Health and wellbeing in Ambrosden, Arncott, Blackthorn, and Piddington

REPORT

MARCH 2024

Contents

Executive summary

In July 2023, Community First Oxfordshire (CFO) was commissioned by Healthwatch Oxfordshire (HWO) to undertake community insight research in a rural area of Oxfordshire with focus on understanding health inequalities, and health and wellbeing. CFO focused on the communities of Ambrosden, Arncott, Piddington, and Blackthorn in the North of the county. These areas were chosen because they fall in the 10% most deprived areas (LSOAs) in England in relation to barriers to housing and services domain. The research also follows on from 2022 CFO research (again commissioned by HWO) into rural isolation in Oxfordshire.

The aims were to capture the opinions of the community in relation to: 1- the local strengths and assets that support and enable health and wellbeing and; 2- challenges to health and wellbeing and what would help to address these. The questions and methodology used in the research mirrors that followed in recent community insight research which CFO undertook to evidence Oxfordshire Public Health profiles[1] in Littlemore, Abingdon Caldecott, Banbury Grimsbury and Hightown, and Banbury Ruscote and Neithrop.

This report – written by CFO – offers a 'rural counterpoint' to that research and is also intended to help meet the Oxfordshire Health and Wellbeing Strategy 2024-30 aspiration to gain a, 'better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas.'[2] It also shines a local light on access to services in rural areas, which is noted as a challenge to health and wellbeing in the 2023 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB-ICP) Integrated Care Strategy.[3] The findings should also be of relevance to the Oxfordshire Place-Based Partnership, a consultative forum representative of the health and care system, which aims to improve health outcomes.

Furthermore, the report situates the findings in a wider context, supporting headline findings in the 2020 Rural Proofing for Health Toolkit[4] about the need to provide more accessible services in rural areas, while also echoing a conclusion from Going Further Together- the Role of VCSE Organisations in Neighbourhood Health Ecosystems (2023)[5], which emphasises the value of the voluntary sector in delivering NHS priorities but makes clear that long-term funding is needed to maximise the potential.

Research

The research took place from September 2023 to mid-January 2024. A mapping exercise was undertaken at the outset to identify community-based and non-community-based groups (active in the area). Key individuals were identified and contact made to introduce the project aims and build relationships. An engagement strategy was then developed which combined focus groups, one-to-one

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[1] Oxfordshire Insight. *Community Profiles* (2024). Available at:
https://insight.oxfordshire.gov.uk/cms/community-insight-profiles

[2] Oxfordshire County Council, *Oxfordshire Health and Wellbeing Strategy* (2024), p. 24. Available at:
https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwbstrategy.pdf

[3] Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB-ICP). *Integrated Care Strategy* (2023). Available at: https://www.bucksoxonberksw.icb.nhs.uk/media/2933/integrated-care-strategy.pdf

[4] Rural England and National Centre for Rural Health and Care. *Rural Proofing for Health Toolkit* (2020).

[5] Locality, Power to Change and VCSE Health and Wellbeing Alliance. *Going Further Together – The Role of VCSE Organisations in Neighbourhood Health Ecosystems* (2023), p. 3. Available at:
https://locality.org.uk/assets/images/GoingFurtherTogether-Report-final.pdf

interviews, and a community survey. In this way, **162 residents** were reached, across a broad demographic range.

It should be noted that it took some time, often several months, to make connections, build trust, and subsequently undertake primary research. This experience should be borne mind when designing future research projects in rural areas, where groups and organisations are less in number than in urban areas and key residents and volunteers are often active in multiple organisations. At the same time, the project engaged predominantly with the 25+ age group, with children and young people very under-represented and older people (70+) over-represented. Further research, focusing on under-represented groups, would be useful.

Findings

A range of local assets to support health and wellbeing were identified, from green and open spaces and the rural setting to local shops and services, community spaces, and community groups running a range of activities. However, there is local variation in access/ availability of some of these assets. Each location has a unique set of assets, and while there is similarity in some opinion regarding these, there is also some difference.

Public realm, isolation, and access to health services

A number of challenges to health and wellbeing were also identified (again there were specific challenges identified in particular places). These included, most prominently: public realm issues (poor pavement and road quality and the need to improve public rights of way, speeding and road safety); problematic public transport infrastructure (frequency of bus services, near-absence of services in certain locations, but also access to bus stops, sometimes compounded by poor pavement quality); physical access to health care; and a total absence of community-based healthcare (GP, NHS dentist, pharmacy). While lack of access to services did give rise to feelings of isolation, this was somewhat offset by the fact that many people are able to drive. At the same time, a sense of anxiety regarding what could be described as 'future isolation' – as people age and may no longer be able to drive – was identified. Already, many older people are relying on friends and family to drive them to appointments.

Attention should also be drawn to already existing and previous community efforts to address some of the themes identified. For example, there have been previous efforts to explore the possibility of a community transport scheme and to find ways to address public realm concerns. Indeed, that lack of success in finding ways and means to address such issues (which are a continuing challenge locally) points to the need to explore the possibility of securing external support to help facilitate ways forward.

With this in mind, CFO and Healthwatch will, in the first instance, convene a roundtable discussion to explore this report and discuss potential next steps. Invitees will include the four parish councils, district and county councillors, Ministry of Defence, relevant district and Oxfordshire County Council officers (e.g. community services, transport and public health), and infrastructure support organisations (such as CFO and OCVA). Efforts should also be made to engage effectively with Five Acres Primary in Ambrosden, the only primary school in the four communities and identified as an under-utilised asset in the community 'ecosystem'. The intent of this roundtable would be to seek ways to be 'more than the sum of our parts.' Collective rather than individual conversations (often discussing the same topics) open up the possibility of sharing resources and achieving economies of

scale in already straitened fiscal times, as well as making projects potentially more attractive to external funders.

This summit (and, vitally, follow-up conversations) could seek ways strategically to address some of the cross-cutting themes identified, such as improvements to pavements, roads, and public rights of way. Public health involvement could also explore the possibility of rolling out preventative and mental health initiatives (such as a series of road shows across the communities).

Social and community infrastructure

At the same time, from the community perspective, there are avenues to address certain key issues, which also come with the potential for external (funded) support. Neighbourhood planning (Community First Oxfordshire offers a neighbourhood plan support service) is an extremely useful tool in helping communities set the direction of policy travel and proactively address spatial planning concerns which were identified in the research (including housing development, and environment), while there may also be value in the four Parish Councils exploring specific nature recovery-based initiatives.

With regard to social and community infrastructure, there is lots of community activity taking place (albeit more extensively in certain locations) and much of it is highly regarded. These hyper-local, often informal, 'eco-systems' are in many ways the true community 'anchors'. What is also clear is that most volunteers and organisations, if not all, are stretched in terms of available time and financial resource and, for those who work with them, the volunteer pipeline is drying up (compounded by the downturn in community activity from Covid). This is giving rise to what could be characterised as a fragmentation in activity.

Many areas of common challenge were identified in relation to social and community infrastructure. Opportunities for improvement included: a joint, four-parish communication strategy (including a shared calendar); the undertaking of consultation/engagement with young people; the mapping of existing activity to identify gaps and crossovers in key themes, complement existing work, avoid duplication, and identify new provision etc.; the discussion and development of joint-activity (potentially theme-based steering groups) and joint-funding bids; the exploration of common challenges, opportunities and solutions in relation to, for example volunteering, safeguarding, and training; and the exploration of innovations such as creche/ childcare facilities to allow better access to activities for parents and guardians.

A range of suggestions for new/ extended projects were made by research participants – these included: more community-wide events, especially where these have been lost; cycle routes linking the villages; a coffee shop/ community café/ drop-in space; a space for parents, carers and children; a 'Men's Shed' initiative; a health and wellbeing group; exercise for older people; more support for young people (youth club or drop-in space); a pub at the garrison; and another pub in Ambrosden.

The café/ drop-in space suggestion may be particularly beneficial as a place to facilitate more community connections and begin to create the relational foundations and trust needed to explore resident-led initiatives – it may also function as a space with which external support agencies could interact in order to identify additional need.

Equity in addressing next steps

Nevertheless, given the pressures on relatively small numbers of local groups and volunteers, it is unreasonable and impractical to expect these unilaterally to respond to the challenges and

suggestions set out below. Both formal and informal volunteering need to be much better supported on a systematic, long-term basis. This requires direct resourcing and also assistance from infrastructure support organisations – to sustain volunteering strategies, training, develop new community-identified support, and improve usage of existing community assets such as halls and churches in order to achieve their full potential.

While deeper community involvement in health and wellbeing initiatives can be hugely beneficial to local people, there is only so much that volunteers can be *expected* to deliver without additional support. To this end, there could be positive benefits to introducing a community development worker who could coordinate efforts to help address common challenges to the development of social and community infrastructure across all four parishes. The four Parish Councils might consider joint fundraising for such as position, while the question is also posed to Oxfordshire Public Health (and Cherwell District Council and others) as to whether they would consider funding a community health development officer for these communities, along the same lines as those deployed in other communities.

Next Steps

The next steps set out below are offered to all stakeholders, including community groups, local volunteers, and the multiple agencies and organisations active in Ambrosden, Arncott, Blackthorn, and Piddington.

- This report to be shared with key partners and networks to help inform strategic discussion about the rural dimension to health and wellbeing:
    - Stakeholders include Ambrosden, Arncott, Blackthorn, and Piddington Parish Councils, Cherwell District Council, Oxfordshire County Council, the Health Overview Scrutiny Committee, the Health and Wellbeing Board, the Oxfordshire Place-Based Partnership, the Cherwell Local Strategic Partnership, the Oxfordshire Civilian-Military Partnership, the Health and Planning Group, and others.
- CFO and Healthwatch to convene an initial, roundtable discussion with key partners to explore the report and discuss next steps, which might include:
    - The potential identification of an Area Champion to explore improvement opportunities at senior levels within local government, health, and transport structures.
- The four Parish Councils to (re)visit the possibility of undertaking Neighbourhood Planning and nature-based initiatives.
- The four Parish Councils and strategic partners to explore funding for additional, on the ground community development support.

Acknowledgements

CFO would like to offer its sincere thanks to the residents of Ambrosden, Arncott, Piddington, and Blackthorn, and the locally-based organisations who readily, and often enthusiastically, gave their time to talk so openly to our researchers.

About Community First Oxfordshire

CFO is a community development charity which helps communities and individuals to identify issues that affect them and find their own solutions. We support and advise volunteer-led actions in

Oxfordshire, helping hundreds of volunteers fulfil many roles in their communities. We support the principles of Asset-based Community Development. We think that stronger, more sustainable communities are built using the skills and gifts that people already have.

About Healthwatch Oxfordshire

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. Healthwatch Oxfordshire commissioned Community First Oxfordshire to carry out this research, building on their existing links within rural communities.

Project introduction and overview

In 2021-22, Community First Oxfordshire (CFO) - on behalf of Healthwatch Oxfordshire - carried out research to better understand the levels of isolation felt in rural communities. The focus was Oxfordshire-wide, with a survey promoted with all known contacts within a rural setting. A number of focus groups went into the subject in more detail.

The resulting Rural Isolation in Oxfordshire Report (2022), the first of its kind in the county, gathered information on services and facilities in rural communities, looking at both strengths and challenges. This gave a revealing picture of economic and social changes over the last decade which have resulted in closures of local services, such as libraries, schools, shops, banks, and pubs.

Isolation was a key finding, felt by many people of all ages. While the research did not necessarily show that isolation is felt more strongly in a rural setting, that feeling can be exacerbated if physical access to services is an issue and the individual does not feel part of their local community. Also, while some villages and towns have relatively good public transport services and the majority of rurally-based residents own private cars, there are households in rural communities that do not have access to a vehicle. At the same time, some rural communities have little to no public transport. These situations, alone or combined, hinder people from physically accessing services. The demographic profile of Oxfordshire's rural areas brings additional challenges: older people are more likely to live in rural communities than younger people, with 42% of the county's population aged 65+ living in rural Oxfordshire.[6]

The draft *Oxfordshire Health and Wellbeing Strategy 2024-2030* recognises the particular challenges of living in a rural area as regards loneliness and isolation and access to services, for example, but also seeks 'better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas.'[7] In this regard, the Rural Services Report offers useful insight across Oxfordshire's rural areas as a whole. However, Oxfordshire's rural communities could benefit from a similar, hyper-local focus on the challenges and opportunities with regard to health and wellbeing, health inequalities, and wider determinants of health. This would offer a parallel to the Community Insight profiles commissioned by Oxfordshire County Council Public Health from 2022 to the present, which have offered illuminating local insights in the most deprived urban areas of the county.

As a community development charity rooted in rural communities, CFO is of the opinion that the experience and challenges of citizens living in rural Oxfordshire can often be overlooked. While it cannot be denied that Oxfordshire's most deprived communities are in urban centres and that there are larger overall *numbers* of people in need in urban areas compared to rural areas, there is – beyond numbers – little difference in experience. The experience of someone suffering from social isolation in Caldecott, Abingdon, is of equal value and importance to someone in the same situation in Arncott, rural Cherwell.

