

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

**Thursday, 24 September 2026 at 1.00 pm
Room 2&3 - County Hall, New Road, Oxford OX1 1ND**

If you wish to view proceedings online, please click on this [Live Stream Link](#).



Martin Reeves OBE
Chief Executive

September 2026

Contact Officer: **Democratic Services**
Email: committees.democraticservices@oxfordshire.gov.uk

Membership

Chair – Cllr Tim Bearder (Leader, Oxfordshire County Council)

Vice Chair – Sir Andrew Morris OBE (Chair, Oxford University Hospitals NHS Foundation Trust)

Board Members:

Ansaf Azhar	Director of Public Health & Communities, Oxfordshire County Council
Councillor Tim Bearder	Cabinet Member for Adults, Oxfordshire County Council
Michelle Brennan	GP Representative
Councillor Rachel Crouch	West Oxfordshire District Council
Councillor Lisa Smith	Cherwell District Council
Councillor Georgina Heritage	South Oxfordshire District Council
Karen Fuller	Director of Adult Social Care, Oxfordshire County Council
Councillor Sean Gaul	Cabinet Member for Children and Young People, Oxfordshire County Council
Caroline Green	Chief Executive, Oxford City Council (District Representative)
Councillor Kate Gregory	Cabinet Member for Public Health and Inequalities, Oxfordshire County Council
Lisa Lyons	Director of Children's Services, Oxfordshire County Council
Michael Holland	Chief Executive, Oxford Health NHS Foundation Trust
Councillor Bethia Thomas	Vale of White Horse District Council
David Radbourne	Regional Director Strategy and Transformation, NHS England

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Councillor Mark Lygo	Oxford City Council
Barbara Shaw	Chair, Healthwatch Oxfordshire
Matthew Tait	Chief Delivery Officer, BOB ICB

Notes:• *Date of next meeting: 10 December 2026*

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. **Welcome by Chair**
2. **Apologies for Absence and Temporary Appointments**
3. **Declarations of Interest - see guidance note below**
4. **Petitions and Public Address**

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting (ie Monday 21 September 2026)

Requests should be submitted to omid.nouri@oxfordshire.gov.uk AND committeesdemocraticservices@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet."

5. **Note of Decisions of Last Meeting (Pages 9 - 24)**

To **APPROVE** the Note of Decisions of the meeting held on 9 July 2026 and to receive information arising from them.

6. **Joint Strategic Needs Assessment Update (Pages 25 - 32)**

The Health and Wellbeing Board is **RECOMMENDED** to:

1. **APPROVE** the proposed move from an annual comprehensive refresh model to a staggered thematic delivery model for the JSNA, aligned to Health and Wellbeing Board priorities and reporting cycles.
2. **APPROVE** the development and maintenance of a JSNA forward plan to guide future thematic updates and broader strategic assessments.
3. **NOTE** the continuing role of the JSNA Steering Group in supporting prioritisation, governance and future delivery of JSNA outputs.

4. **APPROVE** the proposed outputs and delivery timetable set out in this report.

7. **Health and Wellbeing Strategy Indicator Review (Pages 33 - 48)**

The Oxfordshire Health and Wellbeing Board is **RECOMMENDED** to:

1. **CONTINUE** the process of a rotating quarterly update to the Oxfordshire Health and Wellbeing Board on the progress of the Oxfordshire Health and Wellbeing (H&WB) strategic priorities by theme: Start Well, Live Well, Age Well and Building Blocks of health.
2. **APPROVE** a revised core set of 39 Health and Wellbeing (H&WB) outcomes metrics aligned with Marmot principles, as set out in Annex 2, updated to accompany quarterly thematic progress reports, with metrics available online in an easily accessible form.

8. **Best Start Family Hubs Update (Pages 49 - 86)**

The Health and Wellbeing Board is **RECOMMENDED** to:

1. **NOTE** the strategic direction of travel and updates for Best Start Family Hubs in Oxfordshire.

9. **Oxfordshire Marmot Place - Rural Inequalities report (Pages 87 - 312)**

The Health and Wellbeing Board is **RECOMMENDED** to:

1. **NOTE** the findings of the Oxfordshire Rural Areas Data Pack and the “Health and wellbeing in rural towns and villages in Oxfordshire” report, and their alignment with the Board’s prevention and inequalities priorities.
2. **SUPPORT** dissemination of both reports and encourage partners to work with rural communities to develop locally-led responses, building on existing community assets.
3. **USE** the quantitative data and community insight to inform system-wide place-based planning, including the development of neighbourhood approaches, with particular attention to transport and connectivity, access to health and care, young people, housing and infrastructure, and the sustainability of community and voluntary action.

10. **Report from Healthwatch Oxfordshire (Pages 313 - 320)**

To receive and **NOTE** the Healthwatch Oxfordshire Report on patient views and experiences of Oxfordshire health and care services.

11. Reports from Partnership Boards

To receive updates from Partnership Boards:

1. Place-Based Partnership (Verbal Update)
2. Health Improvement Board (Verbal Update)
3. Children's Trust Board (Verbal Update)

12. Forward Work Plan (Pages 321 - 322)

The Board is asked to **NOTE** the forward work programme.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registrable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 9 July 2026 commencing at 1.00 pm and finishing at 3.50 pm

Present:

Board Members:

Councillor Sean Gaul (In the Chair)
Councillor Rebekah Fletcher
Michelle Brennan
Councillor Kate Gregory
Ansaf Azhar
Karen Fuller
District Councillor Georgina Heritage
Barbara Shaw

**Other Members in
Attendance:**

District Councillor Rachel Crouch
District Councillor Bethia Thomas
District Councillor Rob Pattenden
Grant Macdonald

**officers in
Attendance:**

- Chris Wright (Thames Valley ICB Associate Director for Oxfordshire Place)
- Bhavna Taank (Head of Joint Commissioning-Live Well).
- Derek Gravett-Smith (Strategic Commissioner – Live Well).
- Dee Nic-Sitric (CEO, Autism Champions).
- Kate Holburn (Deputy Director of Public Health, Oxfordshire County Council).
- Jessica Allen (Institute of Health Equity)
- Richard Smith (Head of Housing, Cherwell District Council).
- Grace Hinde (Oxfordshire Countywide Homelessness Partnership Manager).

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Democratic Services (Email: committees.democraticservices@oxfordshire.gov.uk)

	ACTION
203 Welcome by Chair (Agenda No. 1)	
In view of the fact Cllr Tim Bearder, the Chair, had sent apologies and the absence of a vice-Chair, the Board AGREED to appoint Cllr Sean Gaul as temporary Chair for the meeting. Upon being elected Chair, Cllr Sean Gaul made the following statements to the Board: ➤ The HWB did not currently have a vice-chair. Oxford University Hospitals NHS Foundation Trust (OUH) had just recruited a new Chair who was in the process of being on-boarded at the Trust. They would ultimately become the new vice-chair of the HWB by the next meeting in September 2026. ➤ The All-Age Autism Strategy had now come to this meeting for full and final sign off. The delays were partly to allow the strategy to be discussed at the Oxfordshire Joint Health Overview Scrutiny Committee (HOSC) prior to its formal sign off by the HWB. ➤ There was a Neighbourhood Health Plan item at this meeting, although this would again be for the HWB to note the ongoing work to develop the plan, as opposed to signing off a final version of the plan. The Board NOTED the Chair's introduction.	
204 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Cllr Lisa Smith, with Cllr Rob Pattenden substituting. Apologies were also received from Lisa Lyons. Apologies were received by Cllr Tim Bearder.	
205 Declarations of Interest - see guidance note below	

(Agenda No. 3)	
None were made.	
206 Petitions and Public Address (Agenda No. 4)	
There were no registered speakers.	
207 Note of Decisions of Last Meeting (Agenda No. 5)	
The minutes/Note of Decisions of the meeting held on 14 May 2026 were APPROVED as an accurate record.	
208 All-Age Autism Strategy (Agenda No. 6)	
Karen Fuller (Director of Adult Social Care); Bhavna Taank (Head of Joint Commissioning – Live Well); Derek Gravett-Smith (Strategic Commissioner – Live Well); and Dee Nic-Sitric (Chief Executive of Autism Champions) presented the All-Age Autism Strategy. The Head of Joint Commissioning – Live Well explained that the strategy had been developed through a substantial programme of engagement and co-production involving autistic people, their families, carers, community organisations, education providers, health services, social care services and wider stakeholders. Autism touched many aspects of an individual’s life and that the strategy had therefore deliberately adopted a whole-system approach rather than focusing solely on health and care services. The intention was to ensure that all organisations across Oxfordshire understood their role in improving outcomes for autistic people and creating environments in which they could thrive. The Board heard that autistic people continued to experience poorer outcomes than the wider population across a range of measures. The strategy recognised challenges relating to access to appropriate support, barriers to education and employment, difficulties in obtaining suitable housing, inequalities in physical and mental health outcomes, and inconsistent experiences when accessing public services. Members were advised that whilst significant work had been undertaken across Oxfordshire in recent years, feedback from autistic people had demonstrated that many of these challenges remained prevalent and required a	

coordinated, long-term response.

The Strategic Commissioner – Live Well outlined the principal themes emerging from the consultation and co-production process. Autistic people and their families had consistently highlighted the need for services to become more accessible, flexible and responsive. Stakeholders had also stressed the importance of increasing understanding of autism across society, improving transitions between services, strengthening support during adulthood, and ensuring that autistic people were meaningfully involved in decisions which affected them. The strategy sought to establish a clear framework for addressing these issues over the next five years whilst retaining sufficient flexibility to respond to emerging challenges and opportunities.

The Chief Executive of Autism Champions provided an expert-by-experience perspective on the strategy, describing the significance of the co-production process and welcomed the extent to which autistic people had been involved in shaping the final document. Autistic people often faced challenges not because of their autism itself, but because systems and environments had not been designed with sufficient understanding of neurodiversity. Many autistic people encountered unnecessary barriers when accessing healthcare, education, housing and employment, and that these barriers could have profound consequences for wellbeing, independence and quality of life.

Board members discussed education and learning, noting the importance of ensuring that autistic children and young people received appropriate support as early as possible. It was recognised that positive experiences during childhood could significantly influence long-term outcomes in adulthood.

Discussion took place regarding the importance of early identification, transitions between educational settings, and ensuring that educational environments were appropriately equipped to support neurodiverse learners. Members emphasised the value of partnership working between schools, health services and local authorities in improving outcomes for autistic children and young people.

The Board also explored issues relating to employment. Members recognised that many autistic people possessed significant skills and talents which were not always utilised effectively due to barriers within recruitment practices and workplace environments. Discussion centred upon the importance of employer awareness, reasonable adjustments and creating inclusive workplaces that enabled autistic people to participate fully in employment.

The Director of Adult Social Care welcomed the strategy and

highlighted the importance of maintaining strong connections between autism services, adult social care services and wider community support. There was a need for continued partnership working to ensure that autistic adults were supported to remain independent, connected to their communities and able to access the services they required at the right time. Members further discussed the importance of increasing public understanding of autism. It was acknowledged that whilst awareness had improved in recent years, many autistic people continued to report experiences of misunderstanding, stigma and exclusion. Questions were raised regarding implementation, governance and accountability arrangements. In response, officers explained that delivery of the strategy would be overseen through existing partnership structures, including the Oxfordshire Autism Partnership Board. Members were advised that the accompanying action plan would provide greater detail regarding specific actions, timescales and responsibilities, and that continued involvement of autistic people and carers would remain central to the implementation process. The Board RESOLVED to: 1. ENDORSE the Oxfordshire All-Age Autism Strategy 2026-2031, approve its publication and implementation, and agree the contents and principles set out in the strategy. (found in Annex 1 of the report for this item) 2. NOTE that Local Government Reorganisation (LGR) may affect delivery of the Oxfordshire All-Age Autism Strategy 2026-2031 by changing system-wide governance, leadership and funding arrangements. While this may cause delays, it also provides an opportunity to strengthen partnership working and improve service alignment.	
209 Marmot Update (Agenda No. 7)	
Kate Holburn (Deputy Director of Public Health) and Jessica Allen (Deputy Director- Institute of Health Equity) presented the Marmot update. Members were reminded that Oxfordshire had formally adopted the Marmot Place approach as a framework for addressing health inequalities and improving population wellbeing through action on the wider determinants of health. The Deputy Director explained that the Marmot approach recognised that health outcomes were influenced by a broad range of social, economic and environmental factors, including housing,	

education, employment, income, transport, community resilience and access to services. Accordingly, the programme required a coordinated, whole-system response involving organisations across the public, voluntary and community sectors.

The Deputy Director of Public Health explained that significant progress had been made since Oxfordshire adopted the Marmot Place framework. Work had focused on embedding Marmot principles across existing programmes and partnerships, whilst also strengthening the evidence base relating to health inequalities within the county. Although Oxfordshire was often perceived as a relatively affluent county, county-wide averages masked significant inequalities experienced by particular communities and neighbourhoods. A central ambition of the programme was therefore to improve understanding of these inequalities and ensure that policy and service delivery were informed by a more comprehensive appreciation of residents' lived experiences.

Members were informed that extensive engagement activity had been undertaken with communities across Oxfordshire. Over 700 residents had participated in engagement exercises designed to capture lived experience and improve understanding of the issues that mattered most to local communities. This engagement had included both urban and rural communities and had sought to reach residents who were often underrepresented in traditional consultation processes. The findings had highlighted a range of recurring themes, including concerns regarding access to services, cost-of-living pressures, housing quality, transport connectivity, social isolation and employment opportunities.

One of the most significant findings from the engagement programme had been the variation in experiences across different parts of Oxfordshire. Whilst some challenges were common across the county, it was apparent that communities experienced these issues in different ways depending upon local circumstances. Rural communities frequently highlighted concerns relating to transport, access to services and social isolation, whilst urban communities often raised issues associated with housing affordability, deprivation and the pressures associated with rapidly growing populations. The Marmot Place programme therefore sought to ensure that action was tailored to local circumstances rather than relying upon a single county-wide approach.

The Board heard that considerable work had also taken place to align the Marmot Place programme with other major strategic initiatives across the county. The Deputy Director of Public Health explained that Marmot principles were increasingly influencing the development of the Health and Wellbeing Strategy, the Better

Care Fund, neighbourhood health planning work and broader partnership activity. Particular emphasis was being placed on prevention, early intervention and reducing inequalities, ensuring that these themes became embedded within the design and delivery of services. Barbara Shaw welcomed the emphasis on lived experience and emphasised the importance of ensuring that engagement became an ongoing feature of the programme, and that communities remained actively involved in shaping priorities and influencing action. The Board RESOLVED to: 1. NOTE the progress made in embedding the Marmot approach, using the 8 Marmot principles as a framework for understanding inequalities, and strengthening system-wide action on health inequalities in Oxfordshire. 2. NOTE the next phase of delivery, focused on converting insight and deep-dive recommendations into agreed actions, clear ownership and measurable outcomes. 3. AGREE that Marmot related equity measures should be embedded within the refreshed Health and Wellbeing Strategy outcomes framework to strengthen oversight and accountability.	
210 Neighbourhood Health Plan Update (verbal) (Agenda No. 8)	
Michelle Brennan (Oxfordshire GP representative) presented the Oxfordshire Neighbourhood Health Plan update. Neighbourhood health formed a central component of the wider transformation taking place across the health and care system. The overarching ambition was to move from a predominantly reactive model focused on responding to ill health towards a more preventative, proactive and community-oriented approach that addressed the needs of local populations at a neighbourhood level. The Board heard that significant progress had been made in defining neighbourhood footprints across Oxfordshire and in identifying the local partnerships that would support neighbourhood working. Members were advised that these footprints had been developed through collaboration between local authorities, primary care, NHS providers, voluntary and community organisations and other partners. The intention was to establish neighbourhoods which reflected local communities and population needs whilst remaining of a scale that would support meaningful collaboration and service integration.	

The Thames Valley Integrated Care Board's (ICB) Associate Director of Oxfordshire Place outlined the broader national context within which the work was being undertaken. Neighbourhood health had become an increasingly significant feature of national health policy, with growing recognition that many of the challenges facing health and care systems could not be addressed solely through acute hospital services. Greater emphasis was now being placed upon prevention, population health management, integration and community resilience. Members were informed that recent engagement with national programme representatives had provided positive feedback regarding Oxfordshire's progress in developing neighbourhood arrangements. Particular recognition had been given to the work undertaken to define neighbourhood geographies and to connect neighbourhood development with other major programmes focused on prevention, reducing inequalities and addressing the wider determinants of health. It was acknowledged, however, that significant work remained to translate strategic ambitions into operational delivery. Ansaf Azhar highlighted the strong relationship between neighbourhood health and Oxfordshire's wider Marmot Place ambitions. neighbourhoods offered an important mechanism through which partners could better understand local populations and address inequalities in a more targeted way. By bringing together intelligence, community insight and local relationships, neighbourhood approaches could support more effective identification of need and enable services to intervene earlier before problems became more complex and costly. The discussion focused on the development of Integrated Neighbourhood Teams, which were described as a key delivery mechanism within the emerging model. These teams would bring together professionals from across health, social care, primary care, community services, mental health services and the voluntary and community sector to work collaboratively around the needs of local populations. The objective would be to reduce fragmentation between services, improve coordination of support and facilitate earlier intervention. The discussion also considered the importance of ensuring that neighbourhood health arrangements reflected the diversity of Oxfordshire's communities. Members noted that urban and rural areas faced different challenges and that neighbourhood approaches would need sufficient flexibility to respond to differing local circumstances. Particular reference was made to the importance of maintaining strong links with community organisations and ensuring that neighbourhood arrangements	
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were informed by local knowledge and lived experience rather than solely by organisational priorities. It was also emphasised that children, young people and families should be fully integrated into neighbourhood arrangements. Neighbourhood working often focused on adult health and social care services, and there was a need for a whole-family approach that recognised the interconnected nature of children's services, education, public health and wider family support. Neighbourhood structures could provide important opportunities for earlier intervention and improved outcomes for children and young people if designed appropriately. The Board RESOLVED to: 1. NOTE the progress made in embedding the Marmot approach, using the 8 Marmot principles as a framework for understanding inequalities, and strengthening system-wide action on health inequalities in Oxfordshire. 2. NOTE the next phase of delivery, focused on converting insight and deep-dive recommendations into agreed actions, clear ownership and measurable outcomes. 3. AGREE that Marmot-related equity measures should be embedded within the refreshed Health and Wellbeing Strategy outcomes framework to strengthen oversight and accountability.	
211 Prevention of Homelessness Directors Group Update (Agenda No. 9)	
Richard Smith (Head of Housing, Cherwell District Council) and Grace Hinde (Oxfordshire Countywide Homelessness Partnership Manager) presented the Prevention of Homelessness Director's Group Update. The report provided a six-monthly update on the work of the Directors' Group and outlined progress in the development of a refreshed countywide Homelessness and Rough Sleeping Strategy. Members were advised that the Directors' Group continued to bring together representatives from Oxfordshire's local authorities and partner organisations to coordinate activity aimed at preventing homelessness, reducing rough sleeping and improving outcomes for individuals experiencing housing insecurity. It was explained that homelessness continued to present a significant challenge both nationally and locally. While the nature and causes of homelessness had become increasingly complex, partners across Oxfordshire remained committed to developing a	

more preventative and coordinated approach. The Directors' Group had therefore focused considerable effort on strengthening partnership working, improving strategic oversight and ensuring that services were aligned around prevention and early intervention wherever possible.

Members heard that a revised Oxfordshire Homelessness and Rough Sleeping Strategy had recently been developed and had been subject to a period of public consultation. The consultation had generated a positive response and had attracted input from local authorities, voluntary and community organisations, statutory partners, people with lived experience of homelessness and members of the public. Feedback had broadly endorsed the strategic direction proposed within the draft strategy and had highlighted the importance of maintaining a strong preventative focus. Respondents had consistently emphasised the need for earlier interventions, improved coordination between services, and greater support for people who were at risk of homelessness before reaching crisis point.

The Board was informed that the refreshed strategy had been developed against a backdrop of continued pressures within the housing system. Challenges relating to housing affordability, limited housing supply, increasing demand for temporary accommodation, rising living costs and wider economic pressures continued to affect residents across Oxfordshire. Members heard that these factors often interacted with wider social issues, including poor physical and mental health, family breakdown, substance misuse, domestic abuse and financial hardship. As a result, homelessness was increasingly recognised as both a housing issue and a broader public health concern requiring a whole-system response.

Discussion focused on the strong relationship between homelessness and health inequalities. People experiencing homelessness often experienced significantly poorer health outcomes than the wider population and faced considerable barriers in accessing healthcare and other support services. One of the key objectives of the strategy was therefore to strengthen links between housing, health and social care services to provide more integrated support for vulnerable individuals. Particular emphasis had been placed upon improving pathways for people with complex needs and ensuring that support was available before issues escalated to crisis point.

Members were informed that the Directors' Group had continued to work closely with registered housing providers, NHS partners, adult social care services, public health teams and voluntary sector organisations. The report highlighted a range of collaborative initiatives aimed at preventing homelessness,

supporting people to sustain tenancies and reducing repeat presentations to homelessness services. The Board heard that partnership working had become increasingly important given the complexity of need presented by many individuals experiencing homelessness.

Members welcomed the preventative approach being adopted and reflected on the importance of addressing the wider determinants of homelessness. Several members noted that housing instability was often closely linked to health inequalities, poverty, social exclusion and adverse childhood experiences. It was considered essential that future work continued to recognise these wider factors rather than viewing homelessness solely through the lens of accommodation provision.

Discussion also explored the experiences of people moving through temporary accommodation and support pathways. Members heard that while considerable effort was being made to support individuals into stable accommodation, demand pressures continued to present operational challenges. The Board recognised the importance of ensuring that support services remained person-centred and that individuals were assisted not only in securing accommodation but also in maintaining longer-term stability and independence.

Members welcomed the inclusion of lived experience within the development of the refreshed strategy and noted the value of understanding the perspectives of people who had experienced homelessness. It was acknowledged that lived experience insight had helped shape priorities within the strategy and had informed a better understanding of the barriers faced by individuals seeking support. The Board agreed that maintaining this perspective would remain important during implementation of the strategy.

The discussion also considered how success would be measured over the lifetime of the strategy. Members commented on the importance of capturing outcomes rather than simply recording activity levels. Whilst recognising the complexity of the issue, members expressed a desire to understand more clearly how strategic interventions were contributing to reductions in homelessness, improvements in housing stability and better outcomes for affected individuals. It was suggested that future updates should explore opportunities to present longer-term outcome measures alongside operational performance information.

The Board **RESOLVED** to:

1. **NOTE** the Prevention of Homelessness Director's Group

Update.	
212 Report from Healthwatch Oxfordshire (Agenda No. 10)	
Barbara Shaw (Chair of Healthwatch Oxfordshire) presented the Healthwatch Oxfordshire update. Members were advised that the report provided an overview of recent engagement activity undertaken by Healthwatch Oxfordshire and highlighted findings from a number of pieces of work completed since the Board had last received an update. A significant amount of community engagement work had been undertaken in recent months. Healthwatch Oxfordshire had been working closely with partners on engagement activities relating to health inequalities and community experiences across Oxfordshire. Particular reference was made to recent work undertaken with residents living in rural communities, which had been delivered in partnership with Community First Oxfordshire as part of the county's broader Marmot Place programme. Members heard that Healthwatch had engaged with 851 residents across fourteen rural settlements, providing valuable insight into the experiences of people living in those communities and helping to strengthen understanding of the challenges affecting access to services and wider wellbeing. The Board was advised that more detailed findings from this work would be presented to a future meeting. The Board then received an update on a newly published Healthwatch Oxfordshire report examining people's experiences of palliative care and end-of-life care across Oxfordshire. The report had been published during the week of the meeting and represented one of the organisation's most recent pieces of engagement work. The findings offered important insights into public attitudes, experiences and concerns surrounding palliative and end-of-life care and highlighted a number of themes which Healthwatch considered relevant to both service providers and system leaders. Members heard that individuals overwhelmingly expressed a preference to spend their final days at home or within a hospice setting rather than in hospital or residential care. The reasons cited by participants included the comfort of familiar surroundings, the opportunity to remain close to family and loved ones, and perceptions that home or hospice settings would provide greater dignity and personal control during the final stages of life. The report also identified a degree of uncertainty amongst some respondents regarding the services available to support people	

approaching the end of life, including hospice-at-home and hospital-to-home services. This suggested that further work might be required to improve public awareness of the options available. The Board was informed that participants consistently highlighted the importance of receiving the right care and support at the right time. Themes emerging from engagement included the importance of symptom management, receiving clear information, maintaining dignity and respect, feeling safe and supported, and remaining connected to family members and friends. Emotional support and companionship were frequently described as being just as important as clinical or medical interventions. Participants had emphasised the value of compassionate care and the importance of professionals communicating openly and sensitively with patients and their families during what could be a particularly difficult period.

The update also highlighted concerns expressed by some communities regarding cultural sensitivity and the extent to which services consistently met diverse cultural and faith requirements. Members heard that some respondents, including individuals from Muslim communities, had raised concerns regarding whether their wishes and cultural needs would be fully understood and respected during end-of-life care. The Board noted the importance of ensuring that services were sufficiently flexible and culturally competent to meet the needs of Oxfordshire's diverse population.

The discussion then focused on advance care planning and awareness of the RESPECT process. A significant proportion of participants had not made any plans regarding end-of-life care. Reasons cited included not wanting to think about the subject, uncertainty regarding when or how such conversations should begin, and a lack of awareness about the options available. Members heard that only a minority of respondents had heard of the RESPECT process and very few had completed a RESPECT plan. Concern was expressed that awareness remained relatively low despite the implementation of RESPECT arrangements across Oxfordshire. Healthwatch's findings suggested that greater public information and earlier conversations about end-of-life planning could help ensure that individuals' wishes were understood and documented before a medical crisis occurred.

The Board heard that participants had spoken positively about many aspects of palliative and end-of-life care. Respondents frequently praised compassionate professionals, responsive services, effective communication and the involvement of families in decision-making. However, the report also identified challenges relating to continuity of care and coordination between organisations. Some individuals reported difficulties when moving between health and social care services, while others described

inconsistencies in support arrangements and communication. Concerns had been raised, particularly in relation to people with dementia and those relying heavily upon social care services, regarding continuity and consistency of care. Members noted that the findings reflected broader themes that had emerged elsewhere within the health and care system, including the importance of integrated service delivery and person-centred care. The discussion recognised the significance of effective communication between professionals, providers and families, particularly where multiple organisations were involved in supporting individuals nearing the end of life. The Board RESOLVED to: NOTE the Healthwatch Oxfordshire update.	
213 Reports from Partnership Boards (Agenda No. 11)	
<u>Place-Based Partnership:</u> Chris Wright (Associate Director of Oxfordshire Place, Thames Valley ICB) provided the Place-Based Partnership update. Members were advised that a significant amount of work continued to be focused on the implications of NHS organisational changes following the establishment of the new Thames Valley Integrated Care Board arrangements. Partners were continuing to work together to ensure that Oxfordshire maintained a strong focus on place-based delivery, population health improvement and local partnership working within the context of the wider Thames Valley footprint. Considerable attention was being given to ensuring that Oxfordshire's established partnership arrangements remained effective as governance arrangements evolved. Work was underway to clarify responsibilities between system, place and neighbourhood levels and to ensure that local priorities continued to inform strategic decision-making. Members were informed that maintaining strong local leadership and local accountability would remain important as organisational arrangements developed. The update highlighted the continuing importance of partnership working between the NHS, local government, voluntary and community sector organisations and wider system partners in delivering improved outcomes for residents.	

Health Improvement Board:

District Cllr Georgina Heritage presented the Health Improvement Board (HIB) update. Members were informed that the HIB had continued to oversee a range of workstreams relating to prevention and population health improvement. Particular emphasis had been placed upon tackling health inequalities, promoting healthier lifestyles and strengthening preventative approaches across the county.

The Board heard that recent discussions within the Health Improvement Board had included consideration of gambling-related harms and opportunities to strengthen awareness and preventative interventions. Gambling harm was increasingly being recognised as a public health issue, given its potential impact on mental health, financial wellbeing and family circumstances. The Health Improvement Board had therefore considered how partners could work collectively to improve awareness and ensure that appropriate support pathways were available to individuals experiencing gambling-related difficulties.

Children's Trust Board:

Cllr Sean Gaul presented the Children's Trust Board update. Members were advised that the Children's Trust Board had continued to oversee implementation of a number of strategic priorities relating to children, young people and families. The update highlighted continuing work to improve outcomes for children across Oxfordshire, with particular emphasis on reducing inequalities and supporting children to have the best possible start in life.

Significant work was underway in relation to the Best Start in Life agenda. This included activity focused on improving early years outcomes, school readiness, family support and reducing disparities experienced by children from disadvantaged backgrounds. One area of continuing concern related to differences in school readiness outcomes between children eligible for free school meals and their peers, and work continued across partnership organisations to narrow these gaps and improve outcomes.

The Children's Trust Board continued to work closely with education providers, health services, local authority services and voluntary sector partners to strengthen integrated support for children and families. It was noted that many of the issues being considered by the Children's Trust Board aligned closely with the Health and Wellbeing Board's strategic priorities, particularly those relating to prevention, reducing inequalities and supporting healthy life chances from the earliest stages of life. Members

welcomed the ongoing emphasis being placed upon early intervention and recognised the long-term benefits that could be achieved through improving outcomes during childhood. The Board RESOLVED to: 1. NOTE the Partnership Board Updates.	
214 Forward Work Plan (Agenda No. 12)	
The Chair emphasised that agenda items should be shaped by the collective interests and priorities of the Board. The Chair therefore encouraged members to view the Forward Work Programme as the mechanism through which the Board could identify the issues it wished to consider in greater depth at future meetings. The Chair explained that the Forward Work Programme should be reflective of what Board members wanted to explore and scrutinise as part of the Board's wider responsibility for improving health and wellbeing outcomes across Oxfordshire. The Board RESOLVED to: 1. AGREE the forward work plan. 2. DELEGATE to the Committee Officer and Deputy Director of Public Health (in consultation with the Chair) to make any amendments to the work plan as may be required.	

..... in the Chair

Date of signing

Oxfordshire Health and Wellbeing Board

Thursday 24th September 2026

Oxfordshire Joint Strategic Needs Assessment 2026

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to

1. Approve the proposed move from an annual comprehensive refresh model to a staggered thematic delivery model for the JSNA, aligned to Health and Wellbeing Board priorities and reporting cycles.
2. Approve the development and maintenance of a JSNA forward plan to guide future thematic updates and broader strategic assessments.
3. Note the continuing role of the JSNA Steering Group in supporting prioritisation, governance and future delivery of JSNA outputs.
4. Approve the proposed outputs and delivery timetable set out in this report.

Executive Summary

5. The Joint Strategic Needs Assessment (JSNA) provides a key evidence base for the Health and Wellbeing Board and supports understanding of the current and future health and wellbeing needs of Oxfordshire residents. The 2026 JSNA builds upon the development of the digital JSNA platform, interactive dashboards and supporting narrative reports introduced in previous editions.
6. As work on the 2026 JSNA has progressed, consideration has been given to how the JSNA can continue to evolve to better align with Health and Wellbeing Board priorities, reporting cycles and emerging intelligence needs.
7. The principal proposal contained in this report is that the Health and Wellbeing Board adopts a staggered thematic delivery model for future JSNA development and reporting.
8. The proposed model would move away from updating all JSNA content through a single annual refresh cycle. Instead, priority themes would be updated throughout the year, while retaining broader strategic assessments and overarching outputs that provide a county-wide view of health and wellbeing

need.

9. The proposed model aims to improve timeliness, support ongoing engagement with partners and ensure that the JSNA remains responsive to strategic priorities while maintaining a coherent and comprehensive view of need across Oxfordshire.

Exempt Information

10. This report does not contain exempt information and there is no requirement for the Health and Wellbeing Board to exclude the press or public during consideration of this item.

Background

11. The current JSNA consists of interactive dashboards alongside narrative reports and supporting analysis. The digital approach introduced in previous editions has improved access to information and enabled a broader range of users to engage with the evidence base.
12. Work on the 2026 JSNA initially focused on updating existing content, refreshing data, reviewing narrative content and incorporating additional subject areas. Proposed areas of further development include Inclusion Health, Homes and Health, and wider consideration of inequalities through a Marmot-informed approach.

Why a Revised Delivery Approach is Proposed

13. The current approach of updating all JSNA content through a comprehensive annual refresh has provided a clear annual publication cycle and remains valued by partners.
14. Recent experience has identified opportunities to align intelligence products more closely with Health and Wellbeing Board priorities and reporting cycles.
15. There is an opportunity to provide more timely updates on priority themes and emerging issues.
16. There is an opportunity to strengthen narrative interpretation alongside existing data and dashboard outputs.
17. There is an opportunity to increase engagement with partners and subject specialists throughout the year rather than around a single publication point.
18. There is an opportunity to make fuller use of the digital platform and dashboard infrastructure already in place.

19. Taken together, these factors support a move away from updating all JSNA content through a single annual refresh cycle. Instead, a staggered thematic delivery model is proposed, allowing priority areas to be updated throughout the year while retaining broader strategic reporting and annual overview outputs.

Proposed Future Delivery Model

20. It is proposed that the JSNA transitions from an annual comprehensive refresh model to a staggered thematic delivery model. Under this approach, priority themes would be updated and reported throughout the year according to an agreed forward plan rather than all content being refreshed simultaneously.
21. Priority themes will be updated according to an agreed forward plan which aligns with Health and Wellbeing Board priorities and reporting cycles.
22. Narrative reports will continue to accompany analytical products and thematic updates.
23. Interactive dashboards will remain the principal analytical platform for the JSNA.
24. Broader strategic assessments of population health and wellbeing need will continue to be produced to maintain a county-wide overview of health and wellbeing needs and inequalities.
25. Emerging priorities may be considered through established governance arrangements and brought forward where appropriate.
26. The intention is not to reduce the scope of the JSNA but to organise delivery in a way that allows priority information to be updated and published when it is most useful.

Proposed Outputs

27. Thematic reviews will provide focused updates on agreed priority themes aligned to the Health and Wellbeing Board forward plan.
28. Analytical dashboards will provide updated digital access to intelligence and supporting evidence.
29. Narrative reports will provide interpretation, context, and strategic relevance alongside analytical outputs.
30. Strategic overview outputs will provide periodic broader assessments of health and wellbeing needs and inequalities across Oxfordshire.
31. Supporting intelligence products may be developed to support agreed priorities where appropriate.

Governance

32. The JSNA Steering Group will continue to support the development and delivery of the JSNA.
33. The Steering Group will support development and maintenance of the JSNA forward plan.
34. The Steering Group will advise on thematic priorities and support alignment with Health and Wellbeing Board priorities.
35. The Steering Group will consider emerging intelligence needs and support partner engagement and contribution.
36. The Steering Group will support continuous improvement of JSNA products and outputs.
37. Recommendations regarding future thematic priorities will be considered through appropriate governance arrangements and brought forward for Health and Wellbeing Board consideration where required.

Delivery Timeline

38. September 2026:
 - a. Agreement of the future JSNA delivery model.
 - b. Agreement of governance arrangements.
 - c. Confirmation of the approach to forward planning and thematic delivery.
39. Autumn 2026:
 - a. Development of the forward plan.
 - b. Steering Group engagement and prioritisation activity.
 - c. Preparation of future thematic products.
40. December 2026:
 - a. Delivery of initial outputs under the revised approach.
 - b. Publication of agreed strategic overview outputs.
 - c. Delivery of agreed thematic updates aligned to Health and Wellbeing Board priorities.
41. Subsequent delivery schedules will be maintained through the JSNA forward plan.

Corporate Policies and Priorities

42. The proposed approach aims to ensure that the JSNA continues to provide a strong evidence base for Health and Wellbeing Board activity and supports strategic planning across partner organisations.

43. Closer alignment between JSNA outputs and board priorities will help ensure that evidence and intelligence are available at the point they are needed to support decision-making.

Financial Implications

44. There are no direct financial implications from this paper. Any additional budget requirements would be covered within existing budgets

Comments checked by:

Lucy Moore, Finance Business Partner ASC PH and Comms

Legal Implications

45. Local Authorities and Integrated Care Boards have joint responsibility to prepare JSNAs through the Health and Wellbeing Board and to publish the same. However local areas are free to undertake the JSNA in the way that best suits the local community: there is no specific template or format that must be used and no mandatory data set to be included.
46. Health and Wellbeing Boards are free to decide when to update or refresh the JSNA and need to be assured that evidence-based priorities are up to date so as to inform local commissioning plans.

Comments checked by:

Janice White, Principal Solicitor – ASC, SEND and Education

Staff Implications

47. The proposed approach does not alter the requirement for collaborative working across analytical teams, Public Health colleagues and partner organisations.
48. The revised delivery approach is intended to provide a more planned and sustainable approach to delivery by distributing activity throughout the year rather than concentrating updates within a single publication cycle.

Equality & Inclusion Implications

49. A core purpose of the JSNA is to improve understanding of inequalities and variation in outcomes across Oxfordshire. The proposed delivery model supports continued development of intelligence relating to inequalities and inclusion, including the proposed Inclusion Health work and continued

consideration of Marmot principles throughout the JSNA.

Local Government Reorganisation Implications

50. The proposed JSNA delivery model is intended to provide a flexible and sustainable approach to maintaining and updating the evidence base used by Health and Wellbeing Board partners.
51. The proposed delivery model is intended to support continuity of JSNA development and reporting during this period of organisational change by establishing a forward plan, maintaining governance arrangements through the JSNA Steering Group and embedding a more structured approach to thematic updates.
52. The proposed approach should also provide greater flexibility to review and adapt future reporting arrangements, priorities and governance structures as new organisational arrangements become established
53. No specific changes to JSNA content or reporting requirements are proposed at this stage as a direct consequence of Local Government Reorganisation. Any future implications arising from changes to governance, geography, responsibilities or partner requirements will be considered through future planning and delivery arrangements

Sustainability Implications

54. No specific sustainability or Climate Action implications have been identified at this stage. A Climate Impact Assessment is not considered necessary as part of this proposal.

Risk Management

55. Key risks associated with implementing the revised model include:
- a. Maintaining consistency across thematic updates.
 - b. Ensuring effective communication of updated content.
 - c. Alignment between thematic priorities and wider strategic priorities.
 - d. Maintaining partner engagement and contribution.
 - e. Limited analytical, public health and/or partner capacity may affect the timing and consistency of JSNA thematic updates.
56. These risks will be mitigated through:
- a. Publication and maintenance of a forward plan.
 - b. Continued oversight through the JSNA Steering Group
 - c. Common analytical, narrative and accessibility standards.
 - d. Ongoing engagement with Health and Wellbeing Board partners.

- e. Manage through the JSNA forward plan, Steering Group prioritisation, phased delivery and clear quality standards

57. A further risk is that stakeholders may interpret the revised approach as reducing the breadth or scope of the JSNA. This will be mitigated by continuing to produce broader strategic assessments and maintaining a clear county-wide overview of health and wellbeing needs.

Consultations

58. Development of the proposed approach has been informed by engagement with colleagues involved in previous JSNA development, Public Health colleagues, Strategic Insights colleagues and wider stakeholders.

59. Feedback has informed the proposed delivery model, governance

Annex: Nil

Background papers: Oxfordshire Joint Strategic Needs Assessment 2026 - Health and Wellbeing Board report, May 2026.

Contact Officer: Mubashar Rizvi, Senior Data & Insight Analyst
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September 2026

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OXFORDSHIRE HEALTH AND WELLBEING BOARD

24 September 2026

Review of Health and Wellbeing outcomes framework

Report by Director of Public Health

RECOMMENDATION

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
 1. **CONTINUE** the process of a rotating quarterly update to the Oxfordshire Health and Wellbeing (H&WB) Board on the progress of the Oxfordshire Health and Wellbeing (H&WB) strategic priorities by theme: Start Well, Live Well, Age Well and Building Blocks of health.
 2. **APPROVE** a revised core set of 39¹ Health and Wellbeing (H&WB) outcomes metrics aligned with Marmot principles, as set out in Annex 2, updated to accompany quarterly thematic progress reports, with metrics available online in an easily accessible form.

Executive Summary

2. A review of Oxfordshire's Health and Wellbeing outcomes indicators has been carried out to improve the relevance, focus and transparency of the metrics accompanying the Oxfordshire Health and Wellbeing strategy and to ensure that the measures are aligned with Marmot principles.
3. Improving transparency will support oversight and accountability. At present a very wide range of outcomes metrics are published in quarterly H&WB Board papers as part of meeting agendas. This proposal is to reduce the number of indicators significantly, from 170 to 39 (across the 10 strategic priorities), and to publish this set of core H&WB outcomes in an easy-to-access format for review by residents and partners.
4. Quarterly reporting to the Oxfordshire H&WB on one of each of the four broad themes (Start Well, Live Well, Age Well and Building Blocks of health) will continue, linked to the published outcomes measures.
5. Sub-groups of the H&WB Board and related Oxfordshire partnership groups (for example the Health Improvement Board) will continue to receive and review the wider set of H&WB strategy outcomes measures and will flag any issues from these to the H&WB Board.

¹ 36 confirmed plus 3 in development for Children and Young People's mental health and wellbeing, see Annex 2

Introduction

6. This paper proposes a core set of Oxfordshire Health and Wellbeing strategy outcomes measures for reporting to the Oxfordshire Health and Wellbeing Board and to the public. These measures have been selected to align with the aims and priorities of the Oxfordshire Health and Wellbeing Strategy and the Marmot principles.
7. Note that use of the wider set of H&WB outcome measures will remain within the remit of partnership groups such as the Health Improvement Board and are not affected by this proposal.

Background

8. In December 2023, the Oxfordshire Health and Wellbeing Strategy (2024 to 2030) was approved by the Health and Wellbeing (H&WB) Board² and in March 2024 the strategy outcomes monitoring framework³ was agreed by the Board. The agreed framework contains 170 indicators (table 1).

Table 1

	H&WB Strategic Priority	Indicators
1	Best Start in Life	4 outcomes (25 indicators)
2	C&YP Mental health and wellbeing	4 outcomes (22 indicators)
3	Healthy people, healthy places	3 outcomes (16 indicators)
4	Physical activity and Active travel	3 outcomes (11 indicators)
5	Maintaining independence	3 outcomes (18 indicators)
6	Strong social relationships	3 outcomes (11 indicators)
7	Financial wellbeing and healthy jobs	4 outcomes (14 indicators)
8	Climate action and health	5 outcomes (16 indicators)
9	Healthy homes	4 outcomes (18 indicators)
10	Thriving communities	4 outcomes (19 indicators)
	<i>10 priorities</i>	<i>37 outcomes (170 indicators)</i>

9. From March 2024 to July 2026, the H&WB Board has received comprehensive quarterly reports on outcomes measures for the ten H&WB priorities grouped under the four thematic areas of Start Well, Live Well, Age Well and Building Blocks of Health (see Annex 1).
10. Experience of reporting the agreed framework has highlighted areas for improvement. As noted from the H&WB Board discussion in May 2026⁴, concerns were raised that several of the indicators had become outdated, that reliable data was no longer readily available for some measures, and that several indicators no longer adequately reflected the breadth of activity being undertaken across the system. Furthermore, the existing indicator set had

² [H&WB strategy 2024-2030](#)

³ [H&WB outcomes framework](#)

⁴ [Agenda for Oxfordshire Health & Wellbeing Board on Thursday, 14 May 2026, 1.00 pm | Oxfordshire County Council](#)

become extensive and, in certain areas, lacked sufficient clarity and strategic focus, limiting its effectiveness as a tool for performance monitoring, accountability, and informed decision-making among partner organisations.

11. In addition, at the Health and Wellbeing Board meeting in July 2026, it was agreed that Marmot related equity measures should be embedded within the refreshed Health and Wellbeing Strategy outcomes framework to strengthen oversight and accountability⁵.
12. It was agreed, therefore, that Public Health would carry out a review of the existing outcomes measures and reporting processes.
13. The overall aims of the proposed revisions to the H&WB strategy outcomes framework are to:
 1. Enable a **proportionate and focused** approach to H&WB performance monitoring.
 2. Improve the **effectiveness and usability** of the indicator set
 3. Align with **Marmot principles**.
 4. Improve **transparency** by publishing the core H&WB outcomes measures on a webpage so that residents can both view top level trends and investigate further via linked data reports and dashboards, including the Joint Strategic Needs Assessment.

Review of measures and reporting processes

14. The Public Health Intelligence team with the support of the Data team, has carried out a rapid review of the outcomes measures and reporting processes, including discussions with Oxfordshire partnership contacts for the H&WB strategic priorities.
15. The original H&WB outcomes framework⁶ proposed a comprehensive set of over 170 measures involving 40 partnership groups.
16. At the time that this framework was developed it was recognised that the measures set out in the framework needed discussion and development, and it was planned that the direction and resources for this work would come from the relevant partnership groups.
17. The quarterly outcomes reporting cycle to the H&WB Board, with the four thematic areas of Start Well, Live Well, Age Well and Building Blocks of Health, has broadly been met with detailed outcomes reporting supporting associated Board papers (see Annex 1).

⁵ [Agenda for Oxfordshire Health & Wellbeing Board on Thursday, 9 July 2026, 1.00 pm | Oxfordshire County Council](#)

⁶ [Annex 1- Oxon JLHWBS 24-30 Outcomes Framework Mar24.pdf](#)

18. From this rapid review, the areas of reporting that appear to need development are:
- The reporting of the Cross-Cutting outcomes indicators (healthy life expectancy, inequalities in life expectancy, preventable mortality). Cross-Cutting outcomes are not currently included in the regular quarterly reporting to the H&WB Board.
 - The Building Blocks of Health theme, which has a broad scope, including the economy, jobs, housing, climate, air quality, transport and communities. In some cases, there are significant challenges in establishing meaningful metrics, for example how to measure change in the resilience of Oxfordshire's voluntary and community sector.

Proposed core H&WB outcomes measures

Method

19. In selecting the core set of H&WB outcomes indicators priority has been given to indicators that are:
1. Core to achieving the aims of the strategy and aligned with Marmot principles (*proportionate, focused, Marmot principles*)
 2. Already used within other partnership reporting arrangements (*proportionate and focused*)
 3. Most amenable to local partnership action (*effectiveness*)
 4. Clearly defined and publicly available datasets with national/neighbours comparator benchmarks, such as provided by ASCOF⁷, ONS⁸, DHSC fingertips⁹ and the Local Outcomes Framework¹⁰ (*useability, transparency*)
 5. Reported at a sub-district level if possible (*Marmot principles, able to be aggregated to new unitary areas if required*)

Proposed core outcomes measures

See **Annex 2** for the list of the proposed 39 core outcomes metrics across the 10 strategic priorities.

Corporate Policies and Priorities

20. The review of the Health and Wellbeing Strategy outcomes framework will support delivery of the County Council's Corporate Plan by providing a focused, transparent and evidence-based set of population outcome measures aligned

⁷ [Adult Social Care Outcomes Framework](#)

⁸ ONS eg [Housing - Office for National Statistics](#)

⁹ [Fingertips | Department of Health and Social Care](#)

¹⁰ [Local Outcomes Framework - GOV.UK](#)

with the ambition for a greener, fairer and healthier Oxfordshire. The revised framework will strengthen accountability for long-term outcomes, improve the visibility of health inequalities, and provide a consistent approach to monitoring progress.

Financial Implications

21. There are no direct financial implications from this paper. Any additional budget requirements would be covered within existing budgets

Comments checked by:

Lucy Moore, Finance and Business Partner – ASC, PH and Comm, Financial and Commercial Services

Legal Implications

22. The role of the Board is to set strategic direction to support the improvement of health and wellbeing in its area and encourage joint working to achieve that. This report sets out the proposals for the provision of data to support the Board's understanding of the local picture and progress against its objectives. Whilst there are no specific legal implications arising from this report the Board needs to consider how the proposed changes will support its function.

Comments checked by:

Janice White, Principal Solicitor – ASC, SEND and Education

Local Government Reorganisation Implications

23. This proposal is relevant to the current Oxfordshire H&WB Strategy and covers the period up to April 2028.

Ansaf Azhaf
Director of Public Health

Other documents: None

Annexes:

Annex 1: H&WB strategy outcomes reported to H&WB board meetings, 2024 to 2026
Annex 2: Proposed core Oxfordshire Health and Wellbeing outcomes metrics
Dec2026-Mar2028

Contact Officer: Kate Holburn, Consultant in Public Health
Margaret Melling, Health Improvement Practitioner, Public Health Intelligence

September 2026

ANNEX 1 - H&WB outcomes reported to H&WB board meetings, 2024 to 2026
Including reports to the Health Improvement Board (HIB)

	Mar24		Jul24	Sept24	Dec24
2024 >>	Outcomes Framework agreed. Live Well priorities 240314 HWB Item 7 Annex 1- Outcomes framework.pdf		Meeting cancelled <i>Live Well data reported to the HIB</i> HIB report 13Jun24.pdf	Age Well 11. Annex 2 Performance Report - Age Well HWB Framework v2.pdf <i>Live Well data reported to the HIB</i> HIB report 19Sep24.pdf	Building Blocks - Priority 10 Thriving Communities OHWB05122024 - 14. Metrics Outcomes - Annex 2.pdf <i>Live well data reported to the HIB</i> HIB report 07Nov24.pdf
	Mar25		Jun25	25Sep25	Dec25
2025 >>	Live Well Priority 3 – Healthy People, Healthy Places Priority 4 – Physical Activity and Active Travel <i>Live well data reported to the HIB</i> HIB report 06Feb25.pdf		Start Well – priority 1 and 2 20250626-HWB-Item 9- Start well performance indicators report.pdf <i>Live well data reported to the HIB</i> HIB report 03Jul25.pdf	Building Blocks – Get Oxfordshire Working Plan HWB250925 - HWB Strategy - Building Blocks of Health Update.pdf <i>Live well data reported to the HIB</i> HIB report 18Sep25.pdf	Building Blocks – Housing and Health Needs Assessment and Metric Review <i>Live well data reported to the HIB</i> HIB report 27Nov25 updated.pdf
	Mar26	May26	Jul26	Sept26	Dec26
2026 >>	Age Well priorities 5&6 Appendix 1 Age Well Performance report.pdf Paper with recommended changes aebhdfh	Start Well – priorities 1&2 Annex 1- Start Well	<i>Live well data reported to the HIB</i> Performance Report Jun26.pdf	Report on review of metrics Building Blocks: financial wellbeing	Building Blocks: Climate and Health <i>Live Well data to HIB (3Dec26)</i>

	Live well data reported to the HIB HIB report 19Feb26.pdf	Performance Indicators.pdf (Board agreed to revert to 4 meetings a year)		Live well data to HIB (17Sept26)	
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ANNEX 2 Proposed H&WB core outcomes measures 2026 to 2028

The following table sets out a total of 39¹ proposed core outcomes indicators including measures of inequalities.

	H&WB Strategy Priority	Shared outcomes (from 2024-2030 outcomes framework)	Proposed core outcomes indicators	#
	Cross-cutting	1. Healthy life expectancy 2. Preventable mortality	(a) Healthy life expectancy at birth (male and female) (b) Slope index of inequality in life expectancy at birth (male and female) (c) Under 75 mortality rate from causes considered preventable (male and female)	3
1	Start well: Best start in Life	1. Improved parental physical and mental health during pregnancy, birth and after birth 2. Children with good health, feeling safe and secure, living in nurturing environments 3. Children have opportunities for learning from birth and families supported with childhood development 4. Early identification and support for children and families where there is emerging need	(a) Smoking status at time of delivery (b) Percentage of eligible children achieving a good level of development at the end of Early Years Foundation Stage (c) Percentage of Free School Meal eligible children achieving a good level of development at the end of Early Years Foundation Stage	3
2	Start well: C&YP Mental health and wellbeing	1. Improved emotional wellbeing and mental health of children and young people, with positive transitions to adulthood 2. A prevention first approach with meaningful measures to tackle drivers of poor mental wellbeing in childhood	<i>Note: this review has highlighted difficulties in identifying metrics that capture mental wellbeing across the population of children and young people in Oxfordshire.</i> <i>There is an opportunity to make use of results from the annual OxWell school survey About OxWell - OxWell : OxWell, such as</i>	3*

¹ 36 confirmed plus 3* in development for C&YP Mental health and wellbeing

		3. <i>Increased and diversified capability to support children and young people with their emotional and mental health needs at earliest opportunity</i> 4. <i>Closer partner collaboration to align and improve our system approach to accessing help</i>	<i>questions about loneliness, bullying and anxiety, however there are methodological considerations for reporting annual change at local authority level which need further discussion with the OxWell academic team.</i>	
3	Live well: Healthy people, healthy places	1. <i>More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups</i> 2. <i>Oxfordshire to become smoke free</i> 3. <i>Reduced alcohol-related harm</i>	(a) Adults (aged 18+) prevalence of overweight including obesity (b) Smoking prevalence in adults (aged 18+) – current smokers (c) INEQUALITIES: Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (d) Admission episodes for alcohol-related conditions (Narrow) rate (e) Year 6 (aged 10-11 years) prevalence of overweight (including obesity) (f) [NEW] INEQUALITIES Year 6 prevalence of overweight (including obesity) percentage point difference between most and least deprived areas of Oxfordshire	6
4	Live well: Physical activity and Active travel	1. <i>A system-wide approach to physical activity, incorporating key physical activity programmes</i> 2. <i>Whole system approach to improving access and uptake of active travel options</i> 3. <i>Recognition and action on the critical importance of being active for mental health and wellbeing</i>	(a) [Revised] Percentage of physically inactive adults (b) [Revised] Percentage of less active children (5-16 years) (c) Active travel – percentage of adults walking/cycling for travel at least three days per week (aged 16+) <i>Note: Sport England Active Lives survey is the main data source and does not provide detail for inequalities reporting</i>	3

5	Age well: Maintaining independence	1. <i>More older residents to remain well, safe and independent in their home for longer</i> 2. <i>Enable older people who have lost a degree of independence to regain independence or support their health and wellbeing in their chosen setting</i> 3. <i>More older people empowered to take part in decision making about their own health and wellbeing</i>	(a) [NEW] Rate of emergency admissions to hospital for people aged 65+ years (<i>BCF metric, proposed in Mar26 H&WB Board paper</i>) (b) Rate of emergency hospital admissions due to falls in people aged 65+ (c) [Revised] Proportion of people remaining in the community 12 weeks following reablement after discharge (<i>BCF metric, ASCOF 2D1</i>) (d) [NEW] Proportion of older people using adult social care services who report having control over their daily lives (<i>ASCOF 3A</i>) (e) Permanent admissions to residential and nursing care homes for people aged 65+ (<i>BCF metric, ASCOF 2C</i>) (f) Carer-reported quality of life (<i>ASCOF 1C</i>)	6
6	Age well: Strong social relationships	1. <i>More connected communities and closer links between health, social care, and community-centred interventions, ensuring no age exclusions</i> 2. <i>Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas</i> 3. <i>Digital support for virtual connection and improved digital skills</i>	(a) Proportion of adult social care service users who reported that they had as much social contact as they would like (<i>ASCOF 5A1</i>) (b) Proportion of carers who reported that they had as much social contact as they would like (<i>ASCOF 5A2</i>) <i>Note: see also measures within priority 10 Thriving communities. Inequalities and digital access measures in development</i>	2
7	Building blocks: Financial wellbeing and healthy jobs	1. <i>Residents in poverty or struggling with cost of living pressures have access to targeted financial wellbeing support</i> 2. <i>Preventing financial crises by supporting residents to feel in control of their finances</i>	(a) Young people not in education, employment or training (NEET) or whose activity is not known (b) Unemployment-related benefit claimants (DWP claimant count)	3

		3. <i>Supporting inclusive economy approaches that provide pathways to well-paid and stable employment that supports residents' wellbeing</i> 4. <i>The health and care system contributes to a resilient and fair local economy</i>	(c) [NEW] INEQUALITIES: percentage point difference in unemployment related benefit claimants between most and least deprived areas of Oxfordshire <i>Note: DWP Claimant count calculated as % of working age population excluding full time students so that differences by age and area are comparable</i>	
8	Building blocks: Climate action and health	1. <i>Partners working together for cleaner indoor and outdoor air by promoting active, sustainable travel and adopting low-carbon energy and supply chains</i> 2. <i>Increase and improve access for all to safe, inclusive, and connected green and blue spaces, which are rich in biodiversity, support nature connection and wellbeing, and are climate resilient</i> 3. <i>Adapted and upgraded buildings, estates and facilities to ensure high-quality services can be delivered now and in the future as resources are made available</i> 4. <i>Partners working together to support net zero targets and climate adaptation measures</i> 5. <i>Building and continuously bolstering community resilience by adapting our built environment and improving green infrastructure to meet the needs of our changing climate</i>	(a) [NEW] Deaths attributable to particulate air pollution (particulate matter less than 2.5 micrometres in diameter [PM2.5]) (b) [NEW] Access to green and blue space within 15 mins from home. (c) [NEW] Winter mortality index (deaths in the winter period compared with non winter periods, reflects temperature and other factors such as respiratory diseases and pressure on services) <i>Note: local climate resilience measures and climate related mortality statistics including heat-related deaths (ONS) are in development</i>	3
9	Building blocks:	1. <i>More healthy, safe, secure homes</i> 2. <i>More affordable homes</i>	(a) <i>Safe, healthy homes:</i> [Revised] Percentage of properties with EPC Band C or higher	4

	Healthy homes	3. <i>Increase availability of housing to meet the needs of specific groups</i> 4. <i>Prevention and reduction of rough sleeping and homelessness</i>	(b) <i>Affordable homes</i>: [Revised] 1-bed median rent as percentage of gross annual pay (c) <i>Suitable homes</i>: [NEW] number of Disabled Facilities Grants (DFGs) completed (d) <i>Homelessness</i>: numbers in temporary accommodation <i>Note: metrics selected from the 8 proposed in the Dec25 H&WB Board paper</i>	
10	Building blocks: Thriving communities	1. <i>Thriving, safe communities where all people of all ages feel a sense of belonging</i> 2. <i>Inclusive, cohesive and connected communities</i> 3. <i>Empowered communities playing a key role in promoting health and wellbeing</i> 4. <i>Resilient and sustainable voluntary and community sector across Oxfordshire</i>	(a) Social trust: most people in your local area can be trusted agreement average score (b) Self-reported loneliness (always/often/some of the time) (c) Proportion of people participating in any volunteering in the last 12 months <i>Note: measures from Sport England Active Lives survey. Further measures of resilient and sustainable VCS in development</i>	3

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Oxfordshire Health and Wellbeing Board

24 September 2026

Best Start Family Hubs

Report by Director of Children's Services

RECOMMENDATION

1. The Oxfordshire Health and Wellbeing Board is **RECOMMENDED** to
 - a) **NOTE** the strategic direction of travel and updates for Best Start Family Hubs in Oxfordshire.

Executive Summary

2. The strategic direction of travel for Best Start Family Hubs in Oxfordshire was approved by Cabinet on 14th July 2026.
3. Best Start Family Hubs (BSFHs) in Oxfordshire are a core delivery mechanism for the council's Best Start in Life Plan. The Best Start in Life Plan responds to the national ambition for 75% of children to achieve a good level of development (GLD) by age five by 2028. While Oxfordshire is currently performing well, disparities remain for children eligible for free school meals. The council has therefore adopted a more ambitious revised local targets to both improve overall attainment and reduce inequalities.
4. Best Start Family Hubs are a central component of this approach. They will provide welcoming, inclusive and accessible spaces offering integrated support to families from pregnancy through to age 19 (or 25 for those with SEND). The core offer will include the delivery of parenting and home learning environment programmes (including play and learn type sessions), support for children with additional needs and a healthy baby offer.
5. The strategic direction of Best Start Family Hubs will see five localities, aligned to the District and City Council footprint, with a primary Best Start Family Hub in each, which will have the responsibility for delivering the core offer, in line with the Department for Education (DfE) requirements. Within each locality, there will be a network of Best Start Family Hub Network sites, that could be delivered by partners, including VCFSE organisations (Voluntary, Community, Faith and Social Enterprise) or the Local Authority, which will deliver at least one of the core services regularly.

6. To support VCFSE organisations in the delivery of these services, a grant-based funding programme is developed to better support the sector involvement in delivering the core offer in line with the requirements, including parenting programmes, play and learning activities and outreach.
7. In addition, the development of Best Start Family Hubs will align closely with the existing Youth Offer, including the emerging Youth Partnerships, to support a more integrated 0–19 (or 25) offer. This will ensure continuity of support from early childhood through adolescence and create more joined-up pathways for families.

Oxfordshire's Best Start in Life Plan

8. In July 2025, government published the Giving every child the best start in life strategy. This is the government's strategy for improving child development and meeting the ambition that 75% of 5-year-olds in England have a good level of development (GLD) by 2028. The strategy has three core priorities:
 - a. Improving family services, providing high-quality support to parents and children from pregnancy to age 5.
 - b. More accessible early education and childcare.
 - c. Improving quality in early years including reception.
9. To meet the National ambition of 75% of 5-year-olds to achieve a good level of development, each local authority has been given a local target. For Oxfordshire these are:
 - a. All eligible children 77.8% (Oxfordshire 2025 outcome 70% (2% above National))
 - b. All free school meal (FSM) eligible children 50.8% (Oxfordshire 2025 Outcome 43% (7% below national))
10. Whilst the Council recognise the challenges of the national targets, the Council does not feel this is ambitious enough or that 1 in 4 children are not achieving GLD who are eligible for FSM is acceptable. Therefore, our approach has also included setting out revised local targets (RLT) to bring us in line with National performance and above the set local targets in 2026. Our revised local targets are therefore;
 - a. All eligible children 79.8% (2% above Local Target)
 - b. All free school meal eligible children 59.8% (9% above Local Target)
11. As part of achieving this vision, we have published a Best Start in Life Plan, which sets out how we will achieve our Good Level of Development target. The plan for Oxfordshire was developed based on our existing Early Years Strategy and Early Help and Prevention Strategy.

12. The Best Start in Life plan sets out a clear vision that every child has the best start in life, and parents, parents-to-be, babies and young children have what they need to thrive.
13. Through achieving this vision, it will mean that all babies, children and families are safe, learning, happy, healthy and engaged.
14. The plan sets out four key priorities to achieving this vision:
 - a. **Healthy beginnings** - We will focus awareness raising of the importance of pregnancy and early childhood across all organisations in Oxfordshire and ensure additional support for families where this is needed.
 - b. **Strong foundations** - We will focus on working with partners to deliver coordinated support through Family Hubs and the wider Family Hub Network, including a range of parenting programmes, and resources to support home learning, supporting families to stay safe and nurturing positive early relationships and supporting babies and children to learn.
 - c. **High-quality early years learning** - We will focus on ensuring that all children can fully participate, achieve, and feel supported in the environments where they grow and develop. To support children to thrive and learn, we will invest in a strong and well-trained workforce and champion inclusive practice across the early years system.
 - d. **Strengthen our Best Start in Life Offer** - We will focus on working together across services and with families through our Family Hub Network and Family Hubs to continue to develop a wider Best Start in Life offer which is available when families need support local to where they live. We will share our data and use this to identify what families need and where they need it.

Best Start Family Hubs (BSFHs)

15. As outlined in our Best Start Plan, the development and implementation of Best Start Family Hubs will be a key in achieving the Council's revised local target and outcome for babies, children, young people and families.
16. Best Start Family Hubs (BSFHs) will offer welcoming, inclusive, environments where every family feels valued and confident to ask for support. BSFHs will be open to all families with children aged 0–19 (or up to 25 for young people with SEND). While universally accessible, they will prioritise support for families with babies and young children, due to the critical time for cognitive, physical and emotional development.
17. At the core of our offer, in line with Government criteria, the Hubs will provide supportive parenting advice, stay and play activities, help with children's learning and development at home, preventative and universal health services

– especially for babies and their families – and early support for children with additional needs.

18. As well as the core offer, the BSFHs will offer holistic support tailored to the needs of the local communities and families and will ensure they are connected into the wider community offer, including, but not limited to, welfare advice, debt advice, early help, and help for those at risk of, or experiencing, domestic abuse.

Work to Date

19. In 2025 the Council commenced a programme looking at the potential for developing Family Hubs in Oxfordshire. The programme followed four key stages:
 - a. Scoping and analysis - The aim of this stage was to understand the need for and potential impact of Family Hubs in the county.
 - b. Strategic leadership - The aim of this stage was to develop the multi-agency strategic leadership for Family Hubs and work with the range of partners, including families & young people, to develop our shared understanding of need and vision and approach going forwards.
 - c. Implementation - This stage is to implement the model / approach identified in the previous stage.
 - d. Delivery and review - At this stage the aim would be to deliver the Family Hubs and to review, on an ongoing basis, opportunities to further develop and improve the offer to meet the changing needs of the county
20. As part of the scoping and analysis stage, the focus was on understanding the needs of families in the county and identifying ways of working and opportunities with partners and other key stakeholders. This has included:
 - a. Benchmarking of other Family Hubs
 - b. High level population analysis
 - c. Children's Social Care Research (using the last 4 years of data)
 - d. The Local Policy Lab research – Case Study.
21. As part of the scoping and analysis phase, engagement with a wide range of external stakeholders took place to learn more about key stakeholders and their priorities, ways of working and risks, and issues. The findings of this have been weaved into the direction of travel for the Programme.
22. As part of the Strategic Leadership stage, a multi-agency Programme Board was established. This board brings together partners from across health, education, social care, and the VCFSE to help shape the strategic direction of travel.

Vision and Ways of Working for Best Start Family Hubs

23. The vision for Family Hubs is that there is a network of provision across Oxfordshire for children and families to ensure their needs are met, which is underpinned by:
 - a. Access
 - b. Connection
 - c. Relationships.
24. This vision is underpinned by the following ways of working:
 - a. Babies, children, young people, parents and families will be at the centre of our work – In Oxfordshire, the development of Best Start Family Hubs will be shaped around the lived experience, strengths and needs of babies, children, young people, parents and families.
 - b. Partnership – Best Start Family Hubs in Oxfordshire will be developed and delivered through strong partnership working across the council, health, education, early years, social care, the VCFSE, and with families themselves. This means building a shared understanding of local need, agreeing common priorities, and working together to design and provide joined-up support around children and families.
 - c. Needs led – The development of Family Hubs will be shaped by a clear understanding of the needs of babies, children, young people and families across Oxfordshire, recognising that these needs vary between communities and over time. Services and support will be informed by data, local insight, evidence and engagement with families and partners, so that the offer reflects what matters most locally.
 - d. Outcome focused – An outcome-focused approach will help ensure that activity is purposeful, that resources are aligned to priorities, and that services make a demonstrable difference to the lives of families.
 - e. Sustainable – The Family Hubs model in Oxfordshire will be designed with long-term sustainability in mind, building on existing strengths, relationships and community assets. This will include making best use of available resources, embedding new ways of working into existing systems where appropriate, and ensuring that the model can adapt over time in response to changing needs, evidence and funding contexts.

- f. High quality – Best Start Family Hubs will be underpinned by a commitment to high-quality, welcoming and inclusive support that families can trust and access with confidence.

Strategic direction of travel

- 25. To achieve the vision and intended outcomes for babies, children, young people and families, and in light of the findings of the scoping and analysis stage, it is proposed that the Council develops five Family Hub Localities, with a primary Best Start Family Hub (BSFH) within each locality.
- 26. These localities will align with District and City Council boundaries and bring together the network of partners supporting babies, children, young people and families in each area. The locality networks will create a shared understanding of need and draw on the full range of services and expertise to shape robust, high-quality local provision.
- 27. The primary BSFHs will deliver the core offer in line with government criteria and will be led and staffed by the County Council. The proposed locations for the primary Best Start Family Hubs are:
 - a. Wantage / Grove area
 - b. Didcot area
 - c. Banbury area
 - d. Witney area
 - e. Blackbird Leys - Cuddesdon Corner (already operational)
- 28. The Council recognises that within the preferred locations for the primary BSFHs there will already be a range of provision provided by partners, including the VCFSE. Where this is identified, the Council will work closely with those partners to reduce duplication and explore options for co-delivery.
- 29. In line with the government requirements, across each locality we will have a number of Best Start Family Network Sites. These sites could be delivered by the Local Authority or partners, including the VCFSE, and will deliver at least one regular core service, such as a parenting programme, play and learn sessions.
- 30. We also recognise that for many different reasons not all parents and families will access a Best Start Family Hub or Network site, so outreach to engage families in their home or more familiar community settings will be key. As part of this offer, we will strengthen and expand our digital provision to develop a digital Family Hub offer. This offer will improve access to information about local

services and make it easier for families to use online support, including parenting and home-learning environment programmes.

Best Start Family Hubs and VCFSE

31. Oxfordshire has a thriving VCFSE sector, with a diverse range of organisations providing services and support across different ages. With the development of our Best Start in Life Plan and our focus on developing partnerships with the VCFSE, the Council will be providing £0.500m per annum for three years to develop infrastructure and services for the VCFSE. The Council proposes that this funding is utilised for infrastructure development and a grants-based programmes.
32. The aim of the infrastructure support would be to complement our existing infrastructure by providing increased support and coordination to those VCFSE working in the Early Years. The vision is that the Strategic Infrastructure Support will be able to support with:
 - a. Mapping and engaging the VCFSE
 - b. Ensuring that the VCFSE are kept up to date and engaged in national and local policy development
 - c. Support in workforce development
 - d. Ensuring there is a clear feedback loop between the VCFSE and Oxfordshire County Council.
33. The grant-based programme will support VCFSE organisations to deliver services in line with the Best Start Family Hub requirements and would need to be aligned to the following priority areas:
 - a. Locality and place-based – A key aim of Best Start Family Hubs is to improve the good level of development for children. We therefore need to ensure that we are targeting this funding to the areas where this will make the greatest impact, such as in the rural areas.
 - b. Workforce development – To support with the ongoing sustainability of VCFSE partners we need to ensure that the funding has a strong focus on workforce development that will help to strengthen the current provision and offer to families (i.e. funding for training).
 - c. Evidence-based approach – We want to ensure that the offer to families is evidence-based, and that we are maximising every interaction. For example, in stay and play sessions, we want to ensure that organisers are adopting evidence and research-based approach in the development of the sessions, so that sessions promote bonding, speech and language development, etc.
 - d. Parenting and Home-Learning Environment Programmes – As part of the Department for Education requirements, we have a requirement to

deliver parenting and home-learning environment programmes, however, we want to ensure that across the partnership we are working together to offer a consistent offer

34. To ensure that we are aligned to the Department for Education requirements and our local priorities, the grant funding would be for the following areas:
 - a. Funding to deliver Parenting & Home-Learning Environment Programmes (in line with our local menu of interventions)
 - b. Expansion of play and learn sessions
 - c. Outreach
 - d. Seed / innovation funding
35. The grant would be open to all VCFSE organisations, including community run children's centres, to submit expressions of interest.
36. It should be noted that through engagement with VCFSE there have been questions about the future direction of travel regarding the leasing of County Council properties. It is anticipated that these will be addressed through the development of the Council's Community Asset Transfer (CAT) and Community Leasing policies. These policies seek to recognise and maximise the benefits of the devolution of assets to local communities. It seeks to do this by transferring the ownership or leasing OCC owned properties to community groups in recognition of the social value that they generate. These policies underwent an engagement period February – March 2026 and were approved at Cabinet on 21st April 2026.
37. The two policies are as follows:
 - a. Community Asset Transfer is about transferring the ownership of land or buildings from OCC to a community organisation at less than "best consideration" – that is less than full market value – in order to achieve a public benefit.
 - b. Community Leasing follows the same principles but refers to the leasing of land or buildings at less than best consideration, in order to achieve a public benefit.

Best Start Family Hubs and Youth Services

38. In December 2025, the national government published a ten-year youth strategy. This strategy aims to tackle the challenges for this generation of young people and ensure every young person can thrive.
39. As part of the delivery of this strategy, the government is planning to open 50 new Youth Futures Hubs (of which 8 Local Authorities have received funding –

Oxfordshire County Council has not received this funding). The ambition is that these hubs will deliver a blend of open access youth work, providing safe, welcoming spaces for all young people, and targeted support for those who may need more focused help. They will also act as single points for partnership working, bringing together organisations across community safety, careers and employability services, DWP Youth Hubs, mental health provision, and a wide range of voluntary and community sector partners to offer coordinated, wraparound support.

40. As well as the Youth Future Hub programme, the DCMS has developed a Local Youth Transformation Pilot. This is a national programme to rebuild a high-quality needs-led youth offer. It aims to re-establish local leadership in youth services and ensure young people's voices are central to decision making. It supports the direction of the national Youth Strategy which states that services should be shaped around local need, strengths and context, rather than a single, one-size-fits-all model.
41. Oxfordshire County Council was successful in an expression of interest for the first round of the Local Youth Transformation Pilot. As part of this, Oxfordshire County Council received funding to develop Youth Partnerships across the county, Youth Voice Strategy and a Youth Offer data dashboard.
42. The DCMS have advised that guidance may become available in Autumn 2026 in relation to future funding.
43. Local Youth Partnerships are now in place (or being set up) in every District and City Council, which is in line with the Family Hub locality footprints, bringing together the council, voluntary and community sector organisations, education, health and other partners including businesses, around shared priorities for young people. Each Youth Partnership has developed its own way of working, structures and leadership to reflect local priorities of demographics, existing provision and local capacity.
44. These partnerships support services to work together more effectively by coordinating activity, reducing duplication, and strengthening local decision-making. Leadership varies by area.

Best Start Family Hubs and Youth Partnerships

45. In line with government expectations, the Council is committed to strengthening the integration between Best Start Family Hubs and Youth Services, ensuring that children, young people and families can seamlessly access the right support at the right time.
46. Best Start Family Hubs will operate as part of a connected local system, where staff are equipped to confidently identify need and support families to navigate both universal and targeted youth provision. This includes enabling Youth

Services to flexibly utilise Family Hub spaces to deliver targeted interventions, such as 1:1 support, within community-based settings.

47. The alignment of Youth Partnerships with the Best Start Family Hub locality footprint provides a strong foundation to develop a coherent 0–19 (or up to 25 for those with SEND) offer. This approach supports a more joined-up pathway from early childhood through adolescence, improving continuity of support and strengthening outcomes for families.
48. The work currently being undertaken with youth partnerships also builds upon the wider place model and enables universal delivery to be coordinated via VCFSE as part of the council's statutory duty.

Delivering on The Strategic Ambitions

49. The Department for Education is providing three years of grant funding to support the development and delivery of Best Start Family Hubs nationally. Oxfordshire County Council has been allocated £5.529m of DfE grant funding across 2026/27 to 2028/29. This is profiled as £1.735m in 2026/27, £1.876m in 2027/28 and £1.918m in 2028/29. In addition, Oxfordshire County Council is providing a further £0.500m per annum to support delivery, creating a total confirmed funding envelope of £7.029m over the three years. Of this grant funding approximately £125k per annum is for capital expenditure only.
50. The DfE grant must be used in accordance with the grant conditions and the eligible expenditure criteria. A key condition is that the grant is the Council allocates funding across the different strands, which are programme development, parenting programmes, home learning programmes, support for children with additional needs and capital funding. The proposed spend profile will be developed to ensure that expenditure remains aligned to these categories and that the Council can evidence compliance with the grant requirements.
51. The funding available will support the development of five Best Start Family Hub localities, each with a primary Best Start Family Hub and the wider Best Start Family Hub Network Sites. Investment will be focused on delivering the required core offer, including parenting and home learning environment programmes, play and learn activity, outreach, and support for children with additional needs.
52. Financial oversight will be provided through the programme governance arrangements, with regular monitoring of spend, forecast expenditure, grant compliance and delivery progress. The Council will also meet DfE reporting requirements in relation to spend and delivery.
53. Performance monitoring will be developed alongside financial monitoring to ensure that the Council can demonstrate that the grant investment is achieving the required deliverables and contributing to the intended outcomes. This will include monitoring delivery activity, take-up, reach and delivery of the core offer.

Update on Best Start Family Hub delivery to date

54. During July and August, Best Start Family Hub Practitioners delivered a series of pop-up sessions across the county for families to attend. In total this included 168 children and 103 parent/ carers. The sessions across the county included:
 - a. Banbury play and learn – 2 sessions
 - b. Didcot play and learn – 3 sessions
 - c. Oxford play & learn – 4 sessions
 - d. Oxford baby group – 1 session
 - e. Wantage & Grove – 1 session
 - f. Witney – 1 session
 - g. Childminder groups at Didcot, Oxford, Witney and Wantage & Grove.
 - h. Attended six Oxfordshire Play Association play days.
55. Planning is underway for the Autumn Best Start Family Hub programme at Cuddesdon Corner and across the county. Once finalised, the programme will be published on the Family Information Service.
56. Partner engagement has also continued, including a series of networking events in June and a session with the Oxfordshire Family Alliance. Planning is underway for regular future engagement events within each of the localities, and a partner newsletter is also being developed to help ensure all stakeholders are kept informed on the progress and the offer available across the county. A separate communications plan and approach will be developed for families and residents.

Corporate Policies and Priorities

57. The Children and Young People's Plan set out a vision of "Every child and young person will have the best possible start in life, the county will be a great place to grow up in, and children and young people will have opportunities to become everything they want to be. These life chances will be reflected equally across our rural and urban communities." As part of the plan, priority areas were identified, including providing help and support across the system at the earliest opportunity.
58. In Autumn 2024 the Early Help and Prevention Strategy was approved by the Children's Trust Board. The Early Help and Prevention Strategy in Oxfordshire is a comprehensive, multi-agency framework designed to ensure children, young people, and families receive timely and effective support before needs escalate.
59. As well as an Early Help and Prevention Board, an Early Years Strategy was approved by the Children's Trust Board in April 2024. The Early Years Strategy sets out how we will work together across the Early Years system to give all babies and children the start in life they deserve.

60. The Council has partnered with the UCL Institute of Health Equity to become a Marmot Place. This means the Council has committed to tackling health inequalities and improving health fairness in Oxfordshire by working with local partners across the system. These include local authorities, communities, public services, businesses, and voluntary and community sector organisations. The initial areas of focus for the Marmot Programme are to: give every child the best start in life, creating a fair employment and good work for all and ensuring a healthy standard of living for all.

Financial Implications

61. The Plan is expected to be funded by a combination of existing budget allocations and Best Start Family Hubs grant allocations from the Department for Education.

Comments checked by:

Lewis Gosling, Finance Business Partner (Children's Social Care)

Legal Implications

62. There are no significant legal implications arising from this report.

Comments checked by:

Craig Cochrane, Principal Solicitor, Child Care Team, Law and Governance

Staff Implications

63. The Council is also reviewing how staff can be aligned to the Best Start Family Hub model and how existing services can be prioritised for delivery through these spaces.

Comments checked by:

Amy Warner, Strategic People Partner HR and Culture Change Team

Equality & Inclusion Implications

64. An Equalities Impact Assessment is currently being drafted and to date has not identified any negative impacts. This assessment will continue to be reviewed at key milestones of the programme.

Sustainability Implications

65. A Climate Impact Assessment will be completed as part of the further development of the programme to ensure there is sufficient information to understand the implications.

Risk Management

66. The multi-agency Programme Board will be responsible for the identification, mitigation and monitoring of risks and issues to the delivery of Family Hub Networks across Oxfordshire. Where risks are required to be escalated, this will be to the Early Help and Prevention Board.

Lisa Lyons
Director of Children's Services

Annex 1: Oxfordshire's Best Start Family Hubs

Contact Officer: Lisa Lyons, Director of Children's Services

Delia Mann, Deputy Director of Children's Social Care and Early Help

Sophie Black, Assistant Director for Early Help, Assessment and Prevention

September 2026

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Oxfordshire's Best Start Family Hubs

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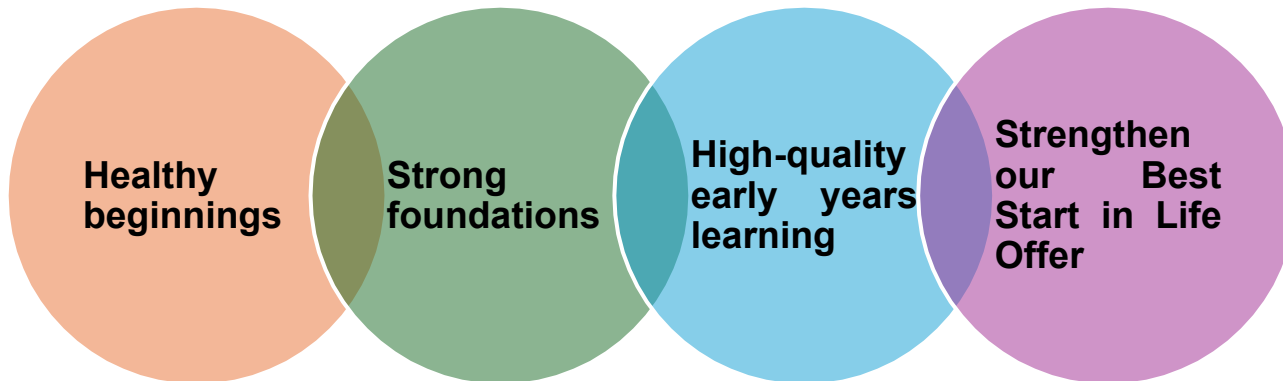
September 2026



**OXFORDSHIRE
COUNTY COUNCIL**

Oxfordshire's Best Start in Life Plan

- In July 2025, government published the **Giving every child the best start in life strategy**. This is the government's strategy for **improving child development** and meeting the ambition that 75% of 5-year-olds in England have a good level of development (GLD) by 2028.
- As part of achieving the national target, each Local Authority has been given a local target for good level of development. In Oxfordshire it has been decided that we needed to have more ambitious targets, and therefore revised local targets (RLT) have been set to bring us in line with national performance and above the set local targets in 2026. Our revised local targets are therefore;
 - **All eligible children 79.8% (2% above Local Target)**
 - **All free school meal eligible children 59.8% (9% above Local Target)**
- Our Best Start in Life Plan sets out four priority areas



**OXFORDSHIRE
COUNTY COUNCIL**

Best Start Family Hubs

Best Start Family Hubs will be key in helping to achieve our local target and outcomes for babies, children, young people and families.

