

**what**  
**would you do?**

It's your NHS. Have your say.



**NHS Long Term Plan  
Sheffield Futures'  
Young Advisors and Youth  
Cabinet  
Focus Group**

30<sup>th</sup> April 2019

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# 1 Introduction

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## 1.1 Description of the focus group/engagement activity

Healthwatch Sheffield facilitated a focus group with a group of Sheffield Futures' Young Advisors and members of the Youth Cabinet. There were 13 participants in total, aged between 13 and 24.

A member of staff at Sheffield Futures was also present for the majority of the session.

Participants shared their views on, and experiences of, preventative healthcare. They discussed what they felt had helped in the past and what could help to keep young people healthy or encourage them to make healthy choices in the future.

## 1.2 Acknowledgements

Healthwatch Sheffield would like to thank all those who took part in the focus group, as well as Emma and Sarah at Sheffield Futures.

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## 2 What was the purpose of the activity/session?

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### 2.1 Purpose

The aim of the focus group was to hear from young people about their experiences of preventative health care and how they think the NHS should or could provide preventative care to them in the future - in the context of NHS Long Term Plan.

### 2.2 What did you do?

Three members of the Healthwatch Sheffield team facilitated the focus group. A member of Young Healthwatch also helped to facilitate. The team began with introductions and an explanation of the work being carried out by Healthwatch in relation to the long term plan. We also described how Young Healthwatch works and our volunteer talked about the projects she's been involved in.

The focus group was structured around three activities:

#### **Lifestyle and long-term health conditions exercise**

A volunteer lay down on flip chart paper and was drawn around by another participant. The group was asked to give a name to the person and were then told some details about his lifestyle. For example, he smoked around thirty cigarettes a day and only ate takeaway food.

They discussed the long term health conditions that might affect him and wrote them on the body. At the end of the exercise, the group was told the man's age (20 years old). The flip chart man was then put up on the wall so the group could refer to it for the next exercise.

#### **'Healthytown' exercise**

The group were given a large sheet of paper, with drawings of the man's house, a school, a hospital, roads and some green space. They were asked to imagine back in time and that the man was now just fourteen years old- to think about what resources could be provided in the town to support him to live more healthily.

To help the group to think about some of the potential resources, participants were provided with simple work books which summarised the NHS long term plan.

Participants were split into two discussion groups for this exercise and afterwards fed back about their map to the rest of the room.

## Storyboard exercise

Participants were asked to complete a storyboard about a healthcare experience of their own or of someone they knew. They could choose to write or draw images.

## 2.3 Results of the activity/session(s)

### Lifestyle and long-term health conditions

The group generally assumed the man was in his late 40's, although one person said he was in his early 20's. When told his age (20 years old), several people nodded and said they knew people with similar habits.

Participants identified health issues related to lifestyle:

- Lung cancer
- Lung failure
- High cholesterol
- Diabetes
- Musculoskeletal problems “His legs probably hurt, he probably has back issues”
- Weight issues and obesity
- Teeth problems
- Vitamin D deficiency
- High blood pressure

Participants identified how this may affect someone on a day to day basis:

- Headaches
- Constipation
- Yellow nails and teeth
- Feels bloated
- Low mood/self-esteem, and mood swings
- Fatigue
- Problems with movement
- Alcoholism
- Dry throat

## ‘Healthytown’ exercise

Participants identified and discussed the following resources:

