UNDERSTANDING LOCAL HEALTH AND WELLBEING NEEDS IN SOUTH TYNESIDE

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Interim community insights report

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Executive summary

Background

We set out to understand what influences people's health and wellbeing in South Tyneside, and what could be done to help those who live, work and study in the borough to lead healthier, happier lives. The community insights detailed in this report have informed the development of a new Joint Health and Wellbeing Strategy (JHWS) for South Tyneside. The strategy will be used by the local authority, NHS and other partners to jointly plan and support delivery of improvements in health and wellbeing.

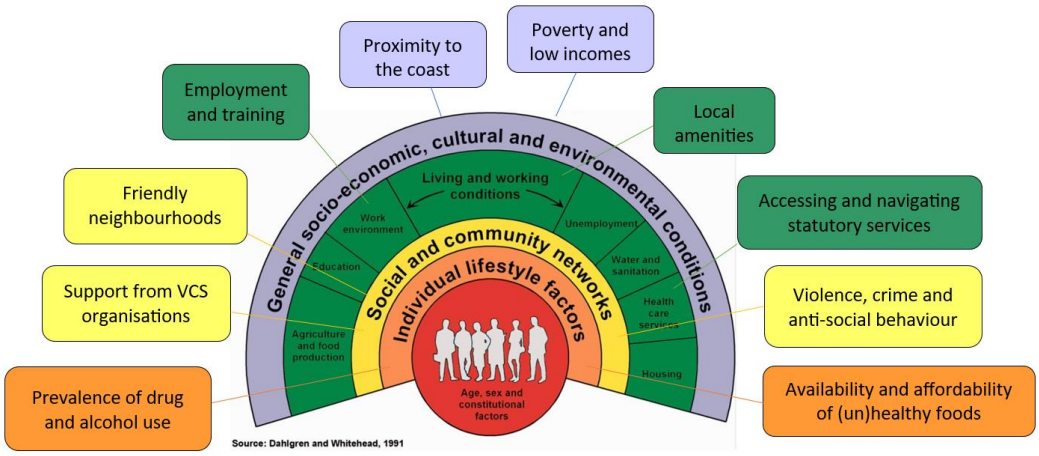
These partners were keen to ensure that the JHWS was person-centred and truly reflects what matters to local people. They were particularly interested in hearing from individuals and groups who have not previously been consulted on this topic. Therefore, the aim of the research was to gather insights from diverse communities to inform development of the new JHWS, with a particular focus on members of marginalised, vulnerable or otherwise under-represented populations.

Methods

We conducted 16 focus group discussions involving 119 participants, recruited through voluntary and community sector (VCS) organisations working with a wide range of vulnerable groups. Around two-thirds of participants were women, a similar proportion identified as white British, and more than half were living in the most deprived areas of South Tyneside. We used a one-page 'insights sheet' to generate additional insights from people who live, work and study in the borough. A total of 81 sheets were completed by 115 individuals. Data were analysed using thematic analysis and preliminary findings were shared and discussed at two JHWS development sessions involving various local stakeholders.

Key findings

The focus group discussions highlighted a number of factors that were perceived to influence people's experiences of health and wellbeing in South Tyneside. These are summarised in the diagram below and include positive factors such as access to the coast and living in friendly neighbourhoods, as well as negative factors such as poverty, crime, lack of employment opportunities, and the prevalence of drug and alcohol use.



Suggested ways to make South Tyneside a healthier, happier place included: the provision of additional leisure, social and retail opportunities; safe spaces and activities for children and young people; improving access to health services; and action on the wider determinants of health. There were also a number of comments relating to residents feeling excluded from local decision-making processes. A key finding of this research is the essential role played by local VCS organisations both in terms of supporting and advocating for vulnerable people, and fostering connections between communities and statutory agencies.

Discussion and next steps

Four cross-cutting themes were identified from the community insights gathered in this research. First, people need to feel safe and welcome in the communities where they live. Second, existing in a precarious state – whether this is due to poverty, ill-health, disability, ageing, or some other form of vulnerability – undermines the ability to live a healthy, happy life. Third, people of all ages need affordable opportunities to stay physically and mentally active, and to mix with others in similar situations or with shared interests. A final theme involves the importance of having access to appropriate sources of support, particularly where people have multiple, complex needs and struggle to maintain their own health and wellbeing.

Next steps include working with the participants and local VCS organisations to re-visit the findings and collectively agree on the recommendations. A separate workshop involving local practitioners will be used to co-produce research questions and plans for future research and evaluation activity, with the ultimate goal of addressing the community priorities identified in this report.

Acknowledgements

This research was jointly funded by South Tyneside Council and the National Institute for Health Research (NIHR) Clinical Research Network (CRN) North East and North Cumbria, through their Targeted Health Needs funding call. In addition to the funders, we wish to thank Anna Christie, Joe Jasperse and Meg Logan from the South Tyneside Public Health Team for their support in undertaking this research. Joe helped to organise and co-facilitate some of the focus groups, while Meg assisted with collecting feedback using the insights sheets. Hayley Alderson from Newcastle University & NENC ARC conducted two focus groups and provided insights that fed into the data analysis. All team members provided input into the production of this report.

We wish to thank members of the JHWS steering group for their input into the original proposal and guidance on the recruitment strategy. Participants in the Health and Wellbeing Strategy joint development sessions organised by the Public Health Team provided valuable feedback on our interim findings. We could not have completed this research without the assistance provided by various organisations and individuals who helped to facilitate introductions to potential participants, organise and host focus groups, and distribute and collect the insights sheets. Most of these organisations are identified in the methods chapter. Others include the local libraries, leisure centres, children's centres and community associations.

Finally, we wish to give special thanks to everyone who gave up their time to participate in this research. We hope we have represented your views with fairness and accuracy.

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Background and research aims

Policy and research context

The Health and Social Care Act (UK Parliament, 2012) placed a statutory duty on local authorities (LAs) in England to create a Health and Wellbeing Board (HWB) as a committee of the LA. The primary intended role of HWBs was to encourage integrated working between local clinical leadership and democratically elected leaders in their respective areas. HWBs bring together commissioners from the NHS, public health, adult social care and children's services, as well as elected members and representatives from local Healthwatch (the consumer champion for health and social care patients, service users and carers). LAs were also encouraged to engage providers in local decision-making processes, ideally as formal – although not statutory – board members. Examples of relevant providers include NHS Trusts, voluntary and community sector (VCS) organisations, schools and universities, criminal justice agencies, and housing providers. LAs and clinical commissioning groups (CCGs) in England have statutory duties to develop a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). These are the mechanisms by which HWB members are able to plan and support delivery of improvements in the health and wellbeing of their local populations.

JHWSs are 'primarily designed to provide transparent measurement of progress, and focus the system on improving outcomes for everyone' (Department of Health, 2013: 13). They are intended to be used by local partners 'to deliver the best health and care services based on the best evidence of local needs' and also 'to reduce inequalities for all ages' (Department of Health, 2013: 4). JSNAs and JHWSs are public documents; they must be published and provide clear measures of progress to hold HWBs to account. The choice of priorities in the JHWS should be based on evidence both of need and of what works, which requires HWB members to have the skills and knowledge to balance conflicting demand and understand conflicting evidence (Hunter et al, 2017). Each HWB is free to develop, implement and monitor progress towards achieving outputs set out in the JHWS according to their own local circumstances, with little guidance or prescription from central Government. As such, there is considerable heterogeneity in the format and content of these strategies.

Previous studies have examined published JHWSs to answer particular research questions; for example, the presence or absence of specific priorities such as HIV, diabetes, mental health or social isolation (Cupitt, 2013; Diabetes UK and Novo Nordisk, 2013; Evans et al, 2013; Scrutton, 2013). An analysis of 47 strategies published in 2013-14 identified that, most often, 'evidence' was used to mean 'evidence of need' rather than 'what works' (Beenstock et al, 2014). This was usually locally gathered intelligence, identified through the JSNA, rather than from a national source. A more recent review found that JHWSs often drew on diverse sources to justify local priorities and action (Kneale et al, 2018). Around half included at least one source of academic research, but these tended to be confined to a limited set of 'trusted' sources; for example, Professor Sir Michael Marmot's strategic review of health inequalities in England (2010). The authors reported that 'local and national statistics are repeatedly used in ways that prevent verification, benchmarking or understanding trends over time' (p.i22). Furthermore, qualitative research was found to be absent and there was limited evidence of JHWSs being informed by consultative exercises involving local residents. Areas that were facing substantial public health challenges but did not receive the greatest funding were less likely to be drawing on robust sources of evidence, suggesting an underdeveloped evidence-use culture in these LAs.

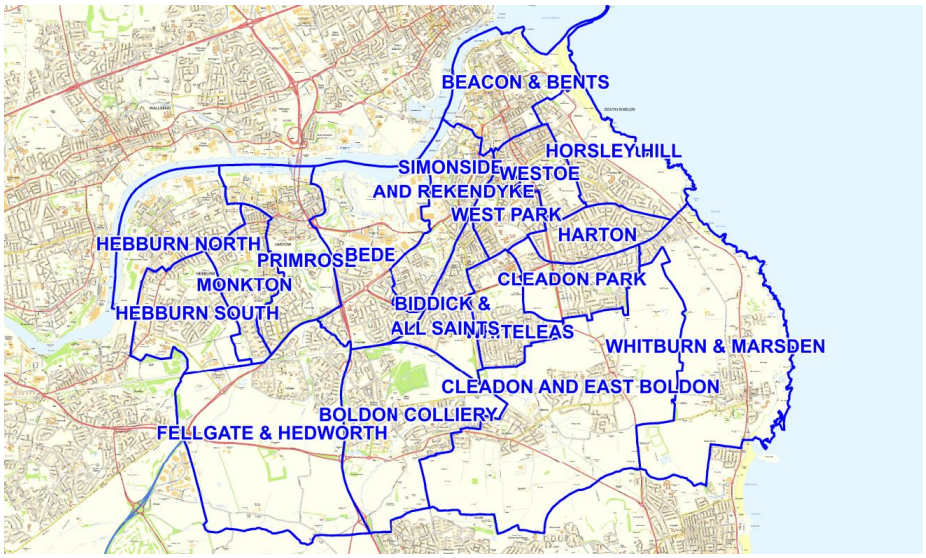
Related research involving in-depth case studies with selected LAs identified 'multiple cultures of evidence use', coupled with various challenges which 'limit the ability, time and space to use evidence as a part of routine

decision-making' (Cheetham et al, 2019: 4). Lack of sustainable funding or incentives to engage in evidence-informed decision-making act as barriers, particularly in the wider context of public sector funding cuts. On a more positive note, the research highlighted 'an appetite for strengthening the culture of, and capacity for, evidence use' in local government (p.5). There is a need for further research to explore the use of different types of evidence and consultation by LAs and their partner organisations, for example, in developing JHWSs. This is particularly important in areas of higher deprivation with lower public health funding allocations, where making best use of evidence can help in decisions regarding allocation of scarce resources (Kneale et al, 2018). The health and wellbeing needs of coastal communities also represent an under-researched area, as identified in the most recent Chief Medical Officer's report (CMO, 2021).

Local context

South Tyneside is a metropolitan borough in North East England that is bordered by North Tyneside to the north (across the River Tyne), the North Sea to the east, Gateshead to the west and Sunderland to the south. See the map below for an illustration. In 2018 South Tyneside had an estimated population size of 150,265, which was predicted to increase to 159,681 by 2043 (ONS, 2020). The main administrative centre and largest town is South Shields; there are two other riverside towns – Hebburn and Jarrow – and three villages – Cleadon, Whitburn and The Boldons (Wikipedia, 2021). South Tyneside is one of the 20% most deprived LAs in England and includes four of the 'left behind' neighbourhoods identified in a recent report researched by the Northern Health Science Alliance (NHSA) and Oxford Consultants for Social Inclusion (OCSI) (APPG, 2022). Many health indicators are worse locally than the national averages, including: life expectancy for men and women, premature mortality from cancer, hospital admissions for self-harm and alcohol-related harm, excess weight in adults, and smoking prevalence (PHE, 2019)[1]. However, rates of sexually transmitted infections and people killed and seriously injured on roads are better than the England averages.

