

Introduction

The Heathrow Villages Wellbeing Bus was a concept developed led by local residents. Following conversations with community leaders, CNWL and HHCP management gained an insight into the challenges that people immediately to the north of Heathrow Airport face when needing to access health services. Four of the five Heathrow villages (Longford, Harmondsworth, Sipson and Cranford Cross) have never had a GP surgery, dental practice or pharmacy. Harlington village does have services but public transport routes are not designed to link residents in the other villages to this location.

Initial communication with our local contacts highlighted a lack of community spaces where health care could be provided and easily reached by all villagers. A resident suggested a bus to bring in healthcare professionals as she had seen vehicles used in other parts of the country to provide other services. Consequently, CNWL agreed to lead on a 15-week pilot for a Wellbeing Bus to understand better the needs of residents in each of the villages and provide a mobile service offer. This report surmises the findings, and makes recommendations for next steps now the fifteen-week pilot has finished.

Heathrow Villages Background

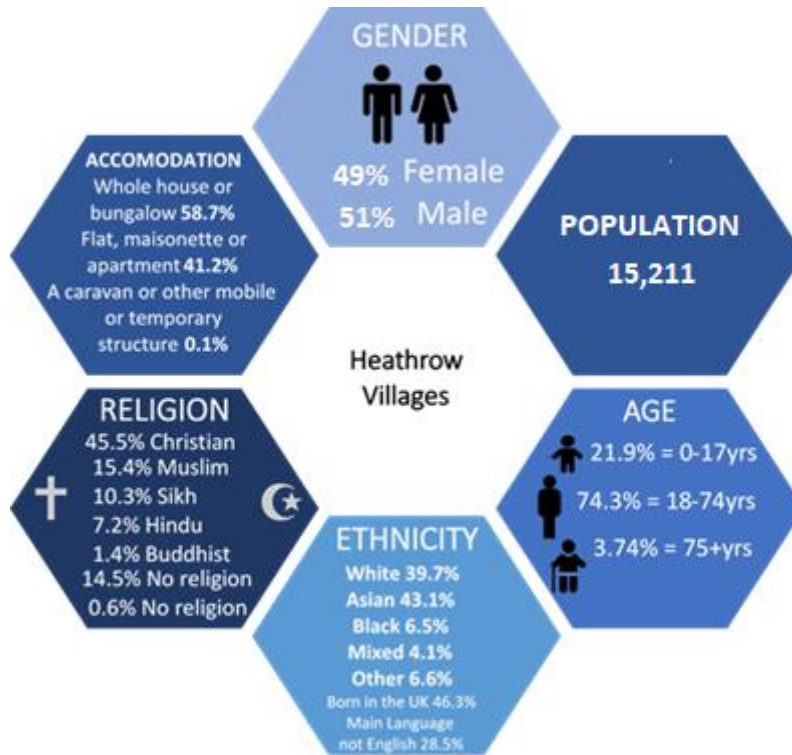
There are five historic villages at the very south of the borough of Hillingdon which are known as the Heathrow Villages and in the same named electoral ward. The five villages are Harmondsworth, Sipson, Longford, Harlington, and Cranford Cross.

Heathrow Villages sits alongside the Hillingdon electoral wards of Pinkwell and West Drayton as well as being bordered by the neighbouring areas of Slough, Hounslow and Spelthorne (Surrey).



Heathrow Villages Population

The Heathrow Villages population is growing with Census data indicating the population size has increased 14.7% from 2011 to 2021. This is greater than the overall increase across Hillingdon (11.7%) and in England (6.6%). Key population demographics from the recent census information are seen in the image below.



Population Density

This Heathrow villages area is often referred to as rural and it has large areas of green spaces, which are Green Belt land. Historically this area was known for its top-quality soil and many fields are still farmed or used for recreation, such as Cranford Park and Harmondsworth Moor. Open spaces are linked by footpaths and lanes rather than bus routes.

Some villages also retain a little rural charm with very old buildings, most famously The Great Barn at Harmondsworth in a Conservation Area. The villages also lack facilities that people might expect in urban or suburban wards, including the absence of a library, leisure centre, cinema, large supermarket, council-run community centre or state secondary school. Yet the villages do have a huge international airport on their doorstep and the accompanying development, such as hotels, which attract people looking for work.



While the airport site occupies a large area, there is no housing within its boundary. So, while the ward is large in hectares, it is seen as having low population density; the population is increasing and has to fit into the buildings that exist. Thus, we have offices converted into numerous small apartments, hotels and serviced apartments taken over for the homeless; family houses divided into flats; unregistered HMOs or unofficial hotels housing untold numbers; one-bed “starter” homes used for families with children, garages converted into living spaces and house extensions adding bedrooms. Gardens are also swallowed up for parking spaces. This is likely to feel like high-density living for many people. Official figures smooth out the reality by using averages. Information indicates there is “an average of 2.9 people per household, which is similar to the average across Hillingdon (2.8)”.

Heathrow Villages Area

Local healthcare sites are centred around Harlington with no sites in other villages. There are two GP surgeries located in the area, Heathrow Medical Centre and Glendale Medical Centre and they are both located in Harlington. There is one pharmacy accessible which is also in Harlington. There is a second pharmacy at Heathrow Airport, although this is landside the provision is likely to service the airport population rather than local residents as it is difficult for residents to access as the location requires transport and a lengthy walk to get there from a bus stop. There is no direct walking or cycling route and driving into the airport is actively discouraged. (Boots has a pharmacy in Terminal 5 but this is airside.) No airport pharmacy is practical for sick patients in the villages.

