Integrated Health and Social Care Hubs within the Cwm Taf Morgannwg Region

5-year Strategy

2024-29

Contents

Foreword

As a partnership our aim is to raise the quality of life that people in the Cwm Taf Morgannwg region experience, through integrating health, social care and wellbeing support. Our strategic approach is based on working together to understand the changing needs of the local population, align the way we plan our interventions to address these needs, and, increasingly, respond to our population through integrated teams that provide holistic support. As described in our Regional Area Plan, we are taking complementary and practical actions to achieve this, of which this this strategy is an important part.

We want to provide coordinated care closer to home and this strategy sets out how we will approach the collaborative development of local settings within which we can effectively support our population. It also recognises that people engage in their health and social care in different ways and how they access support is changing. An example of this is increased role of digital technology in this area.

As we continue to develop and implement integrated care, we have identified that health and social care hubs have an important role to play in providing a web of support available to residents, with a focus on prevention and improving people's wellbeing. This aspiration, set out in our 10-year Strategic Capital Plan and reflecting the findings of our Population Needs Assessment which emphasised the need for joined up information, advice and assistance across population groups, matches that of the Welsh Government's national plan for health and social care 'A Healthier Wales'.

The development of hubs as a focal point is an important part of our model of Integrated Community Services. It will also complement the accelerated development of primary and community care clusters, alongside a forthcoming review of acute health services in the community. Hubs also have a vital role to play in improving community support for older people leaving hospital and enhanced support within our communities for people needing help with their mental health.

We have many of the building blocks in place, including a wealth of community-based venues providing information and advice across our towns and villages and state of the art hubs in Bridgend, Merthyr Tydfil, Aberdare and Mountain Ash. Further exciting schemes such as the Maesteg Community Hospital development will enhance our offer further. The proposals within the strategy are aimed at building on those foundations and taking the right, responsive solutions to communities across the region. This strategy emphasises improving existing assets over creating new ones, whilst also noting there are gaps to address over the next five years.

Taking this work forward will require an ongoing commitment to the principles set out here, including optimisation of resources we have at our disposal already and taking advantage of opportunities such as the Welsh Government's Integration and Rebalancing Capital Fund. Our emphasis will be on developing our offer, focusing

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initially on those areas where need is greatest. Working together with our communities and citizens to ensure that what we provide meets specific local needs, we can achieve this. Success will ultimately be found in the improved health and wellbeing of people across the whole region.

Councillor Jane Gebbie
Chair, Cwm Taf Morgannwg Regional Partnership Board

Executive summary

As partners across the Cwm Taf Morgannwg (CTM) region **we are committed to working together** to provide high quality health and social care to people as close as possible to their own homes.

This requires coordination of health and care which is shaped around individuals. Joint working at a local level to provide improved access, supported by an enhanced digital offer, are key to our approach. The role of **places and settings within a stronger web of local support remains critical**. This strategy identifies how enhancing existing support through integrated health and care hubs will have a key role to play in delivering our shared ambition, and we have powerful levers for achieving in the form of existing plans and programmes at regional and local levels.

The strategy, developed by partners across the region, identifies under-served areas where development and investment should be considered. Its **focus is on provision that brings together health and social care support with other statutory and community services**, although we recognise that local community hubs providing low level support and signposting also form an important part of a progressive pathway and therefore also require ongoing investment. **We are not starting from scratch and have many existing settings across the region – alongside new schemes that are already underway – on which we can build over the coming period**.

Improving access and availability of support locally is important in Integrated hubs as part of a stronger web of local support can also be a means of mitigating the effects of the **'Inverse Care Law'** which argues that people most in need of health care are the least likely to receive it due to problems with availability, accessibility and awareness of help that is available. They can also help address **wider determinants of health**, by coordinating support in areas such as education and skills, employment, income and resources, housing, transport and the built and natural environment.

A series of principles have been identified by partners and these will underpin our approach. Key among these are:

- A commitment to **co-locating services** wherever possible

- An undertaking to **use existing assets** in developing and delivering new integrated hubs, rather than seeking brand new schemes

- A clear **emphasis on the role of digital** and development of approaches that enable people who prefer and are able, to access care and support remotely instead of having to physically attend integrated hubs

- Use of **'hub and spoke' models** that let us concentrate core services in key locations and run peripatetic and outreach services in other areas. Local service 'networks' that link integrated hubs with other local services will further support these approaches

- A commitment to **A No Wrong Door** approach which will ensure that people are not turned away from integrated hubs but will be helped to access appropriate support where that service is not available in that vicinity

- Location of **specialist services** within particular integrated hubs where specific needs have been identified

In developing the strategy, we blended local knowledge with empirical data and employed a co-productive approach giving a range of partners the opportunity to feed into the assessment of need and consider potential developments. We have been clear throughout about specific factors affecting the region, such as our topography (where a valleys landscape can make travel between communities difficult) and ongoing public health challenges.

External experts were commissioned to steer us through the process. Our approach involved the following:

- Detailed **analysis of strategic drivers** at regional, local and national levels (including relevant legislation), which provide a context for the development of integrated health and social care hubs (hereafter referred to as integrated hubs).

- A **comprehensive needs assessment**, using a methodology agreed by partners, which enabled us to identify Less Resilient Areas (LRAs) in which investment and development should be prioritised. The LRAs are as follows:

- A series of **validation workshops** with cross-sector groups in each local authority area, which enabled us to test emerging findings, discuss implications for the identified areas and understand more about the characteristics and dynamics of constituent communities.

- Development of **proposals for each LRA**, some of which are for the establishment of integrated hubs and others which suggest further integration of existing services to meet the needs of local residents.

- Creation of **detailed area profiles** for each of the LRAs providing a summary of key quantitative data and qualitative intelligence gathered through the validation process.

The strategy does not include detailed plans for the identified areas. Rather, **it provides high level recommendations which need further consideration** as a basis for developing detailed feasibility plans for those areas considered to be highest priority. Next steps should include working with local communities to understand what support they feel they need, and where appropriate the development of business cases as a basis for potential funding bids, including to the Welsh Government's Integration and Rebalancing Capital Fund (IRCF). The Regional Partnership will now consider these next steps.

1. Purpose and overview

This strategy has been developed by partners cross the Cwm Taf Morgannwg (CTM) region. It:

- Outlines the strategic context at regional, local and national level in which integrated health and care hubs (hereafter referred to in this document as integrated hubs) will continue to play a key role
- Provides an overview of current provision in CTM and opportunities for future development
- Identifies key characteristics of the region which will inform the shape and operation of integrated hubs moving forwards
- Sets out principles for future development
- Identifies areas across the region where consideration should be given to new or improved provision
- Includes a plan for taking forward the further development of integrated hubs over the coming 5 years

To support the development of the strategy, we undertook a comprehensive needs assessment which helped us develop the principles and enabled us to identify areas of highest need where development and investment should be considered. Detailed profiles for each of these areas have been developed, combining demographic data with the views of a wide range of stakeholders regarding needs and opportunities for the development of integrated hubs.

Resulting high level recommendations for each area will be considered further as we begin to implement the strategy, by prioritising the areas that the evidence suggests are most in need and assessing the feasibility of various options.

2. How we developed the strategy

This strategy has been created through blending local knowledge and empirical data. We believe that the conclusions reached, which are framed to guide future practical action by the Regional Partnership Board (RPB), have a high degree of validity because of the methodology adopted here.

From the outset this work has been grounded in the principles of coproduction:

- Valuing and building on strengths across communities
- Supporting the development of networks that operate across silos
- Focusing on what matters for people
- Building trust and sharing power
- Enabling people to be change makers

It was developed with a wide range of partners who looked at need, existing and proposed developments, how services and organisations worked together, and how communities responded to these services. A full list of those organisations involved is provided below.

- Age Connects Morgannwg
- Bridgend County Borough Council (BCBC)
- Merthyr Tydfil County Borough Council (MTCBC)
- Bridgend Association of Voluntary Organisations
- Interlink RCT
- Voluntary Action Merthyr Tydfil
- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Rhondda Cynon Taf County Borough Council (RCTCBC)

We also commissioned external expertise to steer us through the process.

We recognise that the strategy cannot exist in isolation, and we have taken care to ensure it aligns with the national and local policy drivers outlined in section 3. Senior managers of statutory partner agencies were involved in shaping the strategy, helping us link initiatives such as early work on the Acute Clinical Services Plan, Building Healthier Communities programme, Accelerated Cluster Development (ACD) programmes in each of the local authority areas, the Model of Integrated Community Care Services in the region, broader ambitions set out in the RPB's Area Plan and the corporate plans of the statutory partners with our ambitions for integrated hubs. Potential examples of how this and other strategies might work together include:

- Locating specialist community support such as for mental health and learning disabilities in some integrated hubs
- Moving some acute services into the community by siting them in integrated hubs
- Combining engagement on integrated hub development with public conversations on wider changes to health and social care, enabling a joined-up picture of views and solutions to be developed

At the heart of our work was a comprehensive needs assessment exercise, through which we considered a range of data to ascertain levels of need across different communities in CTM, and thereby to identify those areas in which initial activity and investment should be concentrated.

Our approach to the needs assessment was based on 4 fundamental assumptions, namely:

1. That a range of **wider determinants** have a critical impact on people's health and wellbeing, including education and skills, employment, income and resources, housing, transport and the built and natural environment. When any of the above are substandard (e.g. where people don't have access to relevant education, there are high levels of unemployment, income levels are low and housing is of poor quality and/ or not affordable), this is expected to have a negative impact on people's health and the need for enhanced access to health and care services, including information and advice and preventative support, is presumed to be higher. Our view is that areas where such characteristics are most prevalent should be given priority when considering where to locate integrated hubs. A whole system approach to addressing need is critical, and integrated hubs have a key role to play here.

2. That the **'Inverse Care Law'** also applies. First described by GP Julian Tudor Hart in 1971, this argues essentially that people who most need health care are least likely to receive it. Inequity in the provision of healthcare results in unfair social inequalities in regard to health and wellbeing. Despite numerous initiatives over the intervening period aimed at addressing this imbalance, including in Wales the 'Inverse Care Law programme' introduced in 2013 to enhance primary care services in the most deprived areas of the country, the Lancet noted in February 2021 that 'inequity in health-care service provision is enduring and fundamental'[1]. We believe that appropriate measures to address continued deficits through integrated hubs should therefore be considered and areas of most deprivation the focus for development and investment.

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[1] 50 years of the inverse care law - The Lancet accessed on 24 June 2024

3. Communities are different and services need to respond to and offer a bespoke and measured approach to support them.

4. People know their communities best. Need should be explored through quantitative and qualitative data.

The methodology for the needs assessment was discussed and agreed by all partners and involved the following stages:

Principles for integrated health and social care hubs and centres: IRCF Guidance

- **Co-location of services**, including those outside health and social care, to enable service delivery
- **A hub and spoke approach** underpinned by local networks joining up services within a locality
- **A 'no wrong door' approach** offering active support to people to access the services they need regardless of how they enter the system
- **A graduated response** which recognises that support through hubs will be varied and range from information and generic advice through to complex and specialist health and social care
- **A 'town centre first' approach** which considers opportunities for locating hubs in central locations that support wider regeneration
- **Proportionate and planned investment** that supports new build and refurbishment/ repurposing schemes as appropriate
- **A commitment to decarbonisation** as a contribution to Net Zero Wales

Taking each stage in turn:

Defining an integrated hub
We reviewed the principles articulated in Welsh Government's national guidance and confirmed with local organisations that the principles fit with the context in our region, and therefore act as a useful framework for integrated hub development here. This enabled us to ascertain fundamental qualities or characteristics for integrated hubs in the region and helped us frame specific recommendations for different areas.

Area review
We used two separate but complementary indices developed by Oxford Consultants for Social Inclusion (OCSI) for the Building Communities Trust (BCT) to underpin work aimed at supporting less resilient communities at Wales to become stronger

and better placed to secure resources and successfully face future challenges[2]
These are:

- **The Wales Communities Assets Index (WCAI)** which identifies infrastructure challenges in an area by considering *civic assets* (facilities providing things to do and spaces to meet, at no or little cost to the end user), *connectedness* (access to key services such as health and care), and *active and engaged communities* (the extent to which charities are active and people engage in civic life)

- The **Wales Community Resilience Index (WCRI)** which combines the WCAI with the Wales Index of Multiple Deprivation (WIMD)[3] to explore *links between resilience and deprivation*

This first phase of analysis was undertaken at Middle Layer Super Output Area (MSOA) level. MSOAs (of which there are 408 in Wales and 57 in CTM) comprise between 2000 and 6000 households and typically have a resident population of between 5000 and 15000 people.

Through this approach we were able to identify **23 less resilient areas (LRAs)** across the CTM region, each falling within the **top 25%** in Wales using the agreed indices. These are the areas on which development and investment will be focused during delivery of this strategy.

Bridgend	Merthyr Tydfil	Rhondda Cynon Taf
• Brackla West • Caerau • Cornelly • Maesteg East • Nant-y-moel, Ogmore Vale and Blackmill • Pyle, Kenfig Hill and Cefn Cribwr	• Dowlais • Gellideg and Town • Gurnos, Trefechan and Pontsticill • Merthyr Vale and Troedyrhiw • Treharris, Trelewis and Bedlinog	• Aberaman • Beddau and Tyn-y-nant • Church Village West • Ferndale and Maerdy • Hirwaun and Rhigos • Mountain Ash • Penrhiwceibr • Porth East and Ynyshir • Tonypandy West and Clydach Vale • Treherbert • Tylorstown • Ystrad and Llwynypia

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[2] [Resilient communities: Meeting-the-challenges of being at the margins](#), BCT
[3] The WIMD is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived)

At this stage we brought stakeholders together from a range of services and agencies across the public and third sectors in each of the three local authority areas. Workshops were facilitated by our external experts which provided an opportunity for partners to discuss the identified LRAs, share perspectives around the level of resilience and specific needs locally, and identify key characteristics of each area which would be important to recognise when developing plans for integrated hubs. Existing groups such as the Community Services Steering Group in RCT were involved in conversations, alongside bespoke groups brought together specifically for this exercise.

Local review

We then used a Geographical Information System (GIS) called Local Insight to undertake further analysis of the LRAs that we had identified through the area review. Local insight is a user-friendly platform used by public and third sector agencies that brings together a range of datasets to highlight levels of need and locate physical and service assets across communities. Partners within the CTM area use it to help them make informed decisions about a range of services.

For this stage of our analysis we focused on Lower Layer Super Output Areas (LSOAs), typically comprising between 400 and 1200 households and a population of between 1000 and 3000 people, within each of the LRAs. We used a range of datasets including WIMD (2019), Census (2021) and Health metrics which enabled us to consider challenges and opportunities within each area. Specifically, we looked at:

- The areas' ratings within the WIMD
- The number of people receiving Disability Living Allowance (DLA)
- The number of children and young people providing unpaid care
- Number of people providing more than 50 hours of unpaid care a week
- Population density
- Levels of social rented housing
- Levels of private rented housing
- The number of people receiving Jobseekers Allowance (JSA) or Universal Credit
- The number of households with no car
- Access to services – this is using average public and private travel times to food shops, GP surgeries, primary and secondary schools, post offices, public libraries, pharmacies, petrol stations (private transport only) and sports facilities. Availability of broadband is also taken into account
- Health metrics

It is recognised that the datasets are by definition historical and that the current position is likely to have been impacted by the Covid-19 pandemic. An update of

WIMD (2019) is not expected until late 2025 or early 2026, and an update of the Census (2021) will not take place until 2031. We will look to apply updated data when available to help inform our ongoing approach.

We overlaid the information provided by Local Insight with the following additional data:

- Numbers of open social services cases (adults and children)
- Number of contacts made to social services over a specified period
- Information on existing assets available for possible development as integrated hubs. This was provided by each local authority and included community buildings, service outlets, existing hubs and educational establishments and was considered alongside information already available on Local Insight.

We were also keen to obtain a 'qualitative narrative' alongside the data, building on our early conversations and providing an understanding of how each community 'works'. This is important because we were keen to ensure that any proposals for integrated hubs reflected community activity, culture and topography and travel patterns within the priority areas. Importantly, we also considered views expressed by people living in CTM, using available survey data and hearing community views through our interaction with the three county voluntary councils and other third sector partners.

To achieve this, follow-up conversations took place with stakeholders across each local authority area, again facilitated by our external experts. We also provided the opportunity for comments and observations to be submitted online, as illustrated below. Through this process we developed comprehensive, multi-faceted profiles of each LRA.
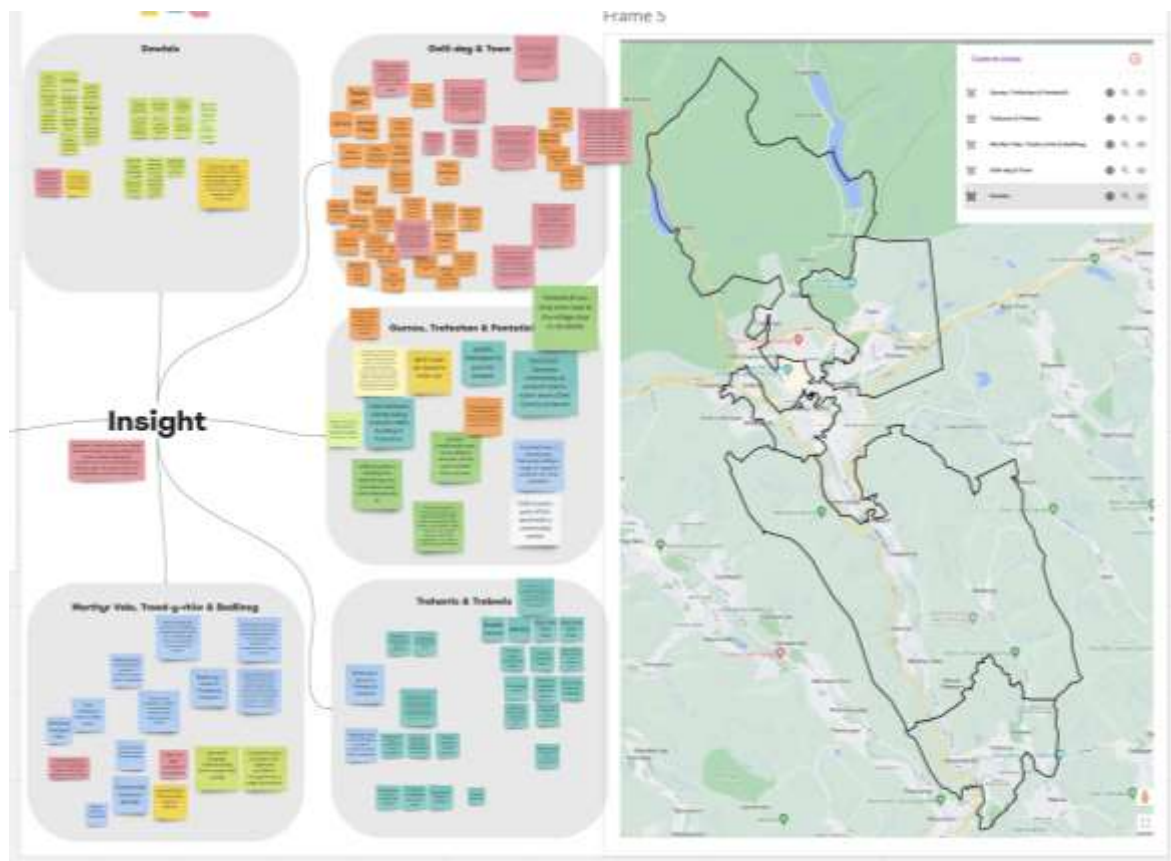
Validation

At this stage final validation workshops took place with partners in each of the local authority areas, facilitated by our external experts. In each of these meetings we:

- Presented the detailed analyses of each of the LRAs (re-aggregated to MSOA level), highlighting key quantitative and qualitative data gathered through the needs assessment process and confirming resilience scores for that area against the WCAI and WCRI used in the BCT research. The primary determinant for each area (the main contributory factor which led to it to being identified as an LRA) was also highlighted for each
- Invited colleagues to confirm emerging findings and/ or challenge any aspect of the analysis for each area

We then moved on to consider the case in each area for an integrated hub providing support to its constituent communities. Where this was felt to be the most appropriate option, we discussed:

- Suggested locations, taking into account patterns of movement, other amenities such as shopping and information on where people typically go for other services. We also factored in travel times on public transport from all communities that the proposed integrated hub would serve. All proposed locations are within 45

minutes' travel time from all communities within their catchment and in the majority of cases within 30 minutes

- Ideas on which services might be provided in new integrated hubs and how these might interact with other local provision
- Existing assets which could potentially be used to house integrated hubs and development which might be needed to enable them to serve this purpose.