Figure 1: Map of South Tyneside



[1] Further information can be located using the Public Health England (PHE) Fingertips tool: https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/201/are/E08000023

The current JHWS for South Tyneside – 'Our Better Health and Wellbeing Strategy 2017-21' – is due to be refreshed. At the January 2021 meeting of the local HWB, there was agreement that the new strategy should be community-informed, specifically including voices from groups and individuals who are usually under-represented in consultation processes. This is to reflect South Tyneside Council's (STC's) ambition to work with their population, ensuring that the strategy is person-centred and truly reflects what matters to the individual. In addition, STC has been successful in attracting National Institute for Health Research (NIHR) funding to increase research capacity and support the development of research activity locally. The project detailed in this report builds on the findings from recently completed NIHR Local Authority Research System work and involves input from the NIHR CRN NENC (Clinical Research Network North East & North Cumbria)-funded Research Coordinator. It also involved additional funding from the NIHR CRN NENC Targeted Health Needs call, to further develop research capacity in South Tyneside.

Research aims and objectives

The primary aim of this project was to gather insights from diverse communities to inform development of the new JHWS for South Tyneside. Secondary aims were to increase opportunities for people from marginalised communities to influence STC strategic priorities and to develop and consolidate existing research capacity within the Council and key partner organisations. The objectives of the research were to:

1. Explore the health and wellbeing-related views and priorities of those who live, work or study in South Tyneside;
2. Target sampling and recruitment activities at members of marginalised, vulnerable or otherwise under-represented groups;
3. Mentor, develop and utilise the research skills of practitioners from the LA and VCS; and
4. Co-produce research questions with the aim of bidding for NIHR and other appropriate funding to undertake future research and evaluation activity in response to identified community priorities.

Activity relating to objectives 3 and 4 is ongoing and will be detailed in a separate report. The remainder of this interim report focuses on what we did to achieve objectives 1 and 2, and the findings from this research.

Methods

Sampling and recruitment

In undertaking this research, we set out to ensure the views of 'seldom heard' populations were heard and used by local decision-makers. Key organisations who might be able to help us in reaching these populations were identified primarily through a mapping exercise undertaken by the Public Health Team. The purpose of the mapping exercise was to identify completed, ongoing or planned engagement work in relation to health and wellbeing within South Tyneside, as well as individuals or organisations who could act as gatekeepers to recruiting participants from particular disadvantaged or seldom-heard groups. We worked with members of the JHWSs steering group – which included representatives from public health, adult social care, elected members, the VCS and NHS – to prioritise which populations to target, recognising that some have recently been subject to engagement and consultation processes related to local service development. This helped us to build on existing local knowledge and make best use of limited time and resources for the research, as well as minimising duplication of effort and consultation fatigue.

Information about the study was distributed to trained practitioner-ethnographers, local COVID Community Champions and relevant members of our existing networks. A presentation also was given at a meeting of HealthNET, which is a network to enable two-way flow of information relating to health and social care issues between the VCS and statutory organisations. This meeting generated further useful contacts and offers of help in supporting data collection activities. We used a combination of purposive and snowball sampling (Patton, 2002) to ensure representation from each of the target populations, as well as aiming to recruit people from different geographical communities and from across the life course. Snowball sampling involves asking participants to identify other potential participants and/or pass on information about a study. It is particularly useful in accessing groups that may be hard to find or reach through other means.

Data collection

Our intention had been to use a combination of visual, verbal and textual techniques, to enable participants to take an active role in the research and communicate with us in culturally appropriate ways (Clark & Moss, 2011; Wilkinson & Wilkinson, 2018). However, this proved difficult due to restrictions relating to the ongoing COVID-19 pandemic. For example, we planned to make use of arts-based approaches where participants would be provided with materials to draw or model what life is (*or could be*) like in South Tyneside and then asked to share these with others. COVID-related hygiene measures meant we were not able to share arts materials, gather around tables to write on tablecloths, etc. Furthermore, some groups were reluctant to meet indoors or in person. We made use of outdoor spaces and video conferencing facilities to conduct more 'traditional' research conversations, as well as offering the opportunity for people to share their views in a more creative format using 'insights sheets'. These methods are described in turn below.

i) Focus groups

Members of the target populations were approached and invited to take part in informal focus group discussions. This primarily involved emails sent to gatekeeper organisations identified through the mapping exercise, with follow-up emails and phone calls used where necessary. Most were very supportive in helping to organise the discussions; for example, by identifying potential participants, distributing information about

the study, offering the use of their venues, and often helping to co-facilitate and/or interpret during the focus groups. A small minority felt either that their members were too vulnerable to take part or the timing was not right, in terms of being under-staffed or key volunteers being unavailable. For example, two organisations working with minority ethnic groups and people who are homeless were not comfortable with the idea of focus groups (or one-to-one interviews) and instead offered to help with distributing insights sheets. Other organisations working with the same target populations were willing to help with organising focus groups and so their views were able to be included. We made every effort to be flexible and accommodate the needs of these organisations and their members, while making clear that participation in the research was entirely voluntary and there would be no consequences for those that declined. We also offered the option of a one-to-one interview – in person (ideally as an outdoor walking interview), by phone or Zoom – if anyone was uncomfortable with taking part in a group discussion. However, nobody took up this offer.

In-person focus groups were held in venues that were familiar to the participants, e.g. community centres, libraries and cafes. Two focus groups took place in local parks at times when the group members were already meeting to engage in other activities. Two others were conducted via Zoom at the request of the groups, who were used to meeting remotely during the pandemic. See table 1 below for details. The discussions touched on wide-ranging issues relating to the participants' understandings and experiences of health and wellbeing in the context of South Tyneside, reflecting what mattered to them and their communities. The topic guide is included at Appendix A. Focus groups are particularly useful for gaining insights into people's shared experiences and understandings of everyday life (Gibbs, 1997). Sixteen focus groups involving 119 participants were conducted; the groups ranged in size from three to 14 participants.

Table 1: Focus groups (n=16)

Organisation	Population/health issue	FG format	Participants
Bright Futures	Young mums/vulnerable women	Zoom	9
Changing Lives	People experiencing street homelessness, mental health issues, substance misuse and offending	In person	3
Happy at Home	Older people	Zoom	6
Hindu Nari Sangh & Apna Ghar 1	Minority ethnic women (mainly South Asian)	In person	14
Hindu Nari Sangh & Apna Ghar 2	Minority ethnic women who are also domestic abuse survivors	In person	6
Hospitality and Hope	Vulnerable men in supported accommodation	In person	4
Key 2 Life Food Bank	Food bank users	In person	8
KEY project	Vulnerable young people in supported accommodation	In person	8
Men in Sheds	Older men	In person	5
Prison Matters	Ex-offenders taking part in a drug and alcohol support group	In person	10
Sangini	Minority ethnic women (mainly Bangladeshi)	In person	5
South Tyneside Adult Carers Service (STACS)	Adult carers	In person (outdoors)	13

Tyneside Outdoors	Young people	In person (outdoors)	7
Waves	Children and young people with long-term disabilities	In person	10
WHiST	Women	In person	6
Your Voice Counts	Adults with learning disabilities	Zoom	5
Total			**119**

ii) Insights sheets

We devised a one-page 'insights sheet' to supplement the focus group data and generate additional insights from a range of people who live, work and study in South Tyneside. The sheet was developed with members of the Public Health Team and piloted with the COVID community champions, who helped to decide on the question asked (*What would a healthier, happier South Tyneside look like?*). See Appendix B for the final sheet. This was produced in hard copy and digital formats, providing space for people to share their views on how life in South Tyneside could be improved. This method was chosen to offer community members a way to express themselves, free from judgement and with more time to reflect than would be available in a focus group or interview setting. People who completed the insights sheets were not required to include their names or any other personal details. The instructions informed respondents that they could share their insights using text, audio or images, and submit these via email, in the post (using prepaid envelopes) or using drop-off boxes provided at local libraries and leisure centres. In the final stages of data collection, team members attended these locations and other community venues to encourage people to complete the insights sheets and received a wholly positive response. We also set up a project page on Facebook so that insights could be submitted to the research team using direct messaging (DMs), although no-one took advantage of this option.

Around 1,500 hard copies of the insights sheet were distributed to libraries, leisure centres and VCS organisations across South Tyneside, along with drop-off boxes or prepaid envelopes where requested. Take-up was low, possibly due to concerns about infection control and reduced in-person activity at these venues during the pandemic. The digital version was distributed widely using relevant websites and social media pages, and by emailing all local community associations, children's centres and cultural venues. Some VCS organisations and community groups opted to use these sheets to gather insights from their members instead of (or alongside) taking part in a focus group discussion. For example, members of a veterans support group discussed the research topic in depth during one of their bi-monthly meetings; one member took detailed notes and provided feedback on behalf of the group via email. In total, 81 sheets incorporating the views of 115 people were completed. See table 2 below for details.

Table 2: Insights sheets

Organisation	Population/health issue	Sheets	Participants
Bright Futures	Young women	15	15
Emmaus	People experiencing homelessness	1	1
Happy at Home	Older people	1	1
Hebburn Central	General population	15	15
Jarrow Focus	General population	14	14
KEY project	Vulnerable young people	5	5
NAAFI Break	Veterans	1	28

Other	Local taxi driver, members of the Yemeni community, family member	3	4
South Tyneside Adult Carers Service (STACS)	Adult carers	2	2
South Tyneside Asylum Seekers and Refuges Church Help (STARCH)	Asylum seekers and refugees	2	7
Waves	Children and young people with long-term disabilities	13	13
The Word	General population	9	9
Total		**81**	**115**

Data analysis

The data were analysed using thematic analysis, which is a flexible approach used by qualitative researchers seeking to understand experiences, thoughts or behaviours across a dataset (Kiger & Varpio, 2020). The focus group discussions were audio-recorded (with participants' informed consent) and transcribed, before being imported to NVivo qualitative analysis software for coding. NVivo also allows for coding of visual data and so we uploaded scanned versions of images as well as text gathered from the insights sheets. Coding took place inductively to identify residents' priorities from the data, rather than deductively applying an *a priori* analytical framework. However, key findings were organised around the Dahlgren and Whitehead (1991) rainbow model to facilitate effective illustration of health determinants identified by study participants. The model is described later in the report. We also considered comparing emerging themes against the 'plan on a page' from the current South Tyneside Health and Wellbeing Strategy 2017-2021, to interrogate similarities and differences. We decided against this, to ensure the findings reflected genuine insights gathered from local communities rather than being influenced by existing strategic priorities.

Governance arrangements

Regular progress updates on the research were provided to the JHWS steering group and advice from group members was sought on overcoming any challenges; for example, in recruiting from particular target populations or localities within South Tyneside. Preliminary findings were also shared and discussed at two Health and Wellbeing Strategy joint development sessions organised by the Public Health Team. The first involved a range of local stakeholders from the LA, NHS and VCS organisations, while the second was specifically organised for elected members. Both sessions took place via Zoom and had a wider remit to share up-to-date local evidence and choose priorities for the JHWS. Community insights gathered primarily from the focus groups were presented and discussed, giving workshop participants an opportunity to verify, validate and contextualise the data gathered. Notes were taken and used to inform production of this report and subsequent recommendations. By prompting in-depth discussion during the workshops, our findings were able to inform the priorities and actions detailed in the refreshed JHWS.

Ethical and safety considerations

Ethical approval was sought from the Faculty of Medical Sciences Research Ethics Committee at Newcastle University. Given that the study involved children and young people, vulnerable adults and use of various

gatekeepers to recruit participants, it was deemed potentially high risk and the study documentation underwent full peer review. Recruitment and data collection were subsequently delayed due to the need to secure DBS checks for relevant research team members. We were also required to submit a separate COVID risk assessment to Newcastle University, outlining what steps we planned to take to keep team members and participants safe during the research. Appropriate social distancing and hygiene measures were employed throughout in accordance with the national COVID guidance in place at the time.

Tailored information sheets and consent forms were used to obtain written informed consent from participants, who were assured that they could exit the study at any time and without giving a reason. Community members were offered a £20 shopping voucher to thank them for taking part in the focus groups. While this may have been a factor in some people's decisions to participate in the research, we do not believe the amount was large enough to represent a form of undue influence or coercive offer. Instead, we recognised that such payments can offer benefits in terms of increasing study recruitment and acknowledging the contribution of participants, particularly when these individuals come from low socioeconomic status backgrounds (Russell, Moralejo & Burgess, 2000). VCS organisations were also offered reimbursement for venue hire, refreshments, interpreting fees and other costs involved in helping to organise the focus groups.

Throughout this study all data have been treated as confidential and stored securely in Microsoft Teams folders to which only the team members have access. Transcripts and the database used to store participant details were also password protected. Personal data will be destroyed at the end of the study, while research data will be stored securely for 10 years in line with Newcastle University data management guidelines. Direct quotations from focus group participants or extracts from insights sheets are attributed in the remainder of this report using participant identifiers, i.e. FG1-16 (plus brief identifying information relating to the group) or IS1-105. The same system will be used in subsequent publications or presentations.