What are Best Start Family Hubs (BSFHs)?

Best Start Family Hubs (BSFHs) offer welcoming, inclusive, environments where every family feels valued and confident to ask for support. BSFHs will be open to all families with children aged 0–19 (or up to 25 for young people with SEND). While universally accessible, they will prioritise support for families with babies and young children, due to the critical time for cognitive, physical and emotional development.

At the core of our offer, in line with Government criteria, the hubs will provide supportive parenting advice, stay and play activities, help with children's learning and development at home, preventative and universal health services – especially for babies and their families – and early support for children with additional needs.

As well as the core offer, the BSFHs will offer holistic support to families and will ensure they are connected into the wider community offer, including, but not limited to, welfare advice, debt advice, early help, and help for those at risk of, or experiencing, domestic abuse.



**OXFORDSHIRE
COUNTY COUNCIL**

Best Start Family Hubs

The Best Start Family Hub Programme launched in 2025 with a range of activity completed to date



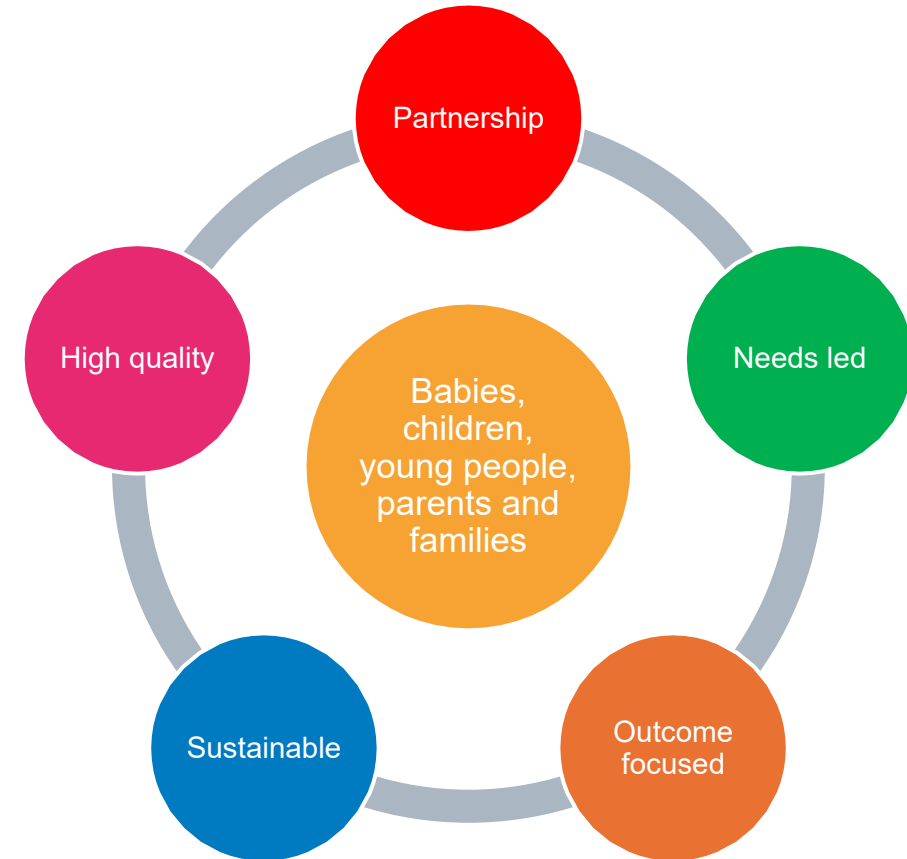
Best Start Family Hubs

The key next steps are:

Cuddesdon Corner	• Onboarding of Phase 1 staffing (Family Hub Practitioner roles) • Development of summer offer • Development of core and wider offer • Mobilisation of parenting & home learning environment programmes
Primary Best Start Family Hubs	• Phase 1 Staffing offer for the four sites developed • Phase 2 of staffing implemented • Buildings confirmed and upgrades completed • Development of core offer
Best Start Family Hub Network sites	• Identification of core offer requirements to inform grant process • Development of grant process for VCFSE, including quality and reporting standards
Other key areas	• Digital offer development (initial Phase 1 on OCC website and FIS) • Workforce development strategy • Outreach plan • Monitoring & review data

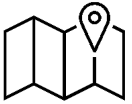
Vision for Best Start Family Hubs

- The vision for Family Hubs is that there is a network of provision across Oxfordshire for children and families to ensure their needs are met, which is underpinned by:
 - Access
 - Connection
 - Relationships
- This vision is underpinned by the following ways of working:



Strategic Direction of Travel

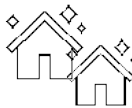
- The Oxfordshire County Council model for Family Hubs will include:



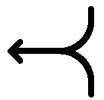
- **Localities** – These localities will bring partners together within the geographical footprint to ensure there is awareness of understanding of local services, developing an understanding of local need, and responding appropriately.



- **Best Start Family Hubs (Primary Hubs)** - These hubs will be the friendly and accessible places for families, where they can drop in for information, advice and signposting. A core offer will be provided, including services in relation to parenting & home learning environment programmes, services for children with additional needs and an offer for babies. Staff will ensure there is a warm referral to other local services, if required (such as youth service, benefit information).



- **Network sites** – These will be sites, either delivered by the Local Authority or the partners, which regularly deliver core services, such as play and learn, parenting and / or home learning environment programmes



- **Outreach** – For families that may be less likely to engage in a Hub or Network site, across each locality an outreach plan will be developed to identify the key cohorts of families and how they can engage in the offers of support available.

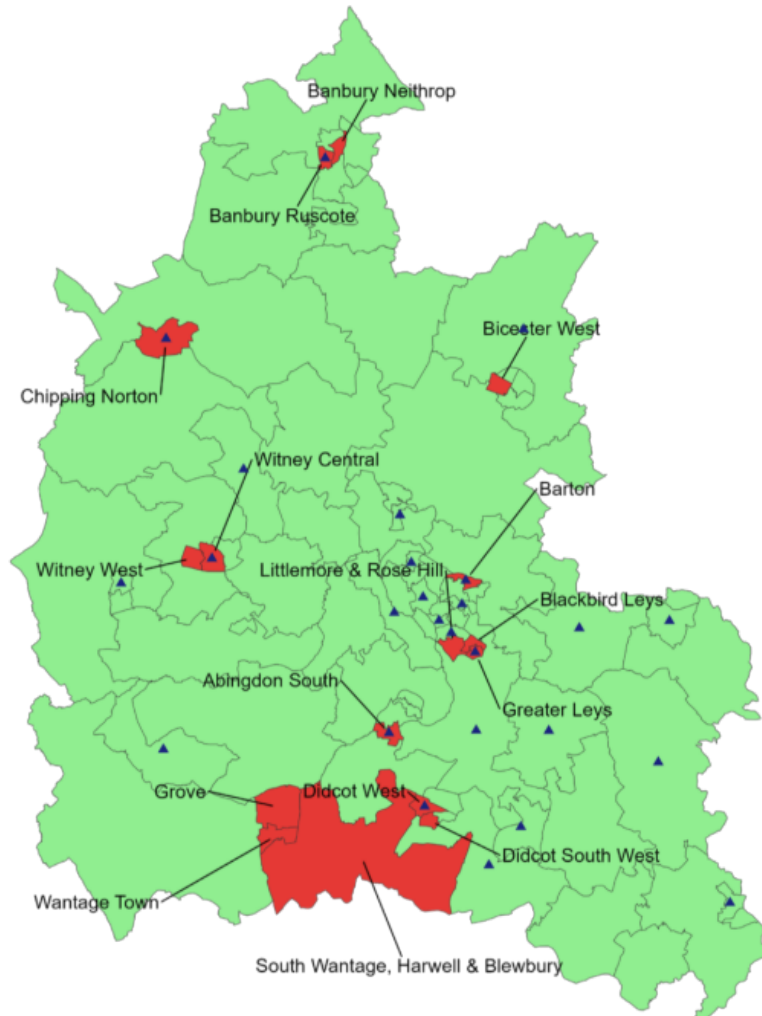


- **Digital** - The digital offer will provide families information on key topics, as well as links to local services. In time this will also include the delivery of key services, such as parenting and home learning environment programmes, information sessions and workshops

Strategic Direction of Travel

Priority Areas Identified Across Multi-Agency Safeguarding Hub, Children's Social Care, and Early Help Datasets

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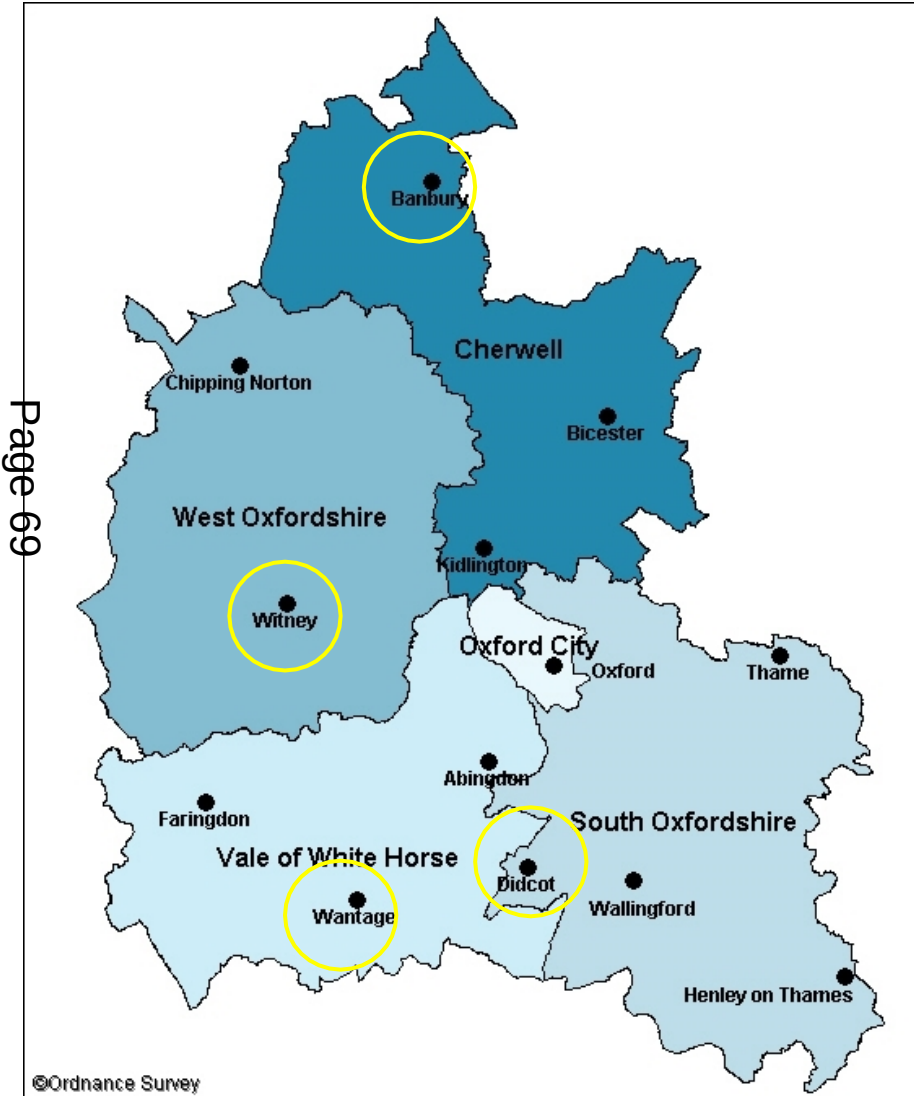


- As part of the scoping and analysis stage, research was undertaken to understand more about the Children's Social Care data. The study used four years of administrative data (2020–2024) from the Multi-Agency Safeguarding Hub (MASH), Early Help services, and Children's Statutory Services (CSC) to assess patterns of vulnerability and service engagement. A decision-analytic framework was applied to map family pathways through the social care system and identify key intervention points.
- The MSOAs highlighted in red represent the top 16 areas with significantly higher levels of need. These were identified based on the volume of prevalence rate to MASH, referrals signposted to community services, and escalations to Early Help and Children Statutory services.
- The MSOA areas with blue markers indicating the availability of children's centres
- The following MSOAs: Abingdon South, Banbury Neithrop, Banbury Ruscote, Barton, Bicester West, Blackbird Leys, Didcot West, Greater Leys, Grove, Littlemore & Rose Hill, Witney Central, and Witney West, consistently emerged across all three datasets as areas of high need.



**OXFORDSHIRE
COUNTY COUNCIL**

Strategic Direction of Travel



- **Five Family Hub localities**

- These will follow the District Council footprint (West Oxfordshire, South Oxfordshire, Vale of White Horse, Cherwell District Council and City of Oxford).

- **One Best Start Family Hub in each locality**

- One Best Start Family Hub (Primary Hub) will be in each of the localities.
- These locations were identified following the social care research and the population analysis.
- We will work with partners to ensure the physical space is fully utilised, including by partners.



**OXFORDSHIRE
COUNTY COUNCIL**

Strategic Direction of travel

The proposed buildings for the Best Start Family Hubs:

Locality	Location	Proposed primary Best Start Family Hubs
City		Cuddesdon Corner (Blackbird Leys Children & Family Centre)
Cherwell	Banbury	Banbury Children and Family Centre
West Oxfordshire	Witney	Witney Children and Family Centre
South Oxfordshire	Didcot	Didcot Children and Family Centre
Vale of White Horse	Wantage / Grove	No building / site identified

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BSFHs Core Offer

A Warm Welcome

All staff ensure every family feels welcomed, valued and confident to access support.

Navigation

Families are supported to navigate, connect and access the services they need.

Play & Learn

Engaging sessions delivered by practitioners and partners to connect families and support child development.

Parenting & HLE

Programmes focused on strengthening parenting skills and home learning, starting with 3–4 year olds.

Additional Needs Support

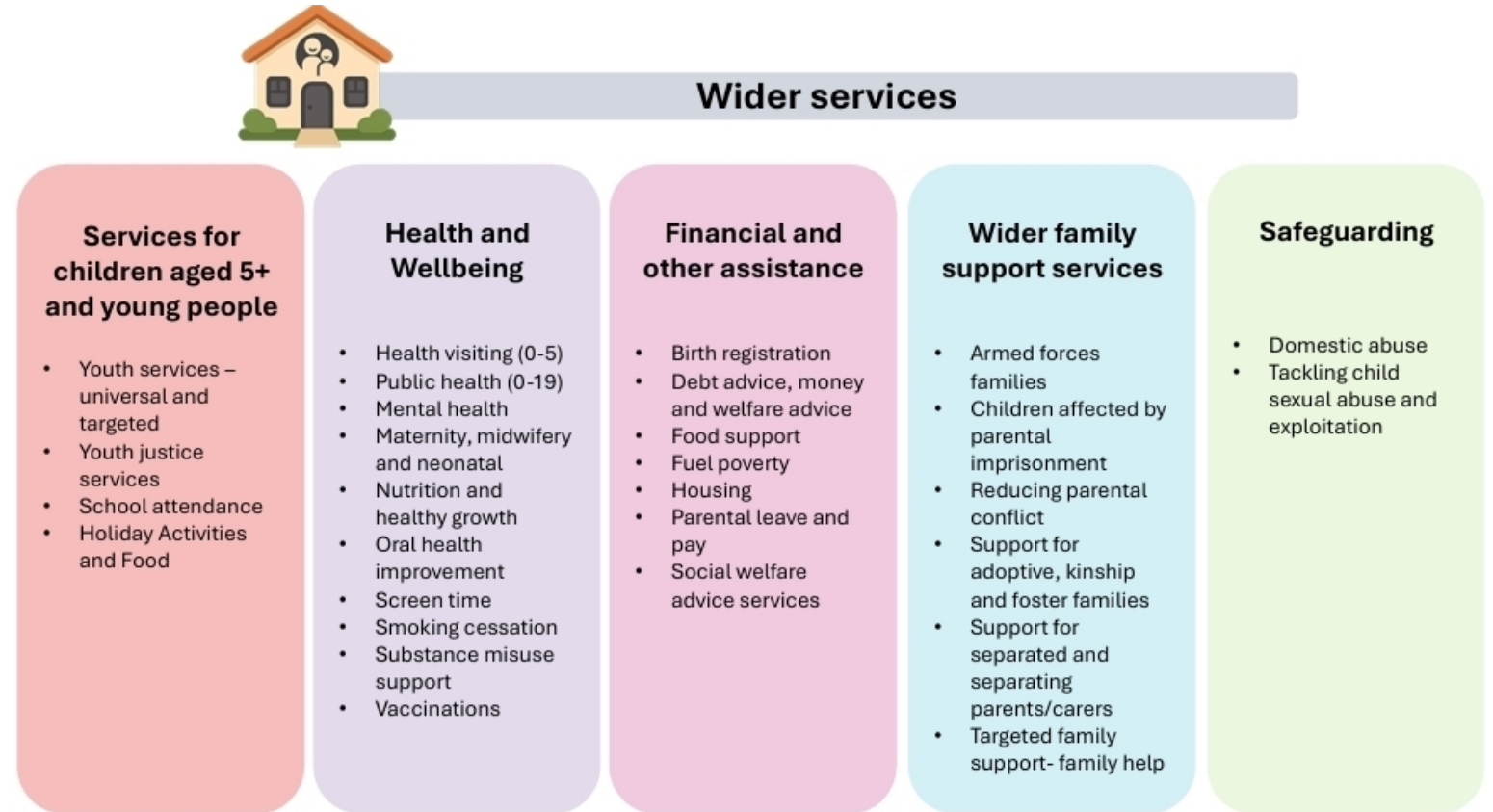
Inclusion Practitioners identify needs early and support improved developmental outcomes.

Healthy Baby Offer

Minimum offer supporting development reviews and connecting families to health services.

BSFHs Wider Offer

As well as the Core Offer, the primary Best Start Family Hubs will provide the minimum offer for each of the following areas, and we will ensure that over the three years we will deliver against the go further options (as outlined by the Department for Education). The Financial and other assistance will be the priority area, to maximise the funding that has been allocated for Family Hubs from the Household Resilience Fund.



BSFHs and Parenting & HLE Programmes

- As part of the multi-agency Family Hub Programme Board, a task and finish group has been underway to identify the programmes that should be delivered within the BSFHs and Network Sites. The proposed programmes that have been identified for delivery are:

Home Learning Environment Programmes

- EasyPeasy (digital offer)
- Early Talk Boost
- PEEP Learning Together
- Raising Early Achievement in Literacy (REAL / Making it REAL)
- The Parenting Puzzle (Exemption request confirmed by DfE)
- Triple P Online

Parenting Programmes

- Triple P Online
- The Nurturing Programme (Exemption request confirmed by DfE)
- Keeping Your Child in Mind (parental separation/conflict)
- Empowering Families Empowering Communities (EPEC)
- Child-Parent Psychotherapy

BSFHs and digital offer

- The aim of the Best Start Family Hub Digital Offer will be to ensure that we are able to extend the support far beyond buildings and support families with navigating and finding the help they are need.
- We will need to ensure that the offer aligns with the national Best Start in Life offer to help provide a seamless journey for the families.

BSFHs and VCFSE

- Within Oxfordshire there is a diverse VCFSE providing support and services across a range of different ages.
- However, we recognise the VCFSE are increasingly experiencing barriers and issues to accessing funding for delivery of services. A key priority is ensuring that we strengthen the VCFSE and develop our relationships to extend the reach of high-quality services across the county and engaging key target populations.
- There are two keyways we are proposing we are able to move forward together

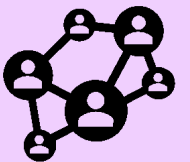
The Council also recognises that with the grant funding only being available for three years, we need to ensure that a key area of focus is supporting the VCFSE to continue to develop high quality services. Therefore, it is proposed that we provide funding for:

- Strategic infrastructure support – Funding and resource to an organisation (or consortium) that can proactively engage the wider VCFSE, support with communication, identify workforce development requirements and create capacity to engage in BSFH programme.
- Strategic locality leadership – A lead VCFSE in each locality to engage with the BSFH programme and provide clear communication and feedback with the wider VCFSE in the locality.



We develop a grant funding programme for the VCFSE (including community-run children's centres) for the delivery of the following services:

- Delivery of Parenting and Home Learning Environment Programmes
- Play and learn expansion
- Outreach
- Innovation/ seed funding

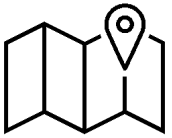


This grant funding opportunity would be open to all VCFSE organisations, including the community-run children centres.



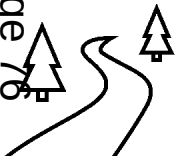
**OXFORDSHIRE
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BSFHs and Youth Services



- **Best Start Family Hubs role in navigating the youth offer** - Best Start Family Hubs will operate as part of a connected local system, where staff are equipped to confidently identify need and support families to navigate both universal and targeted youth provision. This includes enabling Youth Services to flexibly utilise Family Hub spaces to deliver targeted interventions, such as 1:1 support, within community-based settings.

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- **Joined up pathway from 0-19 (or 25 with SEND)** - The alignment of Youth Partnerships with the Best Start Family Hub locality footprint provides a solid foundation to develop a coherent 0–19 (or up to 25 for those with SEND) offer. This approach supports a more joined-up pathway from early childhood through adolescence, improving continuity of support and strengthening outcomes for families.



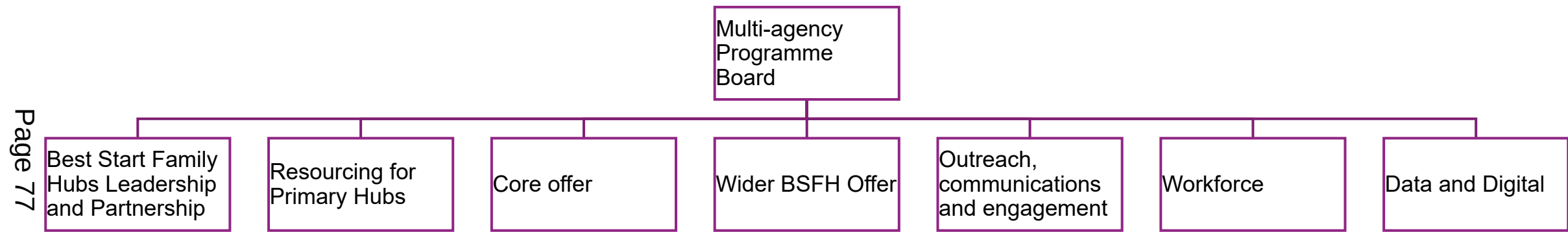
- **Shared footprints** - The work currently being undertaken with youth partnerships aligns with the same footprint as the localities for Best Start Family Hubs. This will provide the opportunity to strengthen the VCFSE in a joined-up way across the localities.



**OXFORDSHIRE
COUNTY COUNCIL**

Best Start Family Hub Programme Workstreams

Following the publication of the latest guidance from DfE the workstreams within the programme have been reviewed and updated as follows:



The Board includes representatives from: Children’s Social Care, SEND, Early Years education, Public Health, Primary School, Early Years settings, Oxford Health, ICB, VCFSE.



What does success look like?

- The key measures of success for Best Start Family Hubs are:
 - Increase in the percentage of children with a good level of development at 5 years old
 - Reduction in the percentage point difference between the proportion of children eligible or not eligible for Free School Meals achieving a Good Level of Development
 - Increase in the take up of 2-2.5 year health and development review
 - Percentage achieving good level of development at 2-2.5year review – outcome metric
 - Increase in the take-up rate of 2-year-old disadvantage childcare offer and of the 3–4-year-old 15 hours childcare offer

Appendix

- VCFSE Funding proposals
- Programme workstreams in further detail

Appendix 1 - VCFSE Funding priorities

Required areas	Rationale
Parenting and Home Learning Environment Programmes	There are currently a number of VCFSE organisations delivering parenting and home learning environment programmes across Oxfordshire. A multi-agency task and finish group has reviewed the existing local offer and is working to develop a clearer, more consistent offer for the future. Ongoing funding will be critical to ensure that these organisations can continue delivery and to support a more coordinated and sustainable approach. For example, the funding could be utilised for: • To cover the staffing costs to deliver the programmes • To provide creche facilities (reduce barriers to families attending) • To train staff in the delivery of the programmes • For refreshments, resources, room hire, etc. • Interpreters (where language may be a barrier to attending)

Appendix 1 - VCFSE Funding priorities

Proposed area	Rationale
Best Start Family Hub – Play and learn expansion	We know that across Oxfordshire there are a range of VCFSE organisations delivering Play and Learn sessions. As part of Best Start Family Hubs we are committed to looking at how we can strengthen evidence-based sessions and expand this offer across the County. For example, this funding could be used to: • Train VCFSE and partners in developing and delivering evidence-based sessions • Development of a new regular play and learn session in a rural area • A SEND only Play and Learn session
Outreach	A key part of our Best Start Family Hub Offer will include the development of an inclusive and non-stigmatising outreach service, that embeds the early help approach and supports the building of trust and enables families over time to access wider services in the community. For example, this funding could be used to: • Fund an outreach service in an affluent area to engage those families that may not feel comfortable to attend a local play and learn sessions • Outreach with Traveller Families • Families within the Armed Forces • Families where there are emerging additional needs
Innovation / seed funding	As well as the above, we also want to enable creative place-base innovations that address local needs. For example, this funding could be used to: • Fund a mobile toy library to reach rural communities • Trial an online programme or session to engage families that cannot attend in person.

Appendix 1 - VCFSE Funding priorities

As well as the funding for direct delivery, it is proposed that the budget is made available to help develop the strategic leadership within the VCFSE.

Proposed area	Rationale
Strategic infrastructure support	Oxfordshire has a thriving VCFSE sector, with a diverse range of organisations providing services and support across different ages. With the development of our Best Start in Life Plan and our focus on developing partnerships with the VCFSE, we need to develop the strategic infrastructure support to our VCFSE working within Early Years and Primary School ages. This offer would complement our existing infrastructure provided by Oxfordshire Youth Offer and the offer from OCVA to the VCFSE. This Strategic Infrastructure Support will be able to support with: • Mapping and engaging the VCFSE • Ensuring that the VCFSE in this area are kept up to date and engaged in national and local policy development • Support in workforce development • Ensuring there is a clear feedback loop between the VCFSE and Oxfordshire County Council.
Strategic locality leadership	As part of the Best Start Family Hubs model, five localities will be established. Within each locality, it is proposed that a lead VCFSE partner is identified and funding provided to increase the capacity to engage consistently in locality-based governance and partnership meetings. This role would include clear responsibilities for fostering strong relationships with the wider VCFSE sector within the locality, acting as a conduit between organisations and the Family Hubs Partnership, and supporting the identification of shared themes, emerging needs and gaps in provision at a local level.

Appendix 2 - BSFHs workstreams

Workstreams	Aim	Intended outcomes / outputs
Best Start Family Hubs Leadership and Partnership	To ensure that there is a clear system wide leadership and partnership to delivering of Best Start Family Hubs	• A fit for purpose Multi-Agency Programme Board • 5 Partnerships across the County building a detailed understanding of need, aligned to the Youth Partnerships
Resourcing for Primary Best Start Family Hubs	To ensure that the 5 Best Start Family Hubs are delivering in line with local priorities and DfE requirements	• Hubs are effectively staffed • BSFHs are located in the areas with highest need • BSFHs are delivering from fit for purpose buildings
Core Best Start Family Hub Offer	To ensure that the council is delivering in line with the government requirements, and also reflecting local need.	• Clear parenting & HLE Programme offer across the county • High-quality play and learn sessions across the county • Clear healthy baby offer across the county. • Best Start Inclusion Practitioners in each primary hub

Appendix 2 - BSFHs workstreams

Workstreams	Aim	Intended outcomes / outputs
Wider Best Start Family Hub Offer	To ensure that the BSFH are delivering the wider offer, and where possible the go further	- Grant funding is available to partners to deliver the cost-of-living services across the county - There is a clear joined up offer across BSFH and Youth Partnerships to create a connected service for 0-19 (25 with SEND)
Outreach, communications, and engagement	To ensure that families and partners are shaping the BSFH offer and can access the services that need.	- Communications plan (linked to BSIL) - Engagement Plan
Workforce development	There is a clear workforce development plan, that covers both internal and external partners to ensure that staff are delivering in line with BSIL requirements and BSFH requirements.	- Workforce development strategy - Range of training provided
Data and digital	To develop our digital offer for families and partners and ensuring that the programme and all future progress is tracked and monitored to ensure we are in line with DfE requirements and local priorities.	- Improved understanding of local services and information - Families can access and engage in services in a range of different ways - Clear tracking and monitoring of progress.

OXFORDSHIRE HEALTH AND WELLBEING BOARD 24 SEPTEMBER 2026

Oxfordshire Marmot Place - Rural Inequalities report

Report by Ansaf Azhar– Director of Public Health and Communities,
Oxfordshire County Council

RECOMMENDATION

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
 - 1.1 **NOTE** the findings of the Oxfordshire Rural Areas Data Pack and the “Health and wellbeing in rural towns and villages in Oxfordshire” report, and their alignment with the Board’s prevention and inequalities priorities.
 - 1.2 **SUPPORT** dissemination of both reports and encourage partners to work with rural communities to develop locally-led responses, building on existing community assets.
 - 1.3 **USE** the quantitative data and community insight to inform system-wide place-based planning, including the development of neighbourhood approaches, with particular attention to transport and connectivity, access to health and care, young people, housing and infrastructure, and the sustainability of community and voluntary action.

Executive Summary

2. This paper presents two complementary reports developed through Oxfordshire’s Marmot Place programme: the Oxfordshire Rural Areas Data Pack and Healthwatch Oxfordshire’s “Health and wellbeing in rural towns and villages in Oxfordshire” report, produced with Community First Oxfordshire (CFO) and funded by Oxfordshire County Council Public Health. Together they combine analysis of population demographics, health and wider determinants with the experiences of residents and organisations in 14 rural towns and villages.
3. Rural areas are performing better than urban centres across multiple indicators, including life expectancy and overall deprivation. However, these averages mask marked variation between places and smaller pockets of disadvantage. Rural disadvantage is also shaped by distance and connectivity: geographical access to services, limited public transport and poor walking and cycling infrastructure can amplify the effects of low income, disability, poor housing or ill health.

4. Community engagement heard from 850 people through surveys, outreach, and focus groups. Residents valued community spirit, local groups, green space and access to the countryside. However, they also described barriers relating to the cost of living, transport, access to health and care, affordable and energy-efficient housing, opportunities for young people, local employment and skills, the public realm, and feeling insufficiently involved in decisions. Financial hardship was consistently associated with poorer self-reported health and greater difficulty looking after health and wellbeing.
5. The actions deriving from the report recommendations should be both strategic and place-specific, following an Asset-Based Community Development (ABCD) approach. These should build on local assets and sustained community relationships, empowering residents to take ownership of their health and wellbeing priorities without transferring responsibility for structural problems to volunteers and community groups.

Background

6. Oxfordshire became a Marmot county in November 2024, partnering with the UCL Institute of Health Equity to develop a coordinated approach to reducing health inequalities. One of the main programme priorities was to understand how rural health inequalities manifest in Oxfordshire, where they are concentrated, and how they can be addressed. Oversight has been provided by a rural inequalities working group with representation from local authorities, voluntary and community organisations, academic partners, and the Institute of Health Equity.
7. The Office for National Statistics (ONS) [2021 Rural Urban Classification \(RUC\)](#) was used to determine which areas were rural. The RUC classifies settlements with a population of 10,000 or more as urban, and all other settlements as rural, alongside measures of address density, physical settlement form, and relative access to major towns and cities.
8. Rural settlements cover 89% of Oxfordshire's land area and contain 35% of its population. Population and services are concentrated within urban centres, creating distinctive challenges for rural communities in relation to transport, access to services and social connectivity.
9. Fourteen areas were selected to focus further work on, based on their diverse populations, deprivation markers, and distance from urban centres. These areas are the following:
 - (a) Cropredy, Deddington, Heyford, and Yarnton in Cherwell;
 - (b) Charlbury, Chipping Norton, Freeland, and Long Hanborough in West Oxfordshire;
 - (c) Chalgrove and Sonning Common in South Oxfordshire;
 - (d) Faringdon, Stanford in the Vale, Watchfield, and Shrivenham in the Vale of White Horse.

10. The approach followed was modelled on the successful Community Insight Profiles, which included mapping the assets in each area, capturing community insight around enablers and challenges to health and wellbeing and detailing a dataset of indicators for each area to help inform high level recommendations.
11. The data pack provides a summary of facts and figures about rural Oxfordshire overall, as well as the selected rural areas, using the smallest available statistical geographies to provide granularity and uncover pockets of deprivation. Comparisons are made with urban areas and Oxfordshire as a whole.
12. Healthwatch Oxfordshire in partnership with Community First Oxfordshire undertook community engagement work in the selected areas between January and June 2026, commissioned by Oxfordshire County Council Public Health, with oversight by the Marmot rural inequalities working group. Resident and organisational surveys, focus groups, in-person outreach and one-to-one conversations were used to:
 - (a) explore the experiences of the residents living and working in these areas in relation to their health and wellbeing and the factors that influence them;
 - (b) map the supply of available services;
 - (c) assess the gaps and make recommendations to improve the health and wellbeing of the residents in rural Oxfordshire, taking into account local needs.

Main findings from the data pack

13. **Population:** Oxfordshire's rural population was 268,542 in 2024. The 14 rural areas described in this report have a combined population of 52,921, equivalent to 20% of Oxfordshire's rural population and 7% of the county population. Rural areas have a higher proportion of people aged 65 and over than urban areas, 24% compared with 16%, but age profiles vary substantially. Watchfield and Heyford are comparatively young, while Freeland and Cropredy have older profiles. Six of the 14 selected areas have at least a quarter of their population aged 65 and over.
14. **Growth:** Oxfordshire has experienced sustained population growth over the last decade, but growth has been disproportionately concentrated in rural communities where engagement activity has taken place. These grew by 23% between 2014 and 2024, compared with 15% across rural areas overall and 12% across the urban areas. The observed rapid growth has not been matched by health, transport, education, social and physical infrastructure.
15. **Health outcomes:** Life expectancy in 2019 to 2023 was higher in most rural areas compared to urban for women and men, apart from Chipping Norton, which had significantly lower life expectancy than Oxfordshire for both and was an outlier across mortality and emergency admission indicators. Faringdon and Stanford was also one of four Oxfordshire Middle Layer Super Output Areas

where Reception-year overweight and obesity prevalence (29%) was significantly higher than the Oxfordshire average of 20%.

16. **Deprivation:** Overall Index of Multiple Deprivation scores are low in rural Oxfordshire, with no areas in the 20% most deprived nationally and only two LSOAs in the 40% most deprived. However, rural communities face substantial challenges relating to access to services. All rural areas were within the 40% most deprived nationally on the geographical barriers to services measure, and 87% of the rural population lived in neighbourhoods within the 20% most deprived for that indicator. Chipping Norton, Cropredy, and Faringdon were the most deprived of the selected rural areas.
17. **Housing and fuel poverty:** Rural housing is more likely to be detached and owner-occupied, but it is also less energy-efficient, with 20% of rural properties having a low Energy Performance Certificate rating (E to G), compared with 8% in urban areas. The proportion of households in fuel poverty in rural areas (10.2%) was significantly higher than the Oxfordshire average of 8.7% and the urban area average of 7.9%. This is related to the low energy efficiency of rural housing stock but reveals additional challenges related to income. Cropredy was prominent for poor energy efficiency and housing deprivation.
18. **Income and children:** Rural averages for child poverty and free school meal eligibility were below the Oxfordshire average, but local variation was marked. Watchfield had 21% of children aged 0 to 15 in relative low-income families compared to 10% in Oxfordshire, while Watchfield, Chalgrove, Shrivenham, and Chipping Norton had significantly higher free school meal eligibility than Oxfordshire. Watchfield, Chipping Norton, and Faringdon also had higher proportions of older residents claiming Pension Credit than the county average.

Main findings from the community engagement

19. **Health and wellbeing:** Most respondents reported good physical and mental health, but this varied by financial circumstances and other characteristics. People who described their financial situation as not comfortable were three times as likely to report poor physical health as comfortable respondents (27% compared with 9%), and four times as likely to report poor mental health (24% compared with 6%). Cost of living, access to health and care, existing health conditions and transport were the most commonly reported barriers to looking after health and wellbeing.
20. **Community assets:** Across all 14 places, residents valued friendliness, local identity, countryside and green spaces, community groups, village halls, pharmacies, cafes, and other local services. These assets support physical activity and social connection. However, lack of affordable activities, safe spaces, transport, employment and training opportunities for teenagers was a recurring gap.
21. **Community connection:** Community groups were central to wellbeing, but many faced funding and volunteer recruitment challenges. Loneliness and weak

integration between established and new developments were concerns. Only 19% of online survey respondents felt involved in neighbourhood decisions and 14% felt listened to by decision-makers.

22. **Transport and connectivity:** Residents described infrequent or indirect public transport, limited evening and weekend services, high costs, weak links between nearby villages and essential services, and reliance on cars or lifts. Poor pavements, crossings, cycle routes, lighting, and road maintenance compounded barriers and prevented active travel options such as walking and cycling, especially for disabled and older residents.
23. **Cost of living and food provision:** Half of online survey participants identified the cost of living as a challenge. Financial pressure affected healthy food, heating, transport and participation in social or physical activity. Community larders and welfare support were valued but depended on awareness, volunteers and sustainable funding.
24. **Housing and development:** Residents raised the limited supply of genuinely affordable or suitable homes, poor insulation, damp, and heating costs. Many felt that housing growth had outpaced health services, schools, transport, and community infrastructure.
25. **Health and care:** People often valued the quality of local practitioners and pharmacies when accessible, but reported difficulty obtaining GP, NHS dental, physiotherapy, and mental health support. Distance, unsuitable appointment locations, digital systems and cross-border fragmentation created additional barriers.

Report recommendations

26. The recommendations from this work include integrated transport and connectivity; access to health and care closer to home and across borders; support for young people; affordable, suitable and energy-efficient housing; infrastructure alongside housing growth; accessible public realm and flood resilience; and sustainable community and voluntary sector capacity.
27. The recommendations also support a rural-proofing approach during strategy development; assessing whether prevention, neighbourhood health, family support, youth provision, employment and skills, transport, housing and planning proposals are accessible and beneficial for rural residents, including those without a car and those living near administrative borders.
28. The findings and recommendations also support an asset-based approach. Existing local organisations, volunteers, parish and town councils, community spaces, social prescribers, and transport schemes are important foundations. However, long-term improvement also requires system action on structural barriers and sustainable support for community infrastructure; it should not rely on volunteers replacing statutory provision.

Next steps

29. Subject to the Board's endorsement, the reports will be published on the Oxfordshire Data Hub and disseminated through the Marmot Place partnership and relevant strategic and neighbourhood forums.
30. The Marmot rural inequalities working group is currently developing an action plan to carry the recommendations forward and identify opportunities for coordinated action.
31. Further engagement should focus on groups underrepresented in this research and on households most likely to experience inequalities. Progress should be informed by local data and continued community dialogue, recognising that the 14 places are not representative of every rural village and hamlet in Oxfordshire.

Corporate Policies and Priorities

32. The creation of the rural reports links to the strategic priorities in the Oxfordshire County Council Corporate Plan of tackling inequalities in Oxfordshire and prioritising the health and wellbeing of residents.
33. This work also aligns with the Oxfordshire Health and Wellbeing Strategy 2024-2030, including its ambition to understand the strengths and challenges of living in rural areas, and to reduce loneliness and social isolation in rural areas.

Financial Implications

34. There are no direct financial implications from this paper. The report draws on work funded through the Public Health grant.

Comments checked by:

Lucy Moore Finance Business Partner

Legal Implications

35. There are no specific legal implications arising from this report. The collation and use of the data pack and report will help inform decision making regarding the targeting of resources to address inequalities in accordance with the Marmot Principles.

Comments checked by:

Janice White, Principal Solicitor – ASC, SEND and Education

Staff Implications

36. There are no additional staffing implications arising from noting and disseminating these reports. Development and delivery of any subsequent actions will utilise existing capacity within the Public Health Directorate and any additional capacity will be covered by the Public Health grant subject to approval.

Equality & Inclusion Implications

37. The Oxford Marmot place programme and the rural inequalities workstream in particular seeks to identify and address inequalities by providing insight into communities experiencing inequality, to help inform service planning and to act as evidence for funding applications for activities in those areas.

Local Government Reorganisation Implications

38. The evidence provides an opportunity to maintain focus on inequalities and rural challenges during transition to the new unitary arrangements from April 2028. The findings could be used to support place-based planning across future boundaries.

Sustainability Implications

39. There are no specific environmental impacts from adoption of the recommendations in the report. Place-based actions that emerge, such as improved public and community transport, active travel, energy-efficient housing, accessible green space and flood resilience, could deliver health and climate co-benefits. These would need to be considered at a project level.

Risk Management

40. The report does not propose a strategy or major change associated with risk to the Council.

Ansaf Azhar
Director of Public Health and Community Safety
Oxfordshire County Council

Annex 1: Oxfordshire Rural Areas Data Pack

Annex 2: Health and wellbeing in rural towns and villages in Oxfordshire report

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September 2026

Oxfordshire Rural Areas Data Pack

[1. Introduction](#)

[2. Summary of findings](#)

[3. Methodology](#)

[4. Geography](#)

[5. Population](#)

[5.1 Population by age](#)

[5.2 Population growth](#)

[5.3 Ethnicity](#)

[5.4 Household composition](#)

[6. Health and wellbeing](#)

[6.1 Health and Disability](#)

[6.2 Life expectancy](#)

[6.3 Healthcare use and mortality](#)

[6.4 Childhood obesity](#)

[7. Building blocks of health](#)

[7.1 Employment](#)

[7.2 Housing](#)

[7.3 Deprivation](#)

[7.4 Access to services](#)

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[8. Appendix](#)

[8.1 Detailed geography of rural areas](#)

[8.2 IMD25 domain definitions](#)

[8.3 PPFI domain definitions](#)

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National and local data sources were used to select fourteen rural areas to focus further work on.

This data pack provides a summary of facts and figures about rural Oxfordshire overall, as well as the selected rural areas. Comparisons are made with urban areas and Oxfordshire as a whole. It accompanies the “Health and wellbeing in rural towns and villages in Oxfordshire” report, prepared by Healthwatch Oxfordshire, which describes findings from community engagement work in these areas.



Summary of Findings



Rural Oxfordshire is older than urban Oxfordshire, but there is substantial variation across rural communities, with some rapidly growing family-oriented settlements and some communities with older age profiles.



Overall deprivation levels are low in rural Oxfordshire, with no areas in the 20% most deprived nationally and only two LSOAs in the 40% most deprived. However, 60% of rural LSOAs are among the 10% most deprived and 99% are in the 40% most deprived nationally for geographical access to services. Chipping Norton, Cropredy, and Faringdon were the most deprived.



Oxfordshire has experienced sustained population growth over the last decade, but growth has been disproportionately concentrated in rural communities where engagement activity has taken place. These grew by 23%, compared with 15% across rural areas and 12% across the urban areas.



Properties in rural areas are less energy-efficient than in urban areas, with 20% of properties in rural areas having a low EPC rating (E to G) compared to 8% in urban areas.



Rural areas have higher life expectancy at birth than urban for both sexes (difference +1.5 years for females and +1.3 years for males). However, there is variation, as Chipping Norton had significantly lower life expectancy than Oxfordshire for both females (-3.4 years) and males (-3.6 years).



The proportion of households in fuel poverty in rural areas (10.2%) is significantly higher than the Oxfordshire average of 8.7% and the urban area average of 7.9%. This is related to the low energy efficiency of rural housing stock but reveals additional challenges related to income.

- This report presents data at multiple geographical levels:
 - **Output Areas (OAs):** Output Areas (OAs) are the smallest geographical areas for census statistics. They are made up of 40 - 250 households and have a usually resident population between 100 and 625 persons. There are 2,201 OAs in Oxfordshire.
 - **Lower layer Super Output Areas (LSOAs):** small geographic units, typically made up of four or five OAs. They comprise between 400 and 1,200 households and have an average resident population of 1,500 persons. There are 428 LSOAs in Oxfordshire.
 - **Middle Layer Super Output Areas (MSOAs):** medium-sized geographic areas, usually made up of four or five LSOAs. They comprise 2,000 to 6,000 households and have a usually resident population between 5,000 and 15,000 persons. There are 87 MSOAs in Oxfordshire. ([Census 2021 geographies - Office for National Statistics](#))
- The **2021 Rural Urban Classification (RUC)** was used to determine whether an area is rural or urban. The RUC is an official statistical classification produced by the Office for National Statistics (ONS), used to distinguish rural and urban areas, based on address density, physical settlement form, population size, and relative access to major towns and cities. Urban areas are determined as settlements with populations of 10,000 or more, based on the 2021 Census; rural settlements are everywhere else. The classification is available for OAs, LSOAs, MSOAs and Local Authority District geographies. ([2021 Rural Urban Classification - Office for National Statistics](#))
- Fourteen selected rural areas were matched to Parish boundaries. OAs and LSOAs were assigned to each area using population-weighted centroids, representing the average location of residents within each area. Areas were included where their centroid fell within a priority parish boundary.
- Depending on the data source, data were available at OA, LSOA or MSOA level. After these geographies were assigned to the fourteen areas as described above, data were aggregated to each area. Data are also presented for Oxfordshire as a whole, all rural areas, all urban areas, and as a total of the selected areas. All 2021 Census data were available at OA level, which most accurately represent the selected rural areas, while Index of Multiple Deprivation data were available for LSOAs and health indicators for MSOAs.

Geography

Rural and urban areas in Oxfordshire

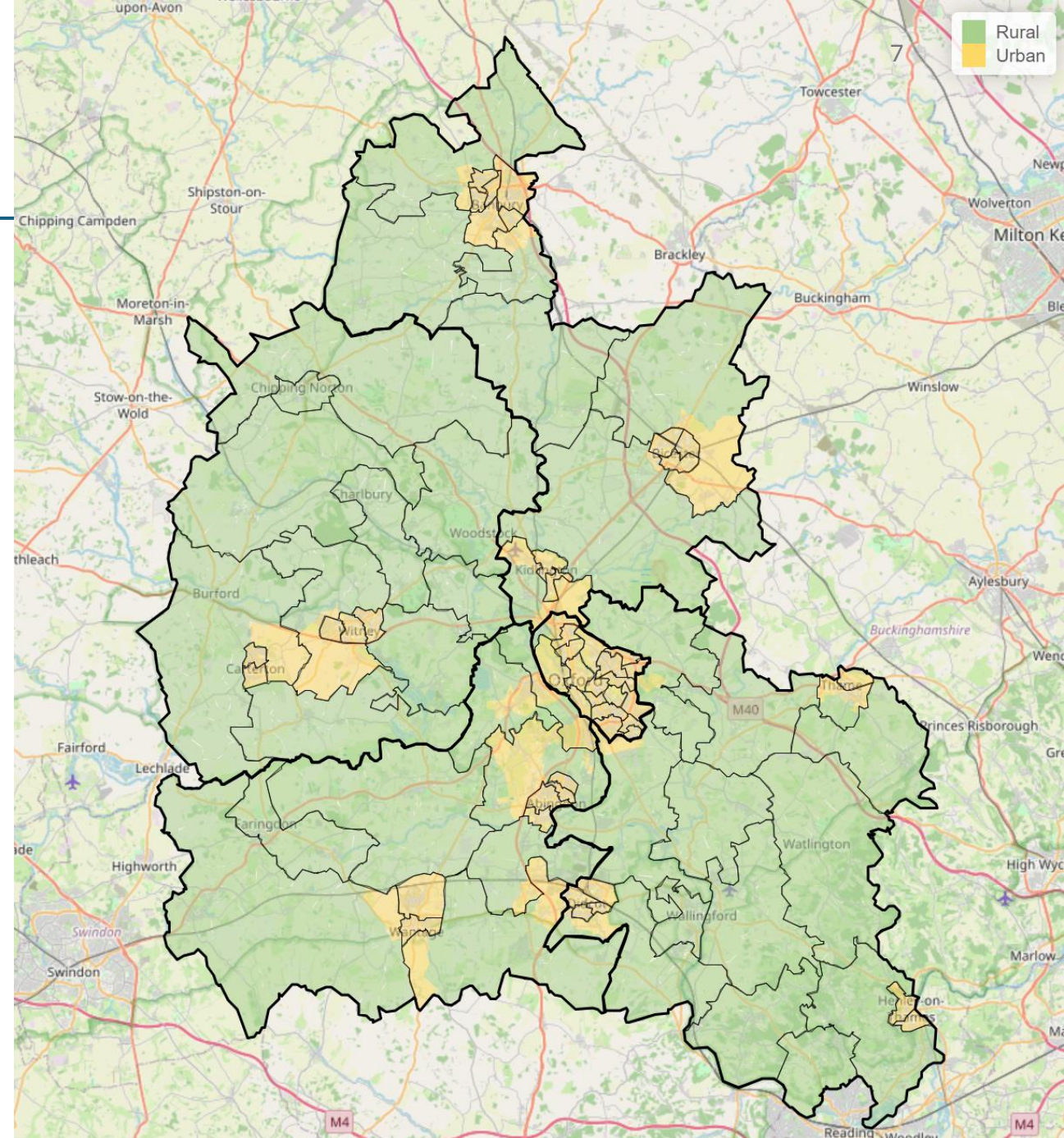
The ONS 2021 Rural Urban Classification (RUC) categorises geographies as either rural or urban, based on address density, physical settlement form, population size, and relative access to major towns and cities.

Rural settlements are spread across 89% of Oxfordshire's land area, with urban areas accounting for the remaining 11%. **In Oxfordshire, 35% of the population lives in rural areas.**

Rural settlements are distributed across much of the county, while urban areas include Oxford and the main market towns of Banbury, Bicester, Kidlington, Witney, Carterton, Abingdon, Didcot, Wantage, and Thame.

Although most of the county is rural in geographic terms, population and services are concentrated within urban centres. This creates distinctive challenges for rural communities, particularly in relation to transport, access to services and social connectivity.

2024 mid-year population estimates at Output Area level aggregated using the Rural Urban Classification 2021. Source: [Population estimates - small area - Nomis, 2021 Rural Urban Classification - Office for National Statistics](#)

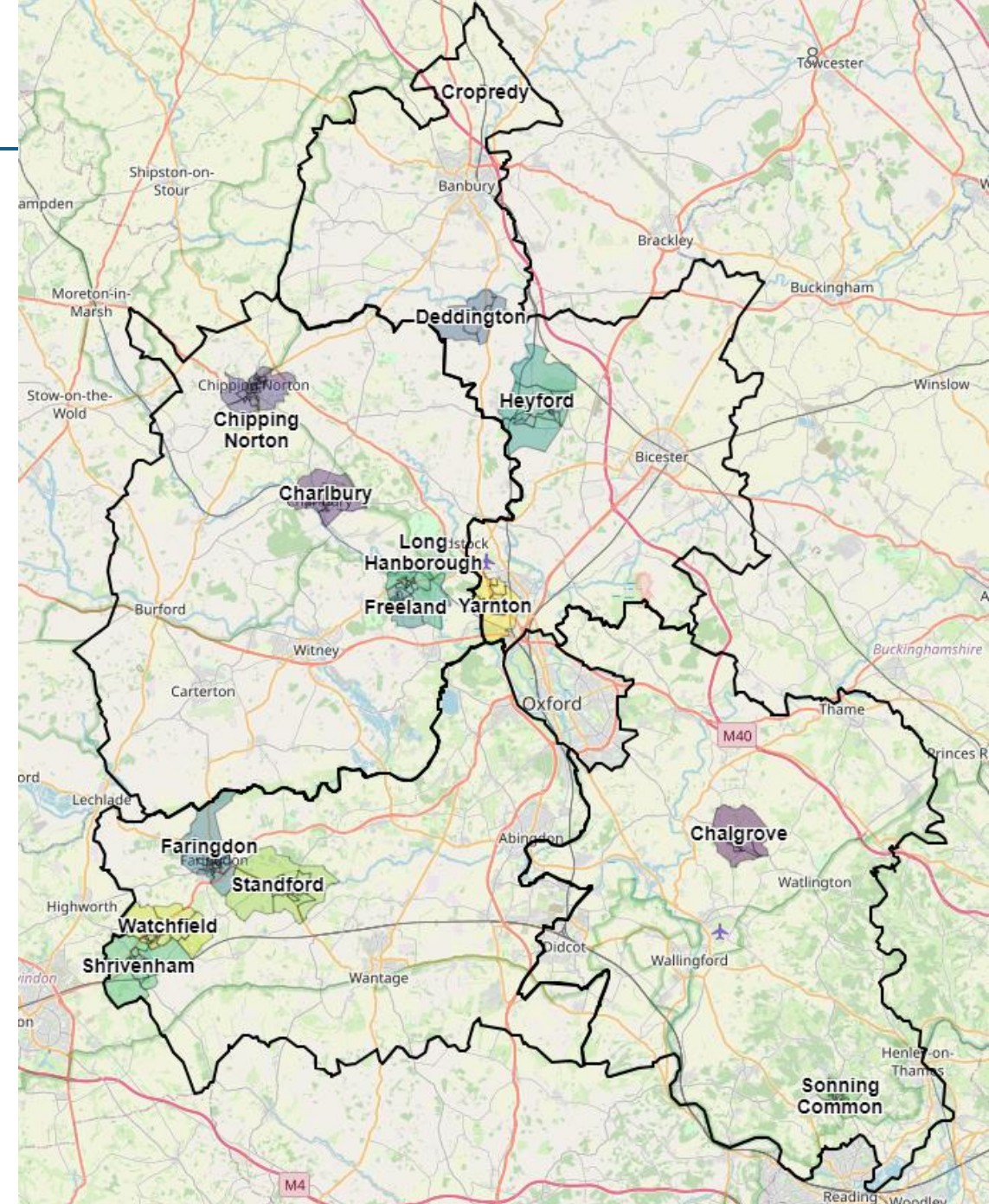


Bold lines indicate Local Authority District boundaries and fine lines MSOA boundaries.

Selected rural areas

This report focuses on 14 rural areas in Oxfordshire, where community engagement work was undertaken. They were selected for their diverse populations, deprivation markers, and distance from urban centres. These areas are the following:

- Cropredy, Deddington, Heyford, and Yarnton in Cherwell;
- Charlbury, Chipping Norton, Freeland, and Long Hanborough in West Oxfordshire;
- Chalgrove and Sonning Common in South Oxfordshire;
- Faringdon, Stanford in the Vale, Watchfield, and Shrivenham in the Vale of White Horse.



Population

[Population by age](#)

[Ethnicity](#)

[Population change](#)

[Household composition](#)

According to the ONS 2024 mid-year population estimates, Oxfordshire has a resident population of 763,218.

35% of the population of Oxfordshire (268,542 residents) lives in rural areas.

The 14 rural areas described in this report have a population of 52,921, representing 20% of the rural population, and 7% of the overall Oxfordshire population.

These areas comprise of 20,567 households, based on 2021 Census data.

Population and number of households in selected rural areas, all rural areas, all urban areas and Oxfordshire overall

Area	No. of residents (2024)	No. of households (2021)
Chalgrove	3,099	1,136
Charlbury	3,121	1,396
Chipping Norton	7,469	3,251
Cropredy	774	342
Deddington	2,241	989
Faringdon	9,611	3,715
Freeland	1,657	608
Heyford	4,117	1,338
Long Hanborough	3,782	1,441
Shrivenham	3,824	1,252
Sonning Common	4,580	1,849
Stanford in the Vale	2,573	965
Watchfield	2,882	995
Yarnton	3,191	1,290
Selected rural	52,921	20,567
Rural	268,542	104,979
Urban	494,676	183,093
Oxfordshire	763,218	288,072

2024 Mid-year population estimates and 2021 Census number of households at Output Area level were aggregated using the 2021 rural-urban classification
Source: [Population estimates - small area – Nomis](#), [TS041 Number of Households - Office for National Statistics](#)

Population by age (1)

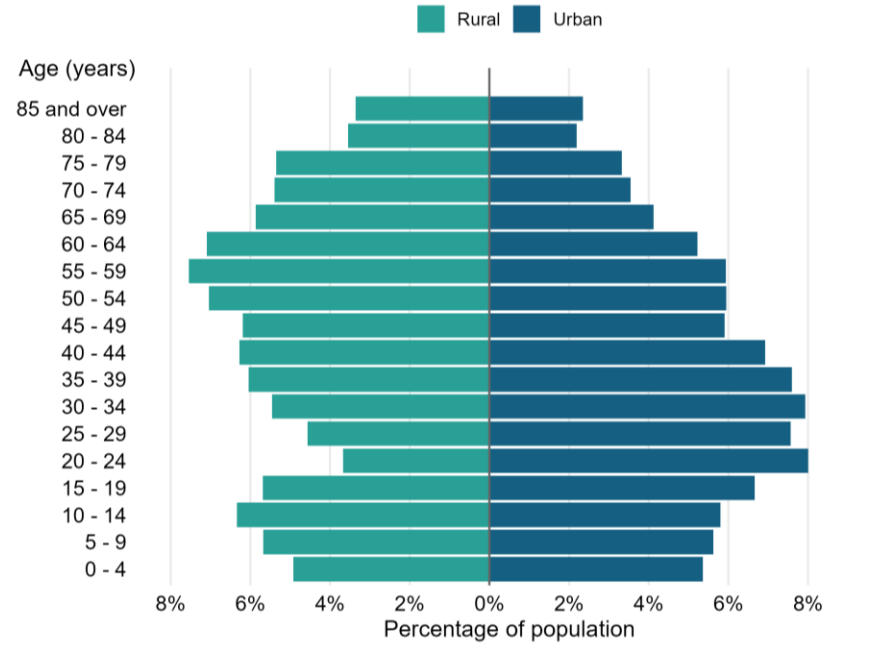
Rural areas have significantly higher proportion of adults aged 65 years and over (24%), compared to urban areas (16%) and Oxfordshire (18%).

Conversely, in rural Oxfordshire, there is a lower proportion of working age adults (16 to 64 years); 58% compared to 67% in urban areas. This is mainly driven by the 25-49 age group, which comprises 29% of the rural population compared to 36% of the urban. The 16-24 year age group is also proportionally low in rural areas (8%) compared to urban (14%).

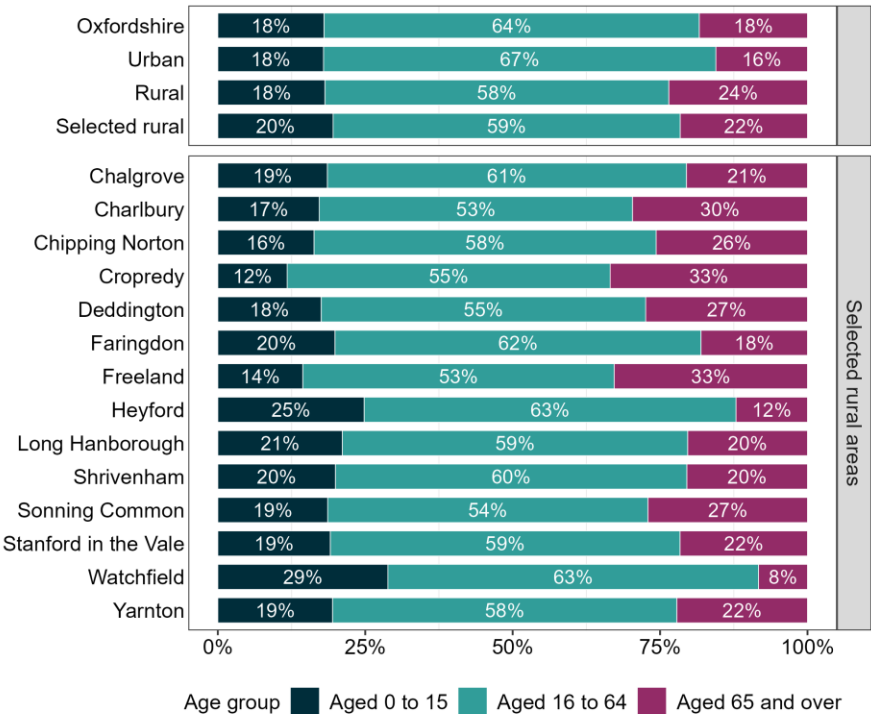
The proportion of the population aged 0 to 15 years is comparable across both urban and rural areas.

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Population pyramid showing the percentage of population living in rural and urban areas within five-year aged bands (2024)



Percentage of population by age group (2024)



Population by age (2)

In six of the fourteen rural areas in this report, a quarter or more of the population were 65 years and over. This has considerable implications for infrastructure as well as health and social care services.

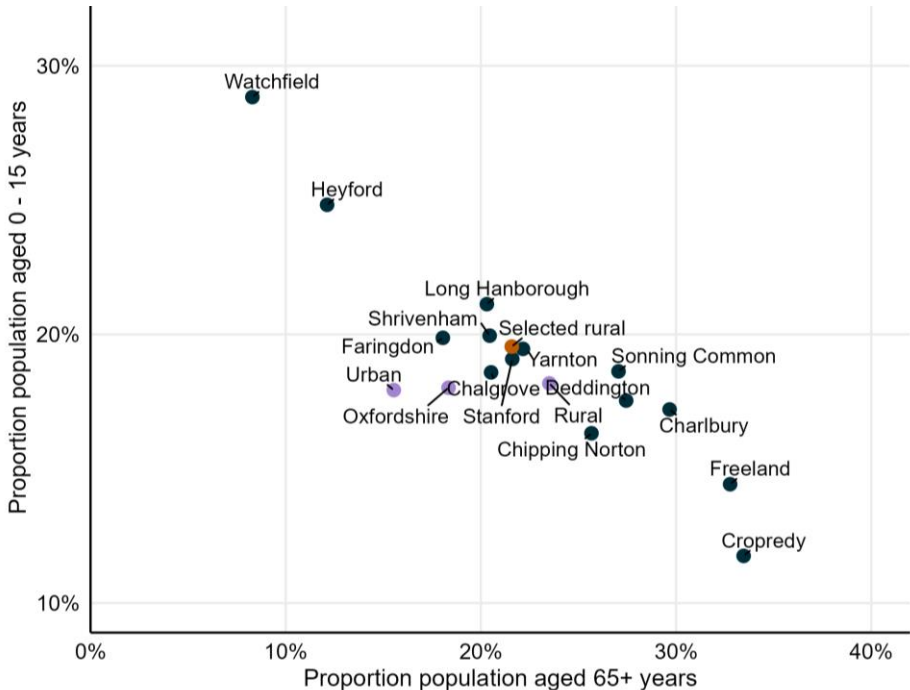
However, **there is a wide variation in the geographic make-up of these rural areas**, with a clear split between "young growth settlements" and "older rural communities". As a result, these communities have different needs.

For example, Watchfield and Heyford are younger communities, with 29% and 25% of their population under 16 years respectively and fewer older adults than urban centres (8% and 12% respectively).

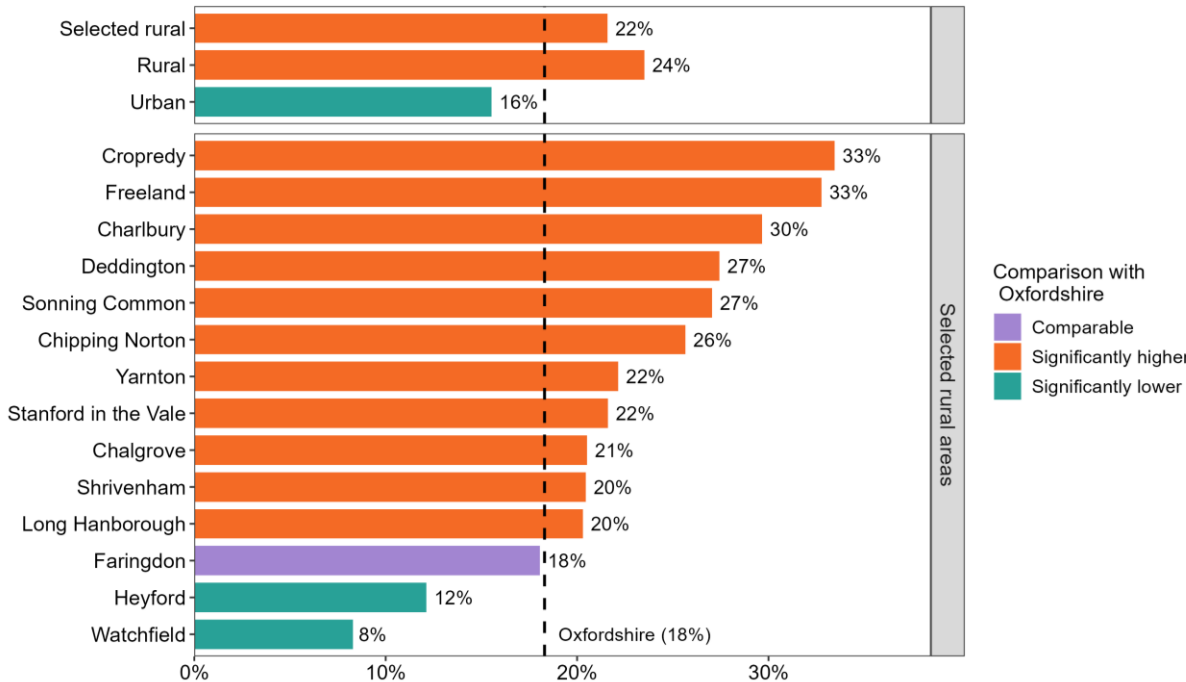
Freeland and Cropredy on the other hand are older communities with proportionally fewer children and young people.

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Age profiles across rural Oxfordshire communities (2024)



Percentage of population aged 65 years and over (2024)



Population change (1)

Oxfordshire's population has grown by 13% over the last decade, an increase of 86,597 residents, from 676,621 people in 2014 to 763,218 in 2024.

Population growth accelerated after 2020. Annual growth before 2020 was around 6,000 people per year, compared with over 11,000 per year from 2020 onwards.

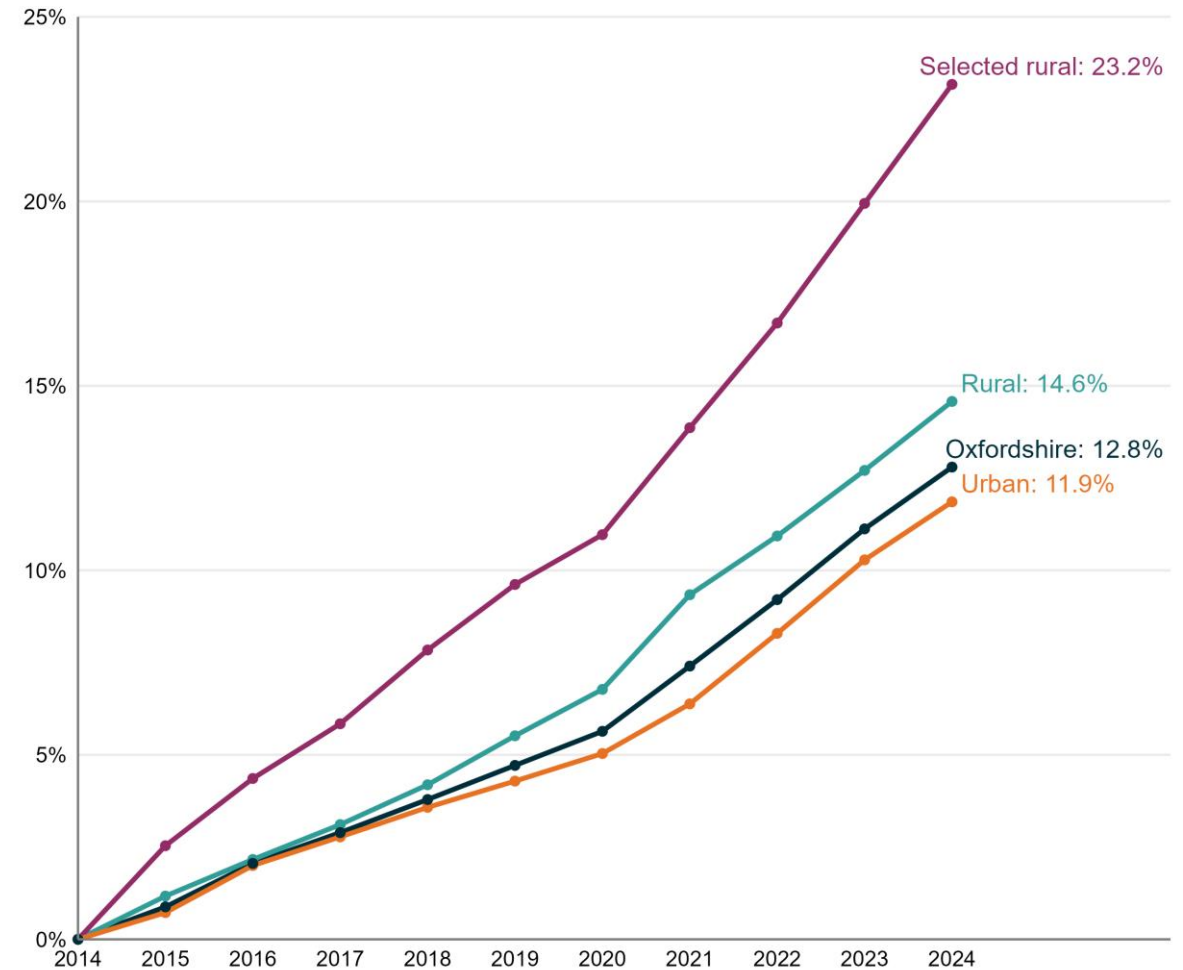
Rural Oxfordshire grew faster than urban Oxfordshire over the last decade. Rural areas experienced a **15%** population increase (234,376 in 2014 to 268,542 in 2024), compared to **12%** (442,245 to 494,676) in urban areas.

Slightly higher proportion of the population in Oxfordshire lived rurally in 2024 (35.2%) compared to 2014 (34.6%).

The 14 rural engagement areas experienced higher population growth than other rural areas, with a 23% increase in population (42,966 → 52,921). This was almost **double the Oxfordshire growth rate**.

The 14 rural areas contributed almost 30% of all rural population growth, despite containing only around one-fifth of the rural population.

Percentage increase in the resident population size from 2014 to 2024



Mid-year population estimates at Output Area level were aggregated to the above categories using the 2021 rural-urban classification

Source: [Population estimates - small area - Nomis](#)

Population change (2)

Population growth has occurred across all age groups over the past decade, but **the fastest increase has been in the 65 years and over age group**, which grew almost twice as fast as the overall population. **The growth of this group was more prominent in rural areas** (+25%) compared to urban (+20%).

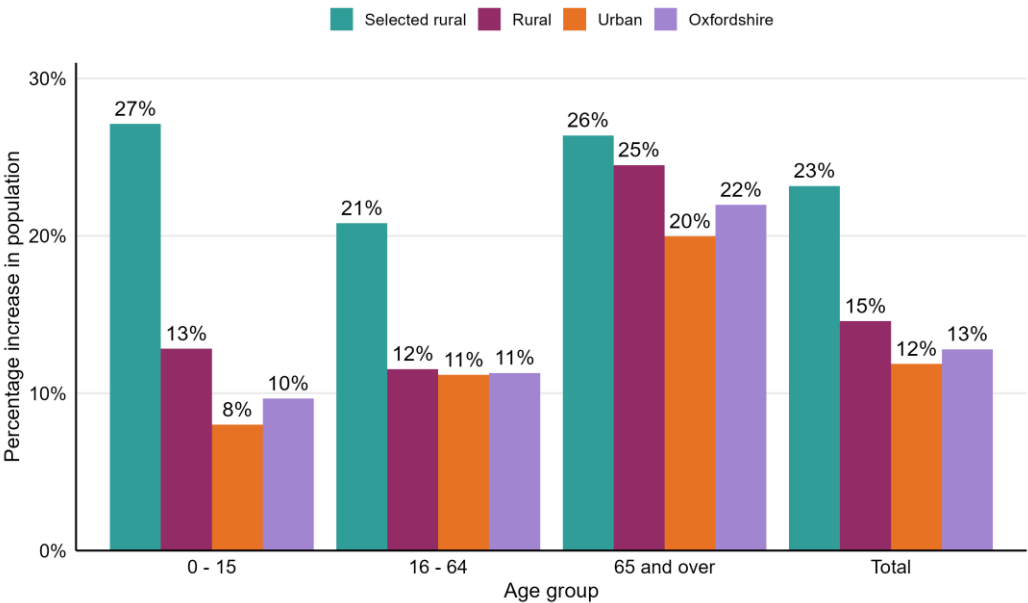
This affected the overall population structure. The proportion of residents aged 65+ increased from 17.0% to 18.3% across Oxfordshire (+1.3 percentage points) and from 21.6% to 23.5% in rural areas (+1.9 pp) between 2014 and 2024.

Conversely, the selected rural communities maintained relatively young age profiles through increases in children and working-age residents. In these areas, the children’s share in the population increased from 18.9% to 19.5% (+0.6 pp), whereas it fell in urban areas (-0.6pp), rural areas in general (-0.3pp), and Oxfordshire (-0.5pp).

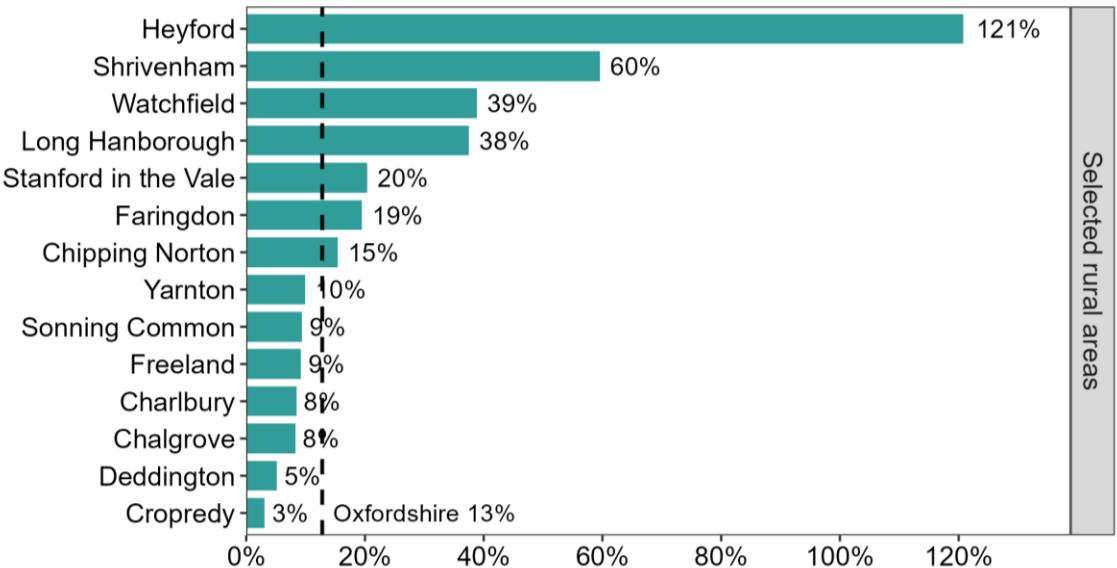
The most rapidly growing area was Heyford, with 121% (2,252 people) increase, followed by Shrivenham (60%), while the slowest-growing were Cropredy (3%) and Deddington (5%).

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Population change between 2014 and 2024 by broad age group



Population growth between 2014 and 2024 in selected rural areas



Rural areas are less ethnically diverse than Oxfordshire as a whole. Only 5% of residents had a non-white background, compared to 17% in urban areas and 13% in Oxfordshire, based on 2021 Census data.

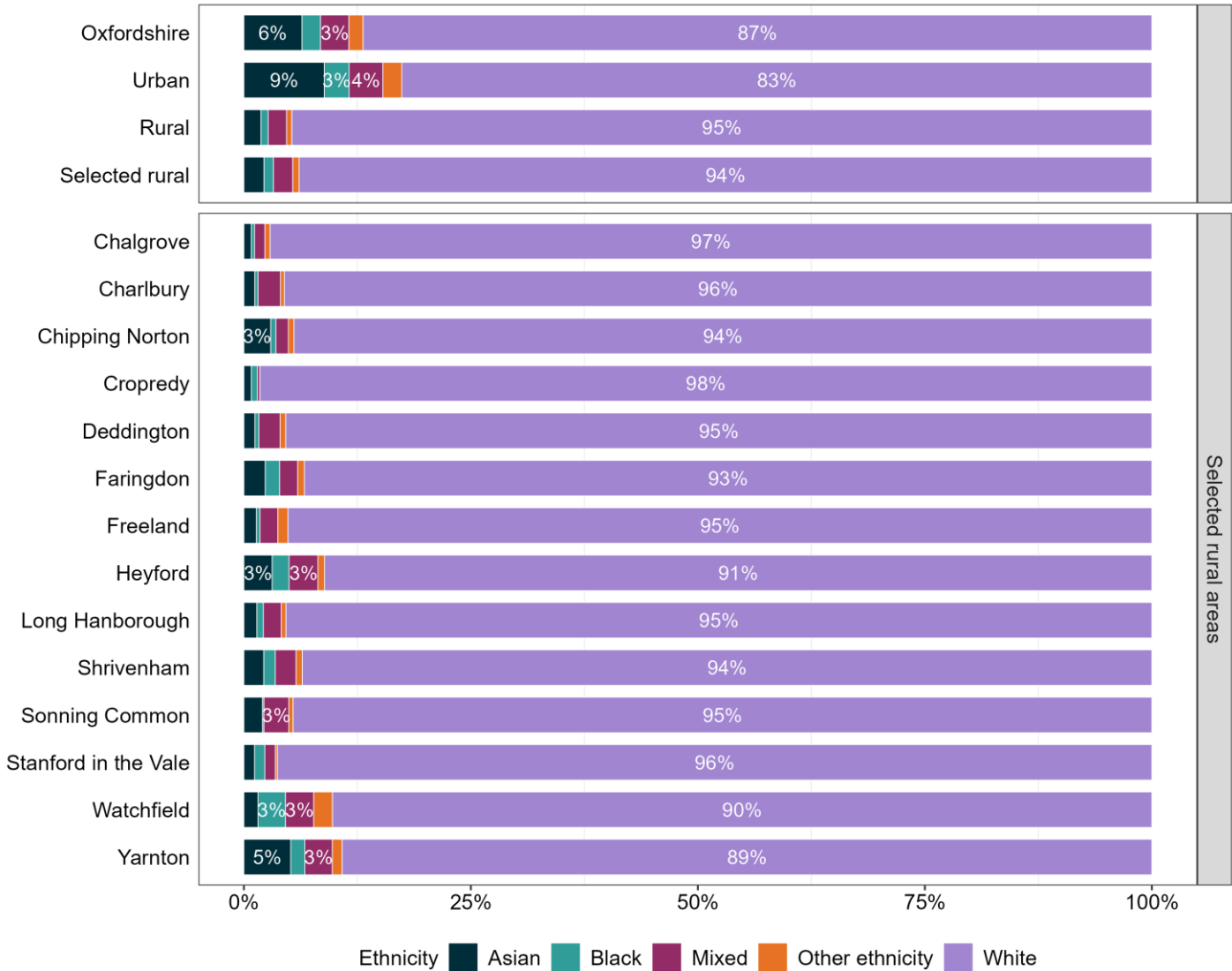
In the 14 rural areas, 94% of the population were from a white background, 2% from an Asian background, 1% from a Black background, and 3% from a mixed or other background.

The most ethnically diverse area was Yarnton, with 11% of residents from a non-white background, followed by Watchfield (10%) and Heyford (9%).

Yarnton had the highest proportion of residents in the Asian ethnic group among the 14 rural areas (5%), followed by Heyford and Chipping Norton (3%).

At the time of the Census, 3% of residents in Watchfield identified as Black, which was the highest among the 14 rural areas, higher than the Oxfordshire average (2%) and comparable to urban areas (3%).

