

# Cyngor Gwledig LLANELLI Rural Council

*Clerc i'r Cyngor*  
**Mark Galbraith** A.C.I.S.  
*Clerk to the Council*

Adeiladau Vauxhall, Vauxhall, Llanelli, Sir Gaerfyrddin, SA15 3BD  
Vauxhall Buildings, Vauxhall, Llanelli, Carmarthenshire SA15 3BD  
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*Fy nghyf:*  
*My ref:*

*Eich cyf:*  
*Your ref:*

*Gofynnwch am:*  
*Please ask for:*

8 Hydref, 2025

Annwyl Gynghorydd

Gelwir amoch i gymryd rhan mewn Cyfarfod o'r **CYNGOR** a gynhelir yn Siambr y Cyngor, Adeiladau Vauxhall, Llanelli, a thrwy bresenoldeb o bell ar Ddydd Mawrth, 14 Hydref, 2025, 6.00 y.h.

Yr eiddoch yn gywir

**CLERC y CYNGOR**

## AGENDA

1. Derbyn ymddiheuriadau am absenoldeb.
2. Derbyn Datganiadau o Fudd Personol gan Aelodau o ran y materion sydd i'w trafod.
3. Cyfranogiad y Cyhoedd – cyfle i aelodau'r cyhoedd ofyn cwestiynau a chyflwyno sylwadau am unrhyw eitem o fusnes sydd i'w thrafod yn ystod cyfarfod heddiw ac sy'n agored i drafodaeth gyhoeddus. Mae eitemau busnes cyfrinachol wedi'u heithrio.
4. (1) Cadarnhau ac arwyddo'r Cofnodion canlynol fel cofnod cywir o'r cyfarfod:-

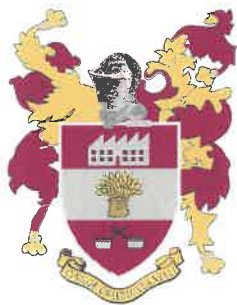
Y Cyngor	9 Medi, 2025	Tud. Rhif: 79 - 83
Y Pwyllgor Cynllunio a Chyswllt	15 Medi, 2025	Tud. Rhif: 84 - 86
Y Pwyllgor Lles a Hamdden	16 Medi, 2025	Tud. Rhif: 87 - 95
Y Pwyllgor Polisi ac Adnoddau	17 Medi, 2025	Tud. Rhif: 96 - 99
Y Pwyllgor Cyllid a Dibenion Cyffredinol	24 Medi, 2025	Tud. Rhif: 100 - 101
Y Pwyllgor Cynllunio a Chyswllt	6 Hydref, 2025	Tud. Rhif: 102 - 104



Mae Cyngor Gwledig Llanelli yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg  
Llanelli Rural Council welcomes correspondence in Welsh or English



- (2) Ystyried unrhyw faterion sy'n codi o'r Cofnodion er gwybodaeth yn unig.
5. Adolygu Cyfansoddiad y Cyngor gan gynnwys ei Reolau Sefydlog a'r Rheoliadau Ariannol – yn unol â Rheol Sefydlog Rhif 38.2 caiff yr eitem hon ei gohirio heb drafodaeth hyd nes cyfarfod cyffredin nesaf y Cyngor i'w gynnal ar 11 Tachwedd, 2025.
  6. Bwrdd Iechyd Prifysgol Hywel Dda – Ymgynghoriad Cynllun Gwasanaethau Clinigol (CSP) – ymhellach i Gofnod Rhif 69, i nodi gohebiaeth a dderbyniwyd gan yr Athro Kloer, Prif Weithredwr, yn ymateb i lythyr ymateb ymgynghoriad y cyngor ar y CSP dyddiedig 8 Gorffennaf, 2025.
  7. Pleidlais Ardal Gwella Busnes Tref Llanelli:
    - (1) Hysbysiad ynghylch y Bleidlais – derbyn gohebiaeth gan Ymlaen Llanelli a chytuno ar ymateb y cyngor.
    - (2) Papur pleidleisio - derbyn papur pleidleisio ar gyfer Ardal Gwella Busnes (AGB) Tref Llanelli gan Wasanaethau Etholiadol, Cyngor Sir Caerfyrddin a chytuno ar ymateb y cyngor.
  8. Nodi er gwybodaeth amserlen o'r materion a nodwyd.
  9. Nodi, er gwybodaeth, llythyr o ddiolch a dderbyniwyd gan y canlynol:-
    - (1) Elusen Ambiwlans Awyr Cymru.
  10. Deddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd), 1960 – ystyried eithrio aelodau'r cyhoedd pan ystyrir y materion canlynol oherwydd natur gyfrinachol y busnes a drafodir.
  11. Amcangyfrifon Incwm a Gwariant 2025/26 - Adran Hyfforddi - ystyried adroddiad y Rheolwr Cyllid.



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*Fy nghyf:*  
*My ref:*

*Eich cyf:*  
*Your ref:*

*Gofynnwch am:*  
*Please ask for:*

8 October, 2025

Dear Councillor

You are summoned to participate in a **COUNCIL** Meeting to be hosted at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Tuesday, 14 October, 2025 at 6.00 p.m.

Yours sincerely

**CLERK to the COUNCIL**

## AGENDA

1. To receive apologies for absence.
2. To receive Members' Declarations of Interest in respect of the business to be transacted.
3. Public Participation – an opportunity for members of the public to ask questions and make representations about any item of business to be transacted during today's meeting and which is open for public discussion. Confidential items of business are excluded.
4. (1) To confirm and sign the following Minutes as a true record of proceedings:-

Council	9 September, 2025	Page Nos: 79 - 83
Planning and Liaison Committee	15 September, 2025	Page Nos: 84 - 86
Recreation and Welfare Committee	16 September, 2025	Page Nos: 87 - 95
Policy and Resources Committee	17 September, 2025	Page Nos: 96 - 99
Finance and General Purposes Committee	24 September, 2025	Page Nos: 100 - 101
Planning and Liaison Committee	6 October, 2025	Page Nos: 102 - 104



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- (2) To consider any matters arising from the Minutes for information purposes only.
5. To review the Council's Constitution including its Standing Orders and Financial Regulations – in accordance with Standing Order No. 38.2 the said item shall stand adjourned without discussion to the next ordinary meeting of the Council to be held on 11 November, 2025.
6. Hywel Dda University Health Board – Clinical Services Plan (CSP) consultation – further to Minute No. 69, to note correspondence received from Professor Kloer, Chief Executive, responding to the council's CSP consultation response letter dated 8 July, 2025.
7. Llanelli Town Business Improvement District (BID) Ballot:  
(1) Notice of Ballot – to receive correspondence from Ymlaen Llanelli and to agree the council's response.  
(2) Ballot Papers - to receive a ballot paper for the Llanelli Town Business Improvement District (BID) from Electoral Services, Carmarthenshire County Council and to agree the council's response.
8. To note for information the schedule of matters reported.
9. To note for information, letter of appreciation received from the following:-  
(1) Wales Air Ambulance.
10. Public Bodies (Admission to Meetings) Act, 1960 – to consider excluding members of the public during consideration of the following matter owing to the confidential nature of the business to be transacted.
11. Estimates of Income and Expenditure 2025/26 – Training Department – to consider the report of the Finance Manager.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Ein cyf/ Our ref: CEO17738  
Gofynnwch am/ Please ask for: Anna Alderson  
Rhif Ffôn / Telephone: 01267 239892  
Dyddiad/ Date: 6 October 2025

Swyddfeydd Corfforaethol, Adeilad  
Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol  
Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's  
Well Road, Carmarthen,  
Carmarthenshire, SA31 3BB

**Mark Galbraith**  
Clerk to Llanelli Rural Council

By email: [Mark.Galbraith@Llanelli-Rural.gov.uk](mailto:Mark.Galbraith@Llanelli-Rural.gov.uk)

Dear Mr Galbraith

### **Re: Hywel Dda University Health Board Clinical Services Plan consultation**

Thank you for your letter dated 8 July 2025, sharing Llanelli Rural Council's comments regarding the proposed Clinical Services Plan (CSP) consultation.