Findings I: Understandings of health and wellbeing

The research findings are organised into three chapters, based on the three main elements of the focus group topic guide: i) participant understandings of health and wellbeing; ii) aspects of life in South Tyneside that were felt to impact either positively or negatively on residents' health and wellbeing; and iii) suggested areas for improvement that would make South Tyneside a better place to live, work and study. The first chapter begins with an overview of characteristics of the focus group participants.

Participant characteristics

Of the 119 focus group participants, around two-thirds (69.7%) were women and a similar proportion (65.5%) identified their ethnicity as white British. This is in contrast with 95.1% of the overall population in South Tyneside identifying as white English/Welsh/Scottish/Northern Irish/British in the 2011 Census. Non-white participants in this study were primarily from Pakistani (10.1%) and Bangladeshi (4.2%) backgrounds. The sample included participants aged eight to 87 years old, with a mean age of 39.4 years. All South Tyneside wards were represented, although there was only one participant each from Bede, Hebburn South and Monkton. Larger proportions were from Simonside and Rekendyke (14.3%) and Beacon and Bents (13.4%), meaning that the sample was skewed towards those living in South Shields. However, we were successful in recruiting people from more socioeconomically disadvantaged communities. As shown in table 3 below, more than half of the participants (53.4%) came from the 20% most deprived areas (deprivation deciles 1 and 2).

Table 3: Participant characteristics

Characteristics	Participants	
	Number	%
Gender		
Women	83	69.7%
Men	36	30.3%
Age		
Under 20	21	17.6%
20-29	15	12.6%
30-39	15	12.6%
40-49	14	11.8%
50-59	12	10.1%
60-69	13	10.9%
70+	8	6.7%
Not stated	21	17.6%
Ethnicity		
White British	78	65.5%
Bangladeshi	12	10.1%
Pakistani	5	4.2%

Other: Arab, Afghani, Asian British, Black African, Iraqi, Mixed, Other, and White Other	8	6.7%
Not stated	13	10.9%
Deprivation decile		
1 (most deprived)	44	40.0%
2	16	13.4%
3	19	16.0%
4	4	3.4%
5	5	4.2%
6	3	2.5%
7	2	1.7%
8	5	4.2%
9	9	7.6%
10 (least deprived)	2	1.7%
Not stated	10	8.4%

Understandings of health and wellbeing

Most participants understood health as involving a combination of physical and mental health, but wellbeing was less easy to define. For those in financially vulnerable positions, poverty was referred to as a key factor affecting their health and wellbeing; the wide-ranging effects of poverty on health are discussed further in the next chapter. For others, the following sub-themes were identified in relation to understandings of health and wellbeing.

Importance of self-care

Making time to look after oneself was identified as an important component of health and wellbeing, particularly in terms of maintaining good mental health:

> *Making sure you've got a healthy mind-set and that. And positivity, like, making sure you are looking after yourself, making sure you are as healthy as you can be. Making sure you've got good mental health and that and just taking care of yourself basically. Making sure that you are the best you can be.* (FG02: young mum)

There were reported to be various elements of self-care that included having a positive attitude, quiet time, enough sleep, good nutrition and friendships, as illustrated by the following quote:

> *If you're not relaxed in your mind obviously your health isn't good, you know. Plus, there's so many things you need to take care of yourself. Self-care which is eat, well, what you eat, you need to know, plus you need to have a good sleep to keep you healthy. And obviously mixing, making friends and going out, you know, communication is part of health.* (FG08: minority ethnic woman)

Self-care was particularly important for women and others with caring responsibilities, who described being conscious of sacrificing their own wellbeing to prioritise that of their loved ones.

> *I've realised how important it is to put yourself into your own life and I've never done that. […] It's really hard to do, I think, when you've got caring responsibilities and you do put yourself last on the list, really, More their wellbeing comes first.* (FG01: adult carer)

Participants from some of the most vulnerable groups described the need to put measures in place to avoid reaching 'crisis point' or ending up in a 'crisis cycle', i.e. a point where the person cannot cope on their own. It was recognised that there are times when self-care is not enough to maintain good health and wellbeing and so external support is needed, as illustrated by the following quote:

> *I think it's having the support in place. I don't like asking for help. I never have. It's having the support where it's needed at the time when I need it, instead of getting to a point where I'm screaming for the help but I can't find it anywhere. It's having the balance between support and self-care. If self-care doesn't work I've then got the support around me to help me get to the place that I need to be so I don't end up in the crisis circle. I call it the crisis cycle where you just go from support to crisis, and then you are just going round and round and round because there is no stopping point.* (FG02: young mum)

Access to sources of support

Following on from the previous sub-theme, other participants identified having access to appropriate support as a key component of maintaining good health and wellbeing. This might involve informal mutual support from friends and family members or more formal support provided by voluntary sector organisations.

> *But, wellness, I've got people from [name of organisation], they'll say, "Are you okay?" I've got support coming in and I've got my friend [name]. I'll just ring up and she says, "Get yourself ready, come on, come down and we'll have a cup of tea in the garden and chill out and tell us what's going on." The way people are looking after me, I like to look after them.* (FG03: adult with learning disabilities)

Some people found it more difficult than others to ask for help when it was needed. As suggested in the following quote, this could be a particular issue for men:

> *They actually struggle to ask for help because it is one of those things, do you know what I mean, especially within the man's situation they think, "I can do everything myself," sort of thing. But sometimes you just have to suck it in, basically, and go, "Do you know what, let us have the help because, do you know what, it will probably get me somewhere".* (FG09: vulnerable man)

In spite of this, knowing that the necessary support was available could provide peace of mind and have a positive impact on a person's sense of wellbeing.

> *There is someone there, do you know what I mean? Not everybody needs everybody every day, sort of thing. But it is just nice, even just someone coming in, "How are you doing?" and checking on you, do you know what I mean?* (FG09: vulnerable man)

Independence and confidence

Being able to do things for themselves was seen as an important component of wellbeing for vulnerable people, for example, adults with learning difficulties and those living in supported accommodation. The following quote illustrates overlap with the previous sub-themes around needing a break from caring responsibilities and having access to appropriate support:

> *I'm happy most days. Some days I'm not because I do have to look after my brother as well. Yes. I think positive. I think that I can get on with my life. I can deal with certain things. [Name of support worker] does help me with what I need help with. Yes, I just get on with life. I take one day at a time, so each day I improve a bit more.* (FG04: vulnerable woman)

For young people, being part of groups and engaging in health-promoting activities could have secondary benefits in terms of building confidence, which in turn was felt to be beneficial for their mental health:

> *It gives them the confidence booster. Gets them out there. Gets them feeling that they can actually do something. Obviously, loads of people can do everything, but they don't always feel confident about the thing they're doing.* (FG11: young person)

Having a sense of purpose

Participants highlighted the importance of "*keeping your mind occupied*" and having "*something to look forward to*" (FG06: older man) as key aspects of health. For some this was as simple as having a reason to get up and leave the house, while for others it involved being engaged in what they perceived as a meaningful activity. This is illustrated by the following quotes from members of the Men in Sheds group:

> *You've got to have a purpose in life. You've got to have something to get up for. And this is the only place that does it for me.* (FG06: older man)

> *And also it's a nice part of where you can bring your skills and talents in and help people that haven't got them as well. […] You know, to continue doing what you've been able to do, it keeps the future safe, I think. That for me is important as well, is passing skills on.* (FG06: older man)

Another example was given by a group of adults with learning disabilities, where participants had been involved in a range of activities relating to advocacy and activism:

> Participant: *I go to other groups for, like, anti-bullying, Black Lives Matter and we made videos to do with hate crime.*
>
> Staff member: *I was going to say, you've been involved in the safeguarding leaflet. That was really good, that was helping people understand what different types of abuse look like so they know it's abuse.*
>
> Participant: *Yes, yes, we did that, as well, to stop the abuse happening. […] Yes, 'We Are Human Too', just to stop people being horrible in hospitals, care homes and stop being bullied in the… At the moment, we're putting up a petition to sign our names down to send it to the MPs down in London, to stop it from happening.* (FG03: adults with learning disabilities)

It was recognised that many people lack the resources to engage in activities which give them a sense of purpose and provide opportunities to develop and maintain friendships. VCS organisations can help to overcome these barriers by offering affordable activities that help to promote good health and wellbeing.

> *Not everyone gets the opportunity to go out on a bike and do what we do. Not everyone's got a bike. Not everyone can afford a bike, but the group suggest ways around it. Like, we provide that little bit of mental wellbeing to let the people get out and even the fitness side of it, as well. We give them the opportunity to join the group and get involved.* (FG11: young person)

Feeling safe and secure

A final sub-theme related to participants' understandings of health and wellbeing involved feeling safe within their local neighbourhoods and communities. The following quote is an eight-year-old boy's response to the question of what health and wellbeing meant to him:

Doesn't it basically mean like protecting people and making people feel safe, making people feel happy. Everything like that. (FG15: boy with long-term disabilities)

A similar view was echoed by groups of women from minority ethnic backgrounds, some of whom reported past experiences of racism. They felt that living in a safe area with friendly neighbours was key to their current state of health and happiness.

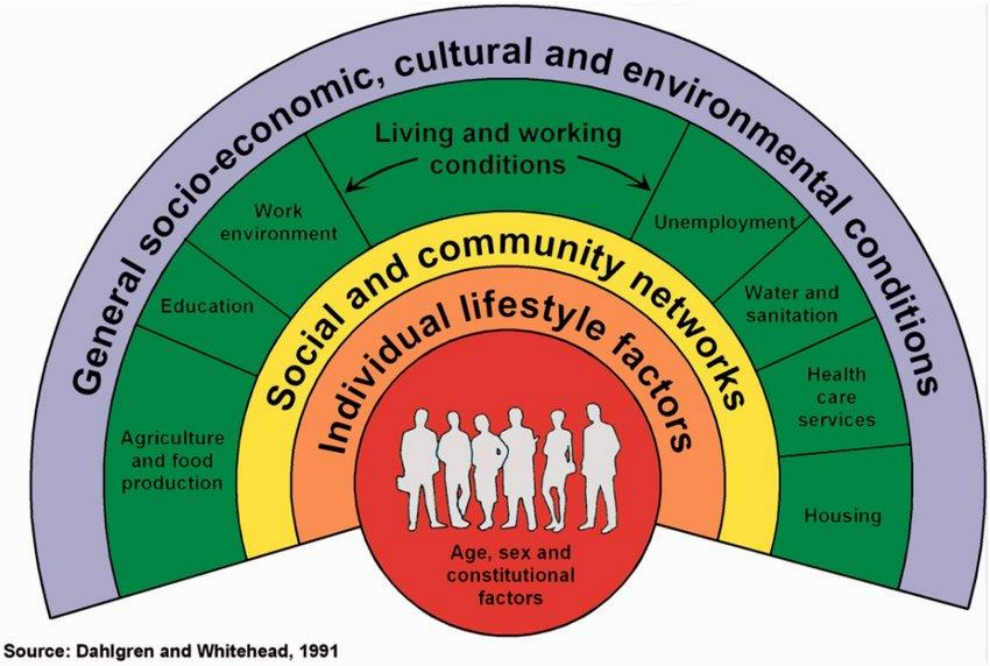
Participant 1: *I think just living a healthy, happy life. If you're protected, secure in your community and if you have help around from organisations maybe. Yes, that's being healthy.*

Participant 2: *Secure neighbourhood for me. It works if you have a good neighbourhood, good neighbours next door and if you go out around without any stress.* (FG07: minority ethnic women)

Findings II: Determinants of health and wellbeing in South Tyneside

This chapter is organised around the main elements of the Dahlgren and Whitehead (1991) 'rainbow model', shown in figure 2. The model maps the relationship between the individual, their environment and their health, and has been widely used in research on public health and health inequalities. Each of the various layers of influences on health – wider environmental conditions, living and working conditions, social and community networks, individual lifestyle factors, and age, sex and other constitutional factors – is discussed in turn below.

Figure 2: The Dahlgren and Whitehead model of the social determinants of health



Source: Dahlgren and Whitehead, 1991

General socioeconomic, cultural and environmental conditions

There were two sub-themes within this layer: proximity to the coast and poverty or life on a low income.

Proximity to the coast

When asked to identify the best thing about living in South Tyneside, the majority of focus group participants mentioned living by the sea. Those with families enjoyed taking their children to the beach, the funfair and parks in South Shields. Others also appreciated the coast as a place to walk, get fresh air and take part in enjoyable outdoor activities.

