healthwatch Oxfordshire

Community First Oxfordshire

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)

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 Heyfords[1], 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 Strategy[6] (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 Start[7] Family 'hubs' across the county as a place for families to access support and connect to services and co-production of service offer of support[8] 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 Reorganisation[10] 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 region[11].

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)

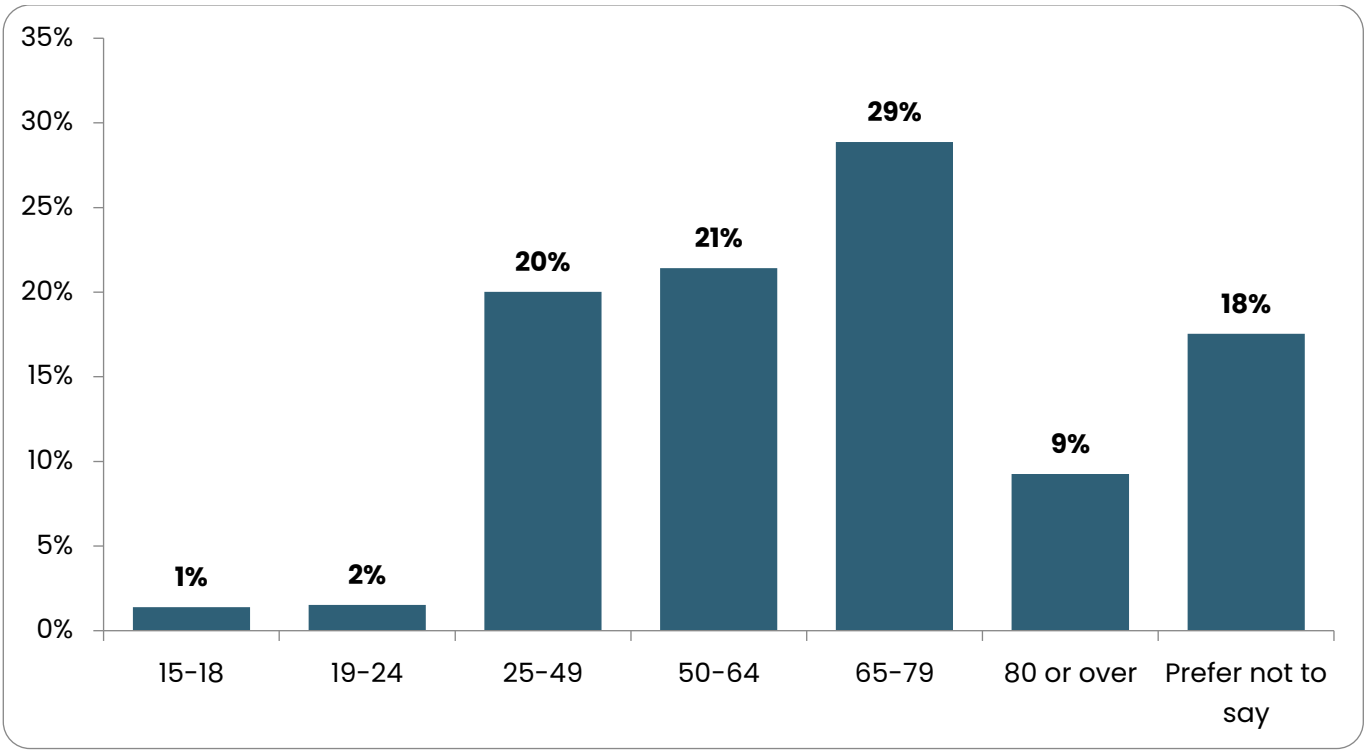


Table 1 below, summarises survey participants' ethnicity. Outreach enabled us to hear from some people from global majority backgrounds, but most survey participants identified as White British. We heard from **11 Ukrainian speakers** via the Ukrainian translation of the survey.

[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)

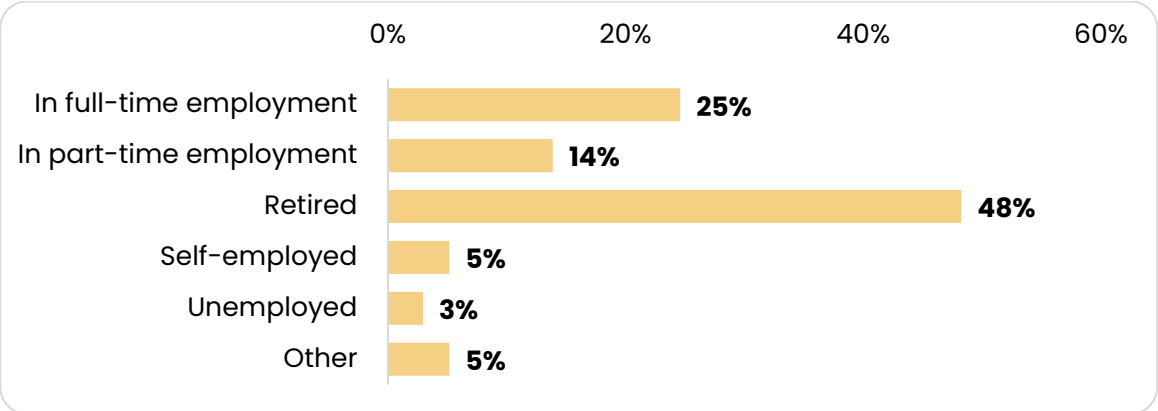
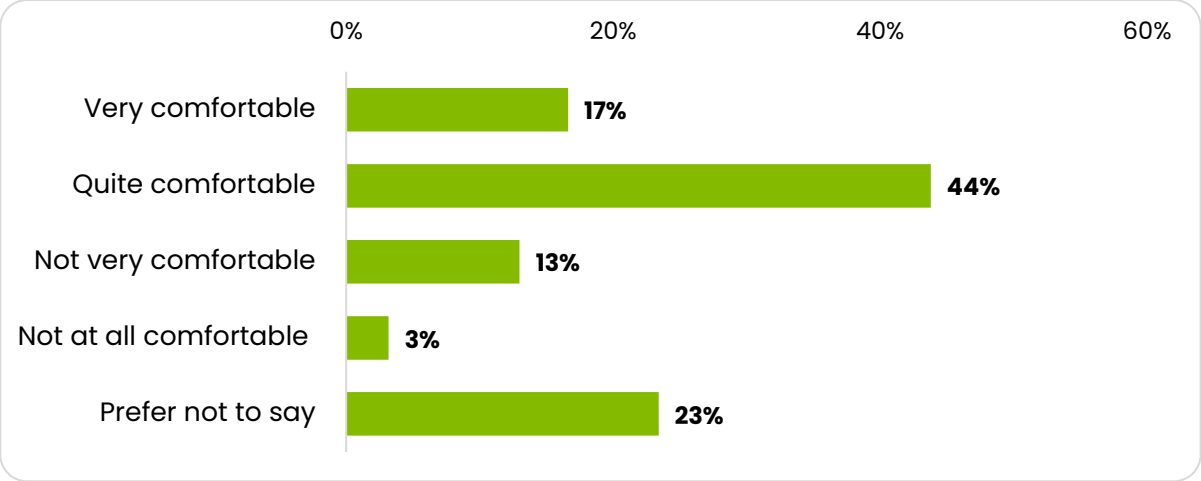


Figure 4 summarises online survey participants' financial situation, based on a self-assessment using a 4-point Likert scale.[18] When asked about their financial situation, most respondents (400 people, 60%) said they were 'quite' or 'very' comfortable. 16% identified themselves as 'Not very' or 'not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