I would like to take this opportunity to provide assurance that your views will be carefully considered as part of the analysis that will be undertaken of all responses and comments received during the CSP public consultation, which concluded on 31 August 2025.

Below, I have outlined the CSP process to date, and I wish to emphasise that no decisions have been made regarding the future configuration of services within the scope of the CSP. The recent public consultation is a vital part of our commitment to transparency and inclusivity. It sought to gather views on the proposed options, their potential impacts, and any alternative ideas that may better meet the challenges these services face.

The CSP has been developed in line with independent guidance - initially from the Consultation Institute (CI) and more recently from Hugh Irwin and Co Associates (HICO) - to ensure compliance with relevant legislation and best practice. The process has included:

- Development of an Issues Paper.
- An options development and appraisal process for the nine services in scope.
- Extensive public engagement and impact assessments (Equality, Quality, and Health).

Following analysis of the consultation responses, a Decisions Paper will be developed, informed by responses to the consultation, which we now expect to be presented to the Board at a public meeting in early 2026. This is to allow time for thorough analysis of all options proposed in the feedback received. Further information on the CSP consultation can be found at the link provided below:

Swyddfeydd Corfforaethol, Adeilad Ystwyth,  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair  
**Dr Neil Wooding CBE**  
Prif Weithredwr /Chief Executive  
**Professor Phil Kloer**

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda  
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

## Clinical Services Plan Consultation - Hywel Dda University Health Board

In regard to the queries raised by Llanelli Rural Council, I have taken each one in turn, providing responses below:

### **1. Members would welcome your thoughts on this please.**

*When discussing the options set out for PPH, members chose to focus on some of the headline points presented under the options for each service area; the Stroke service being a case in point. To varying degrees all the options will have a knock-on effect on the general operation of the other three main hospital sites. Members question the feasibility of effectively delivering proposals and then have the necessary resources and infrastructure in place at PPH to accommodate the possible changes and enhancements for planned care activities particularly physical space requirements, especially, for example, if the decision is taken to provide PPH with a Stroke Unit, with specialist cover 24 hours a day.*

#### **Answer**

As part of the options development process, the physical space requirements were considered as part of the evaluation criteria. This entailed looking at what this would mean for patients, how long they may need to remain in the hospital, the type of infrastructure that would be needed to support this, and the number of beds that would be required.

This information can be found in our supporting documents ([Supporting documents - Hywel Dda University Health Board](#)). The options developed thus far, identify that services can be developed at Prince Philip Hospital (PPH) without needing to build new spaces at PPH or other hospital sites. This is achieved mainly through repurposing existing areas, as well as changes that are happening, such as the development of Pentre Awel, which will support staff to move to a new location.

### **2. Re. Critical Care**

*(specifically options to repackage PPH's ICU by reconfiguring it as an ECU) - whether changes outlined for Critical Care might detrimentally impact the hospital's AMAU - the consultation document makes no reference to this under the option appraisal, and it is important to establish whether there is any negative correlation impacting upon the ongoing operation of the AMAU, if ultimately patients at PPH in the AMAU need to be transferred to intensive care elsewhere. Will they be transferred to Glangwili Hospital Intensive Care Unit if the PPH service is downgraded to an Enhanced Care Unit.*

This is a concern and is something we wish to seek clarification about please. It would be helpful when responding if you can kindly and simply state how AMAU and the Intensive Care Unit at PPH work alongside one another currently and whether there are any co-dependencies that might be affected by the CSP, that will impact patients.

#### **Answer**

Enhanced Care Units (ECUs) are bespoke to the needs of communities and hospital site and would be developed at implementation to retain the greatest number of pathways and service provision a site can offer. This may mean that for PPH there are



changes to the types of patients who would be taken to the Acute Medical Assessment Unit (AMAU) by ambulance and may instead be transferred onwards for definitive care.

The majority of patients treated in the AMAU would not be affected by these proposals. Currently, the sickest patients are already transferred to Glangwili General Hospital, Carmarthen or taken directly to the most appropriate hospital for their care and treatment needs.

### **3. The council welcomes your comments about this observation please.**

*Members also observed that most of the options are dependent on securing staff support and increasing staffing resources in most service areas. The concern is should the Health Board continue to encounter recruitment difficulties because of the rurality and geography of its catchment area with it failing to recruit additional staff that this will undermine the general delivery of the CSP. What will happen to services then? How will the reconfiguration be affected? Importantly what impact might the failure to recruit have on the delivery of services and addressing the reasons for making change i.e. service fragilities, improving access and improving standards and the potential impact on the Health Board's general four-year target to enact change from when decisions are agreed about them along with what further changes might be made beyond this timeframe.*

#### **Answer**

The ability to recruit staff has been a challenge for some services for many years, which has made the services more fragile. The CSP is trying to address these challenges by changing how we provide services to improve both quality and safety of care for patients, as well as improve our recruitment and retention of staff.

By bringing services together, we will be able to provide more opportunities for staff to develop their skills and practice, as well as provide better rotas that can be more attractive for existing and potential staff. Our workforce assessments on our Supporting Documents page under Phase three/ Miscellaneous highlight our potential to recruit based on existing service configuration and workforce intelligence for each option.

If we are unable to recruit, it is likely to mean that we cannot fully realise the benefits in terms of improving our standards of care. However, by bringing together our workforces, we are likely to improve our sustainability and patient safety in providing services.

### **4. Some patients and their visitors might be negatively impacted by travel times and travel expenses as they might need to travel further to receive their care. Can you please be more definitive with patient/visitor numbers because simply stating - 'some patients' is too vague. Has a modelling exercise been performed and if so, what are the findings? This is particularly important to assess the impact by analysing the data, if patients and visitors have no option but to receive care and treatment further from home because of any proposed service change.**

#### **Answer**

A patient travel and insight document has been developed to understand what it would mean for patients if the location of their treatment and care is changed. The patient travel and insight document is based on current levels of activity and procedures and what it could mean if they were to move to another hospital.

The limitation to this work is that we are unable to identify where patients may be travelling from, as well as the form of transport. However, we have worked with the Transport Team to use existing surveys on patient and staff travel to understand the impact on individuals as well as the Welsh Ambulance Services University NHS Trust (WAST) Non-Emergency Patient Transport Service (NEPTS).

This work has been put together to help understand the impact, as well as inform any future commissioning and mitigations that may be required to reduce any negative impacts or barriers people may face in accessing care, which we would like to seek further feedback on as part of the questionnaire.

- 5. Some patients would be transported to a different site by the Health Board, however for return journeys home, or for visitors, there might be longer journeys and additional cost either by car or public transport. Again, please be more definitive by estimating numbers and potential costs. Can the Health Board fund return journeys for patients and visitors?**

**Answer**

There is an existing policy for patients and carers to claim expenses for travel. However, we would be keen to hear more of your thoughts on this if you believe there are issues that the policy does not address, or other mitigations that we could explore to reduce this barrier to care.

- 6. Some staff may be required to travel further to work at alternative sites bringing with it potential additional travel costs and childcare needs. Again, please be more definitive by estimating numbers and potential costs.**

**Answer**

Many Health Board staff already travel between sites as part of their roles. We have captured some of these impacts within our Equality Impact Assessments, which can be found in our Supporting Documents page under Phase three for each service.