Proportion of resident population by ethnic group (2021)



Source: Census 2021 table TS021 from <https://www.nomisweb.co.uk>

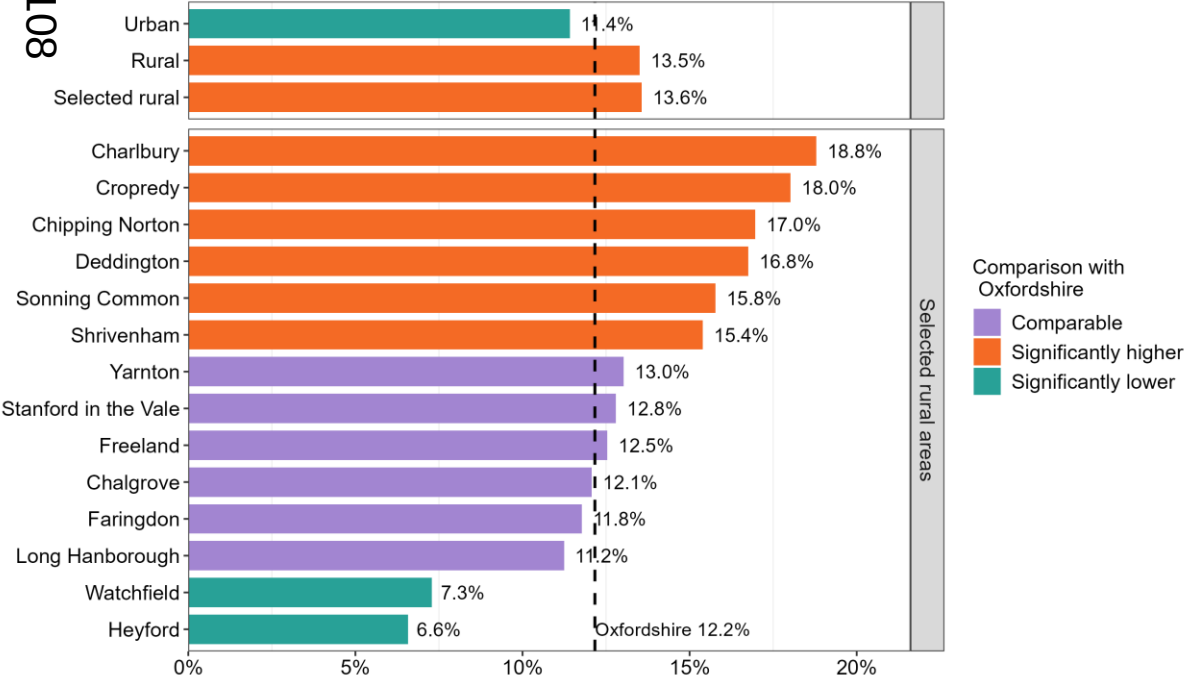
Household composition

In rural areas of Oxfordshire, single family households were the most common household type (70%), followed by one person households (25%), whilst “other household types”, such as multiple family households, were the least common (5%), based on 2021 Census data. In comparison, urban areas had higher proportion of persons living on their own (28%), with 9% being other types of household.

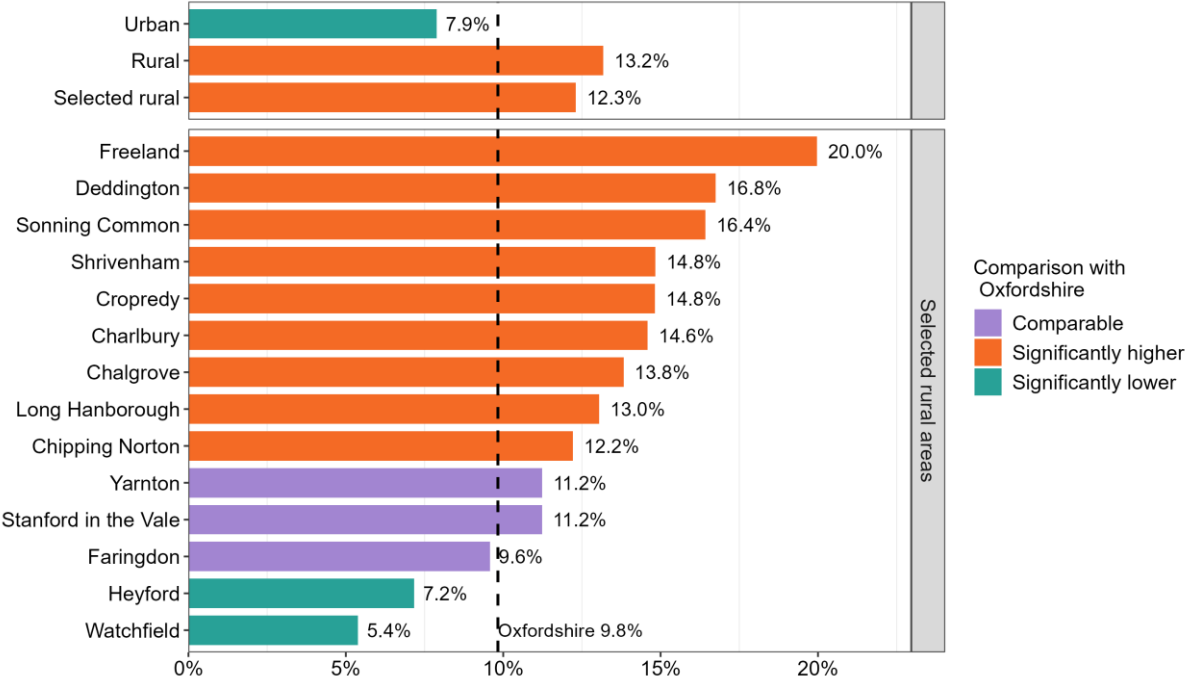
More households proportionally consisted of either a single person over 65 years or a family with all members over 65 years in rural areas (27%), compared to the average in urban areas (19%) and the Oxfordshire average (22%). In rural areas, 53% of one-person households were over 65 years, which was equivalent to 14% of all households. This may have considerable implications for the prevalence of loneliness in these areas.

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Proportion of households with a single person over 65 years (2021)



Proportion of households with a single family aged over 65 years (2021)



Source: Census 2021 table TS003 from <https://www.nomisweb.co.uk>

Living and Ageing Well Health and Wellbeing

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Health and disability

Healthcare use and
Mortality

Life expectancy

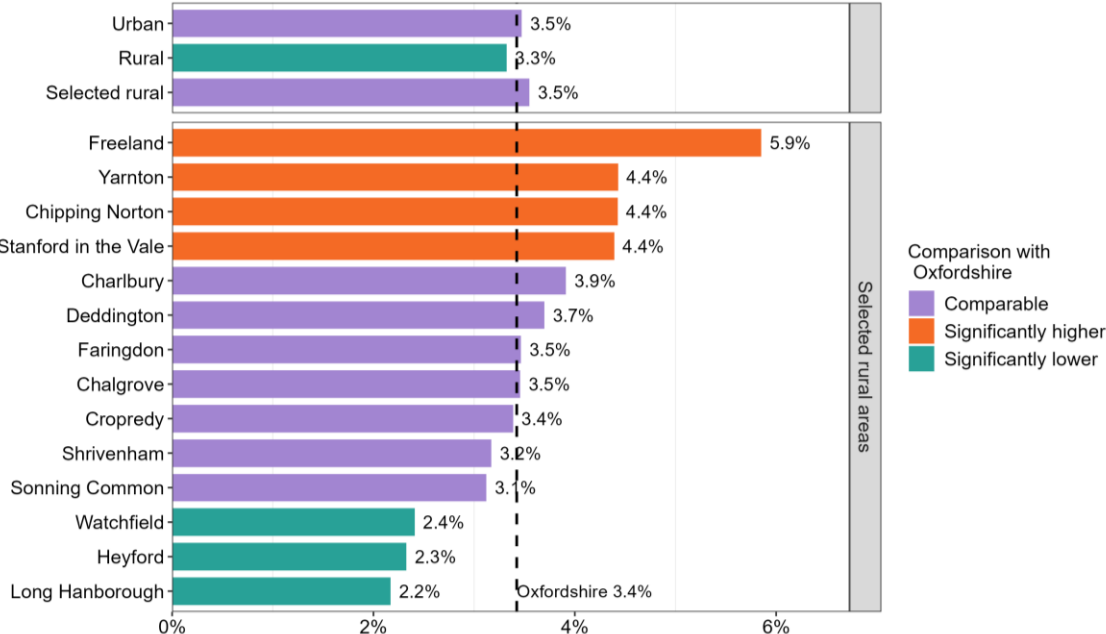
Childhood obesity

Self-reported health was broadly similar across rural and urban Oxfordshire, with 86% of individuals reporting good or very good health, according to 2021 Census data.

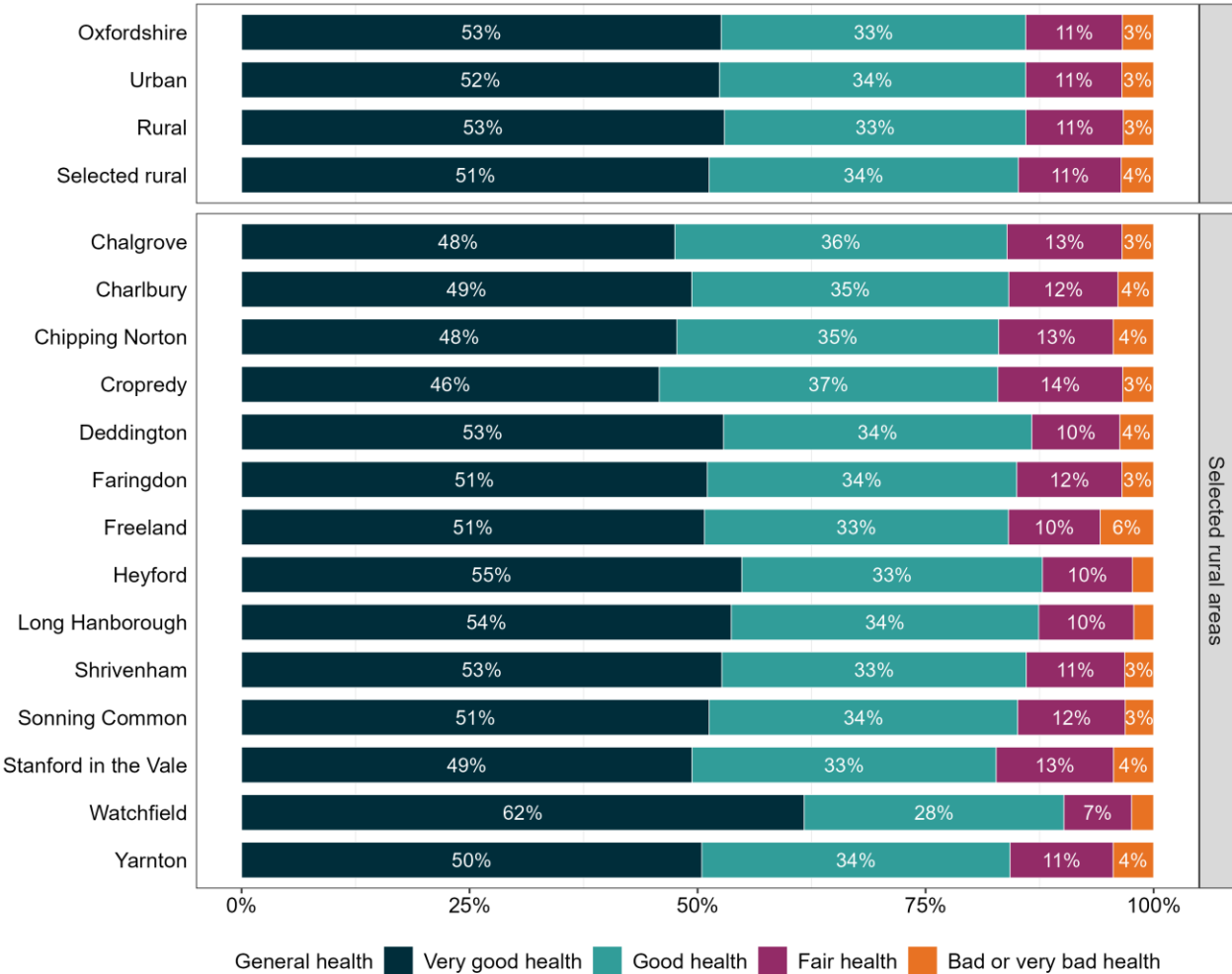
However, there was considerable variation across individual rural communities. Residents in Freeland reported double the proportion of bad or very bad health (6%) compared to the Oxfordshire average of 3%. Yarnton, Chipping Norton and Stanford also had higher proportion of people with bad or very bad health than Oxfordshire (4% vs 3%).

Conversely, residents in Watchfield, Heyford, and Long Hanborough reported better health than Oxfordshire as a whole.

Proportion of population reporting bad or very bad health (2021)



Proportion population by self-reported health status (2021)

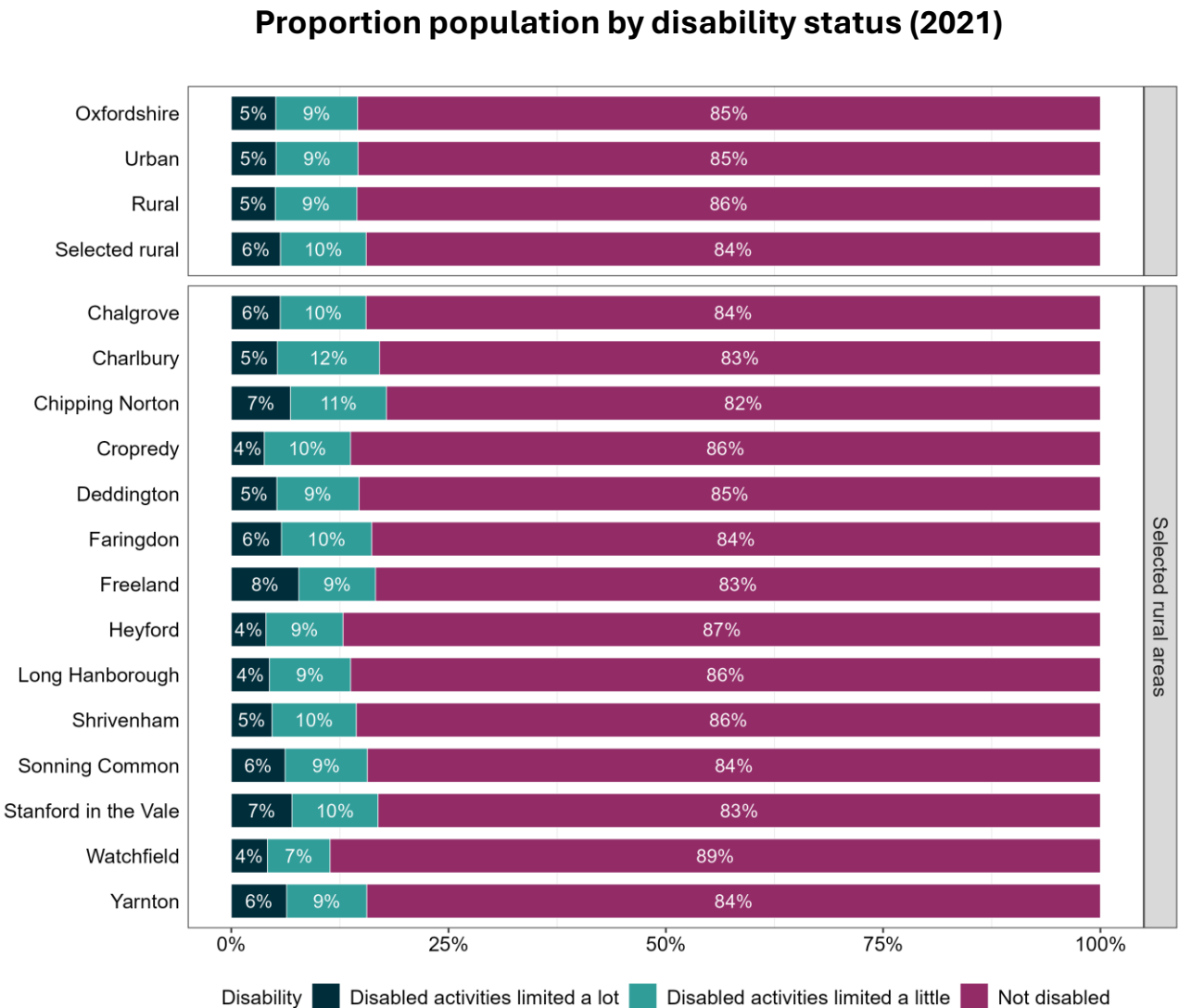
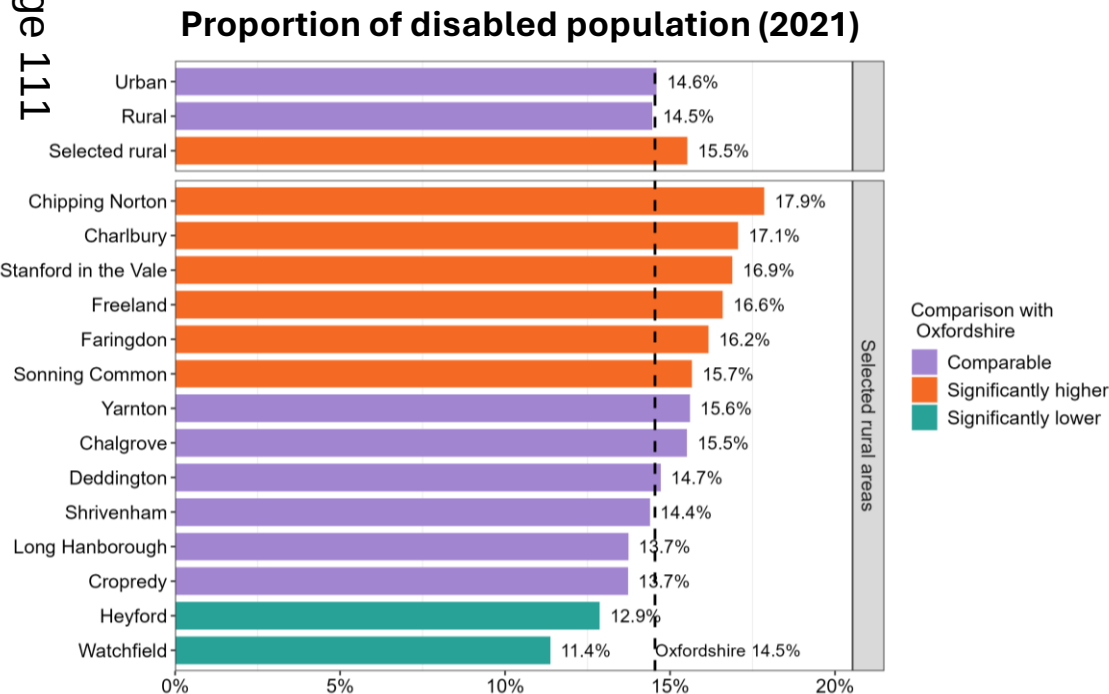


Disability data are based on the 2021 census, where disabled individuals are considered those who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses, in line with the Equality Act (2010).

Rural areas had similar prevalence of disability (14.5%) as urban areas (14.6%) and Oxfordshire (14.5%).

However, there was variation across rural areas. Chipping Norton, Charlbury, Stanford, and Freeland had higher proportion of population with disability compared to Oxfordshire.

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Life Expectancy

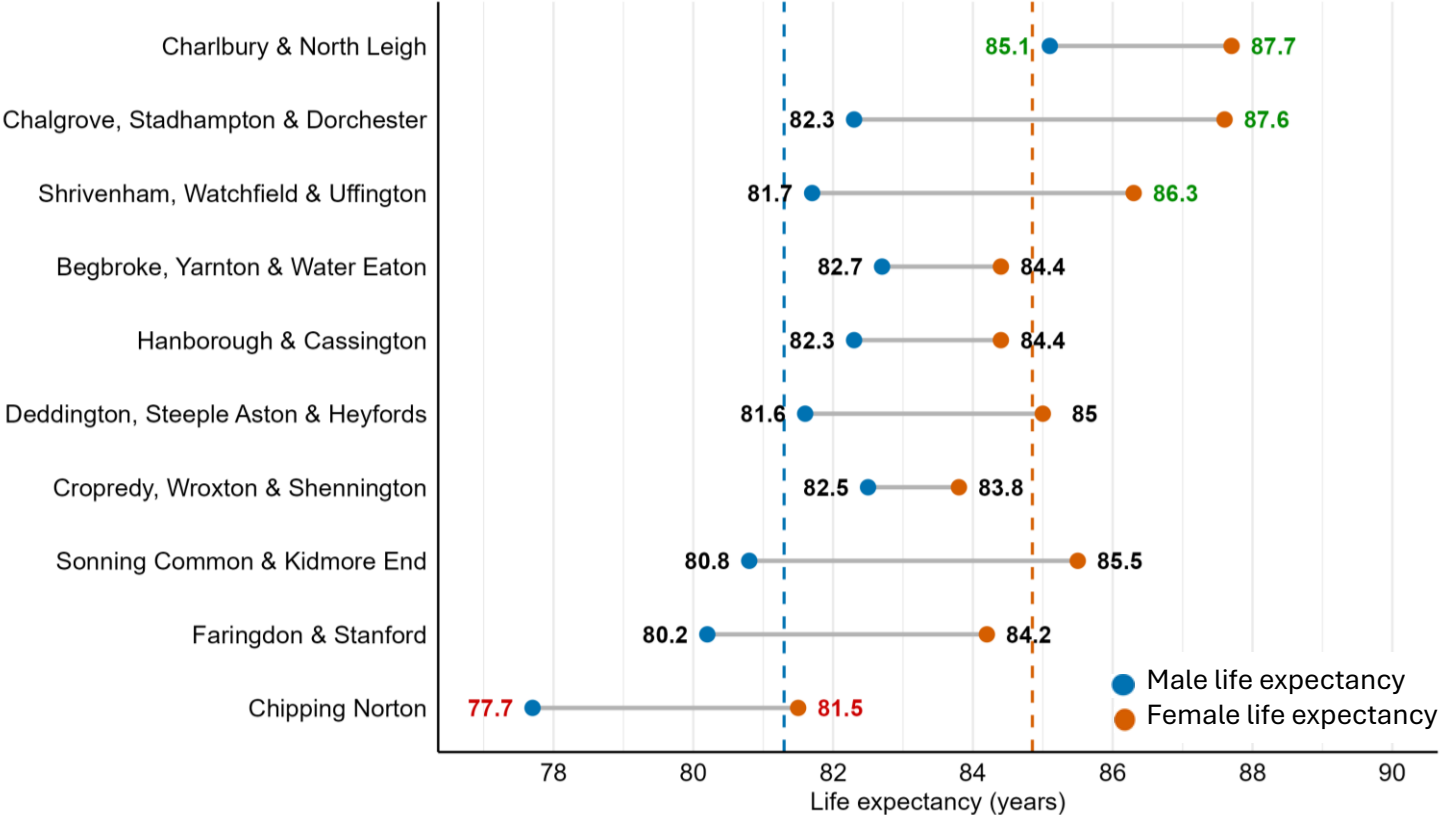
Life expectancy data at MSOA level is available for the 5-year period 2019-2023. The fourteen selected rural areas were within 10 MSOAs.

In 2019-2023, the average life expectancy at birth in Oxfordshire was 84.9 years for females and 81.3 years for males.

Rural MSOAs had higher life expectancy at birth than urban MSOAs for both sexes. Female life expectancy was 85.9 years in rural areas compared to 84.4 years in urban areas (difference +1.5 years). For males, life expectancy was 82.0 years in rural areas compared to 80.7 years in urban areas (difference +1.3 years).

Most of the selected rural areas had similar life expectancy to Oxfordshire apart from Chipping Norton, which had significantly lower life expectancy for both genders. The gap to the Oxfordshire average was -3.4 years for females and -3.6 years for males.

Male and female life expectancy at birth in selected rural MSOAs



Vertical lines represent the Oxfordshire average life expectancy for males (blue) and females (orange). The colour of the labels represents values significantly higher than Oxfordshire (green), similar (black), and significantly lower than Oxfordshire (red).

Healthcare use and mortality indicators

21

Information on mortality and emergency hospital admissions were available at MSOA level.

Rural areas had lower mortality than urban areas across most major causes of death, based on 2019-2023 data. However, Chipping Norton is a significant outlier. The area experiences significantly higher all cause mortality, premature mortality (under 75s), mortality from stroke, cardiovascular disease, and respiratory diseases, as well as preventable mortality.

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Emergency hospital admission rates were generally lower in rural Oxfordshire and the selected areas in 2016/17-2020/21. However, a third of rural MSOAs (11 out of 31) had significantly higher rates of injury-related admissions among young people aged 15–24, compared to Oxfordshire. Emergency hospital admissions in the 0-4 years age group were also higher than the Oxfordshire average in 23% of rural MSOAs (7 out of 31). Chipping Norton had higher emergency admissions for 8 out of 12 indicators, including all causes, heart attacks, strokes, COPD, and hip fractures in over 65s than the county averages.

Comparison of selected rural areas with Oxfordshire across health indicators

	Begbroke, Yarnton & Water Eaton	Chalgrove, Stadhampton & Dorchester	Charbury & North Leigh	Chipping Norton	Cropley, Wroxton & Shennington	Deddington, Steeple Aston & Heyfords	Faringdon & Stanford	Hanborough & Cassington	Shrivenham, Watchfield & Uffington	Sunning Common & Kidmore End	
Emergency hospital admissions for COPD	54.4	21.3	28.9	85.6	54.1	82.1	50.4	30.5	37.9	46.4	Hospital admissions
Emergency hospital admissions for all causes	96.6	82.0	86.9	123.1	93.2	88.4	78.9	83.2	78.2	62.0	
Emergency hospital admissions for coronary heart disease	54.4	67.4	74.3	94.5	64.1	82.4	68.0	70.9	67.0	34.9	
Emergency hospital admissions for heart attack (MI)	66.5	84.1	92.7	113.0	68.9	71.3	71.3	66.1	76.0	40.0	
Emergency hospital admissions for hip fracture, ages 65+	116.3	80.0	101.4	148.0	115.9	98.1	92.9	77.1	85.0	74.2	
Emergency hospital admissions for injury, ages 0-14 years	103.1	78.8	88.3	97.8	85.1	98.7	63.5	95.8	75.9	91.9	
Emergency hospital admissions for injury, ages 0-4 years	108.2	116.3	77.2	158.3	113.0	99.9	81.5	69.8	70.1	108.0	
Emergency hospital admissions for injury, ages 15-24 years	148.5	152.6	145.6	225.6	121.7	183.0	197.5	130.5	156.5	172.9	
Emergency hospital admissions for intentional self-harm	78.5	112.8	81.5	122.5	66.2	64.6	152.2	106.9	89.3	78.1	
Emergency hospital admissions for stroke	83.5	69.8	74.7	114.3	77.3	84.1	88.0	91.3	67.7	74.4	
Emergency hospital admissions, ages 0-4 years	107.9	124.6	90.7	185.3	188.8	172.5	89.1	145.8	108.3	100.4	Mortality
Hospital admissions for alcohol attributable conditions	75.1	65.3	64.1	82.0	68.2	55.6	75.0	58.1	74.4	58.9	
Mortality from all causes	86.0	71.1	63.8	122.0	90.2	83.5	95.2	90.5	85.5	85.5	
Mortality from cancer	76.4	88.0	74.5	92.0	94.0	106.0	86.6	72.4	73.5	76.3	
Mortality from cardiovascular disease	65.4	65.2	68.8	107.2	79.5	63.4	97.7	97.5	86.8	57.1	
Mortality from coronary heart disease	57.7	67.1	83.0	87.1	74.9	41.6	79.3	70.0	87.0	36.6	
Mortality from respiratory diseases	72.8	70.7	54.4	115.0	52.4	105.4	88.5	90.6	67.0	87.4	
Mortality from stroke	69.5	56.3	70.2	131.3	100.7	64.5	120.2	173.7	106.6	94.0	
Mortality from all causes (aged under 75)	74.1	57.2	55.6	107.9	74.7	78.0	80.2	53.1	67.5	67.2	
Mortality from cancer (aged under 75)	85.4	81.5	78.6	89.0	91.8	115.0	91.4	50.9	75.6	83.2	
Mortality from cardiovascular disease (aged under 75)	45.7	43.8	37.4	94.3	61.5	62.2	72.1	55.0	80.0	53.2	
Mortality from causes considered preventable (aged under 75)	76.6	58.5	45.8	95.1	68.5	57.6	74.9	41.8	54.0	55.7	

Compared to Oxfordshire ■ Better ■ Similar ■ Worse

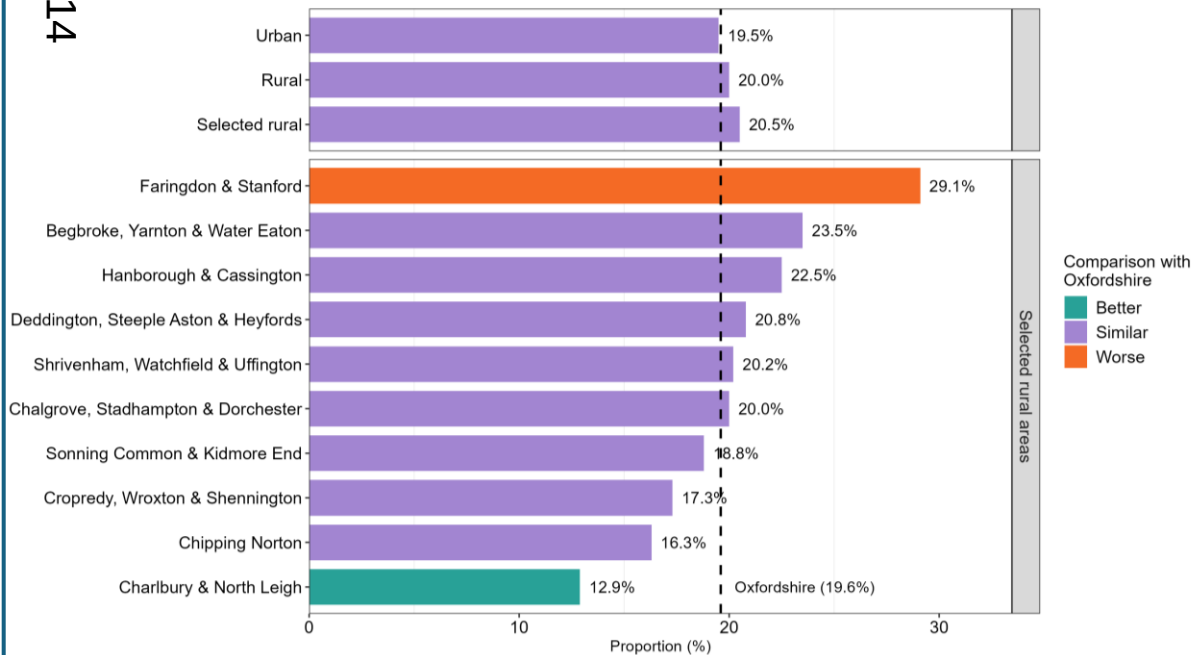
Emergency admissions figures are indirectly standardised ratios per 100 population for 2016/17-2020/21, apart from admissions for injury, which are crude rates per 10,000 population, and admissions in ages 0-4 years, which are crude rates per 1,000 population of that age group. Mortality figures are indirectly standardised ratios per 100 population for 2019-2023. Data available at MSOA level. Source: [Local health, public health data for small geographic areas - Data | Fingertips | Department of Health and Social Care](#)

Reception Year

Childhood prevalence of overweight and obesity at Reception in the three-year period 2022/23 to 2024/25 was similar across rural (20.0%) and urban (19.5%) Oxfordshire.

Faringdon & Stanford was one of the four Oxfordshire MSOAs (out of 87), where obesity prevalence was significantly higher (29.1%) than the Oxfordshire average of 19.6%, with the other three being in urban areas. It was also one of the two areas with significantly higher obesity prevalence than England (22.3%).

Reception prevalence of overweight and obesity (2022/23-24/25)

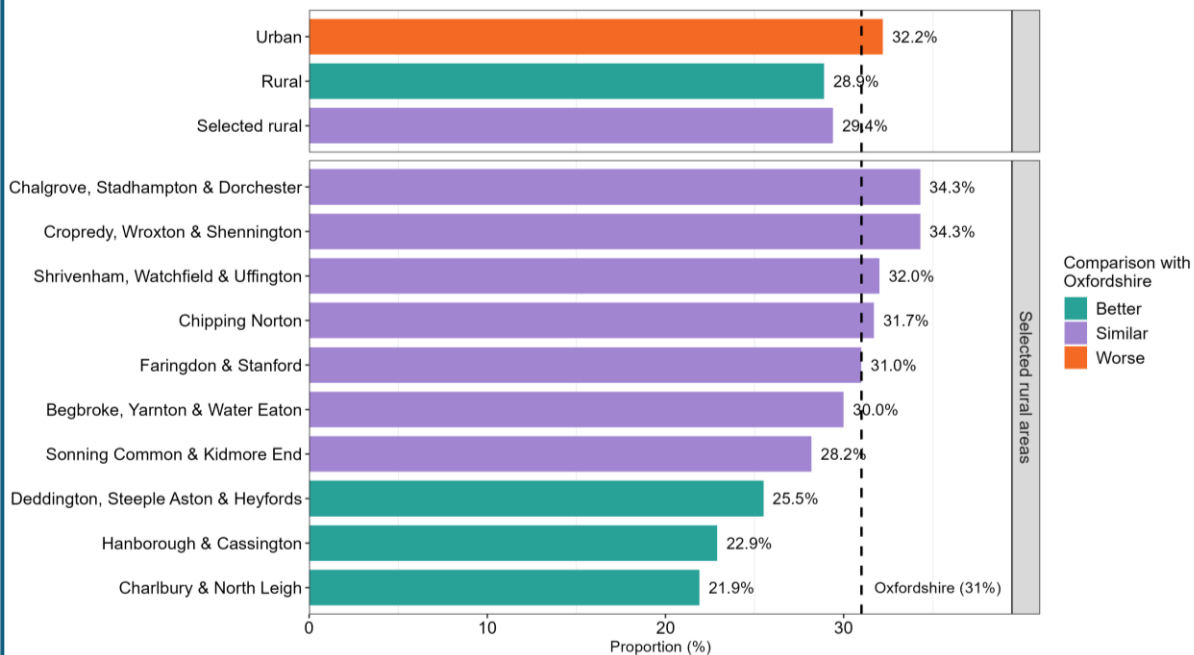


Year 6

Prevalence of overweight and obesity at Year 6 was lower in rural areas (28.9%) compared to urban (32.2%), based on data from 2022/23 to 2024/25.

None of the rural MSOAs in Oxfordshire had significantly higher prevalence of Year 6 overweight compared to Oxfordshire as a whole and compared to England.

Year 6 prevalence of overweight and obesity (2022/23-24/25)



Building blocks of health

Employment

Housing

Deprivation

Access to services

Crime

Economic activity (1)

Data on economic activity is available from the 2021 Census and counts people aged 16 years and over as economically active if they were:

- In employment (an employee or self-employed),
- Unemployed, but looking for work and could start within two weeks, or waiting to start a job that had been offered and accepted.

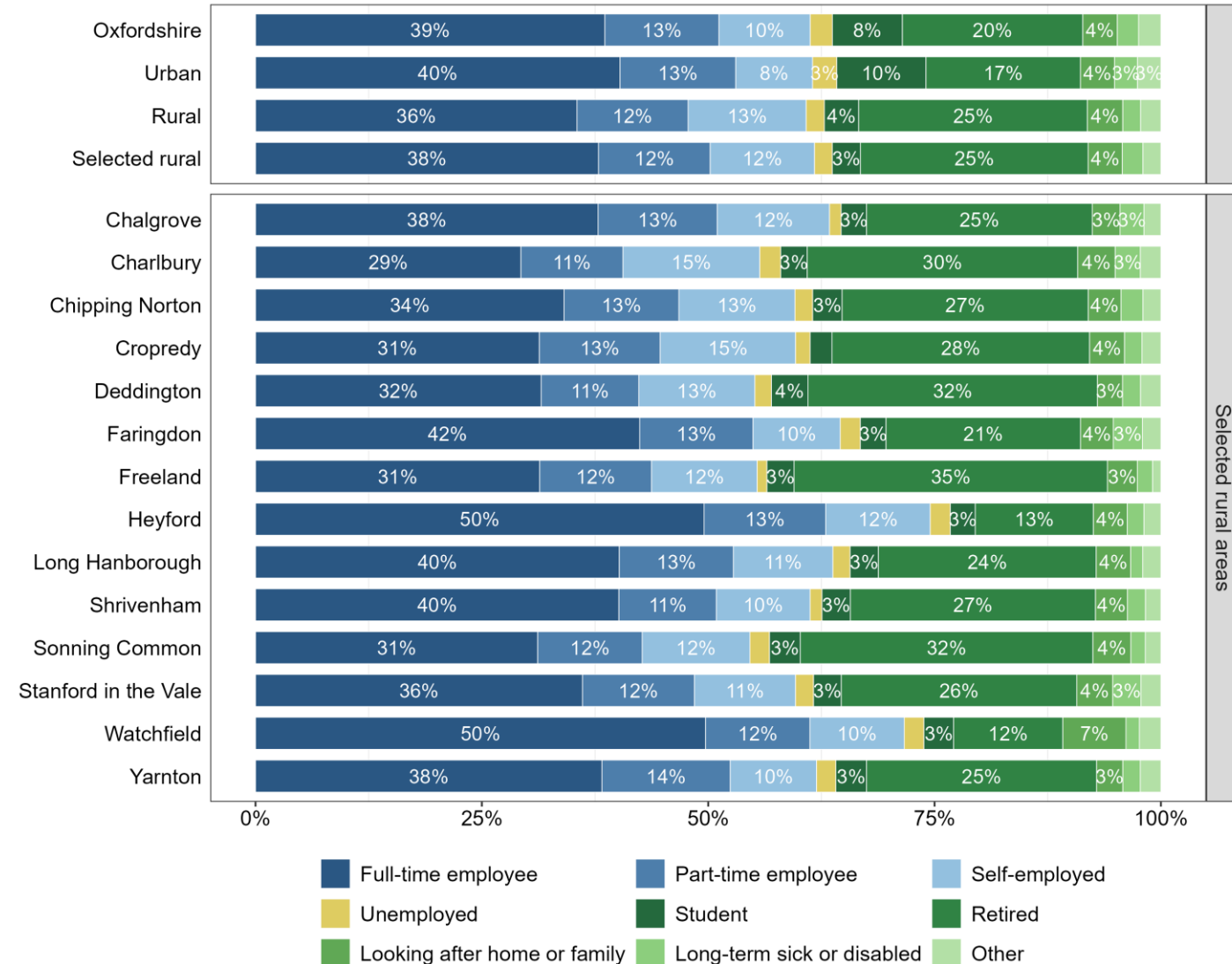
Rural areas had slightly lower proportion of economically active population (62.8%) compared to urban areas (64.2%) and Oxfordshire (63.7%). Of those economically active, 96.8% were in employment and 3.2% unemployed, compared to 95.8% in employment and 4.2% unemployed in urban areas.

Rural areas also had higher proportion of self-employed individuals (13.0%) than urban areas (8.5%).

The slightly higher economic inactivity in rural areas (37.2% vs 35.8% in urban) was driven by those retired, who comprised 25.3% of the population, compared to 17.1% in urban areas and 19.9% in Oxfordshire.

On the other hand, rural areas had proportionally much lower student population (3.8%) compared to urban areas (9.9%) and Oxfordshire (7.7%).

Proportion of people aged 16+ years by economic activity (2021)



Economic activity (2)

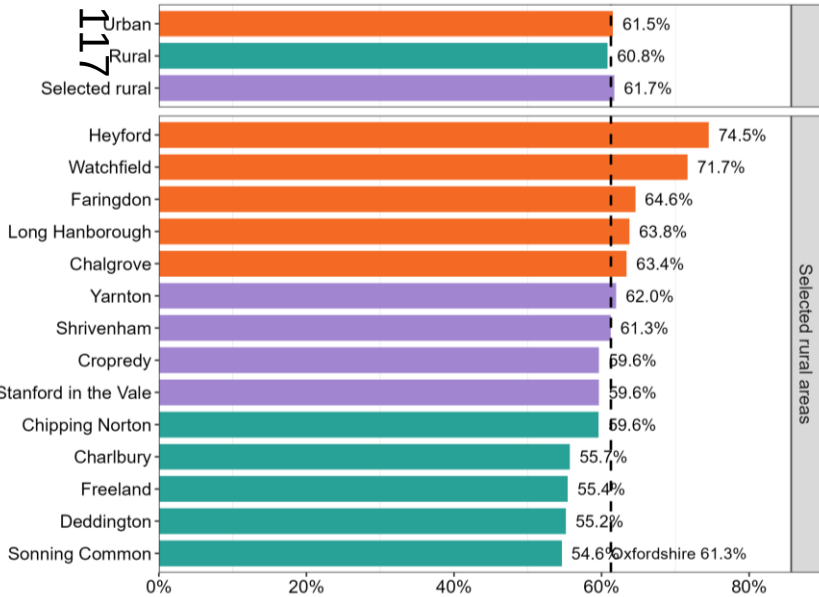
Heyford and Watchfield had the strongest employment profile among the selected rural areas (74.5% and 71.7% in employment respectively), which was considerably higher than the Oxfordshire average of 61.3%.

None of the selected rural areas had higher unemployment rate than Oxfordshire as a whole.

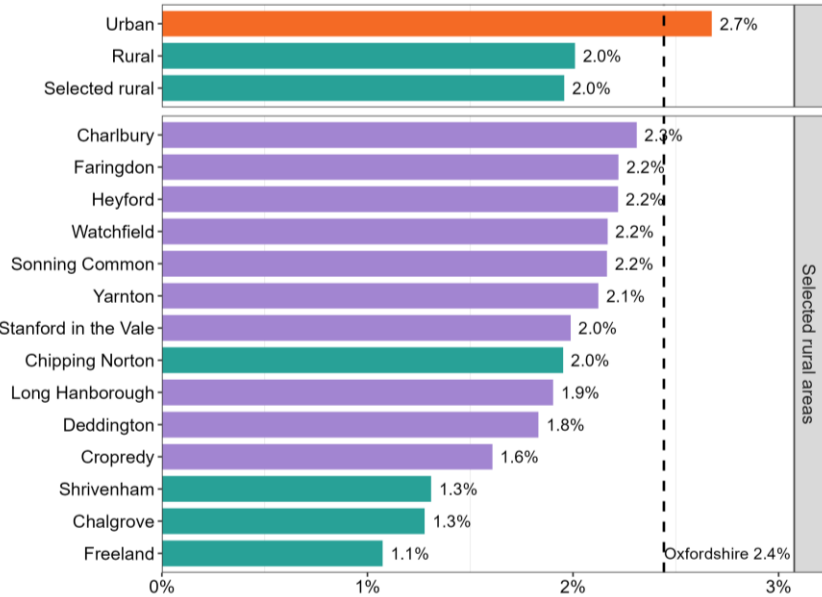
The communities with the highest economic inactivity were Freeland (43.5%), Sonning Common (43.2%), and Deddington (43.0%). This likely reflects the older population profile, as these were also the areas with the highest proportion of retired individuals.

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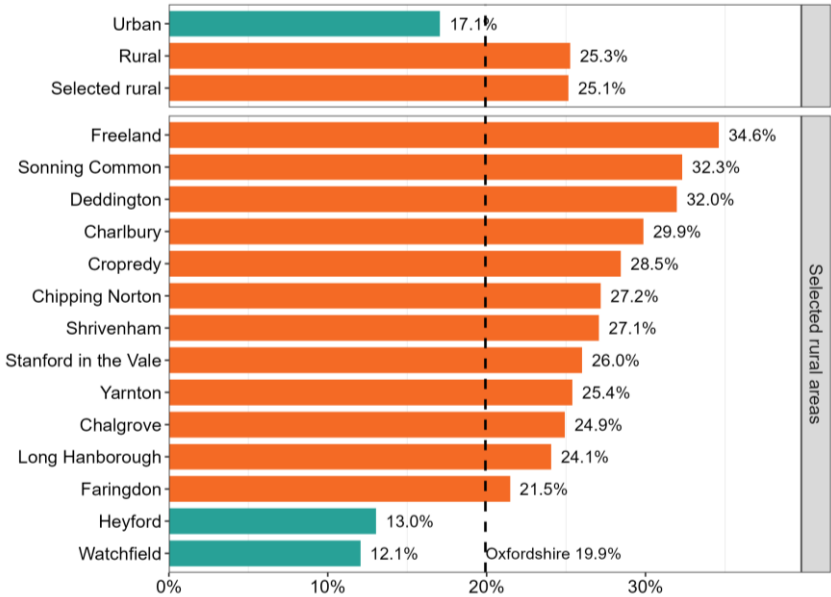
Proportion of population in employment (2021)



Proportion of unemployed population (2021)



Proportion of retired population (2021)



Comparison with Oxfordshire

Comparable Significantly higher Significantly lower

Source: Census 2021 table TS066 from <https://www.nomisweb.co.uk>

Unemployment claimants

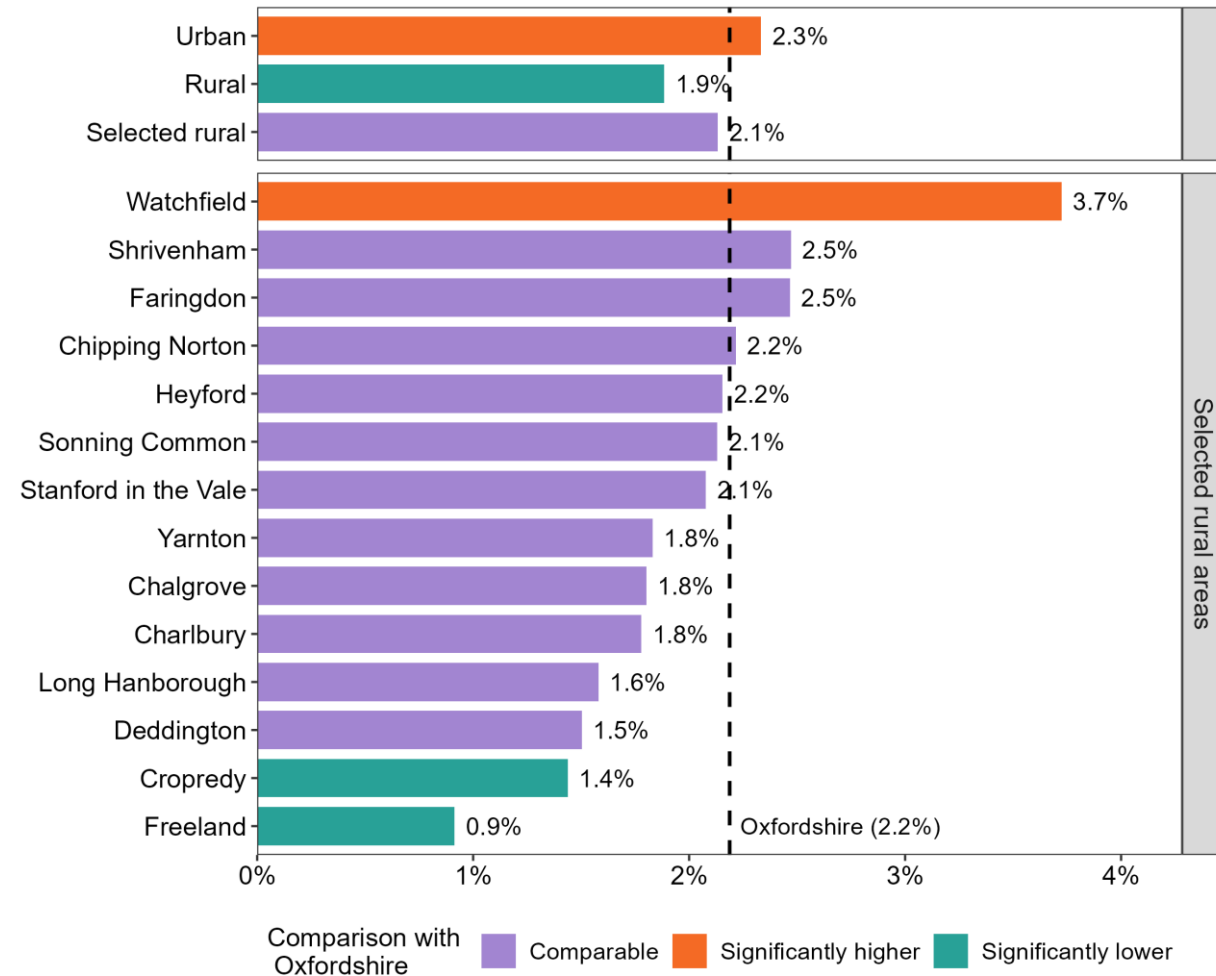
The claimant count is a measure of the number of people claiming benefits principally for the reason of being unemployed, based on administrative data from the benefits system. This includes all Universal Credit claimants who are required to seek work and be available for work, as well as all Jobseeker's Allowance claimants.

The proportion of people claiming unemployment benefits as a proportion of the residents aged 16-64 was lower in rural areas (1.9%) compared to urban (2.3%) in the first half of 2026.

Of the fourteen selected rural areas, Watchfield had significantly higher proportion of claimants (3.7%) compared to the Oxfordshire average (2.2%).

In eleven other rural areas the prevalence of unemployment claimants was similar to Oxfordshire as a whole, while in Cropredy and Freeland it was significantly lower.

Proportion claimants among the 16-64 population (2026)



Monthly claimant count from January to June 2026 at LSOA-level was averaged. Resident population aged 16-64 was used as denominator.

Source: [Claimant count by sex and age](#) and [claimant count denominators – residents aged 16 to 64](#) from NOMIS.

Occupation

Information on occupation, which classifies what people aged 16 years and over do as their main job is based on the 2021 Census.

In 2021, rural Oxfordshire had a more managerial and skilled-trades occupational profile than urban Oxfordshire.

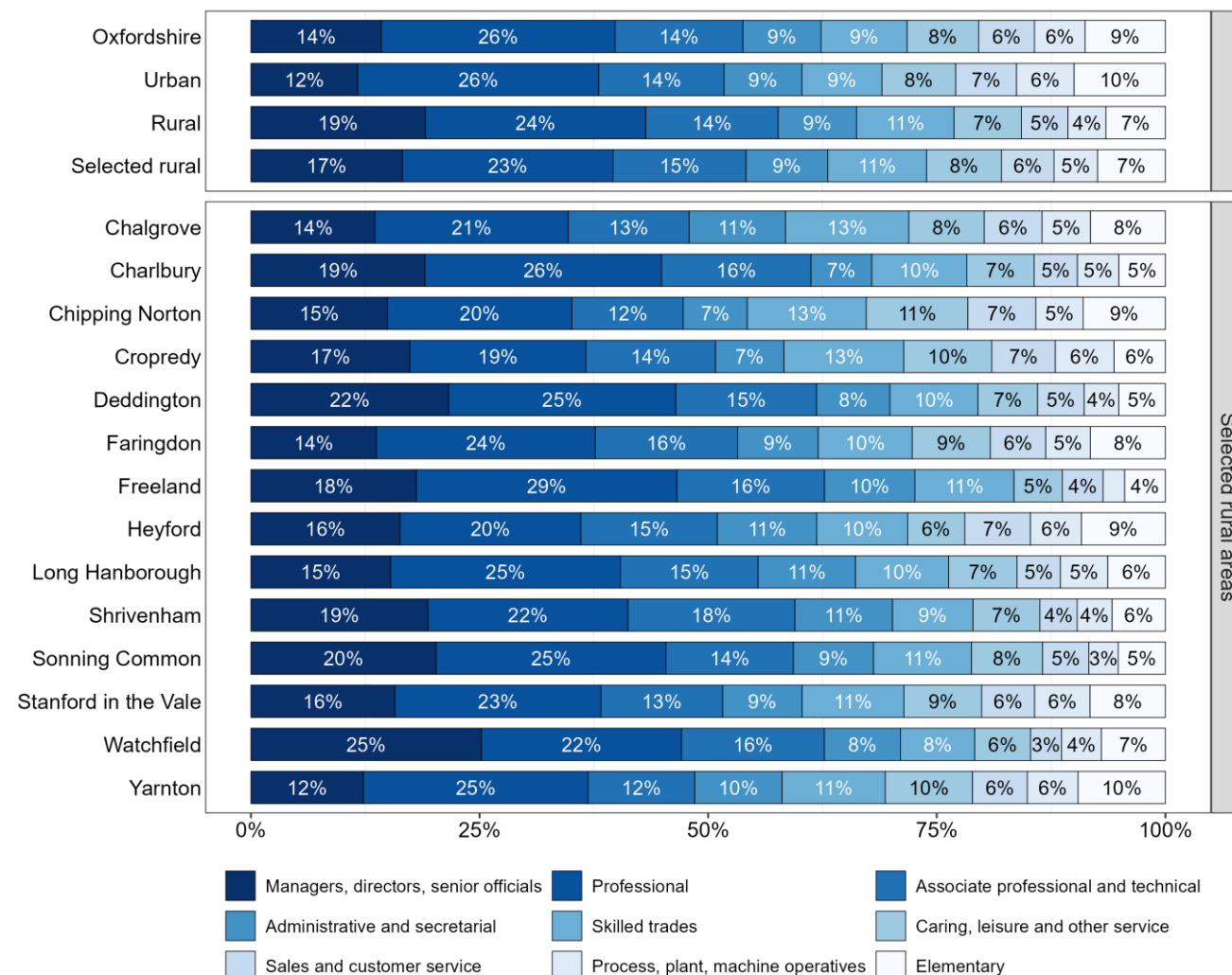
Managers and senior officials comprised 19.1% of rural residents, compared to 11.7% in urban areas. Additionally, 10.7% of the rural population were in skilled trades compared to 8.8% in urban areas.

Workers in rural areas were less likely to be in service-related, process, and elementary occupations (23.1%) compared to urban areas (31.0%).

Watchfield had the highest proportion of managers (25.2%), followed by Deddington and Sonning Common.

Chipping Norton had the highest proportion of service-related and elementary workers (32.7%), followed by Yarnton (30.6%).

Proportion of people aged 16+ in employment by occupation (2021)



Housing tenure

Housing tenure data are based on the 2021 Census.

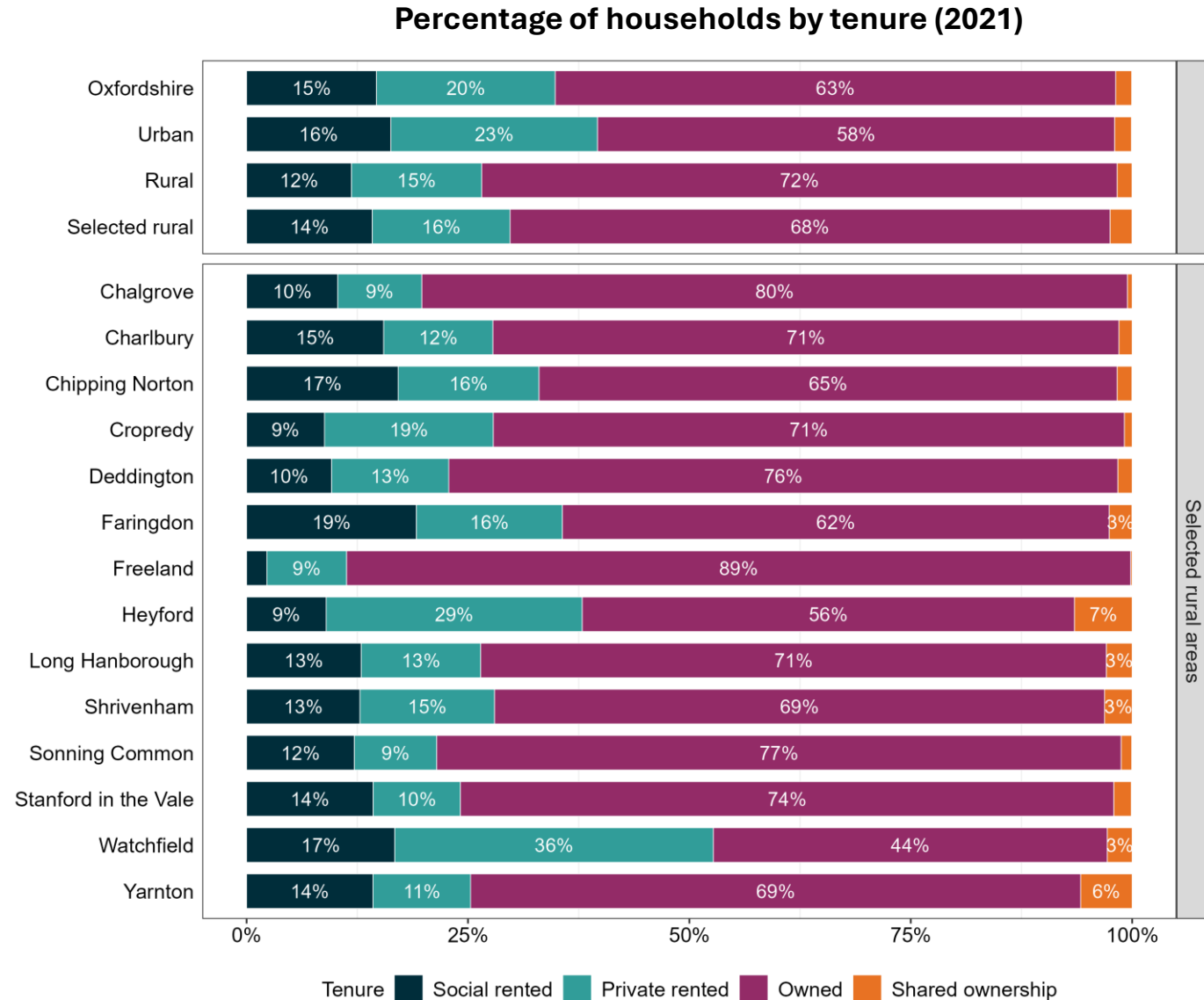
Owner occupation was substantially higher in rural Oxfordshire (71.8%) compared to urban (58.4%).

Consequently, there were lower proportions of private rented (14.7%) and social rented (11.9%) households in rural areas compared to urban (23.3% and 16.3% respectively).

However, there was wide variation in household tenure across rural areas.

Faringdon had the highest proportion of social rented households (19.2%), followed by Chipping Norton and Watchfield.

Watchfield had the lowest owner occupation (44.5%), with higher proportions of households in the area being privately rented (36%) compared to the Oxfordshire average of 20%.



Housing - Accommodation type

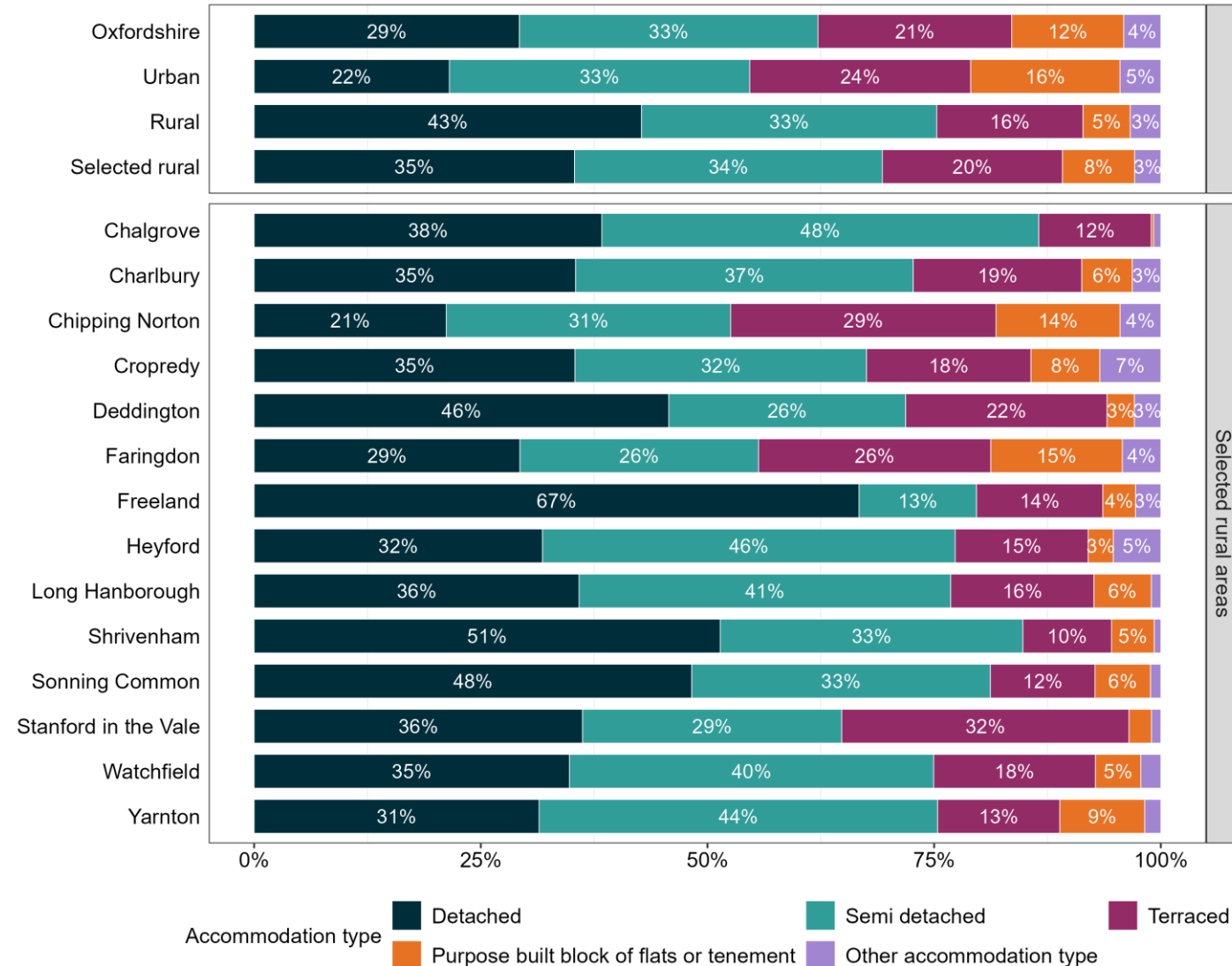
In 2021, rural housing stock was characterised by detached homes, while urban areas had more terraced houses and purpose-built flats, according to 2021 Census data.

Indicatively, detached houses represented double the proportion of the households in rural areas (42.7%) compared to urban (21.5%).

On the other hand, only 5.2% of households lived in flats in rural areas compared to 16.5% in urban.

Faringdon and Chipping Norton had the highest proportion of flats and the lowest proportion of detached houses among the fourteen rural areas.

Percentage of households by accommodation type (2021)



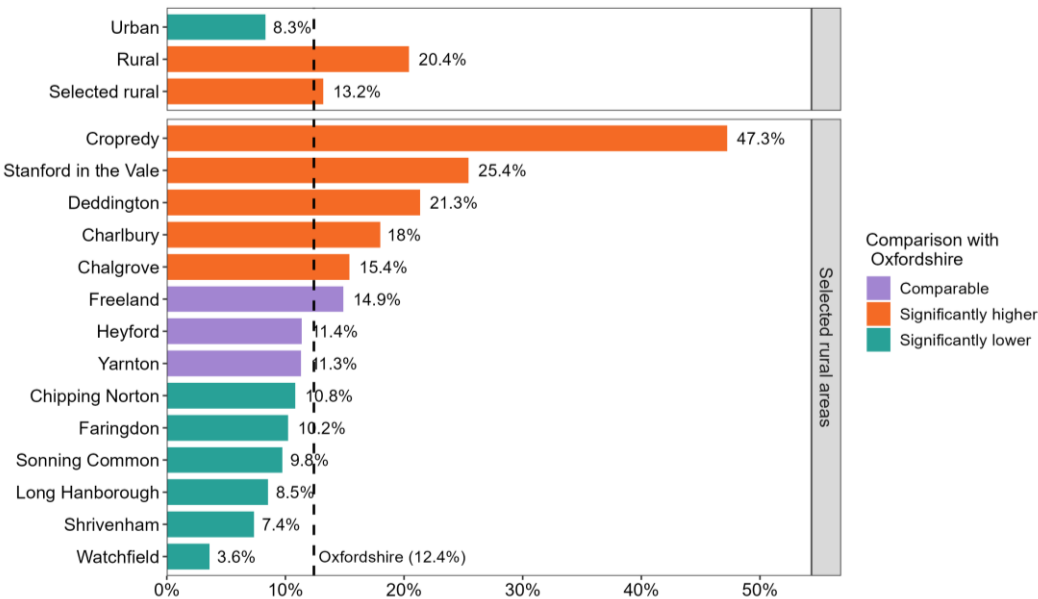
Household Energy Efficiency

Energy efficiency of housing is based on data on the number of Energy Performance Certificates (EPCs) in each energy efficiency rating band for 10-year periods by lower layer super output area (LSOA) up to March 2024. An EPC provides information on the energy efficiency of a building. Band A is very energy-efficient and Band G is very energy-inefficient.

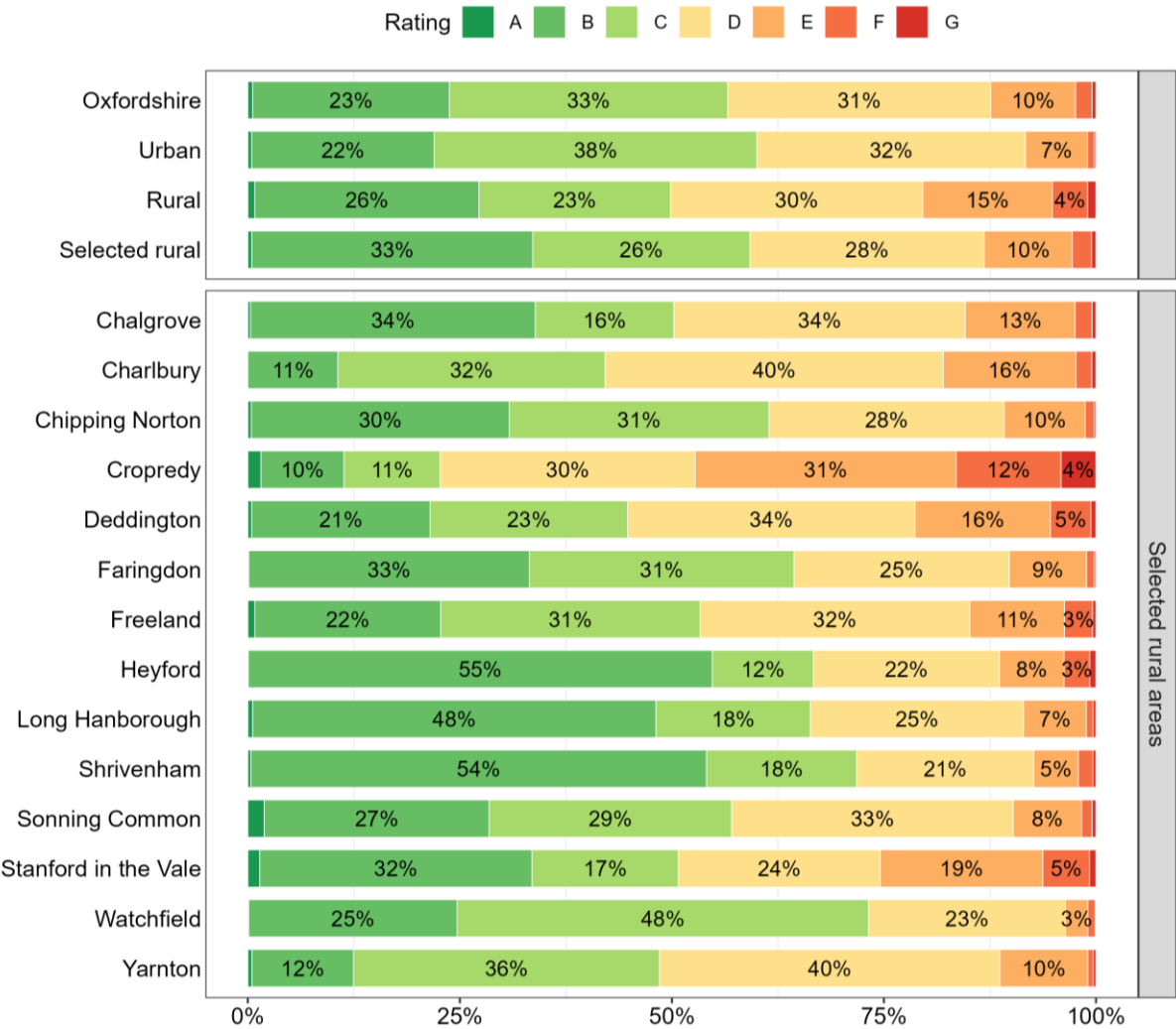
Properties in rural areas are less energy-efficient than in urban areas, with more than double the proportion of properties in rural areas (20.4%) having a low EPC rating (E to G) compared to urban areas (8.3%). Even though the selected rural areas have better energy efficiency than rural areas overall, in Cropredy, almost half of the properties (47.3%) have a low EPC rating.

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Proportion of least energy efficient properties (EPC rating E – G)



Proportion of domestic properties by EPC rating (2024)



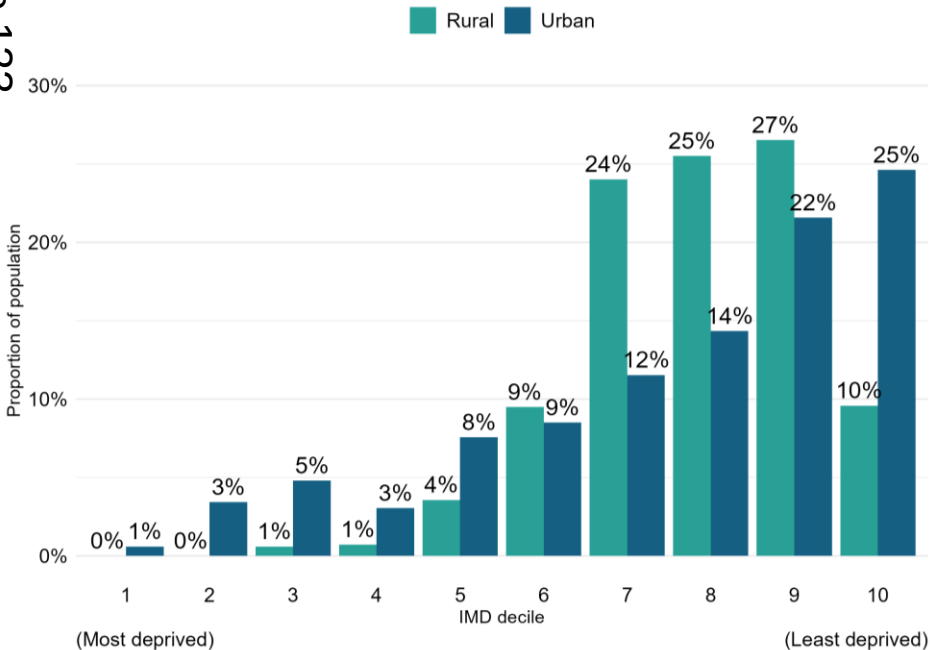
Source: [Energy efficiency of housing – Nomis](#) Latest data: 2024

Indices of Deprivation (1)

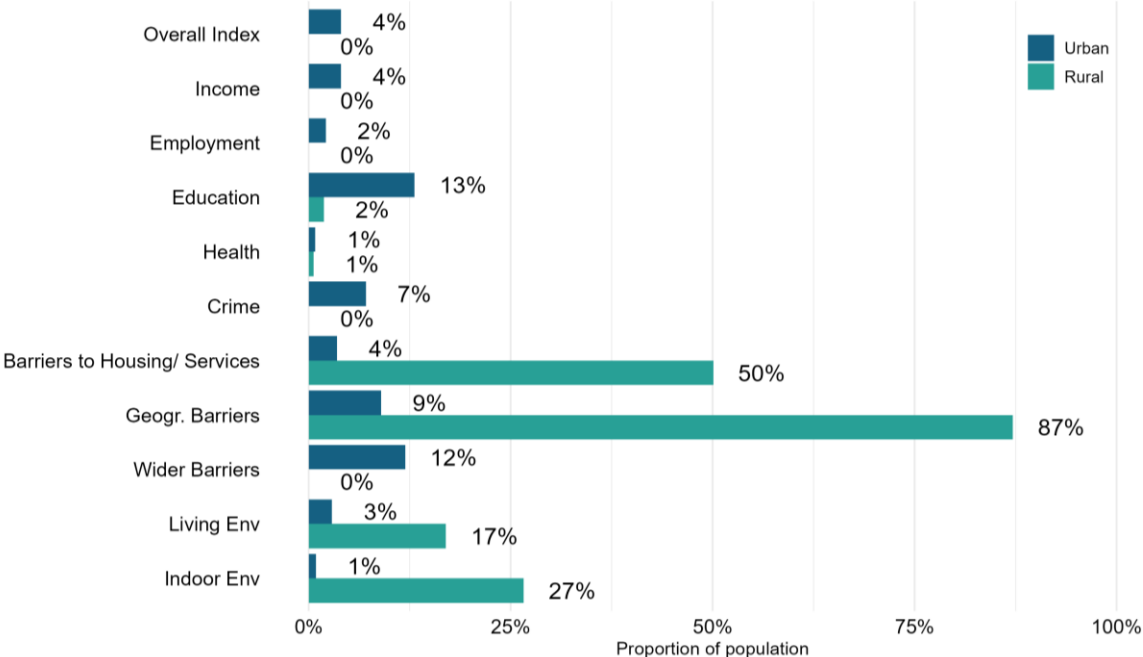
The English Index of Multiple Deprivation (IMD25) is the official measure of relative deprivation in England. It is created by combining and weighting data from 7 different domains: income, employment, health deprivation and disability, education and skills training, crime, barriers to housing and services and living environment (see Appendix for definitions). The IMD25 ranks all small areas (LSOAs) in England according to their level of deprivation relative to other areas and divides them into deciles. Areas in the first decile are in the 10% most deprived.

Overall deprivation levels are low in rural Oxfordshire, with no areas in the 20% most deprived nationally and only two LSOAs in the 40% most deprived. However, rural communities face substantial challenges relating to access to services. Half of the rural population lives in neighbourhoods within the 20% most deprived for *Barriers to Housing and Services*. This is mainly due to the *Geographical barriers* subdomain, as 87% of rural population lives within the most deprived 20% of neighbourhoods and all rural areas in Oxfordshire are in the most deprived 40% nationally.

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Proportion of population living in neighbourhoods within each IMD25 decile by rural-urban classification



Proportion of population living in the most deprived 20% of neighbourhoods by IMD25 domain and rurality



Source: [English indices of deprivation 2025 - GOV.UK](#)

Indices of Deprivation (2)

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Across the selected rural areas, all but three LSOAs are ranked among the least deprived 50% of neighbourhoods nationally. Additionally, 62% are in the 30% least deprived, and none fall within the 30% most deprived nationally.

However, one LSOA in Chipping Norton falls in the 40% most deprived overall, and is ranked within the 20% most deprived for the *Education, Skills and Training* domain and within the 30% most deprived for *Employment* and *Crime*.

IMD25 deciles of LSOAs in selected rural areas

		Overall Index	Income	IDAC1	IDAOPI	Employment	Education	Health	Crime	Barriers to Housing/ Services	Living Env
Chalgrove	South Oxfordshire 007E	7	7	6	8	7	5	9	10	2	8
	South Oxfordshire 007D	8	8	7	9	8	8	9	9	2	10
Charlbury	West Oxfordshire 005C	8	9	9	10	8	8	9	10	2	7
	West Oxfordshire 005B	7	7	7	7	6	6	8	8	3	8
	West Oxfordshire 005A	9	10	10	9	10	10	10	9	3	4
Chipping Norton	West Oxfordshire 001D	7	6	7	6	6	6	7	5	6	7
	West Oxfordshire 001C	10	10	10	9	10	8	8	10	6	6
	West Oxfordshire 001B	4	4	4	4	3	2	5	3	3	10
	West Oxfordshire 001A	9	8	7	8	8	8	8	6	7	7
Cropredy	Cherwell 001B	7	9	10	9	9	9	9	9	2	1
	Cherwell 001A	5	9	9	9	7	7	9	8	1	1
Deddington	Cherwell 010B	9	10	10	10	10	10	10	10	2	4
	Cherwell 010A	8	8	8	9	9	8	8	10	3	5
Faringdon	Vale of White Horse 016F	9	8	8	8	9	8	9	8	4	9
	Vale of White Horse 009D	9	7	7	9	8	9	9	8	6	10
	Vale of White Horse 009C	5	4	5	3	4	3	6	4	6	6
	Vale of White Horse 009B	6	4	4	5	6	5	8	5	5	4
	Vale of White Horse 009A	7	5	6	6	6	5	8	6	4	10
Freeland	West Oxfordshire 006D	10	10	10	10	10	10	10	10	3	10
Heyford	Cherwell 010G	8	8	8	7	9	6	10	9	2	7
	Cherwell 010F	6	5	6	4	8	5	7	7	2	10
	Cherwell 010D	8	8	9	8	9	8	10	9	1	4
Long Hanborough	West Oxfordshire 006C	8	7	7	7	7	8	8	9	3	10
	West Oxfordshire 006B	10	9	8	9	10	8	10	10	4	9
Shrivenham	Vale of White Horse 016B	8	7	6	7	7	7	10	9	4	9
	Vale of White Horse 016A	9	6	4	9	9	9	10	8	4	10
Sonning Common	South Oxfordshire 020D	10	10	10	10	10	10	10	10	5	10
	South Oxfordshire 020C	10	8	7	10	9	9	10	10	4	10
	South Oxfordshire 020B	8	6	6	6	7	7	9	8	5	9
Stanford in the Vale	Vale of White Horse 009E	7	6	6	7	8	7	9	8	2	4
Watchfield	Vale of White Horse 016D	7	5	5	4	7	5	7	8	3	10
	Vale of White Horse 016C	8	7	7	7	9	7	9	10	2	10
Yarnton	Cherwell 019D	7	6	6	6	7	5	7	8	3	10
	Cherwell 019B	10	10	10	10	10	9	10	10	4	9

Decile 1 – most deprived (red), Decile 10 – least deprived (green). Source: [English indices of deprivation 2025 - GOV.UK](#)

Indices of Deprivation (3)

Both LSOAs in Cropredy are in the 10% most deprived in the *Living Environment* domain. This is due to the deprivation in the *Indoor Environment* subdomain, which measures housing quality. Neighbourhoods in Charlbury, Deddington, Faringdon, Heyford, and Stanford also ranked in the 30% most deprived in this subdomain, raising concerns about the housing stock in these areas.

In terms of education, a neighbourhood in Chipping Norton falls within the most deprived 10% nationally for children and young people attainment of qualifications, which relates to Key Stage 2 and 4 attainment, pupil absence, and entry to higher education, with LSOAs in Faringdon and Watchfield also ranked in the most deprived 30% in this subdomain.

IMD25 subdomain deciles of LSOAs in selected rural areas

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		Education	Children Young People	Adult Skills	Barriers to Housing/ Services	Geogr. Barriers	Wider Barriers	Living Env	Indoor Env	Outdoor Env
Chalgrove	South Oxfordshire 007E	5	4	6	2	1	7	8	6	10
	South Oxfordshire 007D	8	8	7	2	1	8	10	9	10
Charlbury	West Oxfordshire 005C	8	7	8	2	1	7	7	7	6
	West Oxfordshire 005B	6	5	6	3	2	7	8	7	9
	West Oxfordshire 005A	10	9	10	3	2	7	4	3	6
Chipping Norton	West Oxfordshire 001D	6	6	7	6	4	5	7	6	7
	West Oxfordshire 001C	8	8	8	6	3	8	6	4	10
	West Oxfordshire 001B	2	1	3	3	3	4	10	10	10
	West Oxfordshire 001A	8	8	8	7	4	7	7	7	7
Cropredy	Cherwell 001B	9	9	8	2	1	9	1	1	8
	Cherwell 001A	7	7	7	1	1	8	1	1	9
Deddington	Cherwell 010B	10	10	10	2	1	10	4	3	8
	Cherwell 010A	8	7	9	3	1	10	5	3	8
Faringdon	Vale of White Horse 016F	8	5	10	4	2	10	9	8	8
	Vale of White Horse 009D	9	8	9	6	3	8	10	10	9
	Vale of White Horse 009C	3	2	4	6	4	7	6	6	7
	Vale of White Horse 009B	5	4	7	5	3	6	4	3	6
Freeland	Vale of White Horse 009A	5	3	8	4	3	6	10	10	10
	West Oxfordshire 006D	10	9	10	3	1	10	10	8	10
Heyford	Cherwell 010G	6	5	7	2	1	7	7	6	9
	Cherwell 010F	5	4	7	2	1	7	10	10	9
	Cherwell 010D	8	7	9	1	1	9	4	3	9
Long Hanborough	West Oxfordshire 006C	8	7	8	3	1	10	10	10	7
	West Oxfordshire 006B	8	6	9	4	2	10	9	9	7
Shrivenham	Vale of White Horse 016B	7	6	8	4	2	9	9	9	8
	Vale of White Horse 016A	9	8	10	4	2	10	10	10	9
Sonning Common	South Oxfordshire 020D	10	10	9	5	2	10	10	9	10
	South Oxfordshire 020C	9	9	9	4	2	9	10	10	8
	South Oxfordshire 020B	7	6	7	5	2	9	9	9	7
Stanford in the Vale	Vale of White Horse 009E	7	7	8	2	1	7	4	3	10
Watchfield	Vale of White Horse 016D	5	3	8	3	2	7	10	10	10
	Vale of White Horse 016C	7	4	10	2	1	8	10	10	10
Yarnton	Cherwell 019D	5	4	7	3	2	5	10	9	10
	Cherwell 019B	9	9	8	4	2	8	9	9	7

Household Deprivation (1)

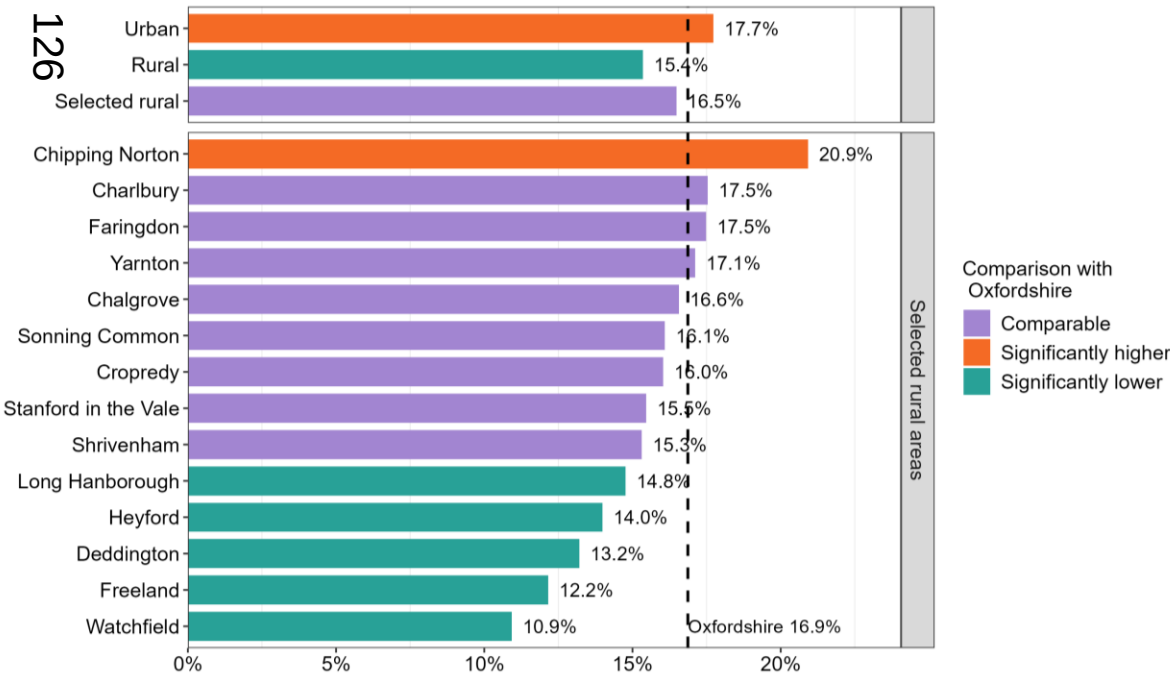
Deprivation in education

A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.