- Extra-curricular activities
- School could have facilities to support living healthily, like a football pitch
- Schools need to have the money to spend on facilities
- Swimming lessons, so he can do more exercise if he wants to
- People need a reasonable income to take part in different activities
- A supportive friendship group would help him make healthier decisions
- Free prescriptions
- A local cinema would be good to go to with friends
- GP waiting times should be more reasonable and everyone should be able to book online
- Quiet room at school and a pass to be able to leave class and go to the quiet room. This happens at Handsworth Grange.
- There should be cookery classes at school. There are at Chaucer for students up to Year 9.
- Life lessons about topics like having a healthy diet, and your future. These are provided at college and Chaucer, but other participants said this isn’t provided regularly at their schools, PSHE should help young people to understand life outside of school.
- Have a less stressful curriculum.
- Having a museum or gallery in the community as somewhere for people to go and be creative.
- Free or reduced bus fare to access parks, community buildings so as to broaden horizons and have more ability to be healthy.
- Disadvantaged bus pass scheme for young people which is the same colour as a standard pass to prevent bullying.
- Bus and bike lanes - you can’t really cycle in Sheffield.
- Affordable bikes schemes.
- Foot paths around major parks in the city.
- Dam (hydro power) for clean city and reduce pollution.
- Group generally agreed the free ‘city bikes’ scheme in Sheffield had “flopped”
- Rehabilitation centre where members of the community who have come out of prison can be supported to return to society.
- Improve access to the police so that young people can talk anonymously online, or regular visits to schools to build relationships.
- Support mental health in the community.
- Local shops providing affordable fruit and veg, making it easier to have a healthy diet.
- Decent incomes so everyone can afford to buy what they need, and have healthy alternatives to cigarettes and alcohol.

- Subsidised school trips abroad.
- Dentist and pharmacy for general good hygiene to boost confidence and obtain correct medication.
- Sexual Health clinic.
- Pharmacy deliveries for people who cannot collect.
- Young carers support group for pastoral care.
- Foodbank, job centre.
- Extra-curricular activities such as having a basketball court close by/next to school.
- Activity Sheffield to link with community through the school.

One participant said “there’s not much for me to do in my community - it’s alright, but it would be good to have somewhere in the community you can do things.” This started a discussion about having a ‘community hub’:

- Having a community centre next to school with dance, drama and similar clubs at the community centre, priced affordably to prevent young people from going to parks and getting involved with gangs.
- Community 5-a-side football on Friday so people have things to do and are less likely to join gangs.
- Library with free Wi-Fi for online learning.
- “If there aren’t people to go to things with, you won’t go out. Having friends or being part of a group gets the word out there.”
- “I was in an eco-group at school, and that made me go out” (in Primary School)
- Participants said they would be happy to go to Scouts but they perceived that it is too “religious”.
- Participants suggested a youth club with residential trips
- Participants said more people would go if it was free or low cost - a discussion followed about how activities and clubs could be free or low cost.
- Participants said that more should be done to enable reliable public transport links and to support young people who want to cycle safely, such as more bike and bus lanes.
- Participants suggested having a community forum.

Comments about opportunities to improve health through the use of digital technology:

- Some participants said people should use social media sites “as little as possible”, and said face-to-face interactions are much more positive
- People discussed that it can feel easier to make friends online.
- It would be good to have a ‘helpline screen’ with a phone number to call if you needed to.

- NHS websites can offer helpful information
- A participant had a positive experience of booking GP appointments online, “it’s just easier”
- Digital counselling - make an appointment through digital and then receive a visit at school to speak to a qualified counsellor.
- A participant talked about their experience of digital counselling, saying someone came into their school, which raised awareness about it as a service students could use. The service they talked about was free, so anyone could use it. It was positive as you only waited for 15 minutes to talk to someone, and it was open every day, 24/7.
- There’s a danger of searching symptoms and only seeing serious illnesses come up.
- The roll-out of sensors to alert people to when someone falls is good, but “this costs a lot”.

### General comments about the Long Term Plan

- Changes to mental health services were “obvious”.
- Not sure how changes would reduce pressure on emergency care

## Feedback from participants about their experience of the focus group.

### Enjoyed:

- “I enjoyed discussing issues with my fellow young people”
- “Being listened to.”
- “Very educating and intriguing on the Long Term Plan with a somewhat set plan.”
- “Group discussion”
- “Being addressed as young people; opinions and ideas; valued.”
- “The task.”
- “Able to speak and have a laugh with my group!”
- “Taking about things that can be done as preventative measures to larger problems.”
- “Improving Healthy Town.”
- “I enjoyed the focus on community.”
- “Interesting. Engaging to other and allows people to relate.”
- “Able to give feedback on service and get listened to.”
- “I enjoyed talking about what to make a city better for the 14 Y10 boy, and writing that on the sheet.”
- “Talking about personal circumstances. Sharing information concerning health/mental health.”