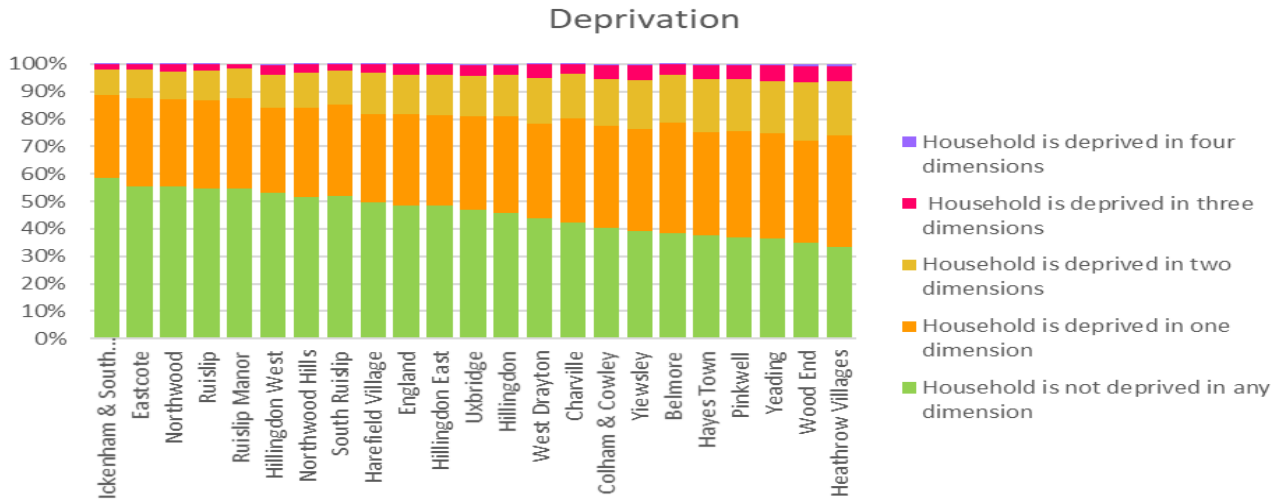
It may be worth noting that in recent years Harlington Village Pharmacy halved in size, to one small shop, eliminating many product lines and focusing on prescriptions and over-the-counter medical items. It is constantly busy and serves a wide area but closes at 2pm on Saturday and is closed on Sunday.

There are several Churches found across the villages and two of these (one in Harmondsworth and one in Harlington) have church halls attached. There are also three primary schools, Harmondsworth, Heathrow and William Byrd Primary schools and two nurseries located across the villages and a number of listed buildings including the Great Barn at Harmondsworth.



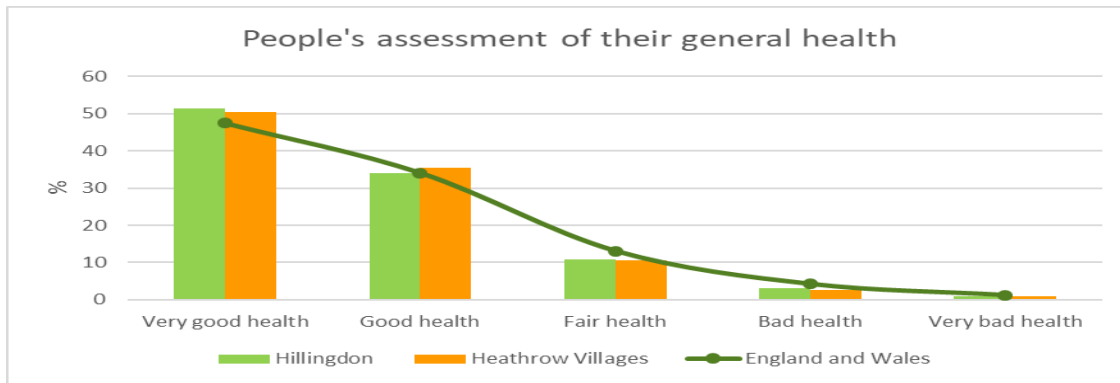
Household Deprivation

Deprivation in the area is variable in different locations and census data indicates that compared to the other Hillingdon electoral wards Heathrow Villages area has the lowest percentage of households that are not deprived in one or more dimensions. The four dimensions are employment, health and disability, education and household deprivation.



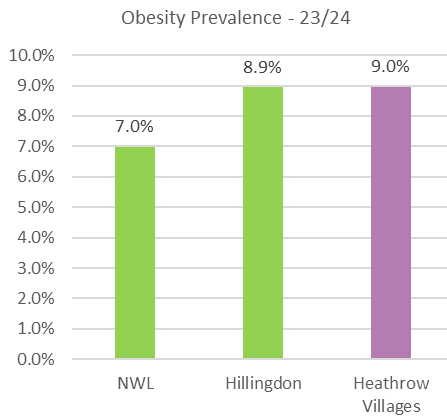
General health

From Census information people in Heathrow Villages assessed their own health. The figures are shown below and those reporting very good or good health are higher than the average in England and in line with the wider Hillingdon area.



