot of the demand was in the early years and so these were children born or were toddlers during the pandemic who were not socialised in the same way and were not out and about meeting other children. They did not have the same opportunities to interact and to develop their language and communication skills. In addition there was a large cohort of children on an EBSA (Emotionally Based School Avoiders) pathway who, following the pandemic, found returning to school was overwhelming for them. Therapists were therefore visiting some children in their homes and so they needed to adapt their service to do that. Rebecca Ginary noted that it was not entirely due to Covid as there had been increases in EHCP assessments since 2016.

The report was noted and it was requested that a report return to the Health Scrutiny Committee when a decision had been made regarding the option chosen by BHFT.

34 NHS Dentistry

Hugh O'Keeffe, Senior Commissioning Manager, Dental NHS England (BOB and Frimley) gave an overview of the report on Dental Services. He advised the report included an overview of the systems and services, primary and secondary dental care, patients' access to services and information on practices and referrals in West Berkshire. Hugh O'Keeffe explained that it also included information on the impact of Covid which had hit dental services hard and they had been running services at below 100% capacity for about two years. They had only been working at full capacity since July 2022. Hugh O'Keeffe highlighted that the number of patients accessing dental services was improving but it was still below pre-pandemic levels. Practices had called people back in, but it was challenging with those who had not been attending regularly, some of whom used private dental services and others only went to the dentist when necessary. Additional access sessions had been provided. They were also looking to bring down the numbers of long waiters so that no one was waiting for secondary care for more than two years.

Hugh O'Keeffe highlighted that recovery was still at an early stage. Treatment needs were higher due to gaps in treatment and there were workforce issues including morale, recruitment and retention. Across the South East NHS dentists were handing back NHS contracts and going fully private, although this was not a significant issue in the West Berkshire area yet. There were national contract changes as well as a flexing of local contracts to increase capacity. Hugh O'Keefe summarised that the overall picture was very difficult over the last few years but it was improving and they were working on a number of schemes to address it.

David Chapman, System Clinical Lead for Pharmacy, Optometry and Dental Services, added that there was a new way of commissioning for dentistry. It was now the BOB ICB and it was in its first year phase. There were slight difficulties in how quickly things could be changed at the time. They were looking to address health inequalities and highlighted

that some of the most deprived areas suffered the most. Some of the schemes might address some aspects of that.

The Chairman noted awareness of difficulties in the waiting times for orthodontic work. Hugh O'Keefe advised that there was a backlog built up for orthodontics but they were not concerned about the delays in terms of risk to patients. They wanted though to look at the variations in waiting lists between practices and for there to be more joint working as some had shorter waiting lists that others.

Councillor Alan Macro asked for further detail on the national contract changes of November 2022. Hugh O'Keefe advised that they would allow dentists to perform more activity under their contracts. It would require practices to provide up to date information on NHS Find a Dentist webpage. There were also contractual powers to redistribute the resources allocated to the practices in relation to the level of activity. There were new powers being brought in for the commissioner to address that. There was a push to ensure Dentists clearly followed NICE guidance on recall intervals to be clinically appropriate. Finally one of the treatment bands meant an increased payment could be made for more complex treatment.

Councillor Tony Linden asked for more information on the digital gap and those not accessing dentistry services. Councillor Linden also noted that the private sector was a major part of the system. Councillor Linden asked whether Nilesh Patel represented both private and NHS dentists highlighting it was important to work holistically as accessing NHS dentists was a concern. Nilesh Patel, Chair of the Thames Valley Local Dental Network, advised that his role was to focus on NHS provisions, however most practices had a mix of private and NHS services. There was a benefit of private services in helping the community in reducing demand on NHS services. Hugh O'Keefe highlighted that the flexing of the contracts would be picking up on the health inequality agenda. Contracts were target driven and so dentists would respond to patients coming in and so there was a challenge to enable access into those services. They were trying to set aside capacity within the contracts for dentists to work more proactively to bring people into the system, especially younger children. For example there was a Starting Well scheme in Slough to encourage children in the community into dental practices at a very early age. They were trying to see what more they could do within the contracts they had. There were certain patient groups, particularly children from deprived backgrounds who were accessing hospital treatment for extractions for example. Also the older population being able to access services was a concern. The flexing of contracts was at an early stage but they were looking to focus on those whose oral health needs were greater.