Rural deprivation may be less prominent, or visible, yet it most certainly exists. In the 2019 Index of Multiple Deprivation, 40 rural LSOA areas in Oxfordshire feature in the 10% most deprived nationally for barriers to housing, so overcrowding, homelessness, affordability, and services. 80 rural LSOAs feature in the most deprived 10% regarding geographical barriers (distance to schools, healthcare, and shops). There are multiple other rural areas which are deprived in other ways, in relation to

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[6] Oxfordshire Insight, *Needs Analysis for Older People in Oxfordshire* (2018): available at-
https://insight.oxfordshire.gov.uk/cms/system/files/documents/Older%20People%20JSNA%202018%20Oct18%20v2_0.pdf
[7] *Oxfordshire Health and Wellbeing Strategy.* Op. cit. p. 24.

indicators such as income deprivation with regard to children and young people and the living environment (that is, poor heating and poor housing conditions).

In 2022-23, CFO undertook four Community Insight Profiles for OCC Public Health: Banbury Grimsbury and Hightown, Banbury Ruscote and Neithrop, Abingdon Caldecott, and Littlemore. A similar research approach and methodology – focusing on a rural population – could offer useful counterpoint and comparison to those urban profiles.

To this end, in autumn-winter 2023 CFO undertook research – on behalf of Healthwatch Oxfordshire– in the parishes of Ambrosden, Arncott, Piddington, and Blackthorn in eastern Cherwell district. These areas were chosen because they fall in the 10% most deprived areas (LSOAs) in England in relation to barriers to housing and services domain (physical proximity of local services, and wider barriers, which includes issues relating to access to housing such as affordability). They also fall in the 20% most deprived areas nationally in relation to education and skills. Overall, they are in the 40% most deprived areas nationally across all IMD indicators.

Specifically, this report sets out:

- A brief demographic profile of the area, and an overview of local services and social and community infrastructure.
- Qualitative and quantitative data, gathered from residents, in relation to:
    - What kind of things (like organisations, services, and people in the community) support health and wellbeing?
    - What causes the biggest problems to people's health and wellbeing and what would help improve these?
    - How are experiences affected (or not) by perceptions of isolation.
- Stories of people's experiences of living in the area, with particular regard to health and wellbeing.
- Insights on the views of the topics identified above, from local organisations who work with local residents.
- Observations on reaching residents and community engagement approaches.
- Recommendations for further insight needed and/ or actions to take forward from the findings.

To better situate research findings in the local and national policy context, the report also considers the findings in relation to key recent publications such as the aforementioned Oxfordshire *Health and Wellbeing Strategy*, *Going Further Together – the role of VCSE organisations in neighbourhood health ecosystems*, the *Rural Proofing for Health Toolkit,* and the *APPG Rural Health and Care Enquiry Report.*[8]

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[8] National Centre for Rural Health and Care. *All Party Parliamentary Group Rural Health and Care Enquiry Report* (2022). Available at:
https://rsnonline.org.uk/images/publications/RuralHealthandCareAPPGInquiryOve.pdf

Ambrosden, Arncott, Blackthorn, and Piddington

Location and demographic overview
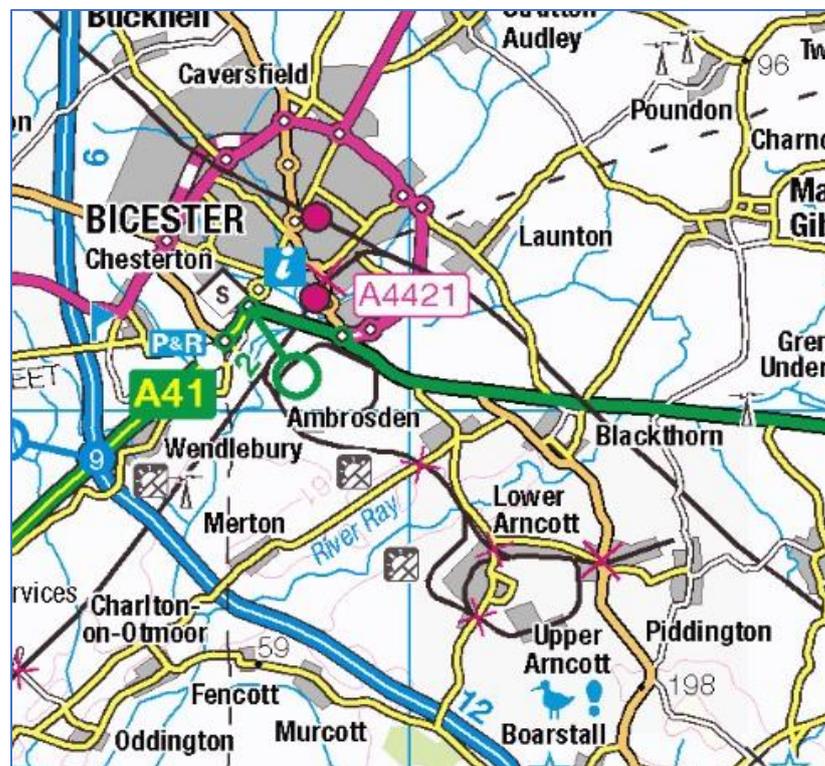
Figure 1 - Location of parishes south-east of Bicester
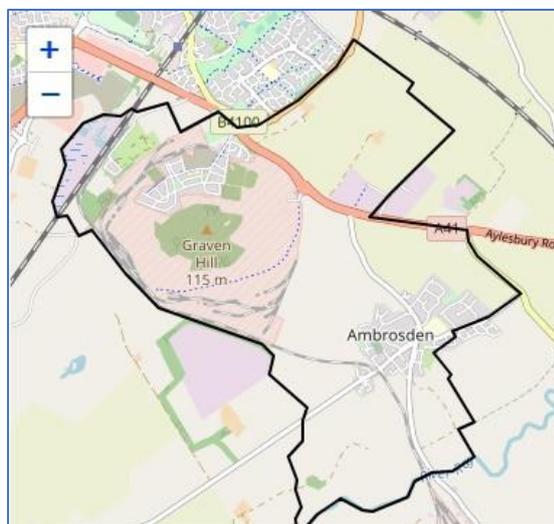
Figure 2 - Ambrosden

The parishes of communities of Ambrosden, Arncott, Blackthorn, and Piddington are located 3-6 miles south-east of Bicester in the Cherwell district of Oxfordshire. The four parishes are within 1.5 – 2.5 miles of each other.

Ambrosden is the most populous community, with a population of 2100, followed by Arncott (1700), Blackthorn (610) and Piddington (360).

The largest ethnic group in all parishes is white British, ranging from 79% in Ambrosden to 96% in Piddington. Asian, Asian British, and Asian Welsh are the next largest ethnic group in Ambrosden (11.6%), Arncott (6%) and Blackthorn (3.6), with mixed/ multiple ethnic group the second largest (2.2%) in Piddington.[9]

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[9] ONS, 2021.

Figure 3 - Blackthorn

Figure 4 - Piddington

Figure 5 - Arncott

In terms of **age profile** (compared to England as a whole) there is variation between the communities: *see Table 1, below*.

To give some examples, both Ambrosden and Arncott have lower than average numbers of residents in the 50-85+ age range, with higher than average numbers in the 25-49 age range. Piddington has higher than average numbers in the 55-85+ age range, as does Blackthorn in the 25-49 and 55-69 range.

There are above average numbers of residents in the 0-14 age range in Ambrosden and Piddington, and in the 0-9 range in Blackthorn. In Ambrosden, Arncott and Blackthorn, there are above average numbers in the 25-49 age range, with lower than average numbers aged 25-49 in Piddington.[10]

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[10] ONS, 2021

Table 1 – Age Profile of Residents Compared to England Average[11]

	Under average numbers of residents (age range)	Above average numbers of residents (age range)
Ambrosden	• 15-24 • 50-85+	• 0-14 • 25-49
Arncott	• 0-19 • 50-85+	• 20-49
Piddington	• 0-9 • 15-54	• 10-14 • 55-85+
Blackthorn	• 10-24 • 70-85+	• 0-9 • 25-49 • 55-69

Deprivation and health inequalities

The 2019 Index of Multiple Deprivation collects statistics on relative deprivation in areas in England. It measures deprivation across seven indices**: income, employment, education, health, crime, barriers to housing and services,** and **living environment**. These indices are ranked from 1-10, where 1 is the most deprived and 10 is the least deprived.

In relation to these indices *as a whole*, as Oxfordshire County Council notes, Oxfordshire 'has relatively low levels of deprivation: it is the 10th least deprived of 151 upper-tier local authorities in England (up from 11th in 2015). That puts the county well within the top 10% least deprived.'[12] However, the deprivation context becomes more nuanced when analysed at smaller, Lower Super Output Area (LSOA) level.

The study area for this project – Ambrosden, Arncott, Piddington, and Blackthorn – is covered by three LSOAs. Summarised *across all seven indices*, LSOA 016d (covering Arncott and Piddington) ranks 4 out of 10, while LSOA 011f (covering Blackthorn) ranks 7 out of 10, and LSOA 011a (covering Ambrosden) ranks 9 out 10.

However, there is further nuance within individual indices. For example, Arncott and Piddington rank 1 (i.e. within the most deprived 10% of LSOAs nationally) in relation to **barriers to housing and services**[13] and 2 (within the most deprived 20%) with regard to **education and skills**[14]. Blackthorn ranks 1 (within the most deprived 10%) in relation to the **living environment**[15]. While comparatively 'less deprived' in general, Ambrosden ranks 4 (within the most deprived 40%) in relation to education and skills.[16]

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[11] Ibid.

[12] Oxfordshire County Council, *Oxfordshire Insight*, 2019. Available at: https://insight.oxfordshire.gov.uk/cms/deprivation-dashboard

[13] Measures the physical and financial accessibility of housing and local services.

[14] Measures the lack of attainment and skills in the population.

[15] Measures the quality of both the indoor and outdoor local environment.

[16] Ministry of Housing, Communities and Local Government, *Index of Deprivation Local Authority Focus*, 2019. Available at: https://app.powerbi.com/view?r=eyJrIjoiOTdjYzIyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzMxOWQ3NzQ2IiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTI0YTJlZjM5OTVhOCJ9

Data on health inequalities for the study area can also be sourced from the Oxfordshire Joint Strategic Needs Assessment (JSNA). The JSNA 'shares information about Oxfordshire's population and the factors affecting health, wellbeing, and social care needs [and] The report provides an evidence-base for the Health and Wellbeing Strategy and related service plans and is an opportunity for an annual discussion about the key issues and trends affecting Oxfordshire.'[17]

An Oxfordshire Local Areas Inequalities Dashboard was created as part of the JSNA to view and analyse health indicators at a local level. Two geographic areas (middle super output areas) cover the study geography: Islip, Arncott, and Chesterton (includes Arncott, Piddington and Blackthorn in the study area) and Caversfield, Ambrosden, and Fringford (includes Ambrosden in the study area). While these geographic areas are *wider* than the study area, the dashboard offers useful contextual and comparative data with regard to health and wellbeing.

For example, in Caversfield, Ambrosden and Fringford, while most health indicators are better or similar in comparison to Oxfordshire as a whole, they are worse with regard to: death from all causes, and death from stroke. In Islip, Arncott and Chesterton, most indicators are (again) better or similar in comparison with Oxfordshire as a whole, but worse with regard to: emergency hospital admissions for injury for 15-24 year olds and, emergency hospital admissions for self-harm.[18]

Services and transport infrastructure overview

Based on desktop mapping, there is, generally, a lack of key services available locally in Ambrosden, Arncott, Piddington, Blackthorn. The GP surgery in Ambrosden is now closed, with the nearest surgery located in Langford Village (Alchester Medical Group) 3-6 miles distant. There are, likewise, no pharmacy or dental services available in the four communities. The nearest dental surgery is located at Graven Hill, and the nearest pharmacy in Bicester.

In terms of local shops, only Arncott (One Stop) and Ambrosden (Costcutter) have facilities, while Ambrosden also has a Post Office. The nearest supermarket is the Tesco Express in Langford Village, Bicester, with the nearest large superstore the Tesco on the A41 on the outskirts of Bicester, several miles distant.

There are very good children's play areas in all four communities, and each community also has a village hall and other buildings which support community activity and host local groups (*see below*). There are public houses available in Ambrosden and Arncott. Pubs in Piddington and Blackthorn are long-closed, although both communities organise occasional Pop-Up Pubs at the respective village halls.

In terms of public transport, there are three services which serve the four communities. However, service times are often extremely limited and not all communities are equally served. The location of bus stops is also problematic in terms of access (with the situation compounded by often poor pavement quality to reach them).

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[17] Oxfordshire County Council, *Joint Strategic Needs Assessment*, 2023. Available at: https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

[18] Oxfordshire County Council, *Oxfordshire Local Areas Inequalities Dashboard*, Available at: https://public.tableau.com/views/OxfordshireLocalAreaInequalitiesDashboard/Home?embed=y%3Adisplay_count&%3AshowVizHome=no

Stagecoach service H5 (John Radcliffe Hospital JR Hospital West Wing - Bicester Town Centre Pioneer Square) serves Ambrosden 12 times per day in each direction from 07.30 until c.20.00 (Monday to Saturday).

