

# CROESYCEILIOG AND LLANYRAFON COMMUNITY COUNCIL CYNGOR CYMUNED CROESYCEILIOG a LLANYRAFON Caring for the Community

# Minutes of the Local Community Resilience Committee held on Wednesday 18<sup>th</sup> June 2025 at 5.30pm Council Chamber, Woodland Road Sports & Social Centre, Croesyceiliog

Present: Cllr M Price (Chair)

Cllr S Matthews

Cllr V Williams

Cllr J Boycott

Cllr V Crick (via Teams)

Sian Davies, Clerk

Gareth Cook, Head of Health Determinants Research Collaboration (HDRC)

Dr Simon Reed, Senior Research Fellow (HDRC)

David Leech, Strategic Director: Adults & Communities (TCBC)

Joel Cantello, Capacity Builder (TCBC)

## 1. Apologies for absence:

Cllrs D Dewar, D Williams & Beth McPherson (TCBC) Jordan Everitt (TCBC)

## 2. Declarations of Interest:

Cllr M Price – Hwb, Community Garden Cllr J Boycott – Community Garden Cllr S Matthews – Congress Theatre, Friends of Bruchsal V Crick – Friends of Bruchsal, Llantarnam Grange, TVA

#### 3. Minutes:

3.1 Minutes of the Local Community Resilience Committee Meeting held 19.03.25 were approved as an accurate record.

Resolved: Proposed Cllr Matthews, seconded Cllr Price and accepted unanimously.

# 3.2 Matters Arising from the Minutes of the Local Community Resilience Meeting 19.02.25: None

# 3.3 Notes of the inquorate meeting of 30.04.25 for information

Resolved: Members noted

#### 4. Items for Discussion

4.1 To introduce Beth McPherson set to replace David Leech at future meetings
Deferred as Beth McPhearson was unable to attend.

# 4.1 Further HDRC survey findings – Gareth Cook/Dr Simon Reed

Dr Simon Reed was introduced and reported to the group that more GP data would be needed to give a fuller picture of health in the wards. He would continue to work on this, but there were administrative difficulties such as data sharing obstacles to overcome. An element of trust needed to be built, as despite the reassurances that any data being shared would remain strictly anonymous. This was the biggest stumbling block to overcome, as surgeries were reluctant to share their data with TCBC for that reason.

It was noted that there were large gaps in the intervention and prevention of cardiovascular health – such as regular BP checks etc. Work would be carried out to identify local existing groups working in these areas and looking for a way to target the community towards them. It was recognised that community engagement to highlight services on offer already would be needed.

Disappointment was expressed by Council that the levels of information from the NHS was not

sufficient to enable progress. That Council was passionate about helping its community and believed it was time to look at operating with a different model in order to improve healthcare, relieve pressure and reduce waiting times. That minor issues taking up the valuable time at surgeries and hospitals could be signposted to voluntary sectors and community facilities which would be able to offer places where the community can access services such as the more basic nursing skills, dental, prevention etc. This would allow the surgeries and hospitals to concentrate on the more complex issues, whilst giving the community assurance there are very local options in the wards where these services can be accessed.

David Leech agreed and shared this vision. He gave assurances he would have a very frank discussion with NHS officials with an aim to improving relations and also push this vision forward to encourage a fresh approach to the more basic services being utilised in a different way.

It was agreed that a holistic approach to changing things would be the best course of action, and data would be needed to include unwell residents, well residents with the profile that suggested they were predisposed to develop health issues in the future and unwell residents who were not currently accessing medical help because of some form of difficulty - such as travelling to surgeries etc. To discover if the suspicion that some may be attending The Grange for issues better dealt with at a Dr's surgery or another organisation, due to the hospital's close proximity and the difficulties experienced in accessing surgeries. Additionally, Cllr Price asked for data to show how many of our residents attended The Grange pre and post-surgery closure.

It was recognised that analysing prescriptions could be useful, to look at medication and determine if prescribed drugs were preventative, solving a health issue, or both. Also to look at the impact on prescriptions with those groups who started to interact with other avenues such as sporting groups and groups offering companionship.

It was believed intervention was key and avoiding reliance on medication solutions would be the best course of action. That giving the right sort of attention at a community level would ensure the need for a Doctor/Hospital visit would decrease and any links to further treatment if necessary, could be signposted from the community level to the appropriate level of care in individual cases.

It was agreed that TCBC/HDRC would look to extract more information from GP's and the Health Board. It was also recognised that other data from the community would be valuable and that TCBC would progress with a survey which could go beyond anything available from those sources whilst still recognising that so far, the local community has already been identified to have cardiovascular and mental health issues. David Leech to speak with NHS and Health professionals.

## 5. Any Other Business:

None

# 6. Date of Next Meeting

Local Community Resilience Committee – Wednesday 23<sup>rd</sup> July at 5.30pm

There being no further business to discuss, the meeting was concluded at 6		

Signed:.....(Chair) – 23.07.25