From this exercise we identified 16 **potential** locations for new integrated hubs across CTM. Some of these would serve communities across different LRAs and, in some cases, other parts of the region falling outside the identified LRAs themselves.

Where it was felt that a physical hub would not be necessary to accommodate the services required by specific communities, we looked at potential suitability of alternative solutions, including:

- Peripatetic or outreach support
- Promoting existing hub facilities in neighbouring areas
- Facilitating access to other co-located services in the area

LRA refined analysis

Based on the outcomes of these discussions, we refined our analyses of each of the LRAs, resulting in detailed area profiles which are provided in **Appendix 1**. The profiles contain high level recommendations on next steps for each area.

We then developed outline 'specifications' for potential integrated hubs in the locations identified and, where appropriate and suggested by stakeholders, other, co-located support to serve communities across each LRA.

Details of the potential locations and supporting specifications, as well as existing assets that could be developed to accommodate them, are provided in section 7.

3. Background

As partners across CTM we are committed to working together to provide high quality health and social care to people as close as possible to their own homes. This requires coordination of care, shaped around individuals. Joint working at a local level to provide improved access to care and support, supported by an enhanced digital offer, are key to our approach. Integrated hubs have a key role to play in delivering our shared ambition.

Various strategies, plans and programmes at regional and local levels are in place to help us achieve these aims. These provide powerful levers for us in delivering an integrated hubs strategy across the region.
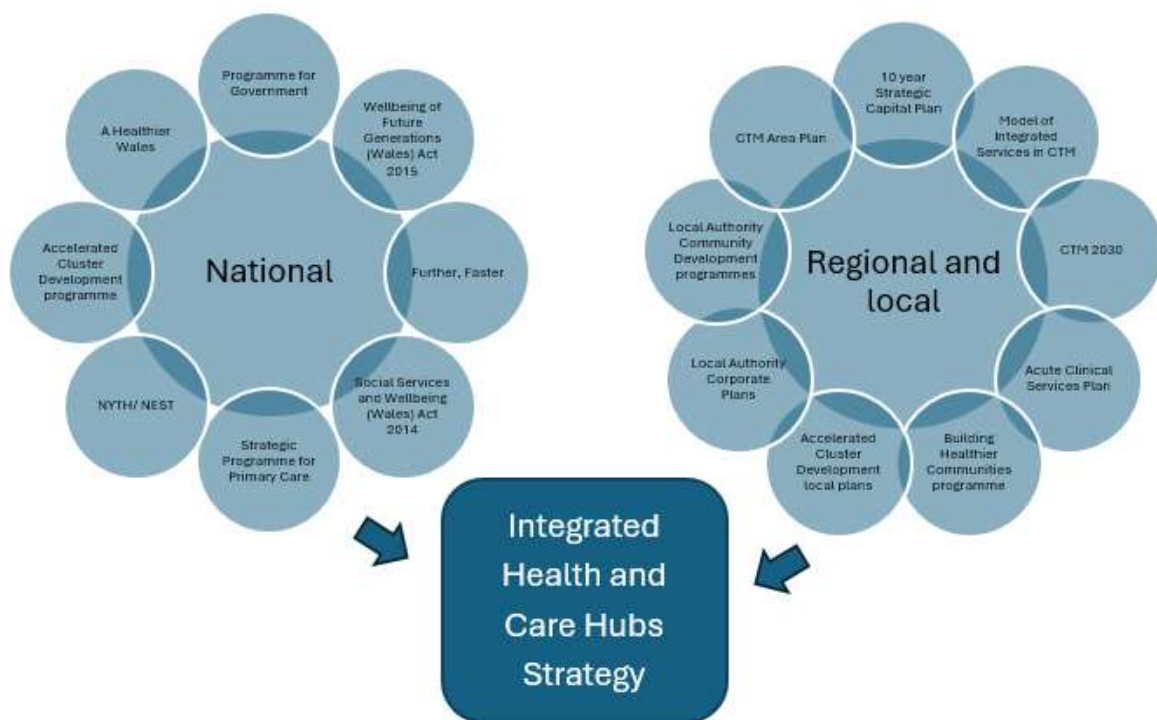
Regional drivers

- In 2023 the RPB adopted a **10-year Strategic Capital Plan (SCP)**, setting out ambitions for capital investment to meet identified needs of the population and support a coherent approach to co-location and integration of health and social care within communities.

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The SCP identifies the delivery of integrated hubs as a priority for the region. They are seen as key in addressing specific issues highlighted by the **Population Needs Assessment** (2022-27) and **Market Stability Report** (2022), namely:

- The need for more effective community support for older people to facilitate diagnosis and timely discharge from hospital
- The anticipated need for more specialist mental health support within communities, in the wake of the Covid-19 pandemic
- The potential benefits of co-locating specialist services for children on the edge of care

- The RPB's **CTM Area Plan**, based on the findings of the Population Needs Assessment and informed by engagement with people using services, unpaid carers and professionals providing support, which identifies priorities for different population groups. These include:

  - **For children and young people:** improving mental health and wellbeing support within the community by implementing the NEST/ NYST framework and developing and enhancing early intervention services
  - **For people experiencing poor mental health:** Improving the integration and quality of support across the region, for example by increasing open access resources within local areas for whoever needs them
  - **For older people:** Improving access to relevant information so older people are aware of support available before needs escalate
  - **For unpaid carers:** Helping carers and the people they care for to get in touch with services, and get appointments in a timely manner

- The **proposed Model of Integrated Community Services in CTM**, which is based on recommendations in the Optimal Model for Sustainable Community Services agreed by the RPB in September 2021, makes a clear case for the development of strong and sustainable primary and community services that can focus on prevention and early intervention and provide rapid and intensive support where needed.

  The model will be delivered through 2 pathways of integrated care, described as a Population Health Management Pathway based on a joined-up response to need that embeds a preventative ethos across all levels of need and an Urgent Community Response Pathway, each supported by integrated teams. Identified success criteria for the model include:

  - The navigation of people to the right service, right place, right time first

- The development of integrated community networks supporting prevention of disease and ill-health within localities, reducing the impact of, and slowing down, deterioration, prolonging independence for as long as possible and addressing social, economic or environmental factors affecting health within a local area

- The **CTM 2030: Our Health Our Future** strategy developed by the Cwm Taf University Health Board (CTMUHB) is shaped around the following goals:

  - Creating health
  - Improving care
  - Inspiring people
  - Sustaining our future

- CTMUHB's **Acute Clinical Services Plan**, currently at a formative stage, is identifying opportunities for how hospital services should be delivered across the

region. This may include relocating appropriate acute hospitals to community settings, providing opportunities for co-locating health and care services across the region.

- The **Building Healthier Communities programme** being taken forward by the UHB aims to develop multi-sector approaches to building community resilience, bringing health, social care and other sectors together in an offer that optimises use of existing assets and will promote individual and collective wellbeing

- CTMUHB's **Estates Strategy** will be a key driver in delivering greater integration across health and social care, particularly in the way in which services are provided to more vulnerable groups with better collaborative use being made of the estate, including UHB assets, and improving its sustainability

- Work being taken forward to improve **support within the community for people with learning disabilities and mental health problems**. It will be vital to ensure opportunities are taken to link any integrated hubs with such learning disability and mental health services they exist and introduce new services within such hubs in areas where gaps have been identified, for example in the northern part of RCT County Borough. This would support an integrated, community-based response to physical and mental health needs in one place.

Local drivers

- **Corporate plans** of the 3 local authorities in the region – Bridgend County Borough Council (BCBC), Merthyr Tydfil County Borough Council (MTCBC) and Rhondda Cynon Taf County Borough Council (RCTCBC) - each commit to an integrated approach to health, care and wellbeing services within communities.

Recognises that *'being healthy, including having access to health services, is important. As is protecting the most vulnerable and ensuring people have the support they need to live the lives they want to lead'.* It commits to a focus on *'supporting local people and directing them to advice and support'* and the Council's five ways of working include *'one council, working well together with partners'* and *'supporting and empowering communities'.* Specific actions include developing *'more 'community hubs' in libraries and other Council buildings, so that residents can get more information and help without travelling to the Civic Offices'*

Based on 8 operating principles, which include *'promoting independence'* and *'embracing digital technology'.* Among the Council's 4 well-being objectives is that of *'empowering people to live independent and dignified lives'*, with a stated focus in 2023-24 on *'providing support services to enable people to remain living in their own homes'* and *'developing integrated service responses with health to achieve better well-being outcomes for children and adults'*

Commits the Council to *'safeguarding our most vulnerable residents of all ages, providing protection, care and support when they need it most, so that they can maximise their potential'.* People will be helped to live independently in their community by providing the right care and support at the right time.

The Council will work with CTMUHB and other partners to improve the health and wellbeing of residents, by joining up health and social care.

- **Local ACD plans** (see below for further details of the national ACD programme) are being developed by Joint Partnership Boards in each local authority area will develop further the fabric of primary and community care and provide opportunities for the inclusion of integrated hubs as an integral part of the collaborative landscape in the future. Opportunities such as co-location or

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satellite presence of primary care practitioners, including GPs, in integrated hubs could be explored, for example.

- **Community development approaches** are being taken forward in each local authority area, which provide the basis for generic, low-level advice to people to support general health and wellbeing, as set out below.

Bridgend	Merthyr Tydfil	Rhondda Cynon Taf
Commitment within the Corporate Plan, under Wellbeing Objective 1: A County Borough where we protect the most vulnerable, to help communities become more resilient, so more people will find help and support they need in their community, with their third sector.	Under the 'Healthier Merthyr Tydfil' objective the Council's Corporate Wellbeing Plan includes the priority outcome of supporting the emotional and physical health and wellbeing of children and adults. To deliver this objective, the Council will continue to provide health and social services to meet community need. Under the 'Safe and Prosperous Merthyr Tydfil' objective there is a commitment to '…attract new businesses to invest with a view to developing our Town Centre and community hubs.'	The RCT Together programme is aimed at supporting communities and residents to thrive. It sets an approach for the Council to work in partnership with communities, third and voluntary sector organisations, and residents to build more resourceful and resilient communities

Community Resilience Hubs are located in 7 geographical areas providing a point of support and coordination to respond to resident and community support needs

Neighbourhood Networks are in place across the Borough. These are local partnerships of council services, organisations and local groups working together with the purpose of developing and strengthening community resilience and resourcefulness |

- Various local approaches to **digital delivery**, including discrete strategies in BCBC and RCTCBC and a broad commitment to developing a digital approach in

MTCBC, provide foundations for a multi-faceted approach which would maximise options available to citizens to access integrated hub facilities.

BCBC's strategy supports the corporate vision to help 'communities to create their own solutions and reduce dependency on the council'. Under its 'Digital Citizen' theme the strategy includes an action to provide more online services to mitigate the need for citizens and staff to make journeys into offices where this can be avoided.

One of the strategic strands included in **RCTBC's 'Digital RCT: Our 2020 Digital Vision'** is 'digital residents', which aims to transform and evolve services for residents in line with trends and demand. To achieve this, the Council commits to

- Implementing on-line services that are easy to use and are efficient.

- Deploying emerging technology to support customers and benefit residents, e.g. through the use of home/personal alarms to support independence at home.

Among 8 operational principles set out within **MTCBC's Corporate Strategy** is 'embracing digital technology.'

- Local **Flying Start** programmes for children in disadvantaged areas providing a range of support, which could potentially be located with other services in an integrated hub environment. More information on the national Flying Start programme is provided below.

- In **RCT, a new strategy for Information and Advice and Assistance for children and families**; this is based on a 'Right Help, Right Time, Right Place' approach in delivering appropriate access to support for vulnerable families. The objectives of the strategy are to enable families and professionals to access information and advice how and when they want (including where appropriate digitally); making the first contact the most important one; and collaborative working across agencies to prevent escalation and reduce referrals to statutory services. The potential role of integrated hubs in meeting these objectives is clear.

National policy

Our regional and local plans sit within a broader national policy context which places a similar emphasis on integrated, person-centred care.

- **A Healthier Wales** – the Welsh Government's national plan for health and social care – sets out a vision for a whole system approach in which services are only one element of supporting people to have better health and wellbeing. Central to this vision is the provision of seamless support provided locally and helping people to maintain good health and remain independent, with an emphasis on early intervention, and crucially, prevention.

- A Healthier Wales takes forward key principles set out in the **Social Services and Wellbeing (Wales) Act**, which provides the legislative framework for care and support in Wales. These include:

  - Supporting people who need care and support to improve their wellbeing
  - Putting people who need care and support at the centre of the care and support they receive
  - Partnership and cooperation in the planning and delivery of services (leading towards increased integration and the planning and delivery of care and support through RPBs)
  - A focus on prevention

  Alongside key aims of the **Wellbeing of Future Generations (Wales) Act 2015**, these principles provide a clear context in which integrated hubs need to operate, assisting those in needs of care and support to improve their own wellbeing, stopping issues from escalating where possible, a focus on people and their needs not services, designing support around people rather than merely fitting them into those service currently available, supporting healthy lifestyle choices and optimising outcomes for individuals.

Wellbeing of Future Generations (Wales) Act 2015

Aim
To improve the social, economic, environmental and cultural wellbeing of Wales by requiring public bodies to adopt a long-term perspective, collaborate with each other, work with people and communities to prevent problems and take a joined-up approach to service planning and delivery

Wellbeing goals include:
- **A Healthier Wales** – Establishing a society in which people's physical and mental wellbeing is maximised and in which choices and behaviours that benefit future health are understood.

- **A more equal Wales** - Establishing a society that enables people to fulfil their potential no matter what their background or circumstances (including socio-economic).

- A **Wales of cohesive communities** – Establishing attractive, viable, safe, and well-connected communities.

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- The Welsh Government's **Further Faster** programme, which was introduced in 2023, aims to building system capacity through community care and is underpinned by a vision for 'outstanding whole-system place-based care that enables older people and people living with frailty to live their best life in the community'. Under this programme health, social care and other partners are required to work to speed up delivery of initiatives that support the shift of resources towards preventative, community services. Local transformation will contribute to a graduated model of care and support which enables people in their communities to maintain and enhance their health and wellbeing and that of their neighbours. Accompanying investment of up to £30m has been made available to fund a range of activity, including recruitment of more community workers to advise people on how they can access the right support and services to help them recover and lead independent lives.

- The **NYTH/ NEST** framework aims to ensure a similar, whole-system approach to supporting the mental health and wellbeing of babies, children, young people, parents carers and their wider families across Wales. The framework is designed to help partners develop models of care and support that make expertise and advice quicker to access, thereby preventing problems from escalating and ensuring people needing specialist support get the right help at the right time through a **'no wrong door'** approach. This essentially means that wherever and however people first access services, they are directed to the appropriate professionals for help, rather than being 'bounced' around the system.

- The **Primary Care Model for Wales**, based on a whole systems approach to sustainable and local health and wellbeing care, focuses on place-based care provided closer to home through multi-professional working

- The **ACD programme**, which is a key part of the national Primary Care Model, is being rolled out across Wales to consolidate the steady development of primary care clusters since 2010. Essentially, clusters bring together health professionals from General Medical Services (GMS), dental practices, community pharmacies, optometry practices, community nurses, Allied Health Professions, social services and others, across populations of between 25,000 and 100,000 people to consider how best to respond to regional Population Assessments undertaken by RPBs and to design integrated services to address those needs. There is a clear emphasis on wellbeing and prevention. Resulting cluster plans, supported by Welsh Government funding, have delivered a range of innovative care models delivering seamless support to people with an assessed need. ACD aims to strengthen governance arrangements across agencies and streamline joint

planning and delivery of primary care within clusters, ensuring alignment with other care and support provided within the community.

- Development of digital healthcare solutions are being taken forward by **National Digital Health and Care Wales** through which people will be increasingly able to interact seamlessly across health and care services, regardless of their location or who is providing their care.