No decisions have yet been made by the Health Board on future services and staff have been encouraged to respond to the consultation at this early stage with their own views and alternatives. Once a decision is reached, the Organisational Change Policy will be used to consult with staff, identify individual impacts and identify mitigations that could be used to support them.

- 7. What impact will the CSP have on Health Board finances. The council notes that the cheapest staffing costs in delivering the plan equate to circa £6 million. How will this extra money be funded from the annual budget as an ongoing revenue cost. Will the Health Board need to bid for this funding to Welsh Government by competing against other Health Boards for more funds. Can the Health Board give a guarantee that the options are financially achievable, affordable, and sustainable. What impact will the CSP have on**



**the Health Board's ongoing budget deficit — will it increase the deficit or help reduce it.**

**Answer**

Within the options, we have identified whether they could be delivered within two years, using existing funding within the service, or two to four years, which would require seeking additional funding not currently within the service. Some options look at more than four years, as they would need significant capital investment. However, they have been retained as they are aligned to a regional direction of travel.

In the case of capital, the additional funding will likely be identified through a combination of our own Discretionary Capital and the development of business cases to Welsh Government.

While additional revenue funding is required across the options, the Health Board is committed to tackling its long-term deficit position alongside delivering improvements in care. The options are designed to make the delivery of high-quality care more achievable than it would be with the current configuration. Within the options, proposals are made to ensure that the services would be sustainable and not require the use of agency or locum staff, which can impact quality of care as well as finances.

By creating more sustainable services, we will also be able to meet more of our own patient demand to reduce waiting lists and the need to outsource care where we cannot currently provide this.

**8. Could you please confirm what impact the CSP will have on the Llanelli cluster? What are the consequences of moving services away from PPH. Will any of the 26 options undermine the Llanelli cluster's level of maturity especially if PPH is re-purposed to deliver planned care.**

**Conversely, what are the consequences for the clusters covered by Withybush Hospital and other places such as Llandovery of moving services away from these facilities?**

**Answer**

The Health Board is committed to developing a Primary and Community Services Strategic Plan that supports the shift of services and resources, bringing care closer to home for our residents. An update on the Strategic Plan is intended to be presented to the Board during the early part of next year.

**9. Can you please tell us about how the CSP satisfies the Royal Colleges in terms of compliance with accreditation requirements for clinicians? Have any of the colleges expressed a view at this stage or is this expected to follow?**

**Answer**

As part of the development of the Issues Paper, we look at pre-existing recommendations and guidance received from a number of sources. This information was also used as part of the options appraisal where we tested how the options could meet standards.

Whilst the Royal Colleges were invited to express a view in response to the CSP consultation, no responses were received.

**10. What are the views of the Health Inspectorate Wales (HIW) regarding the current situation and has it as a body identified or stated anything of significant concern that warrants making the changes?**

**Answer**

Similar to above, as part of the development of the Issues Paper, we will consider pre-existing recommendations and guidance received from a number of sources.

Whilst HIW was invited to express a view in response to the CSP consultation, no responses were received.

**11. Will the CSP place the Wales Ambulance Service Trust under more pressure to transport patients to different hospital sites. What impact will it have on ambulances queueing outside hospitals waiting to admit patients?**

**Answer**

The Health Board is working closely with WAST to understand what the impact of these options could mean, and what would be needed to prevent this.

From an emergency community response, it is expected that there would be no change, as patients would still attend the same hospitals.

For non-emergency patient transport (outpatient appointments, day clinic, etc.) and transfers, it is recognised that changes could impact WAST, and they could not deliver these changes within existing resources.

It is recognised that the options would result in more transfers between hospitals and we envisage commissioning a bespoke service for this purpose.

The Health Board continues to work with WAST and other partners to ensure that the right services are commissioned to support whichever options are selected as part of the CSP.

**12. What does Llais make of the proposed changes and the impact on patients, families and visitor well-being?**

**Answer**

As a Health Board, we have engaged with Llais throughout this process. Llais representatives have been members of our project group, steering group, and in attendance during all our consultation drop-in events and online sessions held with the public.

We cannot speak on behalf of Llais and encourage you to contact them directly to seek their views on particular options and how they feel the consultation has progressed.

**13. How does the CSP integrate and sit alongside the Health Board's — 'A Healthier Mid and West Wales 2018' strategy? Are there any overlapping areas which may lead to abortive work or extra cost further down the line? Will making changes over the next four years hamper progress in achieving the 2018 plan? Moreover, if the CSP tackles the needs identified for change, is there a need for the 2018 plan?**

**Answer**

As part of our evaluation criteria, one of the things that services had to consider was alignment with our A Healthier Mid and West Wales Strategy (AHMWWWS), as well as any emerging strategies that may impact options development. It should be noted however we are only looking at nine of our services through the CSP, while the AHMWWWS looked at the provision of all services. We do not expect the CSP to replace the Health Board's strategic direction.

It is felt that all the options being considered are aligned with our AHMWWWS, focusing on addressing issues with sustainability that were predicted within the AHMWWWS, and needing to bring together some specialities to ensure we can continue to provide services.

We recognise that there will still be a need to deliver our long-term strategy, which is currently being refreshed. While there is national working around some services, in particular stroke, we recognise that there is a need to change, so we have to make some changes to our services now so that they are done in a planned and controlled way, rather than needing to resort to emergency service changes.

As part of the CSP consultation, we are asking people to share their views on what the options could mean for the future roles of the hospital until the delivery of the strategy. For PPH, the hospital carries out a similar role as described in the AHMWWWS, providing emergency medicine for those unwell, as well as planned care. The difference is that as part of a regional model, this may include more joined up working with Swansea Bay University Health Board.

**14. What is Welsh Government's view likely to be if being asked to financially support what may be viewed as interim changes brought about by the CSP being enacted over four years, compared to possibly funding a more expensive business case to fund the 2018 strategy in ten years' time?**

**Answer**

We have had representatives from Welsh Government involved as part of the process, but they have been present as observers and not shared a view on whether they would or would not support these proposals. They are invited to express a view as part of this consultation.

**15. Will the CSP offer a long-term sustainable solution? Will the CSP provide a lasting strategy to the way services are delivered at the four main hospital sites, making it less likely for future large-scale changes to key services by it building in capacity and safety where it is needed to prevent services being taken away from the hospitals but particularly PPH?**

**Answer**

While the CSP will provide a sustainable solution for the services, we have only focused on the nine services identified at the time as being fragile.

The CSP seeks to improve the safety, sustainability and quality of care we provide. Any capital costs identified only seek to make adaptations to existing sites, and do not address the fabric and condition of our four acute hospital sites, which will need significant investment in the near future.

Our 2018 AHMWWWS sought to develop a clinical model to inform future estates' needs, balancing projected challenges with future workforce and the need to bring together services, particularly acute medicine, against the access requirements of our whole population.

#### Next Steps

We welcome the opportunity to continue this conversation and are grateful to councillors for their views.

I trust this information will be of assistance and thank you again for taking the time to share Llanelli Rural Council's views.

Your sincerely



**Prof Phil Kloer**  
**Chief Executive**



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C/KPH

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*Please ask for:*

8 July 2025

Professor Philip Kloer  
Chief Executive Officer, Hywel Dda University Health Board  
Corporate Offices  
Ystwyth Building  
Hafen Derwen  
St David's Park  
Jobswell Road  
Carmarthen  
SA31 3BB

Dear Professor Kloer

## **HYWEL DDA UNIVERSITY HEALTH BOARD CLINICAL SERVICES PLAN – CONSULTATION**

I refer to the Hywel Dda University Health Board's (Health Board) consultation exercise regarding its clinical services plan (CSP), which the council recently discussed.