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



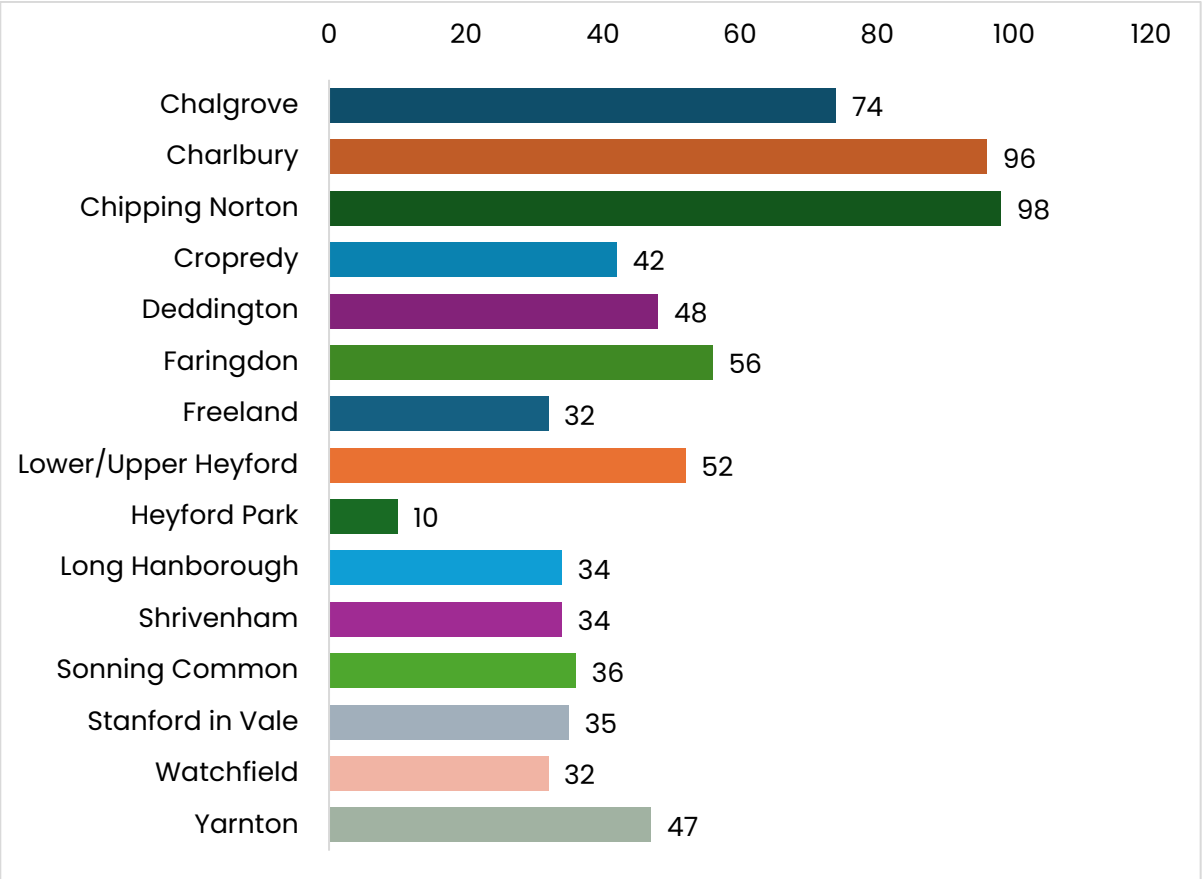
Profiles of focus group participants can be found in Table 6 in the Appendix.

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)

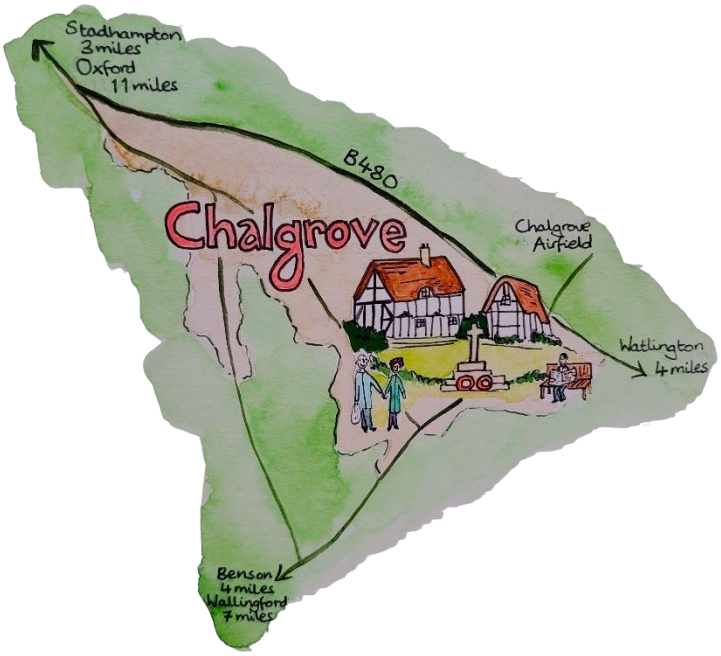


Note that quantitative responses for Lower/Upper Heyford and Heyford Park were analysed separately throughout to distinguish between the distinct communities in the older villages and nearby new development.

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 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

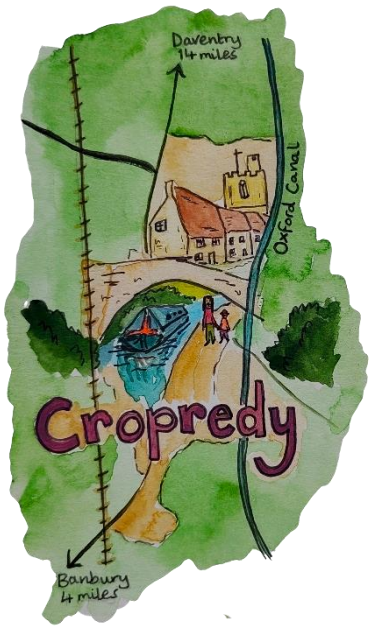
"Sadly lost some of the wonderful places we loved or used like Ace family centre, Dean Pit, minor injuries/paramedic services and the state of our roads and sewage systems are in a shocking state." (Survey, Chipping Norton)

- 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)

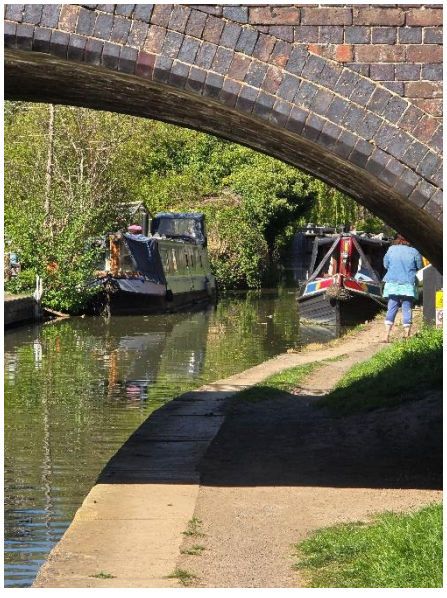
"One of the bus stops, is a mile up the road and no pavements which makes it difficult for those with walkers and buggies." (Focus group, Cropredy)

- 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)

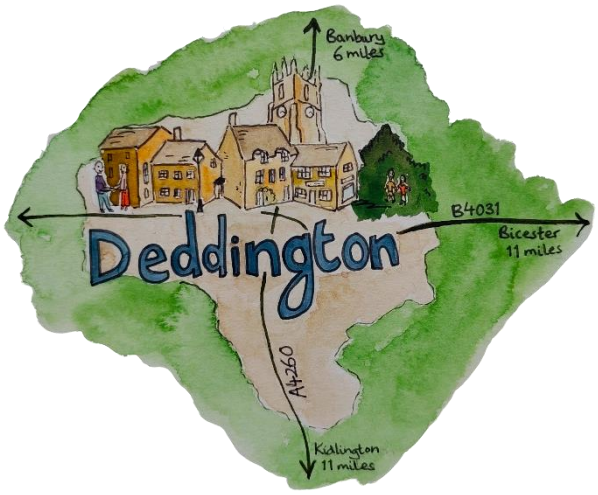
Cropredy village sign


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.

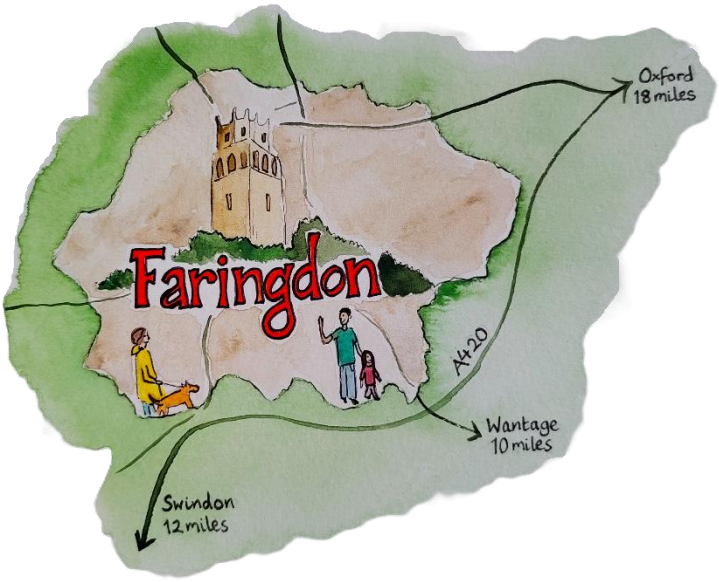
"It is so hard for people to get on the housing ladder, particularly here, they just can't afford to stay living in Deddington where they grew up so they end up having to live elsewhere, often without local family support." (Focus group, Deddington)

"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 dentists[21], 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

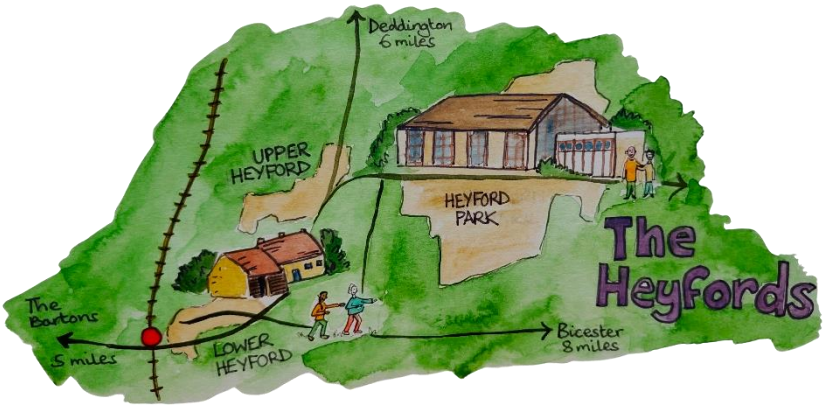
- Lack of public transport to connect with key services and transport links, although work is underway to reopen the village shop