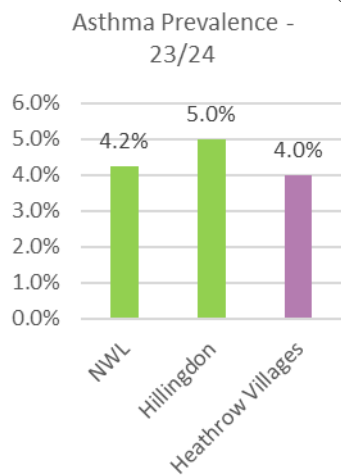
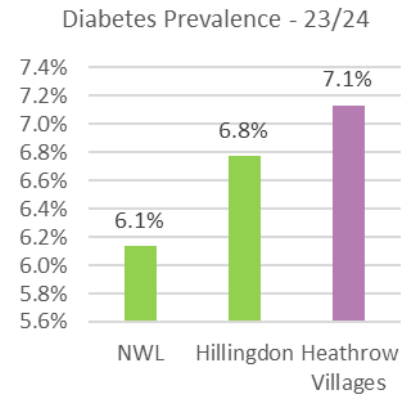
Health Insights

Information from the whole systems integrated care unit (WSIC) is shown below to look at prevalence of key health indicators in the Heathrow Villages gather from available GP data. It is worth cautioning that accessibility to GP practices for local residents in the Heathrow Villages might be skewing this data, and prevalence levels may be higher than reported.



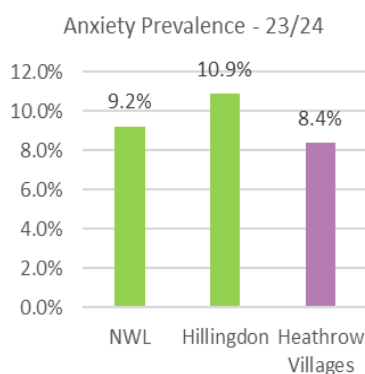
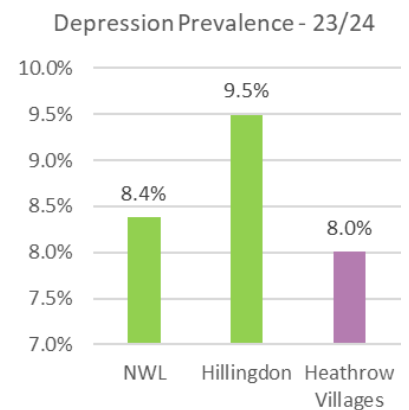
The prevalence of Obesity within Heathrow Villages is 9%, this is in line with the wider Hillingdon area, but both Hillingdon and Heathrow Villages are higher than North West London averages.

The prevalence of Diabetes within Heathrow Villages is 7.1%, this is higher than Hillingdon and North West London.



The prevalence of Asthma within Heathrow Villages is 4%, this is lower than Hillingdon and lower than North West London.

The prevalence of Depression within Heathrow Villages is 8%, this is lower than Hillingdon and North West London but higher than the majority of other North West London boroughs



The prevalence of Anxiety within Heathrow Villages is 8.4%, this is lower than Hillingdon and North West London.

Wellbeing Bus Pilot

The community themselves held valuable insights into their own circumstances and what they wanted and local community leaders developed a proposal for a mobile wellbeing bus to provide services within the villages. CNWL agreed to lead on a fifteen-week pilot of a wellbeing bus to understand better what the needs of the residents were and provide a mobile service offer in each of the five villages. Discussions with key residents led to a listening event in Harmondsworth to get a further indication of the sorts of services that the villagers would like to see on the bus.

In collaboration with local partners a bus was identified to support this local offer. The bus identified is owned by the London Borough of Hillingdon (LBH) and was used when it's not scheduled for its usual role, going out in the evening to support youths who are at risk of anti-social behaviour.

Pilot Outline

A 15-week pilot plan was developed, starting 3rd October with a break for the Christmas period with each of the five villages visited in turn on Tues 10am-4pm.

Alongside the bus, the London borough of Hillingdon was contracted by CNWL to provide a bus driver for the duration of the pilot. A community engagement lead was on the bus each week ensuring that it always offered an informal opportunity for residents to share what matters to them. A survey was also designed to get the feedback and views of all local residents including those not accessing the bus during the timeframe.

Before the bus launched local residents had expressed the need for locally available Covid and flu vaccinations and CNWL coordinated with the NWL ICB Roving Vaccination Team who agreed to support for some dates. Other services offered to attend on different weeks based their availability, community insights and requests. Residents also felt that its strong community network, combined with a definable village centre for the bus and no parking restrictions, made it a suitable starting point.

The offer



Launch

The bus was launched on the 3rd October in Harmondsworth. The bus was officially launched by local community leaders. Local residents attended throughout the day. Partner agencies including Healthwatch and Stronger Families were also in attendance.



Engagement Activity

Date	Village	Service Offer	No. of attendees
3rd October	Harmondsworth	Covid-19 and flu vaccinations, Community engagement team, Stronger Families team	51
10th October	Sipson	Community engagement team, Stronger Families team	11
17th October	Longford	Community engagement team, Talking Therapies	3
24th October	Harlington	Covid-19 and flu vaccinations, Blood pressure checks, Community engagement team	28
31st October	Cranford	Community engagement team, Blood pressure checks, Talking Therapies	6
7th November	Harmondsworth	Community engagement team, Blood pressure checks.	15
14th November	Sipson	Community engagement team, Covid-19 and flu vaccinations, Talking Therapies	11
21st November	Longford	Community engagement team, Blood pressure checks.	2
28th November	Harlington	Community engagement team, Blood pressure checks.	5
5th December	Cranford	Community engagement team, Blood pressure checks.	0
12th December	Harmondsworth	Community engagement team, Blood pressure checks.	3
19th December	Sipson	Community engagement team, Blood pressure checks.	1
2024			
9th January	Longford	Community engagement team, Blood pressure checks.	Did not operate
16th January	Harlington	Community engagement team, Blood pressure checks.	Did not operate
23rd January	Cranford	Community engagement team, Blood pressure checks.	Did not operate

Posters were created for distribution in the local area and over 1,000 leaflets were posted through people's doors when the bus was in their villages advising of future dates and times. The bus also had a website page that was updated on an going basis throughout the pilot and the vaccination offer was published on the NWL ICB vaccinations page. However, numbers declined throughout the buses operation. This could be related to communications and the need to have a consistent communication stream to villages so that residents were aware of the bus coming, and what services