Most rural areas have lower or comparable proportion of households deprived in education compared to Oxfordshire. However, Chipping Norton was significantly more deprived in education, with 20.9% of households being deprived compared to 16.9% in Oxfordshire.

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Percentage of households deprived in education (2021)

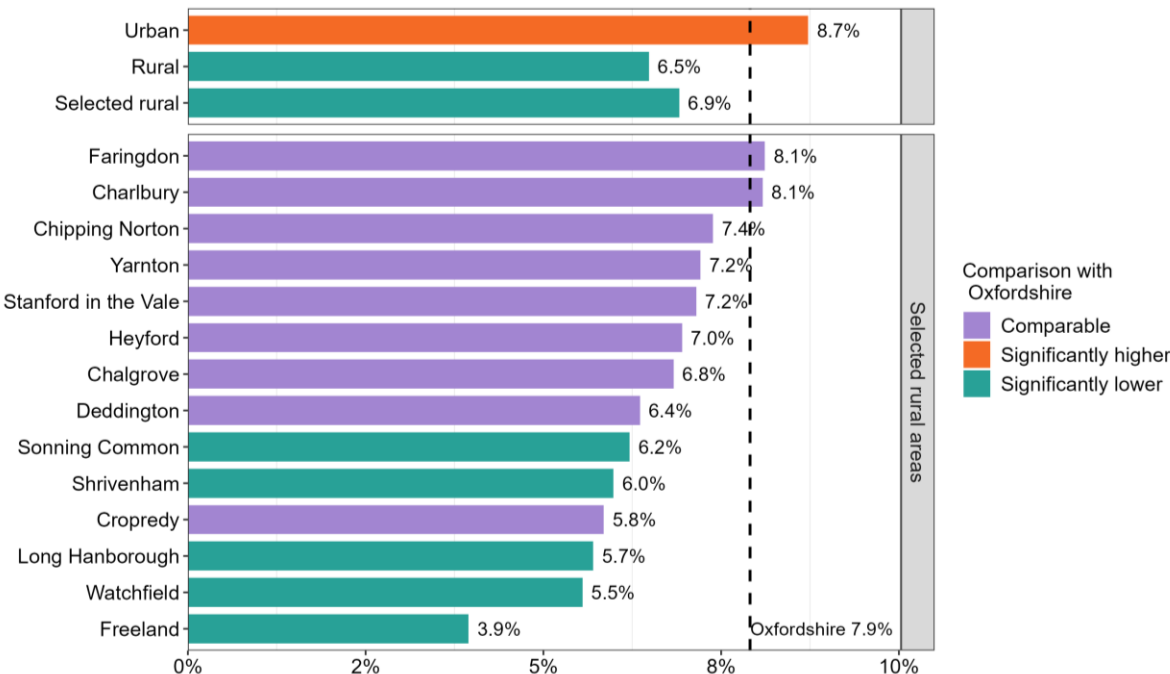


Deprivation in employment

A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.

Rural Oxfordshire has lower or comparable proportion of households deprived in employment compared to Oxfordshire. None of the selected areas had higher levels of employment deprivation compared to Oxfordshire.

Percentage of households deprived in employment (2021)



Household Deprivation (2)

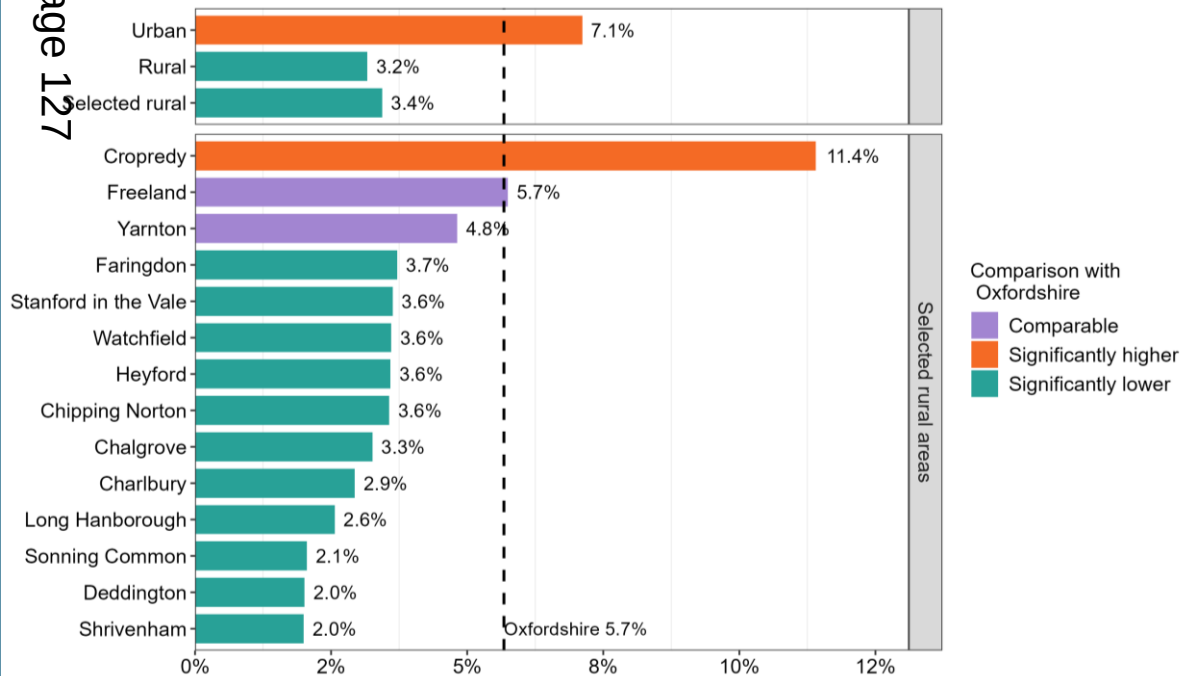
Deprivation in housing

A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

Rural areas are less deprived in terms of housing compared to Oxfordshire with the exception of Cropredy, which has significantly higher proportion of households deprived in this dimension (11.4%), compared to 5.7% in Oxfordshire.

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Percentage of households deprived in housing (2021)

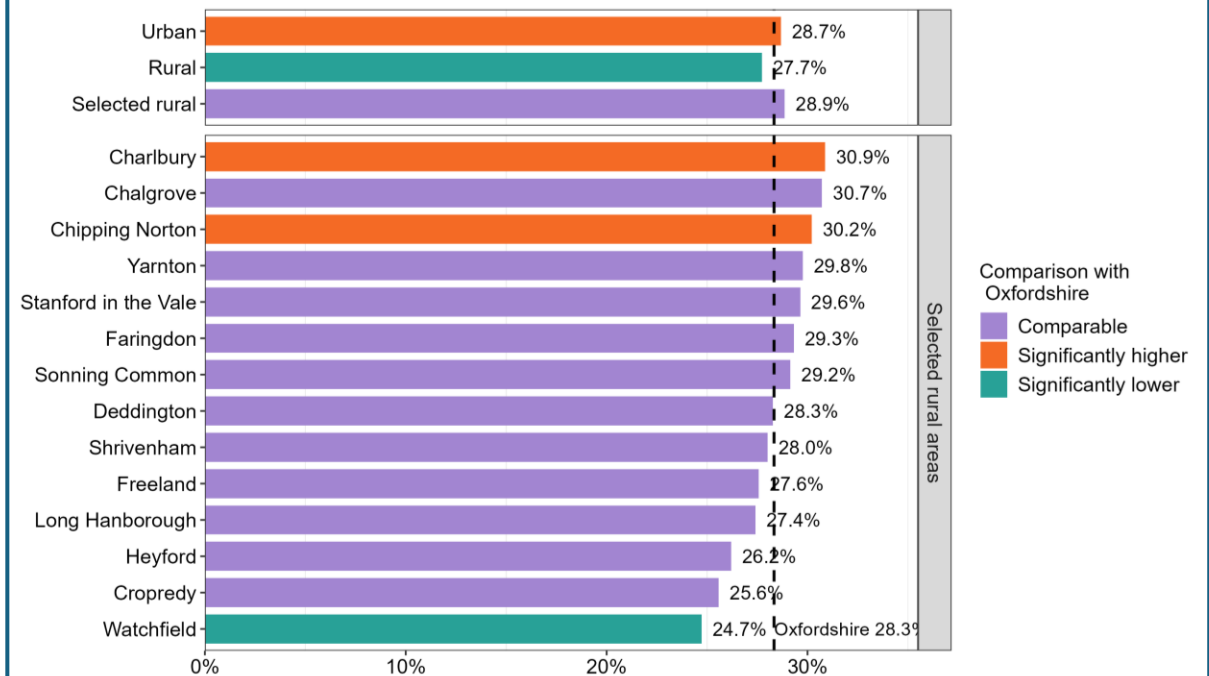


Deprivation in health

A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled.

Even though most rural areas are less deprived in health than Oxfordshire, in Charlbury and Chipping Norton 30.9% and 30.2% of households respectively are deprived, which is significantly higher than the Oxfordshire average of 28.3%.

Percentage of households deprived in health (2021)



Fuel poverty

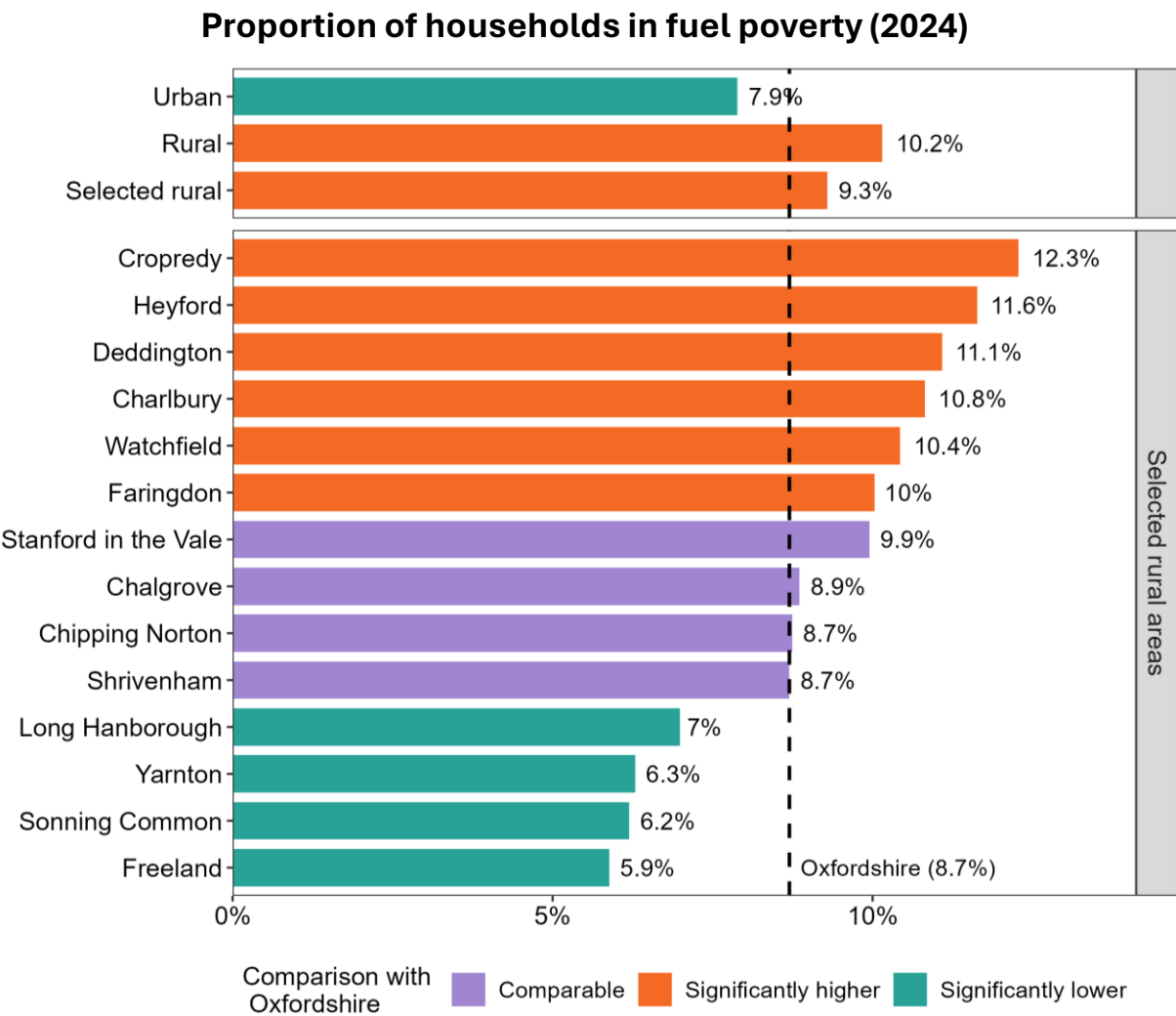
Fuel poverty in England is measured using the Low-Income Low Energy Efficiency (LILEE) indicator. The LILEE indicator considers a household to be fuel-poor if:

- they are living in a property with an energy efficiency rating of band D, E, F or G, and
- their residual income after spending the required amount to heat their home would be below the official poverty line.

Annual Fuel Poverty Statistics at a sub-regional level released in 2026 are available for Lower Super Output Areas (LSOAs) based on 2024 data.

The proportion of households in fuel poverty in rural areas (10.2%) is significantly higher than the Oxfordshire average of 8.7% and the urban area average of 7.9%. This is related to the low energy efficiency of rural housing stock but reveals additional challenges related to income.

Six of the fourteen rural areas had fuel poverty levels significantly above the Oxfordshire average, with Cropredy being the area with the highest proportion of households in fuel poverty.



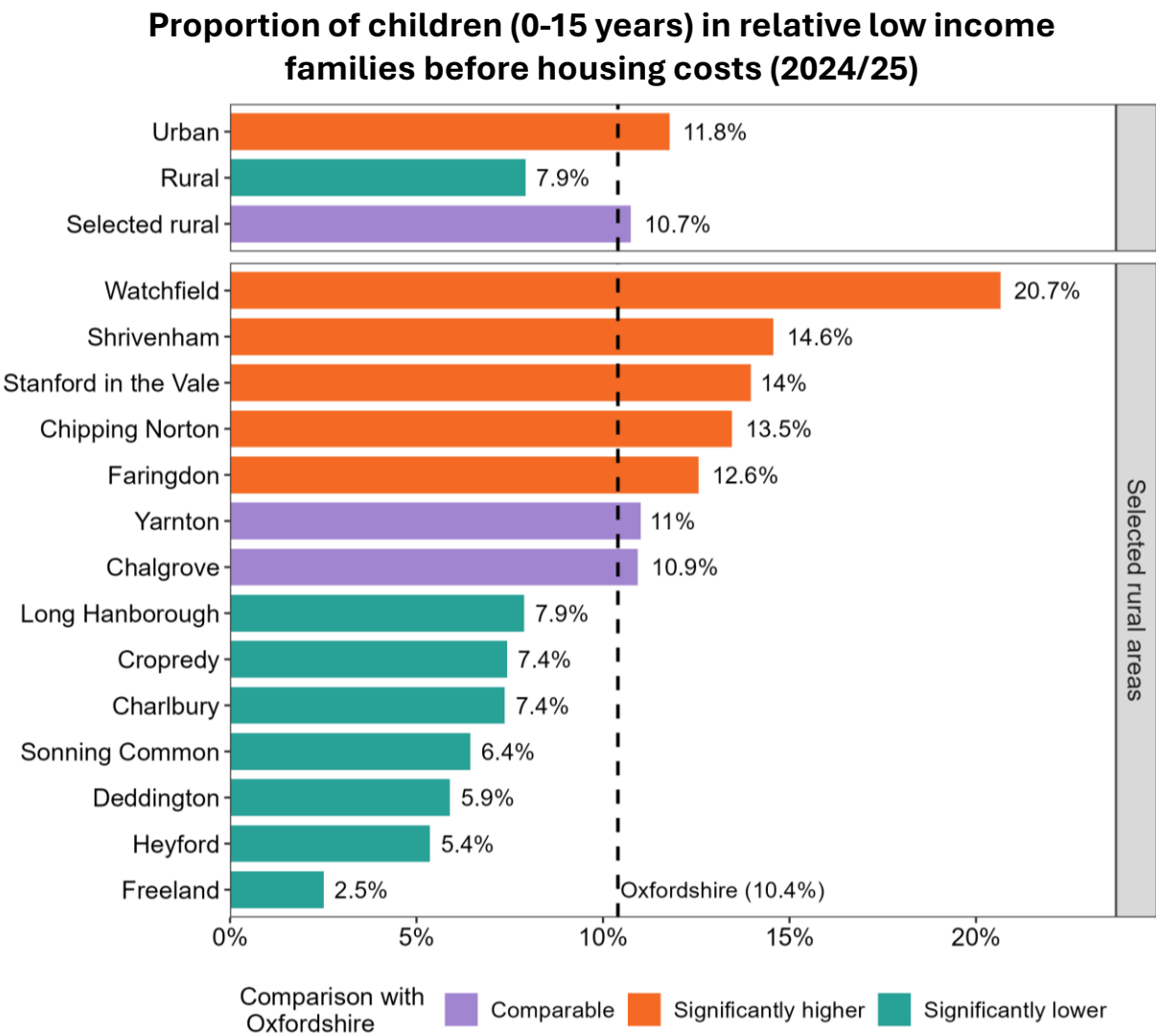
Children in poverty

Relative low-income family is defined as a family whose equivalised income is below 60% of the contemporary median income Before Housing Costs (BHC) in the reference year. Equivalisation adjusts incomes for family size and composition. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics.

Presented figures are for children 0-15 years based on Lower Super Output Area (LSOA) data for 2024/25.

In 2024/25, approximately 8% of children aged 0-15 years in rural Oxfordshire were living in poverty (relative low-income families), which was almost 3,900 children. This was lower than the average for urban areas (12%) and Oxfordshire as a whole (10%).

However, this proportion varied considerably across rural areas. Watchfield had double the proportion of children in poverty (21%) compared to the Oxfordshire average, while Shrivenham (15%), Stanford (14%), Chipping Norton (14%), and Faringdon (13%) also had higher prevalence of children in low income families compared to Oxfordshire.



Source: [DWP Stat Xplore](#), Department of Work and Pensions - Children in relative low-income families 2024/25 by age band in LSOAs. Proportions were calculated using ONS mid-2024 estimates for population aged 0-15. Due to small number (<5) suppression at LSOA level, proportions may be slightly underestimated.

Free school meals

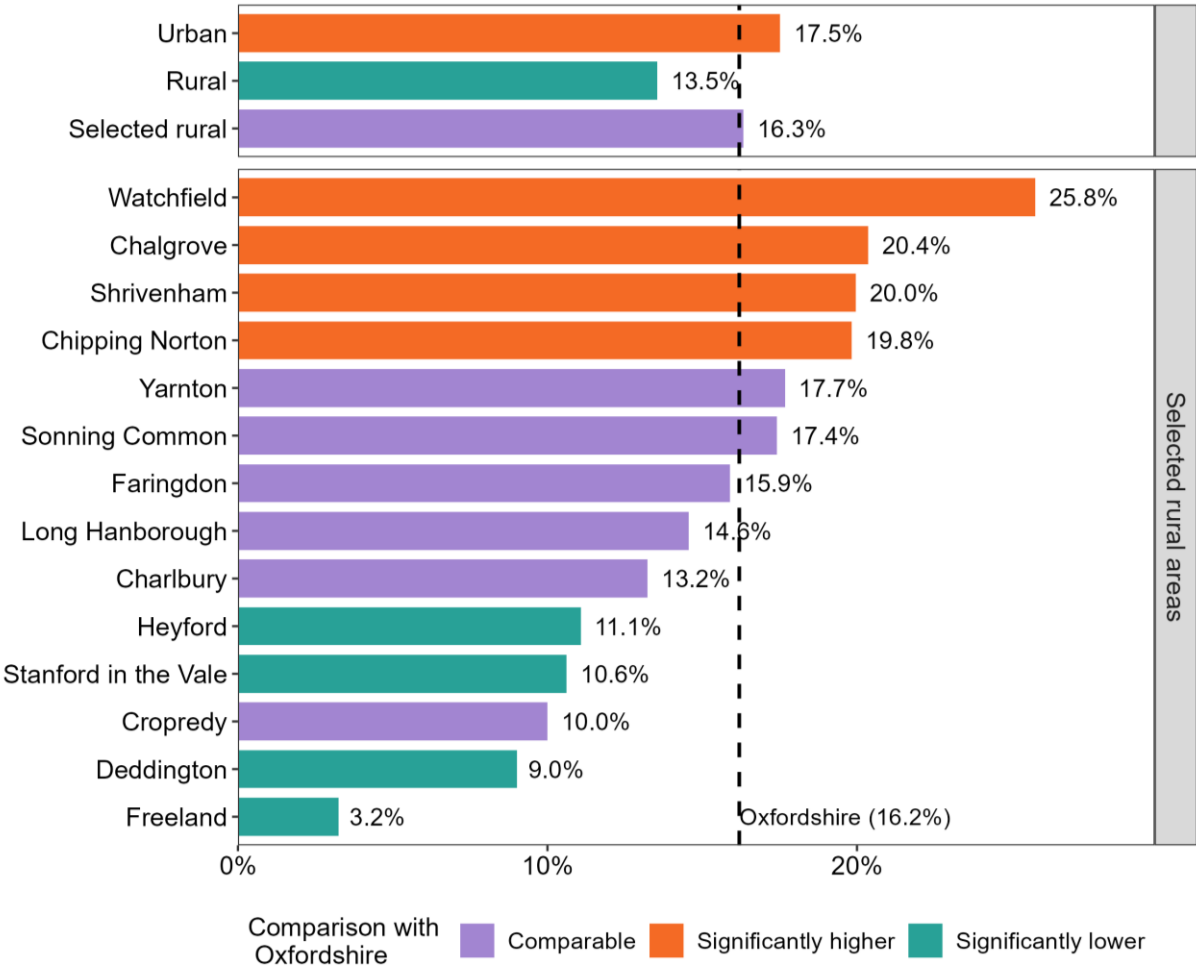
Pupils are eligible for Free School Meals if the household receives any of the below:

- Income Support*
- Income-based Jobseeker’s Allowance*
- Income-related Employment and Support Allowance*
- Support under Part VI of the Immigration and Asylum Act 1999*
- The guaranteed element of Pension Credit*
- Child Tax Credit (provided not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)*
- Working Tax Credit run-on*
- Universal Credit - household income must be less than £7,400 a year (after tax and not including any benefits)*

In 2024, there were 4,427 school pupils in all Oxfordshire rural areas who were eligible for free school meals, at a rate of 13.5 children per 100 population aged 0-15 years. This was below the average for urban areas (17.5%) and Oxfordshire (16%).

Watchfield (26%), Chalgrove (20%), Shrivenham (20%), and Chipping Norton (20%) had significantly higher proportion of children eligible for free school meals compared to Oxfordshire.

Proportion of pupils eligible for free school meals

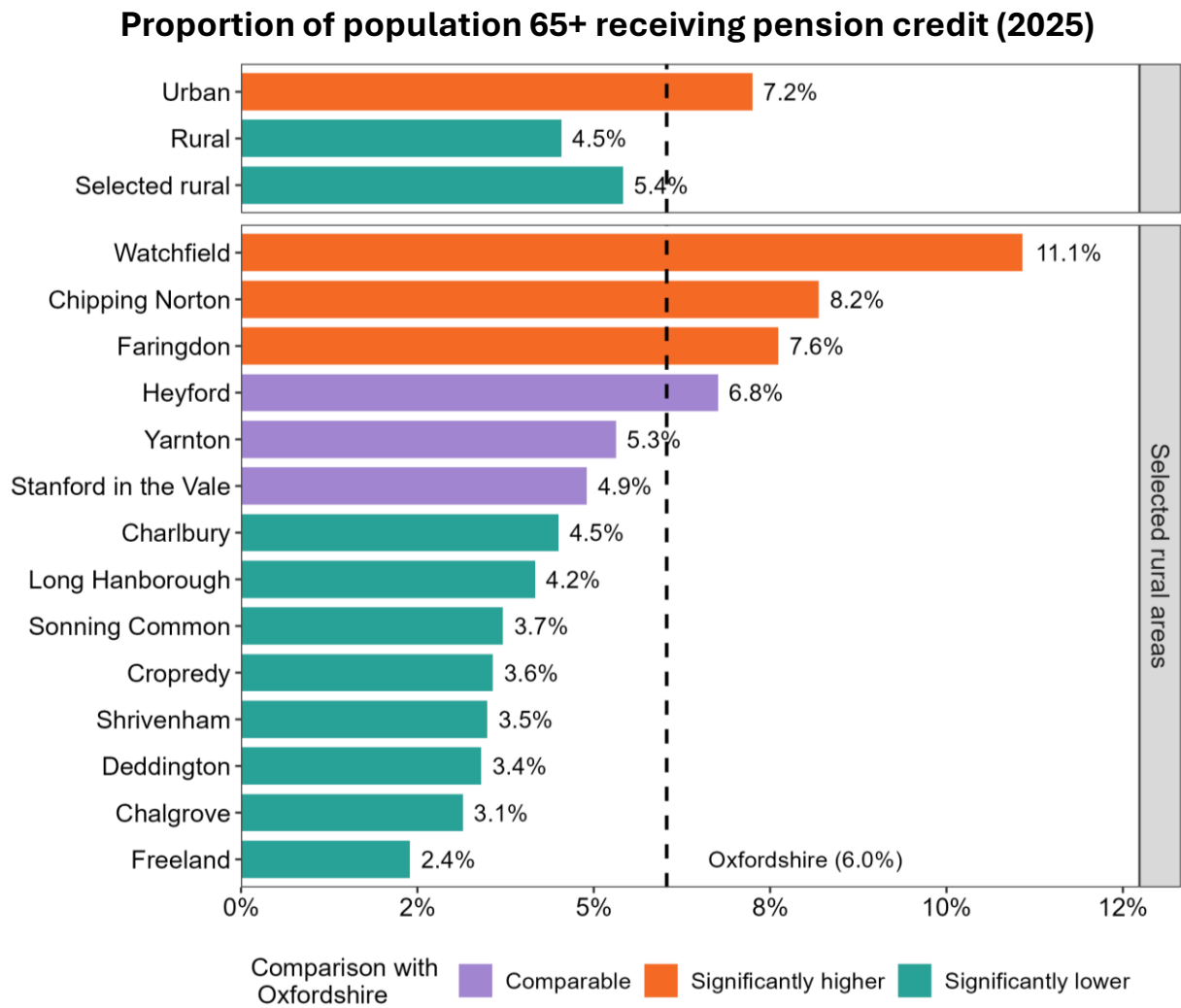


Pension credit

Pension credit is an income-related benefit made up of two parts – Guarantee Credit and Savings Credit. It can be claimed by those who have reached state pension age (currently 66 years) and with income below a threshold (Guarantee Credit) or who have made some provision for their retirement (such as savings or a second pension) which brings their income above a certain level (Savings Credit). The data describe the number of live claims for Pension Credit, as at the last day of the quarter ending November 2025.

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As of November 2024, there were approximately 2,850 older people aged 65 and over claiming pension credit in rural areas of Oxfordshire, corresponding to 4.5% of the population aged 65 years and over. This was below the average for urban areas (7.2%) and Oxfordshire as a whole (6.0%).

The proportion was slightly higher in the selected rural areas (5.4%). Notably, three of the fourteen rural areas, Watchfield (11.1%), Chipping Norton (8.2%), and Faringdon (7.6%), had significantly higher proportions of the population over 65 claiming pension credit compared to Oxfordshire.



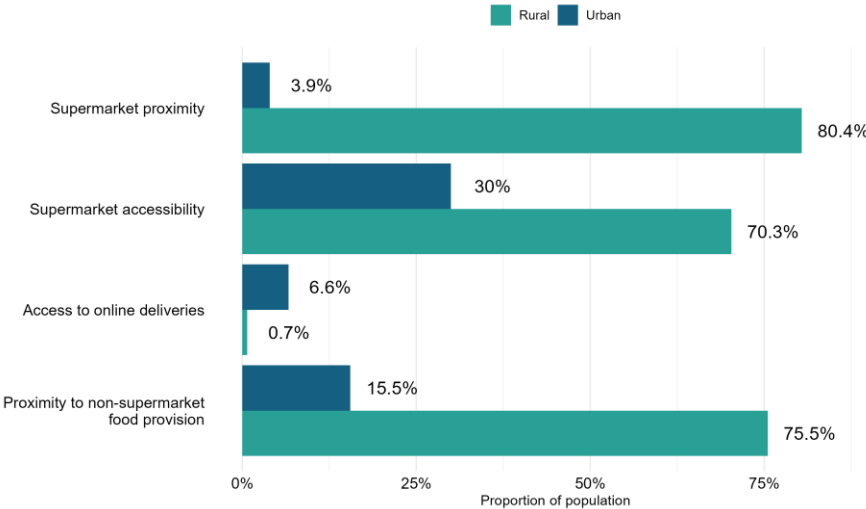
Source: [DWP Stat Xplore](#), Department of Work and Pensions - Pension credit claimants November 2025 in LSOAs. Proportions were calculated using ONS mid-2024 estimates for population aged 65+. Due to small number (<5) suppression in 12 of the 428 LSOAs in Oxfordshire, proportions may be slightly underestimated.

Access to food provision

The *Priority Places for Food Index* (PPFI) is a composite indicator aiming to identify neighbourhoods which are most vulnerable to increases in the cost of living and which have limited accessibility to nutritious food options. It assesses food insecurity risk across seven domains at LSOA level (see Appendix). Neighbourhoods in decile 1 are in the top 10% of Priority Places according to the index.

According to data from the PPFI, most rural residents live far from supermarkets and other stores or markets that sell food. Access to online deliveries is also scarce, with areas such as Faringdon and Chipping Norton facing particular challenges.

Proportion of population in the top 20% of priority places by PPFI domain and rurality (2024)



PPFI deciles of LSOAs in selected rural areas

		Overall decile	Supermarket proximity	Supermarket accessibility	Access to online deliveries	Proximity to non-supermarket food provision	Sociodemogr. barriers	Need for family food support	Fuel poverty
Chalgrove	South Oxfordshire 007E	7	1	2	5	1	8	10	7
	South Oxfordshire 007D	9	1	1	5	2	10	10	8
Charlbury	West Oxfordshire 005C	6	1	1	5	1	9	10	8
	West Oxfordshire 005B	5	1	2	5	1	7	10	7
	West Oxfordshire 005A	7	1	2	7	1	8	10	8
Chipping Norton	West Oxfordshire 001D	10	10	3	4	10	6	10	7
	West Oxfordshire 001C	9	6	1	5	10	8	10	8
	West Oxfordshire 001B	6	5	2	2	9	4	10	3
	West Oxfordshire 001A	10	9	4	5	10	7	10	9
Cropredy	Cherwell 001B	6	2	1	8	1	8	9	8
	Cherwell 001A	8	1	1	8	1	10	9	9
Deddington	Cherwell 010B	10	1	1	7	1	10	9	10
	Cherwell 010A	5	1	3	5	1	8	10	7
Faringdon	Vale of White Horse 016F	9	4	1	5	1	10	10	8
	Vale of White Horse 009D	9	7	2	5	2	9	10	9
	Vale of White Horse 009C	7	10	5	4	2	5	10	4
	Vale of White Horse 009B	5	6	5	4	2	5	10	4
	Vale of White Horse 009A	9	9	4	7	2	7	10	8
Freeland	West Oxfordshire 006D	8	1	2	5	1	10	9	9
Heyford	Cherwell 010G	7	1	1	7	1	9	10	7
	Cherwell 010F	8	1	1	7	1	9	10	9
	Cherwell 010D	6	1	1	5	1	9	10	7
Long Hanborough	West Oxfordshire 006C	4	1	4	5	2	8	8	7
	West Oxfordshire 006B	9	1	4	5	2	10	9	10
Shrivenham	Vale of White Horse 016B	7	1	4	5	1	9	10	7
	Vale of White Horse 016A	9	1	8	7	1	10	10	8
Sonning Common	South Oxfordshire 020D	10	1	4	8	2	10	10	9
	South Oxfordshire 020C	9	1	3	8	3	9	10	10
	South Oxfordshire 020B	8	1	6	8	3	7	10	6
Stanford in the Vale	Vale of White Horse 009E	7	1	2	5	2	9	10	7
Watchfield	Vale of White Horse 016D	8	1	4	7	1	8	10	7
	Vale of White Horse 016C	10	1	2	7	1	10	10	8
Yarnton	Cherwell 019D	5	2	4	5	5	7	8	8
	Cherwell 019B	8	3	3	5	6	9	7	10

Source: Pontin, F., Oldroyd, R., Baudains, P., Ennis, E., Newing, A., & Morris, M. A. (2024) "*Priority Places for Food Index*" (Version 2.1). Data asset provided by the Healthy & Sustainable Places Data Service (ES/Z504336/1). DOI:10.82147/003. Last updated in 2024.

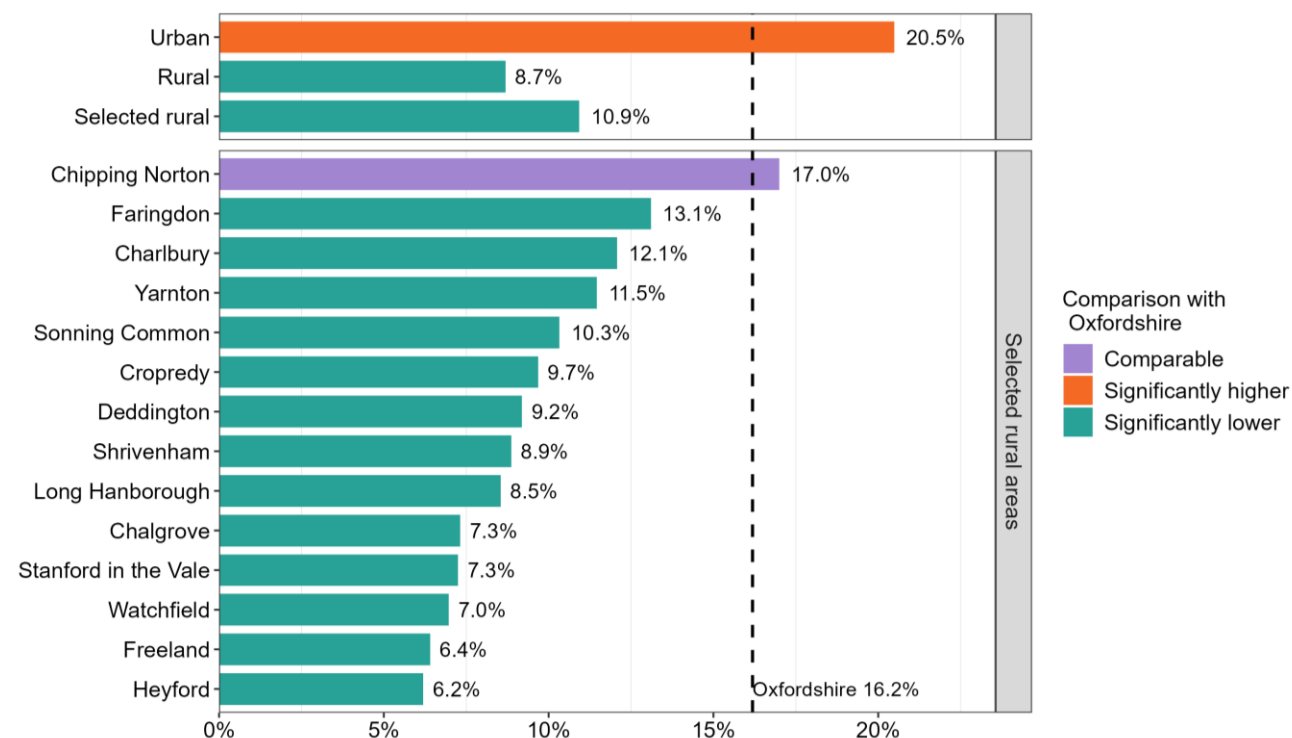
Car ownership

Car ownership data were based on the 2021 Census.

Rural households were substantially more car-dependent than urban households. Compared to 20.5% of urban households without a car, 8.7% of households did not have one in rural areas. However, given the greater distance from services and scarcity of public transport, households without cars in rural communities would face greater difficulties accessing services or obtaining necessities than residents of urban centres.

From the 14 urban areas, Chipping Norton had the highest proportion of households without a car (17.0%).

Percentage of households without a car or van (2021)

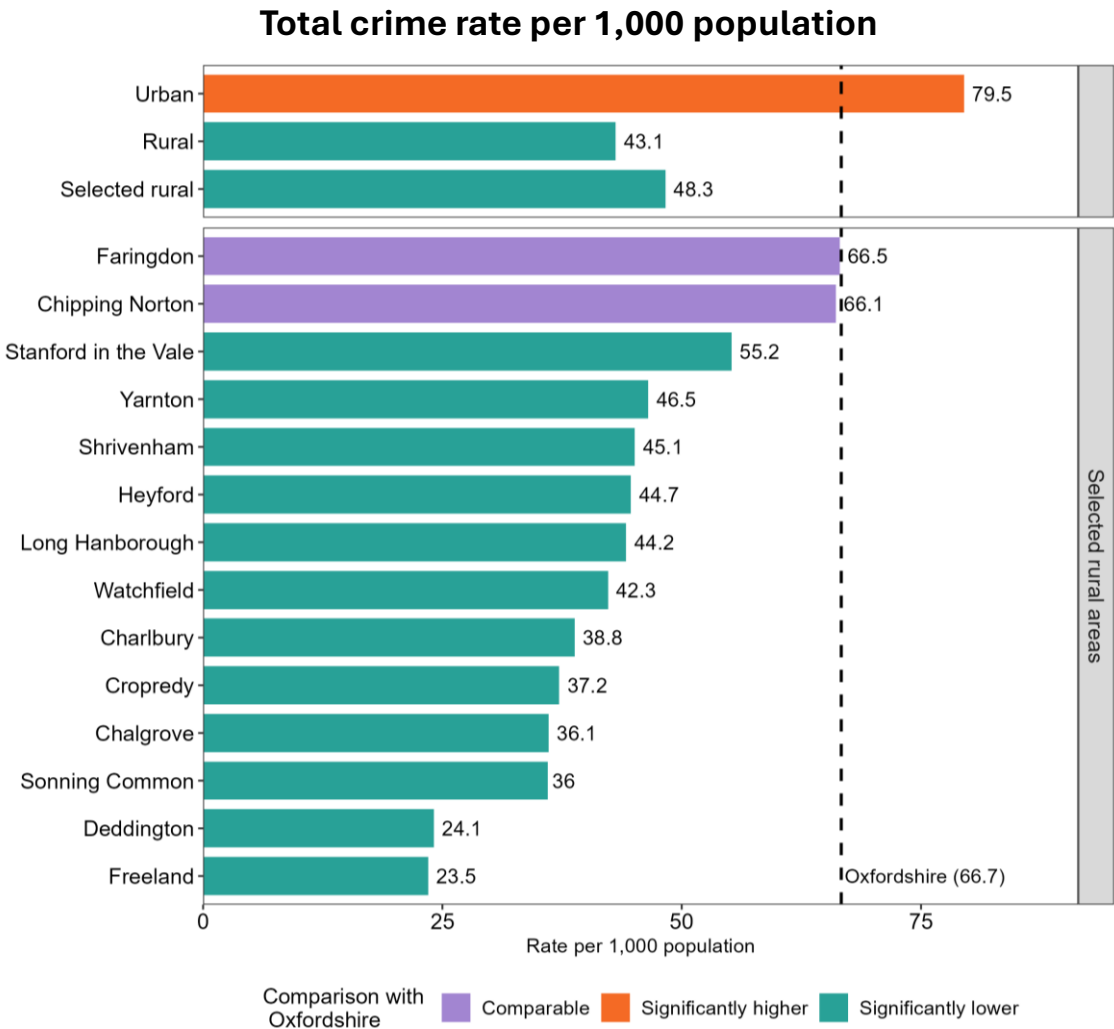
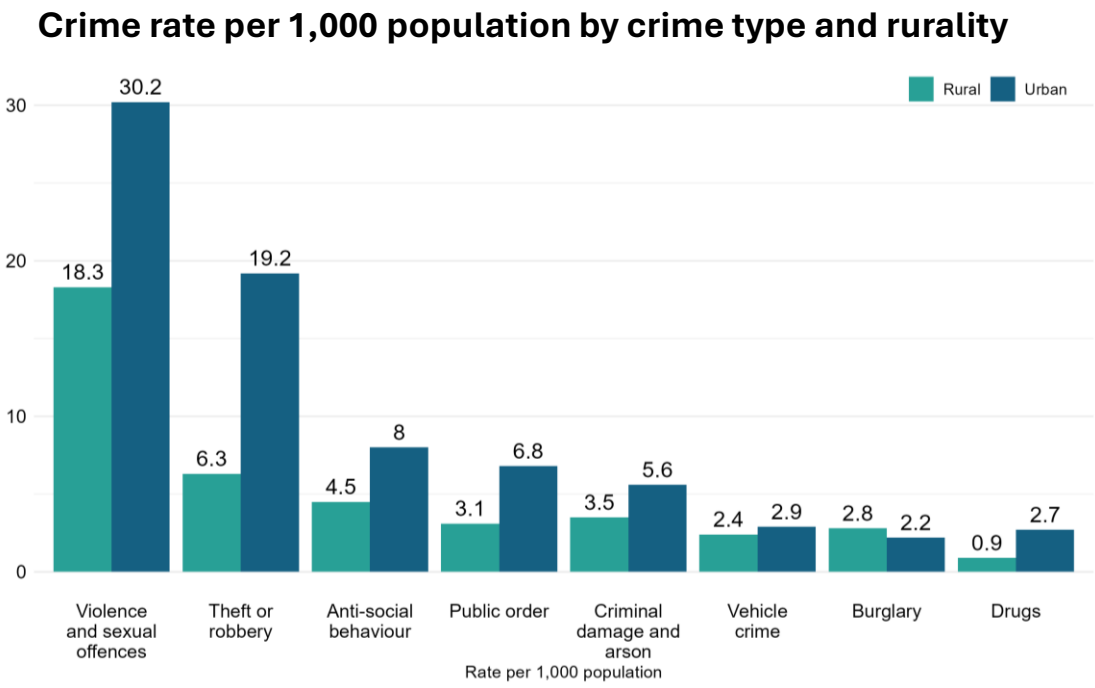


The overall crime rate was lower in rural areas (43.1 crimes per 1,000 population) compared to urban (79.5) in the financial year 2025/26.

Violence and sexual offences was the most common crime in rural areas (18.3 crimes per 1,000), and Chipping Norton was the only of the selected areas with higher rate (31.9) compared to the Oxfordshire average (26.0).

Burglary was the only type of crime more common in rural areas than in urban, but all selected areas had similar rates to Oxfordshire.

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Appendix

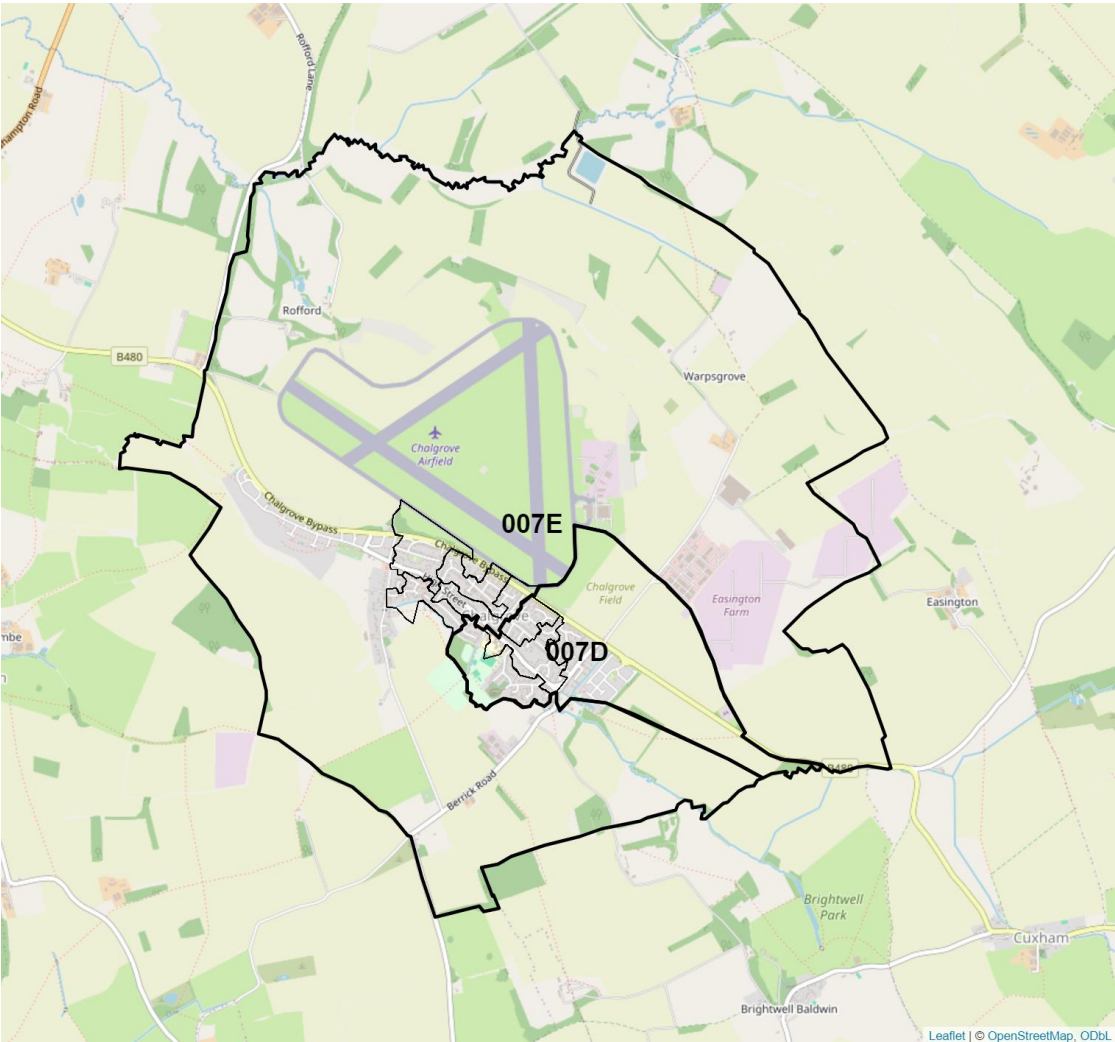
Chalgrove is situated in South Oxfordshire. The data included in this pack are based on a geographical area built from Lower Super Output Areas (LSOAs) South Oxfordshire 007D and South Oxfordshire 007E, which comprise of 4 and 5 Output Areas respectively.

Data for the Chalgrove area is included for:

- The Lower Super Output Areas (LSOAs) South Oxfordshire 007D and South Oxfordshire 007E.
- Where data is not available at an LSOA level, data is included for the Middle Layer Super Output Area (MSOA) Chalgrove, Stadhampton & Dorchester (South Oxfordshire 007). In addition to the above LSOAs, this MSOA includes LSOAs South Oxfordshire 007A, 007B, and 007C.

Area	Total population
Chalgrove area (LSOAs South Oxfordshire 007D, 007E)	3,099
Chalgrove, Stadhampton & Dorchester MSOA (South Oxfordshire 007)	7,933

Map showing LSOAs and Output Areas in the Chalgrove area



Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

Charlbury is situated in West Oxfordshire. The data included in this pack are based on a geographical area built from LSOA West Oxfordshire 005A, LSOA West Oxfordshire 005B, and one Output Area from LSOA West Oxfordshire 005C.

Data for the Charlbury area is included for:

- All five Output Areas within the West Oxfordshire 005A LSOA, all six Output Areas within the West Oxfordshire 005B LSOA, and one Output Area from LSOA West Oxfordshire 005C.

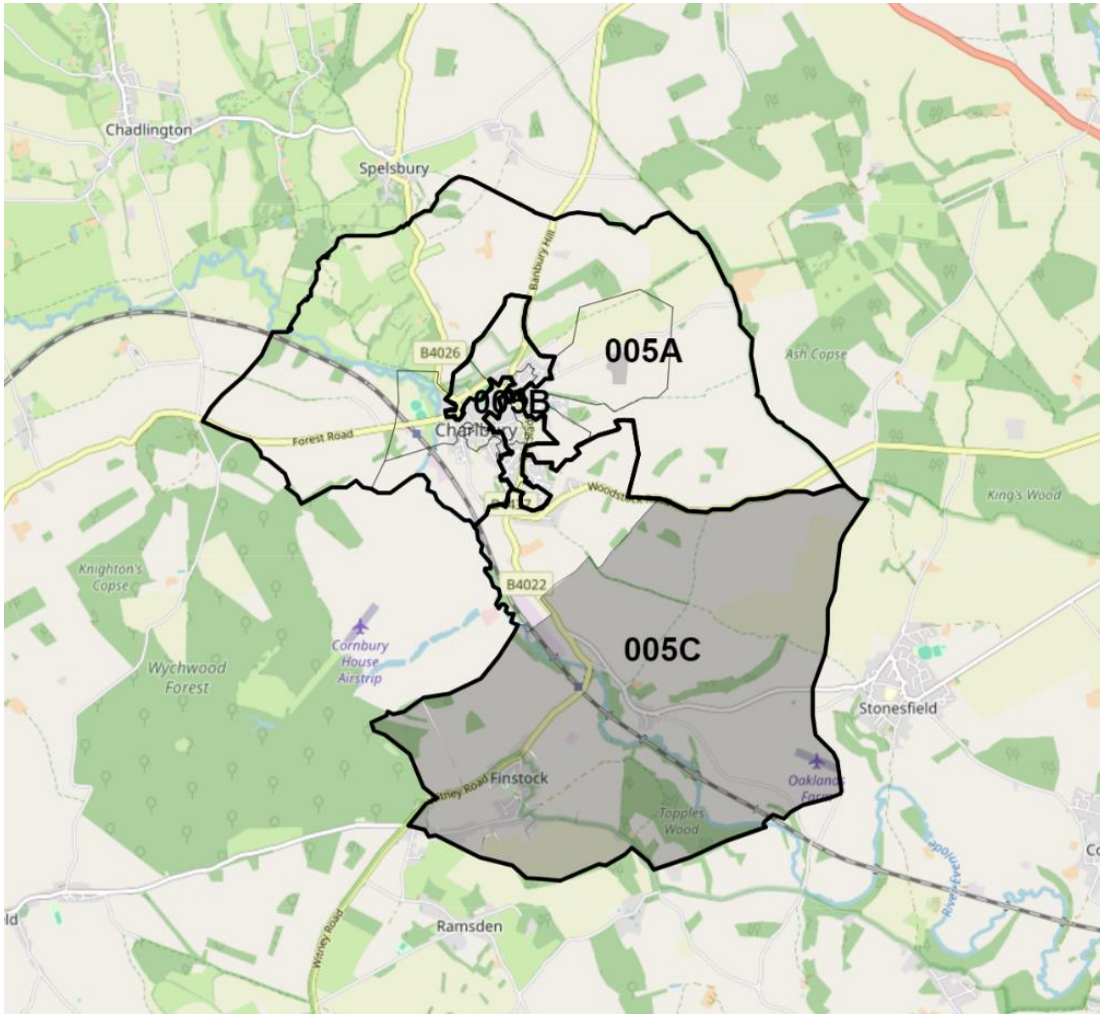
Where data is not available at Output Area level, data is included for the LSOAs West Oxfordshire 005A, 005B, and 005C, and therefore include the remaining three output areas of West Oxfordshire 005C.

Where data is not available at LSOA level, data is included for the Charlbury & North Leigh MSOA (West Oxfordshire 005), which also includes LSOAs West Oxfordshire 005C and 005D.

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Area	Total population
Charlbury area (12 OAs)	3,121
LSOAs West Oxfordshire 005A, 005B, 005C	3,893
Charlbury & North Leigh MSOA (West Oxfordshire 005)	6,206

Map showing LSOAs and Output Areas in the Charlbury area



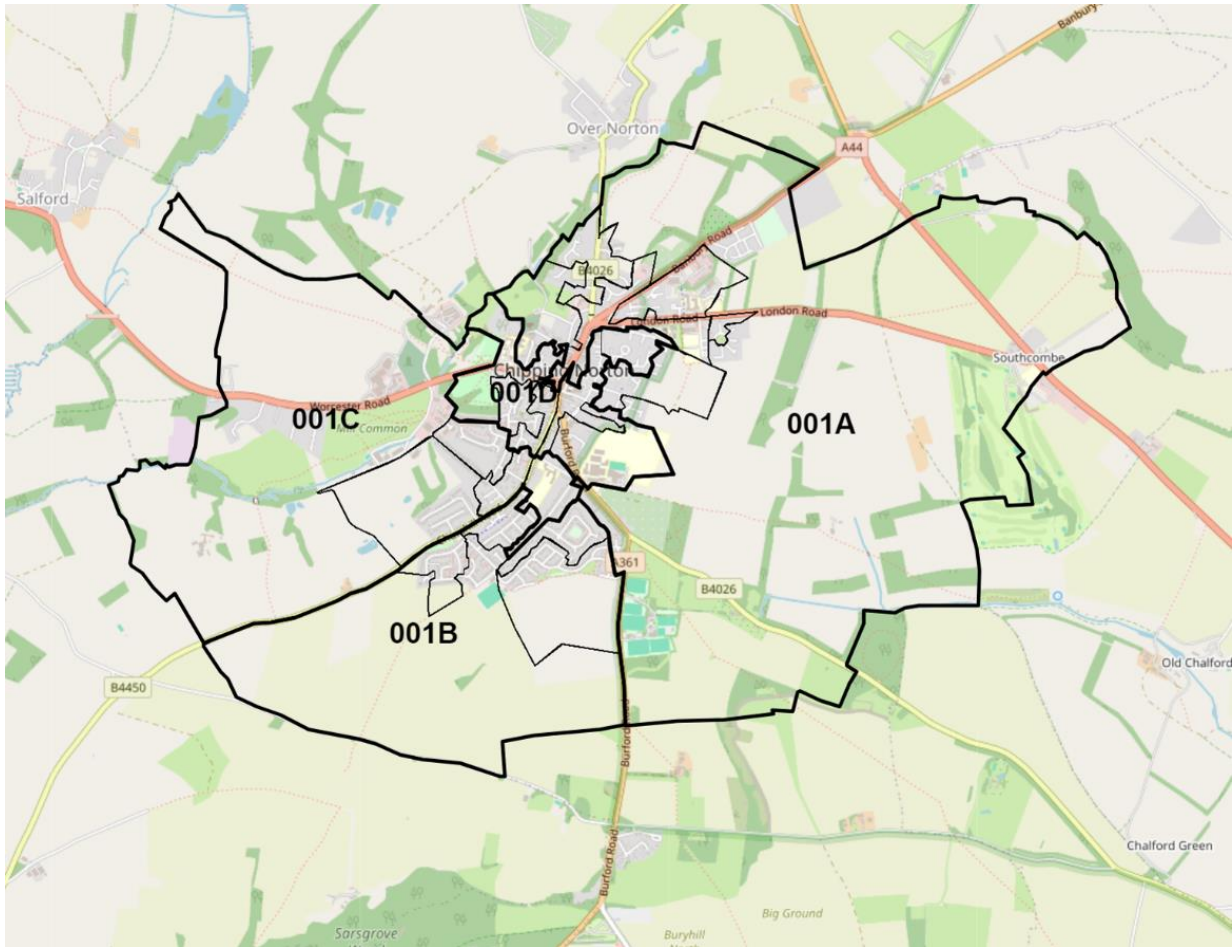
Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

Chipping Norton is situated in West Oxfordshire, within the Cotswolds, 18 miles northwest of Oxford. The data included in this pack are based on the Chipping Norton MSOA (West Oxfordshire 001).

This MSOA includes 4 LSOAs: West Oxfordshire 001A, 001B, 001C, 001D, with 6, 5, 5, and 6 Output Areas respectively.

Area	Total population
LSOAs West Oxfordshire 001A, 001B, 001C, 001D)	7,469
Chipping Norton MSOA (West Oxfordshire 001)	7,469

Map showing LSOAs and Output Areas within the Chipping Norton area



Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

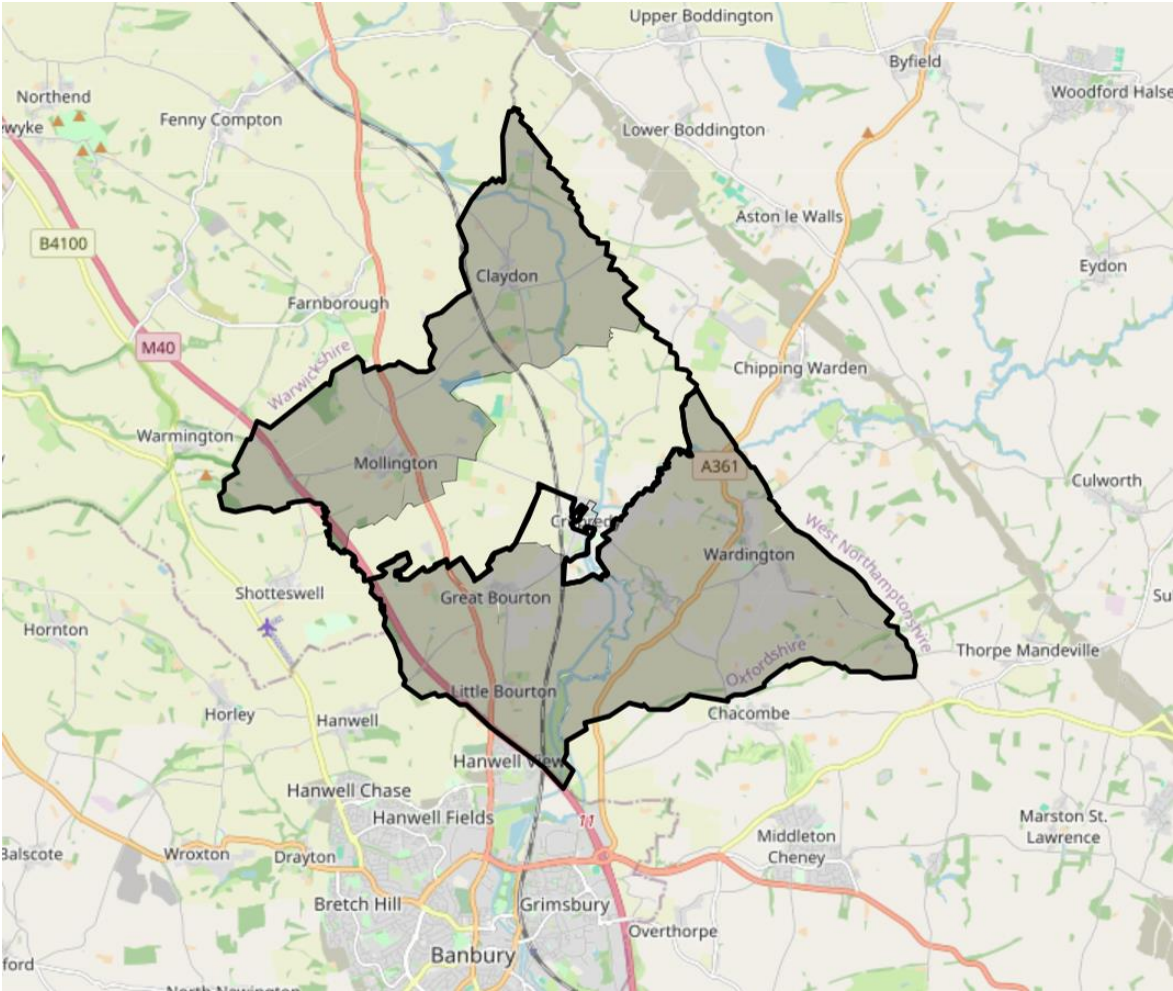
Cropredy is situated in Cherwell. The data included in this pack are based on a geographical area built from two Output Areas from LSOA Cherwell 001A and one output area from LSOA Cherwell 001B.

Data for the Cropredy area is included for:

- Two Output Areas within LSOA Cherwell 001A and one Output Area within LSOA Cherwell 001B.
- Where data is not available at Output Area level, data is included for the LSOAs Cherwell 001A and 001B, and therefore include seven additional Output Areas.
- Where data is not available at LSOA level, data is included for the Cropredy, Wroxton & Shennington MSOA (Cherwell 001), which also includes LSOAs Cherwell 001C, 001E, and 001F.

Area	Total population
Cropredy area (3 OAs)	774
LSOAs Cherwell 001A and 001B	2,927
Cropredy, Wroxton & Shennington MSOA (Cherwell 001)	8,020

Map showing LSOAs and Output Areas in the Cropredy area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

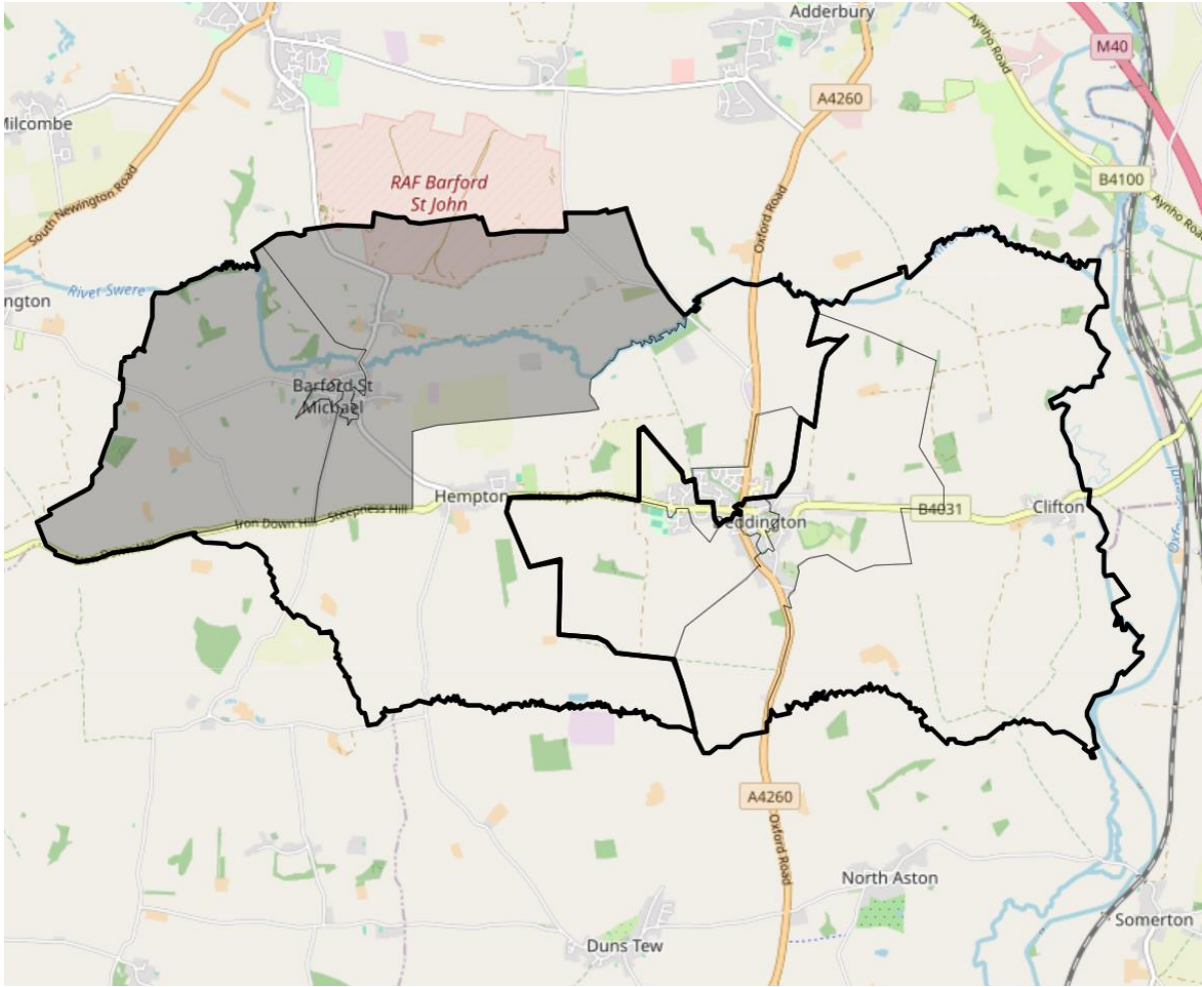
Deddington is situated in Cherwell. The data included in this pack are based on a geographical area built from LSOA Cherwell 010A (all 5 Output Areas) and two Output Areas from LSOA Cherwell 010B.

Data for Deddington is included for:

- Five Output Areas within LSOA Cherwell 010A and two Output Areas within LSOA Cherwell 010B.
- Where data is not available at Output Area level, data is included for the LSOAs Cherwell 010A and 010B, and therefore include two additional Output Areas.
- Where data is not available at LSOA level, data is included for the Deddington, Steeple Aston & Heyfords MSOA (Cherwell 010), which also includes LSOAs Cherwell 010D, 010E, 010F and 010G.

Area	Total population
Deddington area (7 OAs)	2,241
LSOAs Cherwell 010A and 010B	2,739
Deddington, Steeple Aston & Heyfords MSOA (Cherwell 010)	10,014

Map showing LSOAs and Output Areas in the Deddington area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

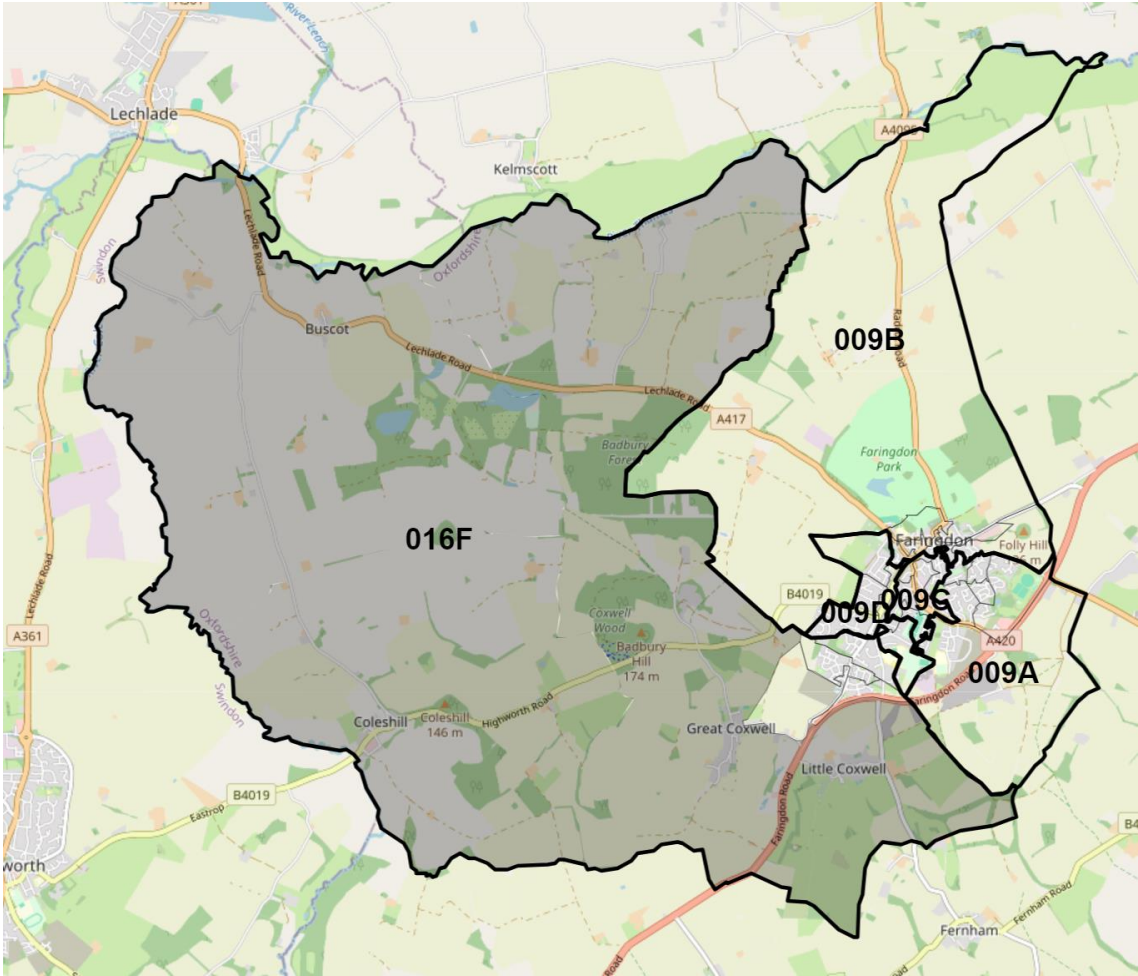
Faringdon is situated in the Vale of White Horse. The data included in this pack are based on a geographical area built from Lower Super Output Areas (LSOAs) Vale of White Horse 009A, 009B, 009C, and 009D, as well as 4 Output Areas in the Vale of White Horse 016F LSOA.

Data for the Faringdon area is included for:

- All Output Areas within LSOA Vale of White Horse 009A, 009B, 009C, and 009D, and four Output Areas within LSOA Vale of White Horse 016F.
- Where data is not available at Output Area level, data is included for the entirety of the above LSOAs, and therefore include four additional Output Areas of LSOA Vale of White Horse 016F.
- Where data is not available at LSOA level, data is included for the Faringdon & Stanford MSOA (Vale of White Horse 009).

Area	Total population
Faringdon area (26 OAs)	9,611
LSOAs Vale of White Horse 009A, 009B, 009C, 009D, Vale of White Horse 016F	10,383
Faringdon & Stanford MSOA (Vale of White Horse 009)	10,995

Map showing LSOAs and Output Areas in the Faringdon area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

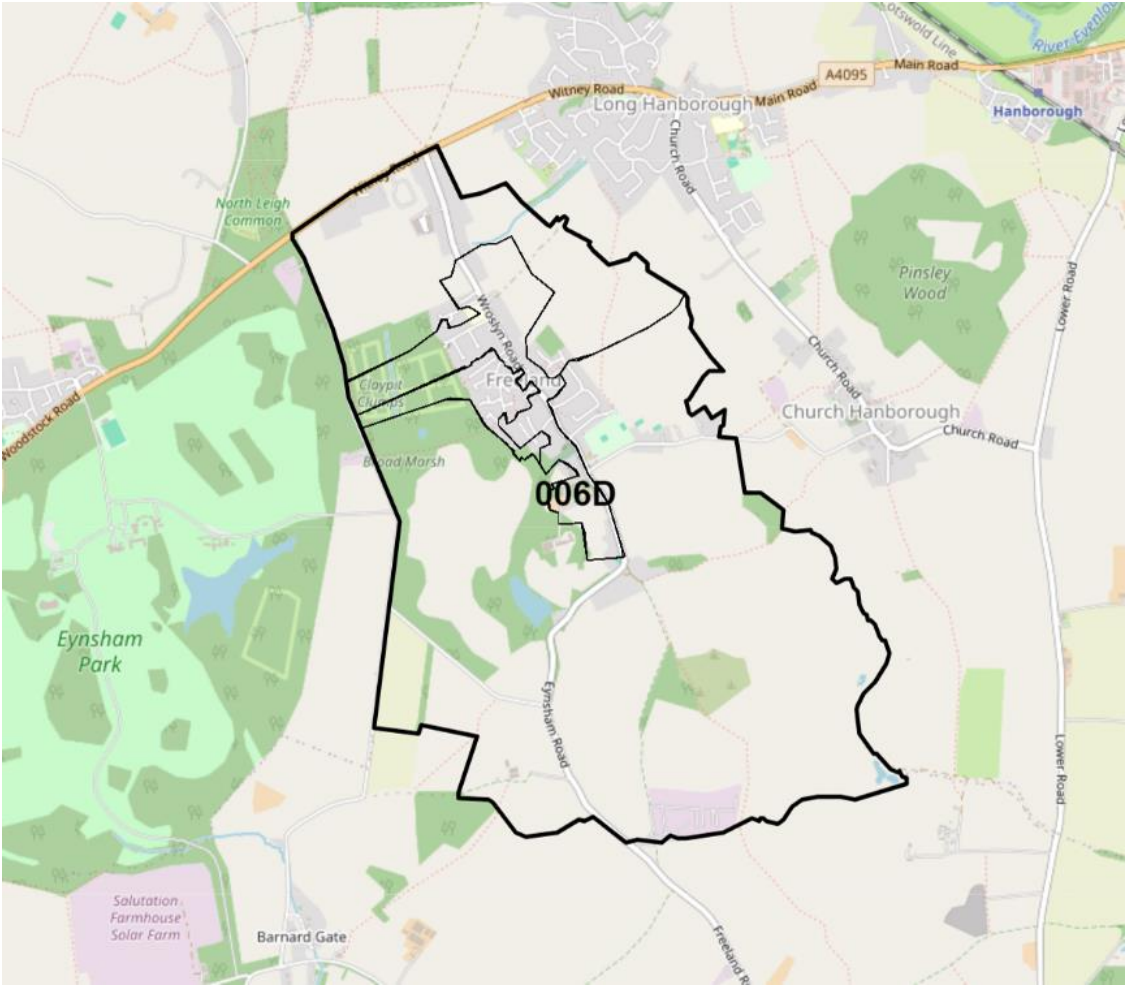
Freeland is situated in West Oxfordshire. The data included in this pack are based on a geographical area built from LSOA West Oxfordshire 006D, which is part of the Hanborough and Cassington MSOA (West Oxfordshire 006).

Data for Freeland is included for:

- All four Output Areas within LSOA West Oxfordshire 006D.
- Where data is not available at Output Area or LSOA level, data is included for the Hanborough & Cassington MSOA (West Oxfordshire 006), which also includes LSOAs West Oxfordshire 006A, 006B, and 006D.

Area	Total population
Freeland area (LSOA West Oxfordshire 006D)	1,657
Hanborough & Cassington MSOA (West Oxfordshire 006)	7,472

Map showing LSOAs and Output Areas in the Freeland area



Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

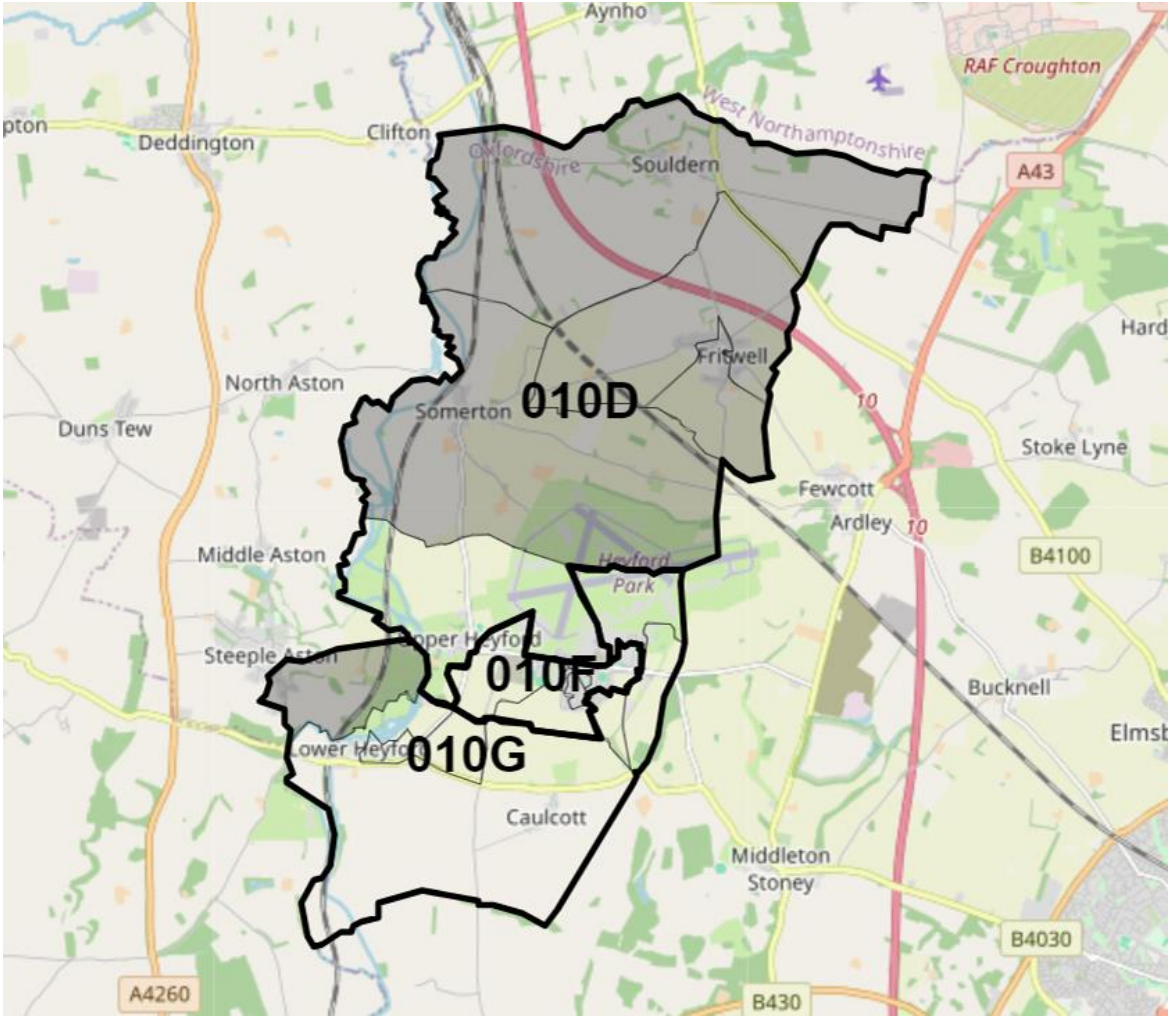
Heyford is situated in Cherwell. The data included in this pack are based on a geographical area built from LSOA Cherwell 010F (all 4 Output Areas), five Output Areas in LSOA Cherwell 010G and one Output Area in LSOA Cherwell 010D.

Data for Heyford is included for:

- Four Output Areas within LSOA Cherwell 010F, five Output Areas within LSOA Cherwell 010G, and one Output Area within Cherwell 010D.
- Where data is not available at Output Area level, data is included for the LSOAs Cherwell 010D, 010F, and 010G, and therefore include five additional Output Areas.
- Where data is not available at LSOA level, data is included for the Deddington, Steeple Aston & Heyfords MSOA (Cherwell 010), which also includes LSOAs Cherwell 010A, 010B, and 010E.

Area	Total population
Heyford area (10 OAs)	4,117
LSOAs Cherwell 010D, 010F, and 010G	5,835
Deddington, Steeple Aston & Heyfords MSOA (Cherwell 010)	10,014

Map showing LSOAs and Output Areas in the Heyford area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

Long Hanborough is situated in West Oxfordshire. The data included in this pack are based on a geographical area built from LSOAs West Oxfordshire 006B and West Oxfordshire 006C.