- The **Community Focused Schools** programme is the means through which Welsh Government aims to support schools to build strong partnerships with families, respond to the needs of their communities and collaborate effectively with other services. Anticipated characteristics of such schools include:

  - A focus on social, emotional and health needs of all learners
  - Engagement with families, often including the development of a family support service in schools
  - Engagement with the wider community, providing both the opportunity and the mechanisms to build capacity in the local community
  - Integrated provision of school education, informal as well as formal education, social work and health education and promotion services
  - Services delivered according to a set of integrated objectives and measurable outcomes, a significant feature in many cases being co-location

- The **Flying Start** programme helps families with children under 4 years old in disadvantages areas of Wales through a range of support including:

  - Funded high quality, part-time (12.5 hours a week) childcare for 2–3-year-olds
  - An enhanced health visiting service
  - Access to parenting support
  - Support for Speech, Language and Communication development

National models of care and integrated hubs

To facilitate delivery of the vision for integrated health and care set out in A Healthier Wales, 6 national models of care have been developed. Those specifically relevant to integrated hubs include:

- Community prevention and community coordination
- Promoting good emotional health and wellbeing
- Complex care closer to home
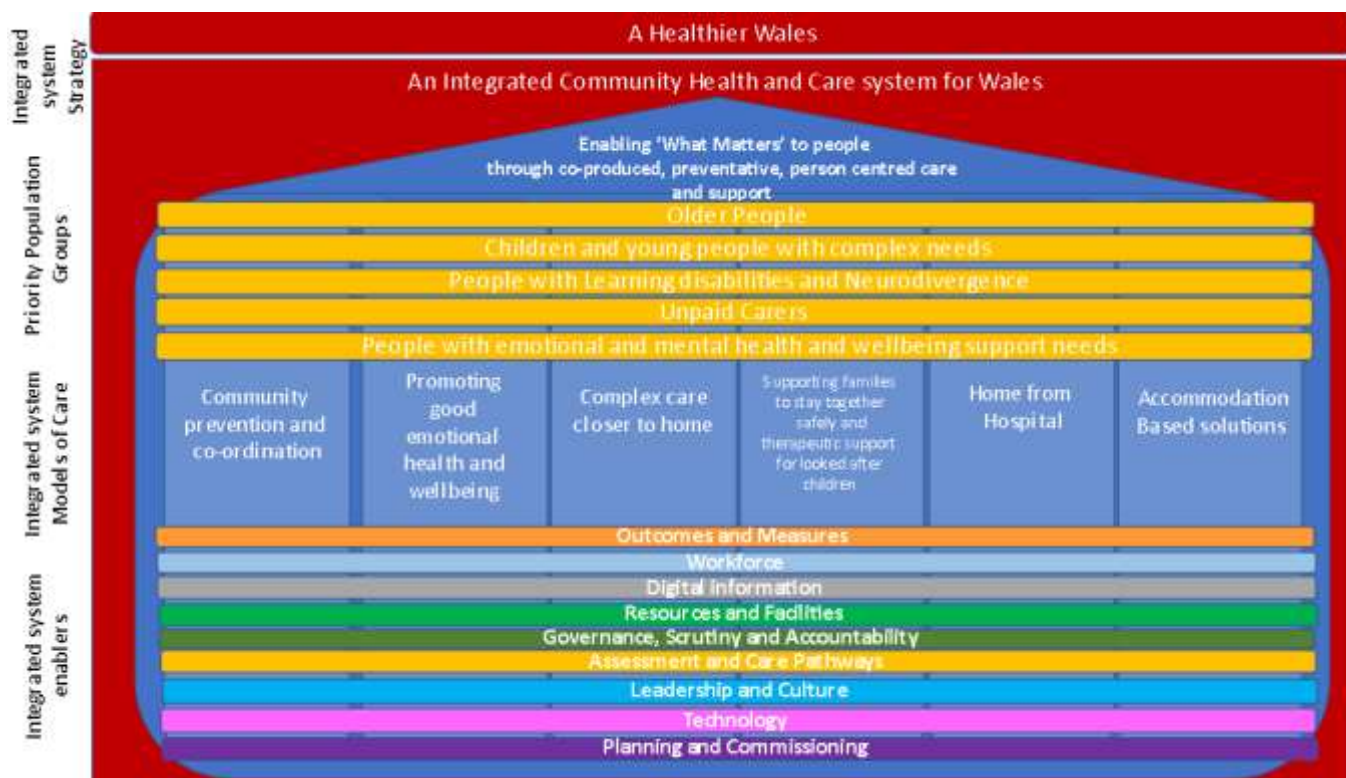
Integrated hubs have a key role to play in delivering these models of care by creating local places and, single points of access, with co-located staff delivering integrated care pathways to communities, whilst also encouraging communities to respond to the needs of individuals, that can also help people live independently in their own homes for longer.

The **Programme for Government**, a 5-year plan published in 2021, sets out how the Welsh Government aims to tackle a range of challenges and improve the lives of people across Wales. It includes a commitment to 'develop more than 50 local community hubs to co-locate front-line health and social care and other services'.

Whilst the Programme for Government provides no further detail on what integrated hubs should provide and how they should operate, professionals across Wales have developed a 'progressive pathway' comprising 5 hub 'types' which stipulates different characteristics and identifies potential service offers for each. This pathway is set out below.

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Integrated Health and Social Care Hubs

- It is recognised that there are a wide range of hubs in operation across Wales and all play a valuable role in supporting peoples wellbeing.
- For a Hub to be eligible for IRCF the greatest part of its service offer must be health and social care related. Type A hubs are important but outside the scope of IRCF
- Hub types B to D indicate a graduated range of Integrated Community Health and Social Care Hubs which may be considered for funding through IRCF
- Hub Types are intended to be cumulative i.e. a Type D Health and Care Hub may include aspects of Type A to C Hubs.
- Type E Hubs could be stand alone population specific hubs or could be part of a wider hub network.
- The scale and range of services outlined here is not intended to be prescriptive or exhaustive, more illustrative. The exact make up will be dependent upon local design and identified need.

Type A General Community Hub	Type B General Community Wellbeing Hub	Type C Health, Care & Wellbeing Hub	Type D Large Scale Integrated Health, Care and Wellbeing Hub	Type E Population Specific Health & Wellbeing Hub
Characteristics: • A community facility offering a wider range of general community and wellbeing services e.g. debt advice, book loan, exercise classes, housing advice, adult education, blue badge assessment; • Some wellbeing services/support may be delivered form this site but not the main purpose of the facility • statutory Health and Social Care Services not delivered	**Characteristics:** • Focus on general population wellbeing and health promotion • Some limited statutory health and social care service delivery • Limited clinical capacity • Some scheduled/sessional health and care service delivery • General wellbeing support available including advice from wider support services such as housing • Bookable accommodation for Primary Care facilities and outreach primary care services / allied health professional teams • Connections to wider Accelerated Cluster Development • Periodic multi-disciplinary services on site	**Characteristics:** • Focus on general population health and social care and ill-health prevention • Substantive GMS services available including adequate clinical capacity • Substantive statutory health and social care services available on site • May host periodic complimentary clinical staff and other multi-disciplinary services • Part of accelerated cluster delivery	**Characteristics:** • Larger facility with substantive community health and social care services • Multiple GP practices • Central to accelerated cluster delivery • Hub for primary health care and broad range of community care services across a wider catchment population • Location crucial to maximise access and opportunities to consolidate public sector estate • Diverse range of clinical, community and commercial capacity	**Characteristics:** • General health & wellbeing services with a focus on a specific population group (not open to the wider population) • Primary and Community health and social care services supporting a specific population group across a wider geographical area • Wide range of fixed community & health resources on substantive and/or sessional basis
E.g. • a Library, A Leisure Centre, Village Hall offering daytime activities; could be a County Voluntary Council giving general advice and support but not specific health and social care	**E.g. Offers:** • health interventions, • daytime activities • housing, employment and anti-poverty services • Communities of Care e.g. Dementia	**E.g.** • Integrated Centre offering LA and/or 3rd sector wellbeing services + health services such as leg clinic, mental health support and/or health professional • outreach into communities or other connected hubs	**E.g.** • Integrated Centre offering primary health care, LA, other public sector and 3rd Sector wellbeing and advisory services, pharmacy and dentistry • outreach into communities or other connected hubs	**E.g.** • Children's centre • Dementia centre • Substance Misuse Services • Learning disabilities support hub • Outreach/in reach into communities or other connected hubs

Wellbeing — HUB — Health — Social Care

INTEGRATED OPERATION AND SERVICE DELIVERY – All services delivered from the Hub should be interconnected and part of a holistic, seamless offer for people

MANAGEMENT AND GOVERNANCE – Hubs should be managed and supported by a multi agency/sector arrangement and part of wider cluster planning arrangements

OWNERSHIP – Hubs may be owned by any partner organisation from any sector

DIGITAL – all Hubs should be complimented by a digital offer to improve access to advice and support

COMMUNITY ENGAGEMENT & VOICE – Hubs should be shaped and informed by citizens needs and what is important to them

ACCESS – All Hubs should be easily accessible by walking, public transport or supported by community transport links

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4. Our current position, developments in train and future opportunities

We already have a range of hubs across the region, hosted and delivered by CTMUHB, the 3 local authorities and third sector. These provide different services and examples include:

- The **Halo Bridgend Life Centre** offering a range of services including library, leisure and community activities alongside GP referrals

- The **Keir Hardie University Health Park** in Merthyr Tydfil which brings together a range of health and social care services close to a town centre location

- **Cynon Linc** in Aberdare, RCT which provides a range of facilities including information and advice, independent advocacy, befriending, play groups and café, a GP surgery and the headquarters of Age Connects Morgannwg

These sit alongside generic, information and advice centres in communities across CTM.

We are also already developing new, integrated hubs in different parts of the CTM region. High profile initiatives include:

- The redevelopment of Maesteg Community Hospital into an integrated health and care hub, to be known as the **Maesteg Community Health Park**, with the aim of:

  - Modernising services, improving care and enabling better access to the support and care that people need
  - Reducing the need to travel to a district general hospital and support the delivery of better services in the heart of the community
  - Helping tackle significant health challenges in the Llynfi Valley
  - Meeting the requirements of local and national policies
  - Contributing to a multi-agency Resilient Communities Plan

  Based on comprehensive engagement with local residents, enabling people to raise key issues in relation to accessing health and care services in the area, the new facility is expected to improve health outcomes, experience and access to services, make best use of available resources and support broader social and economic development. Anticipated outcomes include increasing the number of health appointments attended, decreasing the number of people presenting with health issues at an advanced stage, alleviating pressure on A&E and urgent

primary care services and enhanced links with local authority and third sector services such as community mental health services.

- The **Sunnyside Health and Wellness Village** in Bridgend town centre, which will provide care closer to home through affordable homes, supported and transitional accommodation and space for third sector partners and outreach agencies to deliver support. This will form part of a support 'campus' in the area also comprising a library, community café, wellness service and sports and recreational facilities at the neighbouring Bridgend Life Centre.

- **Community-focused schools** being developed across the region and offering potential opportunities to link schools with sider services in the communities they serve.

Other proposed schemes aimed at addressing emerging need in specific areas include:

- The potential provision of an **integrated primary and community care building as part of a major housing development in Llanilid**, at the southern border of CTM within the RCT local authority area. Stated objectives include:

  - Testing a model of healthcare provision within new housing developments
  - Delivering safe, sustainable and accessible primary and community care services
  - A focus on prevention and self-management, and integration and coordination of service delivery with partners
  - Supporting wider programmes such as Accelerated Cluster Development
  - Enabling a transition from traditional ways of working to new and innovative models

- Development in Bridgend of an **integrated hub in Bryngarw**, which it is envisaged will provide a range of services including supported employment, training and education for people who are on pathways to employment (particularly people with Learning Disabilities and mental health problems and care leavers). This has potential to serve a wide catchment within Bridgend and provide a model which could be replicated in other parts of CTM

In our 10-year SCP we undertook to build on these foundations and take this work forward by mapping current assets across the region and identifying and prioritising opportunities for further development. We subsequently commissioned the development of this joint 5-year capital strategy, which:

- Includes a comprehensive needs assessment and highlights areas which would benefit most from integrated hubs offering services outlined in types A B, C, D and E in the progressive pathway, either through provision of new services or development of existing facilities; these will be the focus for initial investment. Given that type A hubs are well established in parts of the region and resourced through a range of funding streams, the focus of this strategy is on the remining types. However, development of type A hubs to accommodate more specialised services will be considered where appropriate

- Suggests potential locations for integrated hubs in these areas, taking into account specific local challenges and opportunities, wider service networks and the potential for digital solutions

- Establishes regional principles which will underpin the development and delivery of integrated hubs in the priority areas and more generally across the CTM area

- Identifies other plans and strategies which need to align with our suggested approach so we can maximise benefits and outcomes

Our plans for future development of integrated hubs will continue to reflect this approach, by building a progressive pathway of facilities providing generic information and advice, through primary health and care support through to specialist health and care in areas where there is evidenced demand. We are clear that all types of hub are critical to this model and all will require continued investment to ensure that the pathway can be effectively delivered across the region.

Securing funding to support our future developments will be key. Investment to support the development of infrastructure to provide integrated hubs is available to Regional Partnership Boards (RPBs) via the Welsh Government's **Health and Social Care Integration and Rebalancing Capital Fund** (IRCF). Announced in 2022 and running until 2027, the IRCF totals £180m. It sits alongside the **Health and Social Care Regional Integration Fund** (RIF), which provides revenue funding for RPBs to deliver new models of care and drive change and transformation across the health and care system. It should be noted here that the IRCF funding will be available for developments in which the majority of services offered are health and social care related.

Other sources of capital and revenue funding also exist and offer potential opportunities for investment in support of this strategy. They include:

- The UK Government's **Levelling Up Fund**, priorities for which include regeneration of town centres and high streets and supporting individuals into employment

- The **UK Shared Prosperity Fund**, aims of which include spreading opportunities and improving public services, especially in those places where they are weakest, restoring a sense of community, local pride and belonging, and empowering local leaders and communities

- Funding available for **Community Focused Schools**, comprising £40m announced by Welsh Government in 2023 to support development of required infrastructure – more information on the Community Focused Schools programme is provided in section 3.

- Potential funding streams available through the Welsh Government's **Social Housing Grant** as part of wider housing-based initiatives which involve a community-based health and care element

- Possible funding under Section 106 agreements made under the Town and Country Planning Act 1990, specifying planning obligations attached to new developments which could include the development of integrated hubs. A current example in the region is the potential provision of a hub as part of a major housing development in Llanilid in RCT, more information on which is provided later in this section.

- Investment by partners as part of their mainstream capital programmes (supported by revenue where necessary to establish new delivery models)

Effective delivery of the strategy will support, and to some degree rely upon, integrated working across partner agencies. Ways of achieving this might include co-location of staff, improved digital connectedness between organisations and better coordination of individuals' care and support. However, as this is a capital strategy, specific commitments in relation to these opportunities have not been included.

5. Topography and demographics

In developing proposals for potential integrated hubs we have taken account of the topography of the CTM region and global health determinants affecting the area.

The topography is varied, with the eastern and northern parts of the region characterised by significant valleys with distinct settlements and the southern communities straddling the M4 corridor and, in Bridgend, Bristol Channel coastal areas south of the M4. Connections between the valleys are extremely limited due to the absence of East-West travel routes. Travelling east or west to the immediate neighbouring valley typically involves large detours to the south or north and in terms of accessing key services and facilities this is therefore very rarely a feasible option. North-South travel and accessing services in the main settlements (notably the towns of Bridgend and Merthyr Tydfil, Aberdare and Pontypridd) present their own challenges due to single carriageway routes winding through towns and villages, making travel times higher than might be expected. Poor availability of public transport in many areas compounds this issue.

In Merthyr Tydfil there is a strong sense of a 'North-South' divide, with communities in the north of the County Borough not being able to easily access facilities based in the south, notably at Keir Hardie Health Park in Merthyr Tydfil town centre.

We recognise that improvements such as the introduction of new train lines and the introduction of bus franchising giving local authorities more control over routes, are likely to address some of these difficulties and we will seek to ensure that opportunities are taken to alleviate pressures currently felt in particular areas across the region.

Presumably due at least in part to these characteristics, specific settlements have very distinct identities and people do not typically travel to neighbouring communities to access services and facilities even where they are in relatively close proximity, due to factors such as limited public transport. Encouraging changed patterns might require investment in different aspects of the local infrastructure.

We have taken such local dynamics into account when identifying potential locations and have also highlighted opportunities for other arrangements such as peripatetic/satellite provision in some communities. The use of assets such as Community-focused schools will be considered where appropriate, and this potential is recognised particularly within Merthyr Tydfil. Developing digital solutions that allow people to access support remotely will also be critical, and although outside the

scope of this strategy, this is something we strongly advocate as a complementary means of providing seamless, preventative care and support for people close to home.

In overall terms, CTM faces numerous social and health-related challenges:

- 51% of the population live in the 40% most deprived areas of Wales
- 63% of adults in the region are overweight and levels of childhood obesity are the highest in Wales
- Life expectancy for both women and men is less than the Welsh average. There are variations in the region; in Bridgend life expectancy for men is 77 years and for women 81.2 years. Equivalent figures for Merthyr Tydfil and RCT are 76.3 and 80.1, and 77 and 80.5 respectively. Healthy life expectancy (how long people can expect to live in good health, free from disease and illness) is below average in each area.

Life expectancy 2018-2020

Life expectancy	Bridgend	Merthyr Tydfil	RCT	Wales
Male	77.0 years ↓ 0.5 years	76.3 years ↓ 1.5 years	77.0 years ↓ 0.5 years	78.3 years ↓ 0.2 years
Female	81.2 years ↑ 0.1 years	80.1 years ↓ 0.4 years	80.5 years ↓ 0.5 years	82.1 years ↓ 0.2 years

Healthy life expectancy

Life expectancy	Bridgend	Merthyr Tydfil	RCT	Wales
Male	60.2 years ↑ 1.1 years	57.7 years ↓ 1.2 years	57.1 years ↑ 0.7 years	61.5 years ↑ 0.3 years
Female	58.2 years ↓ 1.4 years	57.0 years ↑ 0.1 years	60.7 years ↓ 0.4 years	62.4 years ↑ 0.3 years

↑ or ↓ indicates rise or fall over period

Source: Public Health Wales NHS Trust (2022) Health expectancies in Wales with inequality gap profile, data supplied by CTMUHB

There are high levels of smoking, childhood dental decay and babies born with low birth weight across the region.

Population growth between 2011 and 2021 was 4.5% in Bridgend and 1.4% in RCT. In Merthyr Tydfil there was no overall change. In each local authority area the age group with the most marked increase was 70 to 74 years, whilst across the region

there was a decline in the number of 0 to 4 year olds (6%, 9% and 13% in Bridgend, Merthyr Tydfil and RCT respectively).[4]

This data suggests that the need for integrated hubs, providing a range of preventative support within communities, is likely to be high across the region. Making these as accessible as possible will help counteract the effects of the Inverse Care Law referenced in section 2.

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[4] Source: ONS, Census 2021 data, small area estimates 2020. Available [here]

6. Principles

We have agreed a set of key principles to underpin this strategy. They build on principles contained within the Welsh Government's IRCF funding guidance and have been refined and added to so that they reflect the CTM context.

Whilst providing a regional lens to the development and delivery of integrated hubs, we recognise that the precise characteristics of individual hubs and how they operate will need to be flexible and responsive to the specific local needs we have identified.

The principles are set out below.

1. **Services will be co-located** to support seamless delivery

2. **Existing assets will be used as far as possible** when establishing integrated hubs. Opportunities identified through wider initiatives such as the UHB's Estates Strategy will be optimised and all potential assets assessed fully for suitability to accommodate integrated hubs. Investment will be proportionate and reflect only those changes and improvements needed to make hubs effective and accessible. We will always look to achieve best value from our investments. Schemes that are at developmental phase will be reviewed and adjusted to reflect any issues emerging from our needs assessment approach.

3. **Broader initiatives being undertaken by statutory partners** will be taken fully into account when developing proposals for integrated hubs. Examples include work being taken forward by CTMUHB to enhance community provision for people with learning disabilities and mental health and address identified gaps, the development of integrated hub facilities in fixed and mobile libraries across Bridgend, the ongoing development of community networks in RCT and development of community-focused schools in Merthyr Tydfil.

4. Integrated hubs will be underpinned by **wider culture and practice change**, including sharing of information, to enable effective integrated working

5. **Digital solutions** will be sought and implemented as far as possible, including developing online directories of integrated hub services, the provision of online information and advice to citizens who prefer to access services in that way, 'digital drop-in' services and telehealth and telecare support

6. **Integrated hubs will operate on a 'hub and spoke' basis**, with core services delivered at key locations and **peripatetic and outreach services** will be provided to less populated and/ or high need areas as appropriate.