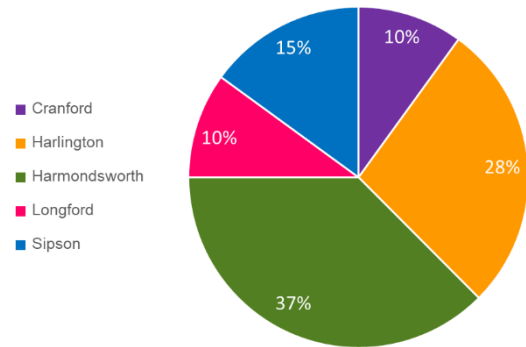
were available for them to access on the bus. There were also issues around location for parking the bus which meant it was not as central in some of the villages as we would have ideally liked, meaning it did not have passing footfall that we would have hoped.

Community Insights

Over the course of the pilot, there were 136 residents who attended the wellbeing bus. 85% of those who attended the bus lived within the Heathrow Villages area. The numbers of people varied between the different villages as broken down below.

The attendees not resident in the villages lived nearby in Hayes and West Drayton with only one living outside of Hillingdon borough.

Ten people also completed the community insights survey available without visiting the bus. They were asked if there was a reason they did not visit, however no one provided an answer to identify potential barriers.

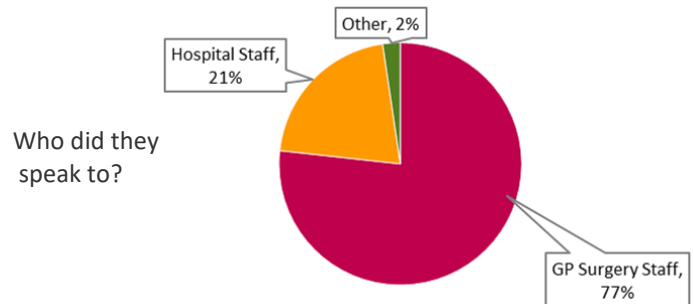


Health needs

Throughout the activity on the bus insights were gathered about residents' experience and views on health services and their access which are highlighted below. It's worth noting that the 136 people who responded to the survey represent less than 1% of the population in the villages so this may not be completely representative of all residents views and experiences.

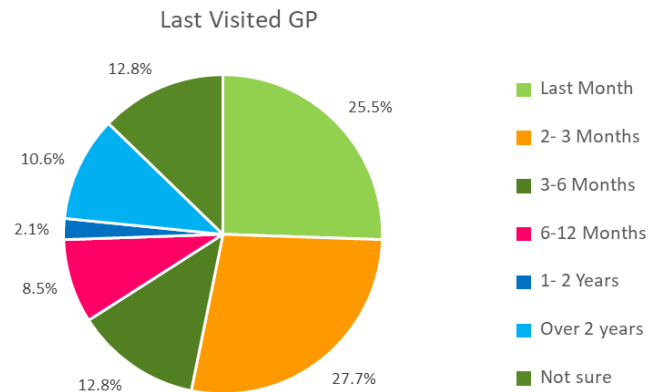
When did you last speak to someone about your health?

Last Month	38.3%
2- 3 Months	27.7%
3-6 Months	2.1%
6-12 Months	6.4%
1- 2 Years	10.6%
Over 2 years	4.3%
Not sure	10.6%

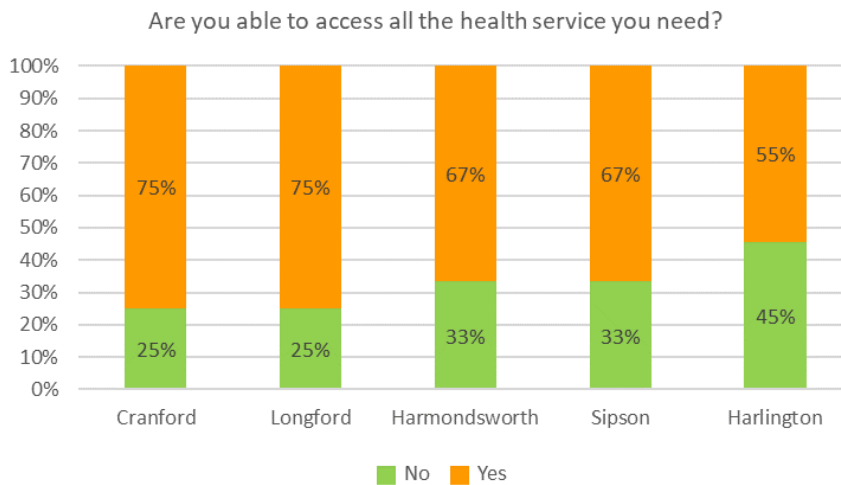


The majority of the 136 people who visited the bus had spoken to someone about their health in the last 6 months with the majority of people speaking to their GP.

When asked when they last visited their GP over 65% stated they had visited their GP in the last 6 months and over 50% in the last 3 months.



66% of people reported they were able to access all the health services they needed with 34% reporting they were unable to. This did have some variation between the villages as shown with residents of Harlington expressing they were unable to access all the services. Harlington has the only health provision available within the villages with a pharmacy and 2 GP surgeries. When asked about services that they could not access, the most common concern raised was the ability to access GP appointments and appointment availability at the time or delivered in the format needed.