Stagecoach Service 29 (Upper Arncott Bullingdon Prison - Bicester Town Centre Pioneer Square) serves Ambrosden and Arncott up to ten times per day in each direction (3 times on Sunday).

However, in Arncott, *not all route 29 services stop at all stops*, and all stops are situated in the north of the village – this entails a long walk for those in the southern area to access a bus. While the 29 service runs in relative proximity to Piddington, it is difficult to access for residents – to reach the nearest stop (Bullingdon Prison) requires an almost 2 mile walk along a country road with no pavements and no lighting. The 29 service also offers access to Bicester Village train station, and has a stop on the western edge of Langford Village, offering access to services such as the GP surgery and the Tesco supermarket.

Oxford Bus Company service 108 (Oxford City Centre, High Street - Bicester, Manorsfield Road) serves Piddington once per day (Monday to Saturday) in each direction (leaving at 10.46 and returning at 14.54). The stop is located on the western edge of the village, a c. ½ mile walk from the southern end of the village. Blackthorn is also served by the 108, once per day in each direction.

While the 108 service is extremely limited, it does offer a stop at Langford Village, where the Tesco Express and the Langford Medical Practice is located.

Social and community infrastructure

In order to understand more about the range and types of community action, activity, and assets (whether led or hosted by the community or external agencies and services), a mapping exercise was undertaken. This combined desk-based research and conversations within the community.

The table below summaries the range of organisations, groups, and assets[19] which are currently involved in community-based activity (as organisers, active participants, facilitators, hosts etc.). The categories set out below are broad – in particular, it is recognised that there is often overlap in the function and organisation of volunteer-led and non-volunteer-led groups. Also, it should be noted that some of this activity is *very informal* – organisers may not see themselves as 'volunteers', rather as community-minded residents being neighbourly.

All communities also have a range of community events, some more than others. These are often seasonal: Christmas, New Year, Easter, Halloween, summer and special occasions such as Jubilee/ Coronation.

	Volunteer-led groups/ activities	Community-based organisations	Non-community-based organisations/ agencies
Ambrosden	• Garrison coffee morning	• Ambrosden Parish Council • Ambrosden Village Hall	• Ministry of defence

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[19] Note: this is likely not an exhaustive list.

	• Ambrosden4Children (parent and toddler group) • Allotments • Artsy Crafty group • Brownies • Games Club	• Five Acres Primary School • St Mary the Virgin Church • MOD community centre	
Arncott	• Friendship Club • Football Club • Knit and Natter	• Arncott Parish Council • Arncott Village Hall	• Sanctuary Housing Association • Age UK Oxfordshire – runs seated exercise class at village hall
Blackthorn	• Pop-up pub and quiz nights • Coffee morning	• Blackthorn arish Council • Blackthorn Village Hall	
Piddington	• Pop-up pub • Craft and social club • Short matt bowls • Music events (occasional) • Open garden (occasional)	• Piddington Parish Council • Piddington Village Hall • St. John the Baptist Church	

Community Insight Research

Introduction and methodology

The aims of the research explored in this report was to capture the opinions of the community in relation to: 1- the local strengths and assets that support and enable health and wellbeing and; 2- challenges to health and wellbeing and what would help to address these. **162 individuals** were consulted across the project; focus group attendees (31); one-to-one interviews (51); and the community survey (80).

Key themes, issues, challenges, and opportunities were identified and recommendations made for further insight needed and/ or actions to take forward from the findings. These are explored in *Discussion of Findings*, below.

The community mapping work, which has been summarised above, identified volunteer or community-led groups and organisations active in Ambrosden, Piddington, Arncott, and Blackthorn. These groups and organisations were contacted in order to make introductions to the project, build relationships, and – subsequently – undertake research.

Different methodologies were utilised in order to capture opinions from both residents and organisations. 121 and focus group questions, and the content of online and hard copy surveys, mirrored those used in four Community Insight research projects which CFO has recently undertaken for OCC Public Health and partner District Councils in Littlemore, Banbury, and Abingdon Caldecott. While this project was not commissioned by Public Health, utilising the same methodology will allow for comparisons to be made across all projects.

1. *One-to-One Interviews*

Two sets of questions (one for resident-based interviews and one for representatives of community-based organisations) were developed by CFO (see appendix 1).

Researchers contacted community groups and arranged to attend sessions and speak to attendees, taking them through the questions. CFO also undertook interviews in the wider community. For community-based organisations, interviews with key representatives conducted either face to face or, where this was not possible due to pressures of time, via email.

2. *Personal stories (case studies)*

These stories were identified as the research progressed, primarily developing naturally from one-to-one interviews, where individuals expanded on certain points and offered deeper personal insight on particular themes. (These stories use pseudonyms).

3. *Focus Groups*

Focus groups discussion allows for a deeper dive into given issues and can stimulate spontaneous ideas and personal disclosure. The approach that CFO took was that of semi-guided conversations. We did not wish to overly lead focus group discussion but 'go where people wanted it to go'.

4. ***Community survey***

The primary focus of the research was qualitative research. However, it was recognised that a survey (hard copy and online versions were produced) could help establish more general, quantitative opinion in relation to the key research themes.

The survey was disseminated (primarily via a weblink), using the multiple local networks identified during mapping. The survey was anonymous, although respondents were invited to leave their contact details should they wish to share their experiences and opinions with the research team.

Research and data overview/ limitations

The first weeks of the project focused on introducing the project, building trust with local organisations and residents, and arranging specific research activities.

The objective of the qualitative research undertaken by CFO was to produce in-depth information in order to understand more about the research questions. However, it is recognised that qualitative research can only provide illustrative information and data, sometimes very personal and perhaps only indirectly comparable.

A focus was to reach numbers of residents via higher-level approaches (shorter one-to-one interviews and the community survey) and complement this with more in-depth approaches (longer one-to-ones interviews, personal stories, and focus groups). This allowed findings to combine both numbers (of people consulted) and depth, building a richer, more detailed and more nuanced set of findings to support the recommendations set out below.

The age of those consulted was as follows[20]:
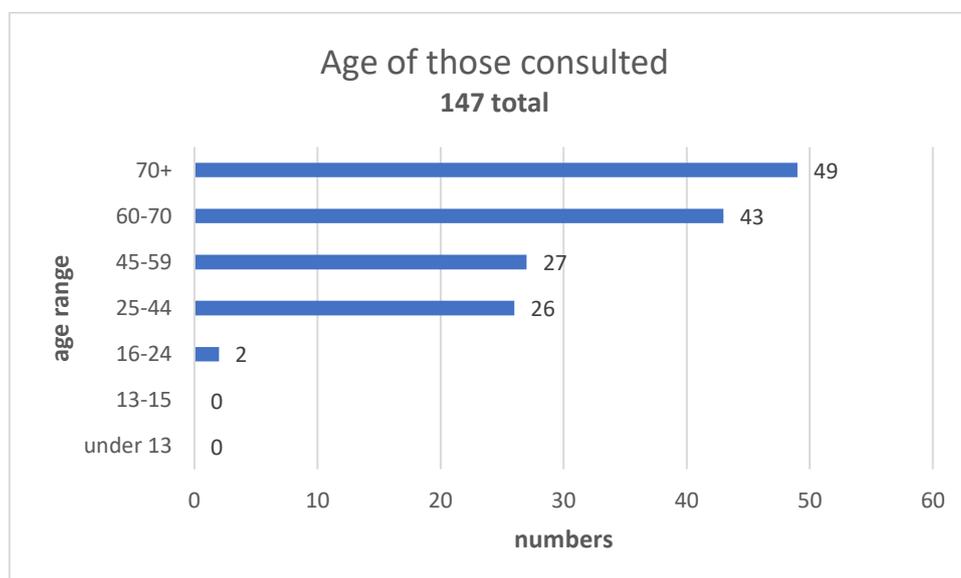
As can be seen, the project engaged predominantly age groups from 25 upwards. Over 70% of the total number consulted were female whilst 100% were of white British/ other white ethnicity. Additional research focusing on other ethnic groups would allow more representative opinion to be gathered, particularly with regard to the Asian/ Asian community which makes up 4-12% of local

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[20] 15 survey respondents declined to provide their age.

populations (*see demographic overview above*). Further research focusing on the male voice would also be useful.

In addition, given that – as noted above – there are above average numbers of residents in the 0-14 age range in Ambrosden and Piddington, and in the 0-9 range in Blackthorn, further research focusing on children and young people would be valuable.

Research findings

Presented below are summaries of the key themes identified during project research in relation to the different methodologies used and questions asked. Non-attributed quotes from these sessions and anonymised case studies have also been used to illustrate many of the points made and opinions shared.

Resident one-to-one interviews

45 residents were consulted in a range of settings, as summarised below:

Where residents live and where they were consulted	Numbers consulted
Ambrosden • Ambrosden4Children • Garrison coffee morning	4
Piddington • Christmas fayre • Church harvest • Arts and craft exhibition • Piddington craft and social club	29
Arncott • Ambrosden for Children • Piddington Christmas Fayre • Piddington Craft and Social club	8
Blackthorn • Piddington harvest festival • Home visit • Piddington craft and social club	4
TOTAL	**45**

In terms of general observations, interviewees were generally quite willing to talk to researchers. In addition, many people (across a wide age range) chose to go into some detail, without prompting, about their physical and mental health, several of whom were suffering from multiple health conditions which affected their daily lives to a greater or lesser extent.

Findings have been aggregated across all four communities. However, difference/ nuance in findings between communities has also been highlighted.

Research question	Main themes	No. of references
1. What do you value/ like about the community (Ambrosden, Piddington, Arncott or Blackthorn)?	Friendly/ community spirit/ good neighbours	17
	Countryside location/ peaceful	11
	Used to like it more/ community has changed for the worse/ not very friendly	5
	Safe	3

'The coffee morning is the best thing that ever happened to the village. The parish council got funding to bring everyone together after Covid and it's carried on' [Ambrosden].

'I used to like it more. People looked out for each other. Not the same after Covid. I feel like the community sunk in on itself, especially older people. People stopped coming out and haven't really started again' [Arncott].

'Community spirit – we have lived here just over a year. We were in Surrey and the difference is unbelievable. At the bottom of our garden, we have cows in the field, it's just lovely. The best move we've ever done' [Blackthorn].

'It's a real community - people know each other and you get to know your neighbours' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: responses from Piddington strongly emphasised the friendly nature of the village and the community spirit. More nuanced and differing perspectives on community spirit were expressed by Arncott, Blackthorn, and Ambrosden residents. The value of the countryside location was shared across all communities.

2. Do you feel involved in decision-making locally and feel that you are listened to?	Yes	20
	To some extent	6
	No	5

'The military housing is run by the garrison and they have meetings about housing and repairs. Not heard of what's going on locally and how to be involved with decision making' [Ambrosden].

'Not had an opportunity to give my opinion on anything. Don't really know how to go about providing feedback. I've never had anything that I've needed to make a comment about since we've been here' [Blackthorn].

'Yes, through the village hall committee but there is no other mechanism' [Arncott].

'The people involved in committees are the people who want to make decisions the community are told how to report issues etc. and people share their thoughts on the village What's App and Facebook groups' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: again, responses from Piddington more strongly emphasised the sense of being listened to, knowing what was happening locally, and how to get involved. These opinions were less prominent in the other communities, with specific frustrations also expressed regarding a lack of communication or the communication method meaning some miss information or cannot access it, and not knowing where to go to raise an issue. However, some residents did not want to be involved or weren't involved as they didn't have issues to raise.

3. Do you feel isolated because of the location of the community?	Yes	17
	No/ not really	17
	To some extent	2

'It can feel isolating. You really need a car because of the lack of public transport. This is a real problem for older people without a car' [Piddington].

'No, because I can drive' [Blackthorn].

'Not personally because I have help from my family. But I do struggle with the bus' [Arncott].

'I am getting to feel more isolated as I don't drive [husband drives but he has his own health issues and won't take her to social events]. I would feel isolated if it wasn't for my wonderful neighbours' [Ambrosden].

'My daughter is at Uni but when she's home she doesn't drive so she is quite isolated and my son before he could drive' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: there was commonality in responses from all communities, with a general sense that location could be isolating due to a lack of public transport but that this was mitigated by being able to drive. Others were aware of isolation becoming more of an issue as they got older and less confident/ able to drive, while several respondents relied on family and friends to get around.

4. Does the location of the community affect your access to services/ amenities and support?	No – confident/ able to access services etc. in other location such as Bicester, Brill, and elsewhere	18
	Yes – there is a lack of local services etc. (e.g. GP, dentists, support for young mums)	15
	Yes – it is problematic to get to other locations (e.g. no car, rely on neighbours, poor public transport, taxis expensive)	9

'There is a lack of facilities and services - if you want those things then this village isn't for you' [Piddington].

'I go to Bicester for most things. There's no pub, church or bus – it'd be nice to get a bus' [Blackthorn].

'No, I'm okay as long as I drive. I use the Bicester Health Centre. There is a reasonably good bus service. The problem for many people is being able to walk to the bus stop' [Arncott].

