1. APOLOGIES FOR ABSENCE
   Apologies for absence were received from Councillors Kenyon and Steen and Fiona Meecham, Director of Customers and Communities.

2. MINUTES
   That the minutes of the meeting held on 6 June 2011 be agreed as a correct record and signed by the Chairman.

3. DECLARATION OF INTEREST
   There were no declarations of Interest.

4. URGENT ITEMS
   There were no urgent items for discussion.

5. PUBLIC QUESTION TIME
   The Chair agreed to deviate from the Procedure for Public Speaking and allow the member of the public to ask questions as the reports were discussed.
6. **CHAIR’S UPDATE**

The Chair provided Members with the following information.

That two Task and Finish Groups had commenced – Young People’s Services and Domestic Violence. A member asked if he could have a list of membership of these Committees, which the Scrutiny Support Officer agreed to send.

The bi-monthly meeting with Sue Warburton had been held on 2nd September to provide an update on the following; Urgent Care would open in April 2012; changes for Rehabilitation patients would commence in October 2011; a visit to the Birthing Centre was to be arranged and a question was asked as to whether this would be open to all Members. The Scrutiny Support Officer agreed to make enquiries and inform Members accordingly.

7. **PRESENTATION ON LANCASHIRE MENTAL HEALTH ACUTE RECONFIGURATION**

Rebecca Davis, Director of Mental Health Commissioning and David Rogers, Associate Director of Engagement and Communication of NHS East Lancashire, together presented information on Lancashire’s mental health acute reconfiguration.

Original consultations had taken place in 2004 and 2006 when it was thought that 500 inpatient beds would be needed across Lancashire. Following a new Government in 2010 it was agreed that all outstanding consultations would need to be re-tested and they had to ensure that any changes had the support of GP Commissioner and that the public supported these changes.

Six public events were held across Lancashire (the nearest to Rossendale was in Accrington). The events were well attended and it emerged from the public consultations that there was a need for people to be treated in their own homes rather than a hospital setting.

A number of options on where to put services were looked at and it was felt that 262 inpatient beds would be needed across Lancashire and after looking at a number of options on where to put these services, the following were agreed;
- Blackburn – redevelop the building in Royal Blackburn Infirmary
- Lancaster Pathfinder Drive
- Central Lancashire site to be confirmed
- Whyndyke Farm – new building near Blackpool

An e-survey was conducted in March 2011 and in one month they had received 402 responses. The survey highlighted that dementia was an area of importance. Rebecca indicated that there was to be a full public
consultation on Dementia in 2012. Members asked for more information on the survey ie age of respondents etc.

David Rogers informed the Committee that the majority of GPs in the Valley support the proposals on the basis that community mental health services were effective and responsive to the needs of the patients.

A number of questions/comments were raised by Members as follows to which Rebecca and David responded.

- The need to refer people into the system quicker as at present it takes 3 months to be referred to a Psychiatrist
- The need to look at the dementia aspect earlier than 2012 as there is no respite care at the moment.
- The need to engage with organisations such as REAL/Rubicon as there are ill-feelings in the community
- The need to speak to carers more
- The need to commission services into the 3rd Sector
- Working with adult social care
- On what basis have the sites been agreed – is it need and have you looked at where those people are with the required need?
- No mention of Child and Adolescent Mental Health Services (CAMHS)
- Lots of vulnerable young people in the Borough who can get lost in the system
- With all the Benefit changes – who would pay for patient care?
- Number of beds (262) seems on the low-side – has anything been built in for an increase in these figures
- Is the assessment right for bed usage?
- As beds diminish and people go into the community are resources going to follow; will staff be trained; also, concerns about re-admission rates
- Need to ensure that if a patient needs a bed, then one is available
- How are you looking to incorporating 16-17 year olds?
- Will there be ‘locked wards’?
- People with mental health problems feel isolated and they need the support of the 3rd sector and it is vital for support to be available.

Rebecca indicated that they do need to demonstrate that what they were planning was right and they would address ‘bed need’ if they had not got it right.

With regard to 16-17 year olds, where members agreed there was a gap between CAMHS and adult services, if someone of 16 or 17 year old needed an in-patient bed they would go to the younger people’s ward at the Avondale building at Preston. Early Intervention Services (specialist community team) are age inclusive (14-35 years).
There were a number of issues which Rebecca and David agreed to look into and feedback to the Scrutiny Support Officer.

Both David and Rebecca agreed to attend a future meeting to bring an update on developments.

Resolved:

That the Overview and Scrutiny Management Committee notes the information received from the NHS representatives and look forward to meeting them again in the future.

8. OVERVIEW AND SCRUTINY PROGRESS UPDATE REPORT

The Scrutiny Support Officer presented a progress update on the work of the Overview and Scrutiny Committees, Task and Finish Groups and Response Groups from June 2011 - August 2011.

Resolved:

That the information be noted.

The meeting commenced at 6.30pm and closed at 8.30pm

Signed .....................  (Chair)

Date..............................