Participant 1: *The walks on the Leas, which go from South Shields right up to Sunderland really. All the coves and the seaside and the parks. That's what I like.*

Participant 2: *I do. Same, I do because I have children. If I go to South Shields, the beach, I can get the bus and go round with the children with a day ticket. Yes, that's why I like it, South Shields.* (FG04: vulnerable women)

I like that you've got the fair, you've got the beach, you've got pretty much everything that you would normally have in a holiday camp just on the doorstep. (FG10: food bank user)

Being near to the coast was felt to have a positive impact on mental health and wellbeing, as described in the following quotes:

If I feel upset, sad or have anything you know bad news or anything then I just go to the beach because the beach is near to my house. (FG08: minority ethnic woman)

We have had such lovely weather and there are kids are on the sand and people are sitting on the promenade and chatting to each other as you go along. And I just felt it has been really, really nice actually. I mean, it made me feel a lot better, raised my spirits. (FG16: older person)

Participants mentioned enjoying the natural environment and some also recognised the contribution of South Tyneside Council to making the South Shields seafront an attractive place to be.

I think the Council has to be congratulated on how they have developed the seafront. And I think it is a really positive experience to get down there and to take part in life. (FG16: older person)

It has got one of the best seafronts in the country, I would say. It is one of the cleanest you will ever come across. There are a lot of free events on over summer, obviously not with COVID and stuff like that, but the Council here do put a lot of free events on to bring money into the area for different individual businesses. (FG09: vulnerable man)

One vulnerable woman stated that she "*literally chose [to live] here for the sea*", in addition to looking for "*somewhere that had cheap rent but was also a nice place to live*" (FG04). This person also mentioned proximity to nearby cities and the job opportunities this might afford. The quote below reinforces the perception that South Tyneside is well located and an attractive place to live:

The environment, the area, it's really nice. You've got open green spaces. You've got the beaches. It's just everything here. And you have access to the North West. You've got access from motorways, A roads. It's just a good place to live. (FG06: older man)

Poverty and low incomes

While elements of the natural environment can be enjoyed at no cost, poverty can make it difficult for people to take part in many activities that promote a good sense of wellbeing. Those in more affluent positions understood that the costs of food and transport can make a trip to the beach prohibitively expensive for families on low incomes.

There are some really deprived areas in South Tyneside. And it is a fact from experience that there are families who just can't afford to go on the bus and take their children to the beach. […] When you are

> *used to having a car, it is very easy. But having to use public transport to get to the beach, you know, you've got three children in tow of different age groups and it just puts it, from the point of view of going to places where you have to pay – taking my grandchild on the ferry going to Tynemouth and going further afield – that isn't an option for a lot of people.* (FG16: older person)

These participants recognised that poverty impacts on many areas of people's lives and also operates across the life course, starting in the early years, as illustrated by the following quote:

> *If you are very poor it affects almost everything you do. [Name] was saying how it limits your life opportunities and experiences. We know how it limits the amount of food that people can eat and they can't afford to put their ovens on. So all this talk about cooking healthy food and things, it goes down the drain if you can't afford to put your oven on and you can't afford to buy fresh food. And you don't know how to cook it anyway. And deprivation affects how the kids are at school, and so on.* (FG16: older person)

The quote below is from a participant with lived experience of being on a low income and highlights the issue of in-work poverty, whereby working people are left with limited resources after paying for essentials:

> *It is a struggle, day-to-day life, honestly it is. Even going to work, you get a full-time job, by the time you've paid out your bills, you've paid out your outgoings, like if you've got a car or anything like that, and you're back to square one again. So that is why people think, "F*ck this sh*t." I didn't mean to swear, but it is absolutely a load of b*llocks. It feels like vicious circles.* (FG09: vulnerable man)

Where people struggle to pay for essentials such as bills, food and transport, activities that promote good health and wellbeing, including socialising, become luxuries they are unable to afford.

> *The thing about wellbeing it's, I think what you said about finding things to do. Because sometimes if you want to join a club or something it costs money. If you don't have that money to join a club to make yourself feel better or to make yourself fell well or be healthy, it costs money to do that and if you don't have it then you can't do that. So I think it's lack of opportunity sometimes.* (FG10: food bank user)

Living and working conditions

There were three sub-themes identified within this level: employment and training, local amenities, and accessing and navigating statutory services.

Employment and training

Some participants perceived there to be limited employment opportunities within South Tyneside, leading to people having to travel to neighbouring cities and larger towns for work. This could be a particular issue for young people and others seeking part-time or casual work.

> *We've got the high street in Shields but there isn't, like, a huge variety of shops. Obviously, you've got B&M, you've got the clothing shops in, you've got Asda, but along the high street, we haven't got a high variety of shops you can work in. Whereas places like Newcastle and Sunderland and stuff like that, there's a wide range of places to work, which could also be why more people around [South] Shields are looking further for jobs, like Sunderland, Newcastle.* (FG11: young person)

Others felt that there was a lack of full-time jobs and secure contracts locally. Although opportunities may be available in neighbouring areas, people may experience barriers in getting to these areas for work. The following quote illustrates the link between worklessness, poverty and poor health:

> *I know there are more jobs if you travel up to Newcastle, say. Not that many more. But some people can't afford to travel if they're on a minimum wage. […] I wouldn't like to be looking for a job now, full stop, because there are zero-hours contracts or they've only got part-time. Single parents, they haven't got somebody else to depend on, another wage, so the poverty starts. With poverty comes ill-health.* (FG04: support worker working with vulnerable women)

One vulnerable man reported that there was too much emphasis on building houses in South Tyneside and not enough on creating jobs. However, a group of ethnic minority women felt that there were enough jobs and the problem was people being unwilling to take advantage of the available opportunities.

> *Most of the people from outside, they got blamed, "You are snatching our jobs and you are taking our opportunities and everything". But if somebody wants to take advantage of opportunities, there are plenty. But it depends what you want to do.* (FG14: domestic abuse survivor)

Provision of training courses can help to give people a head-start in the job market. There was also reported to be support available within the welfare system, but this funding is not widely known about and can depend on meeting specific requirements.

> *So if we start getting those courses behind us, obviously, it shows that employer, or wherever we are trying to get, you know, we can take that job on, sort of thing. So that gives that head-start for a job and then that income then becomes money for a deposit for a place and stuff like that. Obviously, some of the housing people and the support people help, like the Universal Credit help you with your first month's deposit anyway[2]. So it just gives you help up that ladder. And having those courses behind you, it makes you more employable, do you know what I mean?* (FG09: vulnerable man)

Local amenities

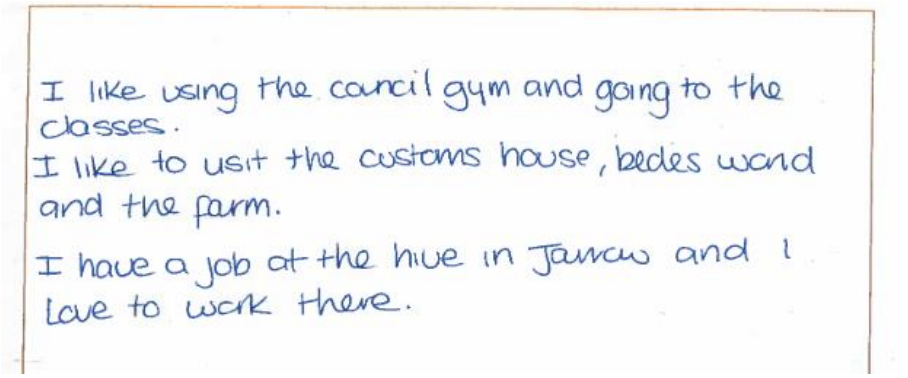
On the whole, participants were satisfied with the availability and accessibility of local amenities, such as schools, doctors and places of worship. This is illustrated by the following quote from an interpreter on behalf of a group of ethnic minority women:

> *We have two Mosques nearby where we can access for the children and the family. Plus, the town, the shop, you know, the shopping centre, everything is nearby, accessible. […] We've got Asian food stalls, shops, everywhere surroundings is friendly. So yes, we've got everything we want and whatever we need in front of our eyes, you know, so not very far, walking distance. […] Doctors, school, masjid – masjid is mosque – everything is nearby.* (FG08: minority ethnic women)

[2] N.B. Not all Universal Credit (UC) claimants receive housing support. The Department for Work and Pensions (DWP) offers a loan to people who receive UC/housing costs, which they have to apply for, may not receive and have to repay. Discretionary Housing Payments are available from LAs to some UC claimants in some circumstances, but these are not available to everyone. For more information, see: https://www.citizensadvice.org.uk/housing/renting-privately/private-renting/get-help-with-renting-costs/.

There were also comments made within some of the insights sheets regarding satisfaction with existing facilities, as illustrated by figure 3 below. This person worked at a coffee shop in Jarrow and mentioned that they like to visit cultural venues such as the Custom's House and Jarrow Hall (formerly Bede's World).

Figure 3: Insights sheet feedback (IS32i)



Some people compared South Tyneside to their previous lives in London. The former was felt to have all the necessary facilities, whereas the latter was characterised by poor air quality, unfriendly people and gangs.

> *With the facilities that are around in the area, and it is really nice down here, to be honest. It is better than London, I suppose, with all the fumes, big buildings and people just going mental. (Laughter) Do you know what I mean? It is a bit relaxed more down here.* (FG09: vulnerable man)

Others highlighted access to support from VCS organisations as a positive aspect of living in South Tyneside. This is discussed in further detail below under the heading of 'Social and community networks' because the VCS provides important opportunities for people to access social and peer support locally. These organisations also provide services such as counselling, training, advice, outreach and signposting – amongst others – which were reported to be particularly important to vulnerable people.

> *I think for me, the access to services. So we have got South Tyneside Recovery Project, which we use quite a bit which is quite local, a 10-minute walk. Obviously, the food bank which is part of Hospitality and Hope, the Council, the jobcentre and stuff. It's all very local, isn't it?* (FG09: vulnerable man)

The quote above relates to services primarily provided within South Shields, which are accessible to people living in or around the town. Those living in other parts of the borough, such as Boldon, Jarrow or Hebburn, felt that fewer amenities were accessible to them and their transport costs were higher as a result.

> Participant 1: *To me they [the Council] only spend the money in South Shields. That's where all the funding goes to, you know? We know where it's all gone to. I live in Boldon. So, is Boldon just the same as sunny South Shields? What do we get?*
>
> Participant 2: *I feel the same about Jarrow. […] We haven't even got a swimming pool in Jarrow, have we? You know, things like that. You've got everything in South Shields. We haven't got anything. So, we've got a travel all the time and that adds to the cost and the time to help their families and stuff like that.* (FG01: adult carers)

Many participants mentioned the loss of retail spaces on the high street, which included national chains such as Debenhams, Boots and Mothercare. While these losses could not be avoided at a local level, they had resulted in retail units remaining empty or being replaced with discount stores. Consequently, one vulnerable young person described South Shields town centre as feeling "*shut down or abandoned*" (FG13).

> *I would say South Shields town centre is an absolute disgrace. It is completely rundown now. There is hardly a shop there that sells anything. Even the charity shops are closing.* (FG16: older person)

Others reported a lack of public toilet facilities, which can be particularly important for older people and those with health issues. Several participants raised concerns about the behaviour of seagulls and amount of waste in the town centre. Both of these issues – along with the lack of local retail and employment opportunities – are illustrated by the following quote:

> *In King Street there are no shops, so there's hardly any retail jobs come up. We've got the lovely [transport] interchange, but there are no toilets in there. Because a lot of people might need the toilet, who are getting older or medical, but there are no facilities. King Street is covered in bird crap off the seagulls, so it's not very… To me, I wouldn't want my toddler walking because of the bird pap.* (FG04: vulnerable woman)

Participants across multiple focus groups highlighted the Jobcentre being moved to a new location in South Shields as an example of what they perceived as poor decision-making that fails to take into account the needs and preferences of local people.

> *South Tyneside, what I said, have a Jobcentre that is 10 years old, so what is the reason to make another new one now? Why not make something for these South Tyneside people? What is it exactly that we need? We already have this Jobcentre. There is nothing wrong with that. So you make another one now?* (FG14: domestic abuse survivor)

Accessing and navigating statutory services

Participants described barriers to accessing support or benefits provided by statutory agencies such as the local authority, NHS or Department for Work and Pensions (DWP). This included barriers seemingly put in place by services, resulting in a sense of being deliberately 'fobbed off'.