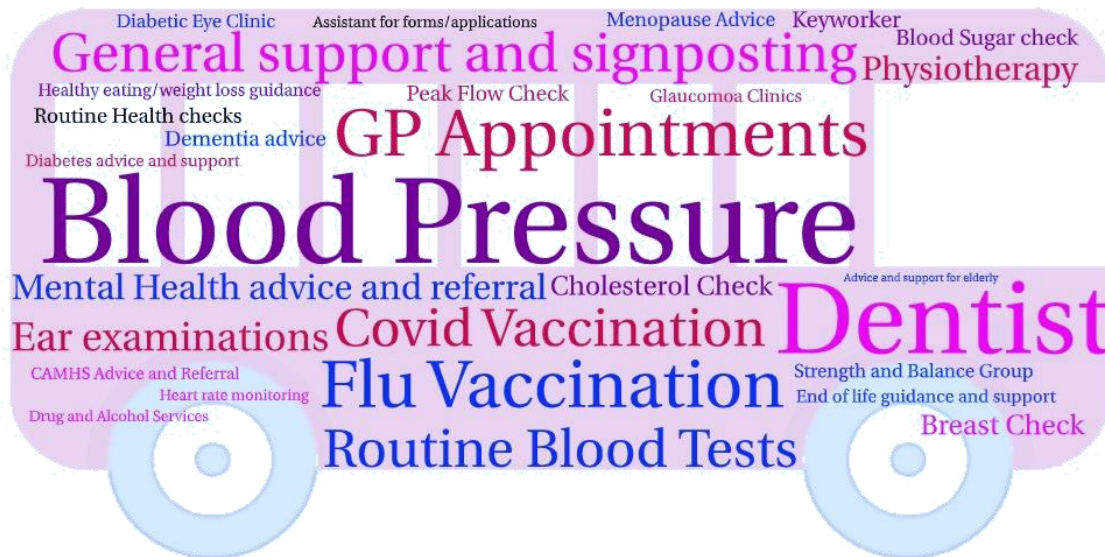


Of the twelve people who said they struggled to access a GP, half were from Harmondsworth. Others area identified were difficulty accessing Covid vaccination, finding a dentist where they could register, and getting care packages and support with dementia.

What health services are wanted by residents?

We asked people what services they wanted to see either on the bus or in the local area. The responses varied with the suggestions below. Several residents wanted greater local access to basic healthcare checks (blood pressure, cholesterol, blood sugar, heart rate monitoring)

Other issues raised by two or less residents were easier access to physiotherapy, peak flow checks, dental, ear checks, dementia support, glaucoma care and menopause support.



What was accessed on the bus

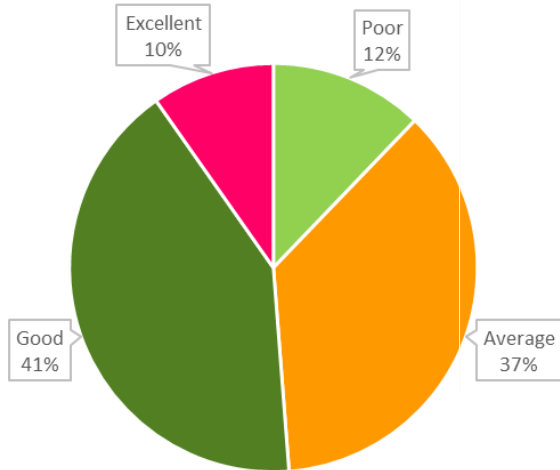
A variety of health activities were carried out on the bus. The NWL ICB roving team gave out 47 Covid-19 vaccinations and 21 Flu vaccinations. There were 16 blood pressure and basic health checks completed by either the roving team or the CNWL Care Connection Team. Other services that were sporadically on the bus include members of our Talking Therapies service and the Local Authorities Stronger Families team.

The rest of the attendees came to share their views or were signposted to local support that met the concerns they had. This included signposting to mental health services, local councillors' surgeries and their own GP practices.

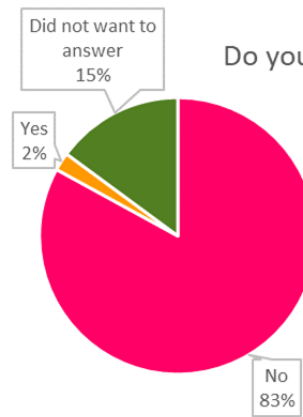
Resident's views on their own health

Of the 136 attendees, 88% of those who rated their health rated as average or above with 51% rating themselves excellent or good. The majority of those who visited the bus reported that they were active in taking care of their health by not smoking and exercising regularly but some declined answering these questions. Many let us know the physical activity they enjoyed with the majority enjoying walking, gardening or Zumba.

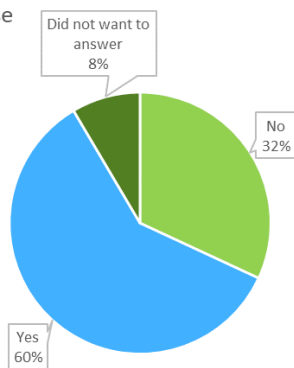
Rating of health currently



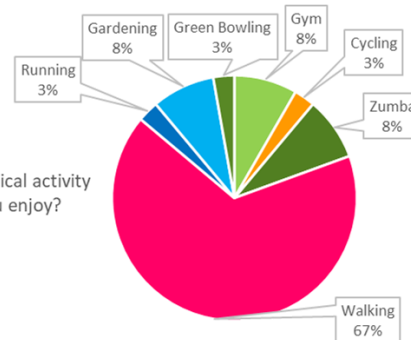
Do you currently smoke



Do you exercise regularly?