'There was a children's centre in Ambrosden but it shut in 2017/18 and the school moved into the building. Breast feeding support and a health worker were based there. It was such a valuable resource especially for first time parents. I can't imagine what it's like without this support for first time mums' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: again, there was much commonality across all communities. Objectively, many felt that there was a lack of services available locally, with GPs, dentists, medical support etc. accessible only in other locations. However, this was less problematic for those able to drive in contrast to those who could not.

5. What do you do, to keep healthy, mentally, physically, emotionally, and spiritually?	Walking	14
	Go to local groups/ clubs	13
	Socialising/ family	11
	Sport	7
	Keep active	5
	Gardening	3

'Walking up and down village – when I was able to. I am a people person so socialising is important' [Ambrosden].

'We dance and sing together [mother and her children]. I walk in the evening for fresh air but there's not time for myself so I struggle' [Arncott].

'My husband and I walk around the village but I'm a fair weather walker. At work it's really physical. I have a step checker on my phone' [Blackthorn].

'I talk to people, am intellectually stimulated by being a part of committees. I could do more to be physically fitter' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: multiple ways of keeping healthy across all communities were expressed. Walking, whether around the villages or into the open countryside was popular everywhere.

6. What do you think helps you/ your family maintain healthy habits around food and eating and getting exercise?	Eat healthily/ happy with what I eat	17
	Family/ neighbours cook for me/ help me with shopping	5
	Cook from scratch	5
	Grown own food	4
	Children/ family are fussy eaters	2
	Access to fresh food is difficult	2
	Time and motivation are difficult	2

	Cost of food is a problem	1

'It would be lovely to have a shop in the village – that's a bit of a barrier but we've got access to supermarkets and shops elsewhere' [Piddington].

'Sometimes it's hard to have the motivation to cook [from scratch]. My son is 14 months old. I use an app that gives you recipes and lessens food waste as it gives you three meal ideas using the same ingredients. It's useful but costs £7.99 a month' [Ambrosden].

'I am quite happy with how I eat and think I get exercise' [Arncott].

'I've got a very good neighbour who does my shopping sometimes, or my son does it. She rings and he orders online. So I have no trouble with food' [Blackthorn].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: there was commonality across the communities regarding matters of food and healthy eating. However, it was noted in Piddington – where there is no local shop – that getting fresh fruit and veg was difficult. Also coming up with fresh, cost-effective meals to cook for young families can be difficult especially with fussy eaters.

7. What local groups, services, organisations, community spaces etc. do you find particularly helpful or useful to your health and well-being?	**Ambrosden**	Ambrosden for Children
		Coffee morning
		Artsy Crafty group
	Arncott	Friendship Group
		Greenfields Common Room
		Seated exercise class
	Blackthorn	Village Hall (coffee morning and village events)
		Pop-Up Pub
	Piddington	Craft group
		Pop-Up Pub
		Bowling club
		Gardening club
		Church
		Village hall events

'Ambrosden4Children and there is a coffee morning at the garrison every day of the week. It's a way to meet other wives. The baby is an incentive to go out as it would be easy to stay in' [Ambrosden].

'Ambrosden4children and if a friend finds something I will go – but [currently] not to anything in Arncott' [Arncott].

'Don't know of services/ groups here because I've not looked or needed to (around health and wellbeing) as I'm fortunate enough to be healthy and fit' [Blackthorn].

'There's lots going on. I go to the pop-up pub and to most things at the village hall' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of local groups and organisations was mentioned, with comparatively more in Piddington than elsewhere – this may be a result of their being more groups available *in* Piddington or there being more respondents *from* Piddington. Several respondents in different communities also mentioned using services further afield, in places such as Bicester and Brill (Buckinghamshire) while a few were not aware of any local groups and organisations.

8. What kinds of things are most challenging for you living in your community that impact on health and wellbeing? (health condition, location/transport, cost of living; jobs and internet access; affordable housing; healthy & affordable food; exercise (walking, cycling or playing sport)	Public transport	8
	Phone and internet connection	5
	Access (getting to) to services, including GPs	4
	Lack of volunteers/ ageing volunteers	4
	Poor state of roads and pavements	4
	Poor local shops/ no fresh food	3
	Cost of living	2
	Traffic	1
	Cost of activities	1
	Lack of activities for children	1
	Community infighting	1

'There is a lack of services [Piddington] but not really a problem for me at the moment at my point of life as I drive' [Piddington].

'I'm a stay-at-home mum as there is no point to work to pay someone to look after my child. We are feeling the pinch - especially this time of year. My husband hasn't had a wage increase for 5 years' [Ambrosden].

'The bus services. I know some people struggle to get to medical appointments and lots struggle to get through to the doctor on the phone' [Arncott].

'No shops. The nearest is Ambrosden with a post office. It's a bit more expensive but it's good for basics and to support ta local shop. I choose not to shop online. I go to Tesco's in Langford (Bicester) or shop in Kingsmere (Boots and M&S)' [Blackthorn].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of challenges were mentioned, with public transport a common theme across all communities, as well as access to services, and poor digital connectivity (mainly mobile phones) and the quality of paths and roads. Volunteering was mentioned, particularly in Piddington (but also in Ambrosden)– there appears to be a recognition that while community life is rich in activity it could be undermined in the longer term unless the volunteer pool is deepened.

9. Do you think the local community would benefit from additional projects and ideas to support health and well-being?	**Ambrosden**	Focus on young children
		Focus on older people
	Arncott	Indoor sports and fitness
		Intergenerational events

		Whole community events
		Focus on support for mothers
		Drop-in coffee morning
		Transport for those who are alone and don't drive
	Blackthorn	Community transport scheme
		A health and wellbeing (and disability group)
	Piddington	Focus on young people
		Focus on young parents
		Exercise classes

'Yes. The challenge is getting the word out' [Ambrosden].

'A coffee morning/drop-in for mothers/parents/carers and children - Just a space and people could bring everything - toys, bottles etc. so it could be free. Only need a space to share with other mothers, no pressure. Sharing of knowledge and intergenerational - for all ages as it's good for mental health etc. The older people would get a lot of pleasure interacting with the children' [Arncott].

'Health and Wellbeing Group who are concerned about loneliness and disabled people. Knowing there's a team - people who are at home that could go and pick up a prescription or take you for a blood test or help out or get you out' [Blackthorn].

'The Young people, especially teenagers, desperately need some kind of club where they can meet and do activities' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: suggestions for new (or extended) projects and initiatives varied from community to community and generally filled gaps in existing provision. In Piddington, where there is much activity for older people, there was extensive support for new activities for older children and teenagers. In Arncott, where there is a relative lack of community-based groups, a range of ideas was suggested.

10. What do you think would encourage more local people to create or take part in health and wellbeing initiatives?	Publicity – better, wider advertising	6
	People struggle with time	5
	Resident's welcome pack	3
	Free or low-cost events	2
	Informal sessions	1
	Support (transport) for those who want to come to events etc.	1

'Difficult. Most younger families need two salaries so the husband and wife work and they don't have time, or that's my theory' [Ambrosden].

'It needs to be easy and informal not sign up for X weeks and pay X' [Arncott].

'Need to update information on the notice board and other non-social media communications' [Blackthorn].

'I had a welcome letter from a community volunteer when we moved in. That made me feel welcomed and gave us valuable contacts. I'm not sure if that happens now' [Piddington].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of themes were mentioned across the communities. There is general experience that community events struggle to reach a wide audience/ uptake and that, in particular, younger people and those with families are often too busy to get involved. There was also a general sense that publicity and signposting needed to be better, while specific local concerns were also noted – in Arncott, the loss of the local printed newsletter is seen as having had a negative impact on awareness of community activity.

11. Are the military community part of the larger community in the area? What impact does the military presence have on the on the village?	**Most comment on this question was offered in Arncott and Ambrosden. There were very few responses to this question. Some felt that the Army tried to engage locally while others suggested liaison had been better in the past.**

'The garrison does try to encourage the wider community to attend their events' [Ambrosden].

'There's much more going on in Ambrosden, and the military wives are very involved there' [Piddington].

'The military families tend to keep themselves to themselves. They are only here for a little while and then move on. There's not much interaction between the communities' [Arncott].

LOCAL STORIES

'George' – sixties (Arncott)

George has lived in Arncott for 15 years, moving from Bicester.

In the early years, he feels there was a good sense of community, he knew people, they knew him, and people looked out for each other. He feels this has diminished somewhat, especially since Covid. People stopped going out and haven't really started again. He feels there is still a lot of anxiety about Covid and knows one woman who won't have anyone in her house and doesn't really socialise anymore. '**The community sunk in on itself after covid. Once you stop going out you get used to it.**'

George was recently diagnosed with mild vascular dementia. His son has moved to Arncott to help look after him and his wife, who suffers from disabilities. His son also cooks and takes them to medical appointments, fitting them around his own work. Due to their lack of a car and the poor bus service they would otherwise struggle to get to medical appointments in places such as Bicester. He thinks that transport if definitely a problem for others in the village, especially for older people.

George goes to two clubs in the village and thinks it is really difficult to get people to come out to things, especially given the covid aftermath. '**Offering free events and picking people up and taking them back would help**.' New people have come along to the clubs he goes to but some thought the regular attenders like him were a bit unfriendly. He says he can understand that, people are a bit unsure if they come alone but if they come in a group they are more likely to stay and come back. He knows there are lots of older people in the village, and he thinks they would benefit from getting out more.

The local newsletter has now gone, and George thinks this makes it more difficult for people to find out what's happening. Not everyone has or is comfortable with the internet, so can't find out what's happening from the likes of the village Facebook. That works for some people, but he feels some older people are missing out. George doesn't have a smartphone as he is not sure of the technology.

He also thinks that it is really difficult to persuade people to get involved in helping out and running things, those who come out prefer to just come along rather than taking responsibility for something.

The cost-of-living crisis hasn't affected George particularly negatively, nor the people he socialises with, though he feels fortunate that his son can help him out. But he suspects that lots of people locally are struggling.

LOCAL STORIES

'Jo' – forties (Ambrosden)

Jo is a long-standing community volunteer in Ambrosden and has been involved in a number of initiatives over the years. She has a teenage daughter. In terms of her own health and wellbeing she goes running and makes a point of eating healthily.

In terms of community groups, Jo feels there is good coverage for young children but much less for older children and teenagers: **'there is a lot of talk about young people's mental health and the need to support them better - but where do they get that support?'**

Jo also made the point that while the community could benefit from more activities, the question is who does it? She noted that '**Ambrosden is a working village**' and that there is a premium on people's time. Community development support is something that Jo feels might be useful to explore.

Jo feels that the mixing between the army and civilian households and families could be better: **'there could be real benefits here. There are some negative preconceptions about military families, we need to do more to bring people together. There are other communities here, Fijian and Nepalese, but not a lot of mixing. People need to get to know each other as people.'** Jo feels that this hasn't really changed in a number of years though she did note that there are positive examples of the 'two communities' coming together at the school gate – she feels that the school has an important part to play in community cohesion.

Jo made reference to other issues that she feels have negatively impacted on people's health and wellbeing. One of these was new housing development: '**there is lots of housing but only so much you can do without more infrastructure, and you need to build that infrastructure first.'**

In addition, Jo felt that improvements were needed in relation to the public realm and the living environment: **'there's confusion about responsibility for upkeep of verges, pavements, and green spaces and there has been conflict between neighbours about this. Is it the responsibility of the MOD management company, the parish council or Cherwell? Sorting that out and cleaning things up could make a different to a sense of pride and people's wellbeing.'**

Also, while Jo felt that the **'bus service is pretty good, if you are [physically] able to get to a stop,'** most services, including shopping and health were in Bicester. There used to be a satellite surgery in Ambrosden but not anymore. Jo also noted her own and other people's difficulties in getting GP appointments.

LOCAL STORIES

'Hilary' – nineties (Piddington)

Hilary has lived in Piddington for over sixty years. She has watched it change a lot and remembers when it had a shop and a pub. She feels that the community misses these things although she thinks it is still a very friendly place.

The main problem for Hilary is getting around. She is quite frail and doesn't drive, relying on lifts from her friends to get to medical appointments and shopping: **'I don't drive and there is no bus. They say they want to get us out of our cars but then they don't provide public transport.'** Another problem her situation is that the friends who help her are themselves getting older – they too might not be able to drive for much longer.

To look after her health and wellbeing, Hilary goes to the church and attends a local craft group, where she spends time with friends. She knows about the pop-up pub, which she thinks is a good idea and people like it. Some things ended with covid such as bingo at the hall – Hilary thinks this is a shame. The countryside is also good for her state of mind, and she thinks she does quite well with healthy eating, mainly cooking from scratch.

Hilary feels there are a lot of commuters in the village **'but they don't really get involved.'** To help introduce people to the community when they move in, and to make them feel involved, a welcome pack would be useful - she thinks this used to happen.