> Participant 1: *He [her son] was diagnosed with dyspraxia. So we found a dyspraxia association to go to – that's before I knew about this [group]. So, we went there and discovered that he could get – it was called then Disability Living Allowance. So, we applied for it and it was rejected. We didn't do anything about it. But then by going to the Foundation, they said, "Oh, they always reject first applications."*
>
> Participant 2: *To put people off.*
>
> Participant 1: *Yes.* (FG01: adult carers)

Others reported being seen as a number rather than a person by agencies that are primarily interested in meeting targets rather than helping people. One participant gave the example of pressure applied to jobseekers with mental health issues by the DWP and Jobcentre, creating a fear of benefits being stopped:

> *Some people can't afford to travel if they're on a minimum wage and the DWP don't understand that. They'll understand physical health, but they won't understand mental health because you can't see it. […] I think when you're getting older as well, you're not as confident and you're scared. You're scared in case you get benefits taken away.* (FG04: vulnerable woman)

Members of the adult carers group gave examples of feeling dehumanised and judged by social services, occupational therapists and others. This is illustrated by the quote below, describing an incident involving wardens from the crisis response falls team. Others talked about lack of continuity in social workers and the disruption this caused to families, which was a particular issue for children with autism and their parents.

> *I've had some really good OTs and social workers, really good and positive. But I've just had a really major experience with my hubby and it was the wardens who were the worst. Out of all of them, the wardens just made me feel like I was in the way and treated my husband like he was a lump of meat.* (FG01: adult carer)

Those living in council housing reported experiencing delays in addressing housing-related issues and also having to repeatedly explain their situations as they were passed between different people.

> *Like, I have a problem, when I call, "I will call you after one week. I am calling you… I pass you…" It is not like that. It is not like that. Yes, we get the benefit, but we pay the Council, we do not stay free, we pay you. But you should also send the inspector. […] They are coming to see that situation, what has exactly happened. But they want to come after a week or two weeks. It is a problem. I have children, anything can happen. So I believe they [the LA] are a little lazy.* (FG14: domestic abuse survivor)

The person in the quote above also reported positive interactions with statutory services; she described being generally happy with her housing situation and also with the support received from local social workers. Others reported similar experiences of appreciating having a person or agency to help them to navigate complex services, rather than being lost in the system.

> *I am lucky I get all the support from all these people: the housing or social worker, the refuge, my keyworker… So yes, I am really happy. I find also the police also help me. They are also so kind and so good. They go to the house, explain to me what is wrong and what is good for me. […] I love that. I am happy about this, South Tyneside Council and social worker.* (FG14: domestic abuse survivor)

Others were largely satisfied with their interactions with local police, housing and social services, although one participant described a significant delay in receiving urgent mental health care for her abusive ex-husband. Details are provided in the quote below. This person went on to highlight concerns about the damage this situation was causing to her husband, her children and herself.

> *My ex, first of all he needs to be sectioned, straight away, without even waiting. Plus, the mental health service is not working properly, especially the [acute mental health service]. This is a shame because, for example, he had a very low moment. They had given him medication, which are not working. I do not want to say that he was ready to do therapy, but he would have engaged. He was so desperate that he is in the mental state where nothing can be worse than where he is. I'm still waiting from May [four months prior] for the [acute mental health service] to arrange for psychiatrics to see him or a psychologist. No one got back.* (FG14: domestic abuse survivor)

Other examples were given of people experiencing issues in attempting to access NHS services, ranging from being kept on hold when seeking advice by phone to having to travel further for in-person appointments. The former was felt to have been exacerbated by the COVID-19 pandemic, although it was part of a longer-term shift towards remote consultations. The latter was related to services being reduced at South Tyneside General Hospital, which several participants were upset about.

> *I think that's another thing, our hospital has obviously changed a lot of services in the last couple of years. So if we've got an emergency on a night-time, we can't use our own hospital. Apparently it's classed as unnecessary and wasting our time, we don't need it. So if I've got a sick child on a night-time, I've got to travel all the way to Sunderland. That's ridiculous.* (FG10: food bank user)

Social and community networks

Three inter-related sub-themes were identified under this heading: friendly neighbourhoods; violence, crime and anti-social behaviour; and support from VCS organisations.

Friendly neighbourhoods

Participants generally felt that South Tyneside was a pleasant place to live for several reasons, including the friendliness of local people. Those who had moved into the area from other parts of England or from different countries reported being welcomed into the borough, as illustrated by the following exchange:

> Researcher: *What do you like about it here?*
>
> Participant 1: *For me, it is the closeness of the people, the people are so warm and welcoming. That is the first thing I noticed when I came here.*
>
> Participant 2: *Yes, I was going to say that. I was really welcome.*
>
> Participant 3: *Yes, same here.*
>
> Participant 1: *They are very friendly, they are warm, they talk… They make the time to say hello.* (FG14: domestic abuse survivors)

Women from minority ethnic backgrounds living in mixed or mainly white areas described having friendly neighbours and being able to share their traditions with one another:

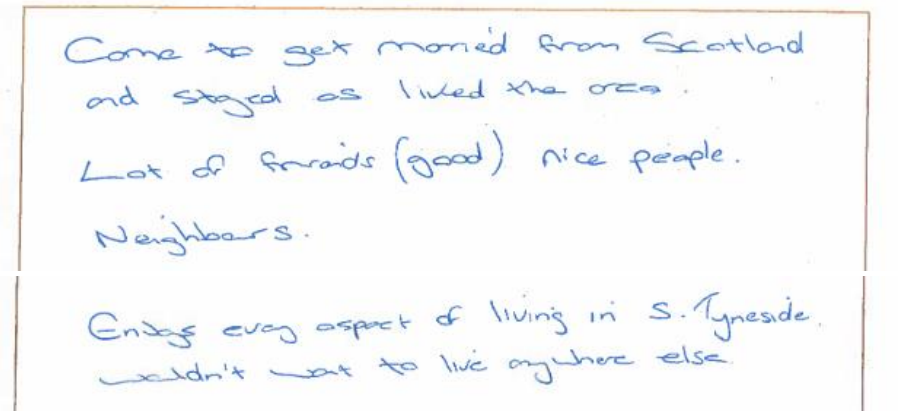
> *When Christmas comes or Easter comes, we make some arrangements for my next door [neighbour]. When our Eid, our festival comes, she knows that I'm having guests, something special is going on. So she gets participated. She makes presents for my children like crispy cakes and sweets. So we are living in a mixed environment and somehow I have learnt loads.* (FG07: minority ethnic woman)

One participant who had lived in South Tyneside for more than 30 years described it as being a particularly good place for families:

> *For me, it's a very family-oriented area. Neighbours still get on with neighbours, unlike London where it's very impersonal and nobody looks at anyone. In the North East you can still smile at people and they don't think you're a nutter.* (FG06: support worker for older men's group)

Figure 4 below provides further illustration of this sub-theme. The person who completed this insights sheet came from Scotland to get married and stayed as they liked the area, which was linked to having good friends and neighbours. They went on to say that they "*enjoy every aspect of living in S. Tyneside and wouldn't want to live anywhere else*".

Figure 4: Insights sheet feedback (IS32ii)



Violence, crime and anti-social behaviour

The previous chapter highlighted that living in safe, secure communities was felt to be a key component of good health and wellbeing. In discussions about the determinants of health in South Tyneside, participants emphasised the importance of community safety, particularly for vulnerable people.

Researcher: *What makes it [South Tyneside] feel safe?*

Participant: *Anti-bullying, no name calling and no racism going on. You have to keep South Tyneside safe for everybody to use.*

Researcher: *Do you think there's a lot of bullying and name calling that happens?*

Participant: *Yes, yes.* (FG03: adult with learning difficulties)

Violence, crime and anti-social behaviour were perceived by some to be commonplace in the borough. This was linked to a lack of constructive activities for young people.

> *It's nothing for kids. Well, there's parks, but the kids don't want to go in parks these days. They all go out and ride about on bikes, which you can't do on the street, because you can't do that. So, they go out and commit crime. It's anti-social behaviour. They don't mean to do it, probably, but it's just… They're stuck like that.* (FG12: male with substance misuse issues)

Several participants gave examples of times when they had felt unsafe while living in the borough. The following example came from a minority ethnic woman who was also a domestic abuse survivor:

> *Generally they are, they [local people] are friendly. You can get one or two that are not very friendly, but you get them all over where you go. But I had an issue, when I moved to Jarrow, where I was being*

> *attacked racially. That was the first time in my 33 years here. I have never had that. That was at the metro station. But it got dealt with quite quickly as well, once my children reported it.* (FG14: domestic abuse survivor)

The example below was from a vulnerable young woman, who described not liking the area where she lived because of the level of crime and concerns about the impact on her young children:

> *There was a murder on my doorstep. Literally. Obviously, my son wasn't born but both my daughters saw it. Both my daughters saw the body being taken out of the property, saw evidence bags. It happened and it was just awful. I live right behind a shop and it's constantly getting burgled every other day. The kids see it. It's just not a nice… I think it's not specifically Jarrow itself. It's just this area I'm in.* (FG02: young mum)

Others described incidents of crime or violence that had occurred locally but had not affected them directly. For example, participants across multiple focus groups mentioned a murder that had reportedly taken place outside a nightclub in South Shields.

> Participant 1: *I just know it [South Tyneside] is worse for crime and stuff like that.*
>
> Participant 2: *Especially with knife crime. Loads of people are stopping going to nightclubs and that now because of what happened the other week.*
>
> Researcher: *What happened? I take it somebody has been stabbed or something.*
>
> Participant 2: *There was a 19-year-old stabbed.*
>
> Participant 3: *He got stamped on, didn't he? […] One got stabbed and one got stamped on.* (FG13: vulnerable young people)

There were concerns about inadequate policing, both in terms of dealing proactively with anti-social behaviour and reacting to reported incidents of crime. Participants in the adult carers group bemoaned the lack of 'bobbies on the beat' and gave an example of trying to report a theft, only to be told this could not be dealt with due to insufficient resources. Another participant highlighted the escalation of anti-social behaviour to more violent crime in the area where he lived:

> Participant: *I know over the past eighteen months that obviously it [anti-social behaviour] has got worse than it's ever been. But they [the police] just don't seem to be doing enough as far as people who I've spoken to about it…*
>
> Researcher: *What kind of anti-social behaviour?*
>
> Participant: *Guns, knives, whatever you wanna see […] It happened in my street a few month ago, someone had a bloody gun out.* (FG05: ex-offender)

On a more positive note, minority ethnic women who had reported incidents of racism and other crimes generally felt that the police response had been adequate. One mentioned the police being very supportive when she called them to report an incident at her daughter's primary school. She also highlighted other types of support available to help ensure community safety in her local area:

> *Most of the time I have seen neighbourhood, [police] community [support] officers being… yes, roaming around. I have seen in my area doing about this much but yes, I have seen loads of help going around. [Name of place] where we live is quite established in arranging the events, helping, putting something on Facebook, asking. We've got our Labour councillor living up there and she's always like, "Get in touch," knocking the door, asking, "Are you okay? Need any help?" or any like that. It makes me feel that we are living in a safe area, especially for me because my husband works away.* (FG07: minority ethnic woman)

Support from VCS organisations

VCS organisations in South Tyneside play an invaluable role in providing people with social and emotional as well as practical support. This support may come from staff and volunteers in the organisations themselves, in terms of offering spaces where people feel like they matter and their wellbeing is a priority. This is illustrated by the following quotes:

> *I love coming here and speaking face-to-face to someone and having a friendly chat and say, "How're you doing?" "How you doing? What can you do about this?" "Well, here I've got that number, I've got this number", do you know what I mean?* (FG05: ex-offender)

> *They do welfare checks here between 8:00pm and 10:00pm, every night, to make sure everybody is okay. […] It's a really good place, this. I'm going to miss a few of the staff when I eventually move on.* (FG12: man with substance misuse issues)

For others, the activities and groups offered by VCS organisations enabled them to interact with people in similar situations. Often these activities became a lifeline for people who experienced isolation and loneliness.

> *You see, this isn't just a workshop. It's a sort of social meeting as well. […] I mean I live on my own and it's a hell of a life, a lonely life. From Friday to Monday I never speak to a soul.* (FG06: older man)

The person in the quote above – a man in his late 80s – described the Men in Sheds group as giving him "*something to look forward to*", as well as a source of company. He went on to discuss the dire consequences in terms of his mental health and wellbeing that could occur if the group was no longer able to meet:

> *I'm gregarious. I need people to talk to and to mix with. And I'm on my own all my life and it's no joke. So you just get sick of life sometimes. […] Otherwise, you'd just lie in bed all day watching YouTube, you know. That would be the end of it. I think I'd top myself, to be honest, I would. Because I've got nothing to live for. I've got no family here. I wouldn't be missing a thing if I die.* (FG06: older man)

Members felt the Men in Sheds group should be recognised as having therapeutic value and serving an important purpose in their local community, rather than simply being a hobby. They gave examples of one former member who was blind and two others with Alzheimer's disease, meaning the group effectively provided "*respite care on the cheap*" for their family members.