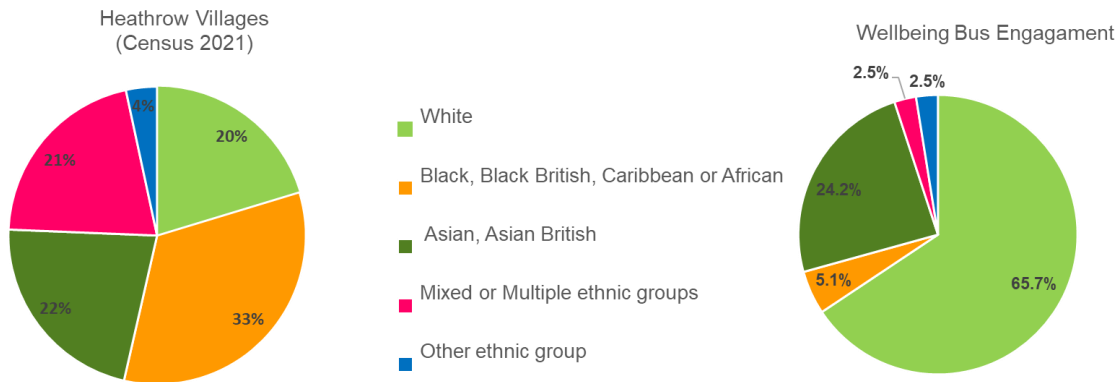
What physical activity do you enjoy?



Demographic Breakdown

There were equal amounts of males and females who engaged with the bus. The average age of residents who we spoke to was 66 years old with only one person visiting who was under 50 years old and no one under 40 years old. ONS data suggests that 58% of the Heathrow Village population is under 50 years of age and 73% under 40 years of age, suggesting the bus was not successful in reaching a certain cohort of the population.

The ethnicity of those attending can be seen below compared to available census information indicating that the wellbeing bus reached only certain cohorts of the local population.



There are many reasons why the bus did not access certain elements of the population including:

1. The bus operation hours.

Census data indicates that Heathrow villages has a higher percentage of people in employment than seen on average in Hillingdon. It may be that the working age population were out at work during the times the bus was in operation and this may have impacted the demographics of those attending.

2. Services on the bus

Covid and Flu vaccination as offered in the earlier weeks are available to specific cohorts of people. Without an underlying health condition or other need, they are only universally available to those over 65 years old and this may have affected the age demographics of those attending the bus. Alongside evidence is available wider to indicate disparity between ethnicity and vaccination uptake that may have affected the profile of those attending.

Financial Evaluation

The NHS Long Term Plan was launched in 2018 and sets out priorities for the NHS across the next ten years. To support implementation and expansion of mental health services, organisations have received Mental Health Investment Standard (MHIS) funding. In 2022/23 CNWL received £148,000 of recurrent funding to deliver a One Stop Shop in Hillingdon. The aspiration was one location from which mental health services from the NHS, Local Authority and voluntary sector could be based to

support people’s holistic needs. Despite efforts we were unable to source a location to deliver this from and instead developed the idea of a mobile offer which services based on a bus delivering across the borough. The conversations in Heathrow Villages have allowed us to use this funding to pilot a wellbeing bus in this community.

The costs of running the bus, and the driver’s salary totals £295 if the bus runs 10am to 4pm. There have been no staff costs directly incurred from the services being delivered on the bus as staff have been pulled from other service delivery to be on the bus. This does mean however that there have been gaps and impacts on services elsewhere when staff members are on the bus.

In order to financially evaluate the bus, we have estimated costs below if we had employed additional staff (Band 5 Agenda For Change salary scale) when they were on the bus.

Date	Location	Engagement	Staff on bus	Hours Open	Cost per attendee
3rd October	Harmondsworth	51	4	4	£10.20
10th October	Sipson	11	2	4	£32.73
17th October	Longford	3	2	4	£120.00
24th October	Harlington	28	4	4	£18.57
31st October	Cranford Cross	6	2	4	£60.00
7th November	Harmondsworth	15	3	4	£29.33
14th November	Sipson	11	4	5	£59.09
21st November	Longford	2	2	4	£180.00
28th November	Harlington	5	3	6	£132.00
	Cranford	1	3	6	£660.00
12th December	Harmondsworth	3	2	6	£180.00
19th December	Sipson	1	2	6	£540.00

Challenges and Learning

New initiatives can require a lot of effort, patience, and understanding from all parties involved and community engagement can be a complex process, involving building trust, collaboration, and communication among community members, community stakeholders and partner organisations. Understanding and overcoming challenges is crucial as we strive to learn and build programmes that work in collaboration with our local communities.

The wellbeing bus has had significant challenges in its delivery. Firstly, finding a bus that was suitable to deliver the wellbeing service from. CNWL talked to various private and voluntary sector organisations before sourcing the bus from the London Borough of Hillingdon. The bus that was sourced is the Hillingdon Transporter youth bus and is not specifically designed for a health offer and gave significant challenges to deliver services from.



Many features of the bus were broken including the sink and the ramp on the bus to enable those with limited mobility to gain access. CNWL alongside practitioners and the local community raised concerns regarding the cleanliness of the bus and general state of repair with an injury to the bus driver one day due to part of the bus becoming loose and falling. The bus was unable to maintain a warm temperature with the onboard heater and additional heaters were required to be sourced by CNWL from local outlets. The bus eventually suffered a major mechanical issue to its engine which meant the last three scheduled events in January were not able to be delivered.