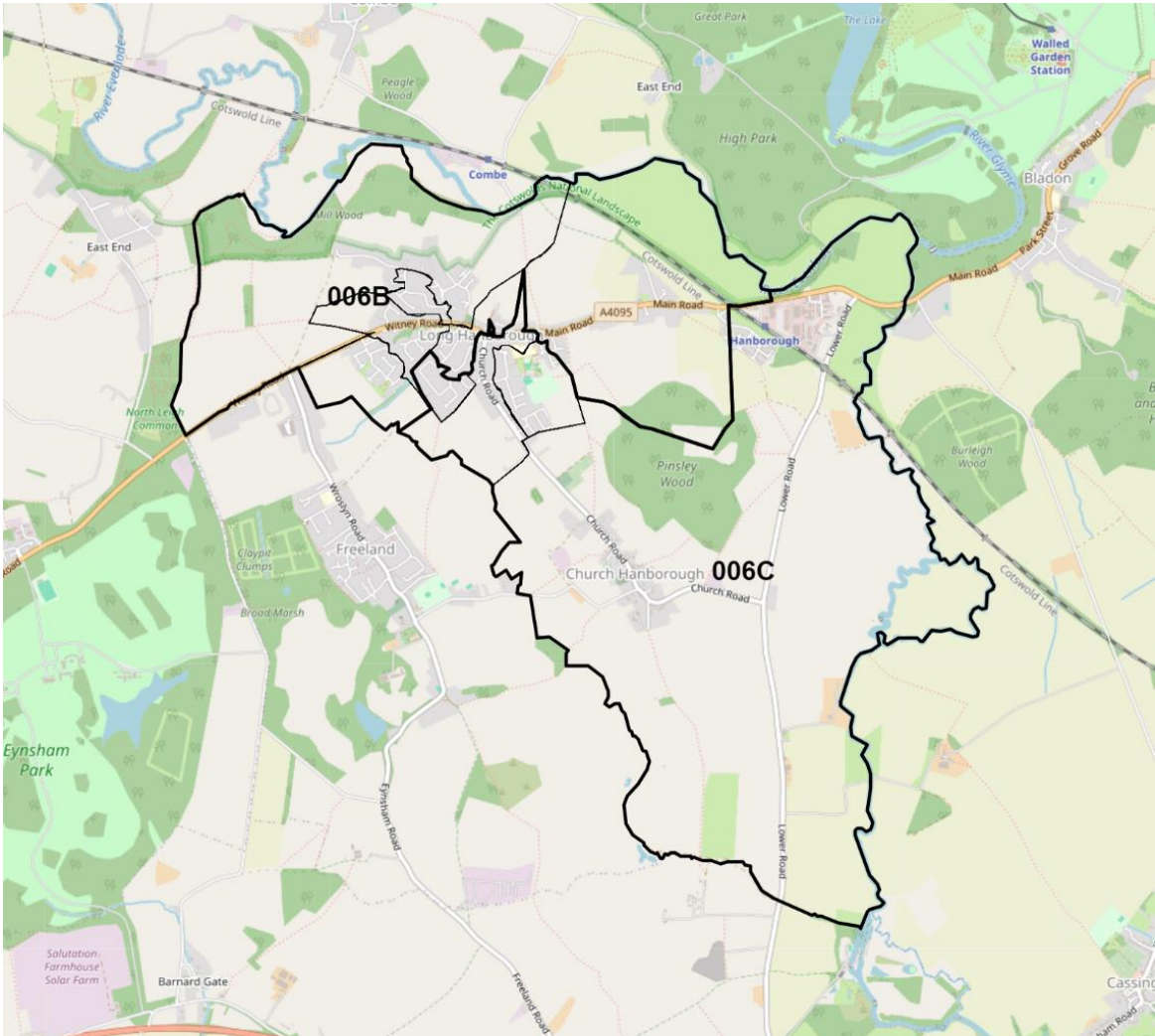
Data for Long Hanborough is included for:

- All six Output Areas within West Oxfordshire 006B and all four Output Areas within West Oxfordshire 006C.
- Where data is not available at Output Area or LSOA level, data is included for the Hanborough & Cassington MSOA (West Oxfordshire 006), which also includes LSOAs West Oxfordshire 006A and 006D.

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Area	Total population
Long Hanborough area (LSOAs West Oxfordshire 006B and 006C)	3,782
Hanborough & Cassington MSOA (West Oxfordshire 006)	7,472

Map showing LSOAs and Output Areas in the Long Hanborough area



Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

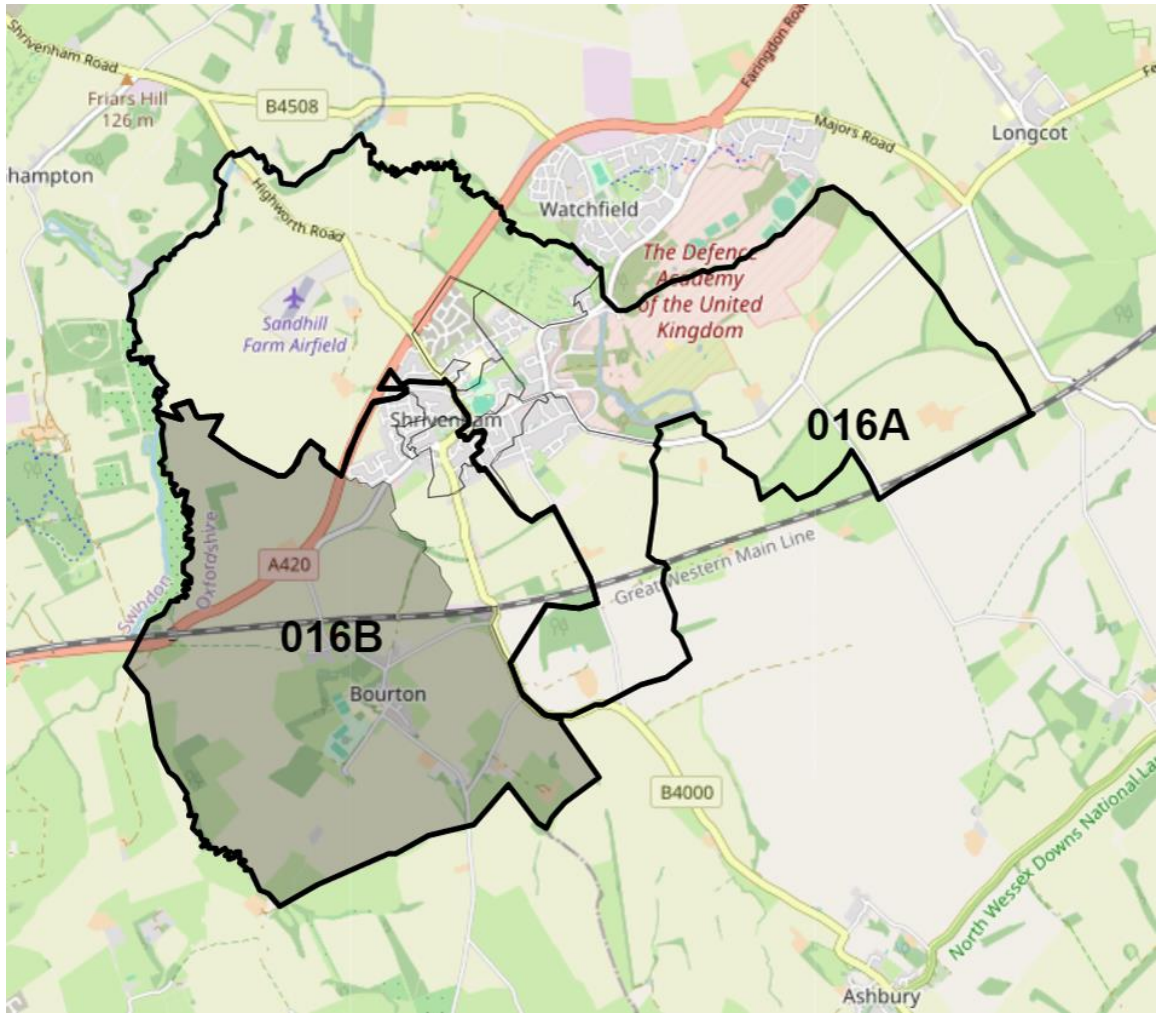
Shrivenham is situated in the Vale of White Horse. The data included in this pack are based on a geographical area built from LSOA Vale of White Horse 016A and three Output Areas in LSOA Vale of White Horse 016B.

Data for Shrivenham is included for:

- Five Output Areas within LSOA Vale of White Horse 016A and three Output Areas within LSOA Vale of White Horse 016B.
- Where data is not available at Output Area level, data is included for the LSOAs Vale of White Horse 016A and 016B, and therefore include one additional Output Area.
- Where data is not available at an LSOA level, data is included for the Shrivenham, Watchfield & Uffington MSOA (Vale of White Horse 016). In addition to the above LSOAs, this MSOA includes 5 additional LSOAs, which are Vale of White Horse 016C, 016D, 016E, 016F and 016G.

Area	Total population
Shrivenham area (8 Output Areas)	3,824
LSOAs Vale of White Horse 016A and 016B	4,144
Shrivenham, Watchfield & Uffington MSOA (Vale of White Horse 016)	15,320

Map showing LSOAs and Output Areas in the Shrivenham area

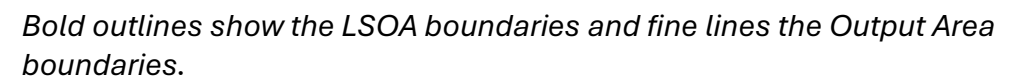


Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

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- The Lower Super Output Areas (LSOAs) South Oxfordshire 020B, South Oxfordshire 020C and South Oxfordshire 020D.
- Where data is not available at an LSOA level, data is included for the Sonning Common & Kidmore End MSOA (South Oxfordshire 020). In addition to the above LSOAs, this MSOA includes the South Oxfordshire 020A LSOA.

Map showing LSOAs and Output Areas in the Sonning Common area



Stanford in the Vale

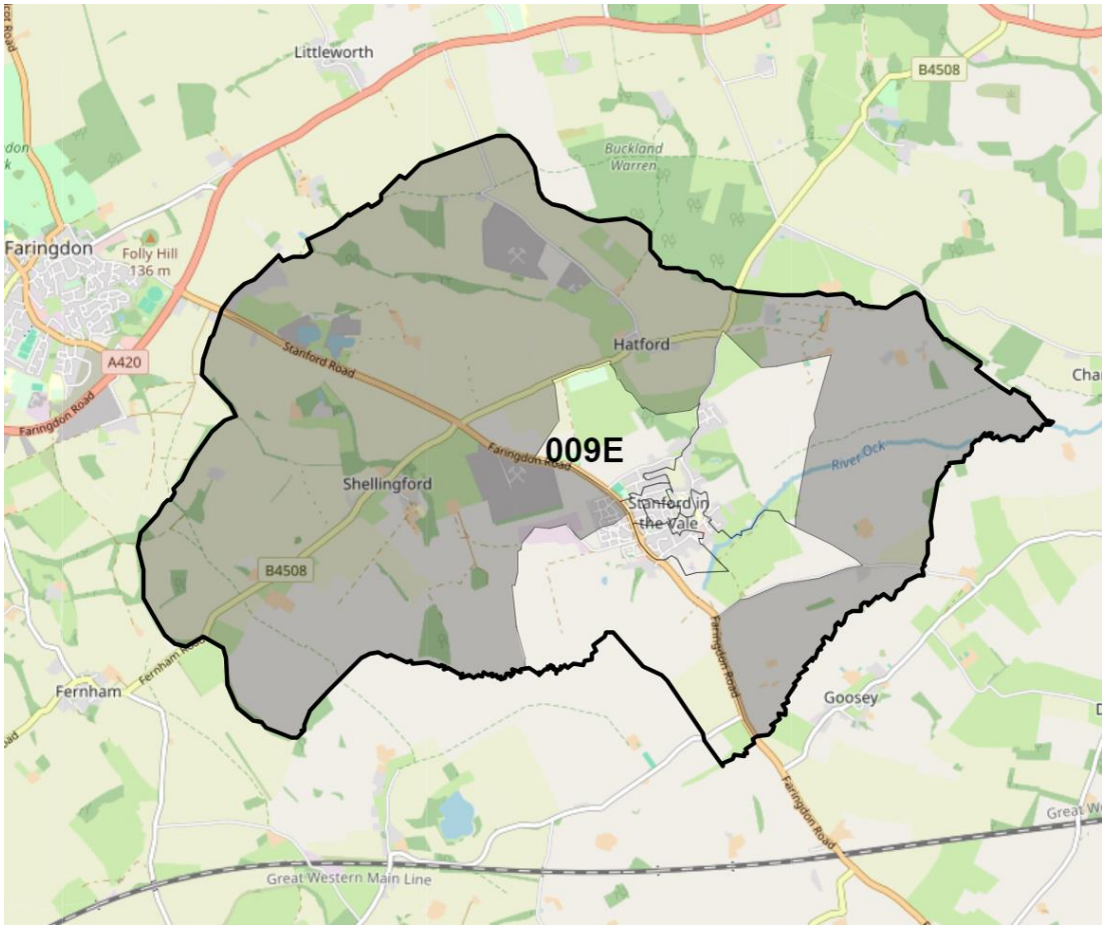
Stanford in the Vale is situated in the Vale of White Horse. The data included in this pack are based on a geographical area built from 6 Output Areas in the LSOA Vale of White Horse 009E.

Data for the Stanford in the Vale area is included for:

- Six Output Areas in the Vale of White Horse 009E LSOA.
- Where data is not available at Output Area level, the LSOA Vale of White Horse 009E is used, which has two additional Output Areas.
- Where data is not available at an LSOA level, data is included for the Faringdon & Stanford MSOA (Vale of White Horse 009). In addition to the above LSOA, this MSOA includes the Vale of White Horse 009A, 009B, 009C and 009D LSOAs. Data presented at this larger geography cover both Stanford and Faringdon areas, and should therefore be interpreted accordingly.

Area	Total population
Stanford in the Vale area (6 Output Areas)	2,573
LSOA Vale of White Horse 009E	3,098
Faringdon & Stanford MSOA (Vale of White Horse 009)	10,995

Map showing LSOAs and Output Areas in the Stanford in the Vale area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

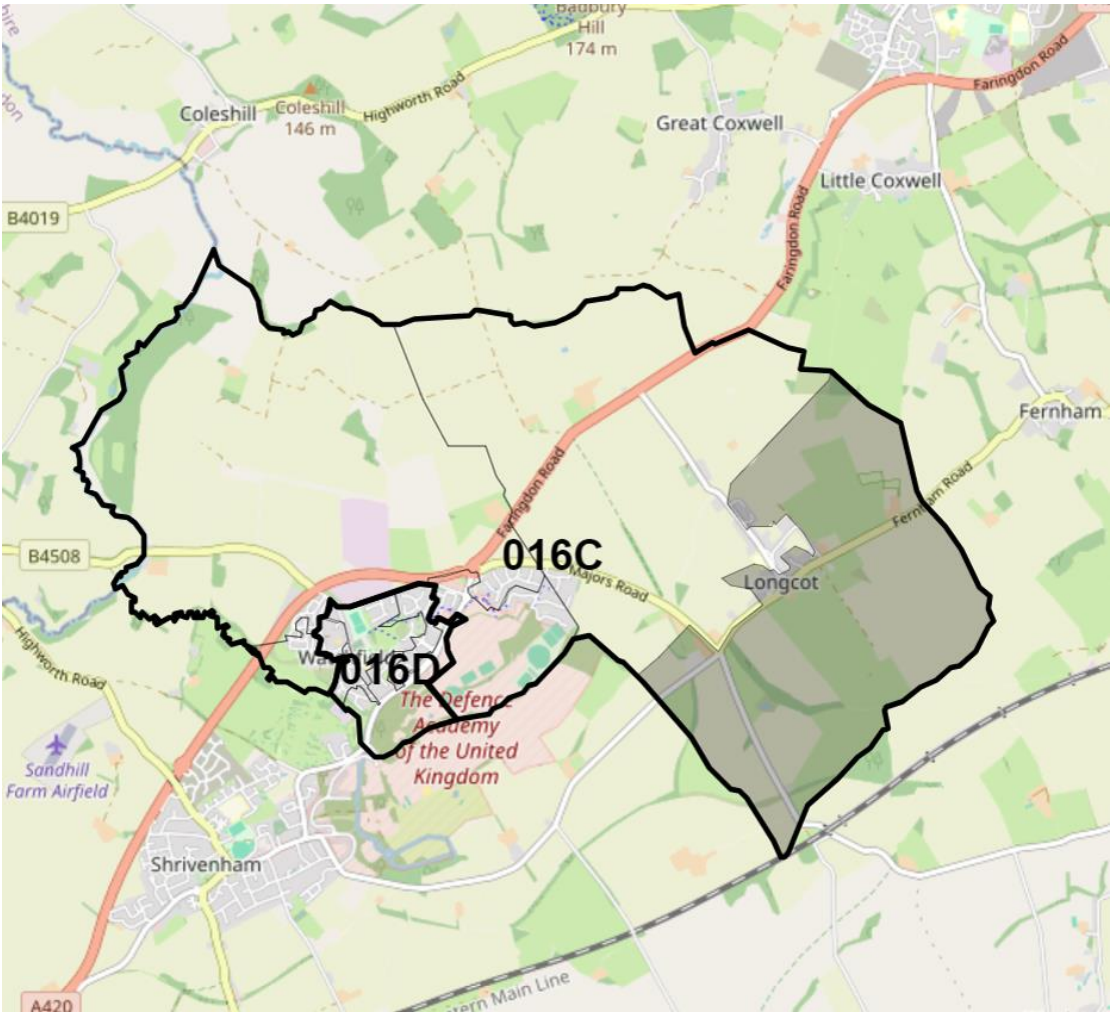
Watchfield is situated in the Vale of White Horse. The data included in this pack are based on a geographical area built from LSOA Vale of White Horse 016D and four Output Areas within Vale of White Horse 016C.

Data for the Watchfield area is included for:

- Four Output Areas in the Vale of White Horse 016C LSOA and five Output Areas in the Vale of White Horse 016D LSOA.
- Where data is not available at Output Area level, the LSOAs Vale of White Horse 016C and 016D are used, which have one additional Output Area.
- Where data is not available at an LSOA level, data is included for the Shrivenham, Watchfield & Uffington MSOA (Vale of White Horse 016). In addition to the above LSOAs, this MSOA includes 5 additional LSOAs, which are Vale of White Horse 016A, 016B, 016E, 016F and 016G. Data presented at this geography cover both Shrivenham and Watchfield areas.

Area	Total population
Watchfield area (9 Output Areas)	2,882
LSOAs Vale of White Horse 016C and 016D	3,171
Shrivenham, Watchfield & Uffington MSOA (Vale of White Horse 016)	15,320

Map showing LSOAs and Output Areas in the Watchfield area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

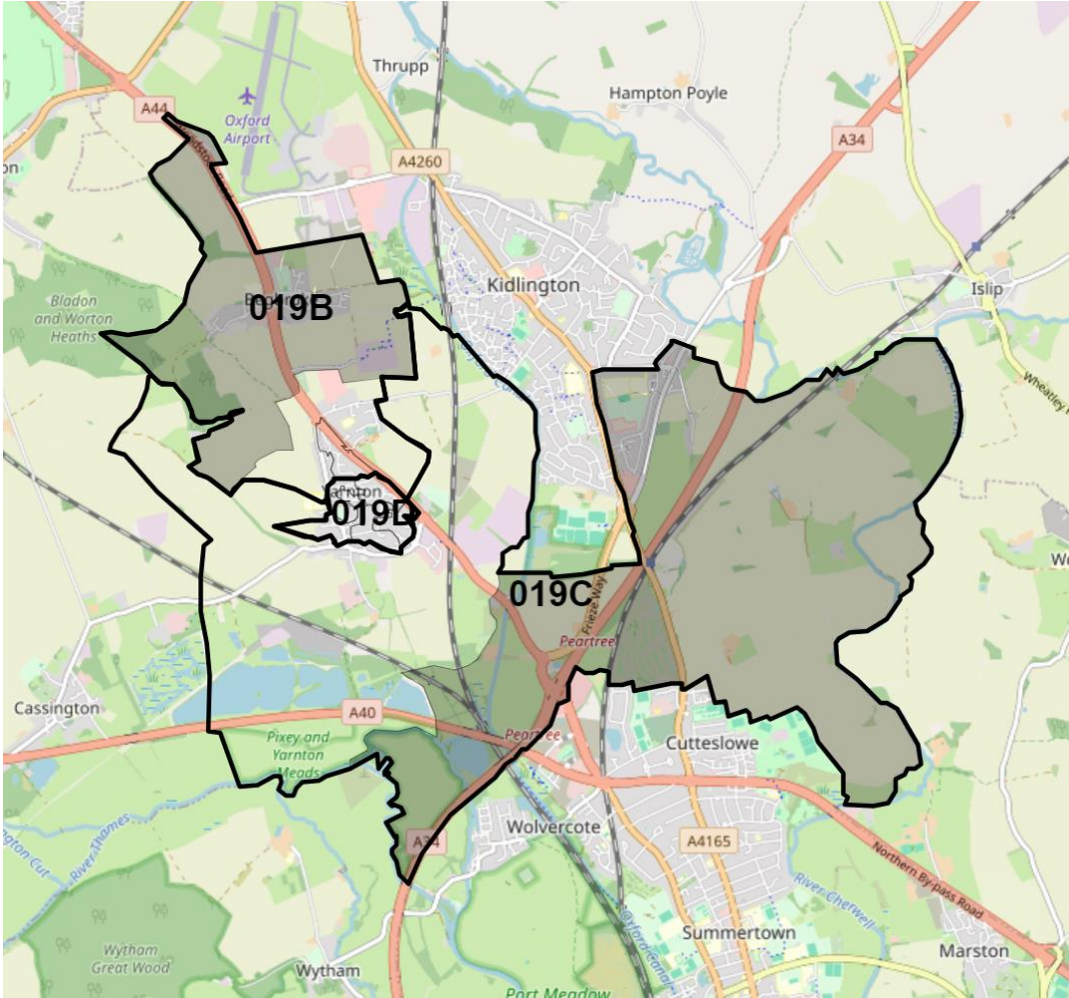
Yarnton is situated in Cherwell, west of Kidlington. The data included in this pack are based on a geographical area built from LSOA Cherwell 019D, two Output Areas from Cherwell 019B, and one Output Area from Cherwell 019C.

Data for the Yarnton area is included for:

- All five Output Areas within the Cherwell 019B LSOA, two Output Areas within the Cherwell 019D LSOA, and one Output Area in Cherwell 019C.
- Where data is not available at Output Area level, data is included for the LSOAs Cherwell 019B and 019D. Cherwell 019C is not included, as its remaining four output areas include parts of Kidlington and are considered urban.
- Where data is not available at LSOA level, data is included for the Middle Layer Super Output Area (MSOA) Begbroke, Yarnton & Water Eaton MSOA (Cherwell 019), which includes LSOAs Cherwell 019A, 019B, 019C and 019D.

Area	Total population
Yarnton area (8 Output Areas)	3,191
LSOAs Cherwell 019B and 019D	3,631
Begbroke, Yarnton & Water Eaton MSOA (Cherwell 019)	6,988

Map showing LSOAs and Output Areas in the Yarnton area



Greyed out areas are not included in data at output area level. Bold outlines show the LSOA boundaries and fine lines the Output Area boundaries.

Index of Multiple Deprivation (IMD25) domains

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The 7 domains of deprivation, which combine to create the IMD25, with their relative weighting are the following:

- **Income (22.5%):** Measures the proportion of the population experiencing deprivation relating to low income.
 - **Income Deprivation Affecting Children Index (IDACI):** Measures the proportion of all children aged 0 to 15 living in income-deprived families.
 - **Income Deprivation Affecting Older People Index (IDAOPI):** Measures the proportion of those aged 60+ who experience income deprivation.
- **Employment (22.5%):** Measures the proportion of working age population involuntarily excluded from the labour market due to unemployment, sickness, disability, or caring responsibilities.
- **Education, Skills and Training (13.5%):** Measures the lack of attainment and skills in the local population.
 - **Children and Young People:** measures the attainment of qualifications such as Key Stage 2 and 4 attainment, pupil absence, and entry to higher education.
 - **Adult Skills:** measures the lack of qualifications in the resident working age adult population.
- **Health and Disability (13.5%):** Measures the risk of premature death and impairment of life quality through poor physical or mental health.
- **Crime (9.3%):** Measures the risk of personal and material victimisation at local level.
- **Barriers to Housing and Services (9.3%):** Measures the physical and financial accessibility of housing and local services.
 - **Geographical Barriers:** relates to the geographical (in)accessibility of key local services and amenities through a “connectivity score” that measures travel time to retail, education, health, employment and leisure/entertainment destinations by walking, cycling and public transport.
 - **Wider Barriers:** relates to broader issues of accessibility, such as access to affordable housing, overcrowding, homelessness, broadband speed, and patient-to-GP ratio.
- **Living Environment (9.3%):** Measures the quality of both the indoor and outdoor local environment.
 - **Indoor Environment:** measures the quality of the home environment, determined by whether the housing is in poor condition, lacking outdoor space or having low energy efficiency.
 - **Outdoor Environment:** measures air quality, noise pollution, and road traffic accidents involving injury to pedestrians or cyclists.

Priority Places for Food Index (PPFI) definitions

59

The [Priority Places for Food Index](#) (PPFI) is a composite index constructed using open data to determine food insecurity risk across seven domains. The PPFI identifies neighbourhoods that are most vulnerable to increases in the cost of living and which have limited accessibility to nutritious and sustainable food options. The index is computed at LSOA level. Each domain within the Index was weighted as follows so that the food shop access domains (1-4) and affordability barriers (5-7) are equally weighted. Domain definitions and weighting are provided below:

1. Proximity to supermarket retail facilities (12.5%)

- Average distance to nearest large grocery store
- Average count of stores within 1km

2. Accessibility to supermarket retail facilities (12.5%)

- Average travel distance
- Accessibility via public transport

3. Access to online deliveries (12.5%)

- Online groceries availability
- Propensity to shop online

4. Proximity to non-supermarket food provision (12.5%)

- Distance to nearest non-supermarket retail food store
- Count of non-supermarket retail food stores within 1km
- Average distance to nearest market
- Average count of markets within 1km

5. Socio-demographic barriers (16.7%)

- Proportion of population experiencing income deprivation (2017-2020)
- Proportion of population with no car (2021)

6. Need for family food support (16.7%)

- Children in relative low-income families (2022)
- Healthy start voucher uptake (2023)
- Distance to nearest food bank (2023)

7. Fuel Poverty (16.7%)

- Proportion of households in fuel poverty (2017 - 2020)
- Prepayment meter prevalence (2017)

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Health and wellbeing in rural towns and villages in Oxfordshire

September 2026



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Acknowledgements

Thanks to all across the county who gave their voice to this report – including local residents, parish and district councillors, community, voluntary and patient groups, and local organisations and services. Thanks also to West Oxfordshire, Cherwell and South and Vale District Councils, Oxfordshire County Council Public Health team and the Oxfordshire Marmot steering group.

About us

Healthwatch Oxfordshire (HWO)



Healthwatch Oxfordshire is the county's independent health and social care watchdog. We listen to the opinions and experiences of Oxfordshire residents about the health and social care

services they use, to inform and influence commissioners and decision makers and highlight areas for improvement or change. [Welcome to Healthwatch Oxfordshire | Healthwatch Oxfordshire](#)

Community First Oxfordshire (CFO)



**Community First
Oxfordshire**

CFO is a community development charity which helps communities and individuals to identify issues that affect them and find their own solutions. We support and advise volunteer-led actions in Oxfordshire, helping hundreds of volunteers fulfil many roles in their communities. We support the principles of Asset-based Community Development. We think that stronger, more sustainable communities are built using the skills and

gifts that people already have. [Community First Oxfordshire - A community development and placemaking charity](#)

Healthwatch Oxfordshire commissioned Community First Oxfordshire to support us with this research, building on our joint expertise, existing links and networks within rural communities, and with community groups and others.

Executive Summary

“Rural deprivation is under-recognised and since deprivation is very often a relative thing, you know, it's really important.” (Focus group, the Heyfords)

In recent years there has been a growing focus – in Oxfordshire and nationally – on **addressing health inequalities**. Rural areas are often perceived as more affluent and having a higher standard of living, but this is not always the case.

Healthwatch Oxfordshire and Community First Oxfordshire were commissioned to hear from residents in 14 rural towns and villages across Oxfordshire which, based on data and local intelligence, were identified as having significant pockets of health inequalities:

- **Cherwell:** Deddington, the Heyfords¹, Yarnton, Cropredy
- **South Oxfordshire:** Chalgrove, Sonning Common
- **Vale of White Horse:** Stanford in the Vale, Faringdon, Shrivenham, Watchfield
- **West Oxfordshire:** Chipping Norton, Charlbury, Long Hanborough, Freeland

These places are each unique, and all varied in size, geography and character. They are all home to people who are passionate about the strengths and assets of their communities, as well as the challenges and barriers they experience. This report offers insight into themes emerging from each place and common themes across the 14 places.

We heard from people in each of the places through an online survey with paper and translated copies made available. We held focus groups and heard from people through in-person outreach conversations. We also heard from representatives of organisations working in some or all of the 14 places through an online survey. In total, we heard from **851 people** from across the 14 places.

Key findings

Participants told us that they love and care about their towns and villages. They appreciate a sense of community spirit, community groups and activities, local assets including pharmacies, village halls and beloved cafés, and access to countryside and green spaces. However, satisfaction with the local area varied considerably between the different places. We heard that all 14 places have undergone significant change in recent years.

Inequalities in health outcomes came through clearly. Most participants said they were in good physical (63%) and mental health (72%). **People who reported their financial situation as ‘not comfortable’ were three times more likely to report poor physical health than people who were ‘comfortable’, and four times as many reported poor mental health (24% vs. 6%).** People with a disability or a

¹ Throughout the report, ‘The Heyfords’ is used to refer to three neighbouring communities: Upper Heyford, Lower Heyford, and Heyford Park.

long-term health condition, people who are unemployed, and people aged 25-49 also reported worse self-reported physical and mental health status than others.

The **wider determinants of health** also came through clearly as factors that shaped these outcomes. **92% of respondents who were financially 'not comfortable' said the cost of living was affecting their ability to look after their health and wellbeing.** We heard about challenges including:

- A **lack of assets and services** in some areas, particularly a lack of provision for **young people**, and barriers to accessing existing assets such as cost
- **Infrastructure** improvements and expansion not keeping pace with housing developments – including health services, schools and waste treatment systems
- Not feeling listened to in **decision-making** about the local area
- Barriers to **travelling** within and beyond communities, particularly limited public transport routes that do not always connect places with the most relevant services, and problems with poor roads and the built environment making it difficult for people to walk, cycle or even drive
- **Flooding** affecting communities themselves and people's ability to travel elsewhere or run services that are staffed with people who live elsewhere
- Limited availability of affordable, suitable **housing** including for older people wanting to downsize, and challenges with the quality of housing, particularly heating, damp and insulation
- A **lack of local opportunities for jobs, education and training**, and employment support, including for young people
- Barriers to accessing **local health and care services**, in part related to demand, distance and transport.

We heard that key community members, and community and voluntary groups play a crucial role in supporting people to stay healthy and well – from running community larders, youth clubs and sports groups to reducing flood risk and driving neighbours to medical appointments. However, we heard that many of these groups are facing a growing crisis of funding and volunteer recruitment, at the same time as facing pressures as their communities are growing through new housing developments and the cost of living continues to rise.

Recommendations

Community residents and organisations were asked to give their ideas and suggestions for changes that would help support local people's health and wellbeing. Responses were broadly consistent, focusing on **six key areas**:

- **Health, care and other support services**
 - **Improving access to health and care services** – particularly GP services, NHS dentistry, and mental health services
 - **Joining up care between services**, including across administrative borders, **cross communication and integration with health promotion**
 - **Ensuring access to other key services** – for example education, **vocational training** and support for families of children with special educational needs and disabilities (SEND)
- **Support for healthy lifestyles**
 - **Recognition of value of and better support** to existing community infrastructure, assets and people, including VCS – **as value for money and critical in prevention of ill health**
 - **Creating accessible, affordable opportunities for physical activity** – such as walking groups and exercise classes
 - **Improving and creating sport and exercise facilities** – ensuring they are affordable and accessible, for example to young people
 - **Improving access to information and advice** – for example on health and care services, cost of living support, community food support, community transport, employment support and advice on finances and housing – including through targeted outreach to engage those most in need of support
 - **Tailored support for those most likely to experience health inequalities** – identifying and reaching those who most need support

“Social and physical activity opportunities that are local for those that are isolated.” (Organisational representative from Citizens Advice, Oxfordshire)

- **Transport and public realm**
 - **Improve public and community transport provision** – for example additional routes and services linking into larger ‘**rural hub**’ settlements and key services, carpools and lift-sharing schemes, and stronger support for community transport schemes

“It’s a really simple little phone app that you can do. Helps just organise and get people together. It works and saves environmentally.” (Focus group, the Heyfords)

- **Addressing cost barriers to using public transport**
- **Improve driving infrastructure** – including fixing potholes, and addressing challenges around limited or unsafe parking, particularly near schools or where parking affects people’s ability to use pavements

“Roads and pavements, to allow better mobility and confidence when walking locally.” (Survey, woman 65–79 years, Sonning Common)

- **Improve infrastructure supporting active travel** – improving pavements, maintaining footpaths, improving pedestrian crossings and creating cycle paths. A few participants also suggested installing benches along walking routes to improve accessibility and encourage people to use them.

“To walk safely along the canal, the main road to neighbouring villages and between the Heyfords and down to the station. Use Section 106 money.” (Focus group, the Heyfords)

“Improved footpaths and new cycle paths between rural communities themselves and their neighbouring towns would greatly improve connectivity and promote good physical and mental health for all ages.” (Survey, man, 65–79 years, Stanford in the Vale)

- **Community and social infrastructure**

- **Supporting existing groups** – including with identifying and preparing grant proposals, funding, and volunteer recruitment and retention, and support to navigate bureaucratic requirements

“Help with writing and knowing what grants to apply to”. (Charlbury focus group)

- **Creating new groups** or expanding existing ones – suggestions included Men’s Sheds, community hubs or groups for young parents and families to meet, a buddying system for teenagers and older people wanting to use digital tools, village social clubs, and craft or DIY groups

“What about a **buddy system** where the teenagers who haven’t got anything to do can buddy up with an elderly neighbour to help them with their ICT skills or filling out applications or things like that?” (Focus group, Faringdon)

- **Support with activation, reach and accessibility** – supporting those most likely to benefit from taking part in community groups to participate, for example by reducing the cost of activities and accompanying people to sessions, and building trust

“More support to get people to the activities or more befrienders to visit people in their own homes.” (Organisation representative, Oxfordshire County Council)

“Experience consistently shows that on the ground community development worker/ community connector/ navigator roles are very useful in supporting existing and developing new activities, while identifying vulnerable and isolated residents and bringing them into support orbits.” (Organisation representative, Community First Oxfordshire)

“A way to communicate with the families that really need things – the Primary School might be a good channel”. “Don’t forget to address digital exclusion.” (Charlbury focus group)

- **Joining up work between different community and voluntary sector organisations** – to avoid duplication, share their learning and support each other with promotion and reach
- **Supporting community integration** – for example by improving communication between community members and making activities more inclusive. In Watchfield and Shrivenham, people said they would like to have a stronger voice on the civilian-military partnership to promote cohesion between the Defence Academy and the villages
- **More spaces, support and activities specifically for young people** – and include young people throughout planning and delivery. Problems with drug dealing, fears about county lines, and anti-social behaviour were also raised, highlighting the need for more tailored support in some areas, to support communities, and focus on prevention ‘upstream’.
- **Improving residents’ sense of safety** – for example through improved lighting, involvement of police or ‘upstream’ prevention as noted above
- **Cost of living, economic inequality and basic needs**
 - **Improving access to healthy, affordable food and other basic necessities** – for example through food larders, community fridges, community shops, and local growing and gardening schemes
 - **Supporting residents with fuel costs** – particularly those reliant on oil
 - **Improving targeted support for those experiencing financial hardship** – including by ensuring support with debt, housing, employment and benefits is accessible locally

- **Housing, environment and planning**
 - **Improving availability of affordable and suitable housing** – including for older people and support to retrofit poor energy efficient homes
 - **Better planning for new housing developments** – factoring in infrastructure requirements, community cohesion, and environmental impacts (e.g. flooding)
 - **Enhancing the natural environment and support community sustainability and flood prevention initiatives**

“Continue the good work around nature and the natural world that’s already happening in Charlbury including managing the verges so they’re better for wildlife and planting stuff on the mill fields. More intergenerational nature projects”. (Charlbury focus group).

- **A stronger local voice in spatial planning decisions** and greater clarity about how Section 106 funds are spent.

The range of ideas and suggestions proposed by participants and organisation representatives, reflect the major gaps described throughout the report, including access to health care, transport, affordable food, and support for the most vulnerable. Many of the suggestions point to the need for more locally based and tailored provision of services, enhanced support and funding for local community and voluntary sector groups, with a focus on the most affected communities.

The evidence produced through the quantitative surveys and qualitative data show how rural health inequalities across the 14 places in this research are underpinned by structural factors. They include financial hardship, limited travel and transport, insufficient local provision, and challenges accessing timely, integrated health care.

Community health and wellbeing is an interconnected, mutually informing and multi-dimensional eco-system. Improvement requires both strategic (whole-county) and place-specific (hyper-local), community informed approaches. See **6 Strategic recommendations** for strategic recommendations and commentary from Healthwatch Oxfordshire and Community First Oxfordshire.

1. Background

1.1. Rural health inequalities

In recent years there has been a growing focus – in Oxfordshire and nationally – on **addressing health inequalities**, defined by NHS England as “unfair and avoidable differences in health across the population and between different groups within society [including] how long people are likely to live, the health conditions they may experience and the care that is available to them”.² Health inequalities are shaped by the places and conditions in which people live – the **wider determinants of health**, for example factors such as environment, transport, employment, social support, housing and education.

While work to understand and address health inequalities often focuses on densely populated urban areas with high levels of deprivation, health inequalities can also persist in small towns, villages and rural areas. Rural areas are often perceived as more affluent and having a higher standard of living, but this is not always the case. Deprivation can be hidden and exacerbated by more limited access to some of the key services and infrastructure – such as employment, housing, and healthcare – that underpin health and wellbeing.

In 2025, the UK Government made a commitment that all policy decisions should be ‘**rural proofed**’ – and to ensure that rural areas are not overlooked within policy and planning for services, investment and support. “Nearly 1 in 5 people live in rural areas with over 555,000 businesses contributing over £315 billion to the English economy. In around 1 in 5 rural areas, median house prices are more than 12 times average earnings. Nearly 14% of rural households are living in fuel poverty”.³

There is significant change taking place in the way health and social care services, and local authorities commission, operate and plan their services. Rural areas need special consideration in the context of changes to how health and care services work to support people under the **NHS 10 Year Health Plan**⁴. Relevant changes include particularly the shift from hospital to community and move towards a ‘**neighbourhood health service**’ with a focus on better integration of support and shifting health and social care services as close to home as possible, and further development of Integrated Neighbourhood Teams (INT).⁵ Integrated Care Boards have re-formed across larger footprints, and are moving towards being ‘strategic commissioners’ across larger populations. The programme of Local Government Reorganisation will also bring about changes to county boundaries, including the delivery of Public Health and the commissioning of social care services. Other policy direction includes changes to support for children and young people and those with special educational needs and disabilities (SEND), and to spatial planning and development.

² NHS England [What are healthcare inequalities?](#) Equality and Health Inequalities Hub

³ DEFRA policy paper: [The government’s approach to rural proofing](#), 2025

⁴ NHS England [Fit for the Future: 10 Year Health Plan for England](#), July 2025

⁵ NHS England [Neighbourhood health framework](#), March 2026

Oxfordshire is the most rural county in the South-East of England. Oxfordshire's **Health and Wellbeing Strategy⁶ (2024-30)** aspires towards reaching a "Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas" and notes that "Living in a rural area can also compound the effect of experiencing deprivation because there is less access to societal support, fewer opportunities for social connection, less extensive and less reliable travel options, and less access to services such as GPs and pharmacies".

Recognising the needs and challenges faced by rural communities in Oxfordshire and how to best serve will be key in planning how they can also benefit from this support. Oxfordshire is developing its system approach to Neighbourhood Health and care currently, and building on existing assets within rural communities, and working with these communities will be essential for its success. Similarly other initiatives include the development of five Best Start⁷ Family 'hubs' across the county as a place for families to access support and connect to services and co-production of service offer of support⁸ to young people, including Targeted Youth Support and health and wellbeing services. The National Youth Agency's pilot Local Youth Transformation Programme has also launched in Oxfordshire.⁹ Again, understanding how to meet the needs of rural communities will be important in developing appropriate and flexible support.

In July 2026, national government confirmed its decision on Local Government Reorganisation¹⁰ in Oxfordshire and West Berkshire, creating three new unitary councils from 1 April 2028. This has implications on planning and delivery of services, and local decision making as well as boundary definitions. In the development of the new councils, it is essential that decision-makers and partners strengthen the existing commitment to tackling health inequalities and make the most of emerging opportunities to take this work further.

1.2. Rural engagement for Marmot

Oxfordshire became a **Marmot County** in November 2024, partnering with Sir Michael Marmot and his team at University College London (UCL) Institute of Health Equity (IHE) to develop a coordinated, system-based approach to tackle health inequalities and improve health fairness in the region¹¹.

Oxfordshire identified its priorities underpinned by three cross cutting Marmot principles:

- giving every child the best start in life,
- creating fair employment and good work for all,
- ensuring a healthy standard of living for all.

Priority 4 is to understand rural health inequalities in Oxfordshire – how they manifest, and which areas are affected – and insight into how to address them.

⁶ Oxfordshire Health and Wellbeing Strategy (2024-2030)

⁷ [Oxfordshire Best Start in Life Plan](#)

⁸ [oxme.info web resource for young people in Oxfordshire](#)

⁹ [Local Youth Transformation Programme](#)

¹⁰ [Oxfordshire County Council webpage on local government reorganisation and devolution](#)

¹¹ Oxfordshire as a Marmot Place [Oxfordshire as a Marmot Place | Oxfordshire County Council](#); see also [Health Equity in England: The Marmot Review 10 Years On](#)

Oversight of this priority is steered by a Marmot rural inequalities working group, consisting of system representatives from local authorities (county and all districts), voluntary sector organisations, and academic partners as well as input from the Institute of Health Equity.

Hearing from rural communities themselves about rural health inequalities and how to address them is a key part of this work (following examples set in previous engagement around health inequalities in urban areas, through the county's programme of [Community Insight Profiles](#)). In December 2025, Oxfordshire County Council Public Health commissioned Healthwatch Oxfordshire to undertake engagement across fourteen rural areas of the county.

Healthwatch Oxfordshire (HWO) commissioned Community First Oxfordshire (CFO) to work in partnership and bring added capacity to the research, bearing in mind the wide geographic spread of the communities and the short timeframe for the work. Our two organisations have worked in partnership together over some years, combining our shared expertise in engagement and insight gathering, knowledge of community networks and assets, health services, and rural community issues, and relationships with local community groups. We have together highlighted challenges facing rural areas in previous reports.¹² Both organisations have undertaken community engagement for Community Insight Profiles in different parts of the county.¹³

1.2.1. Choosing the areas of focus

The Oxfordshire Marmot rural inequalities working group used national and local data to map health indicators and wider determinants of health at household level across small geographic regions in Oxfordshire, including using deprivation indices, age profiles and service access indicators. Rural areas (as defined by the Office of National Statistics 2021 Rural Urban Classification) which have between 40 and 250 households (representing 100–625 residents) experiencing deprivation were identified as having pockets of inequalities.

Fourteen rural areas were then selected as being high priority for further work, by local authority district as follows (see Figure 1 on next page).

- **Cherwell:** Deddington, the Heyfords, Yarnton, Cropredy
- **South Oxfordshire:** Chalgrove, Sonning Common
- **Vale of White Horse:** Stanford in the Vale, Faringdon, Shrivenham, Watchfield
- **West Oxfordshire:** Chipping Norton, Charlbury, Long Hanborough, Freeland

¹² Community First Oxfordshire with Healthwatch Oxfordshire. [Rural isolation in Oxfordshire | Healthwatch Oxfordshire](#) and [Health and wellbeing in Ambrosden, Arncott, Blackthorn and Piddington | Healthwatch Oxfordshire](#) (2022, 2024)

¹³ [Community Insight Profiles](#) on Oxfordshire Data Hub

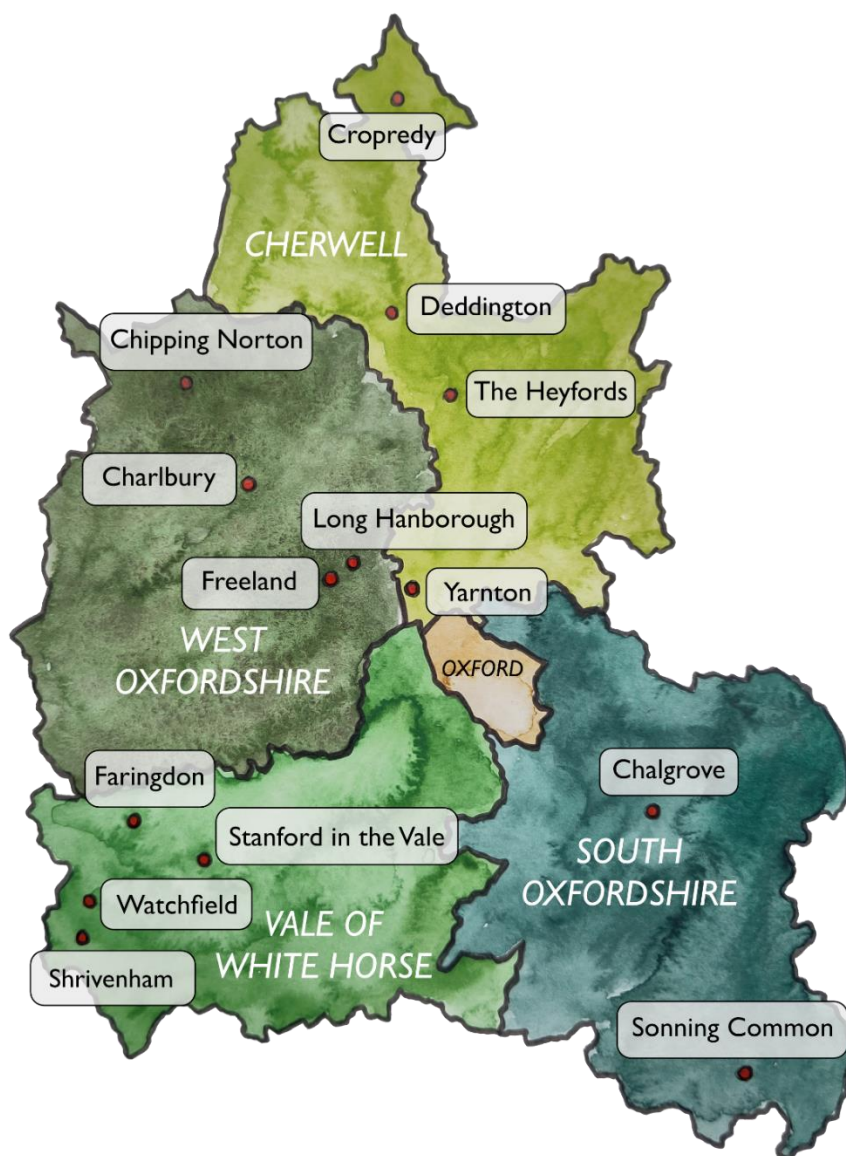


Figure 1. Map of Oxfordshire showing district areas and 14 places of focus.

1.2.2. Scope of the work

The scope of the community engagement as outlined by Oxfordshire County Council was to produce a ‘high level insight’ based on qualitative data, gathered across the identified areas. This would support decision makers in identifying challenges and issues to inform future planning, commissioning and resource, and guide any future next steps and further insight gathering. This report sits alongside a deeper data dive produced by public health.

The agreed aims for the commissioned engagement were to:

- Examine the experiences of the residents living and working in the selected high-priority rural areas of Oxfordshire in relation to their health and wellbeing and the factors that influence them
- Map the supply of available services
- Assess the gaps and make recommendations to improve the health and wellbeing of the residents in rural Oxfordshire, taking into account local needs.

2. Methodology

The timeframe for the engagement work including analysis and completion of report was January 2026 to June 2026. Active engagement was planned for January to April to enable time for substantial data analysis and report writing.

From January, Healthwatch Oxfordshire and Community First Oxfordshire attended regular meetings of the Marmot rural working group, to plan the project, and gain insight and links from local partners into the selected communities. The Marmot rural inequalities working group supported us with links into local networks and provided some of the initial mapping of services and assets in the areas. Together, we discussed project plans, survey questions and focus group design, and wider project management issues, as well as giving ongoing progress reviews, including presentations and regular updates to the Oxfordshire Marmot steering group.

Healthwatch Oxfordshire and Community First Oxfordshire divided up the 14 areas geographically between them, taking into account team capacity and our prior knowledge and relationships in some communities. We had regular meetings to plan the work and discuss any challenges or barriers as well as sharing insights and to ensure consistent approaches. We used the same agreed methodology in each area.

2.1. Engagement and data collection

We used a combination of methods to hear from a range of people and generate both quantitative and qualitative insight:

- Initial mapping and relationship building
- Surveys
- Focus groups
- In-person conversations and on the street outreach

We have also supplemented the insight here with what CFO and HWO have heard through other sources, for example HWO's outreach conversations with men in Faringdon in November 2025.

2.1.1. Initial mapping and relationship building

To prepare for the engagement, we carried out scoping on the ground in situ, visiting each of the local areas, including shops and community facilities, and building up a picture of each settlement. We met with local people on the street, shops, pubs and village halls. We built on our existing local relationships and networks, as well as through parish councillors, local organisations and other key stakeholders, who could give insight into ways to access and hear from community members. The District Councils also brought their links and local knowledge.

2.1.2 Surveys

We produced two surveys:

- A survey aimed at hearing from residents age 15 upwards. This was developed with input from the Marmot steering group and Institute of Health Equity, and building on survey questions used for Community Insight Profiles. Key topics covered included participants' satisfaction with where they live, local assets and involvement in community groups, transport, education and employment opportunities, housing, and health and wellbeing.
- A survey aimed at hearing from organisational representatives working in the areas, including local authorities, health and care providers, housing providers, and voluntary or community groups. We asked open questions about what supports and challenges health and wellbeing in rural communities, and what assets and barriers organisations encounter.

Surveys were created using Smart Survey and were made available online and in paper form. We offered translated or Easy Read versions of the survey on request, as well as the option to complete the survey over the phone. In practice, we received a request for a **Ukrainian** translation of the residents' survey, which we provided and circulated via contacts in local Ukrainian communities.

The residents' survey was promoted widely through posters with QR codes in key places such as community noticeboards, local shops and village halls. In target areas, we delivered surveys door to door along with Freepost envelopes, and shared surveys with key local contacts to distribute locally. The survey was also shared via our organisational news briefs, local and parish newsletters, links to local social media (e.g. parish Facebook pages), Instagram, Bluesky, and via organisational networks. We paid additionally for targeted postcode promotion on Facebook to reach the areas highlighted for focus. We also created short video clips for social media sharing the surveys and promoting outreach visits.



Example social media post promoting the survey



Healthwatch Oxfordshire staff on an outreach visit to Stanford in the Vale

Engaging with county, district and parish council officers to support with reaching people in communities was essential – building on their local networks and relationships. We also promoted the survey to local schools and attended the Oxfordshire Civilian and Military Partnership meeting at Shrivenham Defence Academy to highlight the work in the local area.

2.1.3. Focus Groups

Focus groups enabled us to take a deeper dive into some of the opportunities and challenges facing the different communities.

We held focus groups in each of the areas, using the same format and agreed question guide in each. We held the focus groups in community venues such as village halls, a GP surgery, cafes and a pub. The focus groups took place on weekdays at a variety of times of the day. Refreshments were provided, and people were reimbursed for their time by being offered shopping vouchers.

Focus group participants were invited through local contacts and networks and using posters. We aimed to represent a cross section of community perspectives where possible.

Focus group facilitators used a topic guide to increase consistency across the different focus groups. Topics covered included what people like about living in their local area, local groups and activities, challenges of living in the local area, what supports and challenges health and wellbeing in the local area, experiences of health and care services, and being involved in decision-making.

Unfortunately, it was not possible to run focus groups in Freeland or Long Hanborough within the agreed timeframe. The key reasons for this were:

- **Time pressure** on existing key contacts, who were unable to commit to attending a focus group
- Beyond key contacts, the **longer-term nature of relationship building** within communities – it takes time to introduce make connections and build trust, which are the building blocks of successful participation in a research project.



Focus group in Chipping Norton



Focus group in Chalgrove

2.1.4. One-to-one conversations, on the street and visits to local groups

We know those most likely to experience health inequalities are not always the most likely to complete surveys or attend focus groups and may face barriers such as language and literacy. Within the constraints of time and capacity, we supplemented the insight gathered through these approaches with proactive outreach and engagement, including:

- In depth conversations (in person and online) with key stakeholders including parish clerks, community representatives and others identified in the outreach
- On the street outreach and conversations with people as they went about their daily lives, in local shops, cafes, and other venues
- Visits to local community and voluntary groups, Patient Participation Groups, and others
- Targeted visits to groups and events such as Watchfield Migrant drop-in and Cropredy Warm Space and coffee morning, and the Connect Café at The Branch at Chipping Norton.

We made notes and used a simplified version of the longer survey to enable outreach workers to capture what we heard in these quick interactions.

2.1.5. Research ethics and data protection

Information about the project was provided to participants at the start of the survey, before participants were asked to give their consent for their direct quotes to be used. At the start of focus groups and during outreach conversations, we provided information about the research and sought oral consent from participants.

Data collected via the survey was stored securely on Smart Survey and Healthwatch Oxfordshire cloud storage. Paper surveys and notes from focus groups and outreach conversations were stored in locked cases before being inputted to Smart Survey and shredded. Audio recordings of focus groups were made on password-protected devices and destroyed following transcription. Data were cleaned and edited to remove identifiable details before analysis.

2.2. Data analysis

2.2.1. Quantitative data

Quantitative survey data were analysed in Microsoft Excel, using pivot tables to cross-tabulate key participant characteristics and outcome variables. Data were interpreted to describe variation between places and socio-economic groups using frequencies and percentages.

2.2.2. Qualitative data

Open-ended survey responses were combined with facilitator observations and focus group notes. Data were analysed in NVivo v.12 using Braun and Clarke's

(2006) semantic thematic analysis method.¹⁴ Data were used to contextualise and give depth to the quantitative results, and to show how participants described their experiences of living in rural areas.

2.3. Gaps and challenges

2.3.1. What is rural?

This engagement was clearly commissioned to focus on 'rural areas' as identified by the Marmot rural inequalities working group on the basis of data highlighting health inequality at a household and ward level. This used the Office of National Statistics' 2021 Rural Urban Classification of local areas, based on information including population size and density of addresses.¹⁵

The places identified included some of Oxfordshire's rural towns like Chipping Norton, Faringdon, mid-size settlements and large villages such as Yarnton and Shrivenham, and smaller villages like Cropredy and the Heyfords.

Whilst set within rural surrounds, the larger settlements can be seen as important 'rural hubs' where people live and work, but also serving their hinterland – such as the networks of small villages, farms and isolated households in the countryside around them.

In doing the research we came across mixed views as to people's identification as 'rural' versus 'urban' – for example, some participants in the larger places expressed the opinion that they were living in towns, within reach of rural areas.

"Please do not go back and say, I've got the rural voice, because you haven't. No, I've got a **rural town voice**.... we're seeing increasingly now the number of people coming in to access services here are coming from the villages." (Focus group, Chipping Norton)

We came across a mix of views about rural living, depending on background. Some people had lived in these areas all their lives, and over generations and felt firmly grounded in their sense of connection to place and countryside, although many had witnessed huge changes to those places. Others may have moved from urban areas, including big cities like London, often deciding to move to 'the countryside' on the basis of perceived benefits of 'quiet', 'space', 'community'. Decision makers and organisational professionals can also have varied understanding and pre-conceived perceptions of what living in a rural area is like. There can be sometimes outdated views of rural villages being 'idyllic', 'wealthy' or 'strong communities' whereas in reality this experience can be mixed.

It is worth decision-makers reflecting on their perceptions and assumptions about how they perceive 'rural', and how messaging on health and care in particular may need to be tailored differently for some rural residents.

¹⁴ Virginia Braun & Victoria Clarke (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, DOI: 10.1191/1478088706qp063oa.

¹⁵ Office of National Statistics, [2021 Rural Urban Classification](#), accessed August 2026.

2.3.2. Recruiting focus group participants

Attendance at the 12 focus groups we held was variable – ranging from 15 at the best-attended to just one or two attendees in other areas. This was likely due to a combination of factors, including the short timescale for publicising the focus groups, the fact that some focus group dates coincided with school holidays, and potentially a lack of motivation for taking part linked to previous experiences and people's perceptions of whether their voices would be listened to.

2.3.3. Reach and the scope of this project

Whilst this was a 'high level' of initial engagement with focus on understanding barriers and challenges of these communities, there were limitations as a result, due to time, capacity and cost constraints within the remit of the contract.

Using outreach, we worked to reach diverse and mixed voices, and we have drawn out qualitative responses to ensure different voices are heard in this report.

The survey sample was underrepresented by people younger than 25 years, and overrepresented by White British ethnicity, women, retirees, and self-reported financially more 'comfortable' groups. These are known limitations; the specific experiences and needs of underrepresented groups cannot be clearly drawn from these data and would require more in depth research and time for a different methodological approach such as door-knocking and household interviews in target areas, which was not, not within the scope of this project.

3. Participants

We heard from a total of **850 people**:

- 662 people who responded to the online survey
- 62 who we spoke to during outreach
- 37 who completed the organisational survey
- 89 people who attended focus groups.¹⁶

Of 724 respondents to the online and outreach surveys, 408 (56%) were women, 182 (25%) men, 2 (<1%) non-binary people and 132 (18%) did not share their gender.¹⁷

Figure 2 summarises the age groups of survey respondents. Although people of all ages participated in the surveys, most were in the working age (25-49) and older age groups.

Figure 2. Online and outreach survey participants' age group (724 responses)

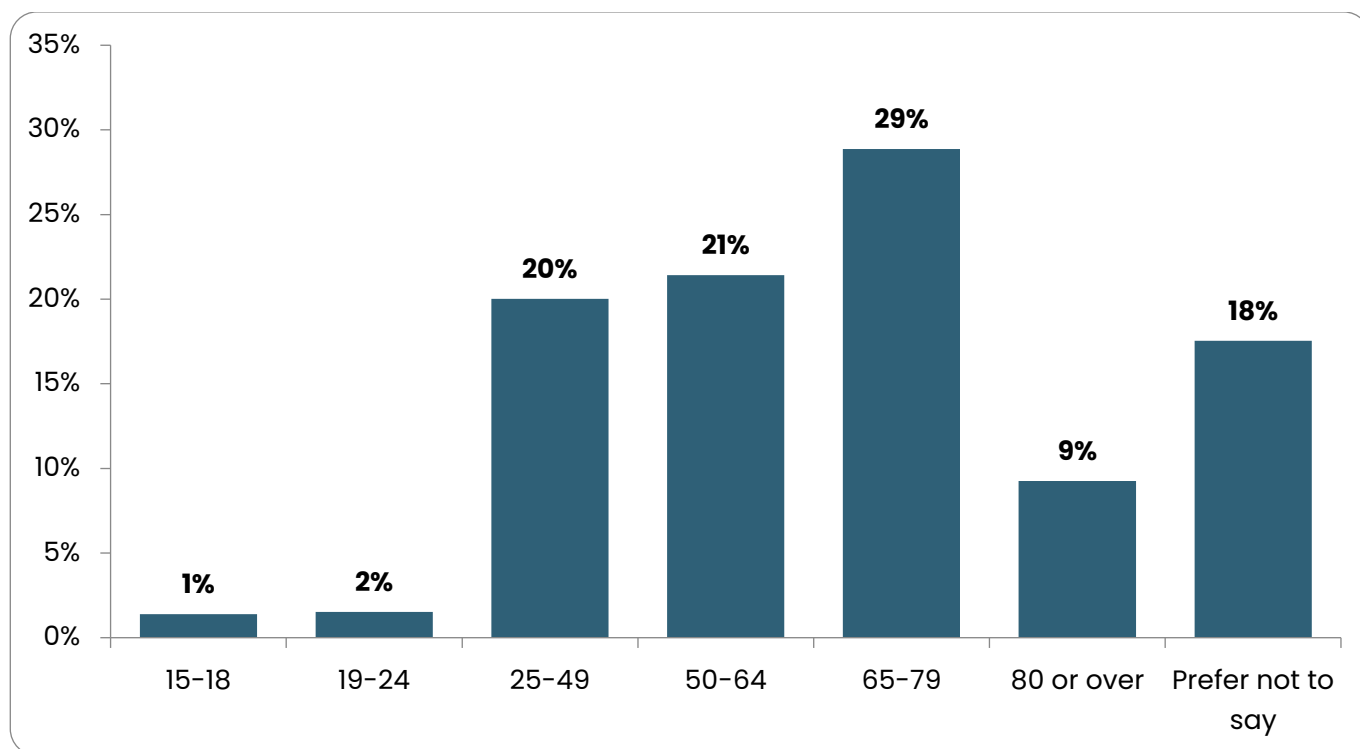


Table 1 below, summarises survey participants' ethnicity. Outreach enabled us to hear from some people from global majority backgrounds, but most survey participants identified as White British. We heard from **11 Ukrainian speakers** via the Ukrainian translation of the survey.

¹⁶ Note that as the online survey was anonymous there may be some double counting between the online survey and focus groups.

¹⁷ Note that a high proportion of respondents did not share demographic information with us, likely due to the length of the survey.

Table 1. Online and outreach survey participants' ethnicity (724 responses)

Ethnicity	Number	Percentage
White: British / English / Northern Irish / Scottish / Welsh	518	71%
White: Any other White background	40	6%
White: Irish	5	1%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups	4	1%
Black / Black British: African	2	0%
Mixed / Multiple ethnic groups: Asian and White	2	0%
Asian / Asian British: Any other Asian / Asian British background	2	0%
Black / Black British: Caribbean	2	0%
Asian / Asian British: Bangladeshi	1	0%
Mixed / Multiple ethnic groups: Black Caribbean and White	1	0%
White: Gypsy Irish/Traveller	1	0%
Asian / Asian British: Indian	1	0%
Any other ethnic groups (please specify):	3	0%
Prefer not to say	142	20%
Total	724	100%

Over a fifth of online and outreach survey participants (160 out of 724 people, 22%) reported having a disability or long-term health condition, 402 (55%) did not, and 162 (22%) did not say. 77 (11%) said they were a carer for someone and 517 (71%) were not.

Figure 3 summarises online survey participants' employment status. Nearly half of those who told us their employment status were retired (48%), while 44% told us they were in full or part-time employment or self-employed.

Figure 3. Online survey participants' employment status (541 responses)

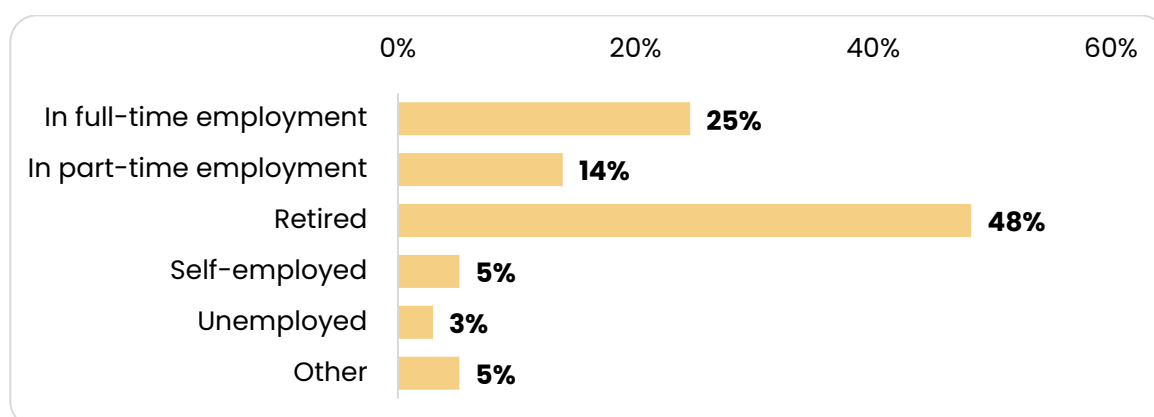
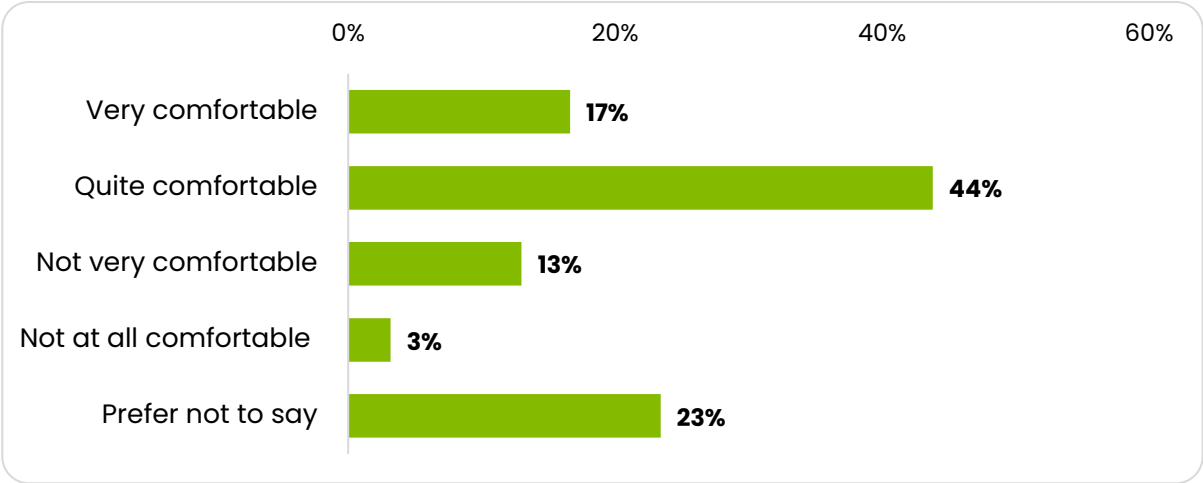


Figure 4 summarises online survey participants’ financial situation, based on a self-assessment using a 4-point Likert scale.¹⁸ When asked about their financial situation, most respondents (400 people, 60%) said they were ‘quite’ or ‘very’ comfortable. 16% identified themselves as ‘Not very’ or ‘not at all’ comfortable.

Figure 4. Online survey participants' financial situation (662 responses)



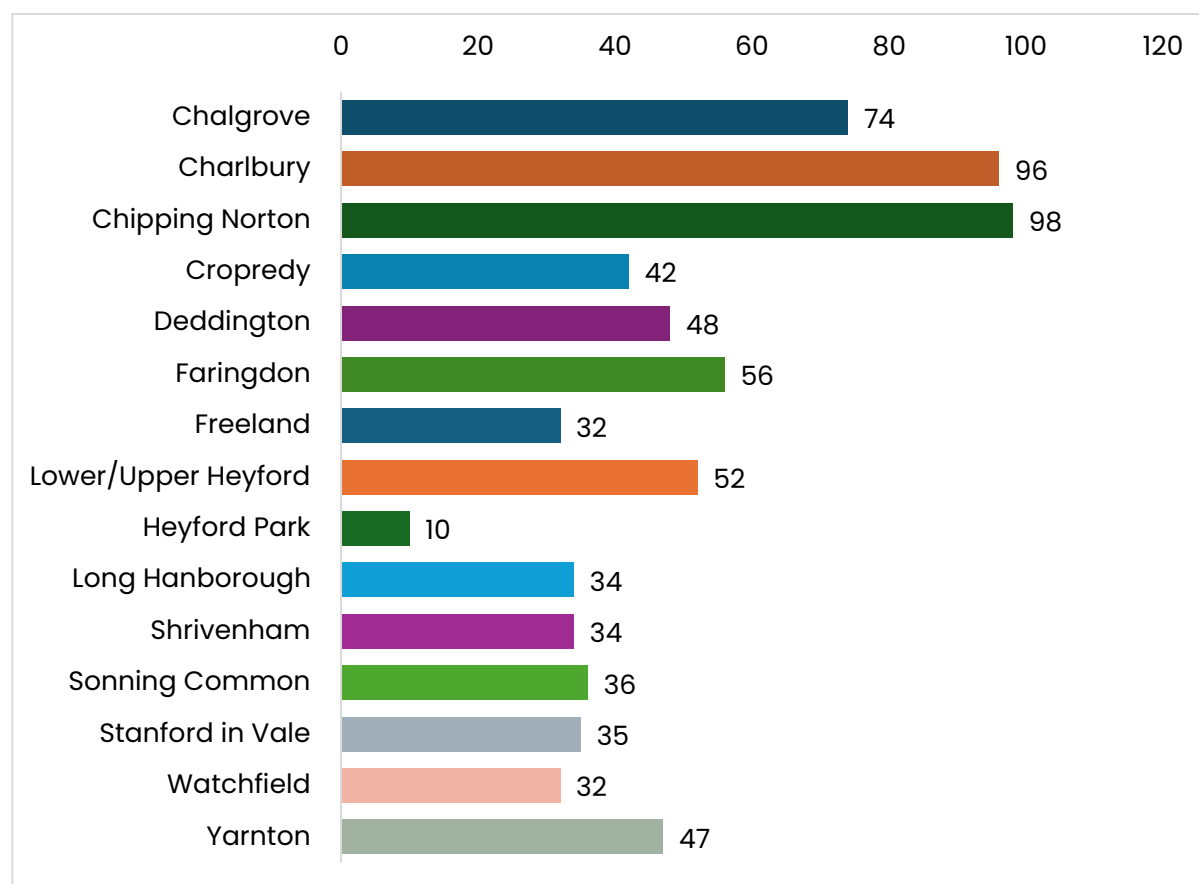
Profiles of focus group participants can be found in **Table 6** in the Appendix.

As noted above, there were limitations in who we were able to hear from with the available time and resource. Some underrepresented groups (e.g. under-25-year-olds and some ethnicities) were excluded from the comparative quantitative analysis where numbers are insufficient to make meaningful interpretations. Using outreach, we worked to reach diverse and mixed voices, and we have drawn out qualitative responses to ensure different voices are heard in this report.

Figure 5 summarises the number of participants from each area from both the online and outreach surveys.

¹⁸ Complete financial situation options were: **Very comfortable** (I have more than enough money for living expenses, and a lot spare to save or spend on extras or leisure); **Quite comfortable** (I have enough money for living expenses, and a little spare to save or spend on extras or leisure); **Not very comfortable** (I have just enough money for living expenses and little else); **Not at all comfortable** (I don't have enough money for living expenses and sometimes run out of money).

Figure 5. Survey participants' place of residence (Online and outreach surveys; 724 responses)



Note that quantitative responses for Lower/Upper Heyford and Heyford Park were analysed separately throughout to distinguish between the distinct communities in the older villages and nearby new development.

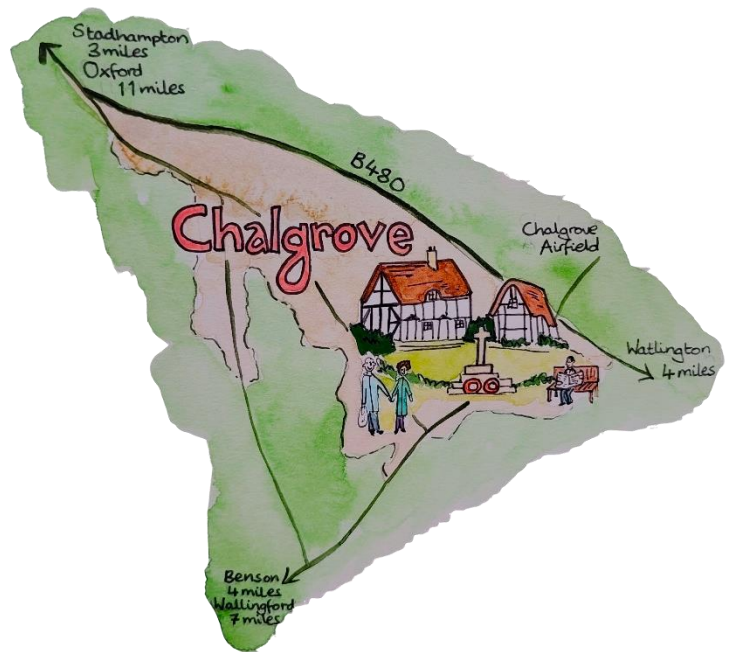
There was variation in response rates across areas. Findings for areas with low response rates should be taken with caution. Response rates represent insight into the variations in size of settlement, and character of these communities. Generally, we heard from more people in larger settlements and places where there are strong active local networks and where we were able to work with key champions and their links in the community. Some areas were more challenging to access and build relationships in. Reflecting experience in similar research projects elsewhere, in smaller communities in particular there can often be a very limited number of key community contacts with whom to engage. Often, these individuals have multiple roles within the community. Should it be problematic to make contact with these key individuals (this could be for multiple reasons, including the short timeframe of this project, pressure on the individual's time, and the need to build trust) there are simply fewer people with whom to easily engage and link with the wider community.

4. Focus on the places

Chalgrove

Chalgrove is a large village in the Thame valley of South Oxfordshire, on the Oxford-Watlington Road. The village lies around the Chalgrove Brook, now divided into the Back Brook and Front Brook, which runs through the centre of the village. The village has experienced flooding several times in the last twenty years, and now has a voluntary flood alleviation group. Its population has grown significantly since the 1990s with the development of the Sixpenny Fields estate and more recently with the Meadow Brook and

Chalgrove Meadow developments. A further large development has been proposed by Homes England for the former Chalgrove Airfield site. Chalgrove's active community run a wide range of groups and activities, including the Youth Club, May Day festival and annual music festival.



Chalgrove music festival (photo courtesy of Chalgrove Parish Council)



Chalgrove War Memorial (photo courtesy of Chalgrove Parish Council)

Chalgrove – key information

District: South Oxfordshire

Population: 2779 (ONS 2021)¹⁹

Nearest town or village:

- Watlington (4 miles, library, nearest post office)
- Benson (4 miles, library)
- Wallingford (7 miles, nearest leisure centre, community hospital)
- Oxford (12 miles, John Radcliffe and other hospitals)

Key facilities and infrastructure (see Appendix 2 – Asset mapping for full list)

Health	• The Brook Surgery, Chalgrove • Chalgrove Pharmacy
Education	• Chalgrove Community Primary School
Housing	• Soha Housing
Leisure & green space	• Chalgrove Recreation ground, including tennis courts and skatepark • Local footpaths across fields
Business & employment	• Monument Business Park • Martin-Baker (Chalgrove airfield)
Transport links	• 11 bus, Oxford city centre – Chalgrove – Watlington (approx. once ever 1h20) • 116 bus, Watlington – Chalgrove – Thame (one service on Tuesdays and Thursdays)
Community spaces	• Chalgrove Youth Club • John Hampden Hall • The Red Lion, Lamb and Crown pubs
Faith groups	• St Mary's Church of England
Access to food	• Londis • Chalgrove Village Store • Thame food bank

¹⁹ [Office for National Statistics, Parish population estimates for mid-2021](#)



Chalgrove High Street



Chalgrove Village Store

Key themes in Chalgrove

Strengths and assets

- A strong sense of **community spirit**, with lots of volunteers contributing to village life, and a wide array of things on offer for a village of this size – including First Steps Family Hub (a local charity), annual May Day festival, Cavaliers football for all ages, community transport scheme and Youth Club

“A huge group of people pulls together to make things happen.” (Focus group, Chalgrove)

“How much there is to offer compared to other small villages.” (Focus group, Chalgrove)

- A supportive parish council

“We’re lucky that the Parish Council support the youth club to run four times a week.” (Focus group, Chalgrove)

- Access to **green spaces** and **leisure facilities**

“There’s a nice bridlepath to Brightwell Baldwin, or you can walk and have coffee in the pub.” (Focus group, Chalgrove)

“The MUGA [multi-use games area] – it has tennis courts and a skate park.” (Focus group, Chalgrove)

Challenges and barriers

- **Precarity of community and voluntary groups** – due to a lack of funding and support for voluntary groups, and worries about recruiting volunteers

“We have volunteers doing all the jobs and carrying all the risks that professionals should be paid to do.” (Focus group, Chalgrove)

“On the face of it, it looks like we have everything, it’s blissful – but under that gliding duck are all these legs. If one group doesn’t get the grant it needs, it’s gone – and that could happen to half a dozen of our groups next year. Or if people get ill or retire, that’s it.” (Focus group, Chalgrove)

- **Lack of public transport**, particularly evenings, and to hospitals and nearby towns and villages

“If I have a hospital appointment, **as a non-driver my heart sinks**, because that’s a whole day off work. The last bus is at 6.30pm, so if you have an afternoon appointment you might miss it and have to get a taxi.” (Focus group, Chalgrove)

“Although there is a bus, it’s one bus on one route. Most local places other than Oxford are only accessible by car (e.g. Benson, Wallingford, Reading etc). The bus also stops around 6:30pm, so you cannot go into Oxford for an evening, or work late in Oxford.” (Focus group, Chalgrove)

- A sense of **infrastructure not keeping up with new developments**

“We’ve had a lot of population growth with the new development. We’ve just lost our post office, the GP practice is merging with the one in Thame, so some of the backbone services are closing. That’s a real problem for people who don’t have cars, especially young families who are moving in and find themselves quite stranded. The local shops are expensive to do your weekly shop – and they’re quite far from the new development, and the pavements are bad so it’s hard to use a pushchair.” (Focus group, Chalgrove)

“The numbers are going up, and service provision is going down.” (Focus group, Chalgrove)

- **Impact of new developments** on community cohesion and village character

“Some of the young mums are lonely and have mental health problems. They’ve moved here from [cities] where they have networks and family support and now, they’re on their own.” (Focus group, Chalgrove)

“A ‘them and us’ mentality has developed with the new developments – we’ve seen more antisocial behaviour, which isn’t necessarily them but that seems to be the assumption.” (Focus group, Chalgrove)

“We moved to Chalgrove for a more rural life. Unfortunately, Chalgrove is now being inundated with developments applications and has spoiled the village, loss of green spaces and fields and tremendous strain on infrastructure.” (Survey, Chalgrove)

- Inequalities including **food poverty** and **lack of social housing**

“A lot of kids who come to the Youth Club haven’t eaten all day. We charge 20p to get in, and a lot of them don’t have that. The youth workers feed them as much of a dinner as they can do.” (Focus group, Chalgrove)

- **Lack of local employment**, exacerbated by limited public transport

“But there are lots of young people looking for jobs and there’s just one job available in the village at the moment.” (Focus group, Chalgrove)

“My son got a job in Oxford, but because of the buses he has to arrive an hour and a half earlier than he needs to, and I have to give him lifts 3 days a week because he finishes too late for the bus.” (Focus group, Chalgrove)

- **Flooding** – and the key role of volunteers in reducing flood risk

“Upgrade the sewers so they’re not overflowing onto the street – we get severe flooding in the winters. Since the major floods in 2014, there have been 3 more.” (Focus group, Chalgrove)

“It has such an impact on people – they can’t get insurance, they worry, I know people who can’t sleep if it’s raining.” (Focus group, Chalgrove)

“We have the Chalgrove Flood Alleviation Group to maintain drains – the Environment Agency won’t do it. We go in with chainsaws and clear branches and anything that could block the drains.” (Focus group, Chalgrove)



Chalgrove's recently closed Post Office



Chalgrove Youth Club

Charlbury

Charlbury is a historic town on the edge of the Cotswolds. It is known for its diverse range of community groups and activities and community spaces for all age groups including support for older people and opportunities for young people including a Youth Council, as part of the Town Council. It is an attractive town with lots of green spaces and traditional Cotswold stone buildings but there is a shortage of affordable housing with only a few small housing developments in the pipeline. It is also felt that there are barriers that prevent some local people from accessing the many opportunities available.