> *The Council need to make allowances for people like us because we keep people out of hospital and keep people from being depressed and all that sort of stuff. We're serving a purpose. We're not just making a few, whatever, these toys or anything. We're serving a purpose in the society and I think we should be appreciated for it.* (FG06: older man)

Other groups also provided essential support that kept people well and active in their local communities, minimising the burden on health and social care services.

> *I think maybe to feedback that if there wasn't the likes of Waves and other groups that are, sort of, self-parent-led, then there would be problems. I think it's about having these, even though I'm the chair, but having these has helped, you know, a member of family. […] All of the committee have got kids with additional needs. So we come together.* (FG15: chair of group for children with long-term disabilities)

Concerns were reported about limited capacity and resources in the VCS to support all of the people who might need their help. Again, the Men in Sheds group served as an excellent example as members were required to pay a fee to cover the costs of rent and materials. They were unable to pay additional fees to secure larger premises that would allow space for them to accept new members.

> Participant 1: *There are places that are available but it's too expensive. So there isn't a facility to match what we pay, what they can earn in rent or subscriptions and what-have-you. […]*
>
> Participant 2: *If the Council are looking to, sort of, try and help groups like us, if we can make them aware that, as we've just said, we've got people from hospitals and that who want to come here, but unfortunately, with the size of the place that we have, it's not – we're not able to do it.*
>
> Participant 3: *Well, we get people in wheelchairs turning up. We just can't take them in because there is no room for them.* (FG06: older men)

Individual lifestyle factors

There were two sub-themes under this layer of the Dahlgren and Whitehead model: availability and affordability of (un)healthy foods; and prevalence of drug and alcohol use. There were also some relevant insights around opportunities to be physically active, particularly outdoors, which are largely covered under the sub-sections on proximity to the coast (above) and the needs of children and young people (below). It should be noted that participants placed far greater emphasis on discussing the social and structural determinants of health and were much less likely to mention individual lifestyle factors during the focus groups.

Availability and affordability of (un)healthy foods

South Tyneside has relatively high levels of child and adult obesity, which are linked to consumption of diets high in fat and sugar. Participants felt that these issues could be explained, at least in part, by the availability of unhealthy foods locally.

> *There's too much fast food and just unhealthy stuff in general, whereas if it was just healthy stuff, maybe people would change their minds.* (FG13: vulnerable young person)

One participant suggested that health literacy could be part of the issue, in terms of people with lower levels of education being less likely to understand the implications of eating unhealthy versus unhealthy foods. This person also recognised the effects of poverty on individual choices:

> *Well, it is easier to buy a Greggs' sausage roll than go next door and buy stuff for a salad. What chance have they got? They don't know, they don't understand. People in the lower echelons, actually, if they could afford the bus fare to get into the town, why would they go? We have got a horrible town.* (FG16: older person)

Others agreed the affordability of healthy foods was an important factor, particularly for families. This is highlighted in the following quote, demonstrating a misconception around the nutritional value of tinned food:

> Participant 1: *It costs a lot of money to eat healthy fruit and veg every day. It costs money and it's quite expensive sometimes. Obviously the tinned stuff is not the same because it's full of sugar and all that, isn't it? It's not really the healthy option.*
>
> Participant 2: *It's cheaper just to go and get a pizza from the kebab shop than it is to get healthy food.* (FG10: food bank users)

Prevalence of drug and alcohol use

Some participants felt that substance misuse was widespread in South Tyneside, ranging from 'softer' drugs such as cannabis to harder drugs like heroin.

> *Cannabis is nothing, you know. Everybody likes to get stoned every now and then.* (FG12: male with substance misuse issues)

One young person highlighted a perceived issue with 'drug houses' – residences used in the preparation or supply of illegal drugs or to shelter drug users – in his local area:

> *On my street there are loads of drug houses and I notice them, you can smell them, when they do grow [cannabis]. There are loads of drug houses and it's becoming far too popular at the minute with most kids, because I don't think the Council is doing much work on showing how bad they can actually be.* (FG11: young man)

Those who had experienced their own substance misuse issues mentioned needles not being disposed of properly, i.e. being left in the street or in public parks. Participants with experience of the criminal justice system also highlighted links between drugs, alcohol and domestic violence. They explained that drugs are increasingly easy to access locally, as illustrated by the following quote:

> *The reason why I choose to stay in the house for is because the availability of stuff now is just ridiculous. Absolutely ridiculous and as you say – dial-a-deal. You can actually phone somebody and they'll come [to supply drugs], do you know that?* (FG05: ex-offender)

Alcohol and particularly underage drinking were also mentioned as being prevalent within South Tyneside:

> *Especially when it comes to underage drinking. That's a massive problem in this community and I think a lot of that has probably been influenced by Geordie Shore and that, but you will find drunk teenagers everywhere. […] It's not even a rare occurrence that you see teenagers drunk on the beach, it's not.* (FG04: vulnerable woman)

Constitutional factors

At the core of the Dahlgren and Whitehead framework are factors that are sometimes referred to as non-modifiable determinants of health. These are characteristics such as age, gender and ethnicity that have a biological or hereditary component. Sub-themes under this heading related to specific health and wellbeing needs of children and young people, older people, minority ethnic women, and young men/fathers.

Children and young people

Participants generally felt that there were not enough free or affordable activities for children and young people in South Tyneside. Some identified a need for after-school lessons that would help to build confidence, whereas others felt that more leisure opportunities for younger children were needed.

> *There is quite a lot to do in South Tyneside and South Shields but a lot of it costs money. It's not cheap to take your kids to the fair. Yes, they'd have a cracking time but it's not cheap to do that. There's plenty of stuff you can do. If you want to go down on the skate park sometimes it's just full of older kids if you've got young kids. So I think it's just lack of opportunities that are free.* (FG10: food bank user)

Parents wanted activities to be safe and ideally indoors, to keep their children off the streets:

> *We need something like supported by somebody else like inside, indoor activity so that you know your children are safe because there's somebody guarding them or looking after them, you know. They go inside, they're not hanging outside.* (FG08: minority ethnic woman)

Young people, on the other hand, wanted more opportunities to spend time outdoors and be active, rather than spending time indoors engaging in sedentary activities like gaming:

> *I think just more of an incentive to get out. Just a massive incentive for young people to get out and about because more and more young people are actually staying indoors. Sometimes, it is a lot better to stay indoors and game than it is to go out and be active because there isn't a lot to do.* (FG11: young person)

Participants mentioned the need for better educational provision, for example, teaching life skills, stress management and healthy eating within schools, as well as improved education around drugs and alcohol. There could also be improved access to local training courses and volunteering opportunities that would help to build self-reliance in young people.

> *When I've done youth work in Jarrow, I used to work for the Big Local and kids can get involved. Like, I'm saying litter picking. If they were taught not to drop litter from the start, there wouldn't be any litter picking.* (FG01: adult carer)

Providing affordable activities for young people might help to reduce anti-social behaviour. It could be intimidating to see groups congregating in town centres or parks, but there were felt to be few other spaces where they could spend time with friends.

> *If everything was cheaper, it would be easier for people more our age group to do something instead of just standing around doing nothing.* (FG13: vulnerable young person)

Older people

At the other end of the life course, there was also felt to be limited provision of leisure and social activities geared towards older people in South Tyneside.

> *Now, if you go to Age Concern and you ask them what kind of groups they have, they are very, very low on different groups that will cater for over 50s. And also now if you go in, like, if you want to start a group here in the North East at the minute, finding a venue to use for that group is nigh on impossible.*

> *And if you do they're too expensive because rents have gone up all the way round.* (FG06: support worker for older men's group)

In parallel with the experiences of young people, older people lacked spaces to meet their friends. Some would previously meet in adult day centres that had since closed down, presumably due to cuts in funding.

> *But when you think about all the community activities for older people that have now closed, places where they went to, the day centres – where there were activities and meet people and get their hair done and get their – all of that has closed now.* (FG16: older person)

Older people tend to have specific housing-related needs, as well as healthcare needs. Specialist housing is often built to accommodate these needs but may result in older people becoming isolated from the rest of the community. Better integration and improved support networks were seen as solutions to this issue.

> *They have built swathes of bungalows, ribbons of bungalows, streets, roads of bungalows and bungalows and bungalows. So all these old people live with old people. Why didn't they just integrate these bungalows with the family housing, so that there was a community to keep an eye on them?* (FG16: older person)

Minority ethnic women

Minority ethnic women in the group of domestic abuse survivors identified a lack of dedicated spaces for them to take part in physical activity. Some would feel more comfortable exercising in women-only groups, ideally with creche facilities for young children provided. There was a specific issue with the swimming pool in South Shields, which is described in the quote below. This made the facility off-putting for minority ethnic women and for those in some of the other focus groups.

> *We have the Haven Point swimming pool but the glass is not tinted, so you can see from the outside. So can the Council put where you can see from the inside out and not from the outside in? These women can go and use it, but because of that they are not using it. They used to use it.* (FG14: domestic abuse survivor)

Another group was keen to have access to an allotment or community garden that would provide a dedicated outdoor space for them to stay active:

> *They want something to do with the garden, you know, like allotment like so these ladies could go in and do some, just to spend some time physically, mentally to keep them well. This kind of allotment comes, like summertime is best, but obviously that's what we want. We want something for ourselves as ladies, Asian ladies.* (FG08: minority ethnic woman)

A final issue affecting minority ethnic women involved language-related barriers to accessing health services. The COVID-19 pandemic had accelerated the shift towards online booking systems and remote consultations for the population as a whole. But those from minority ethnic communities often experienced additional barriers that made these remote and digital methods more difficult to access.

> *At the moment we are having difficulties to make any appointments with the GP for my grandma or my mum. They can't speak English so obviously you have to do it online and they won't know English so it's really difficult for us.* (FG07: minority ethnic woman)

Young men/fathers

There were reportedly no specific activities geared towards young men and fathers in South Tyneside. This issue was raised by a group of young mums, who found the group helpful in providing advice and peer support. They queried why there were no similar groups that their partners could access to meet other fathers.

> Participant 1: *There should be more dad groups and parent groups out there, like single parent groups. They don't encourage dad groups or anything. I think there was one dad group and it got closed down. […]*
>
> Participant 2: *What they said about young men having no groups – my husband is 32 years old, and he's got no friends really. He'd like to make friends but anybody he knows is either not a dad themselves and doesn't want to know or they just don't know how to mix being a parent.* (FG02: young mums)

Findings III: Suggested areas for improvement

This chapter details suggested improvements to make South Tyneside a healthier, happier place to live, work and study. Most suggestions came from the completed insights sheets, but some were also proposed or corroborated by the focus group participants. The findings are grouped into themes and presented in order of how often they appeared in the data. The suggestions given here should be considered in addition to the factors that promote a positive sense of health and wellbeing highlighted in the previous two chapters.

Leisure opportunities

The most commonly mentioned theme in the insights sheets involved leisure opportunities, ranging from general suggestions around "*Nature trails and cycle hire*" to activities that would meet the needs of specific vulnerable populations. There were requests for "*Facilities for people and children with disabilities*" and "*More information for refugees and asylum seekers about available social and recreational activities*". People taking part in a support group for veterans with post-traumatic stress disorder (PTSD) and other mental health concerns reported specific needs around opportunities to be active:

> *Leisure centres – I can't stress how important exercise is to veterans suffering problems as well as helping socialising. I had in the past received an undertaking from STC that any vet[eran] getting a War pension for mental health got in as a concession. In real terms that means swim for 1.80 instead of £4.00. Those with a physical disability already get that. HOWEVER leisure centres are seen as too expensive to attract the occasional user. […Also] Outdoor gym at the sea front* (IS105: received via email)

Others also identified the importance of "*Accessible and affordable physical activities and educational opportunities*". Young people in particular were seen as a group in need of more affordable recreational activities, as illustrated by the following extracts from various insights sheets:

> *Indoor space for young people; youth centres or drop-ins with free entry*
>
> *More entertainment for young people; hobby groups; safe spaces to meet and get help*
>
> *Activities for youth e.g., cooking and life skills, money matters etc; community facilities and clubs*

One young person who took part in a focus group highlighted the lack of designated cycle paths in South Tyneside as a potential area for improvement:

> *I ride my bike a lot, but half the time there's no designated cycleway for people to go on towards Shields town centre. There are no designated paths, so you're on the road nearly getting hit by cars.* (FG11: young person)

Suggestions relating to outdoor leisure opportunities included maintenance of existing facilities, as well as requests for new and improved facilities:

> *Create a bike track, nature trail and outdoor splash area*

More pools, leisure areas, soft play areas, decent parks, festivals in Hebburn area and better use of empty land

Better upkeep of Hebburn Park; more activities and seating there

Better upkeep of tennis courts at Springwell

The idea of improving existing facilities and making better use of vacant spaces or buildings was also raised in some of the focus groups. For example, members of the Men in Sheds group hoped to expand and suggested that disused industrial units could be a suitable venue for their workshop. Young people from the cycling group were keen to have an indoor space where they could gather during poor weather:

They're empty buildings, but we've been trying to get so you can go and work in there. To obviously store the bikes, store the tools, fix the bikes, have meetings and stuff. (FG11: young person)

More general requests for indoor spaces and other recreational activities included "*Space in Hebburn Hub for public to meet and chat*" and "*More cultural, local history, art events, events celebrating special public occasions*". There were also requests for a drive-in cinema, petting zoo (see figure 5 below) and dedicated "*places for pets*", such as a "*dog exercise area*".