7. **A No Wrong Door approach** will ensure that people are not turned away from integrated hubs but will be helped to access appropriate support where that service is not available at the hub concerned.

8. **Integrated hubs will be characterised by a range of health, social care and wellbeing support being available at one location, and a single point of access through which citizens can access all available support for which they are eligible.** This distinguishes integrated hubs from simple co-location of teams from different agencies, which can facilitate integrated working but does not automatically meet the requirements of hub provision.

9. We will develop **local service 'networks'** identifying health and care services with which each integrated hub will interact through a **'care and support campus'** approach. This will enable people to be signposted to relevant support and facilitate effective, needs-based referrals.

10. Hubs will offer a **progressive pathway of support**, ranging from information, advice and assistance on key life matters provided at local level through community hubs, through to more complex health and social care services delivered either locally or, across a broader footprint where community need is more dispersed. The 5 hub types developed by national partners will be used as a guide for developing our pathway, but it will be tailored so that it is fully responsive to local need.

11. **Specialist services** such as those for people with learning disability and mental health problems will be co-located with integrated hubs where this supports broader strategic approaches, there is evidence of particular need within the local population and / or this would address current gaps in provision. Given its specialist nature, such support might serve a wider catchment than that provided in other integrated hubs.

12. Opportunities will be taken to **provide integrated support for physical and mental health needs** within the same location.

13. **National and local regeneration policy**, for example **Town Centre First**, will be taken into account when developing integrated hubs.

14. **All developments will contribute to Net Zero** by demonstrating areas such as low carbon energy use and energy efficiency measures, in both the built environment and service delivery.

Detailed plans for integrated hubs based on high level proposals set out in this strategy will be fully tested against these principles before they are progressed.

7. Findings

From our analysis of LRAs and discussions with stakeholders, we have identified the potential for establishing integrated hubs to serve the following areas:

Each map highlights the areas and the pins denote potential assets to be developed.

Bridgend:
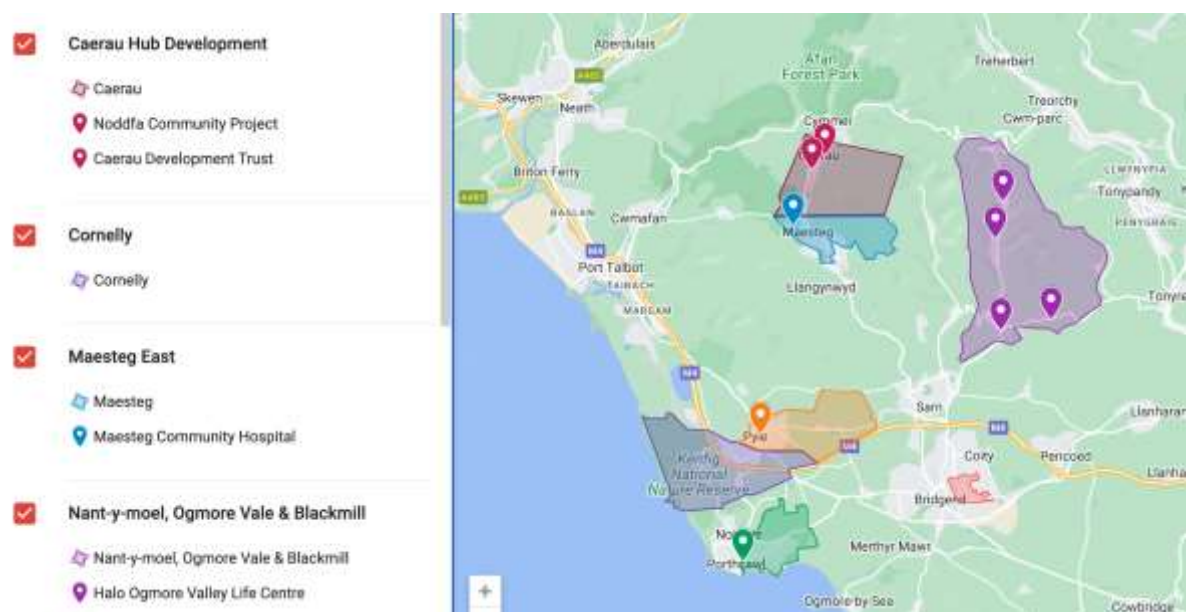
Link to interactive map

Merthyr Tydfil:
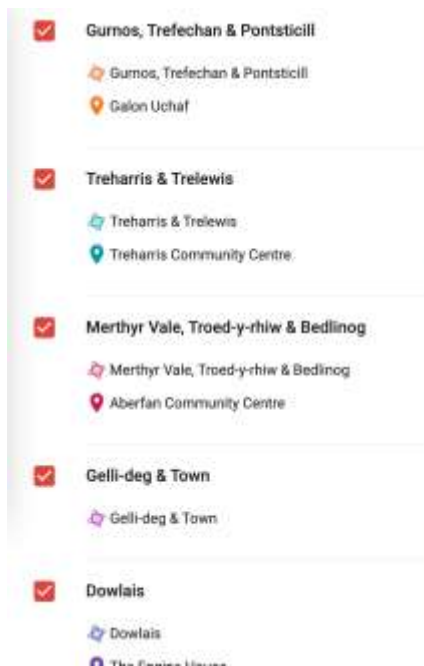
[Link to interactive map](#)

RCT:
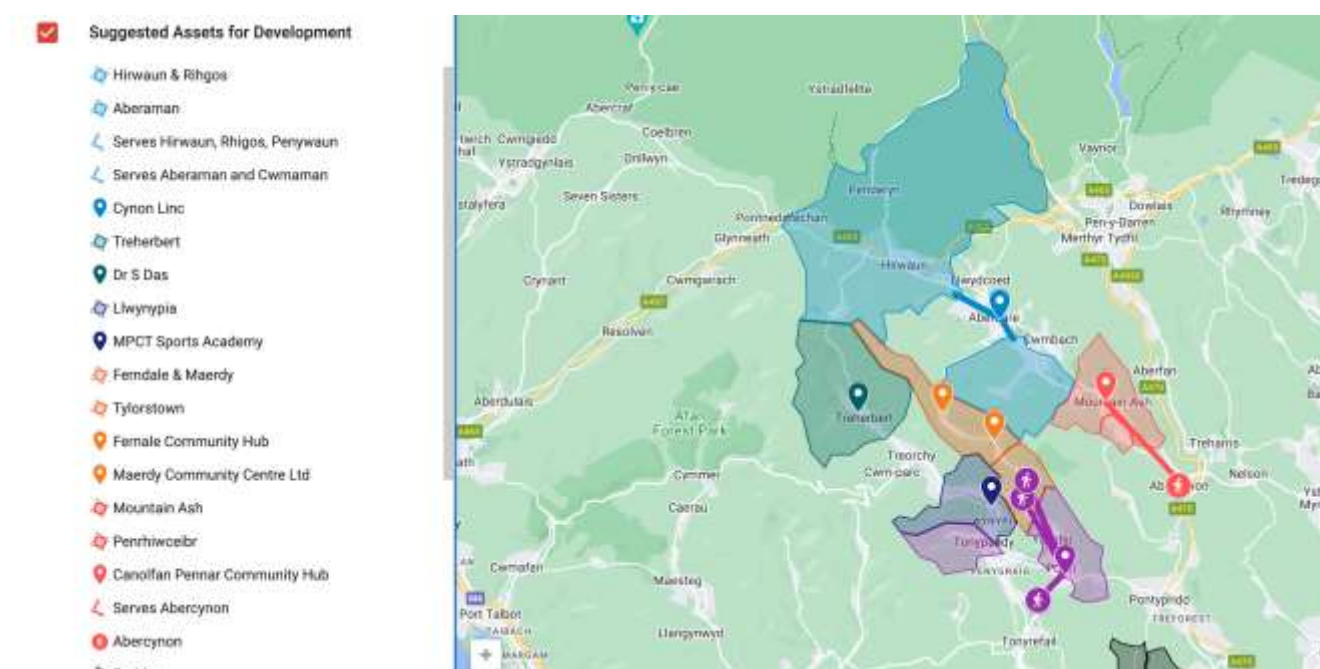
[Link to interactive map](#)

For each of the potential integrated hubs we have developed an outline specification stipulating:

- Proposed location
- A suggested catchment area incorporating the communities within the LRA that would be served by the integrated hub; in some cases we have also identified communities within another LRA or outside any of the identified LRAs which would also benefit from the proposed location
- A summary of services that should be considered and suggested operating model where appropriate, based on local needs identified and views expressed by stakeholders
- Existing assets that could be developed to accommodate the proposed integrated hub or current schemes that should be reviewed to ensure identified needs are addressed

In Bridgend the proposed development of an integrated hub in Bryngarw, providing a range of employment and other support and serving a wider catchment within the County Borough, needs also to be highlighted. Further details are provided in section 4.

Our proposals are set out below:

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Bridgend		
Caerau	**Areas served**	**Caerau**
	Rationale for integrated hub	• Caerau has significant health and access issues • Transport and usage of services should be considered - a bus service does serve the area but there is still a likely disconnect between the local area and services available in Maesteg
	Services to be considered/ suggested operating model	• Specific integrated hub for Caerau should be considered in view of local need and inaccessibility of facilities planned in Maesteg • Provision should include health and social care services alongside community provision in existing assets
	Potential assets to develop	• Noddfa Community Centre • Caerau Community Centre • Flying Start centres

Cornelly/Pyle	**Areas served**	**Cornelly, Pyle, Cefn Cribwr, Kenfig Hill**
	Rationale for integrated hub	• Significant need identified within this area suggesting a dedicated integrated hub or better coordination is required • Areas have significant travel times to hubs located elsewhere in Bridgend. • Services exist but do not necessarily work together across communities
	Services to be considered/ suggested operating model	• Map existing services and assets across this grouped area as precursor to better coordination. • Linkage with Hub in Porthcawl which would operate as part of a hub and spoke model serving communities across the wider area • Local strategy to develop and support shared working, communication and transport links across Pyle and Cornelly – these areas need to support each other, rather than link to services further afield

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		• Investment in the proposed operating model, including continued support for Hub type A assets
	Potential assets to develop	• Pyle Life Centre

	Areas served	**Maesteg East**
Maesteg	**Rationale for integrated hub**	• Significant need identified within this area suggesting a dedicated integrated hub is required. Existing Maesteg Hospital scheme is being taken forward in response to this need
	Services to be considered/ suggested operating model	• Specification for Community Hospital needs to address the needs identified through the area assessment • Consideration should be given to complementary provision within Maesteg (possibly on a hub and spoke basis) given the location of the Community Hospital; there are opportunities here for consolidation/ rationalisation of existing services • Potential to include new services at Ewenny Housing Development
	Potential assets to develop	• Maesteg Community Hospital – scheme in progress • Other local facilities need to be considered as part of hub and spoke approach for the area

	Areas served	Nant-y-moel and Ogmore Vale, Blackmill
Nant-y-moel, Ogmore Vale and Blackmill	**Rationale for integrated hub**	• High levels of need, including deprivation and specific mobility issues of many residents • Poor transport links are an issue, with Bridgend town centre facilities difficult to access
	Services to be considered/ suggested operating model	• Dedicated hub facilities, possibly on a hub and spoke model serving the valleys and replicating key services in Ogmore Vale and Nant-y-moel • Consider satellite provision in Blackmill • Services to be considered include health and social care, preventative support such as falls prevention, digital/ IT training, benefits and income maximisation, support with chronic conditions, mental health and wellbeing support. Also audiology and sensory support may be necessary given the high incidence of sensory impairment in northern parts of the County Borough • Potential for walking to be provided as a socially prescribed support service and could help people access facilities • The operating model should provide clarity on services will work together, communication and strategy development within the grouped area
	Potential assets to develop	• The Mem • Halo Centre • Potential for development of St Tyfodwg Church Hall in Blackmill as satellite

Porthcawl	Areas served	**Porthcawl, Cornelly, Pyle, Kenfig Hill, Cefn Cribwr**
	Rationale for integrated hub	• High levels of need in surrounding communities such as Pyle and Cornelly • High needs of older people in Porthcawl, including specific mobility issues and care support • No integrated hub currently located in Porthcawl • Significant investment in Porthcawl to support growing population needs
	Services to be considered/ suggested operating model	• Dedicated hub facilities, possibly on a hub and spoke model serving communities in West Bridgend • Investment in the Awel-y-Mor centre • Local strategy to develop and support shared working, communication and transport links across Pyle and Cornelly – these areas need to support each other, rather than link to services further afield
	Potential assets to develop	• Awel-y-Mor Centre

Merthyr Tydfil		
Aberfan and Merthyr Vale	Areas served	**Merthyr Vale, Troed-y-rhiw, Treharris, Trelewis**
	Rationale for integrated hub	• High level of need identified • Poor transport links are an issue, with Merthyr town centre facilities difficult to access • Need to provide service in the middle of the County Borough
	Services to be considered/ suggested operating model	• Dedicated integrated hub based in Aberfan. Serving communities throughout the valley • Services and new investment/development need to be clearly communicated and developed in multi-agency operating model
	Potential assets to develop	• Aberfan and Merthyr Vale Community Centre - run by Halo

This strategy was developed by HICO

Dowlais	Areas served	**Dowlais, Pant, Penydarren, Pontsticill**
	Rationale for integrated hub	• High levels of need suggest dedicated hub is required • Dowlais is perceived and utilised as a local centre, serving outlying areas • Local infrastructure support access to Dowlais, including temporary road closure to Pontsticill and investment in the A465
	Services to be considered/ suggested operating model	• Potential to focus around well used high street, to provide services between and in the community centre, engine house, health centre, pharmacy and library • Operating model needs to consolidate existing provision in other connected areas
	Potential assets to develop	• Engine House • Dowlais Community Centre

Gurnos	Areas served	**Gurnos, Trefechan**
	Rationale for integrated hub	• High levels of need suggest dedicated hub is required • Lack of health services • Area identified as a potential hub site recommend business case to be developed to scope
	Services to be considered/ suggested operating model	• Investment and development of Hub site at Calon Uchaf shopping area – potential to use a disused unit • Services and new investment/development need to be clearly communicated and developed in multi-agency operating model • Hub and spoke operating model based in the Gurnos, with satellite provision operating in Trefechan (green)
	Potential assets to develop	• Calon Uchaf unit

Treharris	Areas served	**Treharris, Trelewis, Bedlinog**
	Rationale for integrated hub	• High level of need identified • Poor transport links are an issue, with Merthyr town centre facilities difficult to access

		• Need to provide service in the South of the County Borough, to complement middle and north offer
	Services to be considered/ suggested operating model	• Dedicated integrated hub based in Treharris. Serving communities in Trelewis and Bedlinog • Services and new investment/development need to be clearly communicated and developed in multi-agency operating model • Potential for Hub and spoke model supporting satellite provision in Trelewis, and Bedlinog
	Potential assets to develop	• Treharris Community Centre

Rhondda Cynon Taf		
	Areas served	**Aberdare, Hirwaun, Penywaun, Rhigos, Aberaman, Cwmaman**
	Rationale for integrated hub	• Established Hub operating in Aberdare at Cynon Linc • Opportunities for developing a hub and spoke service in Hirwaun and Rhigos areas
Aberdare	**Services to be considered/ suggested operating model**	• Health and social care provision alongside existing community and medical provision at Cynon Linc
	Potential assets to develop	• Further development of Cynon Linc not required • Consider available assets to serve as spokes in outlying areas

Ferndale and Maerdy	**Areas served**	**Maerdy, Ferndale, Tylorstown, Penrhys**
	Rationale for integrated hub	• Rhondda Fach valley is isolated due to no rail service, and a bus service which is not fully utilised • A Hub in Ferndale or Maerdy would serve the upper valley and also serve Tylorstown
	Services to be considered/ suggested operating model	• Specific health and social care provision to complement existing community services

		• Inclusion of other community facilities in the operating model, including the Arts Factory, Tylorstown Welfare Hall, Hope Church
	Potential assets to develop	• Yr Hwb - Ferndale Community Hub (Fern Partnership) • Canolfan Maerdy – Anchor organisation (more potential to expand in this building)

Llwynypia	**Areas served**	**Ystrad and Llwynypia, Tonypandy**
	Rationale for integrated hub	• Hub operating in Llwynypia would connect community assets, and provide a clear link to health services at Ysbyty Cwm Rhondda and educational provision at Coleg y Cymoedd Campus
	Services to be considered/ suggested operating model	• Health and social care provision alongside community/ council support, delivered through a full time integrated hub
	Potential assets to develop	• MPCT Sports Academy • Rhondda Sports Centre

Mountain Ash	**Areas served**	**Mountain Ash, Penrhiwceibr, Abercynon, Abercwmboi**
	Rationale for integrated hub	• Need for provision identified in lower part of Cynon Valley
	Services to be considered/ suggested operating model	• Specific health and social care provision is needed in this area to meet identified need, complementing council services, housing and employability support available at Canolfan Pennar • This could be supported through a hub and spoke operating model
	Potential assets to develop	• Canolfan Pennar well developed • Mountain Ash YMCA was listed as closed, this asset could be explored • Investment in assets to develop hub and spoke model, to serve communities further afield

Porth	**Areas served**	**Porth East and Ynys-hir, Tylorstown, Tonypandy West and Clydach Vale** **Also Trebanog, Wattstown, and Pontygwaith**
	Rationale for integrated hub	• High levels of need identified in the area suggest hub facilities should be provided
	Services to be considered/ suggested operational model	• Health and social care provision, complementing existing provision at Porth Plaza which includes council services, housing and employability support • Full time hub recommended
	Potential assets to develop	• Porth Plaza

Treherbert	**Areas served**	**Treherbert**
	Rationale for integrated hub	• North of County Borough is isolated • Travel times to other centres such as Porth are prohibitive and no facilities are available in Treorchy • Health and social care provision needed
	Services to be considered/ suggested operational model	• Health and social care provision recommended, combining information and advice with more specialised approach to meet community needs • Consider provision of community mental health and learning disability support to address current gaps in this part of the County Borough
	Potential assets to develop	• Arts Surgery would support services as a 'spoke' service • Further investigation needed on suitable locations for a Hub

Not surprisingly, across the region various terminology is used to describe different types of hub facility that are already in operation. Terms used within local authority areas include 'life centre', 'hub' and 'library'. Moving forward as we deliver this strategy, we will look to obtain greater consistency in terminology across CTM.

LRAs in which hubs are not considered to be the solution, and where alternative arrangements are proposed are as follows:

Bridgend	Suggested arrangements
Brackla West	• Improved promotion of facilities available in the area (e.g. Archbishop School) and health and care / integrated services in Bridgend Town Centre • Look for opportunities for improved transport links to and from Bridgend town centre

Merthyr Tydfil	Suggested arrangements
Bedlinog	• Satellite provision with peripatetic outreach services in the area • Look for opportunities for improved transport links to and from Merthyr Tydfil town centre • Linkage with Community Focused Schools Strategy
Gellideg and Town	• Map existing services across area as precursor to better coordination. • Development of town centre provision to extended opening hours, work in line with Saturday mornings and afterwork hours support.
Gurnos, Trefechan and Pontsticill	• Satellite provision serving relatively small population across the area based in Trefechan. This needs further investment and enhanced provision

Rhondda Cynon Taf	Suggested arrangements
Beddau and Tyn-y-nant	Satellite provision with peripatetic outreach services in the area
Church Village West	Satellite provision with peripatetic outreach services in the area

Full analyses of LRAs are provided in **Appendix 1**.