### Recommendations:

- “What will the next steps be with this ‘Long Term Plan’ and the implementation?”
- “Didn’t talk about other young people’s Charters e.g. green papers, mental health.”
- “If the activities had an order based on the content.”
- “Personally not a fan of the story board format, though I appreciate it’s use.”

### Would keep thinking about:

- “Public Health.”
- “Look more into this....”
- “The support in some schools with mental health generally.”
- “Funding for mental health with children.”
- “Able to speak and have a laugh and speak.”
- “I will think about volunteering with Healthwatch.”
- “Bettering the services for disadvantaged people.”
- “Difference in funding for children’s mental health.”
- “About my GP, speak to me not my mum.”
- “How the NHS will improve services at over 5% NHS inflation.”

- “Looking at how much we need the service and all the different places we need.”
- “Lack of funding.”
- “The capabilities of the NHS and what they can/will be able to do and change.”

### Feedback from staff/volunteers who took part

The group were energetic and committed fully to the activities. The group showed some understanding of how the NHS interfaces with wider society. This could be because of the make-up of the group (young people already engaged with Futures and the Youth Cabinet). This may not be representative of the general population of young people in Sheffield.

## 2.4 Conclusion

Participants had a clear understanding of the impact of people’s lifestyles on their health, and were keen to discuss the role that schools can play. This correlates with plans to address health inequalities for children, such as obesity rates within the school environment. Participants had ideas about how schools could support young people to have a better understanding of healthy living, as well as how schools could engage students in activities.

Participants felt that services such as youth clubs located in communities encourage a healthy lifestyle for young people. When this is not possible, they wanted accessible and cheap public transport links so that travel would not be a barrier. They placed an emphasis on making these activities free or low cost, so that people from a low socio-economic background have the opportunity to benefit.

Participants gave mixed feedback about the impact of digital resources on people’s health. Some participants said face-to-face interactions were always preferable, whilst others highlighted their positive experiences with services such as digital counselling.

## 2.5 Data and information summary

Please complete the table below with all the info gathered from your focus group/engagement session

Date of Focus Group/Engagement Session	30/04/2019
Group name	Sheffield Futures
Description of the group or session	
Life stage - (Starting Well, Living Well, Ageing Well)	Starting Well
No. of attendees	13

Theme area (Mental Wellbeing, Choice and Control and Independence, Care near where you live)	Choice and Control and Independence, Prevention
Was it a condition specific session - if so please identify the specific condition	No
What were the key outcomes	<ul style="list-style-type: none"> <li>○ School provides support for mental and physical health, although there is potential for more to be done, and school can have a negative impact school can have on stress</li> <li>○ People gave mixed feedback on digital services</li> <li>○ School's role in educating young people around living healthily</li> <li>○ Local communities can and should have more explicit role in support people's health and lives through different services</li> <li>○ There should be fairer access to what people need to be healthy, such as transport to parks.</li> </ul>





## Appendix C - Storyboards

- Storyboards:

healthwatch  
SARF63

GP

They decided to go to the GP to talk about their feelings.

it sounds like someone understands

They was starting to feel much better and went to visit once more.

nice lady

But all was good and their first appointment went well.

Nothing was physically wrong with them.

The wait was very long and they often lost hope they weren't alone.