Figure 5: Insights sheet suggestion (IS66i) – petting zoo, with birds, butterflies and a gift shop

Retail opportunities

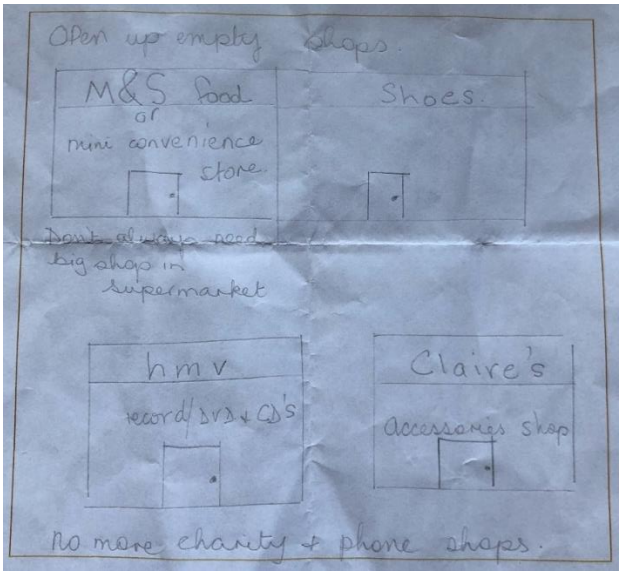
The second most commonly mentioned theme involved the perceived need for creation of additional retail opportunities, which would then lead to job creation. These issues were also highlighted as important determinants of health in the previous chapter. Many insights relating to this theme involved general comments such as "*Better choice of local shops*". Some people had more specific ideas about the types of shops they would like to see more or less of, as shown in the data extracts and figure 6 below:

More shops, independent businesses, clothes shops

Better retail shops and less betting and charity shops

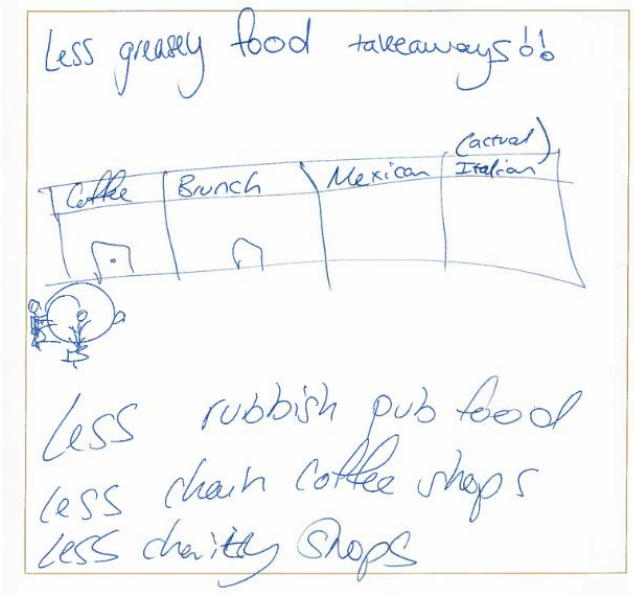
Pet shop and café

Figure 6: Insights sheet suggestion (IS22) – open up empty shops; no more charity and phone shops



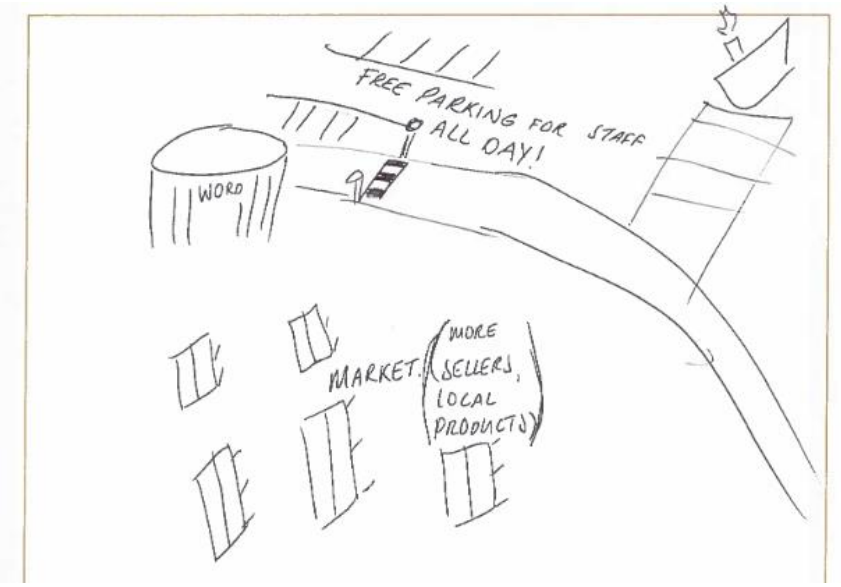
There were a number of comments around the need for "*Less unhealthy food outlets*" and more shops selling healthier products, for example, "*Fruit and veg shops*". See figure 7 for an illustration. There was a further suggestion to "*Reduce prices of healthy food; more promotion of healthy eating e.g. recipes and cookery classes; healthy food outlets selling organic food*".

Figure 7: Insights sheet suggestion (IS60i) – less takeaways, pub food, chain coffee shops, charity shops



One person made the following suggestion: "*Lower rental rates for shops to encourage employment and reduce drug problems*". Others felt that free parking would help to encourage customers to use existing shops, as well as being beneficial to staff. This is illustrated by the insights sheet shown in figure 8:

Figure 8: Insights sheet suggestion (IS60ii) – free parking for staff all day!



Environment and infrastructure

Several insights related to the physical and built environment within South Tyneside. There were various suggestions for ways to make the borough a greener, cleaner, more attractive place to live and visit:

Better care of outdoor spaces and beaches

More tree planting

Plant and flower displays, and of South Tyneside, promoting the area

A number of comments were made about reducing litter and related issues such as fly-tipping. Figure 9 on the following page mentions that South Tyneside would look healthier and happier if there was "*less rubbish on the ground*" (as well as having "*more shops open*"). The feedback from participants suggested practical ways in which the perceived 'litter problem' could be addressed:

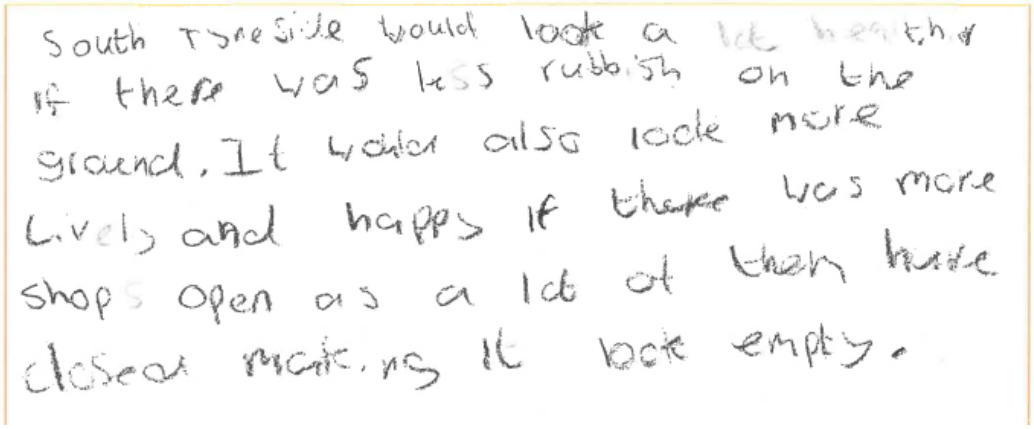
More education about the environment, re. cleanliness and pollution

More litter bins; more rubbish bin collections; reduce litter and dumping; more recycling bins; greenery

Ban on plastic bottles and straws (metal straws instead)

Intergenerational outdoor projects to clean up parks would benefit health and community cohesion

Figure 9: Insights sheet suggestion (IS66ii)



There were suggested improvements relating to the local infrastructure, in addition to those mentioned above in relation to leisure facilities. There were requests to "*Fix potholes*", add "*More toilets*" and "*Improve [the] dilapidated town centre*". One person suggested that there should be "*More drop pavements for wheelchairs, prams and mobility scooters*", while another identified a need for "*Improvements in Hebburn infrastructure: roads, schools, parks; shopping centre; community, recreation areas*".

Health and social care

There were general suggestions relating to improvements in health and social care provision in South Tyneside:

> *Better access to physical and mental health services, e.g. walk-in centre*
>
> *Improvements in health and social care, SEN [special educational needs] provision, mental health services, CAMHS [child and adolescent mental health services]*

There were also more specific suggestions; for example, a perceived need for improved funding and support relating to mental health service provision, including "*Mental health support for young people affected by Covid*". Members of the young mums group highlighted a need for improvements in sexual health services, as well as "*events and education promoting and supporting sexual health*". Members of the veterans' support group made a suggestion to improve the experiences of this population in accessing primary care:

> *Doctors Surgeries to have one doctor who had some input and training to deal with veterans and their problems relating to service in the forces. Veterans have a varied response at different doctors, but generally 'doctor was nice but not aware of how problems are affecting people, and most were not aware of referring them to right resources.'* (IS105: received via email)

The veterans group also mentioned concerns relating to "*the changes in children's care and imminent change to adult A&E at STGH [South Tyneside General Hospital]*" and suggested that a shuttle bus could transport people to Sunderland General Hospital instead.

Other suggested health and social care improvements came from focus groups involving vulnerable adults. Investment in substance misuse services would allow more people with addiction problems to access timely treatment and support:

> *They're giving people appointments for like three or four weeks ahead. That's no good when you're on heroin. You want methadone as soon as possible to stop you from taking it and it stops you from going out doing crime and that.* (FG12: man with substance misuse issues)

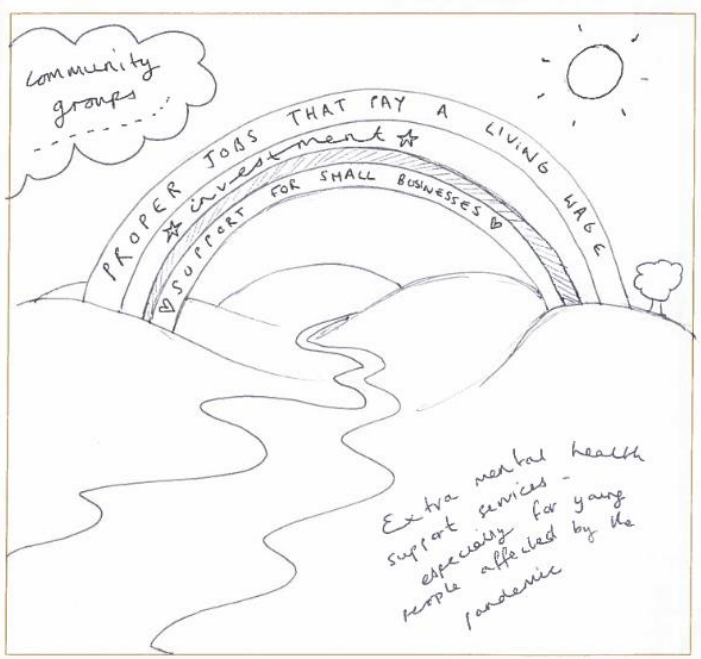
There were also comments about the need for aftercare for people leaving hospital following detox, provision of needle exchanges, and safe spaces to use drugs:

> *I'd start taking the dog out to the field and having an eighth in the bushes and that. It's no good, you know? I would like to be in a clean place, I don't want to be in dirty bushes […] What they need to do in Cookson House [adult recovery service], there needs to be a doctor, where people go and have their hits and where it's clean.* (FG12: man with substance misuse issues)

Employment, education and training

There was some overlap between this theme and previous themes, in terms of providing skills-based activities for young people, educating people about the environment and increasing local retail opportunities (thereby creating new jobs). Other suggestions included "*More classes to learn English*" and "*Education about misinformation especially on social media*". Some made general suggestions such as "*Access to training and job opportunities*" and "*Proper jobs that pay a living wage*", as show in figure 10.