Charlbury Street Fair

Charlbury – key information

District: West Oxfordshire

Population: 3063 (ONS 2021)

Nearest town or village:

- Woodstock (6 miles)
- Chipping Norton (6 miles, nearest secondary school)
- Witney (7 miles, nearest community hospital)

Key facilities and infrastructure (see Appendix 2 – Asset mapping for full list)

Health	• Charlbury Medical Centre • Averose Pharmacy
Education	• Charlbury Primary School • Charlbury Pre-school
Housing	• Social housing is provided by Cottsway Housing Association
Leisure & green space	• Numerous clubs and special interest groups including art society, nature recovery group, youth club, football club, cricket club, dementia friendly support group, amateur dramatics group, volunteer transport • Extensive green space in and around the town includes Mill Field, Wigwell Nature Reserve, Nine Acres Recreation Ground, The Playing Close and Centenary Wood • Local footpaths including Cornbury Park, Ditchley Park and Oxfordshire Way
Business & employment	• Retail and hospitality e.g. independent shops, local pubs and coffee shops • Estate and property management e.g. gardening, housekeeping roles • Specialized businesses e.g. on the Cornbury Estate, Southill Solar
Transport links	• Trains to Oxford, London Paddington, Worcester/Hereford • Buses S3 and X9 connect Charlbury to Oxford, Chipping Norton and Witney
Community spaces	• Charlbury Community Centre (and library) • Charlbury Cornerhouse and Memorial Hall • Charlbury Community Workshop • The Shed • 4 x pubs and 3 x café/bistros • Museum & Heritage Centre
Faith groups	• The Baptist Church • The Methodist Church • St Mary's Anglican Church • St Teresa's RC Church • Quaker Meeting House
Access to food	• Co-op and Londis • Charlbury Deli • Community food support initiative at the Cornerstone



Charlbury Fire Station



Five Ways, Charlbury

Key themes in Charlbury

Strengths and assets

- Friendly feel and **community spirit**

“People talk to each other and help each other. It’s a caring place.” (Focus group, Charlbury)

“The community is the strongest thing and the big thing for me.” (Focus group, Charlbury)

“It is in the Cotswold National Landscape with beautiful walks and an old centre with lovely pubs and a good mix of older people and younger families. You know neighbours and there is a sense of community and belonging to a special jewel in Oxfordshire’s crown.” (Survey, Charlbury)

- Wide range of **community activities** and initiatives, including a Youth Club, sports clubs, and Cornerstone

“The place is vibrant the whole time for every age group”. (Focus group, Charlbury)

“The things that we put on the street fairs, theatre festivals, everything, there’s so much to participate in”. (Focus group, Charlbury)

“It’s what Charlbury is known for. People make connections through going to the groups. You can easily be busy every day.” (Focus group, Charlbury)

- Layout of the town and **community spaces** such as the library, museum and Community Workshop

"This place has a heart, it has a centre which most of the local area villages and towns I don't think have". (Focus group, Charlbury)

- **Good connections** by bus and train, **shops and facilities**, and **green spaces** in and around the town.

"Good communications (train station) attractive town in beautiful location, thriving cultural life, vibrant community, GP, dentist, shops, restaurants, pubs - what's not to like?" (Survey, Charlbury)



Charlbury Primary School



Sculpture, Charlbury

Challenges and barriers

- **Loneliness** and barriers to taking part in activities

"I know I have my times when I'm incredibly lonely, and if I didn't have my little rescue dog, it would be awful". (Focus group, Charlbury)

- **Lack of affordable housing** – especially for older people wanting to downsize or for younger people looking to buy – and a rise in the number of Airbnb's and second homes.

"It means that people who are born and grown up here then can't necessarily afford to stay and move out". (Focus group, Charlbury)

"I grew up here and it's a lovely place, but it's being ruined by second home owners, extortionate house prices and gentrification. It's almost impossible to stay here as a young person who grew up here." (Survey, Charlbury)

- **Loss of local businesses**, contributing to **limited employment opportunities**

- **Cost and class barriers** to accessing groups and support

"I think they feel excluded from [the community centre café] because it's very much a middle-class space". (Focus group, Charlbury)

"It's this kind of tension because [young people] feel like they're outsiders". (Focus group, Charlbury)

- **Loss of volunteers and community centres**

"Scouts has stopped at the moment because we've got no one to run it". (Focus group, Charlbury)

"It falls too much on too few". (Focus group, Charlbury)

Chipping Norton

Chipping Norton (known as 'Chippy') benefits from having the amenities of a small town as well as access to surrounding countryside. Residents like the friendly community feel, its vibrancy, diversity of people and the multiple activities on offer. Charities such as The Branch and Thrive and services such as the Health Centre are well used and support people from the surrounding rural area as well as the town making it a local hub with potential to provide more local services. Bus services connect the town to Oxford & Banbury but getting to and from surrounding villages can be very challenging without a car.



Chipping Norton is expanding and the proposed development of 750 homes has raised concerns about insufficient infrastructure such as the lack of active travel options increasing strain on roads/parking, and health services which are already stretched and whether new homes will be affordable for local people.



Chipping Norton Town Hall



High Street, Chipping Norton

Chipping Norton – key information

District: West Oxfordshire

Population: 7250 (ONS 2021)

Nearest town or village:

- Charlbury (5 miles)
- Moreton-in Marsh (8 miles, nearest Minor Injuries Unit)
- Banbury (12 miles, nearest acute hospital)

Key facilities and infrastructure (see Appendix 2 – Asset mapping for full list)

Health	• Topside Pharmacy (pharmacy and clinical services) and Boots Pharmacy • Chipping Norton Health Centre • Chipping Norton War Memorial Community Hospital (Out-Patient, Cotswold Birth Centre midwifery-led birthing unit) • Horton Hospital Banbury (A&E plus acute general medicine/ outpatients)
Education	• St Mary's Primary School • Holy Trinity RC Primary School • Chipping Norton Secondary School • Park School (independent SEMH school – referral only)
Housing	• Cottsway Housing Association is the primary provider of affordable housing • The Willows Extra Care scheme – 80 apartments delivered • Bliss Willows – 86 homes in development • 750 homes on various sites and in various stages of planning
Leisure & green space	• Chipping Norton Leisure Centre and Lido • Green spaces include The Common, Bliss Mill, and Pool Meadow • Parks and recreation grounds: Cotswold Crescent, New Street, Evans Way, Cornish Road and Greystones • Local paths through fields • William Fowler Allotments • Multiple clubs, associations and special interest groups (approx. 40) • Chipping Norton Theatre and The Living Room Cinema • Chipping Norton Library and Museum • Chipping Norton Music Festival
Business & employment	• Hospitality, tourism & retail (hotels, pubs, supermarkets) • Cromwell Business Centre • Business services and finance • Elmsfield Industrial Estate, Station Yard area • Health & social care (hospital, care homes)
Transport links	• S3 bus connects Oxford, Woodstock, Enstone, and Chipping Norton • X9 bus connects Chipping Norton to Witney via Charlbury • 488 / 489 operates a regular route between Chipping Norton, Hook Norton, Bloxham, and Banbury. • 801 – Cheltenham to Chipping Norton • 5 – Middle Barton to Chipping Norton • 50 – Stratford to Chipping Norton • The Villager Community Bus – Chippy Shuttle (weekday town only service) and 7 services to outlying villages
Community spaces (and news)	• The Branch Community Hub • Glyme Hall • The Town Hall • The Guildhall • Chippy News

Faith groups	• Muslim prayers – Town Hall • St Mary the Virgin Anglican Church • Holy Trinity Catholic Church • Chipping Norton Community Church • Chipping Norton Baptist Church • Chipping Norton Methodist Church
Access to food	• The Chippy Larder (Community Food Hub) • North Oxfordshire Community Foodbank (delivering food parcels to Chipping Norton) • M&S Foodhall • Waitrose (Shell garage) • Sainsbury's • Coop • Aldi



Chipping Norton Town Hall



Market Street, Chipping Norton

Key themes in Chipping Norton

Strengths and assets

- People and community spirit

"It's a very friendly place. It's one of these places where everybody still speaks to each other and everybody's quite helpful... I would say it's got quite a good community spirit." (Focus group, Chipping Norton)

- **Community organisations** and support, including community food support via the Larder and social support via the Branch

"Just that there is a real sense of collaborative work... if you're in need, there are quite a lot of places you can go to... whether it's the Branch or Thrive or the

Larder.” “Definitely the Branch. There's always somebody to advise you or help you or just give you a smile.” (Focus group, Chipping Norton)

- **Location**, walkable **size** and **access to countryside**

“I like living in a community that is small enough for me to walk everywhere but large enough to have most of what I need on a daily basis. I can walk into the countryside and to the shops. There are lots of community groups to meet people and share activities.” (Survey, Chipping Norton)

“Providing you can walk up a hill and you're relatively fit, you can get anywhere in town on your own two feet. And I think that's really a great asset to the town. And the further out we build, the more difficult that is. I don't want to lose the ability for everybody to walk.” (Focus group, Chipping Norton)

- **Facilities and services**, including range of shops, theatre, cinemas and two swimming pools
- Praise for local **health services** including Topside Pharmacy and positive experiences of being able to see a named GP
- **Strong history and identity** as a working town

“The heritage of a working town, not a retirement town. And that's been the history, massive cooperative movement here in the 19th Century. And the working town and the jobs and the family and the schools and everything else has been incredibly important with the services that go with it.” (Focus group, Chipping Norton)

- Willow Garden given as a good model for housing – with range of ownership options and has become a community hub.

Challenges and barriers

- **Transport** – including **cost**, and gaps in provision for those living in surrounding villages, routes across county borders and services for new housing developments

“Expense as a family. I mean, I went with my children to Witney on the bus and it cost me £17.90.” (Focus group, Chipping Norton)

“The buses have improved a lot... there's a lot of gaps and there will be more gaps as we get more houses. And there's more gaps for people from the villages. I mean, you still can't get to the train station very easily. There's a campaign to try and get buses to Banbury after 6:00pm in the evening, which will be quite helpful because we have a lot of people. school kids and

commuters who come to Chipping Norton to work and can't get home." (Focus group, Chipping Norton)

"And if you've got a family, there is nowhere for you to buy your child, knickers...and you've got to invest in the bus to get there." (Focus group, Chipping Norton)

- **Education provision and access** – particularly **post-16** and for children with special educational needs and disabilities (**SEND**)

"Not very good education provision post-16 unless you do A-levels. And the education provision is completely uneven. If you do A-levels, you can stay at your local school. If you don't do A-levels, you've got to go on a bus for an hour, starting really early." (Focus group, Chipping Norton)

"For a child that does not fit into the local state education provision, we just see it's just a horrendous situation for them... they get their EHCP [after fighting for years], and then they're told... to get yourself to Coventry." (Focus group, Chipping Norton)

"If your child wanted to do an apprenticeship at 16, I mean, you're talking about getting to Bicester." (Focus group, Chipping Norton)

- **Lack of local jobs** and **support to enter employment**, especially for those facing additional barriers (e.g. digital exclusion, literacy, English as an additional language)

"There was a paper on the table on Monday about 1600 more houses for the town. Where's the discussion on vocational jobs and semi-skilled and skilled jobs, which lots of local people would be interested in. At the moment, the focus is on more housing that you can commute somewhere else..." (Focus group, Chipping Norton)

"If you're rural and you've been housed here and English isn't your first language, how do you access [job] services? You're expected to travel to Banbury, Oxford or be online." (Focus group, Chipping Norton)

"If you're working part-time on Universal Credit, you get called to an interview. You've got to go all the way to Witney." (Focus group, Chipping Norton)

- Mixed experiences of **health and care services**, with challenges including loss or closure of local services, and difficulty accessing appointments

"The First Aid Unit is now meant to be part of [health centre]. It's sort of fizzled. So there's no Minor Incident Unit, first aid real service in Chipping Norton." (Focus group, Chipping Norton)

"There are certain things for women's health that you can't do in GP anymore. You have to go to Banbury, or in my case, I'm supposed to go to Churchill in Oxford. I mean, that's crazy." (Focus group, Chipping Norton)

"There used to be what was the Chipping Norton team of three health visitors that would serve Chipping Norton and the surrounding villages." (Focus group, Chipping Norton)

- **Lack of suitable and affordable housing**, with some new developments comprising of big expensive houses – and concerns about definitions of 'affordable' housing and whether rates meet local needs
- Sense of **losing key services** and **not being listened to**, or local services and needs not being understood, at district and county levels

"Sadly lost some of the wonderful places we loved or used like Ace family centre, Dean Pit, minor injuries/paramedic services and the state of our roads and sewage systems are in a shocking state." (Survey, Chipping Norton)

- Concerns about **infrastructure to support new housing developments**
- **Limited provision of free or low-cost activities** for young people

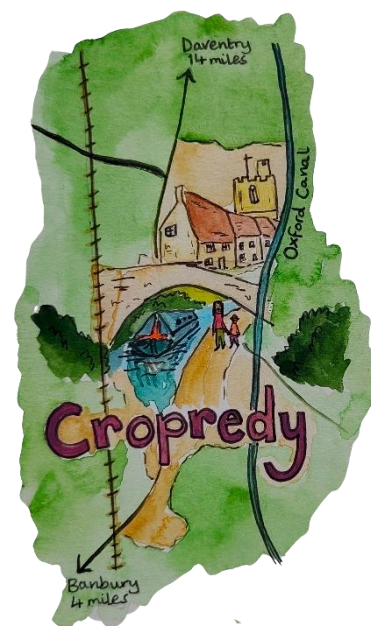
"There is one massive gaping hole in the groups. So there is nothing for young people that's free to access. And even the things that you pay for, it's extortionate. So there is a huge group of people who are absolutely not being served... there is nothing free other than a youth club on a Friday night." (Focus group, Chipping Norton)

- Feelings of **isolation**, for example from a sense that some activities are for those who don't work in the daytime or have a higher income.

Cropredy

Cropredy is a picturesque village in North Oxfordshire, situated on the River Cherwell and Oxford Canal, 4 miles north of Banbury. Famous for hosting Fairport's Cropredy Convention music festival, it attracts up to 20,000 visitors annually. It is a historic location known for its 17th-century Civil War battle site, charming stone buildings, and a strong, vibrant community. The canal is an important part of village life with many permanently moored boaters and continuous cruisers on the canal and leisure use boats moored at Cropredy Marina.

The Village Hall is home to a large range of community groups and activities as is the Sports and Social Club. It also has a local primary school, a surgery, several pubs, and a café.



Cropredy Village Hall



Oxford Canal, Cropredy



Cropredy Surgery

Cropredy – key information

District: Cherwell

Population: 774 (ONS Mid-year estimates 2024)

Nearest town or village:

- Great Bourton (1 mile)
- Williamscot (1 mile)
- Wardington (2 miles)
- Banbury (4 miles, nearest hospital, dentist, library and leisure centre)

Key facilities and infrastructure (see Appendix 2 – Asset mapping for full list)

Health	• Cropredy Surgery – GP and dispensary for other pharmacies • Also Northamptonshire for cross boundary care
Education	• Cropredy Church of England Primary School and Pre-School
Housing	• Small amount of social housing (Sanctuary) • One planned development of up to 60 houses • Plans submitted for a further development of 74 houses which is under consultation • Boater residents on canal including ‘continuous cruisers’
Leisure & green space	• Cropredy Parish Sports and Social Club home to football, cricket and tennis clubs • Cropredy marina and canal • Local footpaths across fields and along Oxford Canal • Fairport’s Cropredy Convention – annual 3-day music festival attracting locals and fans from further afield
Business & employment	• Mainly in Banbury except for local businesses
Transport links	• 498 bus – Claydon – Cropredy – Banbury a service either way on a Tuesday * In response to the closure of Ability’s demand-responsive transport service which closed in April. • 501 – Leamington – Cropredy – Banbury, once either way on a Saturday
Community spaces	• Cropredy Village Hall • The Brasenose Arms • The Red Lion • The Mulberry Cafe
Faith groups	• Cropredy Methodist Church • St Mary the Virgin Church
Access to food	• Mumford Butchers van on a Wednesday which also sells fruit & veg • Food Pantry at St Mary’s and Breadline Project • Main stores in Banbury: Tesco, M&S, Waitrose, Morrisons, Iceland and Sainsburys plus other convenience stores • Co-op in Middleton Cheney, Northamptonshire

Key themes in Cropredy

Strengths and assets

- Location and access to countryside and green spaces

“The ability to walk and ramble...but you need to be a certain level of fitness to take advantage of that.” (Focus group, Cropredy)

- Facilities and services – including GP practice, primary school, café and pubs

"We're very lucky to have the tennis courts.... There's a lady who applied for a lottery funding and got the tennis courts in." (Focus group, Cropredy)

- Sense of **community spirit** and support – e.g. volunteer drivers, welfare fund and food pantry

"If ever you're feeling lonely, you just go for a walk and you're bound to bump into somebody to talk to." (Focus group, Cropredy)

- **Community activities and groups**, and the **village hall** as central to community life
- **Unique** and **special** place – for example with Fairport Convention and canal

"It is quite ... unique really with its music festival each year. And all the community spirit helping and organising and raising money... and also the canal running through the village. I mean, it is rather special." (Focus group, Cropredy)

Challenges and barriers

- A sense that **infrastructure has not kept pace with housing development** – particularly a feeling that the **GP practice** is under significant strain
- **Barriers to health and care services** – including lack of NHS dentist, difficulty travelling to John Radcliffe Hospital in Oxford, **cross boundary issues**, accessing GP practice for continuous cruisers, and sense that the GP practice is under significant strain from new housing developments, affecting access

"If it's not urgent, you've got to wait three or four weeks [for a GP appointment]. If it's urgent, they'll fit you in." (Focus group, Cropredy)

"They've downgraded the Horton General and it affects everyone. There's less services. I was offered an appointment at the Eye hospital in Oxford JR on a Sunday morning. The only way I could attend is if I stayed overnight as you can't drive." (Focus group, Cropredy)

- **Limited bus transport** and recent loss of Ability Bus service (though this has been partially replaced by Oxfordshire County Council). People linked the lack of bus to Daventry with being on the Northamptonshire-Oxfordshire **border**

"The big problem is the bus service to Banbury's got worse and worse." (Focus group, Cropredy)

"A lady in the village, sadly, has had to give up her car, her husband can't walk now, so she's really housebound... I don't know how she gets in and out of

Banbury. She'd probably just do the bus on a Thursday, which is 10:30, but it comes back at 2:30, so you haven't got long." (Focus group, Cropredy)

"Our neighbours are very elderly and she's given up driving now... she's lost confidence driving, so she can't go out, so she's dependent on her husband...he's [in his late 80s] but he is still driving... he's missing the things that he would normally do because he's having to drive her because we don't have any other transport about. That's quite hard." (Focus group, Cropredy)

- Lack of **maintenance of built environment** – particularly pavements, towpath, footpath and roads, especially potholes on the lifeline road to Banbury, and concerns about flooding

"The roads aren't wide enough for cars and bikes, you take your life in your hands." (Focus group, Cropredy)

"One of the bus stops, is a mile up the road and no pavements which makes it difficult for those with walkers and buggies." (Focus group, Cropredy)

- Sense that **residents are not listened to** and concern that Cropredy voice may be lost further in local government reorganisation

"Not enough clout to get things done and it's difficult to find out what's going on (at a higher council level)." (Focus group, Cropredy)

"If people feel they have no power and it's a talking shop then they don't get involved." (Focus group, Cropredy)



Cropredy village sign



Cropredy Canal



Cropredy Village Hall

Deddington

Deddington is an ancient market town 6 miles south of Banbury, at the crossroads of the Banbury-Oxford Road (now the A4260) and the Aynho-South Newington Road. The town is known for its Cotswold stone buildings and monthly farmers market, and thriving local businesses and pubs in the main square. It has an active and engaged community with a Patient Participation Group and regular activities at the Windmill Community Centre.



Market Place, Deddington



Market Place, Deddington

Deddington – key information

District: Cherwell

Population: 2282 (ONS 2021)

Nearest town or village:

- Banbury (6 miles, Horton Hospital, leisure centre, Keystone mental health hub, secondary school)
- Bicester (11 miles)

Key facilities and infrastructure (see Appendix 2 – Asset mapping for full list)

Health	• Deddington Health Centre • MediPill Pharmacy
Education	• Deddington C of E Primary School • Deddington Village Nursery and pre-school
Housing	• Deddington Housing Association • Sanctuary Housing and A2Dominion social housing • Featherton House Care Home
Leisure & green space	• Playing field, basketball court and cricket club • Local footpaths
Business & employment	• Vibrant shops in village square, independent and local businesses
Transport links	• S4 bus Banbury – Deddington – Kidlington – Oxford City Centre (every hour) • X4 bus Banbury – Deddington – Kidlington – Oxford Railway Station (4 times a day, weekdays) • 4a bus Middle Barton – Deddington – Banbury (Thursdays only) • 7 bus – Middle Barton – Deddington farmers market (4th Saturday of the month only)
Community spaces	• Town Hall • Windmill Community Centre • Red Lion, Unicorn Inn and Deddington Arms pubs • Library
Faith groups	• St Peter's and St Paul's Church of England
Access to food	• Your Co-op Food Deddington • Farmers Market 4th Saturday of each month • Banbury Food Bank, emergency food parcels via Deddington Church

Key themes in Deddington

Strengths and assets

- Countryside and location

"The lovely countryside is the main asset." (Focus group, Deddington)

- People and sense of community

"Since COVID we have had a WhatsApp group which has really helped to connect people bit better, particularly with elderly people who live on their own." (Focus group, Deddington)

"Good community spirit, parish works well together. No 'side' to Deddington, it's a working village, not full of weekenders." (Survey, Deddington)

- **Services** and assets

"I moved to Deddington three years ago and we've found there is pretty much everything we need." (Focus group, Deddington)

Challenges and barriers

- **Loneliness** and disconnection

"I think that sense of neighbourliness and being able to connect with each other is not perhaps as good as it could be. Only people with dogs who seem to know each other!" (Focus group, Deddington)

- **Expensive** shops

"Some of the shops are quite pricey - the Co-op is reasonable but very small." (Focus group, Deddington)

- **Transport** – lack of affordable, reliable **public transport** or **safe routes** to surrounding nearby villages, key links including schools, with negative impact on work, employment and young people

"My 18-year-old goes to college in Banbury so has to walk to Deddington (from Hempton) to catch the bus, but they've just put the prices up again, so he was very keen to pass his driving test... The other thing with the buses is they often run late but there's no sign to say when it's expected so you're never really sure when it will turn up." (Focus group, Deddington)

"You've either got the running costs of a car, which is quite high, or you're reliant on buses which just aren't great and are late a lot of the time." (Focus group, Deddington)

"It's mostly a beautiful village, safe and quiet but traffic is continually a nightmare and public transport is limiting long term for children to get jobs. Doctors can be a nightmare and access to shops (variety) is limited." (Survey, Deddington)

- **Parking** and **congestion** in the Market Square negatively impacting local businesses, and problems with **accessibility** for pedestrians, wheelchair users and people with pushchairs including uneven surfaces and difficult road crossings
- **Lack of facilities for teenagers**

“A lot of the spaces we would have felt able to use as children don’t seem to be as accessible now. There is a space around the Windmill Centre but other areas seem to be owned or observed by other people. They haven’t really got their own private space.” (Focus group, Deddington)

- **Barriers to keeping community groups running** – including a lack of volunteers, the administrative burden of applying for funding, and too much paperwork
- **Lack of affordable and suitable housing** for both younger and older people, despite new developments.

“It is so hard for people to get on the housing ladder, particularly here, they just can’t afford to stay living in Deddington where they grew up so they end up having to live elsewhere, often without local family support.” (Focus group, Deddington)

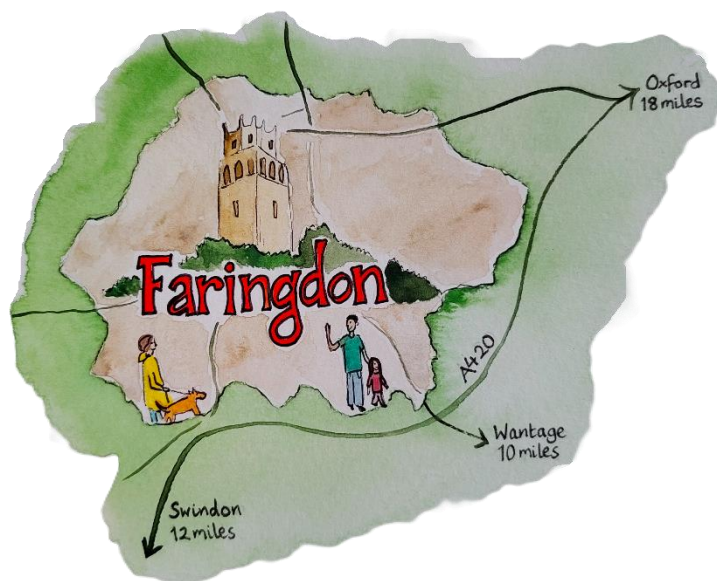
“If there was more accommodation for elderly people they would be more likely to downsize.” (Focus group, Deddington)

“Whilst recognising the need for more housing, it is nevertheless disappointing to see open countryside which I once enjoyed being developed. The houses being built are out of the price range for many young people in the village trying to get on the property ladder.” (Survey, Deddington)

Faringdon

Faringdon is an historic market town in the Vale of White Horse, on the Oxford-Swindon Road (now the A420) and the ancient London-Cirencester Road (now the A417). It's home to a vibrant collection of community groups and community-run spaces, including the beloved Pump House Project. The town also hosts a number of events throughout the year, including Folly Fest – named after the iconic Folly Tower just outside Faringdon, which on a clear day has views of 5 counties.

Faringdon's population has grown significantly in recent years, with new developments, growing by an estimated 18% between 2012 and 2022.²⁰



Church Street, Faringdon



Market Place, Faringdon

Faringdon – key information

District: Vale of White Horse

Population: 8658 (ONS 2021)

Nearest town or city:

- Wantage (10 miles, nearest community hospital)
- Swindon (12 miles, Great Western Hospital)
- Oxford (18 miles)

²⁰ https://www.faringdon.org/uploads/1/4/7/6/14765418/faringdon-community-profile_dec2024.pdf

Key facilities and infrastructure (see asset mapping for full list)

Health	• White Horse Medical Practice • Boots Pharmacy and Faringdon Pharmacy
Education	• The Old Station Nursery • The Elms Primary School • Folly View School • Faringdon Community College • Artemis Academy (SEN) opening 2027
Housing	• Housing 21 Extra Care Housing • Soha Housing • Ferendune Court care home
Leisure & green space	• Faringdon Leisure Centre, Mission Fitness gym • Clubs including football, rugby, cricket, tennis • Cycle Park and skate park • Folly Park, Humpty Hill, allotments • Local footpaths through fields and woods including Badbury Hill and Wicklesham
Business & employment	• Park Road industrial estate
Transport links	• S6 bus, Swindon – Faringdon – Oxford (every 20 minutes) • 67 bus, Wantage – Stanford – Faringdon (every hour) • 61 bus, Faringdon Town Service • Weekly buses to Stanton Harcourt and Witney
Community spaces	• Faringdon Library • Corn Exchange • Pump House Project • Old Town Hall • Transition Lighthouse Empowerment Space • Farcycles community bike shop
Faith groups	• Churches including Church of England, Baptist, Roman Catholic, United, Quaker meeting house
Access to food and other facilities	• Tesco, ALDI, Waitrose, Morrisons Daily • Independent shops including Sheffords Bakery, Tribe Zero-Waste, Faringdon Food Centre • Outdoor market on Tuesdays • Post Office • Faringdon Food Bank

Key themes in Faringdon

Strengths and assets

- People, friendliness and **sense of community**

“One thing I noticed as an incomer – is that you very rarely pass someone in the street without saying “Hello” or even just smile. Normally complete strangers. It’s very rare that someone doesn’t acknowledge you and smile and I just find that still, after all this time, phenomenal really. There’s something really small town about it and it’s really precious.” (Focus group, Faringdon)

- Wide range of **community groups**, activities and events, including for children and those run by the GP practice and its voluntary Patient Champions – and support to set up new ones

“I can share as a newcomer here, it’s such a welcoming space for new initiatives, openness for different people and different activities. The ability of community members to have an idea and to get support. As a Ukrainian community we were inspired by Folly Fest and we organised Mavka Fest, it’s also without external support, by community. It’s great, empowerment of people.” (Focus group, Faringdon)

“Provision for young kids is superb in Faringdon, we’ve got probably every base covered, and I think about 5 or 6 years ago, in the Sunday Times this was number four in the most popular place to bring up children. I think with the clubs that we have, the volunteers that we have who keep these clubs together – it’s really well catered for kids.” (Focus group, Faringdon)

“There’s a lovely little film club, there’s a thriving U3A, there’s a lovely library that hosts all sorts of events for children, the elderly who just want to go in there and keep warm and read the newspaper. There’s the Pump House, which does arts and crafts. You can tap into lots of different things if you are living by yourself, you don’t have to be alone.” (Focus group, Faringdon)

“White Horse Practice have lots of groups. Under the social prescribing there’s cancer, Parkinson’s, men’s meet up, regular walking group, IT group, a community lunch where you pay what you want to pay. There’s just lots of stuff going on.” (Focus group, Faringdon)

- Range of **facilities and amenities** – including shops, GP practice, pharmacies and leisure centre

“Easily accessible amenities and facilities – enough facilities to mean I don’t have to get in my car for everything.” (Survey, Faringdon)

“Yes it’s a relatively small town, but in terms of facilities, the community is definitely there. Like the doctor’s surgery, as a patient with [multiple chronic conditions], I’ve been through a round of other surgeries throughout my life, and it’s nice to be somewhere that’s small but really focused on the future.” (Focus group, Faringdon)

- **Access to green spaces**, like the Folly and Badbury Woods

“It’s just magical, surrounded by lovely woodland. The other joy about it is the view... the views we’ve got here are incomparable. From the top of the tower on a clear day you can see 5 counties and from the base you can see 3. If you were just feeling a bit ‘meh’, just go up to the Folly, sit on a bench and admire the view.” (Focus group, Faringdon)

- **Public transport** within the town

“There’s a very good community bus that runs a service every morning from quarter to 8 to quarter past 1, and the last service actually takes anybody on board back to their own homes.” (Focus group, Faringdon)

- Feeling of **safety** and **lack of crime**

“It’s safe, perfectly safe. That’s why we don’t have a police presence.”
“Sometimes I leave my keys in my front door by accident.” (Focus group, Faringdon)

Challenges and barriers

- **Lack of public transport** – especially in the evenings, connecting surrounding villages for whom Faringdon is a hub, and links to Witney for care homes and the community hospital, and across the Vale

“People who live in Wolston, Uffington, etc don’t even bother to get a bus pass, because they say, ‘What’s the point? There’s no bus!’ The bus has gone.” (Focus group, Faringdon)

- **Barriers to accessing health and care services** – including a lack of NHS dentists²¹, having to get multiple buses to access major hospitals in Swindon or Oxford, and mixed experiences of local pharmacies and GP practice access

²¹ An NHS dentist in Faringdon is currently being commissioned by TV ICB

- Challenges with **traffic, speeding and parking** – including **new housing developments** being built without adequate parking provision

“I’ve noticed the traffic coming up London Road is getting worse. They’re out of the town, their foot goes down, and it’s staggering sometimes. There are a lot of dog walkers going across to the Folly. Quite a few elderly people live in that part of the town, people who are not as hale and hearty and can’t jump out the way as quickly as they used to be able to, and it really is of concern. I would just love for the town to be able to put in speed cameras.” (Focus group, Faringdon)

“The centre of Faringdon is essentially a small mediaeval town, and parking is absolutely shocking. I came through town the other day and on one side of the road cars were parked bumper to bumper and on the other side, they were parked right over the pavement. If you’re trying to come up through town and you’ve got a buggy or you’re in a wheelchair, you can’t access the path.” (Focus group, Faringdon)

- Lack of local jobs** meaning that people have to drive to get to work

“If the policy for building houses is that you build them in the middle of nowhere, it’s inevitable that you have to drive somewhere. Rather than building houses where the employment is, building them 10, 20 miles away.” “It’s a lack of joined-up thinking.” “We’re told, ‘don’t use your cars, you naughty people, but oh, we’ll build thousands of houses where you’ve got to have a car to get to work, school, healthcare.” (Focus group, Faringdon)

- Lack of activities and support for young people**

“That’s a big lack”. “There used to be a youth centre but they shut it down.” (Focus group, Faringdon)

- Sense that **infrastructure** is not being improved to meet **demand from new housing developments**, putting pressure for example on local schools
- Need for **better maintenance of the leisure centre**

“Going back to the sports centre, it’s a wreck. It needs an overhaul. We had an incident with [sports group] where the roof was leaking, one of our members slipped over and broke her arm, it’s not funny.” (Focus group, Faringdon)

- Challenges with **loss of services**, declining centre, and **community cohesion**

“Wish there were less empty units in town. Wish there were not the racist flags on the roundabouts.” (Focus group, Faringdon)

- Challenges with **digital exclusion**, though Faringdon has a regular digital café

"I feel my age group seems to be being pushed further and further to the edge of society. If you haven't got a smartphone it's very hard to access things."
(Focus group, Faringdon)

"The digital café is run by volunteers. I can understand they will invest in new technology to make this **shift from analogue to digital**, but will they invest in people to support this technology?" (Focus group, Faringdon)

Freeland

Freeland is a village five miles to the east of Witney, adjoining the villages of Long Hanborough and Church Hanborough. It gets its name from the old English word for ‘wood’, and is still home to the coppice of Vincent’s Wood. The village has a long history – including being home to a meeting place for professional fighters in the 19th Century, from which the main road, Wroslyn Road, takes its name.²² The village nearly tripled in size between 1951 and 1981 as new houses were built around the village. Freeland is categorized as a ‘Large Village’ in the *West Oxfordshire Local Plan Preferred Spatial Options Consultation Paper* (2025).



Oxfordshire Yeoman, Freeland



Freeland Little Free Library



Freeland Hall

Freeland – key information

District: West Oxfordshire

Population: 1657 (ONS mid-year estimate 2024)

Nearest town or village:

- Witney (5 miles, nearest community hospital, leisure centre)
- Hanborough (2 miles, nearest GP surgery)

Key facilities and infrastructure (see asset mapping for full list)

Health	• Nearest GP is in Hanborough • Dementia Active (support group)
Education	• Freeland Primary School
Housing	• Cottsway Housing is the main Registered Social Landlord in the parish • Social housing: 13% of households • Freeland House care home

²² [Freeland Parish Council website](#)

Leisure & green space	- Community groups including: football club, cricket club, gardening club, Girl Guiding, wine club, walking group, craft group, WI, art group, little library, energy group - Freeland recreation ground - Local footpaths including Vincent's Wood and Broad Marsh
Business & employment	- Oxfordshire Yeoman pub - Freeland Nurseries - Freeland House Care Home - Coachhouse Veterinary Clinic
Transport links	411 – Eynsham > Long Hanborough – West Oxford Community Transport 611 – North Leigh > Eynsham – First and Last Mile
Community spaces	- Freeland Village Hall - Freeland Community Hub
Faith groups	- St Mary the Virgin, Freeland - Community of St Clares (convent)
Access to food	Nearest supermarket is in Long Hanborough – 2 miles

Key themes in Freeland

Strengths and assets

- Peaceful and friendly community

"I love the village – a fab place to live and a great sense of community. I like how quiet it is and no streetlights." (Survey, Freeland)

"I live in a great village with a lovely community feel. We have lovely countryside on our doorstep." (Survey, Freeland)

"I value the community interaction and the friends I have made here." (Survey, Freeland)

- Community spaces** – including the village hall and plans for a new community hub in the former chapel

"We are pleased to have had some support to buy the chapel to turn it into a community hub, and the hall and pub are wonderful." (Survey, Freeland)

- Proximity to services** in Witney, Eynsham and Long Hanborough (although some people face challenges with transport connections)

"Great having schools close by and the GP/pharmacy nearby in Hanborough." (Survey, Freeland)

Challenges and barriers

- **Lack of public transport** to connect with key services and transport links, although work is underway to reopen the village shop

"It's a lovely village but transport is a disaster. There is a community bus but it only runs once every 2-3 hours and doesn't run at all outside of 9 to 5." (Survey, Freeland)

"Village has no shop. Community bus once a week to nearest town. long walk up to main road to catch bus to Witney, Oxford, Hospitals. We used to have a bus service in the village." (Survey, Freeland)

"Village shop and closed in 2003 and the loss is still felt – nearest supermarket/post office more than 2 miles away. Efforts to open another shop in the village continue." (Survey, Freeland)

"Local Co-op in Hanborough is very convenient but so expensive. I shop in larger supermarkets which is fine as I drive but would be difficult if you didn't." (Survey, Freeland)

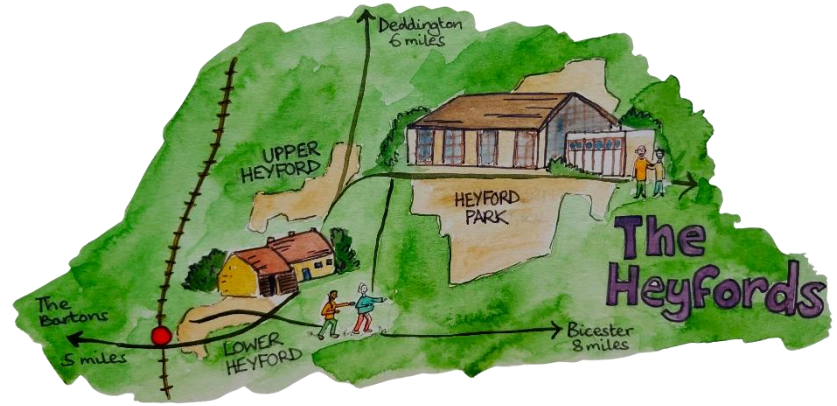
"As a disabled person I feel very marginalised in this area. Unable to access public transport independently. Feel that I am part of a forgotten group of people." (Survey, Freeland)

- Challenges with **traffic safety** – Wroslyn Road being used as a 'rat run'

"There's still too much speeding with people using Freeland as a rat run between the A4095 and the A40, and the 20mph in the centre has actually increased speeding in other parts of the village. No one seems to care about that." (Survey, Freeland)

The Heyfords

Both the older villages of Upper and Lower Heyford and the new area of Heyford Park have a good range of community buildings and activities and a wealth of green spaces. These are well used and enjoyed by residents.



The transformation of the former airbase at Upper Heyford into a residential community known as Heyford Park over the last decade has resulted in significant population growth which is ongoing, with further development planned. There are concerns about lack of infrastructure and services for the growing population as well as poor public transport links to the nearby town of Bicester.



Upper Heyford Village Hall



The Heyfords – key information

District: Cherwell

Population: 2929 (ONS 2021; combined parishes of Upper Heyford, Lower Heyford and Heyford Park)

Nearest town or village:

- Bicester (8 miles, nearest GP, library, leisure centre, shops, Bicester Community Hospital)
- Banbury (15 miles, Horton Hospital)

Key facilities and infrastructure (see asset mapping for full list)

Health	- Pharmacy at Heyford Park - GP Surgeries at Deddington and Bicester
Education	- Heyford Park School, includes nursery from age 3 up to age 16. Pupils aged 16–18 can continue their post 16 studies at Bartholomew school in Eynsham, 15 miles away - There is also the Old Station Nursery for full time childcare
Housing	- A mix of traditional older houses and a small number of housing association properties in Upper and Lower Heyford - The new development of Heyford Park by Dorchester Living consists of just over 1000 homes. Two thirds are owner occupied and one third are affordable homes for rent or shared ownership
Leisure & green space	- Upper Heyford: playgrounds, playing fields - Lower Heyford: sports & social club, playing fields, canal - Heyford Park: playgrounds, parks, small gym (in the school) - All have allotments and extensive green spaces surrounding the residential areas - Local footpaths including across fields and along the Oxford Canal and River Cherwell
Business & employment	- Heyford Park Innovation Centre hosts a range of companies in sectors that include science, technology, engineering and logistics - The site also has extensive warehouse facilities in the former RAF depots and hangers
Transport links	- Train station at Lower Heyford to Oxford and Banbury - Bus 25 to Bicester serves all 3 areas
Community spaces	- Heyford Park: The Chapel & Community Centre and Heritage Centre - Upper Heyford: Village Hall, Reading Room, Barley Mow pub - Lower Heyford: sports and social club
Faith groups	- Heyford Park: The Chapel (multi faith) - Upper Heyford: St Mary's Church - Lower Heyford St Mary's Church
Access to food	- Sainsbury's Local at Heyford Park - Heyford Park Pantry (community larder)

Key themes in the Heyfords

Strengths and assets

- Good range of **community activities** that support people to socialise and stay healthy and well – e.g. walking group and 'Stay Active' groups organised by Healthy Heyford, community larders

"There's a community larder at Heyford Park and one at Fritwell." "It's a real godsend that is." "There's so many people there, it's so busy if you go there."
(Focus group, the Heyfords)

"Even if somebody's not feeling so good, they always go out with a smile on their face and chatting." (Focus group, the Heyfords)

- Seasonal **community events** including Halloween & fireworks party, carol singing, St Georges Day, Easter egg hunt, May Day event, flower show, family fun day which are very popular

"We have just started having an afternoon tea party which is an open invitation to anybody in the village, really, to come along and have a chat... we had 20 on the 1st time and 21 on the 2nd, and they were different people". (Focus group, the Heyfords)

- **Access to countryside**

"We like the rural aspects of where we live." (Focus group, the Heyfords)

- Appreciation for the Parish Council and local councillors

"In the years that I've been here, our parish council, there's been different people have been on it, but it has always been in my experience, open to discussion, available to us...They give their time and their effort and their passion to look after us, even in the absence of us supporting them." (Focus group, the Heyfords)

"The new [district councillor] has been absolutely fantastic. Paying attention to the community requirements, helping us get what we need. Section 106 money out of OCC has been like a complete tombstone until he's turned up and managed to unlock it where previous councillors have not been able to."
(Survey, the Heyfords)

Challenges and barriers

- **Access to healthcare**, particularly the lack of a GP practice – residents have to travel to Deddington (no bus) or Bicester; there is a pharmacy at Heyford Park but it is not open at weekends. Bicester Community Hospital has some clinics (e.g. rheumatology), but these can still be hard to access. Suggestion to use the Reading Room in Upper Heyford for some services, e.g. podiatry

- **Lack of public transport** following cuts to services – no direct buses from Heyford Park to Oxford or Banbury (have to go via Bicester), and train station is hard to access on foot due to lack of pavements
- **Lack of amenities** – village shop, Post Office and pub have closed in Upper and Lower Heyford, and Heyford Park has just one small supermarket
- **Lack of post-16 education** – children travel by bus to Eynsham for sixth form
- Concerns about **possible PFAS** (per- and polyfluoroalkyl substances, also known as 'forever chemicals') contamination from former airbase at Heyford Park
- Sense that **infrastructure** is not being improved to accommodate **additional demand from housing developments** – and residents **don't feel listened to** when raising their concerns

"They haven't listened to the rural communities around here." "It's deeply upsetting for a lot of people." "It's a huge, huge black cloud hanging over us."
(Focus group, the Heyfords)

- **Lack of activities for young people** – and **lack of volunteers** to run them

"The difficulty we find here is people who are prepared to take time to help organise.... And it's always the same people." "I think there a core of people in the village who are pretty active but there's a whole bunch of other people who are not, it is a dormitory for people." (Focus group, the Heyfords)

- **Loneliness**, lack of **community cohesion** and a sense that community activities are **not very joined up** between Heyford Park and Lower and Upper Heyford

"I think there are quite a few people who spend a lot of time on their own."
(Focus group, the Heyfords)

"There used to be more mixing of people from Upper and Lower Heyford when there were more amenities like shops, pubs and people walked around more. Now people go everywhere by car, and there's less social interaction. It doesn't help that there's no walkable path between the 2 villages." "We just lost the heart and soul of the village, really, in a way. You know, pubs, school, farm, they're all very important." (Focus group, the Heyfords)

Long Hanborough

Hanborough is located within the triangle formed by Witney, Woodstock and Oxford. There are two principal portions, the villages of Long Hanborough and Church Hanborough, which are about half a mile apart and lie on a low plateau. There are a few outlying parts, such as Mill Farm, College Farm, Goose Eye and New Barn Farm to the east of Lower Road in the valley of the River Evenlode. As the village's name suggests, Long Hanborough is a linear village along the A4095, meaning that depending on where someone lives in the village, they may be near to or far from services.



The 2025 *West Oxfordshire Local Plan Preferred Spatial Options Consultation Paper* states that Hanborough is a 'Tier 2 – Service Centre [and] whilst offering fewer services and facilities than the Principal Towns, nonetheless serves an important service centre function – albeit more localised, serving a network of surrounding smaller villages and settlements. Public transport options are generally strong, including rail services at Long Hanborough...' ²³ (para 4.13).

The *Preferred Spatial Options Paper* goes on to state: 'Hanborough is relatively well served by community infrastructure with capacity available for students at the primary school, a modern GP facility with adequate floorspace for the patient list size, dentist, café, shop, community and recreation spaces and employment sites' (para 7.163).



Recreation Hall, Long Hanborough



Three Horseshoes, Long Hanborough

²³ [West Oxfordshire Local Plan Preferred Spatial Options Consultation Paper](#) (2025)

Long Hanborough – key information

District: West Oxfordshire

Population: 3782 (ONS mid-year estimate 2024)

Nearest town or city:

- Witney (5 miles, nearest community hospital, leisure centre, library)
- Woodstock (4 miles, nearest swimming pool, library)
- Oxford (10 miles, acute hospitals)

Key facilities and infrastructure (see asset mapping for full list)

Health	• GP Surgery (part of Eynsham Medical group)
Education	• Hanborough Manor CE Primary School • Hanborough Pre-school • Hanborough Meadows Pre-school
Housing	• Cottsway Housing is the main Registered Social Landlord in the parish • Social housing: 13% of households • Since 2017 there have been three major developments in Long Hanborough, namely: Hanborough Park (128 houses); Hanborough Gate (175 houses) and Cala Estate off Church Road (50 houses). Since 2023, a further 150 homes at the North Field have been consented.
Leisure & green space	• Long Hanborough has a wide range of community groups including Elderberries, Lunch Club, Scouts, Environment Group, Hanborough Welfare Trust, WI, Hanborough and Freeland Running Group, First Steps Baby & Toddler Group, Mason's Apron Women's Clog Morris, Qigong at the Recreation Hall • Long Hanborough playground • Local footpaths including Abel Wood, Mill Wood, The Copse opposite Abel Wood, and community path to Bladon through Blenheim Park • Site of special scientific interest (SSSI) on Church Road
Business & employment	• Several shops and retail outlets • Petrol station and garage • Café and a fish and chip shop • George and Dragon and Three Horseshoes pubs • Hanborough Business Park (multiple SME enterprises)
Transport links	• 411 – Eynsham > Long Hanborough – West Oxford Community Transport • 611 – North Leigh > Eynsham – First and Last Mile • S7 – Oxford > Witney – Stagecoach • Hanborough has a mainline train station on the Cotswold line
Community spaces	• Hanborough Pavilion

	• Recreation Hall
Faith groups	• Long Hanborough Methodist Church (including Women's Fellowship group and Friendship café) • Christ Church – CofE church
Access to food	• Cooperative supermarket in the centre of the village • Witney food bank



Main Road businesses, Long Hanborough



Train departing Long Hanborough Station



Christ Church, Long Hanborough

Key themes in Long Hanborough

Strengths and assets

- **Services, facilities and good transport links** including rail station

"Good shop, pharmacy, doctors, cafe, and shared use cycle lane. Railway and bus links." (Survey, Long Hanborough)

"Nice neighbours, good access to public transport & local services. Good Coop." (Survey, Long Hanborough)

"We have a shop, Doctors, Dentist, Fish and Chip shop and a great cafe." (Survey, Long Hanborough)

"It has the right balance of being a village but with good facilities and not being too remote." (Survey, Long Hanborough)

- **Access to green spaces**, including the Community Path through Blenheim Park

"The green spaces are really good, with a couple of options for woodland walks and a link to Blenheim Palace." (Survey, Long Hanborough)

"The green spaces such as Pinsley Wood, the River Evenlode Valley and walks through Blenheim Park are assets." (Survey, Long Hanborough)

Challenges and barriers

- **Loss of services and activities**, and challenges with **capacity of facilities and built infrastructure** – with a sense that these are not being managed to meet **needs arising from new housing developments**, such as increased traffic

“Due to recent (mostly last 10 years) huge increases in local population i.e. ~30–40%, facilities/amenities for general living (including healthcare), sport and leisure have diminished considerably. Indeed, many have gone by the wayside, including pubs shops etc. There is a strain on local sports facilities through lack of funding and in many cases a lack of volunteers coming forward to take over or run clubs etc.” (Survey, Long Hanborough)

“Roads, footpaths and pavements are dangerous through unattended potholes, sloping pavements and lack of upgrading roads despite population substantially increased. Also housing adverts for miles around suggest they are close to Hanborough station!” (Survey, Long Hanborough)

“The traffic fumes affect my asthma. As a necessity my home is insulated against noise as far as possible at great cost to myself, but I can do nothing against the traffic fumes and vibration from HGVs and the poor quality of road. I'm tired of losing items as they fall off shelves, my internal doors are shaken open by themselves and my lack of breath due to poor air quality is a constant worry. No-one wants to listen, they just keep building, increasing the issues and adding construction traffic to the mix which makes it considerably worse.” (Survey, Long Hanborough)

- **Community cohesion**

“Long Hanborough is no longer a “quiet” Cotswold village. 4 new housing states have been built in the past 7 years and residents on Hanborough park refuse to take the Hanborough Herald newsletter....” (Survey, Long Hanborough)

“As with many rural communities, Hanborough struggles a little with the weight of fast expansion and an infrastructure that hasn't kept up. Due to the shape of the village, a cohesive, community feel is harder to achieve and whilst there are 2 pubs, it would be nice to have a large community space like a cafe or area for families. It would be good to find a way to connect with the local community and meet the people we live alongside.” (Survey, Long Hanborough)

- **Not enough for young people**, and concerns around **antisocial behaviour** in parks and woodland, and young people getting involved in **drug dealing and crime**

"Issue with younger people and drugs around recently." (Survey, Long Hanborough)

- **Lack of indoor leisure space**

"Indoor sporting facilities are definitely missing and are required e.g. badminton, pickle ball, indoor football and even a gym." (Survey, Long Hanborough)

- **Challenges with public transport**, including cost, time and gaps in provision

"The bus into Oxford takes over an hour, it's a very circuitous route." (Survey, Long Hanborough)

"Public transport is expensive for a family of 5 getting around. Our local bus service takes a very long time to get anywhere as it stops loads and the train is over 30-minute walk, uphill on the way back which children struggle with." (Survey, Long Hanborough)

"Bus is good but takes too long to get to Oxford. No buses to Eynsham." (Survey, Long Hanborough)

- **Lack of suitable, affordable housing** for local people – with a sense from some that the village has become a commuter town for London thanks to its rail links

"Currently unable to buy in my local area and where I grew up." (Survey, Long Hanborough)

"1960s house gradually being upgraded – can be cold in winter. Would like a slightly bigger house but next step up is unaffordable, our mortgage has doubled since covid." (Survey, Long Hanborough)

"Not enough social housing for young people who can't afford to buy in their own village. Too many big houses to accommodate people who lived in London and commute to London." (Survey, Long Hanborough)

- **Lack of local job opportunities** – meaning that some people are also managing the **cost** of commuting and access to healthcare appointments

"I'm forced to work outside area, so commute adds to cost of living in an already high-cost area. Moving within this area is difficult." (Survey, Long Hanborough)

- **Barriers to accessing health and care services** – including a lack of NHS dentist in the village

“Getting healthcare to fit in with commuter and working hours is very difficult if not impossible. Still NHS GPs don't provide outside 9–5 so add cost of private healthcare to everything else.” (Survey, Long Hanborough)

“NHS dental services no longer in Hanborough unable to find alternative. NHS GP no service outside business hours, makes no sense in a village of commuters.” (Survey, Long Hanborough)

Shrivenham

Shrivenham is a village in Vale of White Horse, near the Oxfordshire–Swindon border. It has a much-loved Arts and Crafts-style community hall, the Viscountess Barrington Memorial Hall, next to the village’s recreation ground and sports facilities. The village was formerly connected to the Kennet and Avon Canal and the Great Western Railway; now its main transport links are via bus or private transport to Swindon and Oxford along the nearby A420.



Along with the neighbouring village of Watchfield, Shrivenham has been home to military accommodation and training premises since 1946. These now include the Armed Forces Chaplaincy Centre and the defence and security department of Cranfield University. Shrivenham has grown significantly in the last 15 years, with a population increase of 30% between 2011 and 2021.



Shrivenham Memorial Hall



High Street businesses, Shrivenham

Shrivenham – key information

District: Vale of White Horse

Population: 3069 (ONS 2021)

Nearest town:

- Highworth (3 miles, nearest library and leisure centre)
- Faringdon (5 miles)
- Swindon (6 miles, Great Western Hospital)

Key facilities and infrastructure (see asset mapping for full list)

Health	• Elm Tree Surgery • Shrivenham Pharmacy • Some cross-boundary care at Great Western Hospital
Education	• Shrivenham Church of England Primary School • Aspris Ridgeway School (SEN) • Chestnut Trees Pre-School • Nearest secondary schools in Highworth and Faringdon
Housing	• Legal & General shared ownership • Soha Housing
Leisure & green space	• Recreation Ground including football club, tennis courts, cricket pitch • Golf club • Local footpaths • Tuckmill Meadows Nature Reserve
Business & employment	• Shrivenham Hundred Business Park • Shivenham Defence Academy
Transport links	• S6 Swindon – Shrivenham – Watchfield – Faringdon – Oxford (every 20 mins) • C6 Stanford in the Vale – Faringdon – Watchfield – Shrivenham – Cirencester College (twice a day)
Community spaces	• Shrivenham Memorial Hall • The Hub
Faith groups	• Churches including Church of England and Methodist
Access to food and other facilities	• Co-op, One Stop • Post Office



High Street, Shrivenham



Church Walk, Shrivenham



St Andrew's Church, Shrivenham

Key themes in Shrivenham

Strengths and assets

- People and **community spirit**, and sense of **lots happening** in the community

“There is a lot on and generally people are very friendly. People will stop and say ‘good morning’ which is different from where we lived before. I think you do get that more in a small community.” (Focus group, Shrivenham)

“When we were looking where to base ourselves it was one of the things that attracted us here, that there were lots of activities going on. We felt we would be able to plug into something, as it can be harder to make friends and connect with people when you’re bit older and haven’t got children.” (Focus group, Shrivenham)

“I think it would have previously been quite a sleepy village, but the new housing has brought some younger people and more families into the community.” (Focus group, Shrivenham)

- Some **public transport/connections**

“There is a regular bus service to Oxford and into Swindon (S6), and there is a voluntary driver scheme that helps take people to hospital appointments.” (Focus group, Shrivenham)

- **Facilities** including sports pitches and tennis courts, infant and junior school, Post Office and Community Hub

“I regularly walk my dog past the tennis courts, and they are really well used – by people of all ages too.” (Focus group, Shrivenham)

Challenges and barriers

- Lack of **public transport** connections to nearest services in Highworth, **border challenges** e.g. around library access

“There’s free parking in Highworth and easy to drive to but no bus service to Highworth – for nearest secondary school, library, market etc. Nearest library is in Highworth and is run by Swindon Council – not easy to register for this, and if you’re not online or can’t drive to Highworth it would be very hard.” (Focus group, Shrivenham)

- Lack of **local job opportunities**

“Think you’d be looking to Swindon and beyond for jobs. Doesn’t feel like there is a lot of job opportunities locally.” (Focus group, Shrivenham)

- **New developments – loss of green space** and impact on GP practice

“There are proposals to build 200 new homes on the golf course between here and Watchfield – there’s been lots of local opposition due to loss of green space, and the golf club, which is quite widely used by the community.” (Focus group, Shrivenham)

“There is huge pressure on Elm Tree Surgery in Shrivenham, with the ICB stating that there is no capacity to accommodate new housing. The surgery team have clear plans and needs that require additional space, however, it seems to be proving impossible to find appropriate land or property to expand services. It was particularly disappointing that their bid to purchase the old primary school was unsuccessful.” (Survey, Shrivenham)

- **Antisocial behaviour**

“Low levels of antisocial behaviour on the green, mainly litter, with regular litter picks to try to improve the state of tidiness within the community. It is a bit of an occasion if you see a police car!” (Focus group, Shrivenham)

- Challenges with **community cohesion** – including around integration of and support for refugee families temporarily housed at nearby Shrivenham Defence Academy

“There have been lots of Afghan refugees placed locally – it did cause some animosity within the community though thinks most of those families have now moved on. Issues around misunderstanding around behaviour, language barriers and understanding from both sides.” (Focus group, Shrivenham)

- **Lack of provision for young people**

“I’m not aware of any real provision for teenagers – I think that is a real gap. You have almost got to get your children into some kind of sport if you want ongoing provision.” (Focus group, Shrivenham)

- Problems with **built environment** and **maintenance**

“The state of the road network (both potholes and roadworks)!” (Focus group, Shrivenham)

"The state of roads are quite bad in many areas of the village and close surrounds. Potholes are a real problem (particularly for cyclists and motor cyclists), and some pavements are in a bad state, and maintenance seems to be ignored by the county council." (Survey, Shrivenham)

- A sense that local people's voices and concerns **aren't listened to** by local authorities, particularly around housing developments.

"That's the issue of living in a village ... the district, city and county councils tend to focus on the main urban areas, particularly in the areas in which our local parish council is not funded." (Survey, Shrivenham)

Sonning Common

Sonning Common (locally known as SoCo) is a village in a wooded part of the Chiltern Hills near the Oxfordshire-Reading border. Until the seventeenth century it was an area of common land – from which its name derives. It is home to an active community of volunteers running events and activities such as the community support and transport service FISH and the bi-monthly Sonning Common community magazine. The village has grown over recent years, particularly with the new addition of the Widmore Park Retirement Village.



Wood Lane businesses, Sonning Common



Sonning Common Village Hall

Sonning Common – key information

District: South Oxfordshire

Population: 4102 (ONS 2021)

Nearest town or city:

- Henley-on-Thames (5 miles, nearest leisure centre, community hospital)
- Reading (6 miles, nearest acute hospital)

Key facilities and infrastructure (see asset mapping for full list)

Health	• Sonning Common Health Centre • Day Lewis Pharmacy
Education	• Sonning Common Primary School and Pre-School • Little Birches Nursery and Pre-School • Maiden Erlegh Children Edge • Bishopswood Special School
Housing	• Soha Housing • Widmore Park retirement village
Leisure & green space	• Football Club, Rugby Club • Memorial Park • Skate park • Frost Functional Training (gym) • Local footpaths including through woods at Shiplake Bottom and New Copse
Business & employment	• Johnson Matthey Technology Centre • Blounts Farm businesses
Transport links	• 25/25a bus, Central Reading – Peppard Common/Sonning Common (approx. every 30 minutes) • Less frequent buses to Watlington, Woodcote, and Henley-on-Thames
Community spaces	• Sonning Common village hall • Kidmore End War Memorial Hall • Peppard War Memorial Hall • Sonning Common Library
Faith groups	• Churches including Church of England, Roman Catholic, Evangelical, Congregational
Access to food and other facilities	• Co-op Food • One Stop and Post Office • Springwater Food bank



Sonning Common Health Centre



FISH volunteer centre noticeboard, Sonning Common

Key themes in Sonning Common

Strengths and assets

- People, **sense of community**, **community support** and neighbourliness, including through initiatives like FISH voluntary transport and befriending service

"I think this is a wonderful community, and I can't oversell it because it's how it looks after people." (Focus group, Sonning Common)

"There's a great sense of community spirit, a great number of people doing things in their own time for the benefit of the community and many ways that people can join into those community arrangements." (Focus group, Sonning Common)

- **Communication** about what's happening in the village through the SoCo magazine which goes free to all residents' homes
- Lots going on – **community groups and activities** including EcoSoCo, health walks, exercise classes and local sports clubs

"There's lots to get involved in if you want to, there's Eco SoCo that does amazing things. They have a repair café, they do cinema nights, we have a community veg garden that feeds the food bank at the church. They also do bulb planting for the pollinators all around the villages and verges. You can see just how much there is." (Focus group, Sonning Common)

- **Facilities and services** including GP practice, pharmacy, Co-op, Post Office, takeaways and hardware shop
- **Countryside and access to green spaces**

"Lots of open spaces, lots of lovely, beautiful walks, the woodland. They are accessible without needing transport." (Focus group, Sonning Common)

"Five minutes up Woodlands Road and you're in the woods there, five minutes down there and up past the pond you're in the countryside and fields up there, and same in this direction toward Kidmore End, 25 minutes and you hit the green that way." (Focus group, Sonning Common)

- Good **public transport** links to Reading

"We're well provided for with bus services, one every hour, into the village and out of the village, that is super." "Improved recently by having the extra route on the Peppard Road." (Focus group, Sonning Common)

Challenges and barriers

- **Loneliness** and isolation

“There is a sense of community, but I think there is a lot of loneliness out there as well.” (Focus group, Sonning Common)

- **Traffic and parking**, lack of **safe routes** for cycling and walking

“Traffic and parking on pavements. Some people just drive through Sonning Common, even though there’s a faster way around the outside.” (Focus group, Sonning Common)

“I was very uncomfortable sometimes trying to cycle up Wood Lane and across here, because of cars emerging from the pharmacy, backing out, things coming forward etc. There was one scary experience. There’s no pedestrian crossing here, as the traffic is getting busier it would slow things down and make it safer for pedestrians.” (Focus group, Sonning Common)

- Sense that **infrastructure** improvements have not kept pace with **demand from new housing developments**

“Wherever there’s a bit of land, they’re building on it. I know the council has its targets to meet, but they haven’t done anything about the infrastructure. So this road here, sometimes it’s gridlocked. The surgery hasn’t grown to keep up with demand, the facilities or amenities.” (Focus group, Sonning Common)

“It’s in the Neighbourhood Plan, but the problem with the Plan is that they put the houses in and all the recommendations on the infrastructure are forgotten because there’s no money. The same has happened in Henley. You lead with the houses, you get all the problems of the houses that they encourage, and then you haven’t got the money to sort it out.” “Doesn’t the SIL money go to the Parish Council?” “Yes, but they’re not responsible for the roads. And the county council are too Oxford-centric to have any money for the villages and towns.” (Focus group, Sonning Common)

- **Barriers to accessing health and care services**, including lack of NHS dentist in the village, not being offered local appointments (e.g. for cancer screening or physiotherapy) and difficulty navigating online booking systems
- Problems with **continuity of health and care services** across **borders**

“Royal Berkshire Hospital (RBH) do not communicate well with Oxfordshire health. What I was advised when I had my knee, is ‘if you can, always get into an

Oxfordshire hospital, don't use RBH, because we get no information from them.”
(Focus group, Sonning Common)

- **Lack of activities and spaces for young people**

“A thing I do worry about is for young people. They have the youth club, but I think we could do more.” (Focus group, Sonning Common)

“I think we could do more with educating young people with mental health, which I'm trying to push at the surgery. What they're seeing more at the surgery now is more young people coming in with mental health problems.” (Focus group, Sonning Common)

- **Lack of employment opportunities**

“My son travels to Bicester for work, but there isn't much around here, there's Henley and Reading but not in Sonning Common.” “There's the laboratories, but people travel in for those because it's technical, a lot of them come on the bus.”
(Focus group, Sonning Common)

- **Not feeling listened to, or like you have to make a big fuss to be heard**

“They listen, but do they action? There's a big difference.” (Focus group, Sonning Common)

“We had some very pretty plans shown to us about pedestrianising, with trees here and what have you.” “It happened, and then you don't hear anything of it. They have a big event, invite everybody, and then it disappeared up there.”
(Focus group, Sonning Common)

Stanford in the Vale

Stanford is a village in the Vale of White Horse between Faringdon and Wantage. The village lies on a low ridge of limestone above the River Ock and has a 10,000-year history of human settlement. Stanford has an array of lively community groups and activities, including around the village hall and social club. New estates have been built in the village since the 1930s, and over the years Stanford has grown to merge with the neighbouring hamlet of Bow. On the edge of the village is the White Horse Business Park, which includes Ocado's Oxford warehouse, and a sand quarry.



High Street, Stanford in the Vale



Church Green and St Denys Church, Stanford in the Vale

Stanford in the Vale – key information

District: Vale of White Horse

Population: 2326 (ONS 2021)

Nearest town or village:

- Faringdon (3 miles, nearest GP practice, pharmacy, library and leisure centre)
- Wantage (5 miles, nearest community hospital)
- Swindon (12 miles, nearest acute hospital)

Key facilities and infrastructure (see asset mapping for full list)

Health	• Nearest GPs (Wantage and Faringdon) and pharmacies are in Faringdon (3 miles)
Education	• Stanford in the Vale Pre-School • Stanford in the Vale Primary School • Shellingford C of E Primary School
Housing	• GreenSquare Accord
Leisure & green space	• Recreation ground • Children's Park • Football Club • Basketball court • Stanford in the Vale Bowls Club • Local footpaths across fields and along Frogmore Brook
Business & employment	• Ware Road Industrial Estate • White Horse Business Park
Transport links	• 67 bus, Wantage – Stanford – Faringdon (approx. one every hour) • C6 bus, Stanford – Faringdon – Shrivenham – Cirencester College (morning and afternoon)
Community spaces	• Stanford in the Vale Village Hall • Stanford Coffee Shop • Horse and Jockey pub • Stanford Social Club
Faith groups	• St Denys Church of England
Access to food	• Your Co-op Food • Faringdon Food Bank



Stanford Business Court



Church Green, Stanford in the Vale

Key themes in Stanford in the Vale

Strengths and assets

- People and **community spirit** – with examples of strong community spirit during covid lockdowns

“The people. Everybody talks to each other – even the teenagers!” (Focus group, Stanford in the Vale)

“It’s a friendly community, there’s lots going on, lots of organisations and clubs running activities, plenty of things for people to have a go at” (Focus group, Stanford in the Vale)

- Good **services** and **facilities** including school, village hall and coffee shop

“Really good school and fabulous pre-school.” (Focus group, Stanford in the Vale)

- **Access to countryside** and walking routes

“Lots of walks – people come to the village and park up to go for a walk from here. Personally, I don’t agree with that – I think you should walk from your doorstep.” (Focus group, Stanford in the Vale)

Challenges and barriers

- **Limited public transport** especially in evenings and at weekends. This was linked to a **lack of activities for young people, education** (as the school bus to Wantage had been withdrawn) and **employment** (since a direct bus to Harwell had been cut)

“So for teenagers, unless your parents can drive them around, they can’t get anywhere. They should just be able to get on a bus to do things.” (Focus group, Stanford in the Vale)

“We haven’t seen any of the section 106 money allocated for transport for the extra 250 houses in River Meadow. Where has that money gone? What has that been spent on?” (Focus group, Stanford in the Vale)

- **Lack of activities and spaces for teenagers** – also linked to **lack of volunteers**

“Teenagers need somewhere to go or something to do.” (Focus group, Stanford in the Vale)

"But for some children [Scouts/Guides] is just not their thing and there's nothing for them to fill that void, or to help them play an active part in the community." (Focus group, Stanford in the Vale)

"There used to be a youth club, but you need people to run these things in the first place. It's a big commitment." (Focus group, Stanford in the Vale)

"There is only one green space that has a covered area that teenagers use, and there have been some problems there with teenagers dealing drugs, which lots of children won't go out there anymore or their parents won't let them." "Police haven't dealt with this at all." (Focus group, Stanford in the Vale)

"There is a skate park, which is pretty dilapidated, we are looking to put a new one in, the parish council is asking for comments at the moment about what this should include." (Focus group, Stanford in the Vale)

- **Antisocial behaviour** – e.g. children smashing bottles outside houses and throwing eggs at cars – and problems with **drug dealing** and teenagers being threatened into selling drugs

"We've had our doorbell taken apart twice and the same thing has happened to our neighbours." (Focus group, Stanford in the Vale)

"There are two groups, there are those that get a bit silly – I've heard reports of teenagers getting blind drunk in the woods. But then there's a smaller group of older teenagers dealing drugs in the village." (Focus group, Stanford in the Vale)

"People are frightened to say what they see." (Focus group, Stanford in the Vale)

"The more people do report it, the more likelihood someone (police) will actually come out." "You never see the police here, they never come." (Focus group, Stanford in the Vale)

- **New housing development**, with impact on **infrastructure** and a lack of **community cohesion** due to the lack of physical and social connectivity between old village and new estate, despite efforts at connecting e.g. putting welcome leaflets through doors of new houses

"What we've got at the moment isn't adequate enough for the size of the village." (Focus group, Stanford in the Vale)

"There have been a lot of new houses built in the last five years in different areas and that's brought new people into the village. It's a totally different place to

what it used to be when I was growing up. A lot has changed.” (Focus group, Stanford in the Vale)

“Kids were having to run the gauntlet to cross there – it was so dangerous. That crossing should have been added before the estate was built.” (Focus group, Stanford in the Vale)

“No way to communicate with [new residents].” (Focus group, Stanford in the Vale)

- **Flooding** – particularly on the road to Wantage

“The issue is if it floods badly the bus can’t get through.” (Focus group, Stanford in the Vale)

“Sometimes you can’t get out, or sometimes if it rains while you’re out you might not be able to get back in.” (Focus group, Stanford in the Vale)

“Thames Water have been terrible – some flooding locally (not in village) has had raw sewage floating up to people’s doors.” (Focus group, Stanford in the Vale)

- **Lack of volunteers** – a generational issue of people not volunteering as much as used to – people working more and having less time

“Getting people to volunteer is harder.” “Tends to be the same faces involved.” (Focus group, Stanford in the Vale)

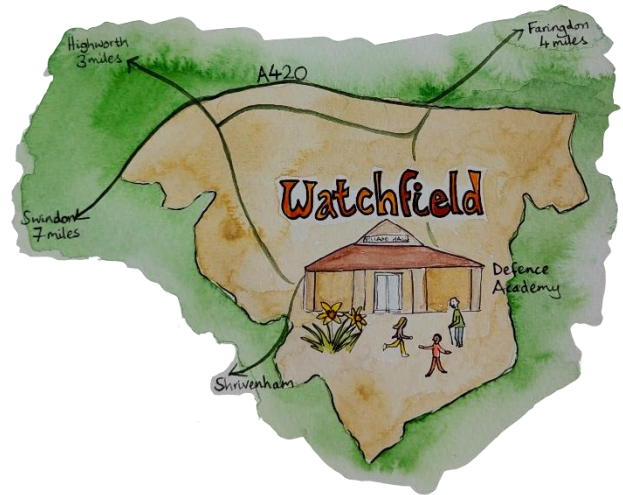
- **Barriers to leisure/walking** – including dangerous dogs and antisocial behaviour

“That is a problem, my wife and I have seen two nasty incidents with dogs not under control, that does put some people off walking, or you avoid certain places because of the dogs.” (Focus group, Stanford in the Vale)

“There is the Millennium Green but there have been some problems there with antisocial behaviour.” (Focus group, Stanford in the Vale)

Watchfield

Watchfield is a large, thriving village on the Midvale Ridge of low hills in the south-eastern Vale of White Horse, near the Swindon-Oxfordshire border. Historically, along with its neighbour Shrivenham, Watchfield was on the main Swindon-Oxford Road, which now bypasses the village on the A420. Watchfield's recent history is intertwined with military activities. The former RAF Watchfield site to the north is now a community-owned windfarm. A large part of the parish continues to be made up of military accommodation and other premises, including the Defence Academy of the United Kingdom. The village includes traditional thatched houses as well as more recent housing developments around Barrington Road and Lysander Crescent. The Village Hall is home to a vibrant range of community groups and activities, and the village has a wealth of green spaces including allotments and playing fields.



Watchfield Village Hall and surroundings

Watchfield – key information

District: Vale of White Horse

Population: 2292 (ONS 2021)

Nearest town or village:

- Shrivenham (1 mile, nearest GP, pharmacy and post office)
- Highworth (3 miles, nearest library and leisure centre)
- Faringdon (4 miles, nearest secondary school and GP)
- Swindon (8 miles, Great Western Hospital)

Key facilities and infrastructure (see asset mapping for full list)

Health	• Nearest GPs and Pharmacy in Shrivenham (1 mile) and Faringdon (4 miles) • Some cross boundary care at Great Western Hospital
Education	• Watchfield Primary School • The Cottage Nursery
Housing	• Retirement housing (Sovereign Housing) • Defence Academy housing stock
Leisure & green space	• Playing fields, pitches, and recreation building • Golf course • Tuckmill Meadows Nature Reserve • Local footpaths
Business & employment	• Shrivenham Hundred Business Park • Shrivenham Defence Academy; Joint Services Command and Staff College
Transport links	• S6 Swindon – Shrivenham – Watchfield – Faringdon – Oxford (every 20 mins) • C6 Stanford in the Vale – Faringdon – Watchfield – Shrivenham – Cirencester College (twice a day)
Community spaces	• Watchfield Village Hall • The Eagle and College Farm pubs
Faith groups	• St Thomas Church (Church of England) • Kingdom Hall of Jehovah's Witnesses
Access to food	• Your Co-op Food Watchfield

Key themes in Watchfield

Strengths and assets

- People and community spirit, access to green spaces and quiet feel

"It's a friendly and open village people are quite happy talking to me especially when out on dog walks. People on dog walking tend to be their own community, we get to know people by their dogs' names rather than their own name."
(Focus group, Watchfield)

"It's a lovely open environment with lots of green spaces around and you find there are some people who really care about the village." (Focus group, Watchfield)

- Facilities and services, including local job opportunities

“There is a café, there are shops and a pub around the village and the businesses on the business park do offer some opportunity for local people for employment.” (Focus group, Watchfield)

- Lots of **community groups** including children’s groups, choirs, line dancing, craft groups, martial arts, annual village fete. The village hall is also used for community support sessions like English classes for migrants
- **Community transport** – West Vale mobility volunteer transport service

Challenges and barriers

- **Community cohesion** between old village and new estates. The village has changed over the years; there have been two big housing developments and a lot of infill development – people have developed communities within the estates but not within the village as a whole

“I think there are pockets of the community where people get on really well, but not all of the village seems to be quite integrated.” (Focus group, Watchfield)

“We recognise that we have an ageing local community, a military community and pockets of inequalities.” (Focus group, Watchfield)

- **Lack of connectivity to services** – both nearby (Shrivenham, shops on A420) and in nearby towns (Faringdon and Highworth)

“We have a mobile post office only comes into the village once a week, we can walk to Shrivenham where there is a post office but it’s quite a long walk there and there is actually no safe footpath to Shrivenham.” (Focus group, Watchfield)

“The doctors is in Shrivenham – we can get a bus there, but I have to walk to the main road to get the bus.” (Focus group, Watchfield)

“The shops are on the edge of the village and sometimes that makes it really difficult for older people to access them.” (Focus group, Watchfield)

“We have no access locally to an NHS dentist; we have to go into Faringdon or Highworth. Faringdon is connected, we can get a bus there, but we can’t walk as it’s really difficult to get across the A420 as there is no safe crossing place. For Highworth, we just actually can’t get there at all unless you have a car, it’s only three miles away but we can’t get there using public transport – only taxis if you don’t drive which is expensive.” (Focus group, Watchfield)

“There are lots of footpaths within the village, but there are no safe walking routes to cycle or walk outside of the village. People end up doing the circular

walk around the village, which is a bit boring, sometimes it would be really lovely to be able to walk to Coleshill but there's no safe places to cross the A420.”
(Focus group, Watchfield)

- **Infrastructure – sewage** treatment capacity particularly with new developments, and poor **pavement quality** making it difficult for people to use wheelchairs and mobility scooters to get around.

“Infrastructure locally isn't fit for purpose, we don't want to stand in the way of progress but for example the Thames Water sewage treatment plant isn't up to standard, there's quite often overflows of raw untreated sewage into the river and onto the golf course, but they are still building new homes. Capacity is limited and now they've got an application for 200 new homes on the golf course.” (Focus group, Watchfield)

“The pavements are in a poor condition, not safe for wheelchairs which means if those pavements aren't safe then people can't get out so this traps people in their own homes.” (Focus group, Watchfield)

- **Limited access to leisure facilities** (especially for those living in new estates). A point of tension is that the Defence Academy has a leisure centre and prior to the covid pandemic, villagers could use these facilities, but this has since changed

“The new estates have very small parks which is a little bit of green space for local people to use. The park has exercise equipment – not very well maintained. There is a business park with 20 small businesses which includes a gym, but this is a private gym, so it is probably quite expensive.” (Focus group, Watchfield)

“There is a leisure centre in Faringdon and in Highworth again the same transport issues if you want to go to Highworth you actually can't get there unless you have a car and to go to Faringdon you have to get the bus.” (Focus group, Watchfield)

“Various exercise equipment at the local park but sadly it's not the best maintained and not the healthiest to use.” (Focus group, Watchfield)

- **Lack of communication with the Shrivenham Defence Academy** and more support for community building

“The relationship between the Defence Academy in the village is not brilliant they're not really good at communicating with us, I think what the Defence

Academy forgets is this village is our home however for them it is their work. The best way for the Defence Academy to improve its relations with the village is to interact more and not shut us out, the sad thing is half the village work at the Defence Academy and are able to access all of the facilities there but the rest of the village can't, and this sometimes is divisive." (Focus group, Watchfield)

"We would like a voice on the military partnership, for example we weren't told about the Afghan resettlement scheme, it just happened – nobody thought to tell us who live in the village about it." (Focus group, Watchfield)

- **Barriers to accessing health and care services**, including difficulty making GP appointments and lack of NHS dentist and having to travel for mental health support

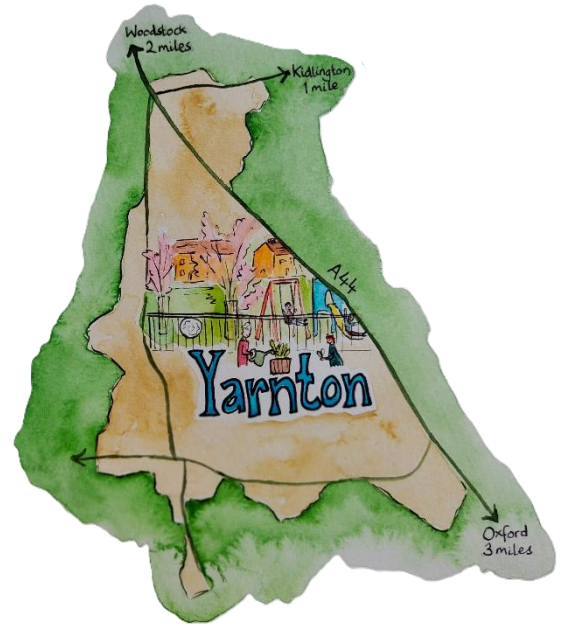
"Mental health support is very limited at the moment you have to go across the A420 to Faringdon, which is really difficult, for example we have a talking club locally, but it needs volunteers, without volunteers it can't really run properly." (Focus group, Watchfield)

- Lack of **joined-up working** between health and care services across administrative **borders**

"Because our GP is in a different integrated care board (ICB) to the rest of Oxfordshire we access secondary care mainly at the Great Western Hospital, but any other community care is accessed in Oxfordshire. This causes two separate challenges, one example is physio – following surgery at the Great Western Hospital physio was recommended however, it was in Swindon which wasn't accessible unless you drive. There is a local charity which will take people to appointments but sometimes feel there's a stigma attached to using local charities in this way. The communication between Great Western Hospital and local Oxfordshire community services [e.g. substance use recovery] doesn't seem to be working, they are not referring to Oxfordshire services and therefore people are falling through the cracks." (Focus group, Watchfield)

Yarnton

Yarnton is a medium sized Oxfordshire village with historic buildings including Yarnton Manor and St Bartholomew's Church. There is a good range of community activities many operating out of the village hall and others making use of the ample green space. It is well connected by bus to nearby towns of Kidlington & Woodstock and the City of Oxford. A major expansion of housing is planned in and around the village, as part of a proposed build of 4,000 new houses between Begbroke, Kidlington and Yarnton over the next 20 years.