Councillor Andy Moore noted the statistic in the report that 52% of the population attended an NHS dentist but that people were not signed up to an NHS dentist in the same way you were signed up to a GP surgery. He asked whether there was any intention to change that. Hugh O'Keefe confirmed that the 52% was a 30% growth on the ten years before which was a significant increase. He explained that for patients who were not registered, they were still on the dentist's books if they went regularly and called in for check-ups. This was more difficult since the pandemic. Councillor Moore noted that dentistry practiced prevention rather than treatment in a way that did not occur with GP services. He asked if the balance was right and were people having too many check-ups? Hugh O'Keefe advised that there was guidance around recall intervals that was more frequent for those with lots of fillings such as the older generation. The younger generation did not have to go in as often as they had fluoride in toothpaste at a young age. Dentists were conscious of recall intervals but the contract had a built in incentive to get recalls through. In addition patients were creatures of habit and liked to have six month check-ups if they were used to them. David Chapman highlighted that prevention started before visiting the dentist. Children and patients learned to look after their own

teeth, how to brush and use fluoride toothpaste. There was a whole range of lower priced toothpastes that people could have been directed towards that did an adequate job. Councils, through their public health teams, had responsibilities for health promotion and for doing a survey of dental hygiene in children. He noted that some councils in BOB had opted not to do that. The Chairman noted the comments made. He highlighted that health promotion and dental hygiene should be part of the school curriculum.

Sarah Deason, Healthwatch West Berkshire, noted in the report that people were not registered and asked if any engagement had been done locally to understand more about why people were not registering. She explained that across Healthwatch in Berkshire West one of the top questions asked was 'where can we get a dentist?' and asked whether available appointments and GP surgeries were going to be advertised. Hugh O'Keefe referred to the NHS website as the place to look for local dentists but noted that it was difficult for anyone at that point to find a practice open to new patients. That was related to catching up with backlog and delivering contract targets for the year. He stated that there would be a communications plan along with the flexing programme to ensure other agencies were aware who was taking part in the scheme and promoting access in those communities. The reasons people did not attend were well known. One was money and paying for patient charges. Another was anxiety about going to the dentist. There were high street sedation services available. By people going early and regularly it helped with that fear.

Councillor Linden highlighted the next steps and review section in the report. It was agreed that dentistry would be revisited in the future. Councillor Moore requested an action to know more about public health's role at West Berkshire Council. Nilesh Patel highlighted that dental prevention was also about diet and its larger part in general health. Dental appointments included advice around dental care and diet and in particular reducing sugary snacks.

35 Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Sarah Webster, Executive Place Director Berkshire West 'Place' BOB ICB, gave an overview of the new landscape and her role within it. Sarah Webster explained that there was an Integrated Care Partnership across Buckinghamshire, Oxfordshire and Berkshire West (BOB ICP) made up of 5 lead Local Authorities and the NHS. The NHS body within the ICP was called the Integrated Care Board (ICB). Sarah's role was as the lead director for Berkshire West within the ICB.

Sarah Webster highlighted some key items. The first was the Strep A news and the impact on the relevant services. There was a significant demand for urgent care services. Over the weekend there was five times the usual demand for out of hours services and 111 services had 150% of their normal activity. Primary Care colleagues also had a significant demand for urgent appointments. The ICB had been monitoring the situation and had contacted primary care providers seeking available additional capacity and there was funding associated with that. Sarah Webster advised they were sending a reassuring message at all opportunities that whilst Strep A is an illness impacting particularly young children, it was only in very rare cases where that could be serious. Regarding antibiotics, the message from NHS England was that there was enough supply but it needed to be appropriately distributed. A lot of information was being shared with services and the prescribing demand was being managed.

Secondly Sarah Webster advised they were anticipating nursing strikes on the 15th and 20th of December. She advised the Royal Berkshire Foundation Trust (RBFT) met the threshold for the strike. Plans were being put in place to mitigate the impacts. Emergency

care would still be provided. There was a significant administrative resource being used to communicate with patients whose plans were being affected. The RBFT had reassured the ICB that they were confident that safety would not be compromised.

Thirdly Sarah Webster advised that the Urgent Care Centre opened last week at the Broad Street Mall Reading. It was designed to take in 50 on the day self-presentations and 50 referrals from the emergency department and from primary care colleagues. This capacity plus additional GP capacity would really help relieve some of the urgent care demands expected over coming weeks. The Urgent Care Centre was an 18 month pilot.

Sarah Webster advised the Committee that there was a recent announcement regarding Adult Social Care discharge funding. For West Berkshire it was £1,200,000 within a £3,400,000 envelope for Berkshire West. Discussions had been held around how the money would be used to support the continuation of service provision noting the high demand being experienced at the time. Councillor Graham Bridgman explained that he was involved because the money went through the Better Care Fund which was owned by the Health and Wellbeing Board. It was agreed at last week's Health and Wellbeing Board to give Councillor Bridgman sign off so that the timescales would be met. He advised that roughly £700,000 would be coming down through the ICB and £400,000 directly to West Berkshire Council. Most of the funding would be spent on domiciliary care to help discharge patients safely from hospital. Councillor Moore asked about the availability of domiciliary care and whether the staff were available to deliver it. Paul Coe advised that there was an itemised plan. They were in a good position regarding the availability of care agencies locally. Other funding was on care home beds and staff to carry out assessments. It was to ensure care was available for safe discharges from hospital.