Figure 10: Insights sheet suggestion (IS60iii)



Focus group participants also suggested that creating additional job opportunities would help to make South Tyneside a better place to live and work:

> *I would say bringing jobs into the area would help because people are having to travel a long distance to actually make a living. There's nothing in South Shields where you can make a living, so people are having to travel a long way to go to work and stuff like that. It has a bad effect on people.* (FG13: vulnerable young person)

Transport and housing

Overlapping with the previous theme, one participant mentioned the cost of public transport as being prohibitive to people looking for work. They suggested that housing could be part of the solution:

> *Why would you go to work if you have got to spend so much money on transport to get there? You are an hour to get to work, an hour back. […] Why aren't they building some houses where the work is? In the brownfield areas which they have got access to. And they're not, they're not seeing the bigger picture.* (FG16: older person)

Other housing-related suggestions included:

> *Decent housing for single persons e.g., King Street*
>
> *Improvements in accommodation for refugees and asylum seekers*
>
> *Supported living for elderly; renovation of Hebburn flats*

There were also requests to make public transport more affordable ("*Cheaper bus and metro fares*"), accessible ("*More bus and metro stops*") and greener ("*More green transport that is cheap and frequent*").

Community safety

Participants made several suggestions to reduce crime and improve community safety, including "*More police presence in neighbourhoods*". It was generally felt that having more police or community support officers 'on the beat' would help to reassure residents. Other suggestions included:

> *Safe spaces to meet and get help*
>
> *Outdoor and night-time lighting for safer streets*
>
> *CCTV (security cameras) on transport and public places; more security*
>
> *Parks with locked gates to prevent vandalism and parks away from traffic*
>
> *Scrambler bikes need regulation*

These views were echoed in the focus groups, as detailed under the sub-theme on violence, crime and anti-social behaviour in the previous chapter. Members of the adult carers group were particularly concerned about what they saw as the inadequacy of the local police service, as illustrated by the following exchange:

Participant 1: *The police service and response is dreadful now. So, they need more police officers. […]*

Participant 2: *So you can tell them they need to recruit more police.*

Participant 3: *Yes, definitely.*

Participant 1: *You can never find one when you need one.*

Participant 2: *How do you contact a police officer?*

Participant 1: *Well exactly.*

Participant 2: *I've just had this conversation with an old man and he's going to me, "Well, there's no police station. Where do I go?" I'm going, "Well, you have to ring them up." They don't like ringing people up.* (FG01: adult carers)

Community cohesion and engagement

A final theme related to improving connections within and between communities and statutory agencies. The insights sheets mentioned "*Fostering community cohesion*" and "*More joined up working*". The idea of joined-up working or thinking was echoed in the focus groups:

> *Now, with the way the pandemic has happened, we all need to think of joined-up thinking and to help each other just to get back on our feet, for instance, after all the lockdowns. We really do need to help each other, a helping hand.* (F06: older man)

A wider issue that emerged from the discussions involved the need to create opportunities for community members to share ideas and suggestions with the LA, as part of ongoing dialogue around the HWBS and also to inform future democratic decision-making. The quotes below provide examples of 'quick wins' that could be achieved if the LA engaged in dialogue with existing community groups. The first comes from a minority ethnic women's group who were keen to obtain an allotment, while the second comes from young people who wanted to secure an indoor space and access to toilet facilities for their cycling group:

> *I rang that person, the Council person and he kept my email. I gave him that list and he said "I'll get back to you". Well it's been a few weeks, he hasn't come back. And these ladies really want to do something.* (FG08: minority ethnic woman)

> *I think the thing I would change about everything we've mentioned today is probably the way the Council don't listen. I think if the Council actually listened to us, responded to us, actually met with us and saw what we'd done, I think they would probably take into account that we obviously all get out of the house, we're obviously a lot more active, we're a lot happier than those people who just sit indoors.* (FG11: young person)

Discussion

Summary of key findings

This research has identified a number of important themes in relation to understanding local health and wellbeing needs in South Tyneside. First, people need to feel safe and welcome in the communities where they live. Crime, anti-social behaviour and experiences of bullying or racism have a detrimental impact on wellbeing. Second, existing in a precarious state – whether this is due to poverty, ill-health, disability, ageing, or some other form of vulnerability – undermines the ability to live a healthy, happy life. This state is compounded by structural factors such as austerity, lack of decent employment opportunities, and inadequate public facilities. Third, people of all ages need affordable opportunities to stay physically and mentally active, and to mix with others in similar situations or with shared interests. The benefits of taking part in these activities may be directly or indirectly related to health; for example, a cycling group that encouraged young people to exercise outdoors also allowed them to socialise, build confidence, support peers and develop new skills. A final theme involves the importance of having access to appropriate sources of support, which includes practical, informational, emotional and social support. This is provided routinely by VCS organisations and becomes particularly important when people approach or reach 'crisis point'. The contribution of the VCS cannot be underestimated in terms of supporting and advocating for those with multiple, complex needs who seek to live independently but lack the resources to maintain their health and wellbeing.

The focus group discussions and insights sheets highlighted a number of positive aspects to living in South Tyneside. These included the natural environment and particularly the seafront, which was felt to have been well maintained by the LA. There was a strong sense of community spirit and pride in the borough, with most participants stating they would not want to live anywhere else. Local people were generally described as warm, friendly and welcoming, and participants valued their existing social connections. The groups we spoke to were keen to engage in actively helping to make South Tyneside a better place to live, work and study. These enablers of good health and wellbeing can be built upon through the JHWS and similar plans implemented by local agencies. There are, however, a number of barriers to overcome first. Some of these – such as poverty and entrenched inequalities – require significant investment and long-term, large-scale efforts targeted at the most marginalised, vulnerable groups. The ageing population also poses challenges in terms of housing, health and social care needs, and maintaining or rebuilding social connections as people age. Other barriers could be addressed at the local level but rely on additional resources from central government; for example, investing in the town centres, reducing waiting times for mental health and substance misuse services, and ensuring adequate policing. Improved education and training provision would bring benefits across the life course. Consulting with community groups on the development, maintenance and use of existing public facilities and acting on their feedback would represent a 'quick win' for the LA.

Suggested improvements to make South Tyneside a healthier, happier place to live largely focused on the provision of leisure, social and retail opportunities. Safe spaces and activities for children and young people were a particular concern for parents, but also for others who drew links with anti-social behaviour and underage drinking. There were calls to tackle the wider determinants of health, such as employment, education, transport and housing. Access to health services was also highlighted as an area for improvement, both for vulnerable groups (such as veterans) and the wider population (linked to the reduction in services provided by the local hospital). The VCS was seen as an important local resource in terms of helping people to navigate complex health, social care and welfare systems. With adequate resources, VCS organisations

could play a bigger role in providing activities to reduce pressure on health and social care services, as well as fostering connections between communities and statutory agencies. Networks such as HealthNET provide this important function but it requires commitment on both sides to be successful. It must also be recognised that the sector is already under pressure from increased demand, limited resources and the ongoing challenges of the COVID-19 pandemic. More could be done to publicise existing activities and facilities; for example, the veterans group wanted access to an outdoor gym but, during a workshop discussion, elected members informed us that gyms are already available in some local parks. One elected member also mentioned a larger workshop space that could be used by the Men in Sheds group. Maintaining links to the groups involved in this research would provide ongoing opportunities for residents to inform LA decision-making.

Reflections on the research process

In seeking to recruit participants for this study, we relied heavily on developing links with local VCS organisations. Making use of their connections with a range of vulnerable, marginalised and seldom-heard groups enabled us to access our target populations. However, it undoubtedly skewed the insights towards people already engaged with community groups and activities. Many participants described these groups as a lifeline and believed that further investment in the VCS would help to improve health and wellbeing in South Tyneside. Furthermore, most of our focus groups involved at least one staff member or volunteer, often because the discussions were organised around other meetings or activities. The discussions were dominated by the service user views, while the VCS representatives switched between the roles of silent observer, participant, interpreter, and co-facilitator. We see the involvement of these practitioners and organisations as a strength rather than a limitation of the study. Not only did it allow us to successfully complete the research on time, but it also enabled us to build relationships with those who are in a position to collaborate with statutory services to act on the findings. These organisations should be seen as providing a gateway to the communities they work with, rather than acting as gatekeepers. Having practitioners play an active role in recruitment, data collection and, ultimately, dissemination also forms part of the process of building research capacity locally.

While targets in relation to the focus groups were met, the response to the insights sheets was lower than expected (81 sheets completed from more than 1500 distributed). This was in spite of our best efforts to generate additional responses by distributing hard copies to a wide variety of venues, offering multiple ways to return feedback (including prepaid envelopes and electronic methods), and having team members approach people directly. The latter proved to be a successful but time-consuming strategy. We can only speculate on the reasons for the relatively low number of responses, which are likely to include the format and/or wording of the sheet as well as the ongoing pandemic. With more time, the insights sheet could have been piloted and refined further. However, it allowed us to generate additional insights from the wider population to complement those gathered during the focus groups. It also gave people the freedom to share their views anonymously using text or drawings (as well as photos, videos or audio files, although no-one took advantage of these options). Overall, the methods have enabled us to gather views from diverse communities, in terms of age, gender, ethnic background, disability and geographical location. Importantly, data collection has been heavily skewed towards vulnerable and socio-economically disadvantaged groups, achieving the goal to include voices from those who are usually under-represented in consultation processes. The community insights reported here were largely concerned with the wider determinants of health, shifting the narrative away from the individual lifestyle factors that tend to be the focus of much public health discourse.

Next steps

Interim findings have already been shared with a range of stakeholders and used to inform production of the refreshed JHWS for South Tyneside. The overall findings will be shared and discussed with members of the JHWS steering group to decide on next steps. We have avoided making definitive recommendations in this interim report, as these should be devised with input from the participants in line with the co-production research approach. We intend to invite those who were involved in our focus groups to take part in one or more workshops, where we will discuss the findings and collectively agree on the recommendations. In doing so, we hope to move beyond discussing the needs and interests of individual groups to reaching a shared understanding of the action needed to improve health and wellbeing across the borough. A separate workshop involving local practitioners – including those from the LA and VCS – will be used to discuss ways to further develop and utilise their research skills. The workshop discussions will enable us to meet our final study objective of co-producing research questions and plans for future research and evaluation activity.

Ultimately, the goal is to address the community priorities identified in this report and we are actively seeking longer-term funding to achieve this goal; for example, through an application to the NIHR call for Health Determinants Research Collaborations (HDRCs). We also intend to publish the community insights research and disseminate the findings widely to diverse audiences. An accessible final report detailing the recommendations and research questions arising from the research will be made available to all participants.

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Appendices

Appendix A: Focus group topic guide

Opening:

- Introductions and taking consent
- Remind everyone that there are no right or wrong answers
- Any questions before we start?

Topics and suggested prompts:

- Understandings of health and wellbeing
  - What do the terms 'health' and 'wellbeing' mean to you?
  - What springs to mind when you hear those words?
- Factors that impact on health and wellbeing
  - How do you think living (OR being a carer/veteran/young mum, etc) in South Tyneside affects people's health and wellbeing?
  - What types of things contribute to a local person (who is also a carer/veteran/young mum, etc) being more or less healthy?
- Life in their local area/community
  - What is the best thing about living in South Tyneside/this area?
  - What is the worst thing about living in South Tyneside/this area?
- Current and future challenges facing local people
  - What do you think are the most important challenges for people in South Tyneside?
  - What do you think will be key challenges in the next 5-10 years?
- Changes that would make South Tyneside a better place to live/work/study
  - What would a healthier, happier South Tyneside look like?
  - What one thing would make South Tyneside a better place to live?
  - If you were in charge of making the decisions/if money were no object, what would you change to make South Tyneside a healthier, happier place?

Closing:

- Anything to add?
- Any questions for us?
- Thank them for their time

Appendix B: Insights sheet

Batch no. 001

What would a healthier, happier South Tyneside look like?

Please use the space below to write, draw or paint your answer to the question above. You could also email or text us some words, pictures or a voice note that represent your views, using the contact details below. It's up to you if you decide to share details about yourself but there's no need to include your name. Thanks for helping with this research!

This project is being conducted by researchers at Newcastle and Northumbria Universities. If you'd like to know more please contact us via email (shelina.visram@ncl.ac.uk), text/WhatsApp (07864 747 373) or DM us via Facebook or Instagram (search 'Healthy Happy South Tyneside'). You can return your sheet using the prepaid envelope or in the drop-off box provided. All information you provide will be stored securely but we may use some of your text and images in study materials that we share with others or make public. We will make sure that no-one can be identified from any of the information that we decide to share.

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