The capital resources available to fund the proposed hubs or alternative arrangements are finite, and there is no certainty over specific income streams over the whole period of this strategy. Revenue funding will need to be secured to support operational delivery of the new hubs. We will therefore undoubtedly need to prioritise which of the 16 proposed locations are taken forward and form the basis of funding bids. We set out how we will do this in section 8.

8. Delivering the strategy

The strategy does not include detailed plans or spending proposals, and at does not commit the Regional Partnership at this stage to particular actions and/or decisions. Rather, it provides high level recommendations which need further consideration as a basis for those areas/ settings considered to be highest priority for action. Further steps should include working with local communities to understand what support they feel they need and include development of business cases to support potential funding bids including to the Welsh Government's Integration and Rebalancing Capital Fund. The Regional Partnership will now consider these next steps.

A staged approach will be taken. Progress from one stage to the next is not automatic but relies on confirmation from the partnership to move forwards. The timetable outlined below describes the quickest route through to delivery, but it is reliant of completion of each stage to the satisfaction of the partners.

Stage 1 will involve task and finish work to decide initial priorities, considering each of the LRAs identified within this strategy.

Stage 2 will focus on developing, for each of the priority areas identified in stage 1, our outline feasibility proposals for integrated hubs , in order to identify initiatives where need is felt to be greatest and the benefits of hubs most compelling, and as a basis for capital funding.

Stage 3 will progress the development of business cases using the five case business case model that is required to secure capital funding and also set out revenue requirements.

Stage 4 will involve the implementation of agreed plans.

The overall process then will be as follows.

Stage 1: Task and Finish work on Next Steps – from September 2024

1. **Review of less resilient areas identified in this strategy, and the opportunities identified to develop settings** in the context of our wider plans to strengthen the web of support available to communities. Development of potential projects to move forward with in the context of a dynamic system where needs, service development and funding availability will evolve.
2. **This work will be undertaken within the context of our wider SCP and service development plans being taken forward including through the regional Integrated Community Care Service programme.** Conclusions will be brought back through regional governance.

Stage 2: Feasibility – From December 2024

1. **Prioritise potential schemes based on assessment of local need and produce an initial feasibility study for those identified as high priority. Each feasibility study for prioritised areas will:**

   - Articulate the case for the provision, based on the evidence we have collated in the development of the strategy
   - Specify services that would be provided at the location with public sector stakeholders. This will involve further engagement with communities and citizens and opportunities will be taken to do this as part of wider initiatives such as the future development of the UHB's Acute Clinical Services Plan.
   - Set out links with other local care and support services and how these will be developed further (e.g. through improved referral, satellite arrangements etc.), as part of delivery. This will include 'type A' hubs sited in the proximity of a proposed hub, funding for which will be protected as far as possible, as a key part of the hub infrastructure in CTM
   - Include a full options appraisal of potential physical locations and assets across the entire portfolio, including health, local authorities and community, that could be developed to accommodate the proposed hub or, if no assets are identified, for a new build
   - Estimated capital costs and revenue costs of operationalising the proposed arrangements
   - Include a projected timeline for delivery

2. **Confirmation of prioritised schemes by the RPB and decisions taken on which schemes will go forward to the next stage.** As well as reflecting identified local need, this prioritisation will also ensure equity of provision across the CTM region. An indicative timeline for delivery of prioritised schemes will be developed at this stage that will likely include a phased approach.

3. **Review the programme structure** to ensure it is fit for purpose and has sufficient capacity to deliver the capital schemes.

Stage 3: Business case development April 2025 onwards

1. **Preparation of Business Justification Cases** for a first cohort of schemes below the £5m threshold set by the Welsh Government. The feasibility studies will identify the level of further work required to prepare business cases. Smaller schemes may be bought together into a single BJC. Business cases will meet Welsh Government requirements as set out in the IRCF guidance namely the

Five Case Business Development Model, and form a basis for funding from IRCF, any successor programme and/ or other sources. Specific business case requirements of alternative funding programmes will also need to be met. Other possible funding sources are listed in section 1.

2. **Development of Strategic Outline Case (SOC)** through a project structure that will further test the feasibility of the project and commitment of partners to the scheme. The further stages of Outline Business Case and Full Business Case will be subject to Welsh Government approval.

3. **Submission of business cases** to Welsh Government or other funder for approval

Stage 4: Delivery of approved priority schemes – April 2026 – March 2029

1. **A detailed delivery programme** over this period will be prepared based on the timelines identified in the feasibility studies.

We will also take forward the following supporting actions over the duration of the strategy - September 2024 – March 2029:

- Securing the business case development capacity to take forward this strategy

- Develop alternative arrangements identified for particular LRAs in this strategy and identification/ securing of funding to support any capital and revenue investment required to deliver them

- Undertake further work on a regional strategic approach which will set out our vision for what integration of health and care means in CTM – the Model of Integrated Community Services being developed by the UHB will be key to informing this approach

- Develop a regional asset register as a live database, providing planners and decision-makers with an accurate and real time of available assets across CTM. This will help us assess resilience of our various communities and enable us to identify assets which might be developed as integrated hubs.

- Start work on a collaborative digital strategy, building on existing strategies and programmes, which will clearly define the role of technology in providing care and support and identify models that complement services delivered through traditional, physical hubs

- Continuously review activity by partners in this area to ensure alignment between this strategy and other relevant initiatives being taken forward by partners in order to deliver a genuinely coordinated approach and to optimise resources.

Appendix One: Area profiles

As explained in the strategy document, we compiled detailed profiles for each LRA These:

- Summarise key demographic data, identifying the key factors which make the area less resilient and noting the area's ranking in terms of the WCAI, WCRI and WIMD
- Record the qualitative information gathered during our conversations with stakeholders
- Confirm proposed locations of integrated hubs where the evidence suggests these may be necessary
- Identify potential assets for development
- Include recommendations on next steps for each area. These will be fully assessed as part of the feasibility process.

For areas where a physical hub is recommended, a public transport travel times are shown indicating the areas reached within 30-45 minutes via public transport.

It should be noted that different stakeholders can use different names for the same assets and buildings. As part of the feasibility process it will be necessary in some cases to verify the assets that have been identified for potential development, as recorded in the area profiles.
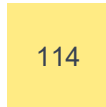
Brackla West

Key driver: Active & Engaged	
49	WCAI ranking
114	WCRI ranking
239	WIMD ranking

Recommendations	Potential assets to develop
• **Improve promotion of facilities available in the area (e.g. Archbishop School) and health and care / integrated services in Bridgend Town Centre** • **Look for opportunities for improved transport links to and from Bridgend town centre**	• N/A

What stakeholders told us

- There is a deaf centre that is used by local organisations and individuals with audio impairments, but **there is a lack of accessible spaces in the borough.**
- Wales & West provides active support for tenants in the area. The Action for Children Centre, one school, and one community center exist, but **there is a lack of other services without going into town or the Triangle.**
- **Distrust and disengagement with services lead to low uptake of support. Wildmill, a deprived area with many issues, should be included.**
- Community leaders need to be identified as engagement is historically low. Tremains Woodland has active volunteering opportunities, and Archbishop school rents out sports space.
- **There is a plan to add a train station in Brackla in the future. Services and facilities are co-located at the 'triangle,' but travel across the Brackla area can be difficult.**
- **Need to investigate how the 'Triangle' is utilised and how people are supported to get there.** Brackla West is split in two, Wildmill is closer to the town centre.
- **Facilities around Archbishop school could be explored, BCBC currently delivers services, hub/low-cost access to activities and resources** - though at the time of writing nothing was showing online for this?
- Other schools could also support, CFS strategy in BCBC, **could health and social Hub work be developed along with schools development work?**

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- Food Pantry running in Brackla Tab Church and Wildmill Community centre. New Housing in progress - how does this relate to BCBC LDP?
- **BAVO provides community Navigators, and BCBC Community Coordinators.** This needs to be addressed in local plans/strategy. GP practice is modern - but no space.

Local Data Review	
WIMD ranking	1096/1909
WIMD health ranking	858/1909
Disability benefit (DLA)	2.68%
Households with no car	18.81%
Social rented housing	23.88%
Private rented housing	14.96%
Providing 50+ hours of unpaid care a week	4.12%
Children providing unpaid care	0.88%
Population density	45.57
Unemployment benefit claims (JSA and Universal Credit)	2.85%
Travel time	Brackla West > Bridgend Centre, 20 minutes by bus, 6 minutes by car or a 1-mile walk. Travel to Prince of Wales Hospital is 30 minutes by public transport.
Adult and Children services cases open	165

Services and Assets
- Brackla community centre and Brackla Tab Church listed as Type As, Bridgend Deaf and Social Club listed as a type B.   - Wildmill community centre, type A. Appears to be a lack of services - reliance on services closer to Bridgend centre?   - Brackla does have a community council operating out of the community centre - lots of activities - possibly less focus on support for people with crisis, no food bank, less partnership than in others.

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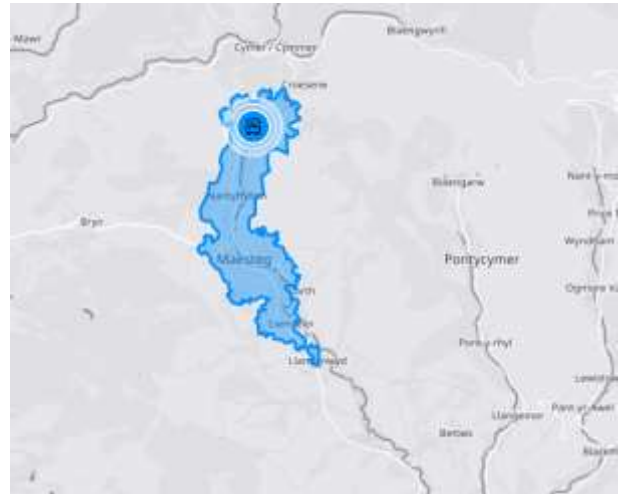
Caerau

	Key driver: Active & Engaged
90	**WCAI ranking**
26	**WCRI ranking**
13	**WIMD ranking**

Recommendations	Potential assets to develop
Assess the feasibility of development options and develop business case	• Noddfa Community Centre • Caerau Community Centre • Flying Start centres

What stakeholders told us

- Caerau, in Bridgend, is a somewhat isolated community with **generational unemployment and strong local ties**. Significant transport issues, hindering access to aspirations and services. Established community venues, like **Caerau Development Trust and Noddfa Chapel, provide essential services and could serve as hubs,** but face **funding and volunteer limitations.**
- The community has green spaces and needs upskilling in both vocational and life skills.
- Despite a strong support network for children and families, **older residents lack similar support.**
- Caerau ranks highest in Wales for health determinants, suggesting a **need for a local health and social care hub to improve access. Antisocial behaviour/substance misuse key issues.**
- Limited car ownership and **heavy reliance on the food pantry indicate economic challenges.**
- The **Valleys Regeneration Strategy, due June 2024, and available property improvement grants** offer opportunities for development. **Collaborative social prescribing and addressing transport barriers are essential** for improving community well-being.
- **Work is a key issue.** Getting across **Maesteg and Caerau is difficult, they're big areas.** There is really low take up for property grants – no one wants to invest in the buildings.
- **Caerau is split, there is no service over the hill – there are parts not covered by public transport.** Transport is the biggest issue but is not included in any of these

discussions – nothing is changing in terms of transport so **even if there are opportunities, people can't get there. Doorstep services are needed.**

- Elderly volunteers slowly dropping off maintaining buildings. Buildings include; Defryn Chapel, Caerau Church, Caerau Church Hall, Station Hotel ins Caerau. Wild Fox adventure centre in Caerau – if that comes, that could change everything
- **"Please don't subscribe community to this community. This is a health issue."** It needs something to address the issues that they have. It has chronic problems. Life expectancy in this area is 20 years lower than Maesteg. There is a reliance on volunteering. **There is no trust with health at all. Surely health transport to Maesteg Hospital would be beneficial. We are overrun with community centres and initiatives.**

Local Data Review	
WIMD ranking	866/1909
WIMD health ranking	129/1909
Disability benefit (DLA)	4.13%
Households with no car	28.46%
Social rented housing	13.37%
Private rented housing	19.36%
Providing 50+ hours of unpaid care a week	6.23%
Children providing unpaid care	0.73%
Population density	4.82
Unemployment benefit claims (JSA and Universal Credit)	3.96%
Travel time	Caerau > Maesteg 13 minutes by bus, 6 minutes by car or a 2 mile walk.
Adult and Children services cases open	143

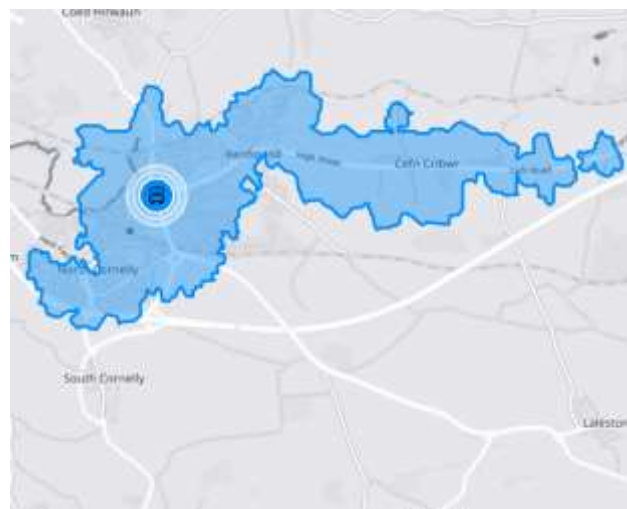| Services and Assets |
|---|
| - Two type Bs listed, Noddfa community centre and Caerau Community Centre.
- Two churches listed as Type As.
- Caerau Development Trust and Noddfa Community project provide a range of services.
- YMCA Hub is closed.
- No life centres located in this MSOA.
- Sports centre and swimming pool located in Maesteg. |

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Cornelly

Key driver: Civic Assets	
10	**WCAI ranking**
27	**WCRI ranking**
118	**WIMD ranking**

Recommendations	Potential assets to develop
• **Map existing services and assets across this grouped area as precursor to better coordination.** • **Linkage with Hub in Porthcawl which would operate as part of a hub and spoke model serving communities across the wider area** • **Local strategy to develop and support shared working, communication and transport links across Pyle and Cornelly – these areas need to support each other, rather than link to services further afield** • **Investment in the proposed operating model, including continued support for Hub type A assets**	• Pyle Life Centre • Awel-y-Mor - Porthcawl

What stakeholders told us

- Cornelly is a diverse community with both affluent and deprived areas. The community faces challenges such as **isolation, fear of crime, and anti-social behaviour.**
- There is a **poor connection between the South and North** Cornelly communities, with a busy road separating them. However, there are **good transport links.** The Marlas estate is a close-knit but deprived community.
- Cornelly has a **number of community-based support groups and organisations, indicating a need for support across all age groups.**
- The presence of a youth center near the primary schools helps tackle antisocial behaviour.

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- The Cae Garw traveler site is located nearby, and the health district nursing provides support to them. **Substance misuse and mental health issues are historical problems in the area, but the Cornelly Outreach Group (COG) offers community support.**
- Locals enjoy walking down to Kenfig dunes and beach during the summer. Cornelly has a **diverse age demographic,** including families and older people.
- The closure of Port Talbot Steel works has led to redundancies in the area. There is a strong community group aiming for Cornelly to be self-sufficient in energy generation in the future.
- The community center hosts various sessions and a luncheon club for the elderly.
- Cornelly Primary School is co-located with Ysgol y Ferch O'Sger Welsh Language school and a Flying Start center. The community is close-knit.
- **The Cornelly Development Trust has received a significant funding grant, leading to big investments in recycling and gardening initiatives.**
- Alot of services exist in Pyle and Cornelly - serving local area, rather than a need to visit Porthcawl or Bridgend. Transport links and times not such an issue to Bridgend or Porthcawl.
- **Engagement work is more of a priority, encouraging and support access and use of services already provided, how Pyle and Cornelly are connected.**
- **GP work very important, provides validation of questions and an important referral mechanism into other support, needs to feature in strategy** - GP role, referral development, investment, mechanism - including investing in services referred to.

Local Data Review	
WIMD ranking	927/1909
WIMD health ranking	578/1909
Disability benefit (DLA)	3.49%
Households with no car	20.79%
Social rented housing	24.13%
Private rented housing	11.11%
Providing 50+ hours of unpaid care a week	4.49%
Children providing unpaid care	1.55%
Population density	4.58
Unemployment benefit claims (JSA and Universal Credit)	4%
Travel time	Porthcawl is accessible in 30 minutes by bus, 10 minutes by car. Bridgend is accessible in 1 hour 15 minutes by public transport, 20 minutes by car.
Adult and Children services cases open	213

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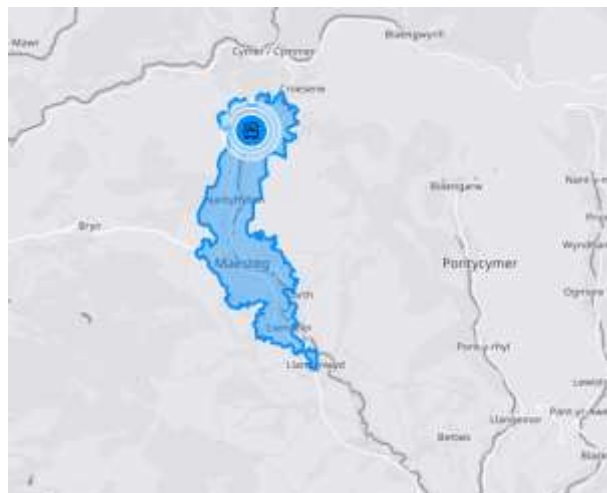| Services and Assets |
|---|
| • Cornelly Community Centre listed as a Hub type B. Lots of activities, focus on Health and Wellbeing including HALO, scope to invest and develop further.
• Cornelly Development Trust active, have received funding to support work - lots of health and wellbeing activities, scope to provide considerable partnership with the community centre. |

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Maesteg East

Key driver:
Civic Assets

133	WCAI ranking
94	WCRI ranking
74	WIMD ranking

Recommendations	Potential assets to develop
• **Review specification for Maesteg Community Hospital in line with identified needs** • **Consider opportunities for complementary provision in area possibly using hub and spoke model**	• Maesteg Community Hospital (scheme in progress) • Other local facilities to deliver hub and spoke model

What stakeholders told us

- Maesteg East is a community facing **challenges in terms of transportation, community support, and access to essential services.** The town center has funding available for property improvements, **but there is limited access to the hospital due to its location on a steep hill with steps.** Leisure activities are available but have limited availability throughout the day.
- **The park no longer has a bus service, and there is a need for a voluntary bus service that is not widely marketed.**
- Maesteg has a high number of sports clubs and close-knit communities. Community centers have been sold, and there is **no central hub for information.**
- **Free parking is available in Maesteg due to Lady Talbot's will. Public transport is not easily accessible, with limited bus and train services.**
- There is a **lack of activities for younger people,** which may contribute to antisocial behavior. Maesteg has a large population of approximately 25,000 people.
- The **Awen library serves the community,** and there are various small groups and limited third sector services available, mainly for specific groups such as Parkinson's. **Many buildings in Maesteg are currently empty.**
- **Maesteg Town Hall will re-open and this will make a big difference**
- **There is less social housing in Maesteg West but apart from that, Maesteg East and Maesteg West are one area and people use the same services.** Maesteg East and

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West is a political divide and people that live there don't talk about the two areas. Doesn't feel like Maesteg should be a priority area – doesn't seem like there is a huge need.