> "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 am 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)

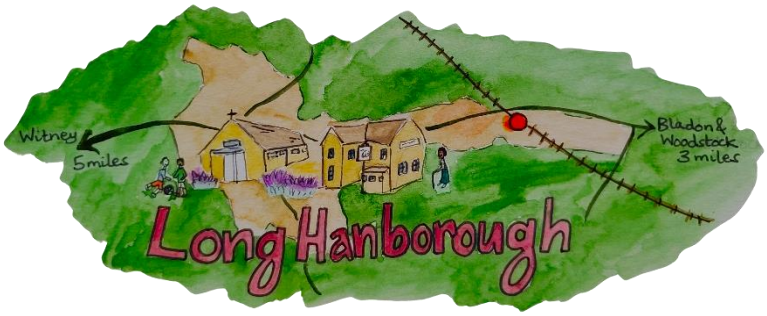
- **Lack of activities for young people** – and **lack of volunteers** to run them

> "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)

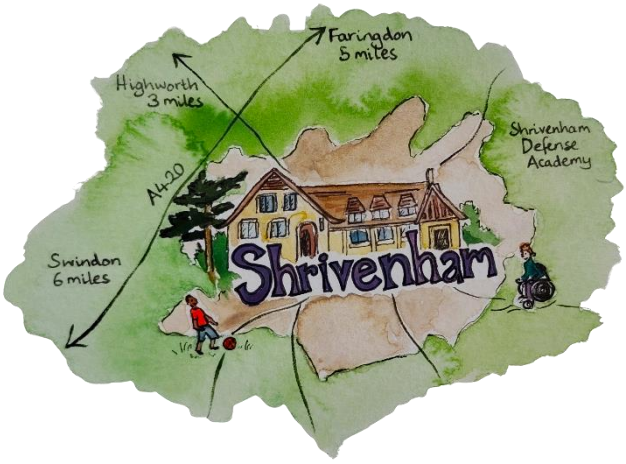
- **Barriers to accessing health and care services** – including a lack of NHS dentist in the village

"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 Mathey 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 Valey 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

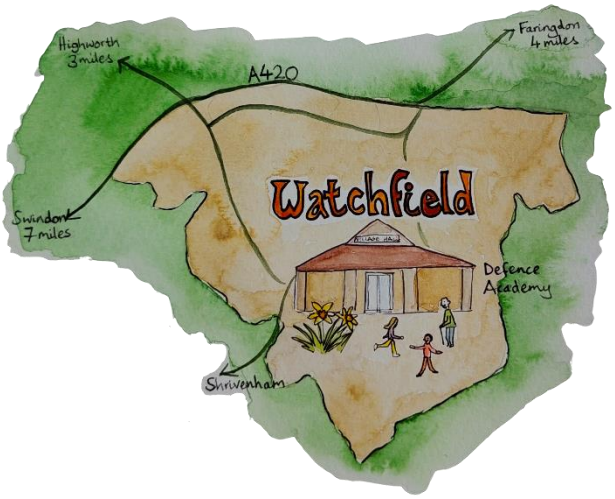
"Getting people to volunteer is harder." "Tends to be the same faces involved." (Focus group, Stanford in the Vale)

- 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 Kingdon. 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 3**b** 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 disproportionally 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.

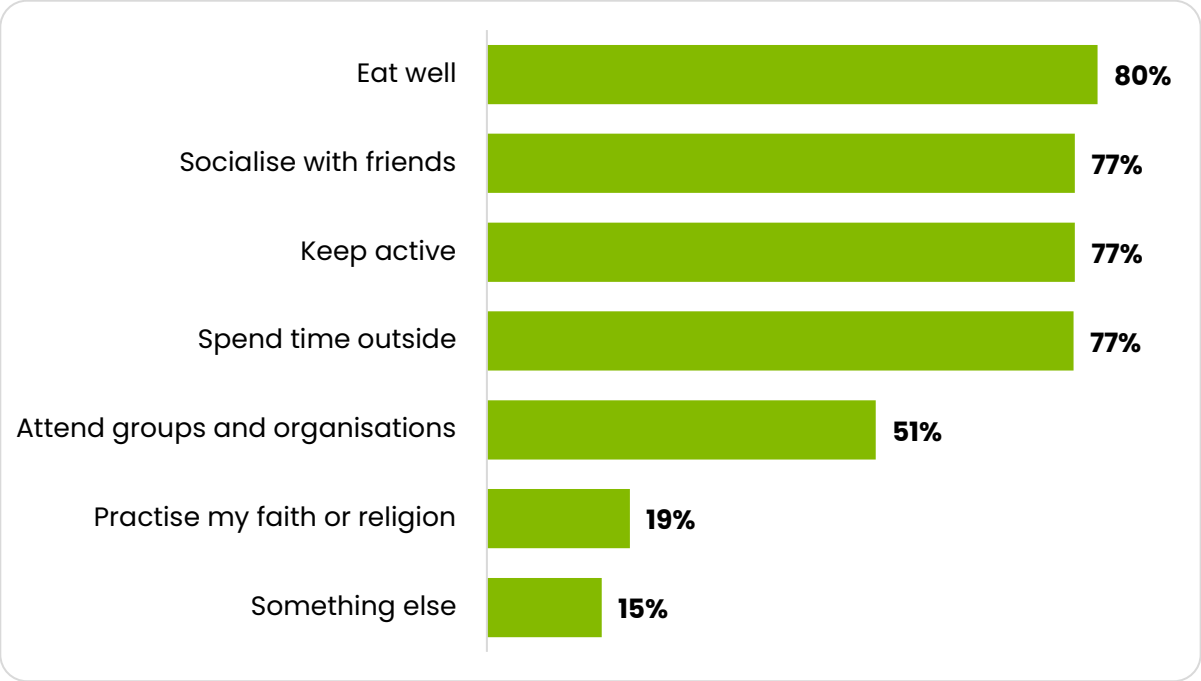
[25] 29% of Watchfield participants also reported poor physical health, although there were only 14 responses in total.

[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.

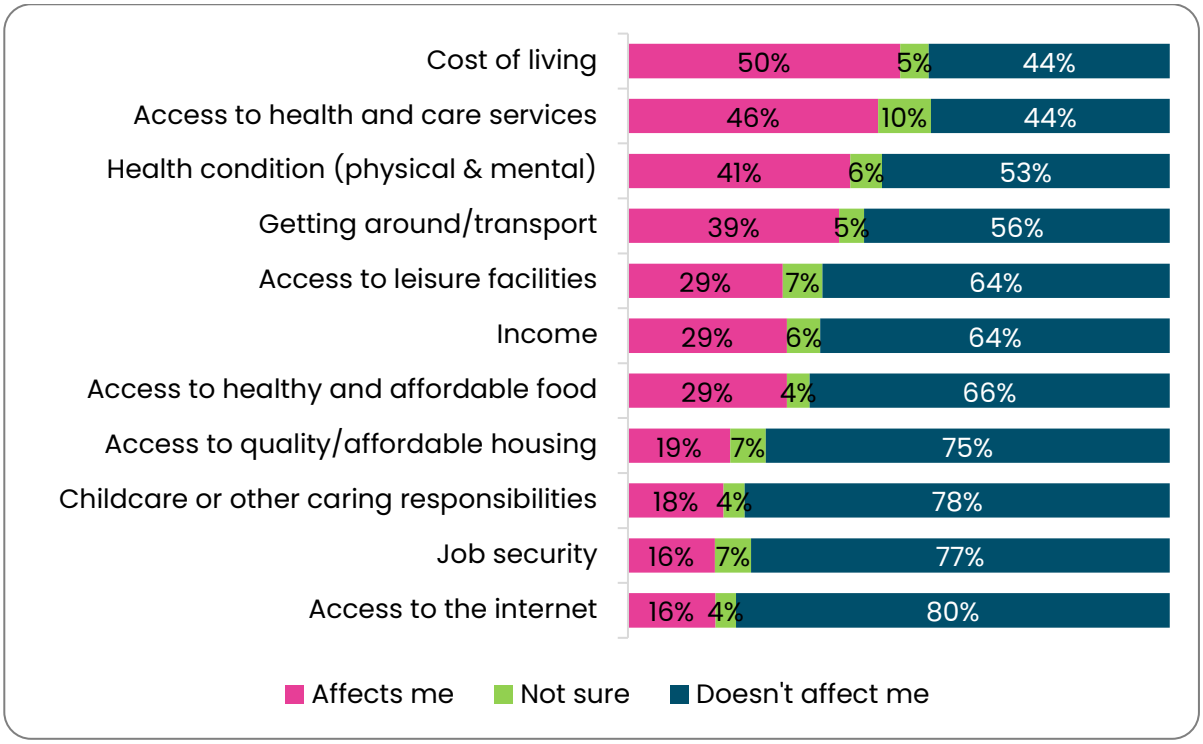
"I have [multiple] long term conditions but all well managed without medication due to diet and exercise etc." (Survey, woman, 65-79 years, Chalgrove)