Yarnton Village Hall



Rutten Lane Park, Yarnton

Yarnton – key information

District: Cherwell

Population: 3227 (ONS 2021)

Nearest town or village:

- Kidlington (1 mile, nearest library and leisure centre, nearest secondary school, Keystone hub)
- Woodstock (4 miles, shops and secondary school)
- Oxford (6 miles, nearest hospital)

Key facilities and infrastructure (see asset mapping for full list)

Health	• Key Medical Practice (Yarnton surgery) • Westlake Pharmacy
Education	• William Fletcher Primary School, Yarnton
Housing	• Erdington House (Cresswell Close): A major extra care housing scheme in the village featuring 50 flats • Cassington Road: retirement housing with 23 bungalows • Yarnton Fields (Upcoming): A significant new development of 540 mixed-tenure homes is planned, with a minimum of 43% designated as affordable
Leisure & green space	• Two playing fields and playgrounds • Surrounded by local farmland and nearby woodland (e.g. Begbroke Wood) with a good number of local footpaths • Local clubs include bowls, gardening, football, netball, scouts, bridge, band • Red Lion pub
Business & employment	• Yarnton Home and Garden centre • Manufacturing and Engineering companies e.g. Oxford Metric • Residential and nursing care e.g. Yarnton Residential and Nursing Home
Transport links	• S3 bus (Oxford-Woodstock and Chipping Norton) and the 800 (Horspath Road-Yarnton),
Community spaces	• Yarnton Village Hall
Faith groups	• St Bartholomew's Church
Access to food	• Budgens (at the petrol station) • Co-op and Sainsbury's in Kidlington • North Oxfordshire Community Foodbank, Cherwell Larder in Kidlington



Yarnton Scout Hut



The Key Medical Practice, Yarnton

Key themes in Yarnton

Strengths and assets

- **Friendly**, family-oriented village

"It's quite a family-oriented village as well, which is great." (Focus group, Yarnton)

- **Community activities**

"Younger children are well catered for, and there's a strong WI." (Survey, Yarnton)

- Good **location**, close to Oxford as well as surrounding **countryside**

"I love how just sitting in the garden, it's like a nature reserve with all the birds and the hedgehog. We love living here and feel safe." (Focus group, Yarnton)

"So what I love about this place is that you're less than 4 miles from the centre of Oxford, but in the opposite direction, you're less than 4 miles to Blenheim Palace. So you get two very contrasting worlds where, you know, you've got the open space." (Focus group, Yarnton)

- Good **daytime bus services**
- **Potential** for Yarnton surgery building to be used for more community activities

"I think the Yarnton surgery is a lovely spot. It's quite an open, light and airy building. And I think if there was like a peer support group to maybe deal with loneliness for younger people or something like that, I think that would be really good." (Focus group, Yarnton)

Challenges and barriers

- **Barriers to accessing healthcare**, including being referred to Kidlington for GP or mental health (Keystone Hub) appointments despite poor public transport connections

"If you need a same day appointment, it would always be in Kidlington. So that was always a huge barrier for me to be able to access healthcare because there was never a bus and now there is one, but it's only once an hour and they often say, can you come in the next half an hour? And I'm like, no." (Focus group, Yarnton)

"I struggle to get appointments. I struggle to get through. I also struggle then, if it's an emergency appointment, getting to Kidlington, and I struggle booking in advance. I have to go on a waiting list to have my regular injection every 10 weeks." (Focus group, Yarnton)

- Sense that **infrastructure** has not been improved to keep up with **increased demand from housing developments** or been **planned in a joined-up way**

"I just think that's the issue with the infrastructure is that there's no kind of systemic thinking of this is the village, this is what's here, this is what's here. And you know, an advert for a house would say easily accessible to here, here, and here. Yes, but only if you power XY or Z." (Focus group, Yarnton)

- Challenges with **roadworks**, **poor pavements** and **speeding**, making it hard for people to travel around the village or access countryside walks, especially those using wheelchairs or mobility aids. People also raised the **difficulty of crossing the A44** and other busy roads to access services

"Some of the pavements, it's like being on a roller coaster and they're so bumpy, they've got potholes in and because I'm in constant pain, it really hurts. So then sometimes I think, am I strong enough to go out today? to go to Budgens or the chemist, and I shouldn't have to think that. And so a lot of the time I have to go on the road, partly because some of the drop kerbs are too high." (Focus group, Yarnton)

"I have to cross the A44 to get across to the garden centre [shops and café]. And it's quite scary, particularly being in a wheelchair, because the cars tend, when you press the button, the cars speed up rather than slow down so that they can get through before they have to stop. And they've almost felt like I've been blown away, you know, by the speed of it." (Focus group, Yarnton)

"The other thing is what we're currently experiencing is Cassington Road is cut off. This is the second time in under a year due to sewage works, water works, you name it, any kind of works. That road's been shut for at least a month and they don't inform you. I remember going to the bus stop, trying to get to work, and then just the bus doesn't turn up." (Focus group, Yarnton)

- **Lack of street lighting** made some people feel **unsafe** after dark

"There's roads that there's about two lampposts in or something and they're so dim. I would not walk down there on my own. There's no way on God's earth that I would walk down these roads on my own. Because it's so dark. And it's in the

winter, that's at 4pm. So if you're going round to the chemist, I think, oh, I've got to get my medication in the morning because it won't be safe for me to go around in the evening. And it shouldn't be like that." (Focus group, Yarnton)

- **Flooding** is a key local concern
- **Barriers to community interaction** – not everyone knows what is going on and some people feel **isolated**

"Of course, the people who are out living lonely don't report it very often and are hidden. And the way the village is laid out, you can be, there are large pockets with no common grounds." (Focus group, Yarnton)

- **Lack of activities for young people and younger adults** – and not enough **volunteers** to keep activities running

"Given the social demographics of this village, there are people unfortunately who can't afford to put their kids through that kind of, after school. So what is there for them? And, it just seems so unfair because there is nothing." (Focus group, Yarnton)

"We do have a problem with teenagers in the village. It's been long suspected they've got into the wrong crowd, drug dealing, and we've had situations in the village of drug taking. But that just stems from the fact that there's just nothing for teenagers." (Focus group, Yarnton)

"When I first came to Yarnton all those years ago, there was a youth club, very well supported, but in the end, there wasn't enough volunteers to keep it running." (Focus group, Yarnton)

- Concerns about the **impact of housing developments** on green spaces

"I think in terms of the location and the greenery around. I don't know how much of it is going to be left after development." (Focus group, Yarnton)

- A sense that residents are **not listened to** when they share their views (e.g. on housing development or flooding)

"It makes us very cross. And we were ones that were out with placards. We protested, stood on the A44 and [our MP] was with us. We went to meetings over in Banbury. They haven't taken into consideration that Spring Hill is called Spring Hill, basically because there's a spring up there and they're going to build all these houses. It's just ludicrous what they're going to do." (Focus group, Yarnton)

5. Experiences and views

We heard from many people who were passionate about their communities – both their strengths and the challenges they face. Each of the 14 places we heard about is unique, and those who live there have different and sometimes contradictory experiences and viewpoints. The nature of human diversity – but also of health inequalities – means that people’s experiences vary depending on where they live, their circumstances and life stage, and their relationship with the place. Although we heard about many strengths and assets for all of these places, some people face additional barriers to enjoying these. The changes many of the places are undergoing – through policies of austerity, economic change, new housing developments and demographic change – are also having an impact on how people experience a place’s strengths and challenges.

The sections that follow look at the overarching themes and what people told us about their health and wellbeing and how satisfied they are with the places where they live. We then look at the factors that underpin this and what people told us about them: the assets and services available locally; what is happening in their local community and opportunities to connect with others; how able people felt to influence decisions about their local area; the cost of living and its impact; travel and transport; housing; safety and crime; opportunities for work and training; health and care services; and other factors affecting people’s health and wellbeing. Throughout, quantitative results from the online survey are reported together with qualitative insight drawn from across the online, outreach and organisation surveys, in-person conversations and focus groups.

5.1. Health and wellbeing

In the online survey we asked people about their health status, how they look after their health and wellbeing and the challenges that make this more difficult.

Table 2 summarises self-reported health status of online survey participants.²⁴

Table 2. How healthy and well do you feel, both physically and mentally? (Online survey; 580 responses)

	Healthy	Okay	Not healthy	Total
Physical health	63%	25%	12%	100%
Mental health	72%	19%	9%	100%

Overall, most online survey participants reported being in good physical (63%) and mental health (72%). However, one quarter responded that their physical health was only “Okay” and 12% “Poor”, while one-fifth said their mental health was “Okay” and 9% “Poor”. This represents a substantial proportion of survey respondents who report moderate to poor health.

²⁴ Participants were asked to rate their physical and mental health on a 5-point scale, where 1=‘not healthy at all’ and 5=‘very healthy’. For the purposes of analysis and clarity, here we have combined responses of 1 and 2 as ‘not healthy’ and responses of 4 and 5 as ‘healthy’.

Further breakdown of the data showed considerable variation in reported health across locations (**Tables 3a** and **3b** below) and for selected socio-demographic characteristics (see **Table 15** in the Appendix).

Table 3a. Self-reported physical health status, by area (Online survey; 580 responses)

Place	Healthy	Okay	Not healthy	Total
Chalgrove	62%	26%	11%	100%
Charlbury	66%	24%	10%	100%
Chipping Norton	59%	22%	19%	100%
Cropredy	68%	22%	11%	100%
Deddington	68%	24%	8%	100%
Faringdon	48%	36%	17%	100%
Freeland	81%	13%	6%	100%
Heyford Park	67%	22%	11%	100%
Long Hanborough	68%	21%	12%	100%
Lower and Upper Heyford	71%	22%	7%	100%
Shrivenham	61%	35%	4%	100%
Sonning Common	60%	40%	0%	100%
Stanford in the Vale	54%	23%	23%	100%
Watchfield	71%	0%	29%	100%
Yarnton	54%	32%	15%	100%

Table 4b. Self-reported mental health status, by area (Online survey; 580 responses)

Place	Healthy	Okay	Not healthy	Total
Chalgrove	79%	11%	9%	100%
Charlbury	77%	19%	4%	100%
Chipping Norton	60%	25%	15%	100%
Cropredy	81%	11%	8%	100%
Deddington	78%	11%	11%	100%
Faringdon	60%	31%	10%	100%
Freeland	80%	13%	7%	100%
Heyford Park	56%	22%	22%	100%
Long Hanborough	76%	21%	3%	100%
Lower and Upper Heyford	83%	15%	2%	100%
Shrivenham	65%	17%	17%	100%
Sonning Common	93%	0%	7%	100%
Stanford in the Vale	74%	11%	15%	100%
Watchfield	64%	14%	21%	100%
Yarnton	56%	34%	10%	100%

The three places with the highest level of self-reported physical health people were Freeland (81%), Lower/Upper Heyford (71%), and Watchfield (71%).²⁵ In contrast, only around half of participants in Stanford in the Vale, Yarnton, and Faringdon assessed their physical health as good. Good self-reported mental health was highest in Sonning Common (93%), Lower/Upper Hayford (83%), and Cropredy (81%), and lowest in Chipping Norton (60%), Faringdon (60%), Heyford Park (56%; n=9), and Yarnton (56%).

Analysis by selected socio-demographic characteristics showed that people with a disability or a long-term health condition, people who are unemployed, and people experiencing financial hardship reported greater disparities in self-reported physical and mental health status than others. People in the 25-49 age group also reported worse physical health (19% 'Not healthy') than the other age groups, including the 80-or-over group (16% 'Not healthy'). Mental health in this age group also appeared much worse than older groups: 17% of 25-49-year-olds reported poor mental health compared to 4% of 65-79-year-olds and 2% of people aged 80 or over. Men reported moderately better physical and mental health than women.²⁶

People in financial hardship also experienced far worse health outcomes than wealthier groups. Three times as many in the 'not comfortable' group reported poor physical health compared to the 'comfortable' group (27% and 9%, respectively), and four times as many reported poor mental health (24% vs. 6%). Those who rated their health as 'okay' were also disproportionately from the 'not comfortable' group (40% physical health and 35% mental health vs. 20% and 14%, respectively). (See **Note 1, Appendix 1** for further detail.)

Participants were asked about the reasons for their current health situation. The range of factors contributing to positive health outcomes included individual factors such as a balanced lifestyle, self-motivation, and a positive outlook, as well as wider determinants. Qualitative responses suggested that people across demographic groups who considered themselves healthy, had access to practical, psychological, social, and environmental assets that supported their health of. These acted as protective 'assets' that allowed people to live a 'healthy' life.

Conversely, those who considered themselves unhealthy often faced additional barriers to looking after their health and wellbeing, including personal circumstances such as a long-term health condition or disability, but often strongly related to wider determinants of health such as income and cost of living, housing, transport and access to services.

We heard that for some people this had changed over time – for example as they got older, became unwell or as the cost of living has increased – meaning that some people had lost access to the protective mechanisms that helped them to stay well, and the seclusion and peace of living in a rural area now put them at risk of isolation. Again, this was often related to wider determinants such as the accessibility of the public realm, access to health and care services, public transport and cost of activities and services.

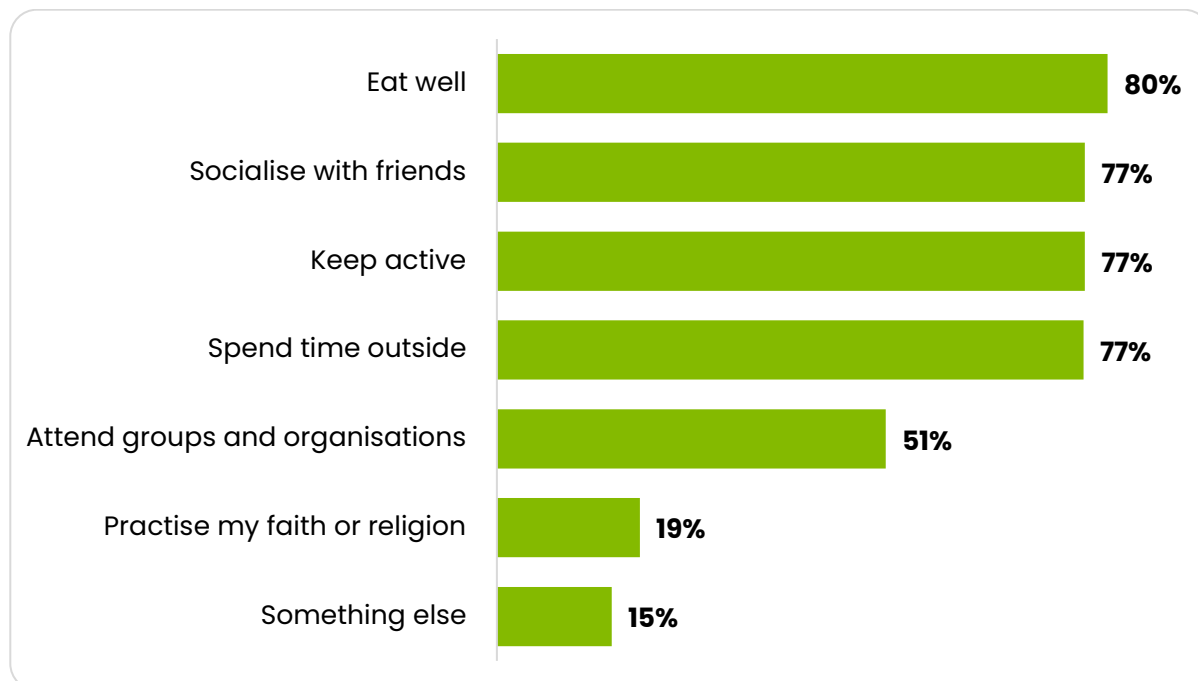
²⁵ 29% of Watchfield participants also reported poor physical health, although there were only 14 responses in total.

²⁶ Low response rates from people of other gender identities (e.g. non-binary) meant that it was not possible to include them in the analysis.

5.1.1. How do people look after their health and wellbeing?

Figure 6 shows what online survey participants said they do to look after their health and wellbeing.

Figure 6. What things do you do to look after yourself, and your health and wellbeing? (Online survey; 569 responses)



Note: participants were able to select more than one option

Online survey participants commonly reported taking care of their health by eating well (80%), socialising (77%), keeping active through sport and exercise, gardening, cycling, and walking (77%), and spending time outside. Attending groups and organisation events (51%) was also popular. Besides practising their faith or religion (19%), people identified a wide range of other influences and activities, including being with family, doing art and creative hobbies, learning and education, entertainment, music and singing, practicing mindfulness, beathing, and meditation, and volunteering. People largely focused on individual actions and attitudes, but these are underpinned by the wider determinants of health discussed throughout, including income, housing, access to affordable healthy food, and leisure facilities.

A common theme among healthy participants was engagement in health-promoting behaviours, including being active, exercising, eating healthily, and involvement in community life. These were frequently described by financially comfortable participants, although some people from less advantaged socio-demographic groups also mentioned them. For example, one person with a disability/long term condition said they:

“Eat healthy, exercise, garden, involved in village life, have hobbies/interests. Family nearby.” (Survey, woman, 65–79 years, Freeland)

Similarly, comments from some people in the ‘not financially comfortable’ group included:

"I exercise a lot, cook from scratch and have a good quality of life." (Survey, non-binary, 25-49 years, Chipping Norton)

"I exercise at least once a day and am happy in spite of employment difficulties." (Survey, man, 50-64 years, Charlbury)

Maintaining good health also meant being able to manage existing health conditions. Some people living with a disability or long-term condition described managing their condition themselves, or with support from health and care services and community groups.

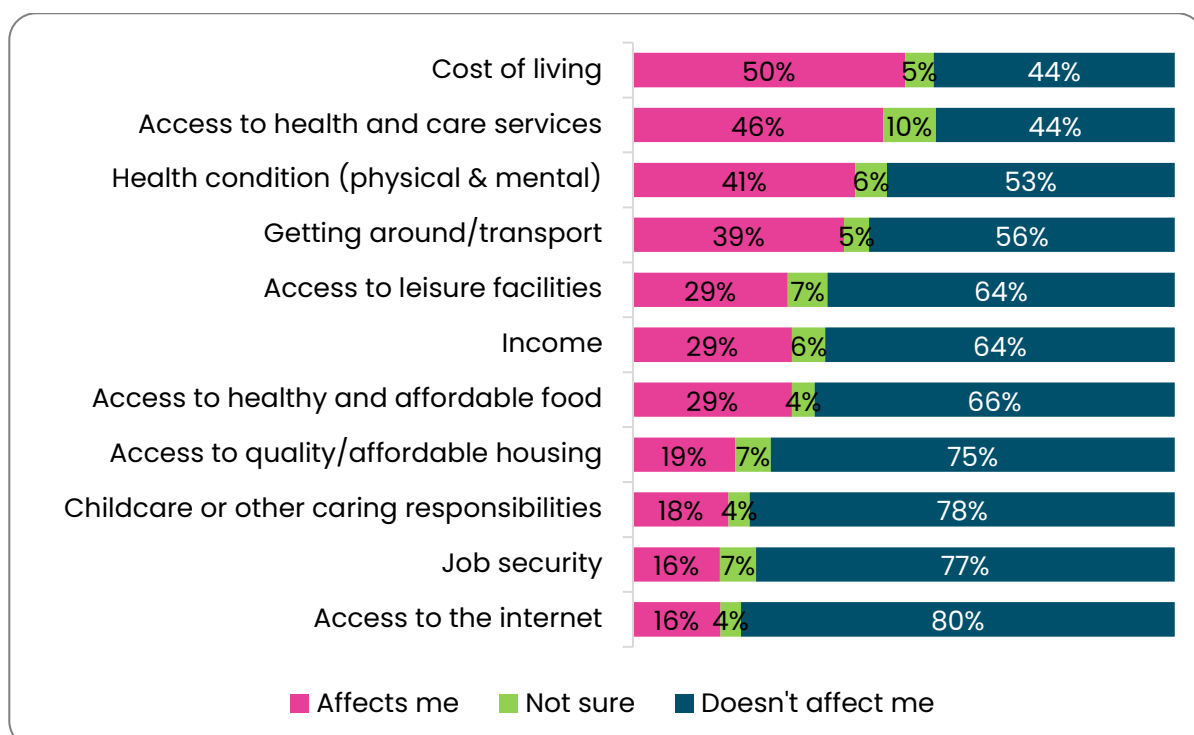
"I have [multiple] long term conditions but all well managed without medication due to diet and exercise etc." (Survey, woman, 65-79 years, Chalgrove)

"With heart, glaucoma, knees, hearing, I am well looked after by NHS. I think I still have sufficient numbers of working marbles to cope with any mental issues that might arise." (Survey, man, 65-79 years, Cropredy)

5.1.2. What challenges do people face in looking after their health and wellbeing?

Figure 7 below summarises the main challenges that affect online survey participants' ability to look after their health and wellbeing. Responses were categorised into three groups, depending on how much participants said they affected them.

Figure 7. Which of these challenges most affect your ability to look after yourself? (Online survey; 575 responses)



Note: participants were able to select more than one option

The most commonly reported challenges to self-care were the cost of living (50%), access to health and care services and support (46%), an existing health condition (41%), and the ability to travel around (39%). Travel and transport were a prominent challenge. A further 29% also said they were affected by income, access to leisure facilities such as the gym or a park, and access to healthy and affordable food. Access to quality or affordable housing, childcare or caring responsibilities, job security, and internet access also affected some people.

To understand the results in more detail, we analysed the four main items identified above in relation to selected socio-demographic characteristics. (See also **Table 7 and Note 2 in Appendix.**)

The results showed that working-age participants, women, people with a disability or long-term health condition, carers, unemployed people and in those in the 'other' category for employment, and people not financially comfortable consistently reported facing barriers in each of the four selected determinants. People with caring responsibilities for others told us about the impact that this had on their health and wellbeing – sometimes compounded by geographical isolation or lack of support from services.

"I am healthy, but I have a lot of caring responsibilities that are tiring and physical." (Survey, woman, 50–64 years, Charlbury)

"I have been caring for my husband (Alzheimer's disease) for over 3 years. This has taken a toll on my mental and physical health. He has now moved into a care home. Hopefully I will be able to regain my strength." (Survey, woman, 65–79 years, Charlbury)

"Tired parents of young children, lack of local family support, one parent with health condition." (Survey, woman, 25–49 years, Long Hanborough)

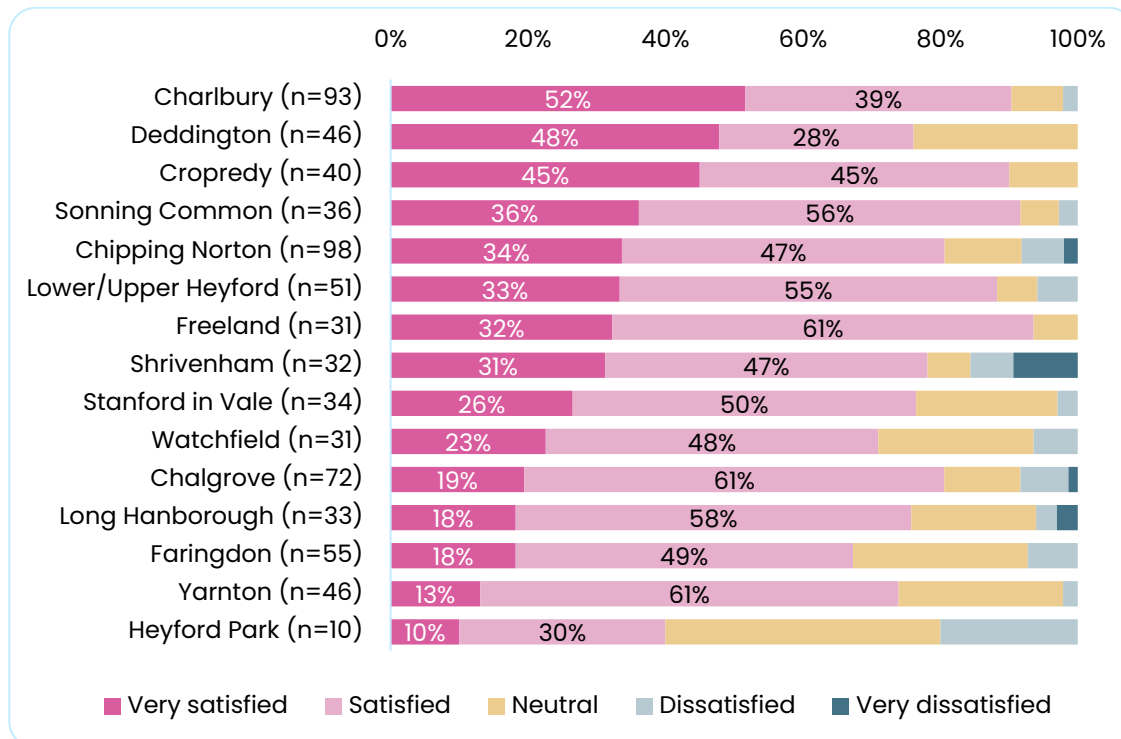
There was considerable variation in across the 14 places. Heyford Park appeared the most consistently affected area overall, with higher proportions of residents reporting cost of living (78%), health care access (68%), and transport (56%) as barriers to self-care. Watchfield showed similarly high levels of concern around cost of living (77%) and health care access (71%). Residents in Faringdon reported higher levels of difficulty with both health care access (56%) and health conditions (60%). In comparison, Freeland and Long Hanborough consistently reported lower levels across most indicators.

Self-reported financial situation showed the strongest and most consistent differences, with a substantial gap between the 'comfortable' and 'not comfortable' groups across all four variables. Cost of living represented the largest difference (92% not comfortable vs. 39% comfortable), followed by the challenge of having a physical or mental health condition (70% vs. 33%). This clearly demonstrates how people's ability to look after their health and wellbeing is compounded by financial hardship.

5.2. Satisfaction with the local area

Participants in both the online and outreach surveys were asked to rate their satisfaction with the place they lived in, on a scale from 'Very Dissatisfied' to 'Very satisfied'. **Figure 8** summarises the results.

Figure 8. How satisfied are you with the place where you live? (Online and outreach surveys, 708 responses)

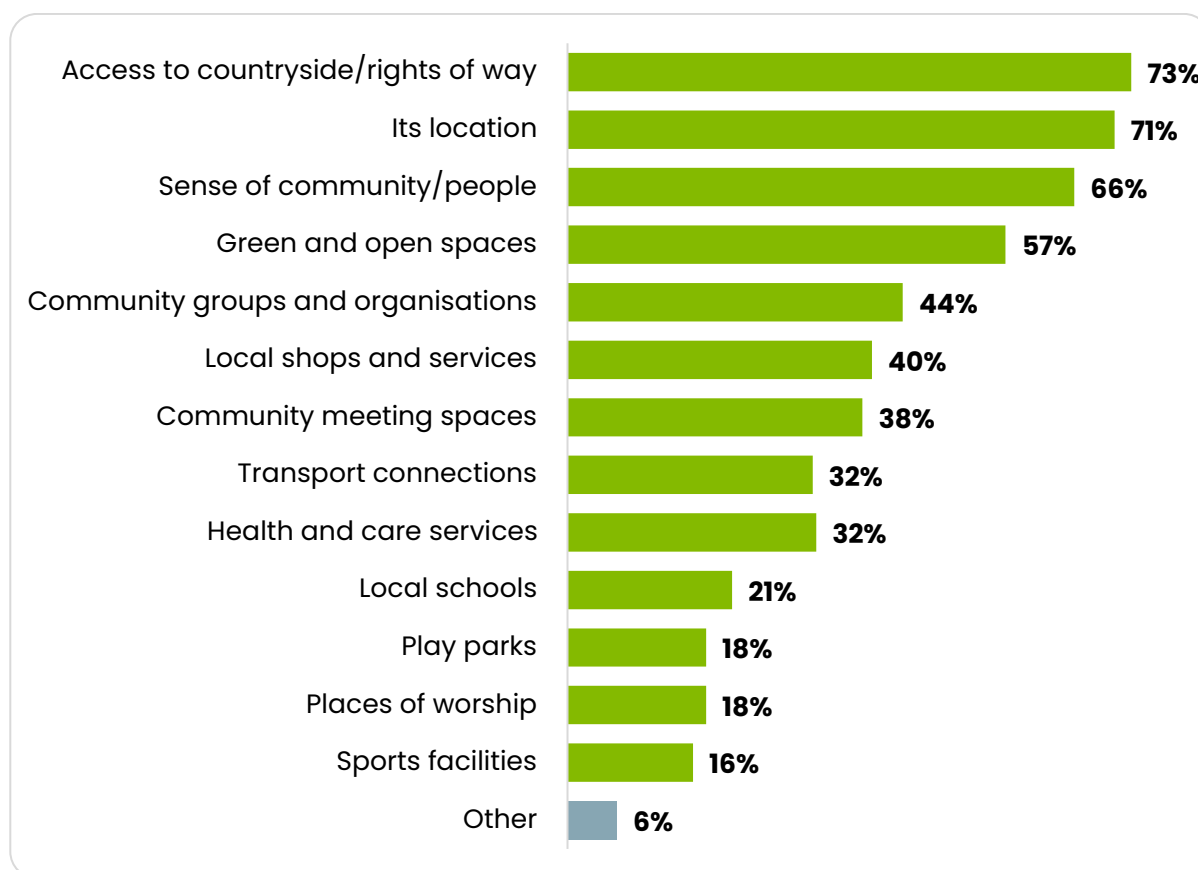


The results showed variation, though in most areas, more than 70% of people said they were 'satisfied' or 'very satisfied' with their place of residence. Participants in Charlbury, Cropredy, Freeland, Lower/Upper Heyford, and Sonning Common reported being most satisfied overall (i.e. more than 80% satisfied or very satisfied). Heyford Park, a new development, ranked the lowest, although there were only ten responses.

The online survey asked participants to identify what they most liked about living in their area (see **Figure 9** below). Respondents could select one or more options from a list, and could add any additional characteristics of their own.

Overall, participants across all areas highlighted access to the countryside and public rights of way (73%), location (71%), sense of community (66%), and green and open spaces (57%) as most likeable features. Fewer people selected local schools (21%), play parks (18%), places of worship (18%), and sports facilities (16%) which may reflect the demographic skew of participants towards older people.

Figure 9. What do you like most about living here? (online survey; 648 responses)



Note: participants were able to select more than one option

Qualitative responses suggested a diversity of opinion across communities. Positive comments focused on community spirit and belonging, location and proximity to nature, and local amenities and services where they existed. Negatives included the decline or loss of local services and businesses, over-development of new housing without the necessary infrastructure to support it, poor transport links, and a sense of isolation and disconnection.

“Fantastic village. Good services – [outdoor store], pharmacy, shops and post office. Access to countryside. Good access for travel. Local events and clubs. Friendly, good neighbours.” (Survey, woman, 50–64 years, Deddington)

“Pros: It is a lovely village, the people are friendly and I feel safe. There is a bus that goes into Oxford if you need to.

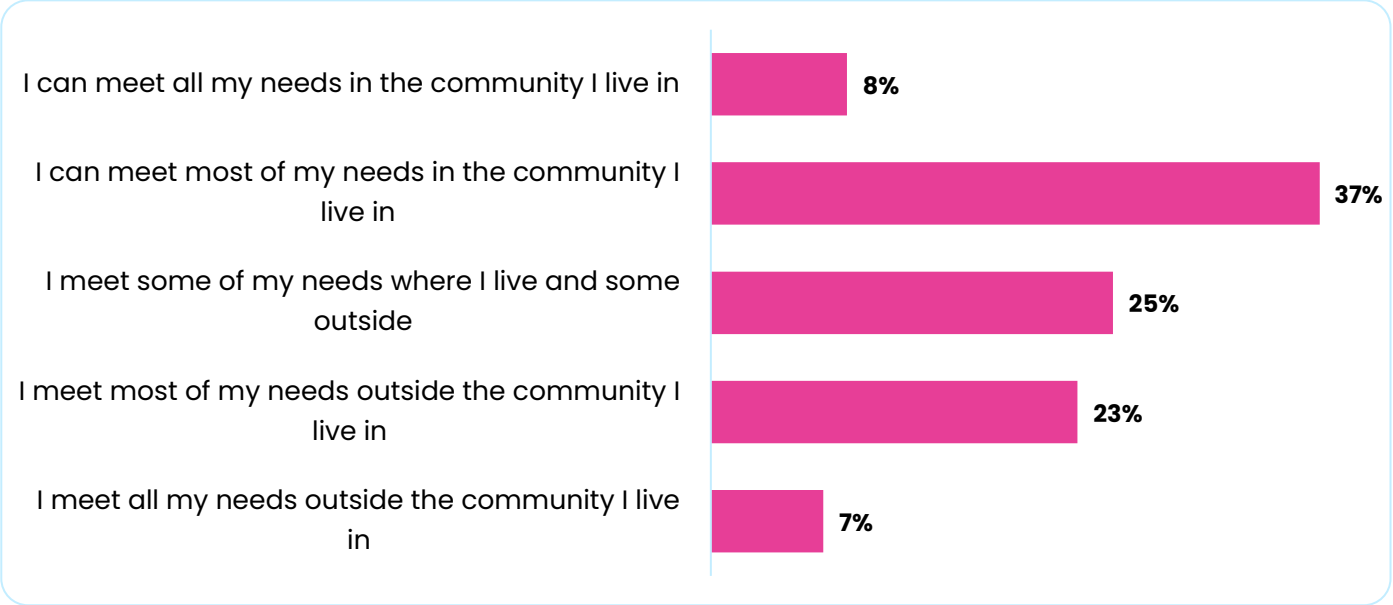
Cons: It is starting to feel overrun by new builds. High Street floods frequently. There is a GP surgery, which is great, but there are none of the following: no more post office as of 26 Jan 2026, no large grocery store (only convenience store), no gym. Although there is a bus, it’s one bus on one route. Most local places other than Oxford are only accessible by car (e.g. Benson, Wallingford, Reading etc). The bus also stops around 6:30pm, so you cannot go into Oxford for an evening, or work late in Oxford.” (Survey, woman, 25–49, Chalgrove)

“Nice people, good sanitation and everywhere is clean.” (Survey, 15–17-year-old, Chalgrove)

5.3. Local assets and access to services

Figure 10 summarises the proportion of online survey participants who can meet their daily needs (including shopping, healthcare, and socialising) within their community or whether they have to travel beyond the local community.

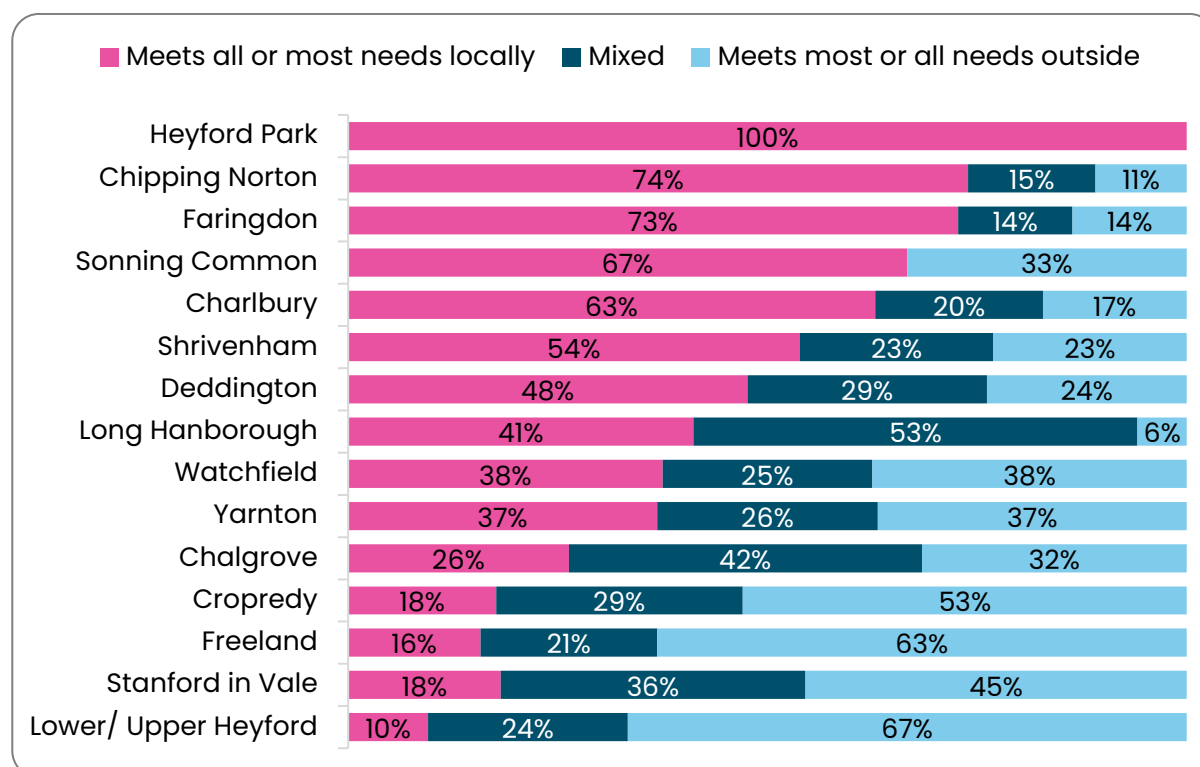
Figure 10. Where do you go to meet your daily needs? (Online survey; 275 responses)



Online survey participants reported mixed experiences. Around 45% said they could meet all or most of their needs in their community (8% and 37%, respectively), while one-quarter said they had to travel outside for some. A further 30% relied on external services for most (23%) or all (7%) of their daily needs. This highlights the importance of transport and travel – see **5.7. Transport and public realm** below.

Figure 11 summarises the breakdown of results by individual areas.

Figure 11. Access to daily needs, by place (Online survey; 275 responses)



Qualitative responses indicated that residents travelled outside their communities for various reasons. Most were for food and shopping, leisure and entertainment (e.g. restaurants, cinema, theatre, socialising), and health care (including hospital, GP, pharmacy, dentist, and eye care). Less common reasons included sport and exercise, transport links (i.e. train station), family and friends, work, and education. (See also 5.6. **Transport and travel** below for more insight into what makes it difficult for people to access facilities and services locally and further afield.)

We heard from most areas a sense of decline in services, with shops and businesses closing. People in Chalgrove highlighted the recent closure of their Post Office.

“Since they built the bypass, this town has gone quieter and quieter, the pubs shut, shops closing.” “It’s got quieter and quieter – not like it used to be, people all knew each other. Since the banks closed and supermarkets opened out of the centre, people don’t come into town anymore.” (Men’s health outreach, Faringdon)

“We have no facilities in Lower Heyford, pub is closed, no shops, no healthcare, no school, I have to travel out of the village (in my car as bus travel has reduced) to meet my daily needs.” (Survey, woman, 50–64, Lower Heyford)

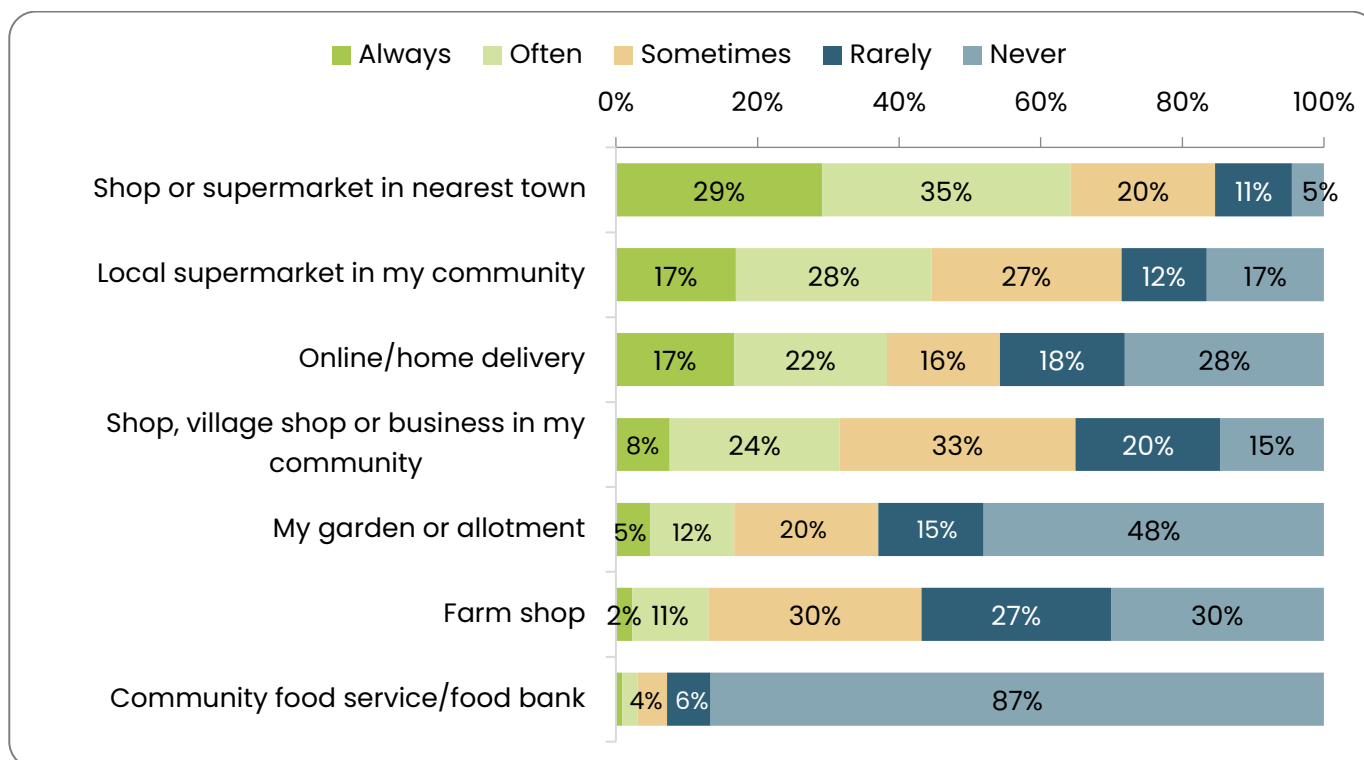
"I work away from Charlbury and given that many Charlbury shops are closed when I get back home, I need to access services elsewhere." (Survey, man, 65-79, Charlbury)

5.3.1. Access to healthy, affordable food

As noted by many participants, being able to access healthy, affordable food plays a key role in supporting people to look after their health and wellbeing.

Figure 12 summarises the locations online survey participants reported going to for obtaining food.

Figure 12. Where do you usually go to get the food that you need? (Online survey; 611 responses)



Note: participants were able to select more than one option

Online survey participants reported obtaining their food from various sources, both within the community and in nearby towns. The most common location was the nearest shop or supermarket (29% always, 25% often). Similar numbers used a local community supermarket (in most places a Co-op or small convenience store – often more costly than a larger supermarket) or online home delivery service, although many people also chose not to have home delivery or said they could not access the service. Smaller village shops – which vary between the places but are often more niche and/or luxury – were used more sparingly. A smaller number of participants had access to locally grown produce through their own allotments or a farm shop. Only 14 people (3%) reported commonly using a community food support service, such as a food bank, and 87% said they never use one – this likely reflects the bias in the survey towards people who are more financially comfortable, as well as stigma around using community food support services.

While many people were able to meet most needs in and around their local community, prices were often higher and some felt local shops catered to a more affluent demographic. (See also **5.5. Economic inequality and cost of Living** below.) Some people said they needed to travel farther distances for some goods and services. Those without access to their own transport or with poor access to local buses experienced greater difficulty accessing food (see also **5.6 Transport and public realm** below).

"It's pretty easy but you have to have a car to get to the proper supermarket. The small town shops are expensive." (Survey, woman, 25-49 years, Charlbury)

"Local shops are expensive and the bus service is insufficient, so I need a car to travel to the nearest supermarket." (Survey, woman, 50-64 years, Chalgrove)

"Slightly difficult to get some ingredients now Co-op has replaced several shelves with [branded] takeaway meals that are incredibly expensive." (Survey, 15-18-year-old, Charlbury)

"The shops are on the edge of the village and sometimes that makes it really difficult for older people to access them." (Focus group, Watchfield)

5.3.2. Exercise and leisure opportunities

Participants highlighted access to a variety of sport, exercise, and leisure activities as important and popular ways of improving health and wellbeing in the community. People also enjoyed accessing where they could the countryside around. These included a range of venues and activities such as sports facilities, swimming pool, martial arts clubs, gyms, walking, and Parkrun.

"Keep fit classes in the Hall." (Survey, woman, 65-79 years, Watchfield)

"There are many groups in the Village that help people. Football Clubs, Cricket Club, Walking Club and football and exercise classes. There is also free gym equipment in the park." (Survey, woman, 50-64 years, Chalgrove)

While sport, exercise, and leisure activities were widely valued, many participants noted a lack of availability or that they were unaffordable or difficult to access, meaning that only certain groups could benefit.

"The leisure centre is hard to book, you have to go on an app, see what places are available... its £5.40 for a swim, £4.60 if senior... it adds up, difficult to book as its dependent on the app." (Men's health outreach, Faringdon)

"Stress, busy lifestyle, no time to do something for me - have to travel far for a class." (Survey, woman, 25-49 years, Heyford Park)

“Facilities for outside sports could be better – there are football pitches for the club but no kickabout area for young people.” “What we’ve got at the moment aren’t adequate enough for the size of the village” (Focus group, Stanford in the Vale)

We also heard that exercise could be challenging for people living with long-term health conditions, perhaps reflecting a lack of accessible options.

“Have multiple health problems which makes life challenging. Find exercising difficult which impacts overall health.” (Survey, woman, 65–79 years, Freeland)

5.3.3. Location and access to green spaces

Some people highlighted how they valued nature and the environment in which they lived.

“Charlbury is a very calming place to live” (Survey, woman, 25–49 years, Charlbury)

“Because I can go walking and it's not all built up. There are big open fields and space.” (Survey, woman, 50–64 years, Lower/Upper Heyford)

Access to quality, accessible green space and nature has clear and evidenced benefits to health and wellbeing. People living in areas with higher access to greenspace tend to have higher life expectancy.²⁷

Residents and representatives of organisations valued the rural location and beautiful countryside of the study areas, as an asset to their health and wellbeing, as well as availability of green spaces, allotments, gardens, sports and leisure facilities within their communities. Proximity to accessible green spaces provide local people with opportunities to spend time outdoors, exercise, enjoy nature, and engage in a range of physical activities.

Many participants described enjoying walking and its benefits.

“Being rural also means walking is easy and enjoyable.” (Survey, woman, 65–79 years, Faringdon)

“The green spaces and verge to walk dogs in the community.” (Survey, woman, 18–24 years, Stanford in the Vale)

Although many places had access to the countryside, residents are often able to enjoy rural surroundings in their own neighbourhoods – although we also heard about the impact of poor pavements and lack of road crossings and footpaths on people’s ability to access green spaces (see 5.6. Transport and travel below).

²⁷ [The Health Foundation: 'Relationship between access to green space and health'](#).

“Making the most of what is around you – e.g. wildlife on walks and in the garden.” (Organisation representative, Oxford Health)

We also heard about the key role that community and voluntary organisations play in supporting people to make the most of access to green spaces and overcome barriers to enjoying them. For example, one local organisation – Farmability – provides structured, accessible outdoor and farm-based health and wellbeing activities for ‘co-farmers’ with learning disabilities.

“Good health and wellbeing in our groups is supported by – being outdoors, having purpose, sense of belonging and community, person centred approach to health, physical activity outdoors, gardening, healthy food, growing own food, positive relationships.” (Organisation representative, Farmability)

Other examples include Root and Branch, near Watchfield and Shrivenham, and Bridewell in West Oxfordshire, which provide therapeutic opportunities for people experiencing significant mental health challenges.

5.3.4. Lack of assets and services

Residents and organisations identified a broad shortage of local services and support as an important challenge for community residents. The decline and loss of facilities over time such as Sure Start centres, shops, post offices and other commercial establishments in rural areas and small towns such as Faringdon was described as disadvantaging some groups.

“The notion of easily accessible personal service has disappeared. And because you're rural, it's 10 times worse... The Branch is a good example, bringing citizen advice in, bringing all kinds of stuff in. So at least it's somebody that can help on some things. But we've lost one-stop shops, we've lost visitor centres, we've lost family hubs and banking... So, the notion of the personal help and service that goes with it when you're not literate and you're not digital is worse in rural areas.” (Focus group, Chipping Norton)

“We used to have a good range of shops here – a butchers, bakers, florists. Now you can't get everything here. The Post Office going is like a bank going.” (Focus group, Chalgrove)

“There's also a lack of health prevention generally. The children's centres were very good at supporting families.” “I struggled a lot when he was little and the Children's Centre in Kidlington where we were at the time was just absolutely brilliant”. (Charlbury Focus group)

An organisation representative pointed out the knock-on effect of inadequate community services and spaces on social interaction, including facilitating the integration of newcomers:

“Loss of informal community spaces (pubs, libraries, youth provision) reduces everyday contact.” (Organisation representative, Soha Housing)

This linked to the view many participants had about the lack of opportunities for young people, those who would benefit from physical activity and social support.

“Leisure centre prices for gym memberships and hiring the sports hall are extortionate and not appropriate for the teens and youth with very little to no income. Currently It costs £43.50 to hire the HALF the sports hall to play basketball which is ridiculous. The MUGA in the common has not been maintained or managed correctly with huge puddles forming during winter months on half the concrete making it unsafe for anyone trying to play games like football and impossible for people to dribble a basketball.” (Survey, 15–18-year-old, Chipping Norton)

“We do have a problem with teenagers in the village. It's been long suspected they've got into the wrong crowd, drug dealing, and we've had situations in the village of drug taking. But that just stems from the fact that there's just nothing for teenagers.” “When I first came to Yarnton all those years ago, there was a youth club, very well supported, but in the end, there wasn't enough volunteers to keep it running.” (Focus group, Yarnton)

We also heard about additional barriers to accessing support, particularly for those who are not online, for whom English is an additional language, or who have limited literacy skills.

“We run a help desk here [The Branch]. Last year we saw over 800 people. And the common themes are no digital literacy... **how do I access the health centre? How do I find out about my pension? How do I get my blue badge? How do I access housing?** All those things. So massive issues of digital literacy, **A, not having a device, B, not having access to Wi-Fi. Secondly, literacy.** So it's taken for granted that people can read and write. It's absolutely not the case. And I think that's, in rural areas, I think that is probably greater because I think there is less likelihood of that being picked up and then being able to access and what they need. We have a Traveller community [some of whom have limited literacy].” (Focus group, Chipping Norton)

5.4. Community, participation, and social connections

Many people told us of their appreciation for friendliness and community spirit in their local area.

“One thing I noticed as an incomer is that you very rarely pass someone in the street without saying “Hello” or even just smile. Normally complete strangers. It’s very rare that someone doesn’t acknowledge you and smile, and I just find that still, after all this time, phenomenal really. There’s something really small town about it and it’s really precious.” (Focus group, Faringdon)

Community groups and activities were highlighted as a major asset to residents’ health and wellbeing in all 14 places. They were broad in scope and were aimed at gathering community members together, for specific activities, general socialising, improving and maintaining community spaces and facilities, and informing local residents about community news, events, and resources. Importantly, they had in common an implicit or explicit aim of strengthening community connection and inclusivity, whether through a community newsletter delivered door-to-door, WhatsApp group, or organised social event.

Participants in each place spoke with pride of their community’s wide range of groups and activities. Charlbury residents, for example, shared a sense of pride in their town rooted in its vibrant community life and array of local groups.

“A varied social calendar; a community centre with a programme of sports and other activities...they are highly valued.” (Survey, woman, 65–79 years, Charlbury)

Participants explained that some groups were formed in response to a specific need or a focus on helping people. For example,

“In Covid we picked up how much some people are struggling, that’s when we started the football newsletter to help people feel in touch with others.” (Focus group, Chalgrove)

“The Community Workshop is there to provide a place where people who’ve maybe lost their partners and whatnot could come. Have a cup of coffee, have a biscuit, maybe do something, or maybe not, and just enjoy the craic, if you like. Both on the ladies’ side and the men’s side.” “We’ve had a couple of ladies who had suffered quite a bit in their lives, have come into the workshop and now they are changed people.” (Focus group, Charlbury)

We also heard from a representative of the Ukrainian community who had felt supported and empowered to set up something new:

“It’s such a welcoming space for new initiatives, openness for different people and different activities. The ability of community members to have an idea and

to get support. As a Ukrainian community we were inspired by Folly Fest and we organised Mavka Fest, it's also without external support, by community. It's great, empowerment of people." (Focus group, Faringdon)

A researcher also noted:

"The focus group discussion highlighted the value of different groups and organisations coming together. There was a desire to continue the conversation to identify other issues not covered and to look at how to address some of the issues raised round the circle. This is a very positive outcome." (Focus group, Charlbury)

5.4.1. Existing groups and activities in local communities

A stand-out theme in each of the fourteen places was the sheer number and diversity of local community groups and activities each town or village supports. These groups are not just about hobbies – they play a key role in directly and indirectly supporting people's physical and mental health and wellbeing. We also heard about many places where community groups and spaces are filling gaps in facilities and statutory services – such as Watchfield Village Hall hosting a mobile Post Office, Chalgrove Family Hub and the Branch in Chipping Norton.

Participants were asked to identify groups and activities in their areas and ones they felt were missing. Responses indicated a wide range of opportunities as well as perceived gaps. Categories included:

- **Existing groups and activities** (see **Appendix 2 – Asset Mapping** for full list)
 - Social and community groups (Women's Institute, book clubs, coffee mornings, University of the Third Age (U3A), choirs)
 - Sport and physical activity (football, yoga, Pilates, gym, walking, cycling)
 - Children and family groups (toddler groups, Scouts, youth clubs)
 - Arts and culture (music, theatre, art, history)
 - Volunteering and community action (eco groups, community support, local newsletters and magazines)
- **Gaps**
 - Activities for young people
 - Evening activities for working-age adults
 - Infrastructure and facilities (gyms, swimming pool, leisure centre, village hall, performance space)
 - Social spaces (cafés, informal meeting places)
 - Provision for families and children

- Support groups (older people, people with disability, health support, women's groups)
- Other activities and groups (craft, exercise)

- **Access barriers**

- Inadequate advertising and awareness – although most places have a free community newsletter with information about what is happening, people noted that this did not necessarily lead to participation, and highlighted that new residents were often in separate social media groups
- Timing of activities (daytime vs. evening)
- Transport / roads / safety concerns (see Transport and Public Realm below)
- Cost and access to venues – not all groups are free to attend, although people noted the value of subsidised access via schemes like MoveTogether and YouMove
- Social barriers (confidence, inclusivity across class and other factors, people feeling groups are “cliquey” or “not for people like me”)

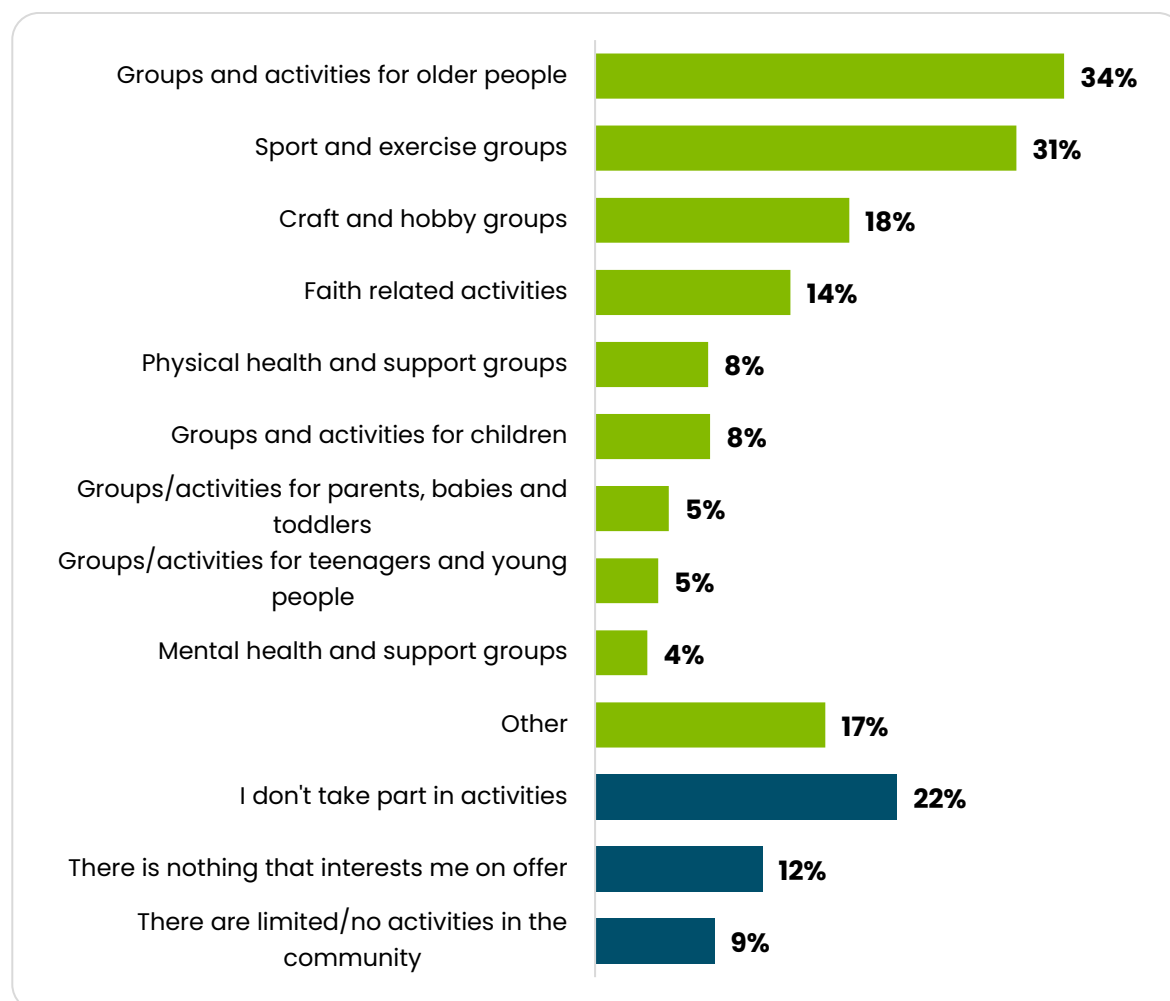
“WI [Women's Institute] but they meet in the afternoon excluding the likes of me who work – middle class ladies decided this therefore I had to cease attending.”
(Survey, woman, age not given, Deddington)

We heard about the importance of having physical infrastructure and space to support community groups – including village halls, churches, Scout huts and warm spaces. People told us about the strain that many groups and spaces are experiencing in terms of accessing funding and recruiting volunteers – we heard from many people who were proactively working on new ways to fund and staff their activities. For example, in Chalgrove, volunteers have set up a local lottery to help fund community activities.

5.4.2. Participation in community groups, classes, and activities

Figure 13 summarises the range of groups, classes, and activities that online survey participants reported taking part in in their communities.

*Figure 13. What groups, classes, or activities in your community do you participate in?
(Online survey; 633 responses)*



Note: participants were able to select more than one option

Online survey participants reported taking part in a range of groups and activities. Activity groups for older people, and sport and exercise groups were the commonest (34% and 31% respectively). Craft and hobby groups, and faith-related groups were the next most popular (18% and 14% respectively), while participation in groups and activities for young people and children was much lower. Only 4% of participants said they attended mental health support groups.

Groups and activities in the 'Other' category included a social and creative clubs (e.g. book clubs, choir, art), volunteer groups, and community action groups. Almost one-quarter (22%) of survey respondents said they did not participate in any activity, while 12% reported not finding any of interest or said there was a lack of groups or activities in their area (9%).

We heard – particularly from the very active volunteers and community members who tended to participate in our focus groups – a sense of the major social and economic change that many of the places have undergone. As there are fewer jobs within rural areas, but significantly more housing, some people had the sense that their town or village was becoming a 'dormitory' for people to commute from, and that this affected the extent to which some residents now wanted to participate in village life.

"I think there a core of people in the village who are pretty active but there's a whole bunch of other people who are not, it is a dormitory for people." (Focus group, the Heyfords)

5.4.3. Sustainability of community groups

There was also a focus on many village activities and events being held by a small, active, dedicated but often ageing group of volunteers – often who had run things for many years. Support is needed to help transition and sustainability, as people grow old, and new volunteers take over. There was discussion that it was more challenging to find volunteers to take responsibility, as many people nowadays are busy or working. There is a generational shift taking place, that may mean in future, sustaining activities may be a challenge without action.

"We've got the ideas – we need money and people." (Focus group, Chalgrove)

"Would be great to have some people initiatives – the challenge for us in a small community is it's an ageing community and it's the same faces who were always running clubs within the village. As these people get older and decide they've had enough, there's no one really stepping up to take their place so clubs fold or reduce activity – would be great to increase the pool of active volunteers. Would also like some funding for local initiatives, there are limited finances available to set up and run groups." (Focus group, Watchfield)

Funding and sustainability of voluntary sector groups and organisations was highlighted as priority among residents and organisation representatives.²⁸

"Funding is required to expand our service and provide an even better facility for our young people." (Survey, Chalgrove Youth Club)

"A key issue is funding, and a constant cycle of chasing the money for short term, often annual funding. These processes should be streamlined and funding terms extended to free up resource from logistics to allow volunteers to focus on their core work." (Survey, organisational representative, Community First Oxfordshire)

5.4.4. Challenges with community cohesion

We heard about challenges around community cohesion in some areas. These included difficulties for people living in new housing developments to get to know others in the local community, and sometimes tensions or lack of support for integration between long-standing residents and newcomers.

²⁸ Note that the new Lottery funded [Small and Mighty programme](#) is intended to improve infrastructure support for small and grassroots community organisations.

"A 'them and us' mentality has developed with the new developments – we've seen more antisocial behaviour, which isn't necessarily them but that seems to be the assumption. Some people have been happy with the welcome, others not so much. We try to be inclusive – we put everything on the Facebook noticeboard, but people might not be on there. We still hear 'We don't know what's going on', even though everyone gets the village magazine through their door, for free." "Everyone says hello to each other, it's common practice – but there are a lot of people now who don't do that." "When you're living here you're in it, but if you have people who move here but want to be somewhere else, they're not really in it." (Focus group, Chalgrove)

"I think there are pockets of the community where people get on really well, but not all of the village seems to be quite integrated." (Focus group, Watchfield)

We also heard about examples where people felt that groups or activities were not for them, which could contribute to isolation.

"I have no idea how to encourage those who do not have computer access or feel that they won't fit in because groups are made up of middle-class individuals. [...] Folk need to be needed, purposeful activities and made to feel worthy of being respected because of themselves not what they have in this life." (Survey, woman, age not given, Deddington)

"The area feels very different and like the sense of community in some areas is very fractured. So many activities etc are tailored to groups who can gather during the daytime, or who have certain incomes etc but if you don't fit in those groups, it can feel pretty lonely." (Survey, socio-economic information not given, Chipping Norton)

In Watchfield we heard about perceived inequalities between those who work at the Defence Academy and other military organisations, and therefore have access to its facilities such as community centre and leisure centre, and those who do not.

"The sad thing is half the village work at the Defence Academy and are able to access all of the facilities there, but the rest of the village can't, and this sometimes is divisive." (Focus group, Watchfield)

Watchfield and Shrivenham residents also spoke of concerns that had arisen when refugees had been temporarily housed in military accommodation – with a feeling that this decision needed to be made in conversation with the local community and with adequate support for building mutual understanding and integration.

“We weren't told about the Afghan resettlement scheme, it just happened – nobody thought to tell us who live in the village about it.” (Focus group, Watchfield)

“There have been lots of refugees placed locally – it did cause some animosity within the community though most of those families have now moved on. There were issues around misunderstanding around behaviour, language barriers and understanding from both sides.” (Focus group, Shrivenham)

We also heard about the key role the Migration Partnership and partners including Faringdon Community College have played in promoting cohesion and providing support for asylum seekers and refugees as they settle from Ukraine, Afghanistan, Hong Kong and elsewhere. Partners noted the need for **more ongoing and sustainable support in the long term**, for example professional support with children's mental health and trauma, education support, interpreting support for families, English lessons, and support with the complexity of dealing with different workstreams and funding for people arriving from different countries.

5.4.5. Loneliness and social isolation

Loneliness, and physical and social isolation were identified in a number of surveys and focus groups. Some considered the Covid-19 pandemic as a catalyst, diminishing confidence and usual social interaction in ways that have been slow to recover. We heard how access to community spaces, and the layout of housing developments could support or hinder community interaction.

“I think there are quite a few people who spend a lot of time on their own.”
(Focus group, the Heyfords)

“I think the pandemic sort of switched that, tipped that over into the people being afraid to join in and losing the habits of joining in. And I think that's been very slow to recover.” “Of course, the people who are out living lonely don't report it very often and are hidden. And the way the village is laid out, you can be, there are large pockets with no common grounds.” (Focus group, Yarnton)

“My hometown. Beautiful. Safe. Nice people. But is expensive and I'm isolated.”
(Survey, woman, 25–49 years, Chipping Norton)

As noted in the above excerpt, isolation is often hidden and self-reinforcing, whereby those most affected were less likely to be seen, reached, or seek support – for example for older residents and those with limited mobility.

“The Community Workshop is there to provide support, but it can be hard to reach everyone who might be lonely.” (Focus group, Charlbury)

We heard from people who were worried about being lonely or isolated, particularly for those getting older or managing the impacts of long-term health conditions or disability, or no longer able to drive.

"Bad back for 25 years, hips replaced, joint pain in fingers. All musculo-skeletal stuff and consequently depressed about that, getting older and being alone."
(Survey, man, 65–79 years, Yarnton)

"I have M.E/CFS, fibromyalgia, and many issues that affect my ability to work, socialise and get around." (Survey, woman, 25–49 years, Chipping Norton)

"I have been waiting for a very long time for a knee replacement so have been housebound quite a bit." (Survey, woman, 65–79 years, Chipping Norton)

Transport problems and the decline or difficulty accessing community spaces and services are likely to compound social isolation. Some organisational representatives noted the association between loneliness and mental health issues such as depression and anxiety, as well as the impact on wider social and economic activities.

"Isolation can also mean that residents have a more restricted range of job opportunities, leisure facilities, and support." (Organisation representative, Oxfordshire County Council)

5.4.6. Lack of provision for young people

Participants frequently pointed out the lack of groups and activities and meaningful engagement, including work experience for young people, particularly teenagers, which many viewed as a cause of persistent antisocial behaviour in some of their areas. Young people also highlighted the need for specific groups like girls' football or an LGBTQ+ support group. We heard about the positive difference it made when there were spaces, funding and support for young people – for example the Chalgrove Youth Club, which thanks to support from the Parish Council has its own space and is open four evenings a week.

"There is only one green space that has a covered area that teenagers to use, and there have been some problems there with teenagers dealing drugs, which lots of children won't go out there anymore or their parents won't let them."
(Focus group, Stanford in the Vale)

"There is one massive gaping hole in the groups. So there is nothing for young people that's free to access. And even the things that you pay for, it's extortionate. So, there is a huge group of people who are absolutely not being served... there is nothing free other than a youth club on a Friday night." (Focus group, Chipping Norton)

"I feel there is a huge gap missing for people aged 16–30. There is simply nothing to do. I would like to see some more organised sports and hobby clubs targeted towards young people, maybe like movie night or group barbecue." (Survey, 15–17-year-old, Chalgrove)

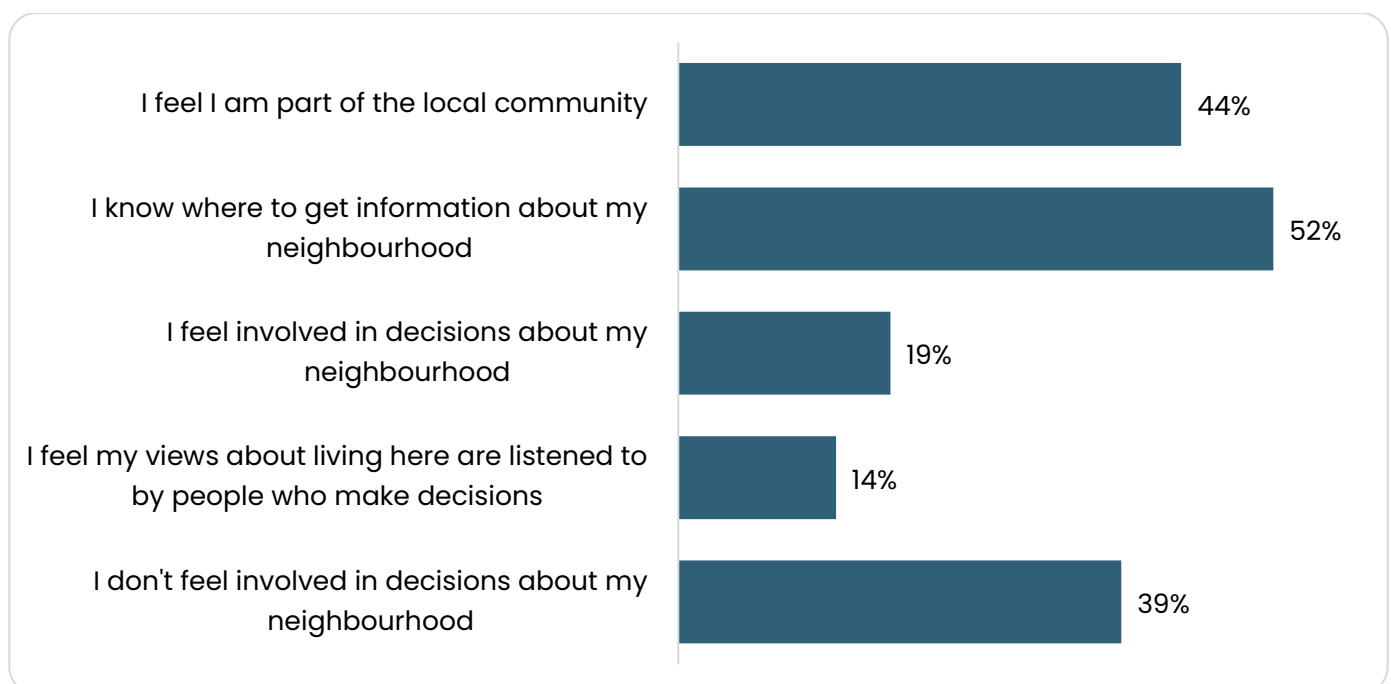
"We had new pool tables which has made a positive impact to the Youth Club." (Outreach, 15–17-year-old, Chalgrove)

"I like the community as everyone knows each other. Also, we have a youth club, and I am part of the youth town Council" (Survey, 15–17-year-old, Charlbury)

5.5. Involvement in decisions about the neighbourhood

Listening to and meaningfully engaging with local residents helps ensure that decisions and planning address local needs and build on what is already strong. We asked online survey participants and focus groups how involved they feel in decisions about their local area. Online survey responses are summarised in Figure 14.

Figure 14. How involved do you feel in decisions about your neighbourhood? (Online survey; 604 responses)



Note: participants were able to select more than one option

Overall, less than half of participants (44%) reported feeling part of their community and only 19% felt involved in neighbourhood decisions. More than half (52%) knew where to find information. 14% of respondents felt that their views were listened to by decision-makers.

Further breakdown of the data showed some clear patterns (see **Table 9, Appendix 1**). Sense of belonging in the community appeared to increase with age. While only 28% of 25–49-year-olds felt part of their community, this increased to 57% among residents aged 80 or over. This may reflect societal change over time and post-covid. Anecdotally, many of the older people we heard from had lived in the local area for a long time and had a deep sense of connection to the community, whereas younger people were more likely to have moved from elsewhere.

Women, people with a disability or long-term condition, carers, the unemployed, and people living in financial hardship reported feeling lower levels of belonging. Notably, only 26% of people living in financial hardship said they felt part of their community. Disparities in knowledge about where to find information followed the same pattern although were slightly smaller. Feelings of involvement in decisions and being listened to were low overall but fell to minimal levels among the most disadvantaged groups. Only 7% of working age participants, 6% of unemployed people, and 4% of those financially not comfortable felt that their views were listened to by decision-makers. We also heard from several young people who felt their views would not be listened to.

“There’s no opportunities to express my views and if there was, I don’t think they would be listened to.” (survey, 15–18-year-old, Chalgrove)

“A lot of decisions are made without the support of locals or suggestions from others are not always listened to.” (survey, 15–18-year-old, Charlbury)

These patterns suggest that **people whose health and wellbeing are most affected by local conditions at neighbourhood levels are those least likely to participate or have a say** in decisions that affect them.

“It’s OK us here saying, ‘yes, we have our voices heard,’ we’re quite connected in the community, quite capable. There are a lot of people who don’t think they’re entitled to a voice so they don’t come to meetings, they don’t take part in it, but they have those thoughts of what they would like, but maybe think, ‘Oh, decisions like that aren’t for me to make,’ or, ‘my family’s never been involved in things like that or it’s not our history, our culture to be involved in things like that’. And it’s those people that might have some really really good ideas, it’s just getting to them and getting them to attend things.” (Focus group, Sonning Common)

People in many of the 14 places said they did not feel they had a say in planning and housing development. Some reported submitting formal objections, which they felt were ignored, leading some to conclude that decisions were made prior to consultation. There was a sense for some people that infrastructure improvements had been promised and not delivered, or that there was a lack of clarity about how Section 106 funding had been spent.

"I have spent the last three or four years opposing the largest solar farm in Europe being built 250 metres from our house. I have spent a year trying to save our local ancient wood from destruction through poor management and development and I am now facing development plans for 600 houses 75 metres from our house and adjacent to the ancient wood. So no, I am not happy and I don't feel I am listened to by powerful people who make decisions." (Survey, socio-economic information not given, Long Hanborough)

"We haven't seen any of the section 106 money allocated for transport for the extra 250 houses in River Meadow. Where has that money gone? What has that been spent on?" (Focus group, Stanford in the Vale)

"There was a nine-day inspection inquiry, but everything got overturned. There's another 160 homes coming, it's not democratic." (Focus group, Chalgrove)

"They haven't listened to the rural communities around here". "You feel that you have no say in anything. Because our say is always taken as if we're NIMBYs". Things they were promised as part of the HP development haven't materialised like a GP surgery. There's no infrastructure in first." (Focus group, the Heyfords)

Other residents reported raising issues about the public realm – potholes, pavements, speed restrictions, and crossings – without results. Other examples included feeling unable to influence changes in health care provision, and public health planning such as community ladders or the local leisure strategy.

Some people felt that their Parish Council was better at listening and responding to local voices than decision-makers at district and county level – although we heard appreciation for active MPs and councillors at all levels. We heard a sense that some Parish Councils and voluntary organisations felt they had been left to keep crucial services running without much external support.

"We have 11 parish councillors that really listen to the community. But if you go any higher than that, absolutely not." (Focus group, Chalgrove)

People shared experiences of feeding into consultations but not seeing action afterwards.

"We had some very pretty plans shown to us about pedestrianising, with trees here and what have you." "It happened, and then you don't hear anything of it. They have a big event, invite everybody, and then it disappeared up there." "I think this was the council." "They might have decided not to do it, there might have been too much opposition to it." (Focus group, Sonning Common)

“There is no understanding at county level of how services are delivered in Chippy, which is why there was a local area coordinator. There was no consultation. We were just told we could have one. Or not have one.” (Focus group, Chipping Norton)

A sense of Oxford-centrism or urban-centrism was evident in some discussions, in terms of policies and infrastructure decisions aimed at urban contexts being applied to rural areas, or a lack of consideration of the specific needs of some towns and villages. This led to a feeling that rural communities and their needs were not properly considered in policy and funding decisions – or that the Parish Councils and community groups keeping services running were being taken for granted.

“It feels like rural communities are just not seen – everything is focused on Oxford. Like cycle lanes and cycle to work and all that – it’s all very well in Oxford but if you live here, it’s just not an option.” “It’s a square peg in a round hole, one size does not fit all – like when they built the new development, they used an ‘urban design’ which doesn’t work here!” (Focus group, Chalgrove)

“I am concerned at how often the District and County councils seem to forget the role of BSW ICB in delivering healthcare to Watchfield and Shrivenham. Examples include consulting the wrong ICB on major planning applications.” (Local councillor, Watchfield and Shrivenham)

“Trying to get funding for the smaller areas around, it seemed like a lot of the money was being sucked into Abingdon, in terms of the expenditure. Abingdon’s got a huge leisure centre and football pitches, there’s lots of stuff there.” (Focus group, Faringdon)

“We have volunteers doing all the jobs and carrying all the risks that professionals should be paid to do.” (Focus group, Chalgrove)

Those living in border areas noted confusion or lack of clarity about who was responsible for services and how to make their voices heard.

“There are surgeries where you can access your local representative (parish council) and we have made use of those, but to be honest, I am not sure where the boundaries are between what the parish council, the district or the county council provides. I have no real idea what the parish council does, it’s all a bit of a mystery. It does go back to the different boundaries and not being consistent. We have no clarity about who we should be talking to about different aspects of the services we use.” (Focus group, Shrivenham)

Participants said they wanted district and county councils, and health and care decision-makers to go out to their communities more, rather than expecting them to travel. They articulated a desire for more meaningful engagement and consultation and for their views to genuinely influence decisions. They also highlighted the fact that this project was generally focused on hearing from rural towns and larger villages – but does not capture the strengths and needs of Oxfordshire’s more rural villages, hamlets and farms.

5.6. Economic inequality and cost of living

Economic disparities are at the heart of health inequalities, and have been exacerbated by the ongoing rise in the cost of living. A person’s financial circumstances affect their ability to access many of the assets discussed in this report, or to overcome barriers – from being able to afford housing to paying for membership of local groups or pay for taxis to appointments.

5.8.1. Challenges around money and the cost of living

Half of online survey participants identified the cost of living as a challenge. Qualitative responses described rising costs of everyday needs, combined with incomes that had not kept pace. This meant that participants experiencing financial hardship were less able to afford goods and activities that support good health. Some described having to make choices between essential expenditure and buying healthy food or participating in sport and exercise.

“Faringdon socio economic wise is low down the ladder, a lot of people are struggling, you can judge by the size of the food bank (at council office), and Faringdon larder as well.” (Men’s health outreach, Faringdon)

“If you don’t have money, you can’t do many of these things to help [physical] health and mental health.” (Survey, woman 50–64, Charlbury)

“Our lower-income household, plus the cost of living can make buying healthy food more difficult and means we cannot pay for access to sports facilities (gym) or classes. We have 2 (soon to be 3) young children.” (Survey, woman, 25–49 years, Yarnton)

“Everything costs so much money. Health classes should be free for people with chronic health conditions. If I can’t work full time and therefore don’t have the financial means, also can’t claim any benefits, how can I attend?” (Survey, woman, 25–49, Faringdon)

“Cost of living – working long hours to afford basics and not having time or energy to exercise, socialise etc.” (Survey, woman, 19–24 years, Freeland)

Organisation representatives also noted the impact of financial pressures, particularly on the most vulnerable people:

“Rising food and energy prices forcing families to have to choose between which to afford.” (Organisation representative, Thrive)

Survey responses highlighted the compounding effect of cost of living and limited transport, which affected the ability of people in financial hardship to access shops and services.

“A lot of people know how to eat healthy however cannot access the healthy food because they can't get up to Aldi and it's the cheapest.” (Survey, woman, 25-49, Chipping Norton)

We heard how rising food poverty was affecting communities, and how some voluntary groups were trying to address this through running food banks, community larders, or offering food to young people during activities.

“A lot of kids who come to the Youth Club haven't eaten all day. We charge 20p to get in, and a lot of them don't have that. The youth workers feed them as much of a dinner as they can do.” (Focus group, Chalgrove)

Some participants reported that financial pressure had a negative effect on their psychological wellbeing, causing them to worry about their income and ability to meet everyday expenses.

We also heard how work pressures limited people's time for looking after their health and wellbeing. We had conversations reflecting on late presentation of acute health conditions, for example due to farm workers balancing seeking help versus managing constant pressures of running a rural business. One dairy farm worker for instance commented that they never seek health advice or care, but 'prefer to let nature take its course'.

“I'm a health professional in the frontline...need I say more?” (Survey, woman, 50-64 years, Deddington)

“Difficult to achieve when have to work long hours to afford food and essentials.” (Survey, woman, 19-24, Freeland)

5.8.2. Community support for basic needs and welfare

The role of community groups and organisations in supporting access to affordable, healthy food and other essential goods and services was a recurring theme across several places and central to supporting health and wellbeing.

“Accessibility and support with affording food, basic toiletries, shoes, uniform and bedding, creating higher self-esteem and improved school learning and attendance.” (Organisation representative, Thrive)

“... if you're in need, there are quite a lot of places you can go to...whether it's the Branch or Thrive or the Larder.” “Definitely the Branch. It's the Branch with everything you want. There's always somebody to advise you or help you or just give you a smile.” (Focus group, Chipping Norton)

An example was given of a relatively inexpensive and simple initiative to improve people's mobility and access to physical and social activities by making walkers available.

Residents identified community food larders as valued assets in Chipping Norton, the Heyfords, and Cropredy, because they provide open access without referral, and people can help themselves without feeling judged.

“It doesn't create any stigma.” (Focus group, Cropredy)

The Chipping Norton focus group noted that while affordable fresh groceries were available through the larder, people might face additional barriers around time and skills to prepare meals with them.

Participants from immigrant communities reported receiving support to settle in, navigate local services, and access health care. One participant said:

“The support I get from the drop-in centre they make appointments with the GP for me and the family. My children are happy they go to school here and in Faringdon, they have a bus pass. I get support with online access by coming to the drop in, they help me with appointments and housing.” (Survey, man, 25-49 years (Watchfield)

Some communities reported having informal community or faith-based welfare and support mechanisms in place. For example, Cropredy Welfare Trust offers grants for people in hardship or with urgent needs. However, focus group participants noted that it was rarely used despite doing their best to promote the fund, suggesting social stigma or other barriers to uptake. Some places also have community groups to address environmental challenges locally and beyond, such as EcoSoCo in Sonning Common and the Yarnton flood defence volunteers.

Some responses pointed to the importance of reaching out to people where they are rather than expecting them to seek support.

“We had an idea once to have some youth come and play Christmas songs in the community room because they physically can't get anywhere else.” (Focus group, Charlbury)

These examples illustrate how initiatives can reduce inequalities by providing access to basic goods and services necessary for health and wellbeing to people who would otherwise be excluded. However, while they are valued and fill

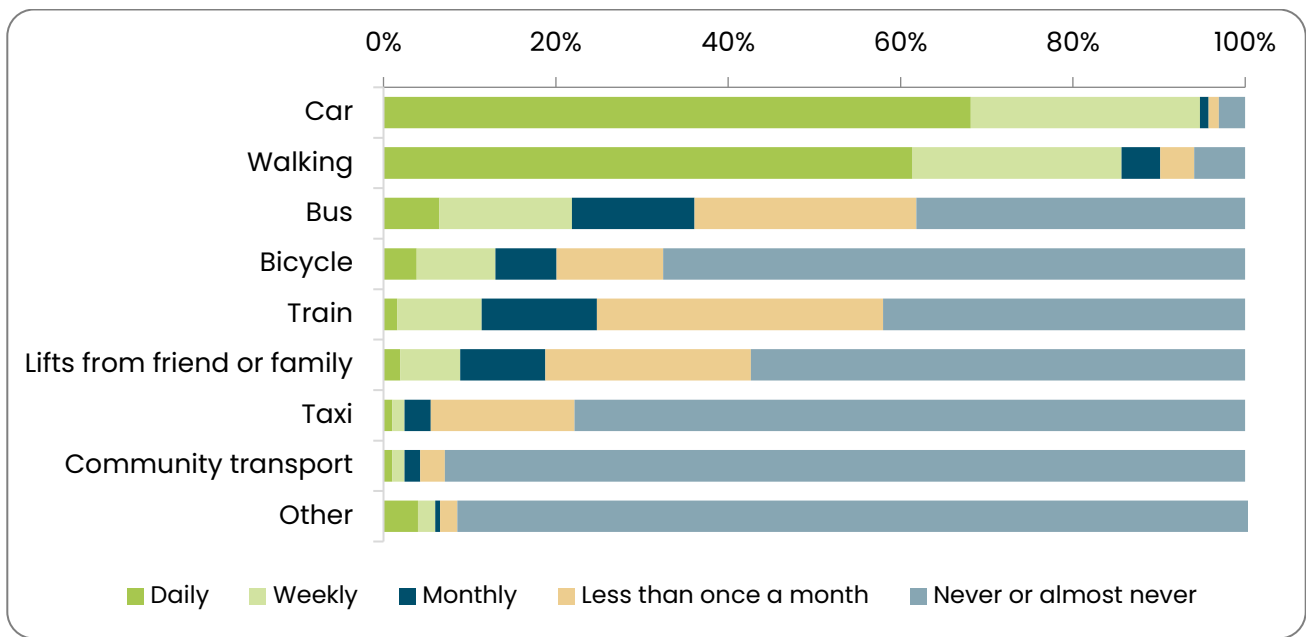
important gaps, their reach is limited and their sustainability depends on community awareness and volunteer availability.

