

**19 July, 2017**

**LLANELLI RURAL COUNCIL**

**Minute Nos: 138 – 143**

At a Meeting of the **POLICY AND RESOURCES COMMITTEE** of the Llanelli Rural Council held at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, on Wednesday, 19 July, 2017, at 4.45 p.m.

**Present:** Cllr. S. M. Donoghue (Vice Chairman (in the Chair))

**Cllrs.**

T. Devichand	J. S. Phillips
P. M. Edwards	E. Simmons
S. N. Lewis	W. V. Thomas
I. G. Wooldridge	

**Absent:** A. G. Morgan

**138. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllrs. F. Akhtar, H. J. Evans, C. A. Rees and A. J. Rogers (Cllr. S. N. Lewis deputising).

**139. MEMBERS' DECLARATIONS OF INTEREST**

No declarations of interest were made.

**140. TRANSFORMING CLINICAL SERVICES  
HELP US IMPROVE OUR NHS FOR MID AND WEST WALES**

Correspondence was received from the Director of Transformation, Hywel Dda University Health Board (HDUHB) informing that the HDUHB had launched a new clinically-led engagement and listening exercise to ask local residents and stakeholders exactly what they want from their future NHS services.

The HDUHB faced a number of challenges and many of its current services were fragile and only sustained by a temporary workforce. This cost the HDUHB more money and inhibited the ability to invest in other services that were needed. The geography that HDUHB covered was large and mainly rural with a scattered population that was getting older and was in increasing need of more complex healthcare, treatment and support.

One of the key issues was the need to control the amount of money that the HDUHB spent. If it carried on then it was estimated that the NHS would have to spend £167-£200 million on top of the existing budget over the next five years. The NHS needed to reorganise the health services to make the most of technology, employ skilled people to work in the right places

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and to make the best use of every pound it spent. The current way of doing things did not reflect people's changing health needs as well as it could. Doing nothing was not an option.

The four key things that the NHS must do better were:

- Quality of Care
- Meeting the needs of patients
- Doing more with the money
- Services working together better

*During discussion of the above, Cllr. I. G. Wooldridge withdrew from the meeting.*

Following consideration of the questions set out in the accompanying questionnaire response document it was

**RESOLVED** that the Clerk responds to the consultation document highlighting Members views and observations.

#### **141. HELP US TO CONNECT ADULT MENTAL HEALTH SERVICES WITH LOCAL PEOPLE**

Members received correspondence from the Director of Transformation, Hywel Dda University Health Board (HDUHB), who was writing on behalf of the Mental Health Project Group, which was a group of representatives from the health board, service users, carers, General Practitioners, Dyfed Powys Police, the Welsh Ambulance Service Trust, trade unions, the voluntary sector, West Wales Action for Mental Health, the local authorities and the Community Health Council. The group had been working together for the last two years to consider the challenges and opportunities in meeting the mental health needs of the population.

As a group they had agreed that the vision for the service should be to have a modern community mental health service which included the following:

- 24 hour services
- No waiting lists
- Community focus
- Recovery and resilience

The Health Board was now at the key stages to building a better service having spent two years listening to people about their mental health needs. The Health Board planned holding a public consultation event from 22 June to 15 September, 2017. Over 100 engagement events had been held over Carmarthenshire, Ceredigion and Pembrokeshire as well as numerous meetings with staff, service users, carers, staff and interested parties to co-design a number of options for a new way of working.

In early 2017, an agreement was reached that the Health Board should consult on a model with three key components:

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- Community Mental Health Centres
- Central Assessment Unit and Central Treatment Unit
- Single Point of Contact

The mental health needs of the society had changed over the last decade. Treatment advances had seen many people who previously required hospital care being able to remain in their communities, supported by their families and friends and when required by services delivered by health, social care and third sector providers. The earlier a person was given access to the right support and treatment for their mental health problems, the better the outcome and the person's experience and the less likely they were to need specialist psychiatric care or inpatient treatment.

*During discussion of the above, Cllr. W. V. Thomas withdrew from the meeting.*

Following consideration of the questions set out in the accompanying questionnaire response document it was

**RESOLVED** that the Deputy Clerk responds to the consultation document highlighting Members views and observations.

**142. PUBLIC BODIES (ADMISSION TO MEETINGS) ACT, 1960**

**RESOLVED** that in view of the confidential nature of the business to be transacted, the following matter be considered in private and that the power of exclusion of the public under Section 1(2) of the Public Bodies (Admission to Meetings Act, 1960) be exercised.

**143. STAFFING MATTERS**

Members considered the report of the Deputy Clerk informing of staffing matters.

**RESOLVED** that the report referenced 07:2017 be accepted.

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The meeting concluded at 6.30 p.m.

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The afore-mentioned Minutes were declared to be a true record of the proceedings and signed by the Chairman presiding thereat and were, on 12 September, 2017, adopted by the Council.