Local groups and organisations - one-to-one interviews and focus groups

FOCUS GROUP	Numbers of participants
Organisation/ group	
Arncott Village Hall Committee	5
Arncott community group	6
Ambrosden Artsy Crafty group	5
Ambrosden garrison coffee morning	7
Blackthorn coffee morning (including members of the parish council, village hall committee and social committee)	8
121 CONVERSATIONS	
Organisation/ group	
4 x conversations with community volunteers (Ambrosden)	5
1 x conversation with community volunteer (Blackthorn)	1
TOTAL	**37**

5 one-to-one interviews and **5 focus groups** were held with groups, organisations, and volunteers which are active in the four communities. Requests for interviews and questionnaires were sent to multiple others without reply.

The main intent of these conversations was to seek opinions and insight with regard to community action in the area (whether community-led or partnership-based) and elicit insight with regard to community health and wellbeing.

Findings have been aggregated across all four communities. However, difference/ nuance in findings between communities has also been highlighted.

Summary of key themes

Research question	Main themes	
1. What do you value/ like about the community (Ambrosden, Arncott, Blackthorn or Piddington)?	**POSITIVES**	**NEGATIVES**
	Countryside/ rural setting	Multiple locally-specific issues raised: roads, verges, traffic, footpath, and pavement quality; parking; phone and internet quality; play equipment upgrades; pub access
	Good road connections	Lack of/ infrequent/ unreliable bus services
	Community spirit/ neighbourliness	Lack of facilities, services: most in Bicester – problematic/ isolating if you do not have access to a car/ public transport
	Range of local groups and organisations	Access to healthcare (GP and dental): getting an

		appointment, waiting times, issues with e-consult, finding an NHS dentist
	Opportunities for better military-community interaction	Difficult to know what's happening without internet access
		Some sense of a lack of community feeling (but lesser numbers than those who saw community more positively)
		Some sense of 'community division' between military households and non-military households (Ambrosden)
		Young people's mental health (esp. noted in Ambrosden)
	Mixed opinion on feeling involved in local decision-making/ taking part in consultations.	

'Everyone is given the opportunity [to get involved] but not everybody takes the opportunity' [Blackthorn].

'They do come out and consult and ask your opinions and then blatantly ignore them – so it's a pointless exercise' [Ambrosden – in relation to district council and developers].

'It doesn't feel isolated at the moment because I can drive and don't have problems with my eyes' [Blackthorn].

'I feel isolated [because of the location of Ambrosden].'

'GPs are good in an emergency but not when it isn't' [Blackthorn]

'I'm isolated but I don't worry about it. You get used to it. You have no choice. My son does my shopping and then I don't see anyone unless I come here [Friendship Club]' [Arncott].

'There are some negative preconceptions about military families, we need to do more to bring people together' [Ambrosden].

'We [military households] don't know what's going on in the community, we don't get involved. I wouldn't know who to go and speak to' [Ambrosden].

'A lot of the civilians are really friendly and welcoming – it's not as if we are excluded' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of common themes were mentioned across the communities, with multiple locally-specific challenges raised such as road and traffic concerns and quality of paths.

A notable, locally-specific situation was raised in Ambrosden: the interaction between military and non-military households. Some felt there was a lack of connection and others were more positive. Those involved with the military and community groups in the village highlighted a

willingness to continue to build bridges, and with the military potentially offering wider community use for military facilities – however, there are practical barriers to overcome (e.g. access, and security, insurance, and staff resource).

Also in Ambrosden, the issue of the mental health of young people in military households, uprooted and moved around from posting to posting, was raised.

2. What works well in getting residents involved in projects and initiatives, and what doesn't (barriers to involvement)?	WHAT WORKS	BARRIERS
	Leafleting – esp. new housing areas	Lack of volunteers (capacity)
	Facebook and noticeboard advertising	People are time poor, younger people and families especially
	Word of mouth	Reluctance for people to lead on initiatives/ projects (happy to take part)
	Make things low cost	Loss of local printed Newsletter
	Resident's welcome pack	Reticence of new residents to get involved – shyness, lack of confidence
	A buddying-up system to encourage people to come to events etc.	Different underlying attitudes: some do not want to get involved, just want somewhere to live
	Military newsletter	Loss of specific local events (e.g. Arncott fete)
		Concerns with rules and regulations and policies (health and safety, safeguarding etc.) which can put off people trying to set up something new
		Lack of specific skills
		Social media and negative publicity

'All the events we put on are so cheap – if you come to the Pop-Up Pub it's only £2.50 for a beer so cheap compared to pubs' [Blackthorn].

'Talking as someone who hasn't lived in the village for a long time, it's difficult coming to a small village' [Blackthorn].

'We're a dormitory village – people commuting to Oxford and London. It's always the same people who get involved and I can tell you the 14 people who will be at the Pop-up Pub' [Piddington]'

'Had a parish magazine but now on Facebook and not everyone catches the information – people miss out' [Arncott].

'I wish I knew! We have had some success with events, like the Platinum Jubilees. We have less success when we ask for volunteers to help with projects' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of common themes was mentioned across the communities. It was also apparent that some communities would welcome more (practical) help with supporting and developing local volunteering and committees (such as supporting leadership and working effectively together).

3. In terms of the discussion and design of community-based projects and initiatives – what are the ingredients for success in the long term?	Vital importance of volunteers: recruitment AND retention
	Covering costs: fundraising, pressure to provide low-cost events and to improve some of the community spaces
	Providing routes for new arrivals to the community to get involved
	Timing is important: not all people can make events at the same time
	Sense of malaise: have tried to engage with more residents/ det up new groups but with little success
	Arrange whole community events
	Build linkages with the school/ school networks
	Investigate innovation: provide village hall space for free for a few sessions to try new ideas (Blackthorn do this and Ambrosden suggest this is a key reason why the coffee morning is successful - the Parish Council received funding to cover cost)

'We have advertised and asked for volunteers and you're lucky if they stay 4 months' [Ambrosden]

'The thing is, if its an evening a lot of the older age group don't like going out and then if you have it during the day the younger ones are working' [Arncott].

'There is a core of "village people" – how do you get the younger ones along? None of us are getting any younger' [Ambrosden].

'You're wasting your time – we've put up posters, we've taken leaflets round every door and you can count on your hand how many people came [Arncott]'

'[Need] more whole-community events, which do not need to be costly, like picnics. A lot could be driven via the school, which is where most of the missing between different parts of the community happens' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of common themes was mentioned. There was a general sense of fatigue – a feeling that much has been tried across the years with little success. However, there was also evidence of a continued willingness to keep on trying – it is clear that many spoken to have pride in their community and still want to 'give something back'.

4. What are the key challenges you face as a community-based organisation (or an organisation working in the	*Much overlap with themes above*
	Perception of unequal funding resources between towns and rural areas
	The time it takes to achieve results: • having volunteers who will stay the course

community)? What would help you solve them?	• takes time to get 3 quotes • liaising with local authorities/government departments	
	Dealing with complicated legal and planning issues	
	Core group of volunteers – patchy support beyond them	

'I don't think people realise that you have to work to get a village and maintain a village. It's having people to organise activities and get people to things' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: a range of common themes was mentioned across the communities, with multiple locally-specific challenges raised. Its clear that the age of current volunteers and the lack of new, younger volunteers is causing particular concern, as well as the time it can take to achieve results.

5. What do you think the main impacts of the pandemic were locally, and do you think any impacts are still being felt?	**Positive**	Increased neighbourliness and solidarity
		Led to the development of new social initiatives
		More use of local shops
		Made clear what would be beneficial locally: e.g. local information hub
		More time for family/ neighbours
	Negative	Loss of certain existing groups (esp. evening groups)
		Some sense of ongoing anxiety/ mental health impacts
		People becoming more insular
		A lack of physical activity for the most vulnerable as neighbours delivered newspapers etc. instead of them walking to the village shop (unintended impact of kindness)
		Less use of local shops – move to online ordering

'During Covid this community came back to life [Ambrosden]'

'The village hall needs to have a hub so if something goes wrong people know to go there [for information and support]' [Ambrosden].

'A lot of people have still not recovered from Covid' [Blackthorn].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: there was some convergence and divergence in opinion. The 'benefits' of Covid were apparent for some in terms of increased

neighbourliness and more time spent together, while ongoing fear and anxiety was mentioned by others.

There was a sense of communities still coming to terms with changes engendered by the pandemic: more people working from home, new ways of consuming, the loss of some community groups, how to reconnect with the solidarity of the pandemic etc., and what it all might mean for the future.

6. Have you noticed any cost of living crisis impacts affecting residents locally?	A range of opinion was offered – *see commonalities and differences, below*

'I use a candle for my room in the evening and so does my daughter' [Arncott].

'We're going back to the olden days – one bath, one shower a week' [Arncott].

'Everyone's worried about the cost of living There's people saying they're okay but in the background they are living payday to payday. I've seen it in my job when there's probably a week when people are absolutely scraping the bottom of the barrel to get through so we need to help' [Ambrosden garrison].

'I've had the discussion with my husband about having another baby and we can't afford to have another one as we won't be financially stable if we have another child.' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: there was a range of feedback– some did not feel overly pressured financially while some were (particularly in relation to energy costs).

The garrison are also aware that some are struggling due to the cost of living and further impacted by the army husband or wife being deployed leaving the other parent to care for the family and having to reduce their work and therefore income.

There was also some anecdotal evidence of people in the community being negatively affected by prices (and changing social habits by not going to the pub or having another child, for example).

7. Do you have any other observations about health and wellbeing and how it could be improved?	Need for more informal community and social initiatives
	Housing development (esp. in Ambrosden): expensive houses, local priced out, lack of supporting infrastructure, loss of a 'village feel'

'We do need to do more on the social side of things because that is so important when people aren't working in offices. That's what all age groups need – somewhere they can go just to get away from the house even if it's half an hour' [Ambrosden].

'I have huge concern about the amount of development here in Ambrosden, as well as potential development, especially as the majority of it so far is large and expensive houses. Local families are unable to stay close as they can't afford them' [Ambrosden].

COMMONALITIES AND DIFFERENCES IN COMMENTS BY LOCATION: criticism of the extent/ impact of housing development was primarily raised in Ambrosden, which has taken the bulk of new housing across the four communities in recent years.

LOCAL STORIES
'Gerald' – eighties (Blackthorn)

Gerald has lived in Blackthorn for twenty years. He likes being in the country, the quietness and peace of it and the proximity to Bicester. He was brought up in a town and loves the village, the open air, space and having no buildings around. He wouldn't want to move so will continue to pay for people to look after him. He commented that he **'feels more secure in the village than in the town even though he has been burgled.'**

Gerald has many complex health conditions and mentioned said that it is **'difficult to keep up with appointments because I have so many conditions.'** He doesn't find the NHS useful and noted his doctor is very reluctant to see him: **'every time it's a telephone call and she doesn't come out and you don't go in.'** However, he does have a diabetic check up every 6 months with a diabetic nurse. He **'always has to ask a friend,'** to take him to the doctors. **'I've got to go in a few weeks for a blood test prior to my visit to the cancer hospital so I'll have to ring someone in another village and ask them to take me.'**

He recognises that the village doesn't offer anything for the disabled. He said, **'I don't feel isolated because of the location, except my disability is causing the isolation. Before I had the disability and I drove I didn't feel isolated at all but now I feel quite lonely and isolated. I don't even know if there are any other disabled people in the village. If I could drive, there would be no problems at all.'**

Gerald can't walk unaided so it's a challenge getting out and around. He said he can walk, **'I don't need a wheelchair but the pavestones are very uneven. If I went round to the village hall I'd have to get someone to take me.'** He has had twenty falls in the past few years.

He has two friends in the village who are very helpful (shopping, taking to events) etc., one of whom is a neighbour and lives elsewhere in the village. His neighbours take him to the carol service and to the village summer event if they have one: **'they make sure I go along.'** His neighbour or son helps with shopping but his son doesn't live locally so does an order online. He has a special diet - no dairy, no sugar, no fat and keeps to the diet so he has no trouble with food. He also rings friends where he used to live to take him places or to pick up a prescription. Although he is extremely grateful of the help he gets from friends in the village, he worries and said, **'my neighbour is there for me all of the time but I can't overload her, I feel guilty overloading her.'**

He suggested, **'a Health and Wellbeing Group [in the village] who are concerned about loneliness and disabled people. Knowing there's a team - people who are at home that could go and pick up a prescription or take you for a blood test or help out or get you out. During the pandemic there was one in every street who would go and get prescriptions and get things but then it stopped.'**

Gerald also said it would be helpful to offer lifts to events when they are advertised and add a phone number to call (not just email). He feels that if there was more awareness and finding out who needs help people would help.

He left the house for the first time yesterday in two months with a friend for lunch. To help his health and wellbeing he, **'speaks to various people on the phone all over the country, prays at night and tries to keep positive and smile.'**

LOCAL STORIES

'Amanda' – thirties (Arncott)

Amanda is a mum of young children and lives in Arncott. She says of the village, **'it's close enough to Bicester without being in town but not too rural with a shop and pub. However, it's not very community minded.'** She also noted that it has dangerous roads as Arncott is used as a back route to Oxford.

She mentioned that the school is a good place to find out about what's going on - through other mothers. Her neighbours come from the area and are older and have shared information which became the start of her social life.