"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)

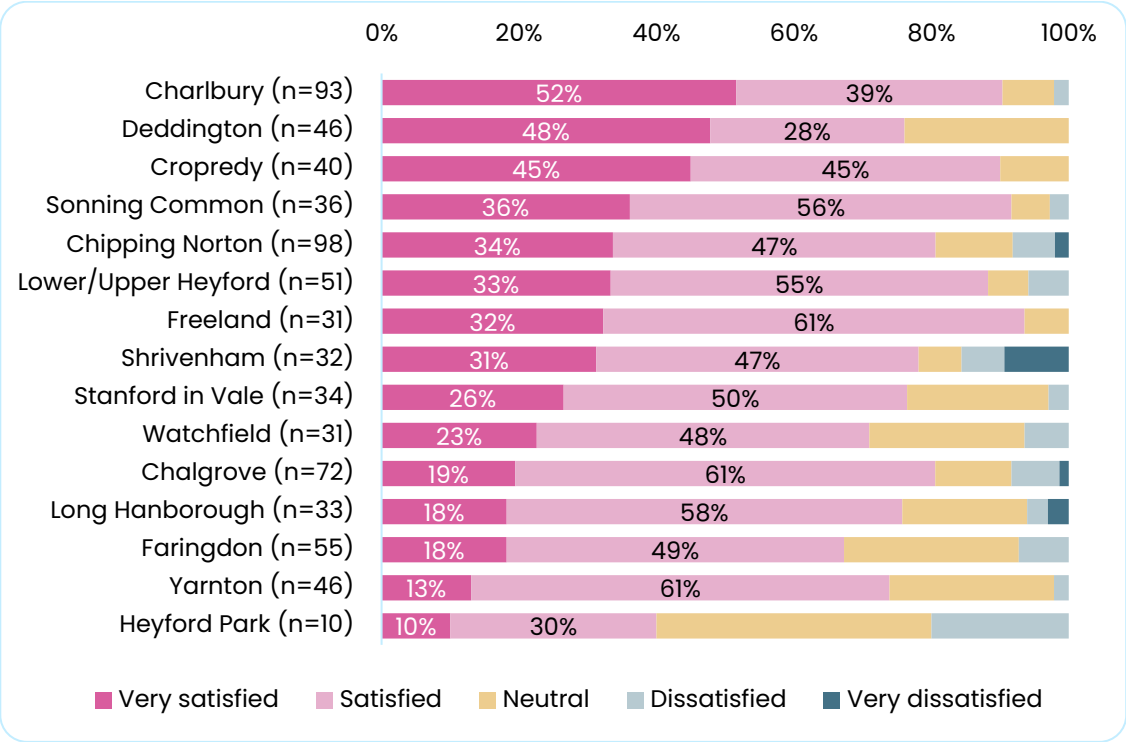
There was considerable variation in across the 14 places. Heyford Park appeared the most consistently affected area overall, with higher proportions of residents reporting cost of living (78%), health care access (68%), and transport (56%) as barriers to self-care. Watchfield showed similarly high levels 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)

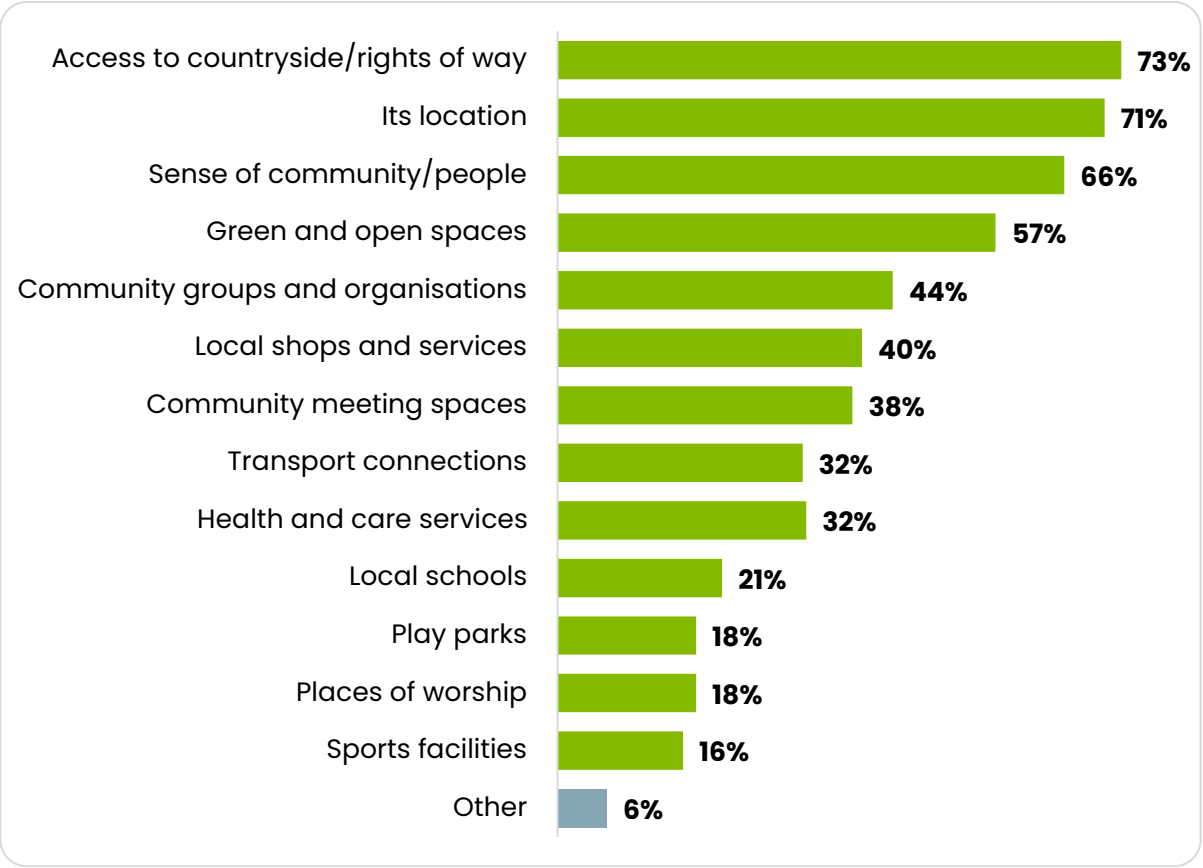


The results showed variation, though in most areas, more than 70% of people said they were 'satisfied' or 'very satisfied' with their place of residence. Participants in Charlbury, Cropredy, Freeland, Lower/Upper Heyford, and Sonning Common reported being most satisfied overall (i.e. more than 80% satisfied 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)

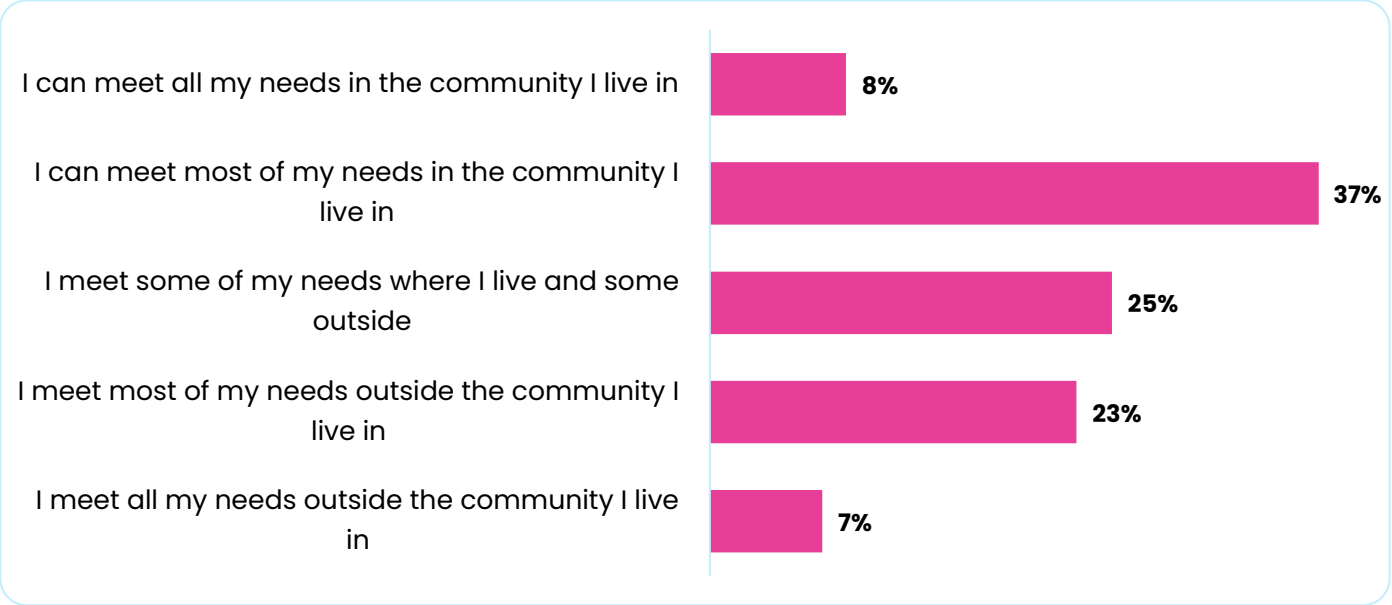
> "Pros: It is a lovely village, the people are friendly and I feel safe. There is a bus that goes into Oxford if you need to.
> Cons: It is starting to feel overrun by new builds. High Street floods frequently. There is a GP surgery, which is great, but there are none of the following: no more post 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.