The council notes and understands the CSP covers nine key service areas and provides a set number of options under each service area presented in the form of a matrix. This is to help illustrate how these services could be reconfigured across the four main hospital sites and in some of the Health Board's community facilities, in the future. Given the scope and depth of the background documentation produced in support of the reconfiguration options, this snapshot is welcomed. The background papers are complex and not straightforward to interpret because the level of detail they contain. The council will comment about this later.

Moreover, the council while not necessarily agreeing with the proposals, also found it helpful to learn that in summary, the future roles of the main hospitals could be re-purposed as follows:

- Bronglais Hospital – providing services as it currently does, though some specialities may be provided from different Hywel Dda sites.
- Glangwili Hospital – providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition.



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- Prince Philip Hospital (PPH) – providing more planned care, particularly across a wider region where services are delivered in partnership with Swansea Bay University Health Board.
- Withybush Hospital – providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs.

The council notes in all the options, there are no changes to how people access emergency care at any of the sites.

Naturally, the council's focus is centred upon PPH. The council considers itself an important local stakeholder because PPH is in its administrative area. When it comes to matters concerning PPH, the council has always endeavoured to function as a strong local voice in seeking to retain key hospital services.

Therefore, rather than responding to the consultation exercise via the set questionnaire, the council prefers to articulate its observations, views and further questions in this initial general letter response because it allows more latitude to comment upon the context of this major and significant exercise, while facilitating the opportunity for the council to raise any associated wider points with the Health Board. This it believes will pave the way for a more dynamic and purposeful discussion with the Health Board as far as the proposals may impact PPH as the consultation process evolves and as service options take shape.

#### **General observations and commentary:**

There are twenty-six options spread across the nine service areas. Therefore, there are a multitude of permutations that could be put forward for consideration. This makes the task overly complicated for the public to process and fully understand. It also seems inevitable that parochialism is bound to feature heavily when gauging public responses to the overall exercise when it comes to choosing the preferred service mix. More about this later.

Members opined the options presented for the four hospitals is tantamount to a postcode lottery. It is human nature to expect and want key services to be protected, retained, and enhanced as close to home as possible, keeping services local and accessible. Nevertheless, the principle of retaining and enhancing service provision at PPH has always been at the forefront of the council's aims and thinking so in this regard some of the options appear very appealing and are welcomed because they support and benefit PPH. This is important when looking to safeguard PPH's future status as a general district hospital. Despite this, and to provide a sense of balance, the way in which some of the service area options have been presented in the consultation, regrettably, mostly appear to advantage or disadvantage patient cohorts residing within the hospital catchment areas covered by Prince Philip and Withybush Hospitals, including some community hospital care facilities. This carries a greater impact for patients reliant upon using these facilities in comparison to patient cohorts serviced by Bronglais and Glangwili Hospitals, where the service options carry much less of an impact. For PPH and Withybush there will be winners and losers. The council feels it is unfair to expect respective hospital catchment areas to battle it out to retain and safeguard services for fear of them being lost to other hospitals located further afield.



Considering the Health Board states it does not have a preference on the final service mix; on the face of the consultation papers and the ask made of the public, it feels as though those communities that shout the loudest are likely to benefit the most. No doubt, this cannot be right so is the Health Board really going to be swayed by overall public opinion? Finance is a major factor that can't be ignored. The council raises this point with the utmost respect because it is far from ideal and misleading to lead the public in this way. The Health Board has the professional expertise to lead and put forward its preferred service mix. Had the Health Board indicated its preferences then the consultation exercise would have carried more value because consultees could focus attention on the potential impact with far more certainty and in turn also address specific views in direct response to what is likely to happen rather than playing a guessing game as to what the final nine service options might turn out to be.

Members have also commented upon the timing of this important consultation exercise. They remarked it is unhelpful to stage this fresh consultation at the same time as the Minor Injuries Unit (MIU) consultation at PPH. That consultation exercise is still ongoing and there is a danger that the two separate exercises will be conflated, with members of the public not realising they are distinct from one another. Therefore, there is a real danger the public may not engage in this major wider debate about the reconfiguration of clinical services. Not only this but there is a general feeling there is an element of consultation fatigue currently, so the public might be less inclined to positively engage with the Health Board. Adding to this is the volume of information set out in the consultation bundle which was touched upon earlier. The council understands the Health Board's position and obligation in having to document all the background papers and research produced in supporting the consultation. Nevertheless, there is a lot of information to digest, and most people will find this off-putting and difficult to follow given the potential options affecting all four hospital sites. For example, the Health Impact Assessment covers 225 pages with further embedded links to other key documents. How are stakeholders expected to read and understand this document to help form a view. If anything, it raises more questions to answer because most people including local stakeholders lack the clinical knowledge and expertise to effectively scrutinise what is being presented. By extension, it is unrealistic to expect the public to suggest new alternative options or different ideas especially if having to strictly adhere to the Health Board's hurdle criteria, which requires new options and ideas to be:

- Clinically sustainable – does the option allow for progress towards delivering quality standards, does it consider any co-dependencies, will the workforce be able to deliver it?
- Deliverable – is the option clinically and operationally deliverable within the period of two to four years and are there capital or building requirements that can be secured and delivered in the timeframe?
- Accessible – does the option provide access for people within an appropriate timeframe, does the option support a reduction in waiting times for patients, is there equity in access?
- Strategically aligned – does the option support the direction set out in the “A Healthier Mid and West Wales” strategy, or at least not contradict it, and does the option support joint work on prevention to improve population health, or at least not contradict it?
- Financially sustainable - does the option support effective use of Health Board finances?

Given the extent of the above criteria, you can understand why some members of the council feel the Health Board has already decided upon a preferred direction of travel. It would have been helpful if the Health Board stated its preferences from the outset. Moreover, regarding the subject of alternative options, with respect, how are members of the public genuinely expected to obtain access to the same datasets as the Health Board to then find the time to study and research this data to try and come up with alternative options during the consultation timeframe which concludes on 31 August 2025? It has taken considerable time for the Health Board to generate the twenty-six options, since the reasons for making changes were first identified. The work has taken much longer to produce compared to the time afforded to going out to public consultation on the options. For these reasons, the council contends it is impossible and unrealistic to come up with alternative proposals to satisfy the hurdle criteria. Therefore, the Health Board's offer of considering alternative options in place of the current range of options appears disingenuous and fanciful.

### **The options mix:**

When discussing the options set out for PPH, members chose to focus on some of the headline points presented under the options for each service area; the Stroke service being a case in point. To varying degrees all the options will have a knock-on effect on the general operation of the other three main hospital sites. Members question the feasibility of effectively delivering proposals and then having the necessary resources and infrastructure in place at PPH to accommodate the possible changes and enhancements for planned care activities particularly physical space requirements, especially, for example, if the decision is taken to provide PPH with a Stroke Unit, with specialist cover 24 hours a day. **Members would welcome your thoughts on this please.**

General points were also raised about the provision of critical care and the potential impact on PPH's intensive care service, Minor Injury Unit (MIU) and Acute Medical Assessment Unit (AMAU) services; it is the council's understanding that the options contained in the CSP will not impact the results of PPH's MIU consultation which is currently running in parallel to the CSP consultation. However, the issue of whether the changes outlined for critical care, specifically options to repackage PPH's Intensive Care Unit by reconfiguring it as an Enhanced Care Unit might detrimentally impact the hospital's Acute Medical Assessment Unit (AMAU) is less clear. The consultation document makes no reference to this under the option appraisal, and it is important to establish whether there is any negative correlation impacting upon the ongoing operation of the AMAU, if ultimately patients at PPH in the AMAU need to be transferred to intensive care elsewhere. Will they be transferred to Glangwili Hospital Intensive Care Unit if the PPH service is downgraded to an Enhanced Care Unit. **This is a concern and is something we wish to seek clarification about please. It would be helpful when responding if you can kindly and simply state how AMAU and the Intensive Care Unit at PPH work alongside one another currently and whether there are any co-dependencies that might be affected by the CSP, that will impact patients.**