- **We're needing to be clear that it is not for more social groups, this needs to be about what kind of services can be co-located.**
- **Community Hub is run by adult social care** – whether it understands what it should be doing is another question. It should probably should fit hub level 4/5. **Awen library could be used.**
- **Tesco on boundary between Caerau and Maesteg East has become a bit of a community asset. The rugby club is there too.**

Local Data Review	
WIMD ranking	1064/1909
WIMD health ranking	324/1909
Disability benefit (DLA)	3.84%
Households with no car	25.1%
Social rented housing	15.08%
Private rented housing	14.56%
Providing 50+ hours of unpaid care a week	4.05%
Children providing unpaid care	0.59%
Population density	11.79
Unemployment benefit claims (JSA and Universal Credit)	3.53%
Travel time	Maesteg > Bridgend, 50 minutes by bus, 22 minutes by car. Port Talbot is closer but public transport links are poor and require transit through Bridgend.
Adult and Children services cases open	215

Services and Assets
- Assets all focused around town centre. - 3 type B hubs, the library, the sports centre/swimming pool - Halo centres and the zone. Need to reclassify as type As? - Maesteg Community Hub has some services, does not seem to be focused on partnership or health and wellbeing work?

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Nant-y-moel, Ogmore Vale and Blackmill

	Key driver: Active & Engaged
59	WCAI ranking
56	WCRI ranking
80	WIMD ranking

Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• The Mem • Halo Centre • St Tyfodwg Church Hall, Blackmill as satellite

What stakeholders told us

- The region faces isolation due to **limited transport options, particularly after 4pm.** However, there are existing facilities such as a school, community center, and leisure center that can be utilised for regeneration efforts.
- The **Valleys Regeneration Strategy being developed by BCBC aims to address these issues by June 2024.**
- Main public transport option is the bus service, but there is **potential to improve the cycle track.** Many residents rely on their own cars for transportation.
- The valley also experiences **high levels of male suicide.** Community centers like Blackmill and Evanstown welfare hall are trying to initiate activities, while Bethania Chapel is available for hire for community use.
- **Lack of access to supermarkets via public transport contributes to unhealthy lifestyles. The area has steep hills and under-utilised green spaces.**
- The Mem, Halo life center, and St Tyfodwg in Glynogwr serve as the closest hubs, but there is a **need for more accessible hubs covering various chronic conditions and dedicated transport. Lack of engagement and activities for individuals aged 25-55.**
- **Blackmill does not make sense to be put with Ogmore Vale and Nant-y-moel. People don't move between the valleys. Transport is not conducive.** Blackmill is more closely linked to Bridgend town (although not easily accessible to it). Also links with Sarn and Brynmenin. Ogmore Vale and Nant-y-moel are more closely linked to each other.
- **The topography of the area (steep valleys and 'one street' communities) don't lend themselves to new builds so the logical thing in terms of hubs would be to adapt**

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existing assets. In terms of Nant-y-moel this means the Mem (lots of community activity such as warm spaces are already held there), for Ogmore Vale Halo and GOP surgery. For Blackmill the community Centre, Glanogwr and St Tafodwg Church Hall - such facilities would also potentially serve Evanstown and Gilfach Goch which are a bit out on a limb. **Potential for model using hub and spoke approach replicated in each community, using existing buildings. Limited mobility of many means they need to have improvements to access facilities even in their own community.**

- **Domestic care is a challenge due to nature of the area - lots of travel time needed between appointments etc.** Potential for hubs to provide **preventative support such as falls prevention, digital/ technology training etc. to enable people to stay independent longer** and not need formal care and support. **Also potential for basing social work/ provider teams in the area to provide outreach and care. Garw Valley pilot to help people access benefits online could be extended.**

- **Transport is a key issue, long travel times into Bridgend and other areas.** Potential for walking to be provided as a socially-prescribed support service and could help people access facilities. Other services that would be beneficial in this area include - **benefits and income maximisation, support with chronic conditions, mental health and wellbeing support. audiology and sensory support important given the high incidence of sensory impairment in northern parts of the County Borough.**

Local Data Review	
WIMD ranking	1162/1909
WIMD health ranking	530/1909
Disability benefit (DLA)	4.05%
Households with no car	21.18%
Social rented housing	11.04%
Private rented housing	18.59%
Providing 50+ hours of unpaid care a week	4.97%
Children providing unpaid care	0.73%
Population density	2.11
Unemployment benefit claims (JSA and Universal Credit)	2.85%
Travel time	Bridgend > Nant-y-moel, 1 hour by bus 30 minutes by car. Nant-y-moel > Halo Life Centre, 18 minutes by bus, 5 minutes by car, or 2-mile walk.
Adult and Children services cases open	198

Services and Assets

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- Three type B hubs listed though presumed wrong categories.
- Type As include the Boys & Girls Club, the Mern Community Centre .
- Type B Ogmore Halo Life Centre - good potential for further development.
- Nant-y-moel GP, and Ogmore GP.
- The Princess of Wales in Bridgend and Sarn (Tynycoed) are the closest large hub and GP, respectively, for Blackmill and surrounding areas.

Pyle, Kenfig Hill and Cefn Cribwr
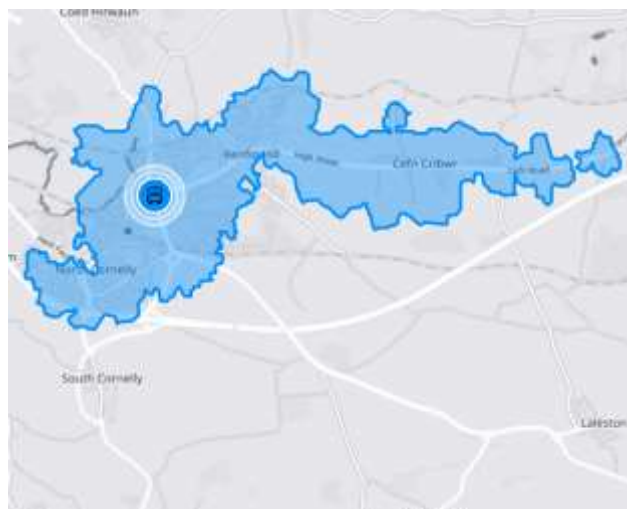

Key driver: Civic Assets

89	WCAI ranking
113	WCRI ranking
131	WIMD ranking

Recommendations	Potential assets to develop
• **Map existing services and assets across this grouped area as precursor to better coordination.** • **Linkage with Hub in Porthcawl which would operate as part of a hub and spoke model serving communities across the wider area** • **Local strategy to develop and support shared working, communication and transport links across Pyle and Cornelly – these areas need to support each other, rather than link to services further afield** • **Investment in the proposed operating model, including continued support for Hub type A assets**	• Pyle Life Centre • Awel-y-Mor - Porthcawl

What stakeholders told us

- Cynffig Comprehensive site may be co-located with the largest local primary school. There are two GP surgeries near the Life Centre, KPC, etc.
- **The library/hub space in Pyle is well-used by organisations and the community. Various activities** like family breakfast, youth programs, lunch clubs, and a veterans hub **take place in Pyle Church Hall.**
- However, there seems to be **less cohesion between these communities, and residents of Cefn Cribwr are less likely to travel to Pyle/Kenfig for services.**

This strategy was developed by HICO

- The Pyle Life Centre already co-located key services but **needs better integration within the center and the wider area.** Cefn Cribwr has a community-owned pub, **local nature reserves accessible only by foot, and wellbeing centers.**
- The Bridgend Carers Centre recently moved to Bethlehem Church Life Centre, while **Green Hall in Cefn Cribwr has poor parking and accessibility.**
- Alot of services exist in Pyle and Cornelly - serving local area, rather than a need to visit Porthcawl or Bridgend. Transport links and times not such an issue to Bridgend or Porthcawl.
- **Engagement work is more of a priority, encouraging and support access and use of services already provided, how Pyle and Cornelly are connected.**
- **GP work very important, provides validation of questions and an important referral mechanism into other support, needs to feature in strategy** - GP role, referral development, investment, mechanism - including investing in services referred too.

Local Data Review	
WIMD ranking	1355/1909
WIMD health ranking	567/1909
Disability benefit (DLA)	3.74%
Households with no car	20.03%
Social rented housing	21.02%
Private rented housing	11.35%
Providing 50+ hours of unpaid care a week	4.76%
Children providing unpaid care	1.29%
Population density	8.66
Unemployment benefit claims (JSA and Universal Credit)	3.24%
Travel time	Pyle > Porthcawl, 23 minutes by public transport, 10 minutes by car. Bridgend is 10 minutes by train (£4.80 return) or a 12-minute drive.
Adult and Children services cases open	241

Services and Assets

- Pyle has a number of Hub type Bs (possibly relist two as As, life centre as an B?) - KPC, Splice child and Family and the Life Centre.
- Halo swimming pool. Does this area servce Cornelly also?
- Cefn Cribwr community centre Type A, Talbot Centre Type A.

This strategy was developed by HICO

- Bethlehem Church hosts Bridgend Carers - medium sized charitable organisation serving Bridgend carers.

Dowlais

	Key driver: Active & Engaged
60	**WCAI ranking**
69	**WCRI ranking**
101	**WIMD ranking**

Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Engine House • Dowlais Community Centre

What stakeholders told us

- Dowlais is a community with **strong links to public transport,** including **good access to GP services and transport links via the high street.**
- It has a well-established sense of community and **offers a wide variety of services, including youth provision and community venues.**
- There is a significant presence of social housing and an increase in **EAL families due to a nearby meat factory.**
- The area has a **medical centre, pharmacies, and leisure/library services.**
- The Engine House and Community Centre in Dowlais may have data on footfall and gaps in services.
- **Understanding the language needs of the community is important for offering relevant services.**
- Makes sense as an area although stakeholders are **not certain that the levels of need warrant hub provision.**
- Noted that the area **should include Pant and Penywern.**
- There is a very well-served high street in the area with significant footfall coming from different parts of the county borough. **This is a possible opportunity for consolidating and extending provision, although alternative provision in other areas, residents of which are currently forced to come to Dowlais, should also be considered carefully.**
- Should consider wider economic impact though if the high street is 'wound down' in health and care terms?
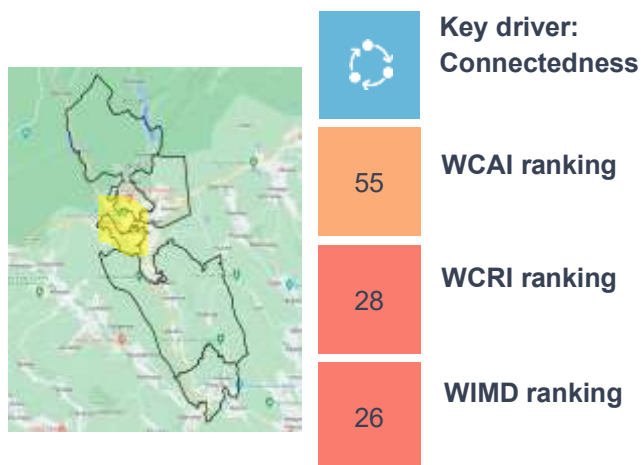
Local Data Review

This strategy was developed by HICO

WIMD ranking	1042/1909
WIMD health ranking	430/1909
Disability benefit (DLA)	3.5%
Households with no car	25.26%
Social rented housing	22.73%
Private rented housing	14.96%
Providing 50+ hours of unpaid care a week	4.14%
Children providing unpaid care	1.39%
Population density	8.42
Unemployment benefit claims (JSA and Universal Credit)	3.38%
Travel time	Dowlais > Merthyr town centre 15 minutes by bus, 5 minutes by car or a 2-mile walk.
Adult and Children services cases open	235

Services and Assets
• Engine House and Dowlais community centre (Hub type A) provide services to the community.

This strategy was developed by HICO

Gelli-Deg and Town

Key driver:
Connectedness

55	**WCAI ranking**
28	**WCRI ranking**
26	**WIMD ranking**

Recommendations	Potential assets to develop
• Map existing services across area as precursor to better coordination • Development of town centre provision to extended opening hours, work in line with Saturday mornings and afterwork hours support.	• N/A

What stakeholders told us

- Gelli-deg is a **close-knit community with various deprivation issues**, while **Town consists of different community types with varying needs.**
- Both communities would **benefit from additional services such as medical and dental support, counselling, mental health services, and family mediation.**
- Gelli-deg and the surrounding estates **have limited access to services** and would benefit from having services closer to them.
- The **town centre is in decline**, but there are **good resources, amenities, and public transport links available.**
- Gelli-deg has a **strong community support system** and resources, including the **Gelli-deg Wellbeing Centre and the Gelli-deg Foundation.**
- There are discussions about establishing new hubs in both Gelli-deg and the town centre, and it **would be beneficial to consult with the communities to determine the location and services needed.**
- **Overall, Gelli-deg and Town have distinct needs, but both would benefit from additional support and resources.**
- Merthyr town has a lot of services, true for Gelli Deg also.
- **Hub located in town, previous empty shop providing housing, benefit, employability support. Referral support via phone line, specialist support available.**
- Gelli deg access to town centre needs to be supported, **including referral and signposting links.**

This strategy was developed by HICO

- **A lot of services available at the Keir Hardie Centre - but how used across Merthyr?**
- Consideration needed to **how people access services,** when services are open and who they target.
- Town centre Saturday morning market, travel through to Cardiff/work.

Local Data Review	
WIMD ranking	534/1909
WIMD health ranking	319/1909
Disability benefit (DLA)	3.96%
Households with no car	37.6%
Social rented housing	34.99%
Private rented housing	17.26%
Providing 50+ hours of unpaid care a week	3.81%
Children providing unpaid care	0.24%
Population density	21.53
Unemployment benefit claims (JSA and Universal Credit)	5.42%
Travel time	Gellideg > Town centre, 15 minutes by bus, 7 minutes by car or a 25-minute walk.
Adult and Children services cases open	243

Services and Assets
- Gelli-deg Foundation wellbeing centre well regarded, potential for investment and development? - Merthyr town centre has a carers hub and Voluntary Action Merthyr Tydfil. - Merthyr Leisure Centre located along with the college and various council buildings. - Twyn Community Hub south of centre.

This strategy was developed by HICO

Gurnos, Trefechan and Pontsticill

	Key driver: Active & Engaged
1	WCAI ranking
1	WCRI ranking
10	WIMD ranking

Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case** • **Explore satellite provision serving relatively small population across the area based in Trefechan. This needs further investment and enhanced provision**	• Calon Uchaf unit • Assets for satellite provision to be identified

What stakeholders told us

- The **A465 road acts as a dividing line** between different areas. Pontsticill is **particularly isolated due to a landslide** that has limited road access to the village.
- The **lack of public transport** further exacerbates the issue. These areas are **often overlooked when it comes to development projects** in Merthyr.
- Additionally, **Pontsticill is currently dealing with water works proposals,** adding to the community's sensitivity. However, there are **some support systems in place, such as a Community Group in Pontsticill and a multi-agency hub - Calon Las.**
- The MVH facility, Calon Las, serves as a multi-agency hub but faces requests for more health services, including direct engagement with speech and language therapists.
- The **need for local health services is emphasised due to transportation limitations,** making it difficult for parents to attend appointments in other areas.
- Overall, these communities **face isolation from services and require more attention and resources** to address their unique needs.
- **Gurnos does not fit with the other 2 areas, in terms of geography, population movements or culture.** It should be considered separately.
- Gurnos is itself split between the old and new developments and **a central facility serving both areas would not work.**

This strategy was developed by HICO

- Should look at whether some of the area could be served by the town area? **Within Gurnos a possible asset to be developed is Galon Uchaf - also Compass Communities Hub.**
- **Trefechan and Potsticill make more sense although current landslip makes access between the 2 areas difficult.** This might be addressed by August and then single provision would seem to make sense.
- **Cefn Coed area should be included** within this area as there are assets in this area and people could go there for hub services from across the region.
- Possible assets for adaptation - **The Green in High Street Trefechan, developed by Merthyr Vale Housing.** This will include Families First on the ground floor but other units are available.
- Pontsticill is 'off gas' and logistics for development here would be difficult and costly.
- **Other potential locations for a hub include new Welsh childcare facility in Cefn Coed, Calon Las, large community centre in Cefn Coed run by a voluntary management committee.**
- **In Trefechan there was a large community centre which burnt down, there is land available here.**
- In terms of services that are needed, it is difficult to be specific other than to **highlight the ned generally for young people/ MH support in the wake of the pandemic.** There is also a feel that early language development/ support, health conditions management support are needed. Appointments in venues that are further away are often not taken up so something more local should be considered.

Local Data Review	
WIMD ranking	306/1909
WIMD health ranking	210/1909
Disability benefit (DLA)	4.84%
Households with no car	34.95%
Social rented housing	43.39%
Private rented housing	7.81%
Providing 50+ hours of unpaid care a week	4.9%
Children providing unpaid care	1.14%
Population density	3.59
Unemployment benefit claims (JSA and Universal Credit)	4.45%
Travel time	Average of 20 minutes by public transport across all three areas.
Adult and Children services cases open	399

This strategy was developed by HICO

Services and Assets

- Calon Las Community Hub located in the Gurnos (type A), owned by RSL.
- Prince Charles Hospital. Community Sports Club located on Alder Grove.
- Compass community Hub, Neighbourhood Learning Centre on Peny Dre road.
- No centre in Trefechan - previous community facilites on the Green.