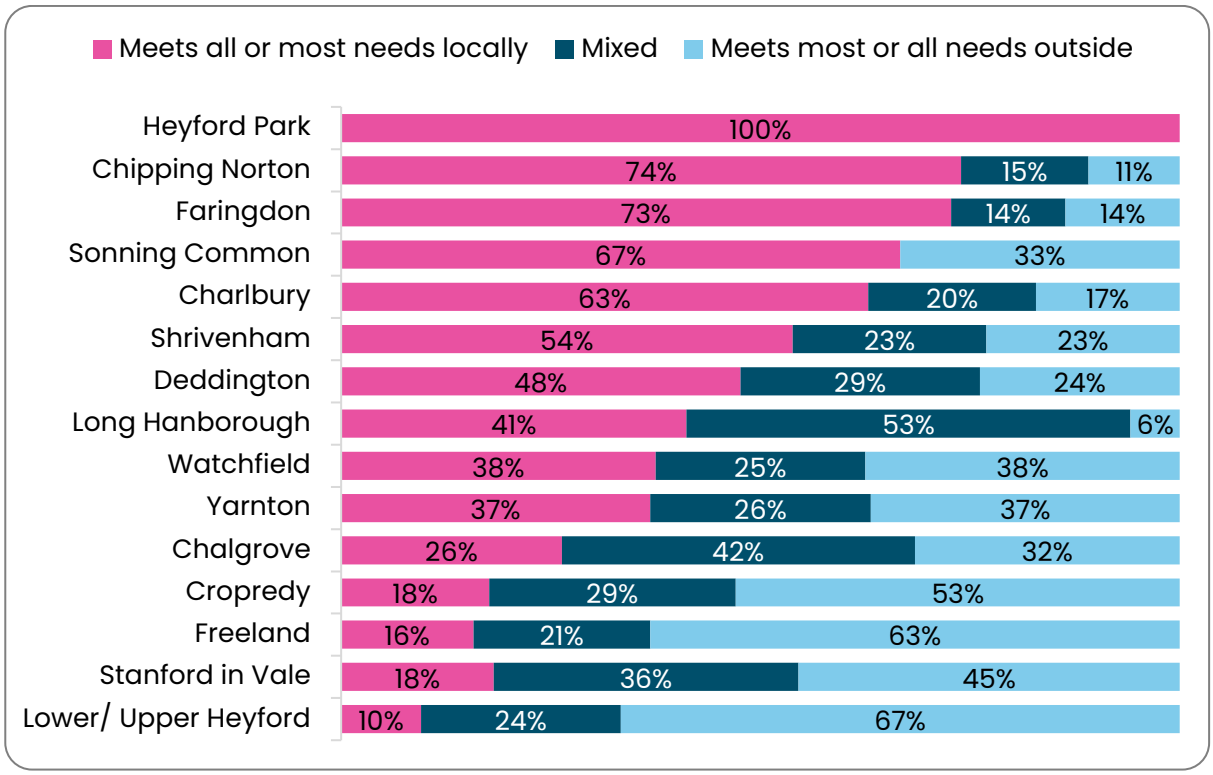
Figure 10. Where do you go to meet your daily needs? (Online survey; 275 responses)



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)

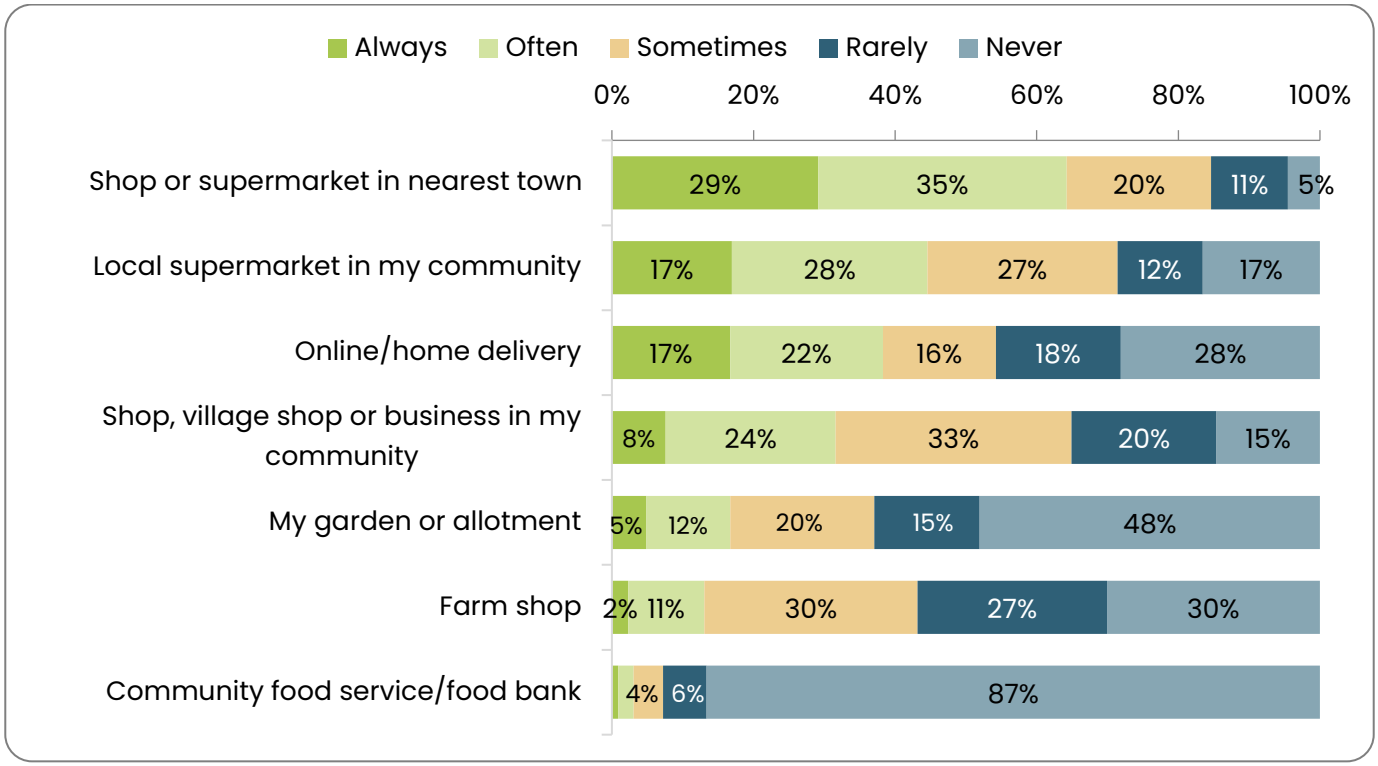
"I work away from Charlbury and given that many Charlbury shops are closed when I get back home, I need to access services elsewhere." (Survey, man, 65-79, Charlbury)

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 or 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. Reponses 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")