Members also observed that most of the options are dependent on securing staff support and increasing staffing resources in most service areas. The concern is should the Health Board continue to encounter recruitment difficulties because of the rurality and geography of its catchment area with it failing to recruit additional staff that this will undermine the general delivery of the CSP. What will happen to services then? How will the reconfiguration be affected? Importantly what impact might the failure to recruit have on the delivery of services and addressing the reasons for making change i.e. service fragilities, improving access and

improving standards and the potential impact on the Health Board's general four-year target to enact change from when decisions are agreed about them along with what further changes might be made beyond this timeframe. **The council welcomes your comments about this observation please.**

#### **Transport and travel arrangements:**

The Health Board states that some options in the consultation (including within critical care, emergency general surgery and stroke) will result in more transfers of patients by NHS services between hospitals. Whereas other options could mean changes to where a patient's planned care or procedures are provided from and this will affect home to hospital journeys and subsequent return. The issue of addressing patient transport requirements, including meeting the needs of people with disabilities is fundamental to any change proposal. Next to keeping services local, it is the most important consideration for the council in all of this. Members assert the CSP is heavily reliant on significant improvements being made to regional transport arrangements as patients will be required to attend hospital appointments further away from home. The issue of putting in place more effective and affordable patient transport measures for those that do not have access to a private vehicle is a longstanding contentious issue given the geographic size and rurality of the Health Board area coupled with the lack of a sustainable and reliable public transport system. Current public transport arrangements are inadequate and are not fit for purpose. The network does not support sustainable and timely public transport links between all hospital locations. A participant at the Carmarthenshire online consultation event remarked that it takes people two and half hours to travel to Carmarthen from Llandovery using public transport in one direction let alone then having to attend a hospital appointment and having to travel home afterwards. This highlights the scale of the problem. If patients do not have access to a car and must rely on public transport, then they will spend most of the day travelling much further for planned care appointments, the duration of which may only take an hour or less. This assumes, they can rely on public transport to arrive at the appointment on time and to then take them on the return journey. A number of bus routes do not provide regular services throughout the day and most stop during the early evening. This is not good.

The council wishes to refer to the frequently asked questions document contained in the consultation bundle and which highlights whether the Health Board has considered the travel and transport impacts associated with the options. The Health Board acknowledges that:

- Some patients and their visitors might be negatively impacted by travel times and travel expenses as they might need to travel further to receive their care. **Can you please be more definitive with patient/visitor numbers because simply stating - 'some patients' is too vague. Has a modelling exercise been performed and if so, what are the findings? This is particularly important to assess the impact by analysing the data, if patients and visitors have no option but to receive care and treatment further from home because of any proposed service change.**
- Some patients would be transported to a different site by the Health Board, however for return journeys home, or for visitors, there might be longer journeys and additional cost either by car or public transport. **Again, please be more definitive by estimating numbers and potential costs. Can the Health Board fund return journeys for patients and visitors?**
- Some staff may be required to travel further to work at alternative sites bringing with it potential additional travel costs and childcare needs. **Again, please be more definitive by estimating numbers and potential costs.**

- Given services might be focused on fewer sites, waiting areas at those sites might get busier, which some people might find unsettling.

The council notes that ideas have been mentioned in the frequently asked questions documentation, but these are just ideas and are not guaranteed. **Positive transport solutions need to be put in place prior to making any changes to hospital services.** The Health Board needs to commit to commissioning its own private arrangements to shore up public transport where it is envisaged patients having to travel further for their care and where it can be demonstrated they cannot rely on public transport. These arrangements also need to cater for the needs of the patient's families.

The council advocates that the Health Board commits to funding private transport arrangements through its annual revenue budgets. This will go some way to mitigating the impact of people having to travel further to receive care and will reduce reliance on the regional public transport network. The Health Board should look to do this by subsidising travel costs from any budget savings brought about by CSP changes. If privately commissioned transport arrangements cannot be funded from identified budget savings, then the Health Board should take this on as an actual and necessary additional annual cost commitment. If it cannot make this commitment, then the CSP should not proceed. Patients and visitors must have the confidence of being able to rely on a robust transport and travel policy to support the reconfiguration plans especially if being expected to travel further to areas served by other hospital catchment areas.

#### **Finance:**

What impact will the CSP have on Health Board finances. The council notes that the cheapest staffing costs in delivering the plan equate to circa £6 million. How will this extra money be funded from the annual budget as an ongoing revenue cost. Will the Health Board need to bid for this funding to Welsh Government by competing against other Health Boards for more funds. Can the Health Board give a guarantee that the options are financially achievable, affordable, and sustainable. What impact will the CSP have on the Health Board's ongoing budget deficit – will it increase the deficit or help reduce it.

#### **Primary Care Model for Wales:**

The council has been learning about the Primary Care Model for Wales (PCMW) when looking at the Health Impact Assessment information. It states the PCMW is a model for Primary and Community Care, developed as a whole system approach to sustainable and accessible local health and wellbeing care. **Focusing on place-based care, care closer to home and multi-professional working.** It describes how care will be delivered locally, now and in the future, as part of a whole-system approach to deliver *A healthier Wales*.

Clusters are at the heart of this model and, given the key principles that underpin 'A Healthier Wales' can be described as:

*A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities.*

The 60 clusters in Wales are multi-professional, with representation from health, social care and third sector professionals, who are working together to identify the assets, needs and priorities of the communities that they serve. Designing and delivering services that are

seamless, focused on prevention and meeting the needs of the local community. Seven of the 60 clusters are in the Hywel Dda area, and one of the seven clusters covers Llanelli.

The PCMW has 13 outcomes which describe the key areas that need to be in place to deliver seamless, place-based care that focuses on prevention. The outcomes have three levels of maturity (Foundation, Developing and Mature). As cluster working evolves, the system will move towards the mature level.

**Could you please confirm what impact the CSP will have on the Llanelli cluster? What are the consequences of moving services away from PPH. Will any of the 26 options undermine the Llanelli cluster's level of maturity especially if PPH is re-purposed to deliver planned care.**

**Conversely, what are the consequences for the clusters covered by Withybush Hospital and other places such as Llandovery of moving services away from these facilities?**

#### **Modelling and service simulation:**

The council would like the Health Board to share with it, how modelling and service simulation techniques have been used to support the service change options please. Can you describe what has been done and what did the results say about how the reconfiguration plans help to address the need for change i.e. tackling and dealing with the service fragilities, improving access, and improving standards. What did the results show for patients reliant on accessing services from PPH if services were downgraded and they had to travel further for treatment and care? Moreover, has any work been commissioned with external consultants to support work in this area and which demonstrably makes the case for change?

#### **Other questions:**

Can you please tell us about how the CSP satisfies the Royal Colleges in terms of compliance with accreditation requirements for clinicians? Have any of the colleges expressed a view at this stage or is this expected to follow?

What are the views of the Health Inspectorate Wales regarding the current situation and has it as a body identified or stated anything of significant concern that warrants making the changes?

Will the CSP place the Wales Ambulance Service Trust under more pressure to transport patients to different hospital sites. What impact will it have on ambulances queueing outside hospitals waiting to admit patients?

What does Llais make of the proposed changes and the impact on patients, families and visitor well-being?

How does the CSP integrate and sit alongside the Health Board's – 'A Healthier Mid and West Wales 2018' strategy? Are there any overlapping areas which may lead to abortive work or extra cost further down the line? Will making changes over the next four years hamper progress in achieving the 2018 plan? Moreover, if the CSP tackles the needs identified for change, is there a need for the 2018 plan?