5.7. Transport and public realm

Despite the wealth of assets and activities in each of the 14 places, as noted in 5.3. Local assets and access to services, most residents need to travel outside their local community to access the services and facilities they need. As a result, transport options and factors that facilitate travel or pose barriers are crucial to people’s ability to look after their health and wellbeing. We asked people about the transport they use and how easy they find it to travel around their local area and across the county.

Figure 15 shows modes of transport used by online survey participants.

Figure 15. How do you and your family usually get around the area? (Online survey; 613 responses)



Note: participants were able to select more than one option

Participants reported most frequently using a car or walking for getting around their areas. 68% used a car daily and 27% weekly, while 61% walked every day and 24% weekly. Although more than a third of people said they travelled by bus at least monthly, 38% said they never or almost never used buses. A small number of people used a bicycle on a daily (4%) or weekly (9%), two-thirds did not, especially the older age groups. Train travel, lifts from others, and taxis were used by some but infrequently. Other forms of transport were rarely used.

Travel data were disaggregated by disability/long term health condition, self-reported financial status, and age group (above 25 years only, due to low number of responses from younger people) (see Table 10, Appendix 1). Car use was fairly universal across all three groups. It was highest among 25–49 years olds (82%) but lower among older adults over 65 years, especially the 80 or over age group (44%) who are less likely to drive and use other forms of transport.

Use of public transport was also low overall across the groups. Despite the possibility that some people with a disability, elderly or long-term health

condition might not drive a car, 43% reported ‘never or almost never’ using buses. In contrast, older people in the 80+ age group were more likely to use buses (19%) – which may be linked to being able to use an older person’s bus pass, as well as factors such as bus routes and timings.

Daily walking was less common among poorer groups (51% vs. 67% of the ‘financially comfortable’) and people with a disability (54%) or long-term health condition (67%). These two groups, and the 80-or-over age group also reported higher rates of never walking compared to other groups, implying that poor mobility and financial hardship were related to lower walking rates.

Table 4 summarises data on reported ease of travel in and around online survey participants’ communities, their nearest town, and across Oxfordshire.

Table 5. How easy do you find it to travel? (Online survey; 605 responses)

	Difficult	Neither	Easy	Total
Into and around my community	16%	16%	69%	100%
Into and around my nearest town	21%	18%	61%	100%
Across Oxfordshire	35%	18%	46%	100%

Most participants reported finding it easy to travel in their local community (69%) and their nearest town (61%). However, more than one-third (35%) said it was difficult to travel across the county.

A breakdown of the data by selected socio-demographic characteristics revealed a pattern of inequalities: financial hardship and having a disability or long-term health condition, or older people no longer able to drive, affect people’s ability to travel, particularly beyond their local area (see **Table 11, Appendix 1**). Twice as many people with disability or a long-term condition, and people experiencing financial hardship said they found it difficult to travel in their local community (23% and 24%, respectively) than their counterpart groups (12% and 12%, respectively). Across age groups, 22% of 25–49-year-olds and 24% of 80+ year-olds also said it was difficult.

Similar patterns were observed in travel to the nearest town. 28% of people with disability or a long-term condition, and 35% of people experiencing financial hardship said they found it difficult, compared with 17% and 15% in their counterpart groups. 28% of 25–49-year-olds and 26% of 80+ year-olds said it was difficult.

Difficulty travelling across Oxfordshire was higher overall and also varied across groups. 43% of people with a disability or long-term condition (compared with 31% without), 45% in financial hardship (compared with 31% financially comfortable), 44% aged 25–49 and 40% aged 80 or over reported experiencing difficulty.

5.7.1. Public transport

Having accessible and connected transport to and from towns enabled people to meet daily needs essential for health, such as food shopping and health care, as well as for general wellbeing. A small number of participants described

benefiting from good public transport local routes. Older people benefited from being able to use an older person's bus pass.

"There's a decent bus service to Faringdon and Wantage every half hour through the day, which I can use for free. I look after my granddaughter twice a week so it's nice to be able to take her out for the afternoon on the bus." (Survey, woman, 65–79 years, Stanford in the Vale)

However, for most participants, bus services were described as infrequent, slow, and usually more expensive than driving. People faced challenges around:

- Being able to get a bus or train from a place that is accessible – especially as villages expand, and new developments are not always incorporated into bus routes
- Being able to get a bus or train that goes where you need to go – including towns and villages that people want to reach, but also having bus stops near key services such as GP surgeries
- Bus schedules – particularly limited services in evenings and weekends
- Cost of tickets – especially for families travelling together

There are often major bus and train routes link people to larger towns and cities like Reading, Oxford, Swindon and Banbury. However, we heard that many people would like to access services in nearer villages but struggle to do so because of limited public transport. For example, people in Chalgrove attend NHS dentists in Benson and Berinsfield, while for residents of Shrivenham and Watchfield, the nearest leisure centre and library are in Highworth, only 3 miles away – but there is no bus link. Many children in Deddington attend secondary school in Chipping Norton, but there is no bus service.

People also mentioned the ongoing Botley roadworks as barriers to accessing services in Oxford by public transport, particularly for those approaching the city from the west.

"If I need to go to JR on the bus, it's two buses and takes about 2 hours... Botley Road is closed so the bus stops before the bridge and then you have to get off and walk through to get another bus which goes all round the houses to get to hospital... Not great if you are not feeling well!" (Men's health outreach, Faringdon)

5.7.2. Community transport

Community transport schemes were valued and filled important gaps, particularly for older residents and those travelling to medical appointments. Examples include FISH in Sonning Common, Chalgrove Transport Service, and West Vale Mobility, Vale Community Impact which serves villages including Shrivenham and Watchfield. Wantage Town Council has recently launched the

'Wantage Flyer' in the town. These enable people who do not drive to attend health care appointments.

"The volunteer drivers take people to Benson, Berinsfield and Cowley for the dentist." (Focus group, Chalgrove)

Some participants felt that community transport services were not being utilised to their full potential and there was a need for better communication about services. However, others noted that sustainability was a concern – for example having a limited number of volunteer drivers. It was also noted that some people felt stigma associated with using volunteer transport.

"There is a local charity which will take people to appointments but sometimes feel there's a stigma attached to using local charities in this way." (Focus group, Watchfield)

Most areas are served by infrequent community bus services allowing residents to visit nearby market towns once or twice a week. A resident of the Heyfords mentioned that her elderly mother uses the Bicester Bee community minibus run by Ability Bus, which runs a service connecting villages in North Oxfordshire and Banbury and offers day trips and outings.

"She's 90 and she's really enjoying going out on that." (Focus group, the Heyfords)

Participants in Cropredy noted that their twice weekly Ability Bus had stopped running (although this is due to be partially replaced by a service run by Oxfordshire County Council, running once a week).

5.7.3. Barriers to active travel

Participants noted barriers to cycling and walking within and beyond their local community. These included uneven or poorly maintained pavements, a lack of crossings, fast, narrow and dangerous roads, potholes and flooding, a lack of cycle paths, and fast traffic. Dark winters exacerbate this.

We heard how the lack of a well-maintained footpath between Lower and Upper Heyford had contributed to a decline in cohesion between the two communities, and similarly, how a lack of a good quality footpath between Watchfield and Shrivenham limited Watchfield residents' ability to access services (e.g. GP and pharmacy) in the neighbouring village – as well as lack of connectivity between old and new build settlements in Stanford.

"We'd like some safe cycle and footpath routes especially towards Shrivenham and back to make it safe for people to be able to walk there and back or to cycle." (Focus group, Watchfield)

Faringdon residents mentioned the lack of a safe cycling route to schools and the leisure centre, while people in Stanford in the Vale also noted that it was not safe for children to cycle to school.

“Could do with more cycle paths – for example one running parallel to the A417 so that kids could cycle to school as it’s currently too dangerous to cycle on the road.” (Focus Group, Stanford in the Vale)

The impact was often experienced by more vulnerable people, including older people and residents who do not drive or do not have a car, carers, those with long-term health conditions and disabled people or those with mobility impairments who face difficulties navigating uneven pavements, slopes, and road with unsafe crossings – such as across the A44 in Yarnton. Poor paving infrastructure was a recurring theme.

“The council has provided walkers, and they give less mobile people a new lease of life as they can sit when tired and can therefore walk for longer. However, pavements can be a barrier to being more active.” (Focus group, Cropredy)

“The foot paths are really poorly designed so if you have a child in a pushchair/wheelchair or an elderly relative with physical disabilities the foot paths are hard to navigate and you have to really plan your foot paths routes beforehand.” (Survey, woman, 25–49 years, Chipping Norton)

“Some of the pavements, it’s like being on a roller coaster and they’re so bumpy, they’ve got potholes in and because I’m in constant pain, it really hurts. So then sometimes I think, ‘Am I strong enough to go out today, to go to Budgens or the chemist?’ and I shouldn’t have to think that.” (Focus group, Yarnton)

We also heard from some people that inadequate street lighting made them feel less safe walking alone at night (see **5.11 Perceptions of safety and crime** below).

5.7.4. Road maintenance and quality

Potholes were raised as an issue by people across all 14 places. We heard that this was a significant concern and very real barrier for people, particularly given the importance of being able to drive to access employment and key services. People were concerned about the potential damage to their cars and the frequent cost of fixing this, especially given the lack of alternative transport options. We also heard the impact and cost of potholes on NHS service delivery in rural areas.

“The A40 is a nightmare and impacts everyone around here. Potholes on the road are awful.” (Survey, woman, 65–79 years, Freeland)

“Potholes are a huge problem – 5 hits/punctures to one car in one year costing £150 per hit.” (Survey, woman, 25–49 years, Long Hanborough)

“Last year I lost two days of patient-facing time due to flat tyres from rural West Oxfordshire potholes.” (Oxford Health Community Therapy Service worker)



Potholes, rural Oxfordshire



Potholes in Charlbury

5.7.5. Parking

People told us that challenges around parking were affecting road safety and people’s ability to use pavements, for example making it less safe for children to walk to school.

“The centre of Faringdon is essentially a small mediaeval town, and parking is absolutely shocking. I came through town the other day and on one side of the road cars were parked bumper to bumper and on the other side, they were parked right over the pavement. If you’re trying to come up through town and you’ve got a buggy or you’re in a wheelchair, you can’t access the path.” (Focus group, Faringdon)

We also heard about the impact of parking problems on people’s ability to use local services and on local businesses.

“Parking in the central square has become impossible, and is now affecting local businesses, as it means people can’t park to drop in – this has got worse since the Oxford congestion restrictions, and now I think people use Deddington centre as it’s free to park, and then get the bus into Banbury or Oxford. It’s changed as cars are parked here all day long, and you don’t see them at

weekends. There needs to be restrictions on this as it is affecting local business and local people.” (Survey, woman, 50–64 years, Deddington)

5.7.6. Impact of barriers to travel

Participants from across the surveys and focus groups told us how barriers to travel also represent significant barriers to accessing work, services, and activities – and adversely affect those least likely to have a car: young people, older people and those experiencing financial hardship. People were often dependent on friends or family if they needed transport. Lack of public transport and safe active travel options also limited young people’s access to leisure facilities and activities – as well as education and jobs.

“So, for teenagers, unless your parents can drive them around, they can’t get anywhere. They should just be able to get on a bus to do things.” (Focus group, Stanford in the Vale)

“People who are unable to drive can struggle to access community resources that are beneficial for their mental health, such as peer support groups, volunteering, activity-based groups (e.g. arts and crafts, cooking etc.). They can become very isolated and if they are too unwell to work, will often lack structure and meaningful activity in their lives.” (Organisation representative, Oxford Health – Adult Mental Health Team)

“I have to drive to do anything. My gym is a 30-minute drive away, so takes at least two hours out of my day and often more.” (Survey, 15–18-year-old, Chalgrove)

Transport and travel to health and care services were widely cited in the survey and focus groups as **obstacles to accessing health services** – important insight in the context of the wider policy focus on Neighbourhood Health, Integrated Neighbourhood Teams (INT) and moves to delivering ‘care closer to home’.

Residents from several communities reported having to travel outside their community, either because appointments at their local GP practice were quickly taken or because there was no local practice. Several places, including Stanford in the Vale, Watchfield, and the Heyfords, do not have a GP practice and patients are registered in neighbouring areas, having to travel for appointments. Attending appointments requires access to transport, which presented a substantial challenge residents without access to personal transport or who do not drive.²⁹

“Only 1 GP Practice, 1 small pharmacy, limited access to diagnostic services /pathology – no dentists in the area. Unsure [about] the support for the elderly

²⁹ See also [Oxfordshire Pharmaceutical Needs Assessment 2025](#) including analysis of travel time to pharmacies

but I frequently see social media posts of requests for prescription pick-ups and transport to Greater Western Hospital and JR- No direct bus services to hospitals.” (Survey, man, 65–79 years, Watchfield)

Participants sometimes reported being given health care appointments at services that were not close to their residence – with significant cost and time implications. This meant longer journeys by public transport or the need to drive and find parking, which costs money and is not always easy. Some participants said that they were able to negotiate alternative appointments at a closer location or later date, although this relied on a level of awareness and confidence.

“Last year we had one family that had to travel 273 miles a week if they were going to access all their mental health supports” (Focus group, Chipping Norton)

“CAMHS – I don't like how far away it is as we have to go all the way to Banbury for it.” (Survey, 15–18-year-old, Charlbury)

“We had a mobile [screening] unit at the health centre a few years ago, but this year I had a letter saying we had to travel to Royal Berks. I was going to go on the bus, but I didn't want to be late, so I ended up driving there and then of course you're panicked about not being able to park there.” (Focus group, Sonning Common)

Some villages do not have a bus service or have limited services that either do not have routes where residents' GP practices are located or do not stop near a health centre or hospital.

“Anything medical is not available by bus.” (Focus group, Chalgrove)

“There is no bus anymore to Witney for Witney Hospital (x ray) so have to go elsewhere... There were more health facilities here until about 10 years ago. There is the Faringdon community bus but that is just around town to the shops and run by volunteers...” (Men's health outreach, Faringdon)

Patients who do not drive relied on other people, family or neighbours, or had to take multiple bus journeys or taxis.

“No local GP. They have to go to Deddington. No bus service to Deddington. “If push came to shove, I'd have to pay for a taxi.” (Focus group, the Heyfords)

"I had to end up going to Wantage to have my wife drive to clinic.... but I spoke to one women who had to travel by taxi for her eye test at Wantage and it cost her £36 in taxis because she couldn't drive." (Men's health outreach, Faringdon)

Participants were frustrated with limited public transport routes and frequency for attending medical appointments. It rarely met their needs, and some described the disruption and inconvenient they experienced.

"If I have a hospital appointment, as a non-driver my heart sinks, because that's a whole day off work. The last bus is at 6.30pm, so if you have an afternoon appointment you might miss it and have to get a taxi." (Focus group, Chalgrove)

We recorded a similar experience recounted by a disabled local resident:

The nearest doctor's surgery is either Faringdon or Wantage – so transport can be an issue. And the bus service to Wantage doesn't drop off near the surgery on Mably Way. A lady who uses a wheelchair said she could get a bus into the town centre of Wantage but then needed to get out to the health centre. "If my husband didn't drive, I'd have to rely on the volunteer drivers" (Focus group, Stanford in the Vale)

Although travel to future GP appointments can be planned in advance, limited public transport made urgent appointments very difficult to access.

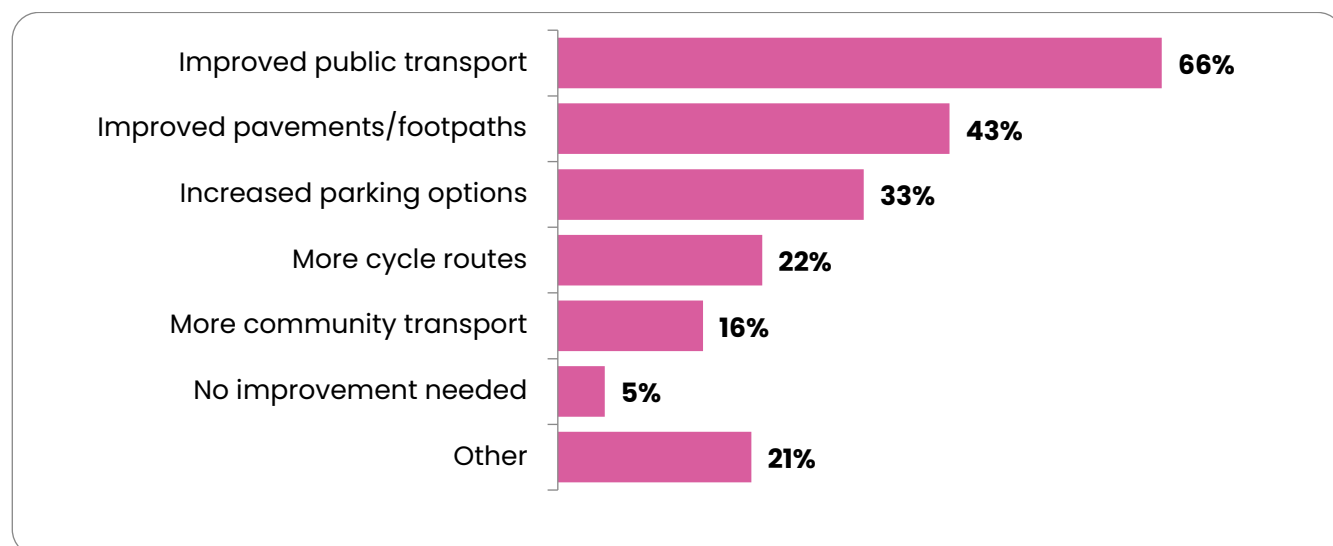
"If you need a same day appointment, it would always be in Kidlington. So that was always a huge barrier for me to be able to access healthcare because there was never a bus, and now there is one but it's only once an hour and they often say, can you come in the next half an hour? And I'm like, no." (Focus group, Yarnton)

Community transport provides an invaluable service in some villages by filling public transport gaps, although services are also limited. Given these difficulties, some participants reported having to use alternative arrangements, including requesting health care appointments at certain times or when someone was available drive them, and using community transport. Some participants also chose to drive themselves although many preferred not to and, if they were receiving treatment, could not. Some people were unable or reluctant to drive after dark (for example people with cataracts), limiting their access to services in the winter months. A number of participants described finding it difficult and expensive to park at health facilities. Lack of transport options have costly implications, and differential impact on those without cars, elderly, carers, disabled, those with learning disabilities, of on low incomes.

5.7.7. Potential improvements to travel

The online survey asked participants for their views on what would help them travel around their local area (**Figure 16**). The most popular response was improved public transport (387 people, 66%) – suggesting that increasing public transport use relies on improving provision. Other popular responses were improvement pavements or footpaths (251 people, 43%) and increased parking options (196 people, 33%). We also heard about the positive impact of projects like Farcycles in Faringdon in supporting people into active travel.

Figure 16. What would make it easier for you to get around your area? (Online survey; 589 responses)



Note: participants were able to select more than one option.

Other suggestions included fixing potholes, and better infrastructure to support safe walking and cycling, such as bike racks next to bus stops, and cycle routes.

5.8. Internet and mobile signal

While digital exclusion is not unique to rural areas, geographical isolation, poor mobile signal and internet services represent an added barrier. We also heard how this negatively affected the ability of health and care professionals to care for people in their own homes. We also heard how poor connectivity impacts being able to receive call back from GP and others, with people having to stay near a landline all day in anticipation of a call.³⁰

“Poor mobile phone connectivity in even quite large villages (e.g. Freeland) mean patchy access to electronic patient notes when on home visits and also pose safety issues if patients/family are threatening staff. Also, present difficulty with escalating concerns about a deteriorating patient.” (Oxford Health Community Therapy Service worker in West Oxfordshire)

³⁰ See: Healthwatch Oxfordshire Enter and View report for example on White Horse Medical Practice, and Digital Access reports

5.9. Flooding

We heard about the impact of flooding in Chalgrove, Yarnton, Deddington and Stanford in the Vale. People highlighted the effect of flooding on residents' ability to travel across the county – for example, getting to work, for children from Stanford in the Vale to be able to get to and from school in Wantage – and for key workers to be able to reach services.

"We couldn't run [the children's centre] because our staff member couldn't get through from Abingdon." (Focus group, Chalgrove)

"The issue is if it floods badly the bus can't get through." "Sometimes you can't get out, or sometimes if it rains while you're out you might not be able to get back in." (Focus group, Stanford in the Vale)

In Chalgrove, where the village experiences flooding, this can directly affect people's health and wellbeing. Residents told us about the work of a voluntary Flood Alleviation Group to maintain drains and reduce flooding risk.

"We have the Chalgrove Flood Alleviation Group to maintain drains – the Environment Agency won't do it. We go in with chainsaws and clear branches and anything that could block the drains." "This winter there wasn't any flooding and I think it's largely thanks to the volunteers." (Focus group, Chalgrove)

"It has such an impact on people – they can't get insurance, they worry, I know people who can't sleep if it's raining, and one couple who won't go away on holiday together, one has to stay with the house." (Focus group, Chalgrove)

People raised concerns that new housing developments would exacerbate flood risk by putting pressure on already limited sewerage systems and increasing runoff.

"The big worry with [new housing] is the lack of foresight when building does go in and culverts are filled in, covered up." (Focus group, Yarnton)

5.10. Housing and living situation

Where people live can have a significant impact on their health and wellbeing – including their living environment, their housing security, and how much of their income they have to spend on rent or a mortgage.

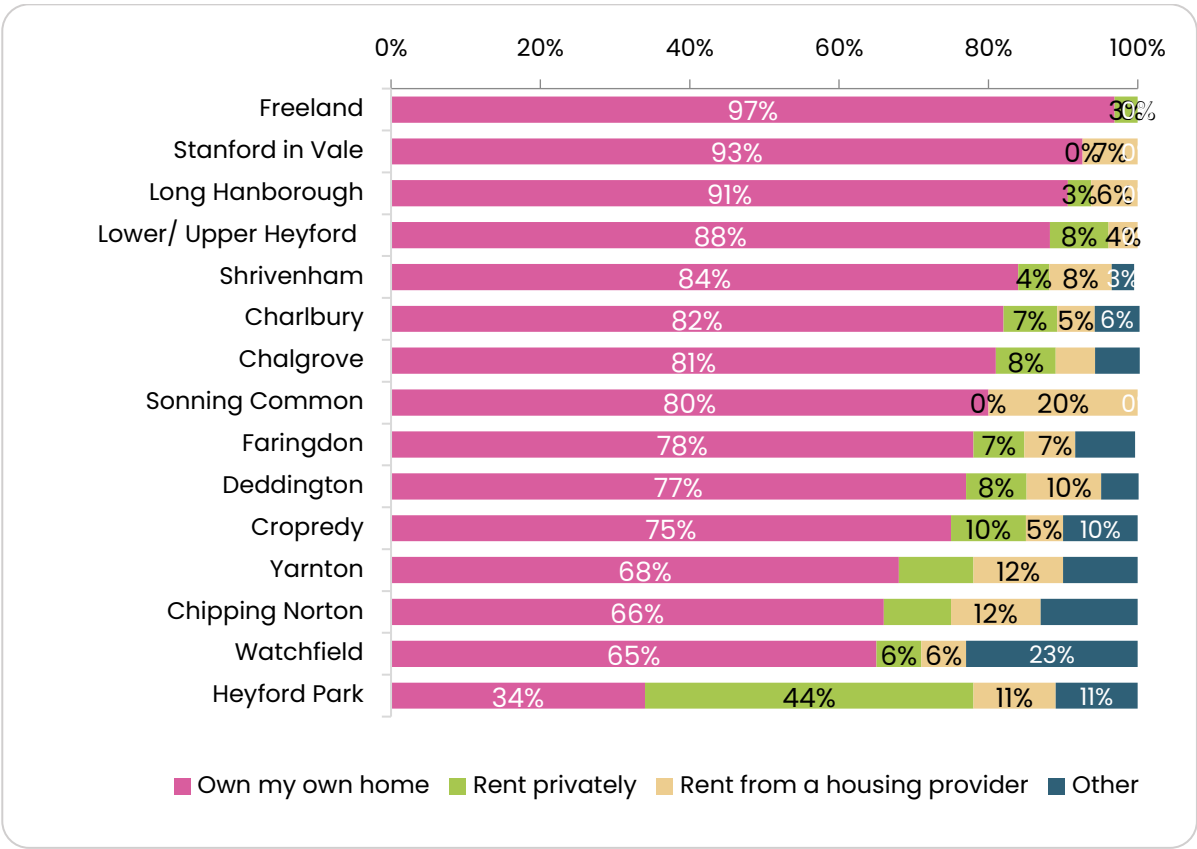
5.10.1. Housing tenure

Overall, 78% of online survey participants across the 14 places reported owning their home, with fewer renting (8% from a housing provider, 7% privately). Other arrangements (7%) included sheltered or supported housing, military

accommodation, shared ownership, living with parents or another relative, and Ukrainian refugees living with a host family (data not shown).

Figure 17 summarises housing tenure of online survey participants by place.

Figure 17. Housing tenure by place (Online survey; 611 responses)



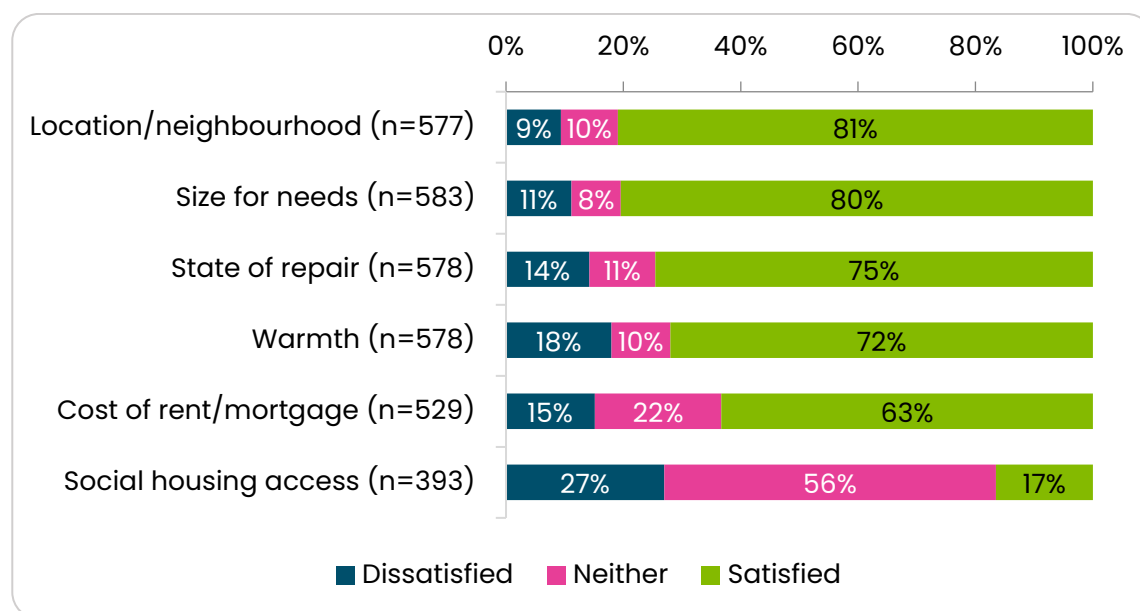
In three areas, more than 90% of participants reported owning their home: Freeland (97%), Stanford in the Vale (93%), and Long Hanborough (91%) Only 34% of Heyford Park’s residents said they owned their home (noting the low number of responses, n=9).

5.10.2. Satisfaction with housing

Online survey participants were asked about their satisfaction with six housing aspects: cost of rent or mortgage; access to social or affordable housing; location or neighbourhood; adequacy of size for needs; state of repair; and warmth. For ease of interpretation, satisfaction categories were collapsed into three levels: dissatisfied, neither, and satisfied.³¹ The results are shown in Figure 18 below.

³¹ Full tables can be found in the Appendix.

Figure 18. How satisfied are you with your housing? (Online survey; 650 responses)



The figure suggests that most people who responded to our survey were satisfied with key aspects of their housing. Location and adequacy of property size were highest (81% and 80% satisfied, respectively). State of repair and warmth were also high (75% and 72%) but satisfaction with costs was lower (63%). The most notable outlier was access to social or affordable housing, with only 17% satisfaction, reflecting the mix of housing tenure represented among survey participants.

Patterns of satisfaction were examined across the six housing aspects by housing tenure and self-reported financial situation (see **Tables 12 and 13, Appendix 1**). A consistent pattern (except for access to social housing) was that homeowners and financially comfortable participants reported greater satisfaction and lower dissatisfaction than other groups. Those renting from housing providers and the financially less comfortable experienced the most dissatisfaction. Access to social housing revealed a mixed pattern: while half of private renters and people with other/varied tenure were dissatisfied, most housing provider renters said they were satisfied. While the majority of both comfortable and not comfortable financial groups had a neutral opinion on access to social housing, twice the number of not comfortable were dissatisfied than comfortable.

These patterns might reflect the greater financial security and quality of housing associated with home ownership and the relative disadvantage experienced by renters, especially those in social housing.

Qualitative responses demonstrated two key issues around housing:

- **a lack of social and affordable housing**, the precarity experienced by those who cannot afford to buy their own home, and a concern that not enough social housing is planned in new developments
- **issues with housing quality**, particularly for those renting from housing providers (social housing).

People highlighted the challenges caused by high housing costs and inadequate provision of social housing.

“We are in a new build, which was shared ownership as it was the only way we could get onto the housing ladder. It doesn’t have a big enough garden for my needs really (but none of the new builds do). We would love to stay in the village and size up our house, but it is incredibly expensive, even the older houses that need work doing to them are out of our price range.” (Survey, homeowner, Shrivenham)

“We have three children [some of whom have special education needs]. They require their own space, but we are lowly scored for a four-bedroom home and having to cope with only three rooms.” (Survey, person renting from housing provider, Long Hanborough)

Participants in the Charlbury focus group commented that the lack of affordable housing was worsened by the rise in properties bought to rent out as Airbnb’s (possibly linked to its popularity as a Cotswolds tourist destination and proximity to other hotspots such as Diddly Squat Farm etc). As a result, increasingly, young people who have grown up in the area can no longer afford to stay.

“It means that people who are born and grown up here then can’t necessarily afford to stay and move out”. (Focus group, Charlbury)

“Not my house and very little chance of me being able to have my own home here either.” (Survey, person living with family, Cropredy)

We also heard that there was a lack of options for older people looking to downsize, meaning they might have to choose between staying in an unsuitable house, leaving the area or moving into a care home.

“If there was **more accommodation for elderly people**, they would be more likely to downsize.” (Focus group, Deddington)

“There are a lot of older people living in large houses, and a lack of smaller, affordable properties for downsizing or for starter homes for younger people”. (Focus group, Charlbury)

Although in some areas such as Chalgrove, new developments have largely been comprised of social and affordable housing, this was not the case everywhere. People in Chipping Norton pointed out that some new housing developments were focused on larger, high-priced houses that were unaffordable for first time buyers. Where people owned their own homes, we heard in some cases that homes that were not big enough for their needs or needed significant repairs had been the only options they could afford to buy.

Challenges with housing quality largely focused on heating and insulation – including hearing from several people who did not have central heating, and those who did not have access to mains gas – making people particularly vulnerable to rising fuel costs, for example following the outbreak of war between Iran and the US. We also heard about problems with damp, mould and draughts, particularly from those renting from housing providers.

“It’s a draughty old house with single glazing. I’d be bankrupt if I heated it all day.” (Survey, homeowner, 65–79, Faringdon)

“At the moment we have no central heating. It’s been like this [for over 3 years]. We were given hot air blowers which cost a fortune to run, so we don’t use them. We have a log burner so relying on that at the moment.” (Survey, person renting from housing provider, Lower/Upper Heyford)

“Draught comes in from the front door and living room windows, lived in the same house for 26 years and never been updated so hard to keep the heat in.” (Survey, person renting from housing provider, Watchfield)

“Windows and doors need replacing because they don’t keep the draught out. Outside drains are blocked solid but no amount of complaining makes any difference. [Housing provider] are happy to take the rent and do basic repairs but drains are not part of that remit. We still work on old BT copper wire system for internet so speed very slow. It’s like living in 2 worlds... the new builds which have all modern necessity and then the bungalows, which technology wise, remains in the dark ages.” (Survey, person renting from housing provider, Heyford Park)

“[Housing provider] are slow to assist us with our black mould problem in our house, we get a bad draught in most of our windows.” (Survey, person renting from housing provider, Charlbury)

“My mobile home is very old, and the heat just disappears through the walls, leaving black mould etc.” (Survey, person living in mobile home, Heyford Park)

5.11. Perceptions of safety and crime

Online survey questions on crime and safety included participants’ perceived safety in their community and awareness of crime in the local area. **Table 5** summarises perceived safety during the day and after dark.

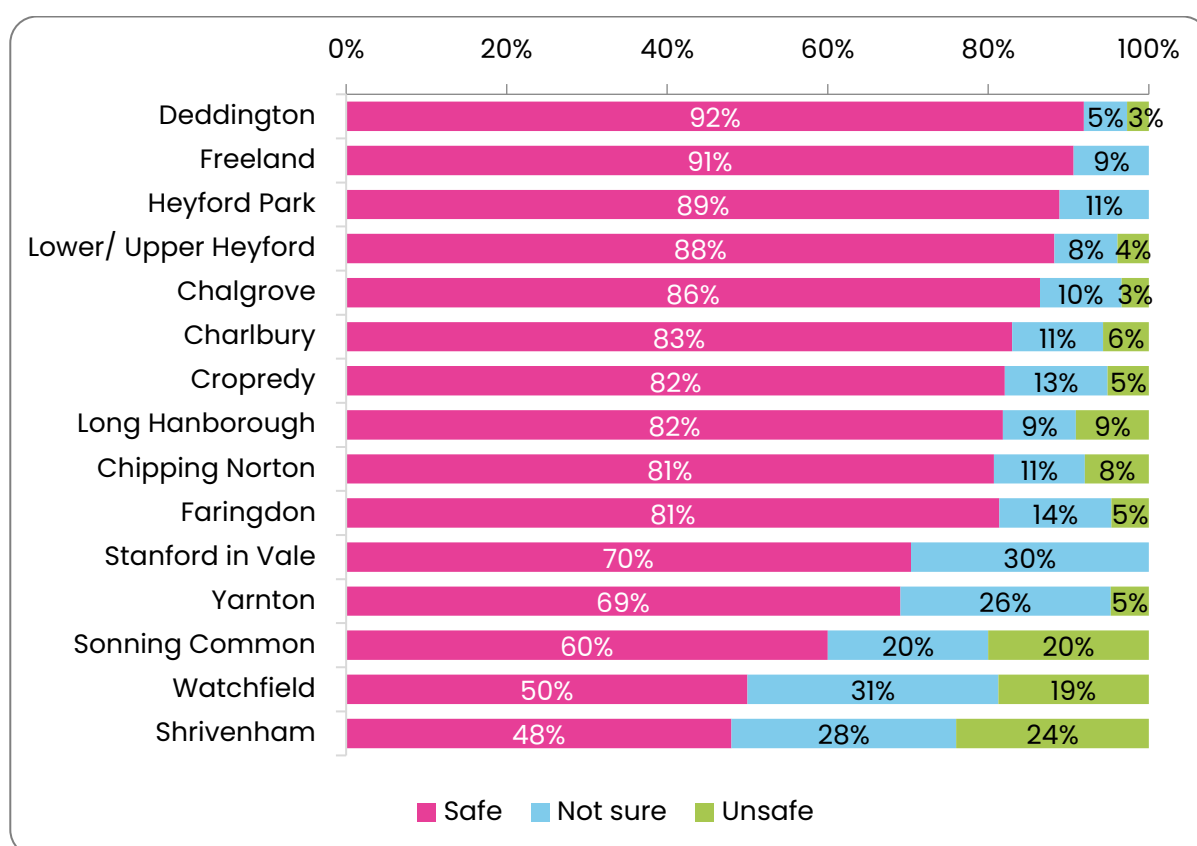
Table 6. How safe do you feel living in your community? (Online survey; 612 responses)

	Very safe	Safe	Not sure	Unsafe	Very unsafe	Total
During the day	62%	32%	4%	1%	1%	100%
After dark	37%	43%	14%	5%	1%	100%

Overall, 94% of participants across all areas said they felt very safe or safe during the day and 80% after dark.

Breakdown of the data by location indicated high rates of perceived safety during the day in all areas (see **Table 14, Appendix 1**). In four areas (Deddington, Freeland, Heyford Park, and Lower/Upper Heyford), 100% of participants reported feeling safe or very safe. The lowest rates were observed in Shrivenham and Watchfield (80% and 81%, respectively), although most of the variation was explained by higher numbers of participants who were 'not sure' (16% and 19%, respectively) rather than feeling unsafe. In contrast, perceptions of safety during dark hours showed considerably more variation across communities (**Figure 19**).

Figure 19. How safe do you feel in your community after dark? (Online survey; 612 responses)



Some communities showed considerably lower perceptions of safety after dark. For example, in Sonning Common, Watchfield, and Shrivenham, between 19 and 24% of participants reported feeling unsafe at night.

Breakdown by age group, gender, and self-reported financial status showed a similar pattern between day and night but relatively low variation between groups (see **Table 15** in the Appendix).

5.11.1. Street lighting

Although some people said that they enjoyed the lack of street lighting in rural villages, many said they were concerned about street lighting. Residents in Charlbury, Stanford in the Vale, Watchfield, Shrivenham, Sonning Common, Deddington, Chalgrove, and Yarnton all reported problems with streetlighting. Broken or absent lights caused people to feel unsafe after dark and made some more reliant on public transport or less able to access services. Winters in villages can mean less social interaction.

"I live in the new Cross Trees Park and rely on public transport. After dark I have to walk to and from the bus stop which takes about 20 minutes. I wish the bus stop was closer. There are no lights or very few lights on the walking paths, so I don't feel safe walking out after dark." (Survey, woman, 65–79 years, Shrivenham)

"There's roads that there's about two lampposts in or something and they're so dim. I would not walk down there on my own. There's no way on God's earth that I would walk down these roads on my own. Because it's so dark. And it's in the winter, that's at 4pm. So if you're going round to the chemist, I think, oh, I've got to get my medication in the morning because it won't be safe for me to go around in the evening. And it shouldn't be like that." (Focus group, Yarnton)

5.11.2. Antisocial behaviour

Some residents of Charlbury, the Heyfords, Faringdon, Shrivenham, Stanford in the Vale, Yarnton, and Chalgrove reported antisocial behaviour. Shrivenham reported low levels of antisocial behaviour on the green, mainly litter, with regular litter picks to try to improve the state of tidiness within the community. Various incidents were discussed in the Stanford in the Vale focus group ranging from smashing bottles in the street to talk of teenagers being threatened to sell drugs. Several people said they felt that a lack of police presence affected their sense of safety.

"There are two groups, there are those that get a bit silly – I've heard reports of teenagers getting blind drunk in the woods. But then there's a smaller group of older teenagers dealing drugs in the village." (Focus group, Stanford in the Vale)

"Issue with younger people and drugs around recently." (Survey, man, 25–49 years, Long Hanborough)

"No police presence makes it much less safe." (Survey, man, 25–29 years, Chipping Norton)

“Used to have a policeman who was great. Everyone respected him, and he was out and about all the time. There’s no visibility, communication or relationship with the local police now.” (Focus group, Stanford in the Vale)

Others raised road safety and traffic as an issue, for example around Heyford Park and on some rural roads in other areas.

“I wouldn’t let my daughter out on her own at night, the road going up to Heyford Park has a really low curb and a thin pathway, is it not possible to widen and raise the path and curb, or to add safety railings to the edge of the curb. Some cars seem to get up to 50-60mph on that hill. And I feel very vulnerable walking that close to fast cars. Putting in a speed limit doesn’t stop people from putting their foot down.” (Survey, woman, 25-49 years, Lower/Upper Heyford)

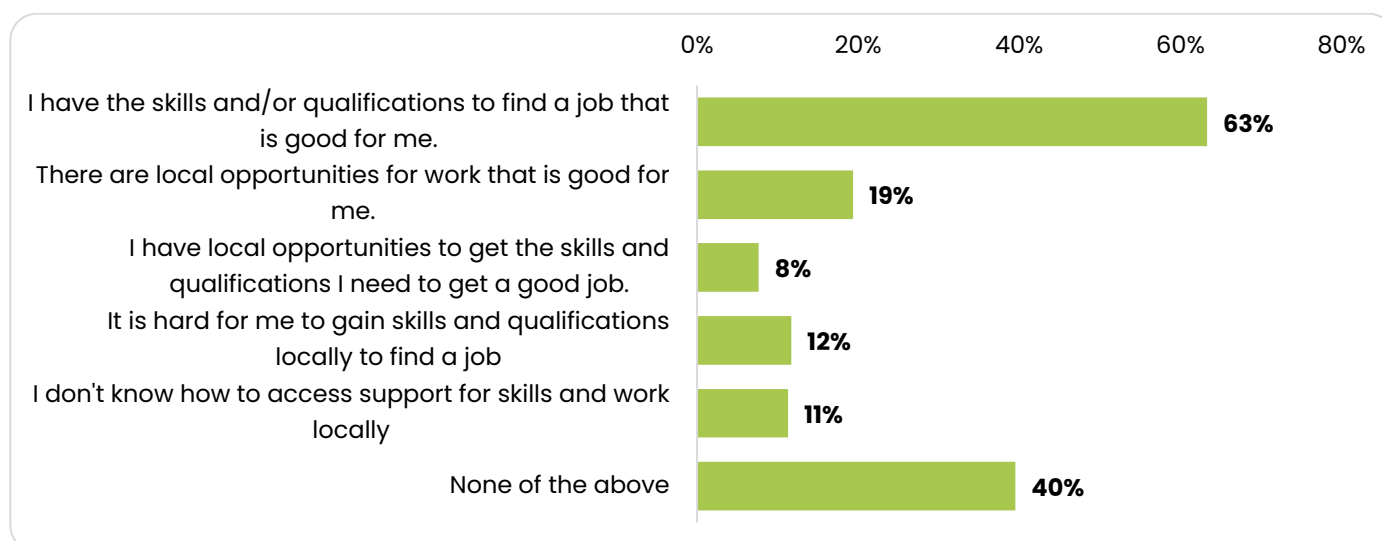
Survey participants were also asked whether they were aware of crime in their local area: 39% responded “Yes” and 61% “No”. Participants from all areas reported experiencing, seeing, or hearing about crime, describing examples of drug or alcohol-related, theft, and vandalism.

5.12. Local employment and skills opportunities

Access to opportunities for work and training have a significant impact on how most working-age people spend the majority of their time. The availability of jobs and education affects people’s income, as well as their ability to find work that meets their needs, and whether they have to commute – and if they do, how they travel and how far.

Figure 20 summarises online survey participants’ perceptions of opportunities for skills and work in the areas they live. Retired people were excluded from the analysis since they were less likely to be actively seeking employment and would skew the results.

Figure 20. Tell us about opportunities for skills and work in your area. (Online survey; 248 responses)



Note: participants were able to select more than one option

The results suggest a large gap between people's potential and local opportunities to find the right employment. While 63% of participants reported having the skills or qualifications to find suitable work, only 19% felt there were good jobs available locally, and 8% said they had access to local opportunities to get the necessary skills and qualifications for suitable work. However, only 12% reported difficulties gaining local skills and qualifications to find any work and 11% said they did not know how to access local support. The high proportion who selected "None of the above" (40%) included those not currently seeking employment, including retired people, those with full-time caring responsibilities and people who work outside of the local area.

"I was training to be a teacher and working in a school before I had my daughter however due to her complex needs, I haven't been able to return to education. I did try to adapt by selling services online however it was short lived as I had my son. Last year I had 250 appointments that ranged from hospital appointments to phone calls with professionals. Due to my eldest's complex needs and lack of immune system I do not intend on going back to work anytime soon." (Survey, woman, 25-49 years, Chipping Norton)

Further analysis of the data did not reveal that any particular age groups were more disadvantaged than others. However, the relatively small number of respondents in each age group make it difficult to make accurate interpretations.

Among the responses given, the dominant theme was a lack of local employment opportunities, and that most skilled and well-paid employment was located in other towns and cities.

"There are no skilled roles in Charlbury available. I work in Bath." (Survey, woman, 25-49 years, Charlbury)

"I have the skills and qualifications but unable to find a job closer than 16 miles away." (Survey, woman, 25-49 years, Faringdon)

"I work in London. I wouldn't get the salary I require locally." (Survey, woman 25-49 years, Charlbury)

There was a concern regarding employment skills training for young people or older people changing career, such as apprenticeships, vocational training, work experience and career opportunities. Conversations in Stanford in the Vale and Chalgrove also reflected on the now limited opportunities for meaningful engagement of young people, or casual work and local 'odd jobs' as there had been in the past.

"Lack of work locally as a hospitality worker, despite there being many cafés and pubs, or those which do not pay enough." (Survey, 15-18-year-old, Charlbury)

“There is no way to gain qualifications in Chalgrove and very little job opportunities as the few shops that do exist are well-established businesses.” (Survey, 15–18-year-old, Chalgrove)

“I have skills and experience but was made redundant at 60. I have experienced age discrimination in terms of finding work in my chosen profession and found it challenging in attempting a career change.” (Survey, woman, 50–64 years, Deddington)

We also heard how limited public transport could make it harder for people – especially young people and migrants – to get jobs, training or employment support.

“Difficult to get about as I do not have transport. I need to pass my driving test UK, but it is so expensive and not driving makes it more difficult to get a job.” (Outreach at Watchfield migrant drop-in)

“I find it hard to get a job because everyone asks for experience and I want to work.” (Outreach at Watchfield migrant drop-in)

“My son got a job in Oxford, but because of the buses he has to arrive an hour and a half earlier than he needs to, and I have to give him lifts 3 days a week because he finishes too late for the bus.” (Focus group, Chalgrove)

“If you’re rural and you’ve been housed here and English isn’t your first language, how do you access [job] services? You’re expected to travel to Banbury, Oxford or be online.” (Focus group, Chipping Norton)

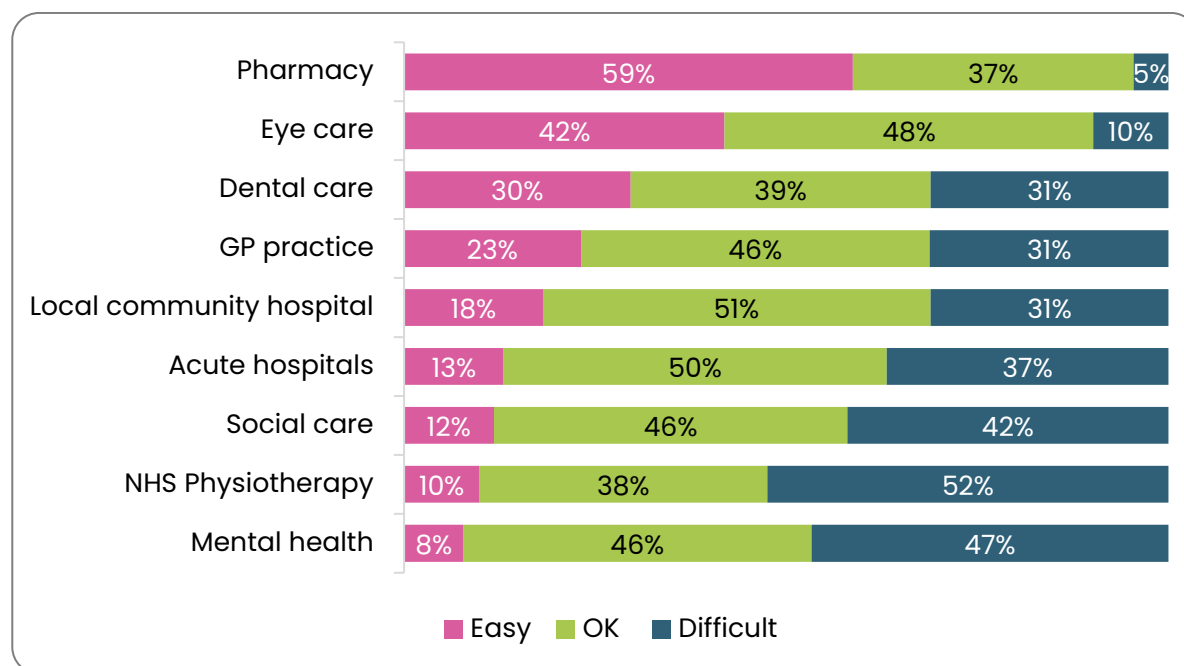
People also pointed out that new housing developments seemed to be being built with commuting in mind, rather than being linked into holistic planning that would include local job opportunities.

“There was a paper on the table on Monday about 1600 more houses for the town. Where’s the discussion on vocational jobs and semi-skilled and skilled jobs, which lots of local people would be interested in. At the moment, the focus is on more housing that you can commute somewhere else...” (Focus Group, Chipping Norton)

5.13. Local health and care services

As shown in **Figure 20** above, many participants reported accessing health and care services and support as a challenge to looking after their health and wellbeing. **Figure 21** below summarises data on how easily online survey participants said they found it to access different health and care services.

Figure 21. How easy do you find it to get help from the health and care services you need? (Online survey; 581 responses)



Pharmacies and eye care were described as the most accessible services (59% and 42%, respectively), perhaps reflecting the fact that most of the areas have a pharmacy, and opticians are available in nearby towns. In comparison, only 30% of participants said that dental care was easily accessed, while 31% said it was difficult. The remaining services were reported to be progressively more difficult: only 23% felt that GP practice care and 18% that local community hospital services were easily accessible. This is consistent with what Healthwatch Oxfordshire hears from people across the county, but we heard about specific challenges in some areas, such as a lack of NHS dentists in Vale of White Horse. More than half of participants reported difficult access to NHS physiotherapy services, with similar levels reported for mental health support.

Participants' comments about local health and care services painted a mixed picture. Positive experiences were often complicated by access challenges, reflecting a pattern whereby the quality of services themselves were often considered good, but the problem was accessing them. Connectivity across boundaries also was noted.

5.13.1. Positive experiences of accessing health and care services

Having access to GP services, pharmacies, and other local health services were cited as a key asset that supported community health and wellbeing. Although availability and access of services were often difficult, when they were accessible, participants recognised the benefits.

People shared praise for GP practices and pharmacies that provided quality care that was straightforward to access.

"I've got a GP. She's brilliant, but she knows me. If I go in with more than one problem, she's willing to listen. If I ring up, I can get an appointment within a week." (Focus group, Chipping Norton)

"The local GP practice is good, easy to get to. Reception staff are friendly and competent. Clinicians caring and interested." (Survey, woman, 65–79 years, Charlbury)

"We're really lucky, we have [the Pharmacist] at [Pharmacy], who single-handedly oversees the whole of Chipping Norton... this chap had come in and he said, "I've had a couple of funny turns, they won't see me at the health centre...and he was going to do him a blood test. He was going to do his blood pressure... straight away...and then he gets on the phone to the health centre. He's just like the most remarkable person." (Focus group, Chipping Norton)

Participants in Sonning Common highlighted how staff, services, and accessibility of local health services supported community health and wellbeing:

"Having a Health Centre in the Village is great. Everything is nearby." (Survey, woman, 18–24 years, Sonning Common)

"The Health Centre as we get annual health checks and have a village dentist." (Survey, woman, 65–79 years, Sonning Common)

"The health centre keeps us fit. Sonning Common health centre doctors and nurses are very good. Appointment system works well." (Survey, woman, 65–79 years, Sonning Common)

Other examples included flu clinics operating from the local GP practice in Shrivenham and Oxford Health's health visiting teams.

In some communities, social prescribers and Patient Participation Groups (PPGs) linked to GP practices were also considered effective connectors between health care and community assets. For example, the White Horse PPG in Faringdon runs health and wellbeing groups including a digital café, walking groups and men's group.³²

"Social prescribers have started lots of inclusive groups." (Survey, woman, 65–79 years, Faringdon)

"Social prescribers support Age UK Oxfordshire." (Survey, woman 65–79 years, Sonning Common)

³² See also Healthwatch Oxfordshire film: [Patient Voices – making a difference together](#).

Focus group participants in Chipping Norton discussed the importance of health prevention, highlighting the Move Together scheme as an initiative that can support residents with long-term health conditions – but needed to ensure people were linked up to it.

Some participants mentioned keeping informed through leaflets and village magazines, and local PPG activities. The focus group in Deddington reported that the Patient Participation Group (PPG) were working with the GP practice to increase local awareness and knowledge, communicating with patients, adding content to the practice website, and improving ways for patients to provide feedback.

5.13.2. Barriers to accessing health and care services

Qualitative data provided some insight on the challenges participants experienced accessing various services including general practice, NHS dentists, hospitals, and mental health support.

“Local health services are good but are generally oversubscribed.” (Survey, man, 65–79 years, Long Hanborough)

“No support for either [physical or mental health problems]. No Endometriosis aftercare. Falling in the gap for mental health support between specialist [care] and not ill enough.” (Survey, woman, 25–49 years, Chipping Norton)

Some people told us they had turned to private providers if they struggled to access treatment locally, waiting lists were too long, or they were dissatisfied with services. Examples included dentistry, orthopaedic surgery, mental health support for young people, and physiotherapy.

GP services

Difficulty accessing routine GP appointments was the most commonly reported barrier to looking after health and wellbeing. Problems included lack of availability or long waits, difficulty using online or digital triage systems, and appointment times largely restricted to working hours. These comments reflect sentiments expressed across the county as highlighted in Healthwatch Oxfordshire’s [recent report on GP access](#).

Residents described aspects of the system that could be difficult to navigate, especially online booking, which affected some older people, the less digitally confident, and those with lower literacy.

“Health Centre very difficult to get an appointment sometimes it’s 3 weeks in advance. Form filling in for an appointment not easy for those who don’t have a computer.” (Survey, woman, 65–79 years, Chipping Norton)

We also heard that it could be difficult for people working full time, and/or commuting, to access GP appointments – but there was appreciation for services that accommodated people’s needs, such as a pharmacy self-service kiosk.

“Doctors appointments are difficult to get especially if you’re working full time!”
(Survey, woman, 50–64 years, Stanford in the Vale)

“NHS GP – no service outside business hours, makes no sense in a village of commuters. The new pharmacy vending machine is very much appreciated.
(Survey, woman, 65–79 years, Long Hanborough)

These presented barriers to patients, especially some older people, those with limited or no access to digital tools, and people who are not easily able to receive medical callbacks or attend their practice during working hours. Participants reported having to persist or sometimes try different methods to obtain a suitable appointment, while others were deterred and occasionally gave up trying.

People told us that seeking GP appointments for non-urgent issues could involve multiple attempts and the use of different methods.

“You could phone up for an appointment and they’ve got none, phone back in a fortnight’s time. You phone back in a fortnight, oh, they’ve already gone.” (Focus group, Chipping Norton)

“I find that difficult – waiting for a call back, and not knowing when it will come and not wanting to miss that call.” (Focus group, Stanford in the Vale)

“Since the pandemic there have been some really significant changes with the local GP practice. They are pushing everything online, putting people off if you try to get an appointment by telephone. You ring up but you really have to insist on making an appointment, then you go through triage which takes about 15 minutes but then you are advised to go to A&E. Feel the GP is directing people to A&E more and more, rather than seeing people.” (Focus group, Watchfield)

“Access to healthcare feels almost impossible. Now that we are middle aged, lots of things are starting to go wrong but unless it’s an emergency there is no way to see a doctor.” (Survey, woman, 25–49 years, Stanford-in-Vale)

Boaters on the canal in Cropredy said they faced barriers to registering with a local GP, having been told by GP practices that they could not register if they did not have a permanent mooring permit or a registered address, or were ‘continuous cruisers’. This has been an ongoing issue, which was raised by Healthwatch Oxfordshire in 2019 in [an in-depth study on boaters’ access to health](#). In field notes, one of our researchers recorded the following example:

“One man had a [multiple long-term conditions] and had to return to Bristol to pick up his medication. The surgery wouldn’t see him as he was a continuous cruiser. Eventually the nurse saw him and referred him to the doctor as the

[condition] was bad. He had a card from Healthwatch which said that continuous cruisers are able to access healthcare wherever they are, but the surgery didn't agree. He thinks that there is a communication issue with surgeries about the entitlement as you can't 'tick all of the boxes' on their forms. He and his wife will get a permanent mooring at Cropredy in April, which they hope will make things easier."³³ (Field notes, Cropredy)

In several places, people reflected that the capacity of their local GP practice had not been increased to accommodate a growing population.

"Overcrowded GP practice that can't cope with influx of new houses and also deals with surrounding villages." (Survey, woman, 50-64 years, Deddington)

"The challenge is that the surgery was designed for 2,000 people but now accommodates 5,000 people from Cropredy and the surrounding area." (Focus group, Cropredy)

"How can the GPs continue to function when the size of the village has more than doubled in a very short length of time? Yet the planners take no notice of this when granting permission." (Survey, woman, 65-79 years, Shrivenham)

Besides access, some people were concerned about aspects of quality and reported experiencing poor care from their GP practice and other services. These included unhelpful or discourteous staff, discouraging face-to-face appointments, not listening to patients, fragmented care delivery, slow follow-up or referrals, and inadequate continuity of care.

"Doctors do not want to see anyone. They are all too quick to pass you over to someone less qualified. Do not listen and if you do have anything that requires treatment tell you to go to the local hospital urgent care centre. Local surgery is very poor at even responding when you require help." (Survey, Woman, 65-79 years, Faringdon)

"I do not find many specific GPs to be helpful. I have been going for 6 months about the same problem, and they haven't referred me to a specialist." (Survey, woman, 25-49 years, Charlbury)³⁴

³³ Note that people do not need proof of address to register with a GP practice. Following this feedback, CFO and HWO worked together to distribute 'Access to Health' cards to boaters in Cropredy.

³⁴ See [Jess's Rule: Three strikes and we rethink](#) – new NHS policy

“A lot of people don't have a fixed GP and that is the issue. Because if I go to anyone else, they are rude, they are disrespectful and they just miss everything straight away.” (Focus group, Chipping Norton)

Dentistry

NHS dentistry was the most commonly cited gap and was mentioned across the 14 places, with people describing ‘dental deserts’ covering large areas. Residents who did not have access to a local NHS dentist surgery either had to travel to other areas or resort to private treatment – options not available to everyone. During outreach, we spoke to asylum seekers who had had to take multiple buses from Faringdon to Oxford to attend a dental appointment. Other comments included:

“Dentistry has been a bit of a nightmare. We tried to get into an NHS dentist but the waiting lists here were awful. We eventually got an appointment at an NHS dentist in Marlborough...We were very dissatisfied with the state of the surgery, the information given, the follow-up – so we have now gone private and are on a waiting list to see a private dentist in Swindon.” (Focus group, Shrivenham)

“There are no NHS dentists in Faringdon, it's all private, one's just opening and that's private... I go to Swindon for mine...Swindon is where I go for most of my shopping it's where I gravitate to.” (Men's health outreach, Faringdon)

Mental health support

We heard about gaps in **support from mental health services**, including long waits, high admission thresholds, and having to travel for appointments. We heard that this affected particular groups including young people, especially girls, new mothers, as well as older men.

“I have recently been dismissed by a doctor when I went to talk about mental health, I don't think that would happen in town. I think I would have been taken more seriously.” (Survey, woman, 18-24 years, Chalgrove)

“I also struggle with my mental health and find it hard to get help around here.” (Survey, woman, 25-49 years, Yarnton)

“Not enough support for young people with mental or emotional health difficulties. Youth club did a survey – there was a lot of demand from the girls.” (Focus group, Charlbury)

“Nothing for men ...especially around mental health, it's not a sociable place, trying to find things for my generation, especially when retired, is difficult,

especially mental health.... there is the Grange in Highworth day centre.... but getting into it is a nightmare.” (Men’s health outreach, Faringdon)

A representative from a local not-for-profit housing association described limited prevention and early help support:

“Crisis support exists, but early help and prevention is patchy and fragile.”
(Organisation representative, Soha Housing)

Participants also raised questions about whether travelling by public transport is suitable for people attending mental health therapy sessions, and the consequences of delayed appointments and prescriptions on mental wellbeing.

Other health and care services

Inadequate availability of hospital appointments and follow-up care were also highlighted in survey and qualitative data. Focus group participants reported **podiatry services** as “few and far between” and noted that **eye care services** had been reduced, meaning they had to travel further for appointments. One participant described a lack of follow-up after surgery:

“I had an operation to remove endometriosis. To this current date, I haven't had a follow-up for gynaecology despite A&E, my GP and me personally chasing this...everyone is oblivious to where you've been and where you haven't been all the time. And the amount of times that despite having the NHS app, my GP has had a letter from gynaecology, and I have not had a printed copy or a letter in my NHS app. So then again, it's all just hold because no one communicates properly.” (Focus group, Chipping Norton)

Residents in some communities noted a lack of social prescribers, and in Faringdon and Chipping Norton, participants discussed the poor rural provision of community hospital services. Chipping Norton focus group participants reported that the Minor Injuries Unit is “not really functioning”. Others noted a reduced health visiting service and changes in women’s health services, which meant patients had to travel further afield for care, such as Banbury and Oxford.

People also highlighted the importance of early help and making sure that people know how to get support before they need it.

“How do you get engagement with people before they need the help? – if they’re young or don’t have issues, they’re not interested, the people who do need it aren’t in any place to be receiving that information.” (Focus group, Faringdon)

Border challenges

Those living in rural areas near the county border, such as Sonning Common, Shrivenham and Watchfield raised issues with continuity of care, particularly for

people admitted to hospital out of county (such as Royal Berkshire Hospital in Reading or Great Western Hospital in Swindon) but needing follow-up care in Oxfordshire.

“Watchfield and Shrivenham are the only part of Oxfordshire not served fully by BOB ICB, instead receiving many services from BSW Together. This can cause issues, with patients notes not being accessible, or difficulties being referred in a timely or appropriate way. I gather this is a particular issue with drug and alcohol dependency services.” (Local councillor, Watchfield and Shrivenham)

“Because our GP is in a different integrated care board (ICB) to the rest of Oxfordshire we access secondary care mainly at the Great Western Hospital, but any other community care is accessed in Oxfordshire. This causes two separate challenges, one example is physio – following surgery at the Great Western Hospital physio was recommended however, it was in Swindon which wasn't accessible unless you drive. The communication between Great Western Hospital and local Oxfordshire community services doesn't seem to be working, they are not referring to Oxfordshire services and therefore people are falling through the cracks.” (Focus group, Watchfield)

These border areas also had different perceptions of connectedness, identification with and belonging to Oxfordshire.

6. Strategic recommendations

Set out below are the key, cross-cutting recommendations suggested by the research to underpin and **inform a strategic roadmap** for the planning of effective health and wellbeing interventions and initiatives in Oxfordshire's rural communities. It is crucial that this strategic perspective is **equally informed by specific and local recommendations, which are set out at the start of this report**. Communities are unique and residents and community organisations know their place best, in all its uniqueness. There is no one-size fits-all, top-down approach to improving health and wellbeing – building relationships and ensuring the voice and opinions of the community is genuinely heard, understood and reflected is both critical and fundamental to success.

With this context in mind, Healthwatch Oxfordshire and Community First Oxfordshire suggest the following recommendations for all system partners to address:

1. Policy and strategy

- Ensure that ongoing policy changes including Neighbourhood Health, Family Hubs and Local Youth Transformation Programmes build on and enhance the human and infrastructure assets in rural towns and villages – and that progress on health inequalities, prevention and listening to rural voices is not lost in local government reorganisation
- Incorporate learnings and community asset-based approaches from Community Insight Profiles and Well Together into forward planning for addressing the inequalities highlighted in this report.³⁵

2. Community assets and voice

- Work to support and strengthen existing community assets (people and fabric), recognising them as the foundations to good health, and promote joined up working between statutory services and VCSE partners including local community and voluntary groups
- Ensure community voices are genuinely listened to and meaningfully engaged with over time in the design and delivery of policy and initiatives to address the inequalities highlighted in this report
- Build on this research with a deeper dive to hear the voices of those in rural households most likely to experience health inequalities, taking a community-based research approach

³⁵ See [Oxfordshire Health Humanities Project](#) for evaluation of this work

3. Key areas of focus

- **Transport and connectivity** – systems thinking, with a focus on an integrated transport network which improves access and connectivity for residents from village to village as well as village to towns and cities, and essential services
- **Support for young people**, particularly teenagers – including taking a Public Health prevention approach, support for safe spaces and activities, and improving access to travel, employment and training opportunities linking up to local business networks, and provision for children and young people with special educational needs and disabilities (SEND)
- **Spatial development and planning** – with a focus on social cohesion and resilience:
 - prioritise *up-front* infrastructure provision and place shaping
 - increase the provision of social and (genuinely) affordable housing
 - develop more on-the-ground community development initiatives
- **Access to healthcare** – including simplifying and increasing access to healthcare near to home, joining up provision across administrative borders, and improving public transport access to health and care settings
- **Physical infrastructure and public realm** – including improvements to roads, cycle ways and footpaths, flooding prevention, and lighting
- **Social infrastructure, community and voluntary groups** – supporting sustainability during generational shift in volunteer availability and impacts of austerity, covid and cost of living, including through the new Small and Mighty Lottery funded programme and longer-term funding
- **Working as a system** and supporting all aspects in a holistic way drives prevention.

Additional notes on strategic recommendations from Healthwatch Oxfordshire and Community First Oxfordshire:

Rural and urban

It is evident that Oxfordshire's most deprived communities are in urban areas and that there are larger overall numbers of people in need, of whatever kind, in urban areas. There may also be a confluence of issues that make the overall picture more problematic in towns: poverty, crime, poor housing, skills gaps, insecure work or unemployment, etc. However, as this research demonstrates, a confluence of issues also happens in rural areas. Some challenges, such as transport and access to services, can be particularly acute in rural areas. And beyond numbers, there is often little difference in experience – the experience of a family with very poor housing conditions in Oxford is of equal value and importance to someone in the same situation in Cropredy, say, in rural Cherwell. It is hoped, therefore, that this research can help to overcome urban-centric and rural-centric perspectives: need is need, even if there may be less of it, less visible, or more isolated pockets of it, in rural areas. True social transformation is equitable and balanced, and common challenges to health and wellbeing should be addressed via holistic strategies.

Expectations of the voluntary and community sector

The recommendations set out above do not exist in a vacuum. Across the 14 communities, there are significant socio-economic issues and challenges across a range of indicators, many deep-rooted and structural. The value of community-based activity being undertaken is evident and potential initiatives to support, widen, and deepen volunteer and community-led activity have been identified. However, there is only so much that volunteer and community-based groups – constricted in so many ways by funding, time, and the pool of available volunteers – can be expected to achieve and deliver. This is particularly the case in a context which rightly makes a virtue of voluntary and community-based activity, but often does not provide the resource to support and maximise the potential of that activity.

References

Rural isolation in Oxfordshire (2022) Community First Oxfordshire with Healthwatch Oxfordshire [Rural isolation in Oxfordshire | Healthwatch Oxfordshire](#)

Living in Chipping Norton (2022) [Living in Chipping Norton | Healthwatch Oxfordshire](#)

Healthwatch Oxfordshire reports [Research reports – Healthwatch Oxfordshire](#) including on Digital Health, GP access, Enter and View into White Horse Medical Centre, Access to Urgent and Emergency Care, and Discharge from Hospital

Healthwatch Oxfordshire Men in Faringdon (2026) [Hearing from men in Faringdon | Healthwatch Oxfordshire](#)

Community First Oxfordshire reports [Community First Oxfordshire - A community development and placemaking charity](#)

Community Insight Profiles for Oxfordshire [Oxfordshire Data Hub – Health and Social Care – Community Insight Profiles](#)

[Oxfordshire Health and Wellbeing Strategy 2024-30](#)

Oxfordshire as a Marmot Place <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place>





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Healthwatch Oxfordshire Report to Health and Wellbeing Board – September 2026

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Since the last Health and Wellbeing Board (HWBB) meeting on 9th July 2026:

Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board (HWBB) in July meeting we attended:

- Oxfordshire Health Improvement Board
- Oxfordshire Joint Health Overview Scrutiny Board
- Oxfordshire Safeguarding Adults Board.

Any reports to external bodies we attend can be found online at <https://healthwatchoxfordshire.co.uk/reports-to-committees>

We attend Oxfordshire Place Based Partnership monthly, and the Thames Valley Integrated Care Board (TV ICB) Quality Committee. We attend Primary and Community Board, Neighbourhood Health working groups, and Oxfordshire Health Inequalities Forum and Oxfordshire Marmot Place meetings.

- In July we held an online event to **showcase Healthwatch Oxfordshire's work over the last year 2025-26**. If you were unable to attend a recording and the full annual impact report is available here: <https://healthwatchoxfordshire.co.uk/annual-impact-reports>

Hearing from residents – our research and insight reports

Our research reports focus on making sure the voice of people who use services is directly linked to recommendations of improvement or change. Hearing from people is carried out using a variety of methods, including online, face-to-face, and targeted work, linking to community groups, and on the streets. All our reports and written responses to our recommendations from commissioners and providers can be seen at healthwatchoxfordshire.co.uk/reports

All reports are available in summary and Easy Read. To see more about the **impact** of our reports and how we ensure people's

voice makes a difference see here: healthwatchoxfordshire.co.uk/impact/impact-of-our-research/
We follow up on recommendations and action with providers or commissioners at six months.

➤ What we heard about hospitals (August 2025 – July 2026)

We published a summary report outlining the themes of feedback and public comments about hospital care, across Oxford University Hospitals NHS Foundation Trust Hospitals (OUH), including Horton and John Radcliffe, Nuffield and Churchill Hospitals in the past year 2025–26. This was gathered over the year, via our research projects, rural engagement, regular hospital stands, Enter and View and face-to-face conversations during outreach at events and community activities across the county. Read the report at <https://healthwatchoxfordshire.co.uk/reports-hub/1771>

We heard a range of themes, including positive feedback about good communication, compassionate care and professionalism from NHS staff. We also heard about things that can be improved, including interface, communication between primary and secondary care, administration, information and communication, interpreting whilst waiting for hospital appointments, waiting times and cancellations. Parking remains an ongoing frustration. In our research in rural areas, we also heard about the challenges, time and cost of reaching hospitals, in particular for those who don't drive or have to use taxi, or lack local community or poor public transport links:

"I've had a fair number of neuro ophthalmology appointments at the JR in Oxford during the last 6 months which entails catching 3 buses or trying to get a lift at least part of the way as it's such a difficult place to access if you aren't allowed to drive."

"Desperately need community transport to attend John Radcliffe Hospital. I attend regular appointments and a taxi is approx. £140 return. There is no easy way to get there."



- We finalised our report bringing together insight from **850 people** across 14 **rural areas** (Deddington, Cropredy, Heyford, Yarnton, Chipping Norton, Charlbury, Long Hanborough, Freeland, Chalgrove, Sonning Common, Faringdon, Stanford in the Vale, Shrivenham and Watchfield) for Oxfordshire County Council as part of the **Marmot focus on rural health inequalities**, presented today. We worked with Community First Oxfordshire to carry out the engagement. Key themes include gaps around transport, housing and provision for young people, the wealth of community groups supporting health and wellbeing in rural areas and the precarity of these groups and organisations due to challenges including funding.

Community research

Healthwatch Oxfordshire continues to bring our expertise in supporting **community and participatory research** and working with communities to explore issues and voice issues of importance to them.

- ✓ We delivered **training to 15 grassroots community researchers** in July, over two day workshops, working with community partners (including Oxford Community Action), to build on skills and learning and the steps for community research outlined in the **'How to guide' for community research**. This work was funded by Oxford Brookes, in support of Oxfordshire Community Research Network (OCRN). Next steps includes rolling out of monthly online community research 'drop ins' to support budding community researchers, along with a second tranche of training for more community researchers in October, funded by OCRN.

<https://healthwatchoxfordshire.co.uk/community-research-training>



Community members who took part in the first two community research training sessions

- ✓ See our website for links to all community research supported by Healthwatch Oxfordshire, as well as resources, and local links to other community research <https://healthwatchoxfordshire.co.uk/community-research>
- ✓ We are an active member of **Oxfordshire Community Research Network** and continue to support its development, and to bring community voices to this forum.
- ✓ We published information leaflets on breast cancer screening in Urdu and Punjabi following our community research project with Sunrise Multicultural Centre <https://healthwatchoxfordshire.co.uk/latest-news/2026/09/from-community-research-to-sharing-information-breast-cancer-awareness-for-urdu-and-punjabi-speaking-communities-in-oxfordshire>

Hearing about cancer Translated resources



Report summary and useful information
now available in Punjabi and Urdu

Enter and View visits and reports

Staff and lay representatives make Enter and View visits to healthcare settings to collect evidence of what works well and what could be improved to make people's experiences better. Based on the feedback of patients and members of staff, we highlight areas of good practice and suggest improvements.

See <https://healthwatchoxfordshire.co.uk/enter-and-view-reports>

- Since the last meeting we made an Enter and View visit to the Minor Injuries Unit at Abingdon Community Hospital, (see report here: <https://healthwatchoxfordshire.co.uk/reports-hub/1802>)
- We also made a visit to Oxford Health Murray House Hub.



- We were also delighted to hear that feedback we'd shared with Oxford Health following our **Enter and View** visit had helped shape plans for a major refurbishment project **at Abingdon Community Hospital's Emergency Multidisciplinary Unit**. <https://healthwatchoxfordshire.co.uk/impact-of-enter-and-view>

Other activity summary

- See here: <https://healthwatchoxfordshire.co.uk/our-impact/> with examples of how our work has had an impact, including monthly 'snapshot' reports <https://healthwatchoxfordshire.co.uk/latest-news/2026/09/a-snapshot-of-our-work-in-august> highlighting our activity
- In **Quarter 1 (April to June)** we engaged directly with approximately 419 people across the county through being on the streets, attending events, hospital stands, community gatherings and Patient Participation Group meetings. Our focus during this time was around hearing from women about their experiences of using maternity services (report due in Quarter 3). We have also had great days out talking to people at play days across the county.
- We held a webinar on **Tuesday 15th September on end of life and palliative care** with speakers from Oxford Health and Oxford University Hospitals NHS Foundation Trust, and building on our recent report on this topic.
- Recordings to watch, slides, and joining details for our future **public webinars** can be seen here <https://healthwatchoxfordshire.co.uk/our-webinars>.
- **Community Marmot Event** - This was positively incorporated into part of the Director of Public Health annual report launch on 10th July at Unipart House as part of the wider focus on tackling health inequalities. We supported community members to speak about the amazing work they are doing with their communities, to support prevention and better health.
- **We publish bi-monthly news bulletins** to bring up to date health and care information to the public (to read previous issues and to sign up to receive a copy see <https://healthwatchoxfordshire.co.uk/our-newsletter>), as well as active social media platforms, website and sharing communications via local news and community networks.
- We carry out active listening, engagement and **ongoing outreach** to community groups, at events and on the street and other settings across the county, and gain insights into experiences and views on health and care along with via

phone and our online feedback centre. We have a rolling programme of hospital visits to speak to the public. Outreach undertaken in Quarter 1 (April to June 2026) included:

- Outreach to parent groups to hear about maternity services, including in Abingdon, Barton, Cowley and Charlbury
 - Eid Extravaganza in Blackbird Leys and Oxford Sanctuary Fair in Florence Park.
- Key themes we have been hearing since May include good communication and high quality care across several services, difficulty getting appointments including GP practices, physiotherapy and mental health services, and limited follow-up medical care after discharge from hospital.
 - We continue actively working with **Patient Participation Groups** (PPGs) across the county, attended PPG meetings and sending news updates, and supporting involvement in development of Neighbourhood Health. We will be holding a **webinar with PPG members** and practice managers to share good practice examples in October.
 - We have actively supported proposing, scoping and development of VCSE Neighbourhood Integrator roles as part of bringing wider voice into the landscape of Neighbourhood Health, working closely with OCVA, CFO, Response and other partners.
 - **Future of Healthwatch**
Healthwatch Oxfordshire continues an independent charity listening to people using health and care services and ensuring their voices are heard by decision-makers.. As the Health Bill <https://bills.parliament.uk/bills/4124> progresses through parliament, it includes removal of the statutory function of Healthwatch as an independent voice. We are working closely with health and social care system to explore future iterations for our charity as seen in the agenda item on independent voice for Oxfordshire today. The landscape continues to change rapidly.



April to June 2026

Activity and achievements

Outcomes and impact of our work

In May we launched a new **How to Guide for Community Research** – a practical, colourful and engaging workbook offering step-by-step guidance to help anyone get started in community-led research. The guide was co-designed with community researchers from Oxfordshire's grassroots communities, who over four workshops last winter, shared their knowledge, ideas and lived experience to help shape and build this resource.

Funding for the workshops was provided by Oxford University, via Oxfordshire Community Research Network and Oxfordshire County Council.

To find out more about the guide or to download your copy see

www.healthwatchoxfordshire.co.uk/community-research-how-to-guide

We also published two community research reports:



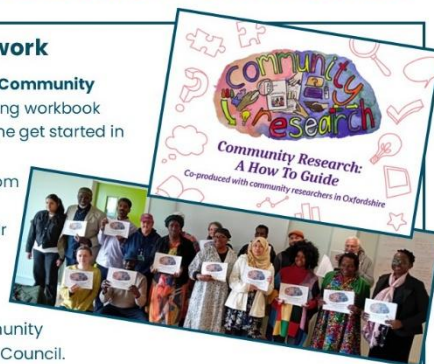
Hearing from older Chinese people in Oxfordshire – we supported community researcher Derek Ng to interview **20** older Cantonese-speaking people from Oxfordshire about their experiences of health and care services.

If we were treated the same as any other race – we supported Black Women in Women in Maternity to produce a report highlighting the maternity experiences of **52** Black women in Oxfordshire.

We also:

- ✓ Published a report summarising feedback from **786** people about using **GP services in Oxfordshire** between April 2025 and March 2026. We presented our findings to the Oxfordshire Health Overview and Scrutiny Committee working group on GP services and have shared our report with other key commissioners and service providers.
- ✓ Hosted a **webinar** with **Healthwatch Bucks** enabling people to hear about **Oxford Health's** new five-year strategy and to share their feedback on this.
- ✓ Presented to the **Oxfordshire Marmot Place Steering Group** about what we heard from more than **800** people living in **rural communities** across the county (a report on this work, commissioned by Oxfordshire County Council, will be published in September 2026).

Read all our reports at www.healthwatchoxfordshire.co.uk/reports-hub and learn more about the impact of our work at www.healthwatchoxfordshire.co.uk/impact



April to June 2026

Activity and achievements

Hearing from you

- **71** people contacted us for help or information about local health and social care services.
- We received **178** reviews of **63** health and care services via our Feedback Centre. We received **42** responses to reviews from service providers.



Our Enter and View work

We made **3** Enter and View visits – to the Oxford Magnetic Resonance Imaging Department and the Trauma Outpatients department, both at the John Radcliffe Hospital, and to the Minor Injuries Unit at Abingdon Community Hospital.

We published **2** reports following visits earlier in the year to the Ashurst Ward at Littlemore Mental Health Centre and Katharine House Hospice. All our Enter and View reports, which set out our recommendations and a response from the service provider about the changes they will make, can be read at www.healthwatchoxfordshire.co.uk/enter-and-view-reports



Out and about

We continued our programme of general and targeted outreach visits to speak to people about their experiences of using health and social care services.

We visited a range of places, from libraries to community centres, as well as attending bigger events such as Eid Extravaganza and Oxford Sanctuary Fair. Over these three months we spoke to **419** people in total.

We also visited the Churchill, Horton General and John Radcliffe hospitals as part of our regular programme of hospital visits, speaking to **108** people. We reported back what we heard to Oxford University Hospitals, which runs these three hospitals, so they can use this feedback to make improvements.



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Health and Wellbeing Board Forward Work Plan:

10 December 2026:

1. Housing indicator deep dive x2.
2. Health & Wellbeing strategy - Building blocks - Climate impact on health.
3. Joint Strategic Needs Assessment update.
4. Prevention of Homelessness Directors group update.
5. Marmot update.
6. Oxfordshire Safeguarding Adults Board Annual Report.
7. Oxfordshire Safeguarding Children Board Annual Report.
8. Independent Patient Voice Working Group Update.

18 March 2027:

1. Safer Oxfordshire Partnership.
2. Director of Public Health Annual Report.
3. Combatting Drugs Partnership Update.
4. Joint Strategic Needs Assessment Update.
5. Health & Wellbeing Strategy Update - Age well - priority 5-6.
6. Health & Wellbeing Strategy Update - Building Blocks - financial wellbeing / healthy jobs.

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