The original bus driver identified who normally operates the transporter was unexpectedly unavailable and this created challenge with sourcing an agency driver who was available for the times of the bus operation. This also impacted on the Local Authorities Youth Bus offer which was not able to be delivered whilst the bus driver was not available, and no back-up driver sourced. The pilot was required to operate around the agency driver's availability and this caused the hours to be limited through most of its operation. This also caused an issue on the first session when the agency bus driver, who had not driven the bus previously, was not able to reverse the bus and it got stuck when trying to park. CNWL staff, and local residents, had to help push the bus backwards into a parking spot. The

The frequent changing of the times the bus could operate, caused by the agency bus drivers' availability, also potentially caused a lack of trust within the local community and community partners as the bus schedule was not able to be confirmed until the last-minute causing frustration and limiting the ability to promote the service offer and communicate it to local residents.

Communication of the service offer could have been improved. Local residents supported and shared the bus offer through mediums such as social media forums, websites and village notices and CNWL posted over 1,000 leaflets through local letterboxes targeting several days before the bus was scheduled in villages. Local residents did their best to communicate the service offer using local notice boards and social media. There could have however been a more coordinated communication programme in place to advertise the bus offer and a dedicated resource to provide more extensive communications would have been beneficial alongside considering how updates could be provided with the challenges to the last-minute changes in timings and service offer.

The bus was identified as a potential solution to deliver services within the area due to the limited buildings available. However, the buses environment provided only one large open plan area with no facility for private or confidential conversations onboard. This was particularly challenging on days when mental health practitioners were on the bus and wanted to have conversations with residents within a confidential area.

There were significant challenges with access beyond the broken ramp due to the layout of the bus. Vaccinations were only possible in one area and this limited access on these days to the whole space of the bus alongside there was no waiting area available for people who may be waiting for services onboard. This was highlighted when Storm Debi and associated torrential rain hit during the bus's visit to Sipson on the 14th November. There was no dry and warm area for residents to queue for vaccination and the road the bus was parked on became flooded. The bus layout was challenging to





navigate both for residents and practitioners as there was a narrow walkway before seating area that was up steps. This was challenging for those with mobility concerns and for the aim of offering a multi-service offer as if people were required to pass each there was limited space for this to take place.

It was challenging to find locations for the bus to park within the villages as some were residents or restricted parking or were inaccessible for the bus on the day. The village locations also differed in the accessibility to local resident's as there is no simple way to travel on public transport between the five villages and parking restrictions reduced the opportunity to travel by car to the different locations.

Length of operation time and limited local resources created challenges for practitioners staffing the bus as there were limited availability of publicly accessible toilets or break facilities for them to use as required.

CNWL is one of a number of local providers. Many of the resident's concerns expressed and feedback were regarding challenges in accessing services outside of CNWL. Practitioners supported where possible in liaison with other services such as primary care and pharmacy teams however a more system led approach in collaboration with other local providers would help identified needs be supported and a more cohesive offer to local residents.

As an NHS Trust there were also several challenges in CNWL being the host of the pilot due to the governance required to meet internal standards to set up the pilot. This included risks assessment from both health and safety and infection control and the ordering of specialist equipment including lone worker devices and spill kits alongside the development of resuscitation procedures and a risk assessment if as CNWL offer the bus needed to have a grab bag resuscitation kit. This may be mitigated if the service offer had been managed by an alternative provider.

Staffing for the pilot was provided by staff being diverted from their usual service provision and certain visits or clinics not taking place in order to staff the bus. This would not be sustainable in the longer term and a plan would need to be developed for staffing moving forward alongside the coordination of the bus which would benefit from a dedicated resource who has the skills and expertise required.

Summary

The wellbeing bus was a pilot designed with local residents to understand better what the needs of the residents were in each of the villages, and provide a mobile service offer. The pilot commenced in October 2023 and run for twelve weeks, visiting each of the five villages at least once. It offered a range of services including Covid-19 and flu vaccinations, general nursing support including blood pressure checks, mental health support and children's services.

Over the 12 weeks, 136 residents visited the bus receiving 47 Covid-19 vaccinations, 21 flu vaccinations and 16 blood pressure / basic health checks. All attendees were surveyed on their health needs which showed that:



- The majority of those who visited the bus had spoken to someone about their health in the last six months with the majority of people speaking to their GP.
- When asked when they last visited their GP over 65% stated they had visited their GP in the last six months and over 50% in the last 3 months.
- 66% of people reported they were able to access all the health services they needed with 34% reporting they were unable to.
- Harlington reported the greatest difficulty accessing healthcare services, and Harmondsworth reported the greatest issues accessing primary care
- 88% of those who rated their health rated as average or above with 51% rating themselves excellent or good.
- The average age of attendees was 66 years old with only one person visiting under 50 and no one under 40. ONS data suggests that 58% of the Heathrow Village population is under 50 years of age and 73% under 40 years of age. Furthermore 66% of attendees on the bus were of white ethnicity, whereas only 20% of residents are white, suggesting the bus was not successful in reaching a certain cohort of the population.
- Several residents wanted greater local access to basic healthcare checks (blood pressure, cholesterol, blood sugar, heart rate monitoring) and other issues raised by two or less residents were easier access to physiotherapy, peak flow checks, dental, ear checks, dementia support, glaucoma care and menopause support

There were a number of challenges with the bus and the provision it provided. These can be surmised as:

- Issues with the bus itself including the appropriateness of the environment for clinical activity, the condition of the bus and availability of a bus driver impacting on the times the bus could operate on
- Number of attendees visiting the bus, particularly in the smaller villages. This is despite CNWL leafletting over 1,000 houses and residents supporting communications through social media outlets.
- Availability of suitable parking locations for the bus
- Capacity of staff members to support the bus. Clinicians on the bus were diverted from other services, meaning visits and clinics had to be cancelled and rearranged impacted on services already struggling for capacity.
- Suitability of CNWL to deliver the service offer as a provider of only some of the services required on the bus, and the governance arrangements which needed to be agreed as an NHS Trust.