What is Welsh Government's view likely to be if being asked to financially support what may be viewed as interim changes brought about by the CSP being enacted over four years, compared to possibly funding a more expensive business case to fund the 2018 strategy in ten years' time?

Will the CSP offer a long-term sustainable solution? Will the CSP provide a lasting strategy to the way services are delivered at the four main hospital sites, making it less likely for future large-scale changes to key services by it building in capacity and safety where it is needed to prevent services being taken away from the hospitals but particularly PPH?

In closing, reference was made earlier to the Health Board's current consultations about the MIU at PPH and this wider CSP consultation review. The council notes that according to the frequently asked questions document that the Health Board is shortly to review its 2018 strategy in the coming months on top of these two important consultation exercises. This will add even more public confusion and raises a general concern regarding the timing of this anticipated review. Presumably, the outcome of the CSP consultation must influence the longer-term picture. Therefore, it may be wise to postpone the 2018 review until the CSP has been agreed.

In the meantime, the council looks forward to receiving your reply on the matters raised in this response.

Thanks very much.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Mark Ffrench', written in a cursive style.

Clerk to the Council.



LLANELLI RURAL COMMUNITY COUNCIL	
DATE	09 SEP 2025
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1000132

Llanelli Rural Council  
Vauxhall Buildings  
Vauxhall  
Llanelli  
Carmarthenshire  
SA15 3BD

Property Ref: 2YL324170025725

## **Notice of Ballot Llanelli Town BID Ballot**

### **Proposed New Term of the Business Improvement District for Llanelli Town, Llanelli**

This is to give notice that a ballot is to be held for a new term of the Business Improvement District (BID) for Llanelli Town. A copy of the BID Proposal Document is included and available online at: [www.ymlaenllanelli.com/reballot-2026](http://www.ymlaenllanelli.com/reballot-2026)

**The ballot will be conducted entirely by post by the Returning Officer, Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP.**

**This Notice is to advise you that the Ballot Paper will be sent out by POST to those eligible to vote on Monday 22 September 2025.**

**Alternatively, you may hand deliver the ballot papers for the Llanelli Town BID to Llanelli Town Hall, Town Hall Square, Llanelli SA15 3AH**

**These votes are to be returned no later than 5pm on THURSDAY, 23 October 2025 (the ballot day)**

#### **Who can Vote?**

- Persons eligible to vote in the ballot will be the non-domestic ratepayer listed on the Council's database for each hereditament (business premise) situated in the geographical area of the proposed BID as at the date of this Notice. Each person entitled to vote in this ballot shall have one vote in respect of each hereditament occupied or (if unoccupied) owned by them in the geographical area of the proposed BID.

#### **This notice is in respect of the following Hereditament:**

Stepney Street	Stepney Precinct	Town Hall Square
St Elli Centre	Market Precinct	Vauxhall
East Gate Leisure Quarter	The Market	Frederick Street
Vaughan Street	Market Street	Waunlanyrafon
Cowell Street	Park Street	Hall Street
Murray Street	Station Road - to junction with	Goring Road
Old Castle Road - to junction	Inkerman Street & Waterloo	Thomas Street
with Waunlanyrafon & Erw Rd.	Street	Mill Lane
Bridge Street	Park Crescent	Swanfield Place
John Street	Coleshill Terrace	Crown Parade
	Coldstream Street	



### Appointment of Proxy

- Eligible persons may appoint a proxy to vote on their behalf. Applications to appoint a proxy must be submitted to the Returning Officer at the address below no later than 5pm on **Monday 13 October 2025**. Application forms are available from: Returning Officer, Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP. Tel: 01267 228889  
Email: [electoralservices@carmarthenshire.gov.uk](mailto:electoralservices@carmarthenshire.gov.uk).
- A **proxy** appointment may be cancelled by notifying the Ballot Holder in writing at the above address no later than **5pm on Saturday 18 October 2025**.

### Lost Ballot Papers

- If a ballot paper has not been received by **Friday 17 October 2025** you may apply in writing to the Ballot Holder for a replacement paper and evidence of the voter's identity must be provided in the form of one of the following:
  - a) signed letterhead for the appropriate company.
  - b) signed **photocopy** of the National Non-Domestic Rating Bill for the hereditament.
  - c) signed **photocopy** of an item of personal ID such as a Passport or Driving Licence. **Please do not send original copies of IDs or Bills.**

### Spoilt Ballot Papers

- If you inadvertently spoil your ballot paper in such a manner that it cannot be conveniently used as a ballot paper, please return it to the Returning Officer.
- On receipt of the spoilt paper, the Returning Officer will issue a replacement. No replacements can be issued if the spoilt ballot paper is received by the Returning Officer later than **Monday 20 October 2025** (three working days before the day of the poll).

### **Count of Ballot Papers**

- Ballot Papers will be counted on **Friday 24 October 2025** and the result of the ballot will be announced shortly after.
- For a BID ballot to be successful there must be a majority of those voting in favour of the proposal, and those voting in favour must represent a majority of the aggregate rateable value of the hereditaments voting.

### **Rejected Ballot Papers**

- If a ballot paper is duplicated and two are returned bearing the same number, both will be void and not counted. Any ballot papers that are returned unsigned, unmarked or that are void for uncertainty will also be void and not counted.

### **Declaring the Result**

- The ballot result will declare:
  - a) the total number of valid votes cast
  - b) the total aggregate rateable value of valid votes cast
  - c) the total number of valid votes cast in favour of the BID
  - d) the total aggregate rateable value of valid votes in favour of the BID
  - e) and if applicable, the total number of ballot papers rejected
- For the BID Ballot to be successful there must be:
  - a) a majority in favour of the BID in the number of those voting
  - b) a majority in favour of the BID in the proportion of rateable value of those voting

Issued by the Ballot Holder, Wendy Walters, Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP

Monday 8 September 2025

This vote is in respect of: Llanelli Rural Council, Vauxhall, Llanelli, Carmarthenshire, SA15 3BD





## **Summary of BID arrangements for the Ymlaen Llanelli Business Improvement District (BID)**

### Introduction to Ymlaen Llanelli

Ymlaen Llanelli is being led by businesses in Llanelli town centre who want to improve the area as a place to work and visit. Ymlaen Llanelli is seeking another five-year term for the Business Improvement District (BID), which would enable it to implement another five-year programme of improvements to the town centre.

A ballot of eligible businesses in Llanelli will be held to determine whether this happens. If the BID ballot is successful, Ymlaen Llanelli will continue to collect a levy from the businesses of over £478,000 between 2026 and 2031 to invest on a comprehensive programme of improvements. Every effort will be made to match this sum with funding from other sources.

A copy of the BID proposal can be requested from Mandy Jenkins (details overleaf). The proposal sets out how the BID would continue to enhance the town centre through a variety of projects and services.

With a YES vote in October, Ymlaen Llanelli will deliver targeted projects and services that are unique and not delivered currently by any other agency or organisation.

The programme will address the following:

- Boosting marketing: maintain and build on our events calendar, continue to showcase our businesses and our town through aggressive marketing campaign.
- Enhancing experience: continue to work with the Police to tackle anti-social behaviour, continue to build on our town centre trails, strive to make the town centre an attractive place, work to bring businesses that may be on the outskirts of town into the town centre.
- Improving access: ensuring our free parking days are used effectively and marketed aggressively, working with local residential homes and sheltered accommodation to organise days out for residents to enjoy our town centre, continue to work with the county council on initiatives that enable more people to access the town centre, making a better experience for pedestrians and cyclists, work with the county council and other stakeholders to link up the seafront and Pentre Awel development with the town centre to bring new visitors in.
- Developing strategy: be a strong voice for businesses and working with the county council, Police and other agencies, access further grant support that may be available to supplement the levy income, continue to work with other BIDs in Wales to lobby the Welsh Government on issues affecting town centres, improve the reputation of Llanelli town centre to make it somewhere people want to invest and open new businesses.