This strategy was developed by HICO

Merthyr Vale and Troed-y-rhiw

		Key driver: Connectedness
53		**WCAI ranking**
47		**WCRI ranking**
69		**WIMD ranking**
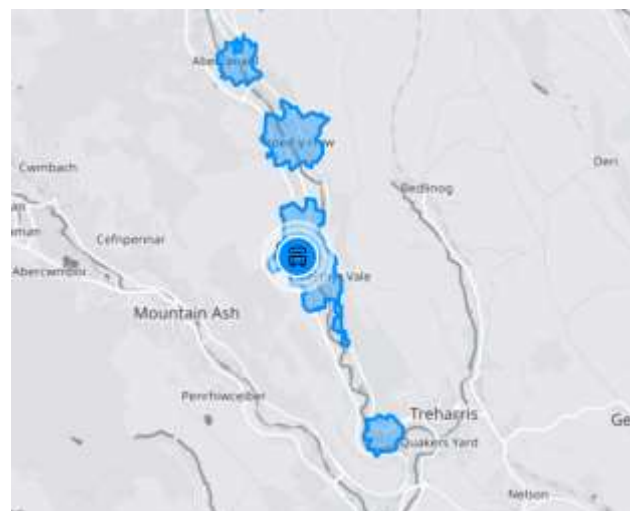
Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Aberfan and Merthyr Vale Community Centre

What stakeholders told us

- **Transport is not seen as a barrier for parents in Troedyrhiw** accessing support services in the town hub.
- Bedlinog residents consider themselves part of Treharris rather than Troedyrhiw.
- **Transport links are poor in the area, but there are good transport links in Troedyrhiw and Merthyr Vale due to train platforms.**
- Other notable resources mentioned include **Trinity Childcare Centre, a new Welsh language childcare being built on Ysgol Rhyd y Grug, Troedyrhiw Boys and Girls Club, Afon Taf High School, a community centre in Aberfan, and Morlais Medical Practice with a surgery in Aberfan.** The Willows Centre is also mentioned in Troedyrhiw.
- **Aberfan Centre has strong links to the community.**
- **CFS approach should be considered** - as with Trelewis, Treharris and Bedlinog.
- Travel in Merthyr Vale not good - see travel times
- **South/North divide evident - feeling that the North has it all, South is left behind.** This does not seem to be addressed in Merthyr strategies, but could be addressed in the health and social care hub strategy.
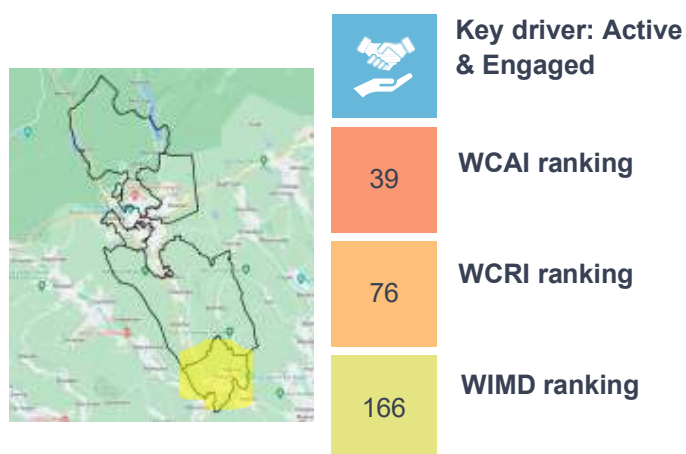
Local Data Review

WIMD ranking	880/1909
WIMD health ranking	534/1909
Disability benefit (DLA)	4%

This strategy was developed by HICO

Households with no car	25.81%
Social rented housing	18.37%
Private rented housing	13.79%
Providing 50+ hours of unpaid care a week	4.52%
Children providing unpaid care	1.04%
Population density	1.97
Unemployment benefit claims (JSA and Universal Credit)	3.37%
Travel time	Merthyr Vale > Merthyr town centre, 24 minutes by public transport, 17 minutes by car. Troed-y-rhiw > Merthyr town centre, 16 minutes by public transport, 12 minutes by car.
Adult and Children services cases open	243

Services and Assets

- Aberfan and Merthyr Vale Library and Leisure Centre, Trinity Child and Family Centre in Aberfan.
- GP Practice located between the two buildings. Possible cluster?
- Integrated Childrens Centre located in Pentrebach, north of Troed-y-rhiw.

This strategy was developed by HICO

Treharris, Trelewis and Bedlinog

Key driver: Active & Engaged

39	WCAI ranking
76	WCRI ranking
166	WIMD ranking

Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Treharris Community Centre

What stakeholders told us

- **Trelewis Primary has a community room with separate access for community** use during school hours, while Edwardsville Primary also has a community room but lacks separate access.
- There is presence of **health centres, libraries, Boys and Girls Clubs, development trusts, community centres, and food banks in the area.**
- Additionally, there is feedback from parents regarding the **lack of opticians and dentists in Edwardsville,** as well as the **underutilisation of the Trelewis community centre.**
- Bedlinog is considered part of Treharris and Trelewis geographically, and there are differences in resources between the two areas.
- **Transport to the hospital is identified as a major issue, and there is a perceived South/North divide in Merthyr.**
- Bedlinog Primary School has a **separate community room available for use during school hours.** However, despite efforts to promote a project with local organisations, **no one attended the community room over a 7-week period.**
- **More symmetry between Treharris and Trelewis, Bedlinog on its own up the valley - not much relationship with other communities.**
- Health is looking at the area in general, hotspot.
- **Education and CFS a big factor, need to address this in the strategy, specific to Merthyr**
- Explore how schools can provide spaces for support.
- ASB issue in Treharris and Trelewis - Young people.

Local Data Review

This strategy was developed by HICO

WIMD ranking	997/1909
WIMD health ranking	679/1909
Disability benefit (DLA)	2.92%
Households with no car	17.23%
Social rented housing	12.67%
Private rented housing	11.94%
Providing 50+ hours of unpaid care a week	4.7%
Children providing unpaid care	1.49%
Population density	8.91
Unemployment benefit claims (JSA and Universal Credit)	2.44%
Travel time	Bedlinog > Merthyr town centre, 58 minutes by bus, 20 minutes by car.
Adult and Children services cases open	219

Services and Assets
- Nothing noted in Bedlinog. Comment in stakeholder analysis about primary school community room not be utilised - active and engaged issue?   - Rock Summit Centre located in old coal mine area - big facility (including health facilities) half way between Bedlinog and Trelewis.   - Trelewis Boys and Girls club,   - Fir Tree Community Centre located in Treharris (south of Trelewis)   - Qualkers Yard Community Centre.

This strategy was developed by HICO

Aberaman

Key driver: Active & Engaged	
31	WCAI ranking
30	WCRI ranking
50	WIMD ranking
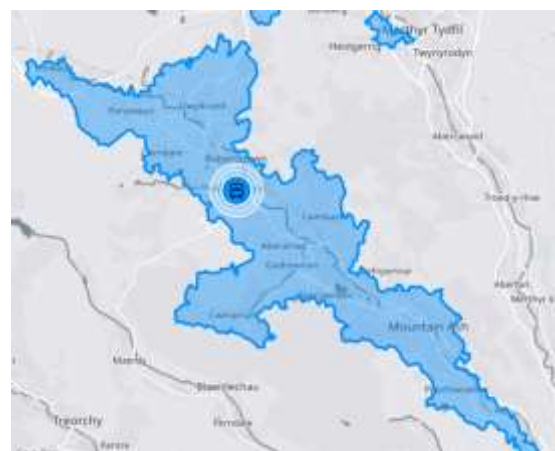
Recommendations	Potential assets to develop
• **Consider available assets to serve as spokes in outlying areas**	• To be confirmed

What stakeholders told us

- **High demand for social care services** in the area.
- The **community is close-knit**, with various groups and activities available, as well as **supportive councillors and active community groups** for individuals over 50 years old.
- However, there are **gaps in resident support,** particularly in terms of **shopping and at-home assistance** for those unable to leave their homes.
- The area also has several pubs, clubs, a Lidl store, and an industrial estate.
- There is **potential for redevelopment of the Abercwmboi Social Welfare Hall,** as CISWO is exploring its feasibility.
- Aberdare Library, located approximately 4.4 miles away, but a **recent resident survey indicates that people are willing to travel up to 6 miles**.
- Additionally, the Canolfan Pennar Hub is situated 2.8 miles away.
- **Very large area,** need to consider the whole valley.
- **Transport routes/times to and from Aberdare need to be explored.**
- **Mountain Ash has Canolfan Pennar which could be developed.**
- GP services, one in Mountain Ash, and hospital.

Local Data Review	
WIMD ranking	1046/1909
WIMD health ranking	435/1909
Disability benefit (DLA)	3.83%
Households with no car	26.6%

This strategy was developed by HICO

Social rented housing	14.29%
Private rented housing	18.05%
Providing 50+ hours of unpaid care a week	4.56%
Children providing unpaid care	0.71%
Population density	6
Unemployment benefit claims (JSA and Universal Credit)	4.01%
Travel time	Abercwmboi > Aberdare are 9 minutes by bus, 7 minutes by car. The train station is a 23-minute walk.
Adult and Children services cases open	321

Services and Assets
• No Hub types identified. However, a range of community centres, clubs and voluntary run services exist.
• Aman and Children Family Centre, operating could be further developed?
• Area link with Mountain Ash and Aberaman (Cynon Valley) through to Aberdare (2.5 miles away).
• Hub A/B Canolfan Pennar located in Mountain Ash.
• Hub E (Ysbyty Cwm Cynon) located further down the valley.

This strategy was developed by HICO

Beddau and Tyn-y-nant

	Key driver: Active & Engaged	
42	**WCAI ranking**	
102	**WCRI ranking**	
241	**WIMD ranking**	

Recommendations	Potential assets to develop
• **Consider satellite provision with peripatetic outreach services in the area**	• N/A

What stakeholders told us

- Various issues and challenges such as; **overcrowding, incidents of crime, and anti-social behaviour, as well as a difficult dynamic with neighbouring affluent areas.**
- Despite some affluent areas, there is also **poverty within Beddau**. **Transportation poses challenges**, and the community feeling is stronger compared to neighbouring areas, possibly due to widespread deprivation.
- **The cost of living impacts the community, particularly in terms of lack of food initiatives and anti-social behaviour.** Engagement from the community is needed, and there are active groups such as the community center, scouts hall, and library, but **better links are required to the Garth Olwg Lifelong Learning Centre Community Resource Hub.**

- Not compelling evidence for physical hub - this is a low priority area. This area would be better serviced by enhancing partnership arrangements outside a hub environment.

Local Data Review	
WIMD ranking	1566/1909
WIMD health ranking	851/1909
Disability benefit (DLA)	2.67%
Households with no car	15.15%

This strategy was developed by HICO

Social rented housing	13.21%
Private rented housing	11.78%
Providing 50+ hours of unpaid care a week	3.73%
Children providing unpaid care	0.75%
Population density	13.65
Unemployment benefit claims (JSA and Universal Credit)	2.47%
Travel time	Llantrisant reachable in 26 minutes by bus, 5 minutes by car.
Adult and Children services cases open	160

Services and Assets
• No Hub types identified. • Some services exist - library and a welfare hall. • Church village/Llantrisant are both 2.5 miles away.

This strategy was developed by HICO

Church Village West

	Key driver: Active & Engaged
40	WCAI ranking
129	WCRI ranking
400	WIMD ranking

Recommendations	Potential assets to develop
• **Consider satellite provision with peripatetic outreach services in the area**	• N/A

What stakeholders told us

- The area has a **high demand for home care, but its geography makes it difficult to manage**.
- The community **lacks coherence as people live in different localities** within the region. A hub could overcome this by fostering engagement across all partners.
- There is a **mix of affluence and poorer households, leading to varying needs. The Trivallis Housing Cae Fardre Estate experiences significant anti-social behavior and lacks community involvement.**
- The **Garth Olwg Lifelong Learning Centre presents opportunities for community engagement.**
- There is also a demand for additional childcare places, with Flying Start provision at Llantwit Fardre Leisure Centre. Including some areas of Tonteg ward in the catchment areas could benefit the overall health of the community.
- Not compelling evidence for physical hub - this is a low priority area. This area would be better serviced by enhancing partnership arrangements outside a hub environment.

Local Data Review	
WIMD ranking	1803/1909
WIMD health ranking	1621/1909
Disability benefit (DLA)	1.65%
Households with no car	6.68%

This strategy was developed by HICO

Social rented housing	1.79%
Private rented housing	8.94%
Providing 50+ hours of unpaid care a week	2.86%
Children providing unpaid care	0.24%
Population density	8.48
Unemployment benefit claims (JSA and Universal Credit)	1.42%
Travel time	Pontypridd accessible in 23 minutes by bus, 11 minutes by car. Llantrisant accessible in 31 minutes by bus, 11 minutes by car.
Adult and Children services cases open	121

Services and Assets
• No Hub types identified. • Need to include Church Village into MSOA boundary. • Just outside MSOA boundary there is a Leisure Centre and and lifelong learning centre (type A hub). • Community Centres exist in Toney and Beddau. • Scores low on the asset index (more affluent area - WIMD deprivation score of 400).

This strategy was developed by HICO

Ferndale and Maerdy

	Key driver: Connectedness
158	WCAI ranking
63	WCRI ranking
32	WIMD ranking

Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Yr Hwb – Ferndale Community Hub • Canolfan Maerdy

What stakeholders told us

- Ferndale and Maerdy are two communities within the same electoral ward but differ in terms of affluence. **Ferndale is more affluent** with a busy high street, community facilities, primary schools, recreational clubs, and a large outdoor park. **Maerdy has more social housing,** an industrial unit providing employment, a leisure center, and community facilities.
- They **desire localised services and resources.** There is interest in setting up a **microenterprise for care in the area. Yr Hwb Community Resilience Hub in Ferndale and Maerdy Community Centre have potential for further development** to provide health and social care services.
- Confirmed that hub provision makes sense for both Tylorstown and Ferndale & Maerdy. **Paramount to get insight on how people travel.** The feeling is that the hub would need to be in Maerdy but need to understand **how/if people would travel from Tylorstown/Ferndale.**
- Not much insight as to what already exists in terms of primary health set up and **need information on what the need is.** Suggestion is that there is **30-40% demand on mental health services**. We need to **understand the long-term health conditions** in the area too. **Children are asking for a physical hub that feels safe and is not school**.
- We need to make sure people have access to the absolute priorities. **It can't just be health and social, it needs to be an integrated approach.** In terms of linking to other services, the **social prescribing links to health and social care are better than they were in the past.**
- It's important to have options for people, not just physical or digital - we can't make assumptions and need to consider all options. A physical and digital service can't be

This strategy was developed by HICO

created separately, they have to be interlinked. Physical spaces allow for better integration. Physical spaces need to be set up to be a social and safe space.
- In terms of existing assets, **potential Maerdy community centre and the Arts Factory. Tylorstown welfare hall is huge and historically has been under-used.** A lot of the services that do exist are run by the third sector and are struggling - how do we build for sustainability and longevity?

Local Data Review	
WIMD ranking	1027/1909
WIMD health ranking	311/1909
Disability benefit (DLA)	5.01%
Households with no car	31.19%
Social rented housing	17.55%
Private rented housing	17.01%
Providing 50+ hours of unpaid care a week	5.5%
Children providing unpaid care	1.11%
Population density	4.28
Unemployment benefit claims (JSA and Universal Credit)	4.03%
Travel time	Porth accessible in 34 minutes by bus, 19 minutes by car. No rail service.
Adult and Children services cases open	169

Services and Assets
- Two hub type As in Ferndale and one hub type A in Maerdy.   - There is a library in Maerdy.

This strategy was developed by HICO

Hirwaun and Rhigos

Key driver: Connectedness	
99	WCAI ranking
68	WCRI ranking
61	WIMD ranking

Recommendations	Potential assets to develop
• **Consider opportunities for assets to serve as spokes from Cynon Linc**	• To be identified

What stakeholders told us

- The **rural geography and distance to other areas** make it **difficult for home care providers to operate**
- Competition from nearby retail employment options makes it **challenging to recruit staff**
- The community is **isolated**, with **limited transport links** and access to **affordable food shops for residents who don't drive**
- However, there is a **strong sense of community** and **active volunteer groups**
- The area is a priority for the **"Microenterprises for Care"** project, which aims to provide home care options for independent living
- The Penderyn Community Centre is undergoing investment to extend the building and childcare provision
- Residents are concerned about the impact of Hanson quarry activities on health and safety
- Penderyn and Rhigos are remote, t**hey are not part of Aberdare, which is difficult to access from the area**
- Library in Hirwaun, GP surgery in Penderyn. **Need to explore transport routes,** access to services from Hirwaun to Aberdare
- **Possible mobile service for more rural areas**

Local Data Review

WIMD access to services	921
WIMD health ranking	368/1909
Disability benefit (DLA)	4.1%

This strategy was developed by HICO

Households with no car	24.27% (30% in Hirwaun, 42% in Penywaun)
Social rented housing	23.99% (Penywaun 56%)
Private rented housing	10.28%
Providing 50+ hours of unpaid care a week	5.4%
Children providing unpaid care	1.21%
Population density	1.14 (persons per hectare)
Unemployment benefit claims (JSA and Universal Credit)	3.47%
Travel time	Hirwaun > Aberdare 17 minutes public transport, 11 minutes by car
Adult and Children services cases open	228
Services and Assets	

- 3 hub type As. Rhigos Community Hall, Hirwaun YMCA and Penywaun Community Centre- can any of these be developed?
- Penderyn has a community centre
- There is a small pocket of community assets in Hirwaun.

Mountain Ash

	Key driver: Connectednes
57	**WCAI ranking**
45	**WCRI ranking**
63	**WIMD ranking**

Recommendations	Potential assets to develop
• **Investment in assets to serve as spokes in outlying areas, alongside Canolfan Pennar**	• To be identified

What stakeholders told us

- Several community buildings in the area, **including the Hub, Doctors Surgery, and Citizens Advice.**
- The **transportation links in the valley are good, and extend beyond the local area down to Cardiff.**
- There are active groups established, but there are **gaps in support for people who are unable to leave their homes, such as shopping and at-home support.** The demand for social care services in this area is consistently high.
- There is a **reliance on one GP in the area**, and sometimes people are sent to other locations that may not be easily accessible.
- The **current hub model is working well,** and there are plans to strengthen the links to health services to **establish an Integrated Health and Social Care (IH&SC) Hub.**
- Many **community groups collaborate to provide support to the** communities of Mountain Ash and Penrhiwceiber, as these groups serve as a lifeline for the residents.
- **Very large area** including Aberaman and Penrhiw-ceibr.
- **Transport routes/times to and from Aberdare need to be explored.**
- **Mountain Ash has Canolfan Pennar which could be developed.**
- GP services, one in Mountain Ash, and hospital.

This strategy was developed by HICO

Local Data Review	
WIMD ranking	816/1909
WIMD health ranking	447/1909
Disability benefit (DLA)	3.39%
Households with no car	26.63%
Social rented housing	15.44%
Private rented housing	15.74%
Providing 50+ hours of unpaid care a week	4.6%
Children providing unpaid care	0.63%
Population density	6.29
Unemployment benefit claims (JSA and Universal Credit)	3.69%
Travel time	-
Adult and Children services cases open	226

Services and Assets
• Mountain Ash hub, Canolfan Pennar - described as a Hub A - could this be developed? • Mountain Ash YMCA was listed as closed, this asset could be explored • Citizens Advice RCT located near town centre. Ysbyty Cwm Cynon located 1 mile away from the town centre. • Area link with Penrhiwceiber and Aberaman (Cynon Valley) through to Aberdare (4 miles away).