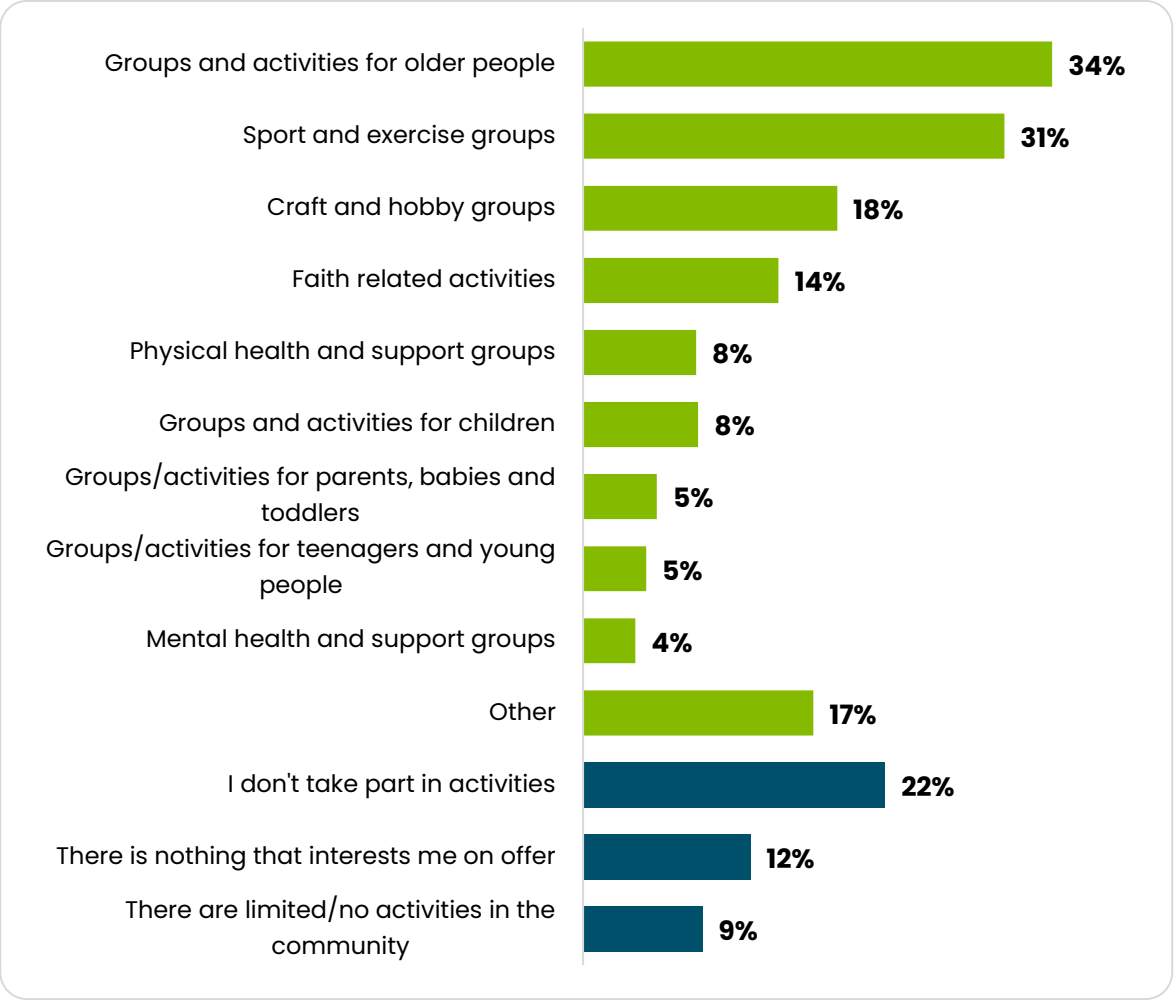
> "WI [Women's Institute] but they meet in the afternoon excluding the likes of me who work - middle class ladies decided this therefore I had to cease attending." (Survey, woman, age not given, Deddington)

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)

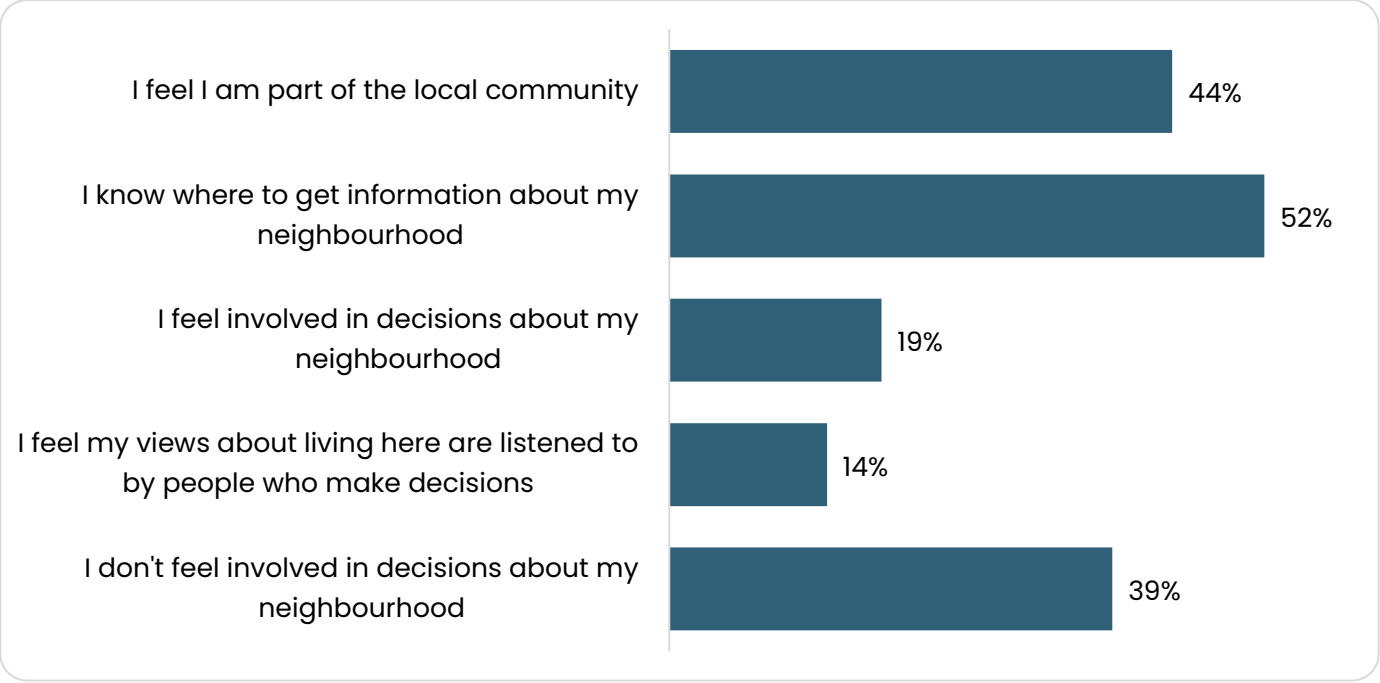
"We had new pool tables which has made a positive impact to the Youth Club." (Outreach, 15–17-year-old, Chalgrove)

"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 larders 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

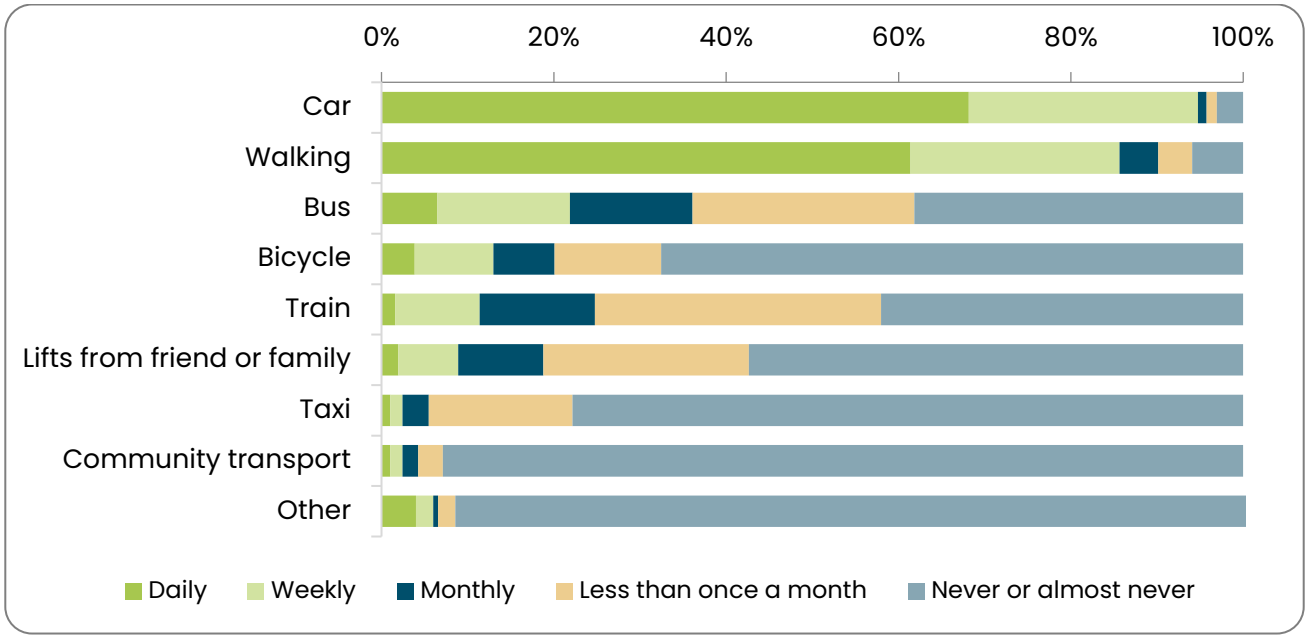
important gaps, their reach is limited and their sustainability depends on community awareness and volunteer availability.

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.