All these services will be in addition to those already provided by Carmarthenshire County Council.

### How is the Ymlaen Llanelli BID funded?

Ymlaen Llanelli will be funded by a 1.5% levy on the rateable value (RV) of all eligible hereditaments, or business units, within the defined BID boundary with a RV of £5,000 or more. Businesses with a RV below this threshold will be exempt from paying the BID levy.

### How long will the Ymlaen Llanelli BID last?

The BID will operate over a five-year period. If businesses want the BID to continue beyond the five years, a decision will be made through a further ballot process.

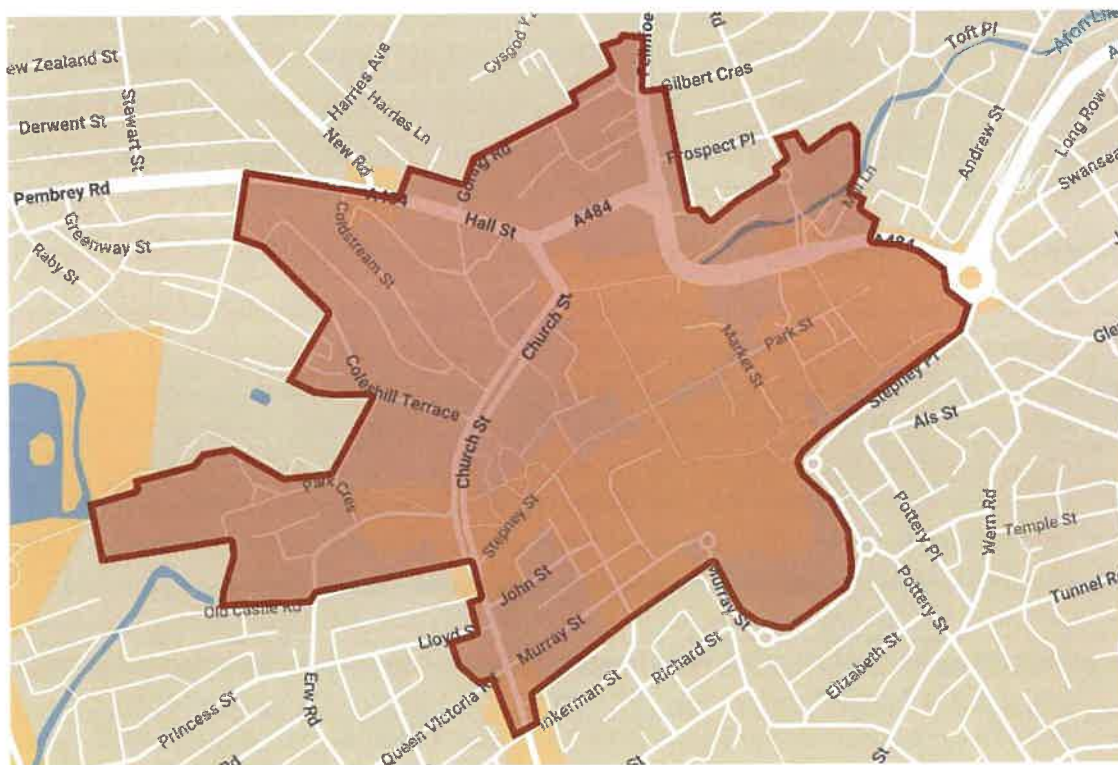
### How can I be represented?

If the BID ballot is successful, Ymlaen Llanelli will continue for another five years. An AGM will take place every year. All businesses that were eligible to vote and that pay the levy may become members of the company. Any member can stand for election to the board. The Ymlaen Llanelli BID will continue to be transparent and accountable to its members. Any businesses wanting to become involved as a board member should express their interest by writing to [chair@ymlaenllanelli.com](mailto:chair@ymlaenllanelli.com).

### Performance measurement

The BID's performance and the impact of its programme on improving the town centre will be regularly monitored. As well as regular newsletter updates for businesses, updates will be delivered at an Annual General Meeting.

### Map of the BID area



### Where can I find out more?

To find out more about Ymlaen Llanelli, please contact Mandy Jenkins: 07803 503972 / [chair@ymlaenllanelli.com](mailto:chair@ymlaenllanelli.com).

Further details are available from:

- Wales BIDs legislation <http://www.legislation.gov.uk/wsi/2005/1312/contents/made>
- Welsh Government BID guidance <https://www.gov.wales/business-improvement-districts>



LLANELLI RURAL COMMUNITY COUNCIL	
DATE	23 SEP 2025
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Llanelli Rural Council  
Llanelli Rural Council  
Vauxhall  
Llanelli  
Carmarthenshire  
SA15 3BD

Electoral Services  
County Hall  
Carmarthen  
SA31 1JP

Call: 01267 228889

Email: [electoralservices@carmarthenshire.gov.uk](mailto:electoralservices@carmarthenshire.gov.uk)Web: [www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

### LLANELLI TOWN BUSINESS IMPROVEMENT DISTRICT (BID) BALLOT

**Important – This letter contains information on how to vote on the proposed LLANELLI TOWN Business Improvement District.**

#### **1. Explanation of what you have been sent**

**a) A ballot paper for the LLANELLI TOWN Business Improvement District (BID).** The rateable address (hereditament) to which this ballot applies is stated on the ballot paper. Some voters will receive more than one envelope and set of ballot papers as they are registered as the voter for more than one property.

**b) Return Envelope.** A pre-paid envelope in which to return the ballot paper.

#### **2. Voting**

The person entitled to vote should put a cross (X) in the box of his/her choice. "Yes" to vote in favour of the proposed BID or "No" to vote against. The voter must then **sign the ballot paper**, write their name in block capitals and write their position in the company or partnership.

The ballot will be conducted entirely by post by the BID Ballot Holder, Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP. Return the completed ballot paper in the enclosed pre-paid envelope. Alternatively you may hand deliver the ballot paper to Llanelli Town Hall, Town Hall Square, Llanelli SA15 3AH. To be counted the ballot paper must be received by the BID Ballot Holder no later than **5pm on Thursday, 23 October 2025**. Ballot papers should be returned as soon as possible to avoid postal delays. How a vote is cast will be secret.

If you are entitled to vote for more than one property and have received multiple ballot papers each ballot paper should be completed and returned in its own envelope.

#### **3. Appointing someone else to vote (a proxy)**

The person entitled to vote in the BID ballot may appoint someone else to vote on his or her behalf (a proxy). Applications to appoint a proxy are available from the BID Ballot Holder at the above address and must be submitted back to the BID Ballot Holder no later than **5pm on Monday, 13 October 2025**.

A proxy appointment may be cancelled by notifying the BID Ballot Holder at the address above no later than **5pm on Saturday, 18 October 2025**.

#### **4. Lost Ballot Papers**

If a ballot paper has not been received by **Friday 17 October 2025** or if you (or your proxy if you appoint one) lose your ballot paper you may apply to the BID Ballot Holder at the address above for a replacement paper, in writing providing evidence as to your identity. The letter should be addressed

*Please see over*

to "The BID Ballot Holder, Llanelli Town BID Ballot". It must be on the appropriate **headed** paper and be **signed** by the person entitled to vote. The address and the property reference number should be clearly stated, along with a request for a replacement ballot paper.

The request can be scanned and emailed to [electoralservices@carmarthenshire.gov.uk](mailto:electoralservices@carmarthenshire.gov.uk)

### 5. Spoilt Ballot Papers

If you (or your proxy) inadvertently spoil the ballot paper before sending it back, you can also apply to the BID Ballot Holder for a replacement. No replacement ballot papers can be issued if the spoilt paper is received by the BID Ballot Holder later than three working days before the day of the ballot.