Amanda has had problems with accessing healthcare. She said, **'We were registered in Kidlington and I was told 3 days post-partum that my family needed to move surgeries, it was horrible.'** She is now registered in Bicester and a dentist in Kidlington. Her friend also shared she had to go private to find a dentist as it was, **'horrendous'** trying to see an NHS dentist. **'I couldn't get my young children into a dentist in Bicester so I go to Deddington.'** Both agreed that, **'the infrastructure in Bicester doesn't match the need.'**

To stay healthy, she walks the dog on MOD land which has a forest with paths and says it is an asset. **'I go without my children and put on my headphones. I've noticed that if I don't [do this] I feel more overwhelmed. It's difficult these days as parents are expected to be everything to work, cook from scratch etc.'** She noted that the cost of living, **'is only going to get worse.'** She remembered how hard it was when she was a single mother, **'When it was just me and my eldest I would buy a frozen meal for £1 from Iceland and we would share it. I knew it was unhealthy but had no choice.'** She thinks that there is an assumption that people are lazy but sometimes they don't have the skills. **'I learnt cooking from my mum but not everyone does.'**

Amanda and her friend take their children to a baby group in Ambrosden. They say, **'it's the best baby group and what the group should be - time to play with your child and socialise with other mums/parents.'**

They mentioned that there are other groups in Bicester but they are **'£7 for half an hour.'** She would like to see more activities in the village as although there are karate and dance classes for children it's expensive as they are privately run. She suggested an informal youth drop-in, **'no organised activities just a safe space for young people'** and a coffee morning/drop-in for mothers/parents/carers and children which could also be intergenerational so that different ages could: **'share knowledge… and it would be good for mental health.'** Amada added that it needs to be **'easy and informal… not sign up for X weeks and pay X.'**

Paul came to the village many years ago and decided to stay because it was such a friendly place. He notes that: '**most people look out for each other. People really stepped up during Covid and that has continued**.' The Parish Council is very open and forthcoming and as he is on the Village Hall Committee he is, **'pretty well networked and knows what's going on.'**

He says it can feel isolating. **'You really need a car because of the lack of public transport. This is a real problem for older people without a car.'** He gave the example of an older couple, one of whom has diabetes and requires a daily injection**. 'He couldn't get to Bicester and we couldn't get a nurse to travel.'** The nurse injected him for the first week and then he or his wife was expected to continue the injections. **'His stomach is a mess where he has injected himself.'**

Paul is a trained medic and can be seen by some in the village as an 'unofficial' community first responder. He often gets called when there is a medical issue and has to tell people to call the ambulance. He did a basic first aid awareness course for the community and they identified that the defibrillator wasn't working so the Parish Council replaced the batteries and pads.

There is a lot going on locally - but three important community volunteers have recently died. He considered moving after the deaths as it was a massive loss for the village but he is committed to the community and feels a sense of responsibility as he is younger than most key people in the village. He notes that: **'some newcomers engage and some don't - we have tried to engage with them. We're not a dormitory village for commuters in general, but there is a degree of people using the community in that way.'**

Paul wanted to set up a health and wellbeing walk but there were too many hoops to jump through for the District Council , despite him being more than qualified to run the group. Instead, he set up paid walks and people came from other locations to attend, including London. However, this was not targeted at the elderly with mobility issues which was a missed opportunity.

There are other activities which he thinks would benefit the community such as a lunch club for the older people especially those on their own or who don't get out in the village. **'It would be good to have energy charging points'**.

Paul also noted that, '**7 to 15-year-olds really have nothing'** and added**, 'there used to be a youth club but the young people grew up and it stopped being held.'** There are challenges to set up new activities as **'the same people are doing everything'** and all activities require resourcing.

Discussion of findings

Health and wellbeing – assets, strengths, and challenges

A range of themes were identified and explored. Key findings are set out here to frame general perceptions and inform the discussion about improvements needed. Evidence from the community survey – **complete survey results are available at Appendix 3** – are also presented to further inform these findings.

Location, public realm, and infrastructure

Nature and countryside:

73% of respondents to the community survey (across all villages) were **satisfied/ very satisfied with living in the communities. 87% of respondents also felt quite safe/ very safe** across all villages.

Positive feedback was made in relation to several themes: **rural location but good connections** to London and Bicester; **peace and tranquility** of the open landscape; and **countryside views and walks**.

The value of nature and the countryside was highlighted by findings from the community survey which showed **significant proportions of respondents** (across all villages) **use 'other green spaces'** either occasionally or often, while **access to local green spaces was the second most positive experience** (behind feeling safe) for respondents (4.2 on a scale of 1-5, where 5 = very positive).

However, some did express a **lack of decent access to countryside** in some areas due to lost/ deteriorated rights of way (particularly mentioned in Blackthorn). This also cuts villages off from one another and has a negative effect on health and wellbeing and increases feelings of isolation.

The attractiveness of the location means it is a desirable, commutable area with land available for housing. New developments, especially in Ambrosden and Arncott, have recently been built (or is/ has been subject to planning applications). However, it is felt that new housing has not provided commensurate investment in local infrastructure and services: *'The development has happened in the last 10 years and is getting more…. they're not doing anything to the infrastructure (soft or hard)… it's not being adapted accordingly.'*

Built environment and speeding:

The **poor state of repair of paths** were mentioned as a challenge in Arncott, Ambrosden, and Blackthorn. In the latter, there was generalised concerns about pavements around the village. On Lower Road, pavements are sometimes non-existent, or bumpy and narrow.

At the same time, **speeding in all villages was frequently mentioned as a general concern**, and often in parallel with poor pavement infrastructure. For many it feels unsafe to walk, if not dangerous. For some (older people/ the infirm/ those with disabilities), the situation may even dissuade them from leaving the house: *'to be honest I don't even think if they put in 20 [mph limit] that cars would take any notice. Is it going to take somebody getting killed on Station Road before the council do something? It's a nightmare. There's a lot of people who walk around the village, a lot of school children who walk home from school, there's youngsters on horseback [comment from Blackthorn].'*

It was also suggested that buses in Ambrosden were not keeping to the 20mph limit and increased traffic from new estates is adding to traffic issues.

There is also a perception about **more investment in Bicester** and its immediate environs to the detriment of the villages – investment in improving paths in a village could make a significant and positive local difference.

Services, shops, and facilities

Healthcare services:

Dissatisfaction was very noticeable and strongly expressed in relation to **healthcare facilities and services** – there is no GP surgery or health centre, pharmacy, or dental service located within any of the four communities. Residents must therefore **travel to Bicester, Buckinghamshire or elsewhere** for medical support needs. In addition, the children's centre in Ambrosden – an important local health asset – was closed in 2018.

Opinion was also expressed about a lack of home visits by GPs or support from nurses in rural locations, problems with securing GP appointments or using e-consult systems, and the lack of NHS dentists and those taking new patients resulting in many seeking private dentists.

A lack of local medical facilities was one of the leading comments in the community survey when respondents were asked: 'what makes it difficult for you/ your family to stay healthy and well [in the local community].'

Given that **61% of respondents** also stated that '**getting access to healthcare when I need it' was important**, this is clearly an area of concern when it comes to health and wellbeing (notwithstanding the fact that *most* people are able to drive to healthcare appointments – *see next section*). In the community survey, personal experience of '**getting access to healthcare when I need it' could be described as *somewhat positive*** (3.2 on a scale of 1-5, where 5= very positive).

Shops and other services:

Regarding other services, cutbacks and reductions over recent decades have meant that most **villages have lost a range of services**: shop, post office, pubs. The survey found that 'good, locally available services' was important to 33% of respondents.

Piddington and Blackthorn have no pub or local shop (they do, however, each have occasional, volunteer-led Pop-Up Pubs). While those shops and post office that do remain (Ambrosden and Arncott) are valued and used, they are quite small, with limited stock, and often lack fresh fruit and veg. The post office in Ambrosden and shop in Arncott are noted as important 'information hubs' in addition to the services they provide.

Residents have to travel to access larger, cheaper supermarkets in Bicester (or utilise online delivery services).

Transport, (physical) access to services, and isolation

Transport:

Public transport was a prominent theme in conversations.

While there is – objectively – a bus route/s that serves all four communities, in some places (Piddington and Blackthorn) they are very infrequent. In other locations where they are slightly more frequent (Arncott), the bus stop locations are clustered at one edge of the village. There are two services from Ambrosden (village centre stops) to Bicester and Oxford (including the JR). While one of these is more frequent that other local routes, it could in no way be described as comprehensive. It was also apparent from research that there was some confusion about which services ran where and when.

These attitudes were reflected in the community survey: **46% of respondents did not/ rarely used public transport** because there was no service where they lived; 42% felt it was more convenient to drive; and 39% said services were too infrequent.

It was noted in Arncott that drivers also value the bus service: *'Even though we've got a car and I drive – my husband can't drive – but it's not just us there are other people who have cars who use the buses. I don't drive to Oxford only to Bicester… so the buses are still valuable and having cut them back I can't use them so much anymore. When my husband wants to go somewhere it means I don't have to take him all of the time. It [buses] makes it easier and I'm not the only one like that.'*

Access to services:

In most places, there is often a significant walk to a bus stop – this is a problem for those with a buggy or young children, or those who have mobility issues, especially when carrying heavy shopping. The poor quality of pavements can exacerbate these access difficulties.

Therefore, it is unsurprising that **reliance on the car to access services and facilities** outside the villages was a strong theme. **93% of respondents** to the community survey **use a car** to get from their respective parish to elsewhere.

Isolation:

People do recognise quite readily that a **lack of services contributes to a sense of isolation**.

However, this is less readily felt by those who are able to drive to access them. This is in contrast to those who rely on friends and families to drive them to appointments and engagements – some respondents expressed relief that they could rely on this **very informal support**. Furthermore, there is also a growing sense of anxiety from some of those who *currently drive* about their ability to continue to do so as they get older – thus a sense of **'future isolation'** is quite real.

This nuance is perhaps reflected in the community survey: **15% of respondents** (across all villages) **completely/ very much agreed** with the statement: 'I feel isolated because of the location of the village.' However, 45% completely disagreed. Also in the survey, 17% agreed that: 'travelling to appointments causes me problems.'

However, it is not only older people suffering from or at risk of isolation. There is **lack of activities for children and young people across all communitie**s, and much evidence of families having to drive young people to events and activities elsewhere, and also to access school or college. **Mental health** was mentioned as a particular concern with regard to **young people in military families**, who can struggle with frequent postings and the associated difficulties in putting down roots and building sustainable, lasting friendships and support networks.

There was also a perception that the **potential needs of many residents were 'going under the radar'**: *'The people that need help don't always say…maybe we don't always get to hear the people that we need to hear from. Used to do this via the doctor's but not anymore because they haven't got time or someone with a young family used to be via the children's clinics – we've not got that anymore, we've lost those contacts.'*

Volunteers and local organisations know that there are cohorts of people living locally who may have needs and may be isolated yet remain unidentified – not being known either to neighbours or to statutory services. There was recognition that many residents *want* to keep themselves to themselves but also a sense that others could benefit from opportunities to get involved in community life *if they could be reached*.

Social and community infrastructure

Local groups and activities:

Community activity across all four communities tended to centre on **core facilities such as the community hall and church**, although there were other locally specific venues such as the common room in Arncott and the garrison community centre in Ambrosden. These **venues host a range of activitie**s, although the pandemic has led to the loss of certain activities and often a reduction in numbers attending.

It is also clear from multiple conversations **that groups and activities are very much valued** by those who use them. In addition, **30% of respondents** to the community survey attend **local groups and organisations** to keep mentally, physically and/ or physically healthy.

Some **community infrastructure assets** – such as the garrison-based facilities and activity in Ambrosden – require **paid staff resource** to plan and operate more effectively, including undertaking the important bridge-building work of bringing the military and the old and new community households together.

Likewise, **some community venues are struggling with financial sustainability** (upkeep costs, energy costs). Also, there are specific skills associated with fundraising, which some facilities lack – and this at a time when competition for / scarcity of funds are very pronounced.

Community spirit:

There was **general, though not universal, agreement that community spirit and activities are positive and good** across the villages. It is difficult to be definitive about reasons for the differences between more positive and negative perceptions – they likely depend on a number of interlinked, mutually informing factors: how involved you are in the community already and for how long; the social make-up of village; the quality of communication networks; and the number of available volunteers.

In some places, such as Ambrosden, there was a perception that the inability of residents to shape or (successfully oppose) certain **housing developments had led to feelings of cynicism**, not being listened to, or lip service being paid to local concerns, alongside a lack of integration between the old village and new developments – it was felt that these issues, collectively, had negative impacts on community spirit.

There was some ambivalence in regard to a local identity in the community survey: the largest proportion of respondents - **30% - neither agreed nor disagreed** with the statement: '**I feel a strong sense of community identity and belonging**.' At the same time, 75% of respondents socialise with friends to keep mentally, physically and/ or physically healthy – it can be assumed that at least *some* of these are friends from the immediate community.