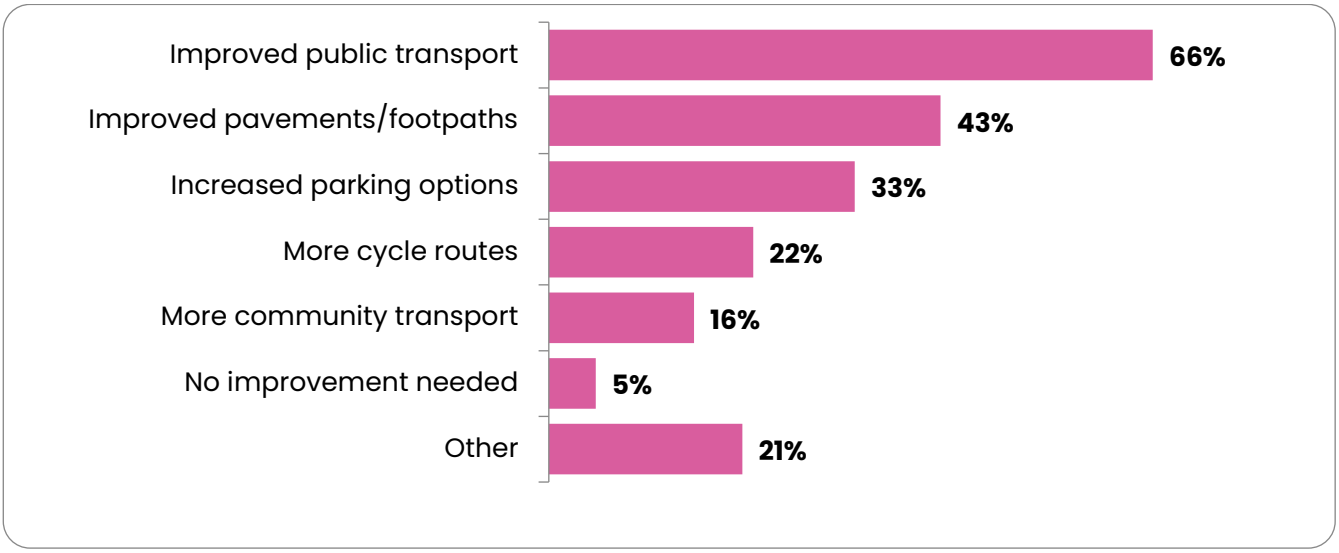
> "If you need a same day appointment, it would always be in Kidlington. So that was always a huge barrier for me to be able to access healthcare because there was never a bus, and now there is one but it's only once an hour and they often say, can you come in the next half an hour? And I'm like, no." (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.

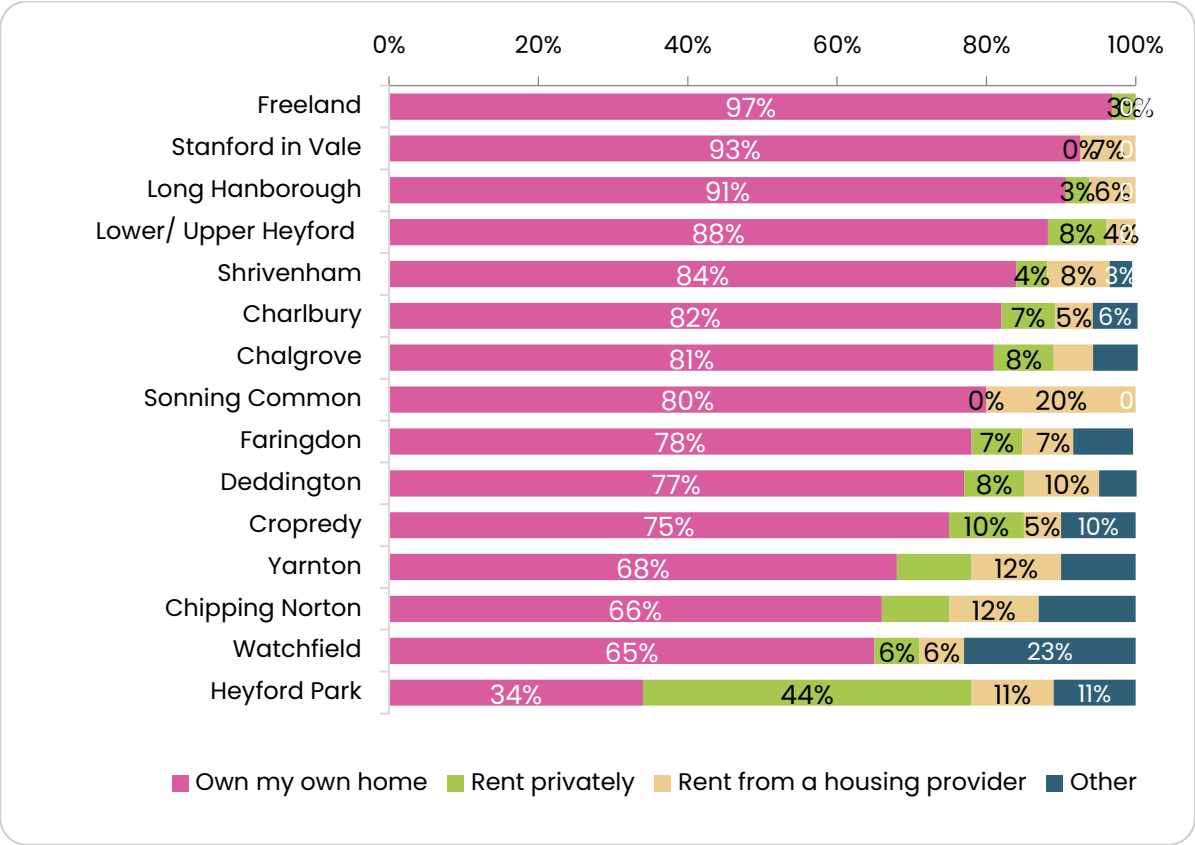
5.10.1. Housing tenure

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)



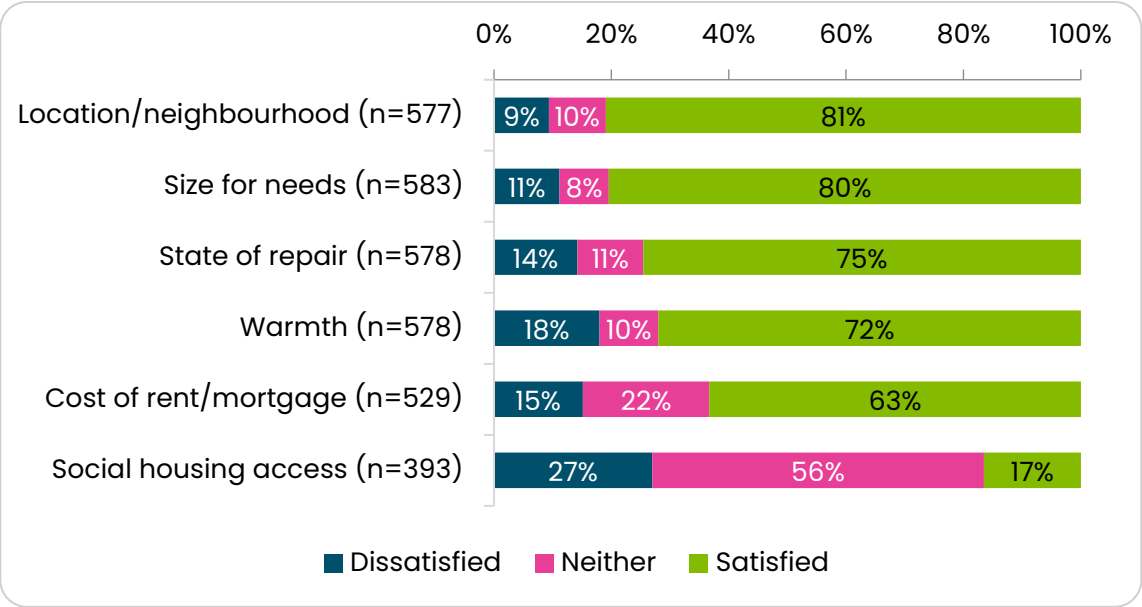
In three areas, more than 90% of participants reported owning their home: Freeland (97%), Stanford in the Vale (93%), and Long Hanborough (91%) Only 34% of Heyford Park's residents said they owned their home (noting the low number of responses, n=9).

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.