The last day to return a spoilt paper and have a replacement is **Monday 20 October 2025**.

### 6. Count of Ballot Papers

Ballot papers will be counted, and the result of the ballot announced, **not later than 5pm on Friday, 24 October 2025**.

For a BID to be successful there must be a majority of those voting in favour of the proposal, and those voting in favour must represent a majority of the aggregate rateable value of the hereditaments voting.

### 7. Rejected Ballot Papers

If a ballot paper is duplicated and two are returned bearing the same number or barcode both will be void and not counted. Any ballot papers that are returned unsigned, unmarked or that are void for uncertainty will also be void and not counted.

### 8. Declaring the result

The ballot result will declare:

- a) The total number of valid votes cast
- b) The total aggregate rateable value of valid votes cast
- c) The total number of valid votes cast in favour of the BID
- d) The total aggregate rateable value of valid votes in favour of the BID

For the BID Ballot to be successful there must be:

- a) A majority in favour of the BID in the number of those voting and
- b) A majority in favour of the BID in the proportion of rateable value of those voting

### 9. Further details of the BID arrangements

If you require further information on the BID, please contact BID Ballot Holder, Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP.

Email: [electoralservices@carmarthenshire.gov.uk](mailto:electoralservices@carmarthenshire.gov.uk) Alternatively, information on the BID is available at [www.ymlaenllanelli.com/reballot-2026](http://www.ymlaenllanelli.com/reballot-2026)

Many thanks for taking the time to vote.

**Wendy Walters**

BID Ballot Holder,  
Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP

## Voting Instructions:

1. Please read all information carefully
2. Mark your preference with a **(X)** in the appropriate box
3. Sign and print your name
4. State your position within the company, if applicable
5. Detach the ballot paper from this sheet (tear along the perforation line)
6. Insert the Ballot Paper in to the enclosed reply paid envelope and post immediately.

**LOCAL GOVERNMENT ACT 2003**  
**BUSINESS IMPROVEMENT DISTRICTS (WALES) REGULATIONS 2005**

# BALLOT PAPER

**Are you in favour of the  
Business Improvement District arrangements for:**

Stepney Street	Stepney Precinct	Town Hall Square
St Elli Centre	Market Precinct	Vauxhall
East Gate Leisure Quarter	The Market	Frederick Street
Vaughan Street	Market Street	Waunlanyrafon
Cowell Street	Park Street	Hall Street
Murray Street	Station Road - to junction with Inkerman Street & Waterloo Street	Goring Road
Old Castle Road - to junction with Waunlanyrafon & Erw Rd.	Park Crescent	Thomas Street
Bridge Street	Coleshill Terrace	Mill Lane
John Street	Coldstream Street	Swanfield Place
		Crown Parade

for a period of 5 years?

Place a cross (X) in the box of your choice

**YES**

☐

**NO**

☐

This vote is in respect of

Llanelli Rural Council  
Vauxhall  
Llanelli  
Carmarthenshire  
SA15 3BD

I confirm that I am entitled to vote in respect of this hereditament

Name (in block capitals) \_\_\_\_\_ Signed \_\_\_\_\_

Position \_\_\_\_\_

(Where the person entitled to vote is a company or partnership, please state the position held by the person signing.)

**NOTE:** For your vote to be valid this ballot paper must be signed and returned to the BID Ballot Holder, Carmarthenshire County Council, Electoral Services, County Hall, Carmarthen SA31 1JP by **5pm on Thursday, 23 October 2025.**

**5000132**



2YL324170025725

**LLANELLI TOWN**

Schedule of reported matters by Members

Item No.	Date	Raised by	Description	Action	Matters Resolved/Outcome
1.	22.09.2025	Cllr. A. G. Stephens	A small tree down, blocking the bridge by Dafen Pond.	CCC	Matter referred to CCC

Alexandra Einon

**From:** Wales Air Ambulance <hannah.mitchell@walesairambulance.com>  
**Sent:** 25 September 2025 11:44  
**To:** enquiries  
**Subject:** Community Council Appeal: Project Update / Apel Cyngorau Cymuned: Diweddariad ar Gynnydd

LLANELLI RURAL COMMUNITY COUNCIL	
DATE	26 SEP 2025
FILE REF:	
PASSED TO	CL



Elusen  
 Ambiwylans  
 Awyr  
**CYMRU**

**WALES**  
 Air  
 Ambulance  
 Charity

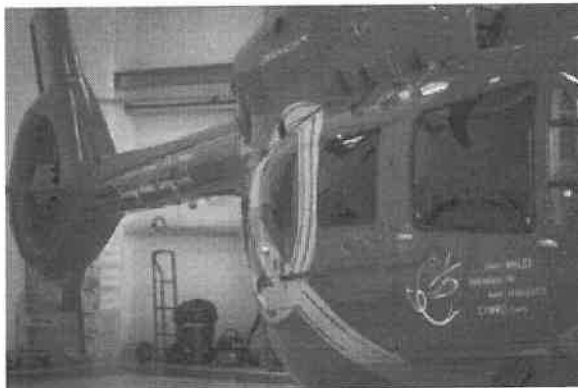
## Community Council Appeal: Progress Update

Dear Llanelli Rural Community Council

**Thank you** so much for contributing to the Wales Air Ambulance Helicopter Upgrade Appeal over the past 10 months, and helping to get the project *off the ground!* I've provided an update below on how the project is progressing.

Thanks to your generous contribution, **we're pleased to report that the first helicopter D2 to D3 upgrade has been underway since July.**

As you can see from the photos below, the G-WOBR aircraft has been stripped back to allow for the upgrade works including re-wiring, a replacement undercarriage and rotor modification.



Whilst the upgrade is taking place, **a reserve helicopter from our aviation partner Gama is currently in use** to ensure that we can provide lifesaving advanced medical care across Wales without a disruption to the service. Once complete, the upgraded aircraft will be able to fly further, carry more weight and provide a smoother ride for both the patients and medics on board.

**On behalf of the pilots, crew and staff at Wales Air Ambulance, thank you for your support.**

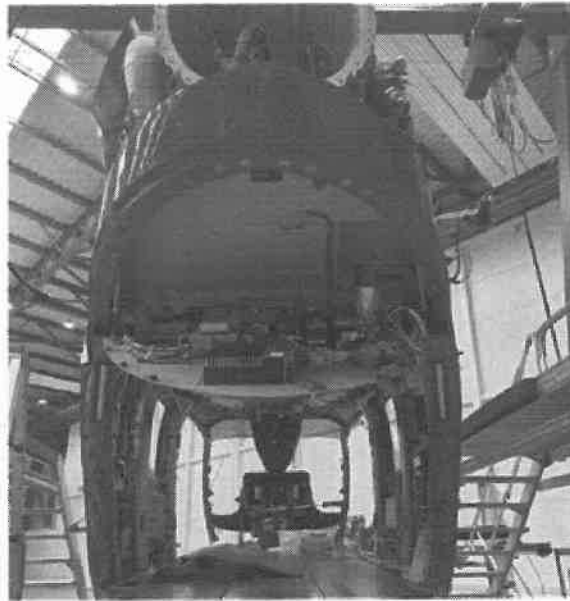
Hannah Mitchell

Grants and Trusts Fundraiser



p.s. If you'd like to keep up to date with our latest news, you can sign up to our e-mail newsletter using the button below.

**Sign up to our newsletter here**



*\* The photographs provided here must not be shared publicly or on social media*

Our Charity would not exist without you.  
Thank you

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**Apêl Cyngorau Cymuned: Diweddariad ar Gynnydd**