Volunteering:

Community activity, across all four villages, relies on a **core group of volunteers in each village** who run activities and help their neighbours. In general, there are **not enough volunteers,** which suggests less opportunities for socialisation and increased chance of isolation. Given the small pool of often long-standing volunteers, it is perhaps unsurprising that there is some evidence of personality clashes and perceptions of 'cliques' – this may be having detrimental impacts on attracting new volunteers.

Various reasons behind the lack of volunteers were offered: age (this could be retirement age related and the need to continue to work); a lack of free time (with regard to young people and families, especially); cost-of-living pressures meaning that people had to work more; the flexibility of volunteering opportunities (groups and activities at certain times will not be suitable for everyone); social media and negative publicity impacting people's willingness to get involved; compliance with rules and regulations dissuading people starting new initiatives; and a lack of skills and confidence.

The drying up of the volunteer pool (and the corresponding impacts on specific activities) as existing volunteers age and fewer residents fill the gaps could lead to **further isolation and loneliness, and a wider lack of access to services** or food as there are less people available to drive others to appointments and shop for them. There is a further risk of **community atomisation**, with people keeping themselves to themselves as opportunities for social interaction become less and less common, undermining local solidarity.

Communication and involvement:

In terms of communication, every community has a physical noticeboard, but a lot of communication is online – parish magazines in all communities have been replaced by Facebook and emails. Yet not all residents are online/ are comfortable using social media – thus some residents will clearly be missing out on local communications.

Most communities have also **tried a variety of communication methods** but are often not successful (with notable exceptions such as Platinum Jubilee celebrations, for example) in engaging widely with residents and encouraging participation in local activity. In some locations, there was a strong sense of frustration that **nothing works in attracting new users and/ or volunteers**.

The **complex interrelationship between communication and involvement** is reflected in the community survey. 53% of respondents very much/ completely *agree* with the statement: 'I know where to get information about the parish.' At the same time, while 30% of respondents do *not agree at all* with the statement: 'I feel involved in decision making.' This attitude may well be underpinned by the fact that 38% of respondents very much/ completely *disagree* with the statement: 'I feel my views are listened to.'

Health and wellbeing - improvement opportunities

Set out below is: 1- further evidence relating to the local assets that support health and wellbeing set out above and how they could be improved and; 2- specific ideas identified in the research which could build on existing activity and initiatives or to develop new activity.

Location, public realm, and infrastructure

Public realm concerns in relation to pavement and road quality, speeding, and public rights of way would benefit from an analysis (audit) of specific issues in particular places. It is understood that there may have been similar prior attempts in this regard (in some locations) and some frustration at the lack of action or clarity about who is responsible. However, there may be benefit in the four Parish Councils developing a shared methodology for recording this information: an area wide overview could be a very useful tool with which to seek engagement with the agencies with responsibility for upkeep or make a case for further road safety improvements.

In relation to the above, and also to all public realm and infrastructure issues (and, indeed, the findings of this research in general), an **initial roundtable discussion** could be organised. This would bring Parish Councils, Ministry of Defence, District and County Council officers and members, Five Acres primary school, and key VCS support organisations. CFO and Healthwatch would propose to convene this roundtable.

Dialogue may also help unpick a concern regarding the **upkeep of public realm in Ambrosden –** there appears to be confusion about jurisdiction, i.e. which agency/ organisation is responsible for which areas. Efforts have been made locally to clarify this situation but further dialogue would be welcomed. It may be useful to make publicly available on the parish website which agency is responsible for particular areas and including contact details, should the public wish to discuss a matter.

With regard to local green spaces, it is clear there is much local pride in these areas and that they are well-used. The positive impact of access to nature and green spaces on health and wellbeing is very well established. There could be local **opportunities to enhance these areas, potentially widening public usage in the process**. One way of doing so could be to **develop local Nature Recovery Strategies** – many of these are being developed across Oxfordshire and there is strong strategic advocacy from the Oxfordshire Local Nature Partnership, for example (more practical support is also available). The community-led ethos of these strategies offer opportunities to develop local volunteering, tapping into the deep affection and concern of many for nature and climate.

A more systematic approach to matters of public realm and access to green space could be for parish councils to **consider undertaking a Neighbourhood Plan**. A NP, for example, offers the possibility of protecting green spaces by allocating them as local green spaces. They are also a very useful tool to address also other matters raised in the research, such as pressure of housing development and improvement of infrastructure.

The undertaking of a **NP may be particularly useful in Ambrosden**, where the Parish Council has undertaken recent survey work, exploring challenges and opportunities in the community, and where there is a perception of overdevelopment and a lack of provision of infrastructure – a NP could set out a community-led vision for the future development of the village, premised on local needs and aspirations: *'Ambrosden is seen as a Category 'A' village i.e. it has shops, a pub, a church and a school. But this is not the reality and the council only look at it on paper and don't understand the reality so keep agreeing more new estates. The infrastructure is struggling.'*

Local shops, services, and facilities

'Access to healthcare when I need it' was an important research finding and a lack of (physical) access to services most definitely contributes to feelings of isolation. **41% of survey respondents** thought health and wellbeing would be improved if there was **better access to health and care services**. **39% of survey respondents** also thought healthcare services could **work better for them if 'more services were available in the parish'**, while 33% thought services could be improved with better public transport to get to appointments/ supported travel to get to appointments.

Therefore, opportunities to improve access locally should be considered. Given the reality of a total absence of community-based healthcare services, there could be benefit in more **discussion at a strategic level to explore opportunities to improve healthcare access within the immediate area**. This could include outreach and satellite services, drop-in clinics, and specific support (e.g. for young mothers). The issue of preventative health was also mentioned several times and education and support projects could be developed and rolled out in rural communities.

In addition, given the prominence of healthcare, public realm, and public transport concerns (*see below*) there may be value in **seeking to identify an Area Champion (perhaps a local councillor) to raise awareness/ facilitate discussions at senior levels within local governmental, health etc. structures and with key service providers,** such as bus companies.

Transport, (physical) access to services, and isolation

Given the various perceptions and perspectives explored above regarding reliance of numbers of older people on neighbours to drive them to appointment and social events, 'hidden need', poor state of repair of pavements, and a lack of bus services, there could be much benefit in **exploring community transport solutions** (across all four areas). It is recognised that this subject has been discussed in Ambrosden and Blackthorn but it was raised elsewhere and there may be value in revisiting a joint-initiative. This could take the form of a volunteer car scheme for social events, shopping, and prescriptions.[21]

The brokering of strategic relationships suggested above facilitate a dialogue with Oxfordshire County Council, regarding a local community transport solution. Might there be the **possibility/ availability of S106 funding** to support, for example, a local 'hopper bus'?

In addition, given the key concerns and challenges expressed in relation to bus service provision, there may be benefit in all four parish councils collectively approaching Stagecoach and Oxford Bus Company to explore improvements (*see also 'identify an area champion', above*). This has been tried in the past by at least one of the Parish Council's but the query lost due to a lack of clarity about who was responsibility – bus company or District Council. Transparency is needed on this issue.

There would also be benefit in clear paper bus timetables being provided by transport providers rather than all information being online. Likewise, a transport information leaflet produced which also includes information about free/ low-cost transport to the eye and community hospital, dial-a-ride services, Volunteer Driver Service North Oxfordshire etc. so that all of the information is in one place. This could be distributed to those with issues accessing information and displayed on village notice boards, community hubs/ shops/post offices.

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[21] Also, Volunteer Driver Service North Oxfordshire operate in the area for transport to hospitals and doctor appointments but their services could be better advertised locally.

Social and community infrastructure

A range of issues, challenges and opportunities were raised and discussed in this regard, many of which are overlapping and mutually informing.

It is important to recognise that there is lots of community activity taking place (albeit more extensive in certain locations), much of it highly regarded. It should also be noted that there is a huge amount of determination, enthusiasm and effort being put in by skilled and committed individuals and organisations who are determined to make a positive difference to health and wellbeing and community life in all four communities.

However, what is also clear is that most, if not all, are stretched in terms of available time and financial resource and, for those who work with them, the volunteer pipeline is drying up (compounded by the downturn in community activity from Covid).

Given this scenario, it is unreasonable and impractical to expect community groups and volunteers unilaterally to respond to the challenges and suggestion set out below. External resource is also required. There could be strong, positive benefits to **introducing a community development worker who could coordinate efforts to help address common challenges to the development of social and community infrastructure across all four parishes**.

Whilst collaborative working across the four villages to maximise local knowledge, skills and learning, avoid duplication, and leverage greater potential impact, some of the opportunities could of course be actioned independently if outside support is not possible.

Volunteering and resourcing:

These are prominent issues in general for many community-based (or led) groups and organisations.

To help tackle the volunteering challenge, **an area-wide volunteer drive** could usefully be undertaken, with specific strategies to reach different parts of the community and different age groups. Such a drive could consider ease of access for volunteers and flexibility of role and time commitment. Also, it was noted that there are **Fijian and Nepalese residents living locally,** linked to the military, who are not particularly well-connected with community life – thus, there could be opportunities to build those links, via the MOD, as part of their commitment to build stronger bridges between military and civilian residents and develop cross-cultural initiatives.

In Ambrosden, those at the garrison coffee morning mentioned a willingness to form a joint social committee with representatives of community groups in the village.

Networking and mutual support:

Given the shrinking pool of volunteers, there could be value in the **four communities coming together to discuss common issues**, involving not only the parish councils but other key local volunteers and groups. This 'forum' could focus on specific topics: volunteering, training, health and safety, safeguarding, and funding etc. These discussions could also be an **opportunity to pool resources, provide joint-training (to make better use of stretched time and resources), offer pastoral support and discuss and develop joint initiatives etc**. For example, Piddington and Blackthorn have been very successful in fundraising.

There are excellent examples of attracting, training, supporting, and developing volunteers which can be shared, linked to the Volunteer Vision work undertaken by Oxfordshire Community and Voluntary Action and Community First Oxfordshire, and training and facilitation opportunities offered by both organisations.

Communication:

The **need for improved communication and publicity** in order to spread the word about community groups, sessions, activity etc. was a common topic of discussion.

Various means of communication were referenced but the overall sense was that there is no single solution – multiple methods should be used. It is recognised that there is a resourcing issue here (time, availability of volunteers and cost), but **networking, as explored above, might facilitate solutions and joint-approaches,** as well creative thinking about a systematic, **whole-area communication strategy**, utilising the multiple available outreach means: calendar, noticeboards, leafleting, technology (websites and social media), and using shops and other community venues as information hubs.

Linked to the above, there is clearly much crossover in attendance at community events and activities in different places – with residents in one village going to events in another. Given these connections, **a shared community calendar could be very useful**. This could be hosted on one community or parish council website, with others linking to it from their own.

Encouraging more people to take part in local activities:

Comment was made that **more use of 'bring a friend' or 'buddying-up'** approaches would be useful, while the timing of sessions was also noted - some are unable to make sessions due to them taking place at times which did not fit in with their schedule. The survey also found that **47% thought activities at different times of the day/ week would be useful**.

Comment was also made of the success in the past of **whole-community events** such as the Arncott village fete, Ambrosden summer fair, Blackthorn Car Show, and jubilee celebrations across the communities. Notwithstanding the existing pressures on current volunteers, such events do **provide an opportunity to reach large numbers of residents** – to maximise the opportunity. 27% of survey respondents agreed.

Any efforts to organise future events could usefully be **accompanied by a creative outreach strategy** (leaflets about local groups/ sign-up sheets/ stalls/ follow-up drop-in event at the village hall for those interested in getting involved or setting up new initiatives etc.).

The **importance of Five Acres Primary School in Ambrosden to community life** was discussed, it being recognised that the 'school gate' is often the place where people from different backgrounds and cultures can come together. **Improving engagement with the school** would appear, therefore, to be central to strategies aimed extending **involvement in community life and bringing people together**.

Such connections may also **facilitate intergenerational initiatives**, which was mentioned by volunteers in Arncott as something they would be keen to explore further. 46% of survey respondents thought such activities would improve health and wellbeing.

An interesting suggestion was also made in Arncott in relation to **fast food vans** and underlines the need for creative thinking in reaching people and encouraging involvement, especially given perceptions that very little appears to work. The fast food van that comes to the village is very popular,

the nearest takeaways being in Bicester. While people are waiting, there is an **opportunity with a 'captive audience' to talk to a wide range of people**, give them leaflets etc. – if this could be combined with an 'open hall', perhaps with a bar, it would provide additional opportunities for people to socially connect and meet existing volunteers.