This strategy was developed by HICO

Penrhiwceibr

	Key driver: Active & Engaged
7	**WCAI ranking**
9	**WCRI ranking**
23	**WIMD ranking**

• **Investment in assets to serve as spokes in outlying areas, alongside Canolfan Pennar**	• To be identified

What stakeholders told us

- Lots of **social housing, some located on the side of a mountain**.
- There is anecdotal information suggesting that residents are **reluctant to travel for activities** across the estate.
- Active communities in **Lee Gardens Pool and Penrhiwceiber Welcome Centre**, with many volunteers engaged at both sites.
- **ASD Rainbows is now located in Perthcelyn Community Centre**, which is close to Perthceyn Training Centre and the former Flying Start Centre.
- **Good train and bus links are available**. Local people tend to prefer accessing care services in their local area.
- There is **high demand for social care services in this area**, which is located 1 mile from the Mountain Ash Hub.
- The support needs in Penrhiw-ceibr include at-home support and shopping assistance.
- The community is lively and busy, with strong **community groups that collaborate and support each other** across areas.
- **It's a very large area** including Aberaman and Penrhiw-ceibr. **Transport routes/times to and from Aberdare need to be explored. Mountain Ash has Canolfan Pennar which could be developed.**
- GP services, one in Mountain Ash, and hospital.

Local Data Review

WIMD ranking	725

This strategy was developed by HICO

WIMD health ranking	207/1909
Disability benefit (DLA)	3.87%
Households with no car	31%
Social rented housing	16.22%
Private rented housing	21.49%
Providing 50+ hours of unpaid care a week	5.15%
Children providing unpaid care	0.94%
Population density	28.24
Unemployment benefit claims (JSA and Universal Credit)	4.02%
Travel time	Abercynon accessible in 24 minutes by bus, 9 minutes by car. The train station is a 20-minute walk.
Adult and Children services cases open	175

Services and Assets
• Community assets - Lee gardens paddling pool, Perthcelyn Community Centre. • Area link with Mountain Ash and Aberaman (Cynon Valley) through to Aberdare (5.5 miles away). • Hub A/B Canolfan Pennar located in Mountain Ash. • Hub E (Ysbyty Cwm Cynon) located further up the valley, Train station.

This strategy was developed by HICO

Porth East and Ynys-hir

Key driver: Connectedness	
98	**WCAI ranking**
111	**WCRI ranking**
119	**WIMD ranking**
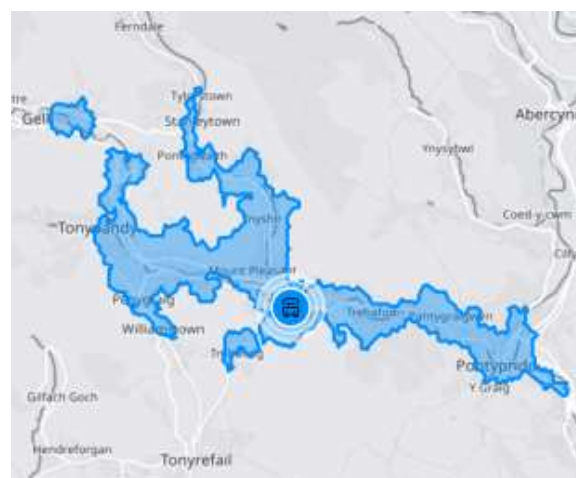
Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Porth Plaza

What stakeholders told us

- **Some communities with poorer health scores are excluded from the catchment area.** Ynyshir 2 has a rich high street with diverse offerings, including an art gallery and music organ museum. Both Ynyshir 1 and Ynyshir 2 have outdoor spaces such as parks and walking routes. **Ynyshir 2 has a higher percentage of homeowners compared to Ynyshir 1, which consists mostly of social housing.** Ynyshir 2 has a primary school and a doctor's surgery, while Ynyshir 1 has a community center. There are several **community/voluntary groups operating in the area. Ynyshir 2 is well- connected by bus and train links, while Ynyshir 1 has a specific bus route.**
- The sense of **community is strong in both areas**, but Ynyshir 1 has a stronger core in the lower half of the village.
- Additional services located locally would benefit all communities on the board. **Engagement with the community is challenging but has been supported by Neighbourhood Networks.**
- Sujggested that hub provision for this area should also serve **Ystrad and Llwynypia and Tonypandy West and Clydach Vale.**
- **Porth is a potential centre for the wider area** - although could equally be in Tonypandy. People come to Porth town centre for shopping at the large Morrisons. There is a job centre in Porth and the town is a transport hub. **Car parking is an issue but Pop Factory and Porth Plaza provide level A hubs which could be built upon.**
- Sense that this and the linked areas should have a **hub bringing together universal/ preventative services including information, advice, employment support, with more specialised health and care provision.**
- Needs shared reception that provides triage and referral to other services, **possibly staffed by CVC which would also provide way into community support.** Opportunity

This strategy was developed by HICO

to extend digital support (building on 'Digital Fridays' to help people access services virtually alongside physical provision.

Local Data Review	
WIMD ranking	943/1909
WIMD health ranking	566/1909
Disability benefit (DLA)	3.28%
Households with no car	26.17%
Social rented housing	7.91%
Private rented housing	19.2%
Providing 50+ hours of unpaid care a week	3.83%
Children providing unpaid care	1.28%
Population density	9.33
Unemployment benefit claims (JSA and Universal Credit)	2.53%
Travel time	Wattstown > Pontypridd, 39 minutes by bus, 15 minutes by car. Wattstown > Porth, 22 minutes by bus, 7 minutes by car.
Adult and Children services cases open	262

Services and Assets
• Pop Factory and Porth Plaza identified as Hub Types As (is there scope for development)?
• No hubs identified in Ynyshir currently, there is a library and a community hub.
• In Wattstown there is a social welfare centre and community centre.

This strategy was developed by HICO

Tonypandy West and Clydach Vale

	Key driver: Connectedness
127	WCAI ranking
85	WCRI ranking
62	WIMD ranking
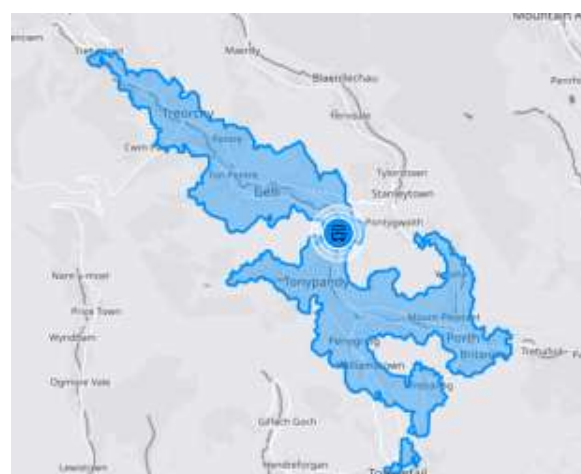
Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Porth Plaza

What stakeholders told us

- There is frustration over the current setup of the **community centre,** with **unclear opening times and services.** The area lacks a central hub that can effectively reach the residents due to its **hilly geography, making transportation and walking difficult.**
- However, there are **active community groups** and a busy high street in Tonypandy, along with **plans for the development of the Big Shed by RHA Wales.**
- Clydach Vale, although **an isolated community on a hill, has a strong community spirit and features a community centre and local group activities.**
- Opportunities can be explored with RHA Wales and Cambrian Village Trust to address the challenges and improve connections across all services for collaboration and community engagement.
- Confirmed that hub provision for this area **should also serve Porth East and Ynyshir and Ystrad and Llwynypia.** There is also a big Asda which brings people into the area.
- **Possible location of hub in Tonypandy - it is a natural centre with empty buildings** in precinct and proposed developments by RHA (including Big Shed).
- **Clydach Vale has vacated RCTCBC HQ property which could have development** - people are drawn to the area by green attractions including Cwm Clydach Countryside Park. However, this is more to do with leisure than other needs and Clydach Vale is a bit 'out on a limb'.
- Sense that this and the linked areas should have **a hub bringing together universal/ preventative services including information, advice, employment support, with more specialised health and care provision.** Needs shared reception that provides triage and referral to other services, **possibly staffed by CVC which would also provide way into community support.** Opportunity to extend digital support (building on 'Digital Fridays' to help people access services virtually alongside physical provision.

This strategy was developed by HICO

Local Data Review	
WIMD ranking	1202/1909
WIMD health ranking	480/1909
Disability benefit (DLA)	3.75%
Households with no car	25.65%
Social rented housing	5.68%
Private rented housing	23.43%
Providing 50+ hours of unpaid care a week	4.7%
Children providing unpaid care	0.34%
Population density	7.94
Unemployment benefit claims (JSA and Universal Credit)	3.8%
Travel time	Tonypandy > Porth, 6 minutes by train 7 minutes by car. Clydach Vale > Porth, 25 minutes by bus, 22 minutes by car.
Adult and Children services cases open	186

| Services and Assets |
| --- |
| • Two hub type As identified, one in Tonypandy and one near Blaen Clydach.
• One hub identified as in development in Tonypandy (The Big Shed/RHA Wales).
• There is a community centre in Blaen Clydach and a couple of community assets in Tonypandy.
• There is nothing further west in the MSOA. |

This strategy was developed by HICO

Treherbert

	Key driver: Connectedness	
2	WCAI ranking	
4	WCRI ranking	
29	WIMD ranking	
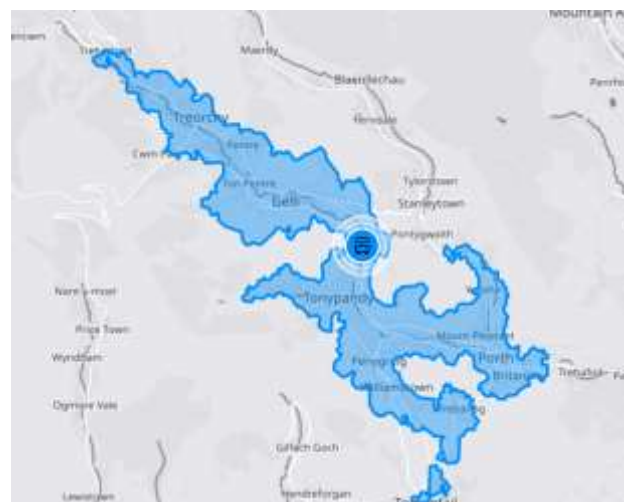
Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Arts Surgery • Other suitable assets to be identified

What stakeholders told us

- Various facilities and organizations in the area, such as the **Old Library, Treherbert Community Education Centre, Valleys Kids @ Penyrenglyn Hub, and Welcome to Our Woods**.
- The community is looking to develop the former **education center into a net zero skills center**. They currently offer a **range of well-being activities** in the Cwm Saebren woodland and engage in social prescribing activities.
- The area has **good transport links, including a train station**, and is surrounded by amenities like GP surgeries, pharmacies, schools, parks, and shops.
- There is a **strong sense of community spirit, but there is a need for more services for the elderly and young people.**
- The overall potential for **hub development in the Rhondda Fawr area** is being explored.
- Treherbert makes sense in terms of an area, but it is important for the **areas in the north of the MSOA to be considered for the hub. In general, people travel down not up.** There is a lot more on offer in Treorchy so Treherbert North can't be neglected. There are lots of assets that are at risk - Boys club, Valley Kids, Welcome to our woods.
- **The train station is open but public transport in general (trains and buses) are unaffordable for low-income households.** Have to be **considerate of mobility problems when thinking about access.** Need to think of sloped inclines and declines, location is really important.
- In terms of what should be provided - **employability is a massive issue and has increased.** Huge demand on Mental Health services too but this would require more public health data.
- **Arts Surgery potentially could be used** but there isn't much that feels like it could be used - the **Treherbert boys club is an underdeveloped space and is next to the train**

station. Feels like Treherbert High Street would be the ideal place to have something.

Local Data Review	
WIMD ranking	947/1909
WIMD health ranking	327/1909
Disability benefit (DLA)	3.53%
Households with no car	31.35%
Social rented housing	14.43%
Private rented housing	17.25%
Providing 50+ hours of unpaid care a week	4.8%
Children providing unpaid care	0.65%
Population density	2.74
Unemployment benefit claims (JSA and Universal Credit)	6.25%
Travel time	Treorchy reachable in 5 minutes by train and 6 minutes by car.
Adult and Children services cases open	184

Services and Assets
• One community centre, no identified hubs - nearest (type A)in Treorchy. • A number of other community assets, but not listed as potential sites. • Train station recently reopened.

This strategy was developed by HICO

Tylorstown

		Key driver: Connectedness
	104	WCAI ranking
	33	WCRI ranking
	19	WIMD ranking
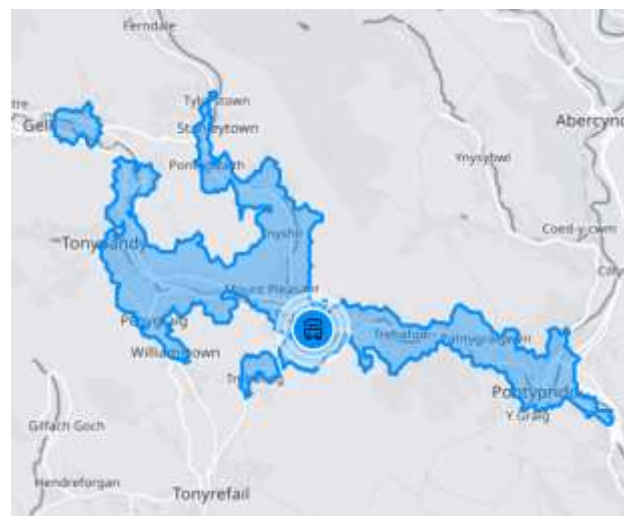
Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Porth Plaza

What stakeholders told us

- It consists of three areas: Tylorstown 1 (Penrhys), Tylorstown 2 (including Pontygwaith and Stanleytown), and Tylorstown 3 (the main village). The community faces **housing issues and has a high percentage of private rentals and social housing**. There are **several community/voluntary groups**, including sports clubs, churches, and welfare halls.
- **Access to services and appointments is challenging due to limited transport links and low income.** Additional services and support would greatly benefit the community.
- Confirmed that hub provision makes sense for both Tylorstown and Ferndale & Maerdy. **Paramount to get insight on how people travel.** The feeling is that the hub would need to be in Maerdy but need to understand **how/if people would travel from Tylorstown/Ferndale.**
- Not much insight as to what already exists in terms of primary health set up and **need information on what the need is.** Suggestion is that there is **30-40% demand on mental health services**. We need to **understand the long-term health conditions** in the area too. **Children are asking for a physical hub that feels safe and is not school**.
- We need to make sure people have access to the absolute priorities. **It can't just be health and social, it needs to be an integrated approach.** In terms of linking to other services, the **social prescribing links to health and social care are better than they were in the past.**
- It's important to have options for people, not just physical or digital - we can't make assumptions and need to consider all options. A physical and digital service can't be created separately, they have to be interlinked. Physical spaces allow for better integration. Physical spaces need to be set up to be a social and safe space.

This strategy was developed by HICO

- In terms of existing assets, **potential Maerdy community centre and the Arts Factory. Tylorstown welfare hall is huge and historically has been under-used.** A lot of the services that do exist are run by the third sector and are struggling - how do we build for sustainability and longevity?

Local Data Review	
WIMD ranking	881/1909
WIMD health ranking	246/1909
Disability benefit (DLA)	4.07%
Households with no car	29.89%
Social rented housing	12.11%
Private rented housing	26.05%
Providing 50+ hours of unpaid care a week	4.93%
Children providing unpaid care	0.78%
Population density	8.66
Unemployment benefit claims (JSA and Universal Credit)	4.37%
Travel time	Tylorstown > Porth, 20 minutes by bus, 10 minutes by car. Penrhys > Porth, 30 minutes by bus, 10 minutes by car.
Adult and Children services cases open	126

Services and Assets

- One hub type A in Tylorstown.
- One children and family centre near Penrhys and a community centre near Pontygwaith.
- Other community assets are mainly religious buildings.

This strategy was developed by HICO

Ystrad and Llwynypia

Key driver: Connectedness	
69	WCAI ranking
36	WCRI ranking
39	WIMD ranking
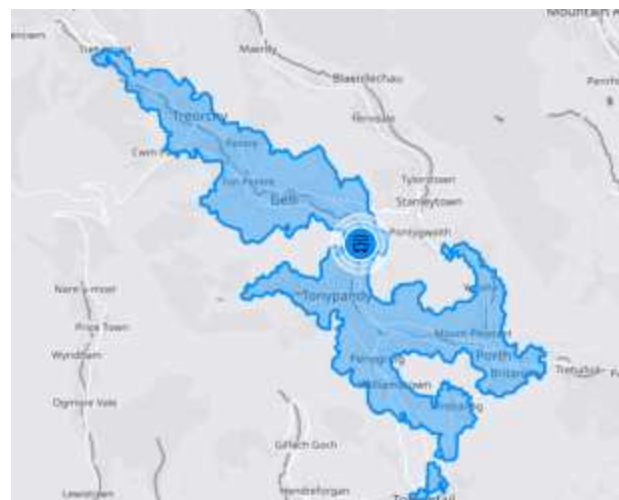
Recommendations	Potential assets to develop
• **Assess the feasibility of development options and develop business case**	• Sports Academy • Leisure Centre

What stakeholders told us

- Relatively **high levels of deprivation but good transport links**. The community is fairly small and has existing facilities such as a day centre, leisure centre, hospital, and residential care facilities. There is also a college campus with community buildings, a cafe, hair salon, and restaurant, all located close to train and bus links.
- **The Old Magistrates Court Building has been repurposed for commercial and social enterprise activity.** Other key buildings in the area include the Glyncornel Environmental Centre and Miskin Project. **The Big Asda supermarket on the main bus/car/train link attracts shoppers who are likely to access services nearby.**
- **Residents from the Penrhys Estate are more likely to travel to Porth for services, although Ystrad is the nearest train link.** The Flying Start building on the Penrhys estate is primarily used by residents of the estate.
- The RCT Together CDT has reviewed community buildings for further capital development, but not all buildings are included in the review.
- **Suggested that a hub is not located in this MSOA - would work better in one of the neighbouring areas in Porth or Tonypandy.** However, **Rhondda Sports Centre** is a flagship with other services working out of it and **empty cafe space could be used for another purpose.**
- **Miskin Project provides range of services to young people.**
- This and the linked areas should have a **hub bringing together universal/preventative services including information, advice, employment support, with more specialised health and care provision.**
- **Needs shared reception that provides triage and referral to other services, possibly staffed by CVC which would also provide way into community support.**

This strategy was developed by HICO

- Opportunity to extend digital support (building on 'Digital Fridays' to help people access services virtually alongside physical provision.

Local Data Review	
WIMD ranking	1090/1909
WIMD health ranking	366/1909
Disability benefit (DLA)	4.06%
Households with no car	26.82%
Social rented housing	13.75%
Private rented housing	18.13%
Providing 50+ hours of unpaid care a week	4.69%
Children providing unpaid care	0.71%
Population density	8.9
Unemployment benefit claims (JSA and Universal Credit)	4.13%
Travel time	Pontypridd accessible in 40 minutes by public transport, 18 minutes by car.
Adult and Children services cases open	306

Services and Assets
- No hub types identified.
- Limited assets exist (currently various religious buildings, some sports clubs and childrens clubs)

This strategy was developed by HICO