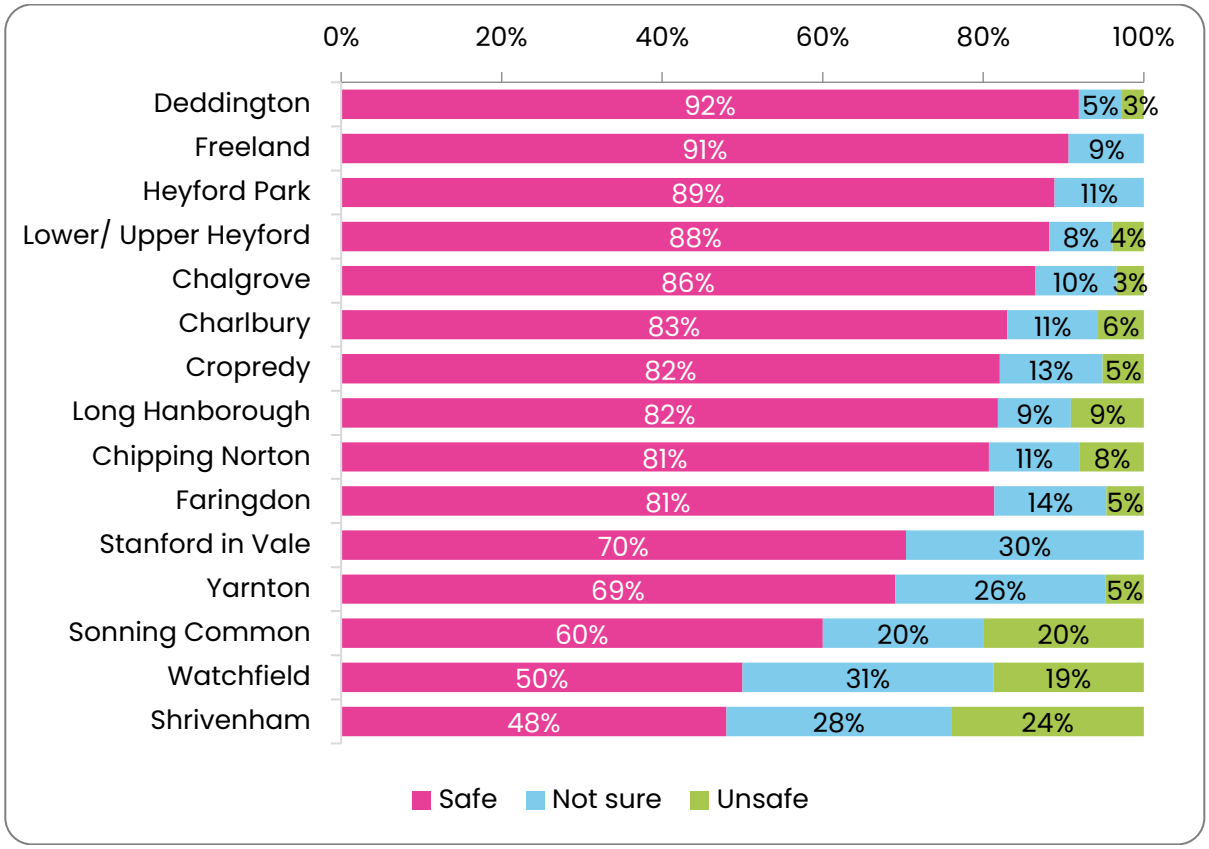
Table 6. How safe do you feel living in your community? (Online survey; 612 responses)

	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)

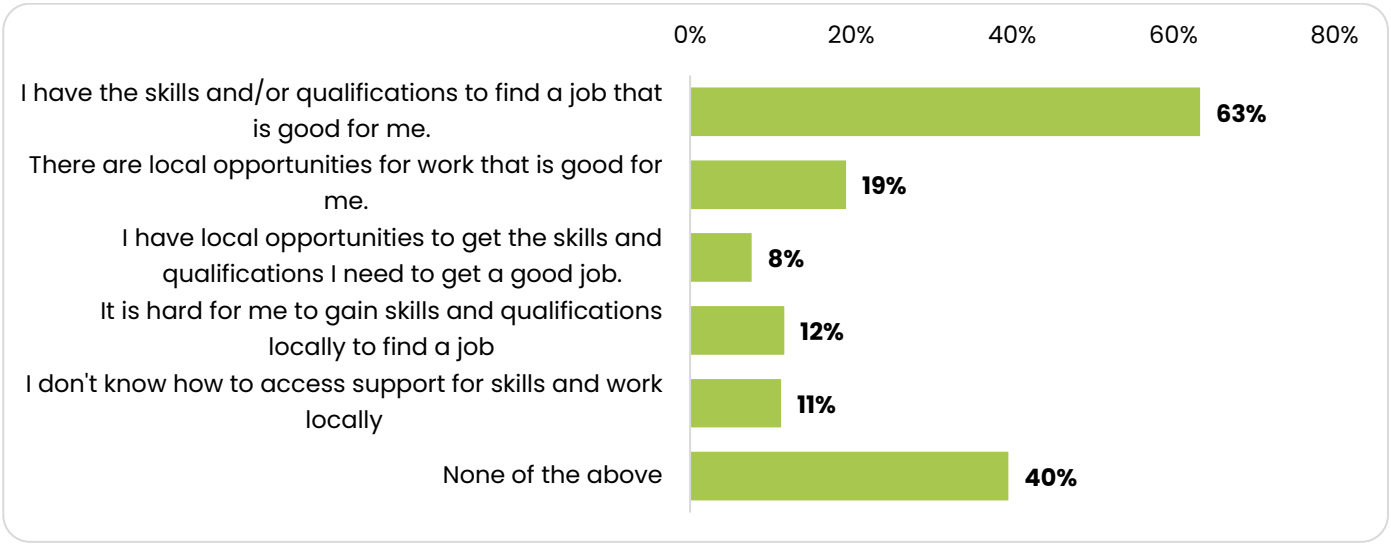
Survey participants were also asked whether they were aware of crime in their local area: 39% responded "Yes" and 61% "No". Participants from all areas reported experiencing, seeing, or hearing about crime, describing examples of drug or alcohol-related, theft, and vandalism.

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 the 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)

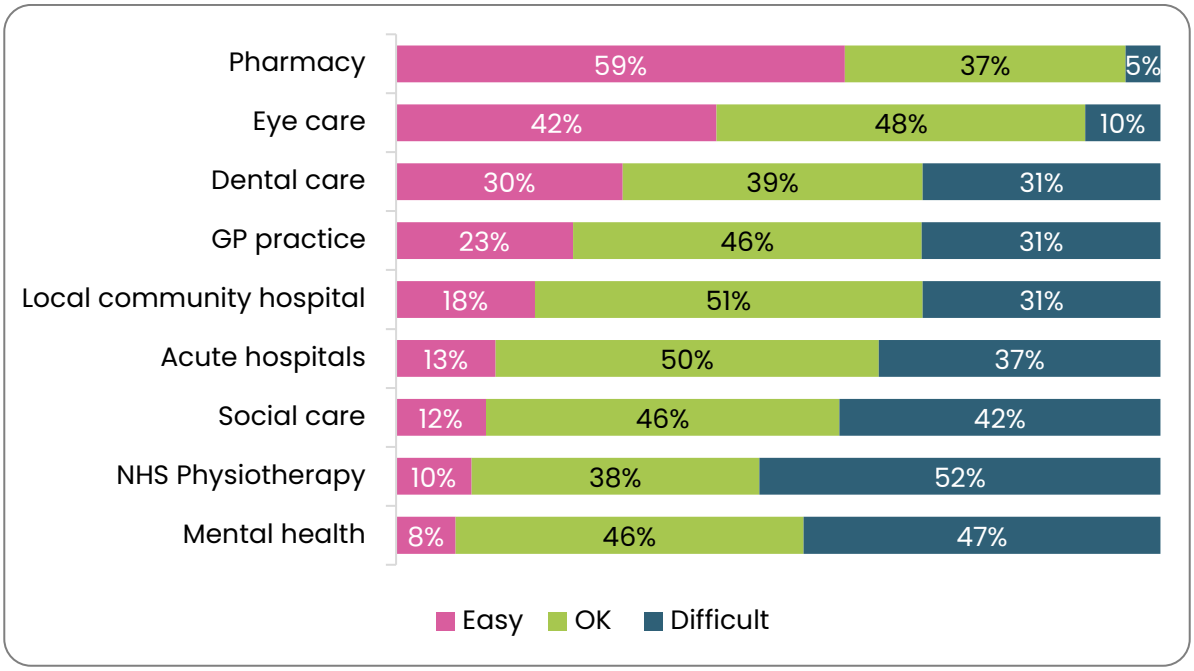
People also pointed out that new housing developments seemed to be being built with commuting in mind, rather than being linked into holistic planning that would include local job opportunities.

> "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 and 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

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Living in Chipping Norton (2022) Living in Chipping Norton | Healthwatch Oxfordshire

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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


Charlbury
Chipping Norton
Cropredy
Deddington
Long Hanborough
The Heyfords
Freeland
Yarnton
Faringdon
Watchfield
Stanford in the Vale
Shrivenham
Chalgrove
Sonning Common
CHERWELL
WEST OXFORDSHIRE
OXFORD
VALE OF WHITE HORSE
SOUTH OXFORDSHIRE

healthwatch Oxfordshire

Healthwatch Oxfordshire
Office F20, Elmfield House,
New Yatt Road,
Witney OX28 1GT

www.healthwatchoxfordshire.co.uk
t: 01865 520520
e: hello@healthwatchoxfordshire.co.uk