Councillor Alan Macro asked for clarification around how patients were informed of changes to appointments due to the nursing strikes and whether it would be compromised by the postal strikes meaning significant resources were needed to make calls. Sarah Webster advised they were not relying solely on letters, but also phone calls to patients. It was discussed what impact this diversion of staff had on other services. Sarah Webster advised that it was a short term realignment that was appropriate. Councillor Linden noted that digital contact was also used. He also highlighted that the Joint Health Scrutiny Committee would be meeting in January. The Chairman noted the Urgent Care Centre. Councillor Bridgman explained that there had been immense pressure on the Emergency Department at the Royal Berkshire Hospital and by creating the Urgent Care Centre in Reading it was hoped to take some pressure off the Emergency Department.

Sarah Webster moved on to update the Committee on the development of the Integrated Care Partnership Strategy. This was to confirm how the Partnership would work together to make a difference to the people in their populations. The Strategy was a developing document about to go out to wider consultation. It was co-produced and built up from Health and Wellbeing Strategies and how they could make a difference if they came together as a wider collective. There were benefits in working together at scale and other times more sense to work locally in order to retain a local focus and local voice. As a Berkshire West Partnership they needed to ensure they heard the local voice and responded appropriately. The report gave an overview of the higher level areas. The public engagement portal was being launched on 14 December. Sarah Webster encouraged Members and others to take part and to encourage reaching out to the public. Sarah Webster thanked colleagues at West Berkshire Council in developing the strategy and highlighted that Councillor Bridgman was a direct voice at the Partnership table.

Councillor Macro highlighted that there were 18 priorities in the strategy and asked if they were all equal or if the numbering had relevance to priority. Sarah Webster confirmed that the priorities were not ranked but they had received initial feedback that 18 was a large number of priorities and prioritisation might be needed.

Councillor Graham Bridgman added that the draft strategy for BOB would be out soon. He advised that together with the Leader of the Council, Councillor Lynne Doherty, he had met with Steve McManus the Interim Chief Executive Officer of BOB ICB. They were working from similar angles to deliver what they needed to deliver at the right level. What needed to be done at system was done at system and what was needed to be done at place was done at place. They were looking at the needs and desires of the population and seeking to address problems from a partnership of the NHS and from the viewpoint of first tier Local Authorities. Many factors affected the health of the population and in particular the prevent strategy. Further meetings were happening and activity was moving forward.

36 Healthwatch Update

Sarah Deason from The Advocacy People explained that they were the host organisation for Healthwatch Berkshire West. She advised that Andrew Sharp had left West Berkshire Healthwatch.

Sarah Deason advised that a theme across Berkshire West was around self-care and prevention. They had been talking to people about using the right services at the right time and sharing communications around that. They had just closed a Healthwatch survey on maternal mental health and were looking around what was needed locally around maternal mental health. She noted that dentistry also continued to be a theme.

Councillor Tony Linden added that Members had been notified of a new number 116 123 for support in a mental health crisis. There was discussion around Healthwatch and Members communicating that to the public.

37 Task and Finish Group Updates

Councillor Alan Macro advised the Committee that the Continuing Health Care (CHC) task group met on 29 November 2022. They discussed the Peer Review report which confirmed that CHC provision was significantly lower than other areas of the country and fared poorly compared to other areas of the ICB (Integrated Care Board). The review was ongoing and they needed to keep an eye on it. Paul Coe, Service Director of Adult Social Care, was thanked for his input for the task group.

Sarah Webster (Executive Place Director Berkshire West BOB ICB) advised that the Transformation Programme across BOB (Buckinghamshire, Oxfordshire and Berkshire West) was to address imbalances. There were also local conversations about what could be done now and they were expecting updates in January.

38 Health Scrutiny Committee Work Programme

The Chairman invited Members to make suggestions on items to add to the Work Programme.

Councillor Alan Macro requested that blood tests and phlebotomy shortages be reviewed as he was aware of some delays.

Councillor Tony Linden highlighted GP numbers, pharmacist provisions and refugees and asylum seekers as important items. It was noted that pharmacy provision had been a problem in Thatcham recently. Councillor Graham Bridgman advised that pharmacy

provision was discussed at Locality Integration Board recently with a useful presentation from Pharmacy Thames Valley.

Councillor Macro noted that Members of the Committee recently visited the Royal Berkshire Hospital. He thanked the hospital for a very useful visit and noted concerns in Cancer Care building and the pharmacy workplace. He asked for Councillor Bridgman to pass on thanks from the Health Scrutiny Committee.

(The meeting commenced at 1.30 pm and closed at 3.45 pm)

CHAIRMAN …….

Date of Signature …….