Potential new groups, activities, and initiatives

A range of suggestions were made by research participants – these included: more community wide events especially where these have been lost (if more volunteers are found); cycle routes linking the villages; a coffee shop/ community café/ drop-in space (Ambrosden); a space for parents, carers and children; a 'Men's Shed' initiative (the perception being it was mainly women who attend local activities); a health and wellbeing group; exercise for older people; more support for young people (youth club or drop-in space); a pub at the garrison; and another pub in Ambrosden, *'as an additional community space so you can have quizzes etc.'.*

It was felt that community might really benefit from a **place where people could drop in, with café facilities**. This would in turn facilitate more community connections and begin to create the relational foundations and trust needed to explore resident-led initiatives – it may also function as a space with which external support agencies could interact in order to identify additional need. This could be developed in a community hall, and, if well-advertised, could attract people from surrounding villages: *'A lady I was talking to near where I live we needed somewhere to meet – as you don't know them you don't want to invite them to your house. Nice to have a neutral ground where you can have a coffee.'*

Such a location could also offer a dedicated drop-in space for parents, carers and children: '*A coffee morning or drop-in for mothers, parents, carers and children - a space where people could bring everything - toys, bottles etc. so it could be free. [Somewhere to] share knowledge and intergenerational - as it's good for mental health etc. The older people would get a lot of pleasure interacting with the children.'*

There may also be opportunities with a drop-in space in a community hall to have a **dedicated session/s for young people**. There used to be youth groups in places like Piddington and comment was made in that location (but also elsewhere) about the need to reintroduce a youth club or similar. The garrison coffee morning group and garrison are actively investigating youth groups for primary and secondary school children which could be a possibility. Questions do arise in relation to location and therefore access (how do young people in one location get to a club/ session in another?). It would be useful to **contact Oxfordshire Youth to explore the local development of new, youth-focused initiatives**, which should be led by young people themselves and based on self-identified needs. There may be an opportunity to canvas opinion using the local school bus from the four villages to Bicester (secondary) school.[22]

The Policy Context

It is important to situate this report in the wider policy contexts.

One of the aims of this research was to help address the *Oxfordshire Health and Wellbeing Strategy 2024-30* aspiration for a, 'Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas.'[23] The Strategy notes that Oxfordshire is the most rural county in the

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[22] Consent and safeguarding matters would need to be addressed.
[23] *Health and Wellbeing Strategy*. Op cit. p.24.

southeast.[24] It goes on to say 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.'[25]

Similarly, the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB-ICP) *Integrated Care Strategy (2023)* noted access to services in rural areas as a challenge to health and wellbeing, particularly given a lack of public transport.[26]

These perspectives are echoed in the *All Party Parliamentary Group Rural Health and Care Overview*, which found:

> 'In essence, many rural residents are disadvantaged throughout their life-course compared to their urban counterparts. Access to maternity care is more problematical; the wider community services for children and young people are less accessible; primary and secondary care are not so readily available for people of working age… and the provision of both health and social services for the growing proportion of older citizens is increasingly inadequate.'[27]

Almost all the challenges collectively referenced in the above quotes above were referred to in this research.

At the same time, while these challenges can be generalised to a degree across Ambrosden, Arncott, Blackthorn, and Piddington, there are hyper-local divergences. The situation with regard to public transport options, for example, is somewhat 'better' in Ambrosden, say, than Piddington. To fold in another key theme – (physical) access to services – this leads to qualitatively different resident experiences. Slightly more accessible and frequent bus services might make it *somewhat* more straightforward to access healthcare in places like Bicester and Oxford but general frustrations with public transport still mean that most will drive, if they can. While an ability to drive is a reason most people feel they can access healthcare when they need it, there is also an anxiety about whether they will be able to continue to do so as they get older. Many older people are already dependent on friends and family for access to services. As the overall population continues to age, it is very difficult to see access becoming anything other than more extensive a problem if public transport options remain extremely limited, especially in the absence of complementary, community-transport based solutions.

Access issues can be placed alongside other challenges identified in the research, including a lack of community-based support for young mothers and young people (mental health) and access to NHS dental services. The research therefore supports a headline finding in the *Rural Proofing for Health Toolkit* that, 'more non-acute services could be made more accessible locally, closer to where rural residents live.'[28]

Zooming out, it is noted that the provision of new services must be viewed through the broader lens of the current fiscal climate. However, given that funding is at a premium, this puts the onus on ensuring strategies to support based health and wellbeing are carefully designed. Strategies built from the bottom-up with strong community involvement can best take account of hyper-local situations and assets and thus contribute to longer-term, more sustainable outcomes. The *Health and Wellbeing*

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[24] Ibid, p. 4.
[25] Ibid, p. 4.
[26] *Integrated Care Strategy.* Op cit. p. 33
[27] *All Party Parliamentary Group Rural Health and Care Enquiry Report.* Op. cit. p. 4.
[28] *Rural Proofing for Health Toolkit.* Op. cit. p. 9.

Strategy makes reference to the value and role of anchor organisations in achieving improved health and wellbeing, including voluntary and community organisations.[29] However, in Ambrosden, Arncott, Blackthorn, and Piddington, while there are active, well-supported and valued groups and organisations, there are also large numbers of individuals engaged in community activity, with a unique range of skills and experience, who through community-mindedness and natural inclination wish to support their fellow residents. It is these hyper-local, informal, 'eco-systems' which are in many ways the true community 'anchors'.

Nevertheless, there is a strong sense of fatigue among those active in the community, with anxieties about funding, ageing, how to fill the 'volunteer gap' etc.[30] – it is abundantly clear that both formal and informal volunteering is incredibly important and valued, especially in the absence of local services and access challenges, but also stretched very thin. These informal structures need to be much better supported – meaning direct resourcing but also outside assistance from infrastructure support organisations – to sustain volunteering strategies, training, develop new community-identified support, improve usage of existing community assets such as halls and churches in order to achieve their full potential.

However, this can only be effectively achieved by outside organisations engaging on a systematic, *long-term* basis with local groups, organisations and individuals, allowing the necessary relationships to be nurtured to create the foundations for the genuine co-design of local health and wellbeing strategies that can therefore best deliver sustainable outcomes. The point about *genuine* co-design is crucial - there is often a local cynicism about external agencies, a sense of lip-service being paid to community involvement, and that 'nothing ever changes'. Changes of these perceptions will take time. The *Rural Proofing Toolkit* notes the, 'rural delivery benefits that could be realised from collaboration across health and care sectors… including enhanced partnerships working with voluntary and community organisations.'[31] This is a laudable aim – but shared agency needs to be built, and observed in *practice*.

It was the experience of this project that it took several months to build contacts and relationships across all four communities. In comparison to urban areas, there are fewer community groups, with volunteering often falling on a core number of people who have often been active for many years and who often have roles in multiple groups. Trust has to be built. Residents need to know that there is a positive end-point from engaging with external agencies and that there is no agenda being pursued. Our researchers, once relationships had been built, had many positive, frank, and open conversations. There is an opportunity to build future engagement on these foundations.

Yet a cautionary note must be added. The value of community-based activity being undertaken in Ambrosden, Arncott, Piddington, and Blackthorn is evident. There is a sense from these groups that they could achieve more with more resource and more support. At the same time, there is also a reticence among some groups to take on too much, perhaps even *with* additional resource.

Thus, while the direction of policy travel with regards to developing VCSE sector engagement with health and wellbeing strategies is to be welcomed, there is only so much that the sector should be expected to achieve and deliver. It is not an alternative to the state and cannot solve the challenge of a lack of state-provided services – but it can absolutely complement those services, while further contributing to community resilience if its particular (and often very local) challenges are better understood and if it is better resourced to do so. As *Going Further Together – The Role of VCSE Organisations in Neighbourhood Health Ecosystems* states: 'VCSE organisations are already delivering

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[29] *Health and Wellbeing Strategy*. Op cit., p. 24.
[30] Notwithstanding the fact that many of these individuals do not necessarily see themselves as 'volunteers'.
[31] *Rural Proofing for Health Toolkit*. Op. cit., p. 9.

on NHS priorities and integrating link working with community development, but training and long-term investment is needed to maximise this potential.'[32]

[32] *Going Further Together.* Op. cit. p. 3.

Conclusions and next steps

As stated at the outset, the questions explored and methodology used in this research mirrors that followed in recent community insight research which CFO undertook to evidence Public Health profiles in Littlemore, Abingdon Caldecott, Banbury Grimsbury and Hightown, and Banbury Ruscote and Neithrop.

Therefore, an initial proposal is that this report, focused on Ambrosden, Arncott, Piddington and Blackthorn, acts as a 'rural counterpoint' to that research and is used to inform any emerging conversations about undertaking strategic action in these areas to address some of the concerns, challenges, and opportunities identified (many of which overlap quite strongly with the findings of the community insight reports).

However, an important distinction must be drawn in terms of other next steps. Unlike the Public Health Insight Profiles, there was no steering group established (comprising community, district, county council representatives etc.) to guide this research, nor is there funding available to fund potential initiatives or address particular issues. Therefore, care must be taken in setting out a list of recommendations which may be seen to place too onerous a burden on already stretched community groups and volunteers.

Attention should also be drawn to already existing and previous community efforts to address some of the themes identified. For example, there have been previous efforts to explore the possibility of a community transport scheme and to find ways to address public realm concerns. Indeed, that lack of success in finding those ways and means to address issues (which are a *continuing* challenge locally) points to the need to explore the possibility of securing external support to help facilitate ways forward.

A suggestion is therefore made for CFO and Healthwatch to convene a roundtable discussion to explore the report and consider potential next steps. Invitees would usefully include the four parish councils, district and county councillors, MOD, relevant district and county council officers (e.g. community services, transport and public health), and infrastructure support organisations (such as CFO and OCVA). Efforts should also be made to engage effectively with Five Acres Primary in Ambrosden, the only primary school in the four communities and identified as an under-utilised asset in the community 'ecosystem'. The underpinning rationale of this roundtable discussion would be to seek ways to be 'more than the sum of our parts.' Collective rather than individual conversations (often discussing the same topics) open up the possibility of sharing resources and achieving economies of scale in already straitened fiscal times, as well as making projects potentially more attractive to external funders.

This discussion (and, vitally, follow-up conversations) could seek ways strategically to address some of the cross-cutting themes identified, such as improvements to pavements, roads, and public rights of way and explore the feasibility of rolling out preventative and mental health initiatives across the communities to meet needs identified in the research.

In addition, it would be useful to explore the concept of identifying an Area Champion (perhaps a local councillor or other prominent local figure) with a remit to explore improvement opportunities at senior levels within local government, health, and transport structures regarding key infrastructure and service challenges: access to health care locally (outreach and 'satellite' service opportunities); and bus service improvements etc.

From the community perspective, there are avenues to address certain key issues, which also come with the potential for external (funded) support. Neighbourhood planning is an extremely useful tool in helping communities set the direction of policy travel and proactively address spatial planning concerns which were identified in the research (including housing development, and environment). Therefore, a further recommendation is for the parish councils to (re)consider developing a Neighbourhood Plan – government funding is available to support this, and CFO is also able to advise.

A related proposal would be for the parish councils to consider exploring Nature Recovery projects. Again, there can be support available to assist with this (via Wild Oxfordshire, for example) and such initiatives are often popular with residents, including young people, potentially giving a boost to community involvement, volunteering, and intergenerational resilience. External support is also available in regard to community transport – CFO supports such groups and can assist with revisiting this local conversation.

There is – in theory – much value in more collaborative working between the four communities to further develop community and social infrastructure and therefore improve local health and wellbeing.

Many areas of common challenge and opportunity were identified and give rise to several interlinked and collective suggestions. These include: a whole-area communication strategy (including a shared calendar); the undertaking of consultation/engagement with young people; the mapping of existing activity to identify gaps and crossovers in key themes, complement existing work, avoid duplication, and identify new provision etc.; the discussion and development of joint-activity (potentially theme-based steering groups) and joint-funding bids; the exploration of common themes, challenges, opportunities and solutions (e.g. volunteering, safeguarding, training); the exploration of innovations such as creche/ childcare facilities to allow better access to community activities for parents and guardians.

Again, however, the very stretched nature of community groups and volunteers make this problematic to initiate, and it should be added that there have been previous efforts at collaboration. As such, once more, this points to the need for external resource and support. A community development worker – perhaps employed by an external organisation to avoid 'political' concerns/ administrative burdens for a local group – could support this process of cross-village coordination and joint-working. The challenge is funding such a role.

A proposal is therefore for the parish councils consider joint fundraising for this position, while also posing the question to Public Health (and Cherwell District Council and other stakeholders) as to whether they would consider funding a community health development officer for these communities, along the same lines as those employed elsewhere.

Summary of next steps

The next steps set out below are offered to all stakeholders, including community groups, local volunteers, and the multiple agencies and organisations active in Ambrosden, Arncott, Blackthorn, and Piddington.

- This report to be shared with key partners and networks to help inform strategic discussion about the rural dimension to health and wellbeing:
    - Stakeholders include Ambrosden, Arncott, Blackthorn, and Piddington Parish Councils, Cherwell District Council, Oxfordshire County Council, the Health Overview Scrutiny Committee, the Health and Wellbeing Board, the Oxfordshire Place-Based

Partnership, the Cherwell Local Strategic Partnership, the Oxfordshire Civilian-Military Partnership, the Health and Planning Group, and others.

- CFO and Healthwatch to convene an initial, roundtable discussion with key partners to explore the report and discuss next steps, which might include:
  - The potential identification of an Area Champion to explore improvement opportunities at senior levels within local government, health, and transport structures.
- The four Parish Councils to (re)visit the possibility of undertaking Neighbourhood Planning and nature-based initiatives.
- The four Parish Councils and strategic partners to explore funding for additional, on the ground community development support.

Appendices

Appendix 1 - Research Questions

Appendix 2 - Community Surveys

Appendix 3 - Community Survey Results