Overall the pilot identified the impact that limited service provision based in the area was having, particularly on access to primary care and pharmacy services. There are two particular concerns around accessing primary care and pharmacy services; getting primary care appointments which are consistent with feedback from other areas in the borough and nationally, and secondly that residents in the western villages, namely Harmondsworth can face journey times of over an hour on

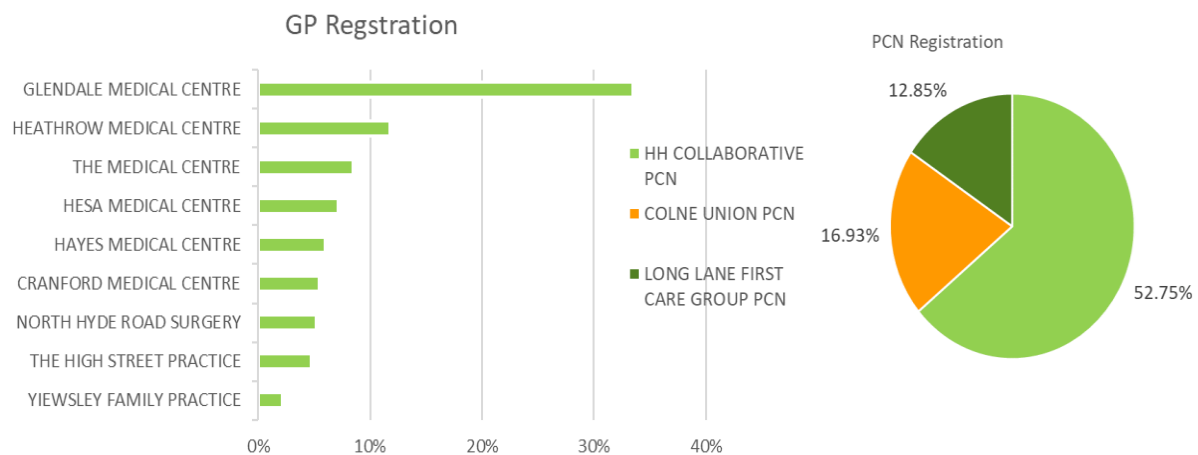
public transport to access primary care or pharmacy. Half of people reporting they struggled to access a GP was in Harmondsworth.

Recommendations and Next Steps

The findings of this report require a discussion with local residents to review the wellbeing bus pilot and consider what the next steps might look like. Some initial thoughts arising from the pilot however are:

1. Local neighbourhood teams

Within the villages NHS Digital data shows that residents are located in the majority across three Primary Care Networks although due to the location of the Heathrow villages area over 10% of the population are registered with GP's outside of Hillingdon.

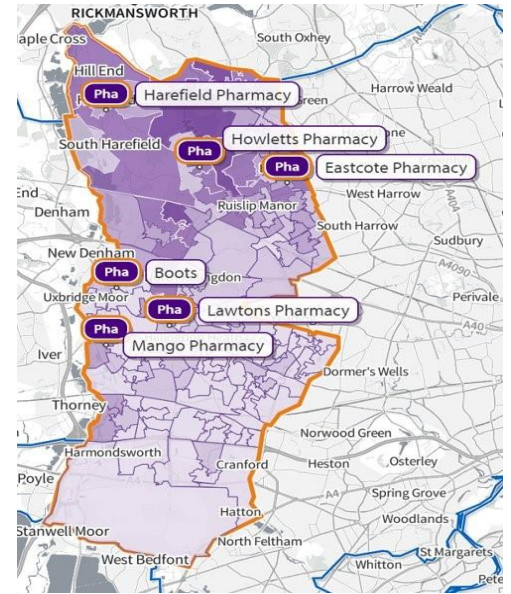


Many services within the integrated neighbourhood teams already deliver services from patient homes, including District Nursing, Community Rehabilitation, Care Connection Teams and Rapid Response. Our Talking Therapies service offer support for residents with psychological treatment for depression and anxiety disorders. This has a large virtual offer meaning residents can access from their own homes through a phone or computer.

Hillingdon is currently in the process of developing neighbourhood teams in line with the recommendations from the Fuller Stocktake. These will be integrated teams from different organisations supporting populational health management and tackling health inequalities. These teams aspire to ensuring that clinical teams are well engaged with local communities and design offers around their needs. It is recommended that any future offer needs to be embedded within the neighbourhood offer and drawing on support from all teams within the partnership.

2. Vaccination Availability

Covid-19 and flu vaccinations were requested from the local population. The map attached identify the fixed locations in Hillingdon where Covid vaccination has been available for the Autumn 2023/24 campaign and as can be seen access within the south of the borough including the Heathrow Villages area requires a significant journey. Residents have expressed that GP practices and pharmacies that offer the vaccination are long journeys on public transport, and residents unable to find available slots to be vaccinated.



The NWL Roving Vaccination Team, who delivered the vaccinations on the bus, have commissioned their own bus which is much more suitable for the deliver of immunisations including appropriate internal space and a fridge to store the vaccinations in. The team have committed to providing a robust vaccination programme into the area next autumn in preparedness for winter.

3. Communications

We heard several examples of patients who were housebound or with complex multi-comorbidities struggling to navigate the system to access vaccination. Considering how these populations are potentially identified and communicated with may also support them in accessing vaccination when required. There is consideration for the wider system on how it makes sure that residents are aware of the services available to them and how to access.

4. Sharing and Raising Awareness

There are many insights gathered from both the quantitative data and qualitative information shared by local residents. This data resource needs to be shared with partner organisations for them to consider how they better support the Heathrow Village area.