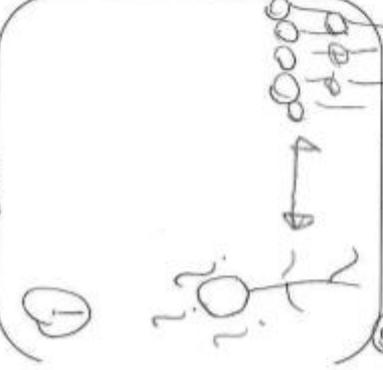
They were referred to CAMHS and was given support to let them know they weren't alone.

Instead the problem was in their head.

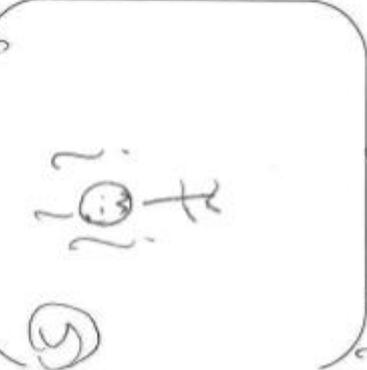
They didn't feel so well. Every day they said it got worse.

Over month....

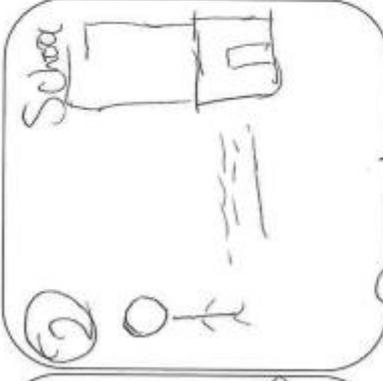
healthwatch



1 I'm having doubts about living with me - general health will be better than...



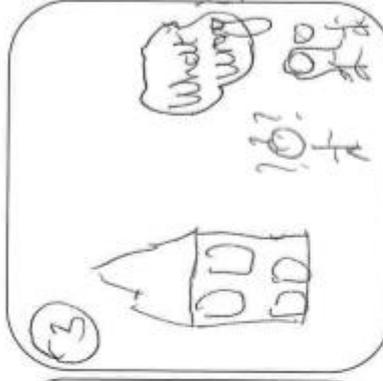
2 I felt further neglected that this room service was imposed on hum. and parents didn't care with the therapist.



3 I was beginning to feel demotivated from attending school.



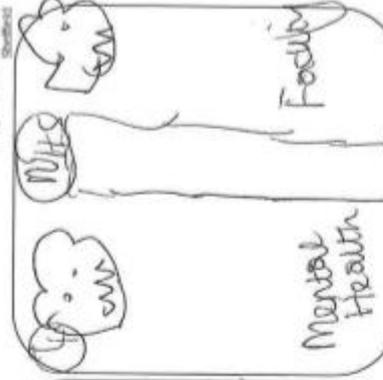
4 After having a therapy session I began to engage with the therapist.



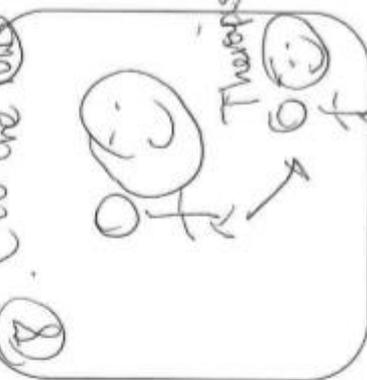
5 Eventually I realised something was wrong.



6 The therapist reintroduced me into school.



7 I was later arranged a visit for...



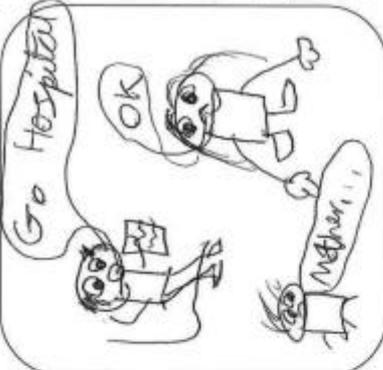
8 Personalised care face-to-face connections helped me get back on track with life.

Jude Daniel Smith, Age 14

healthwatch



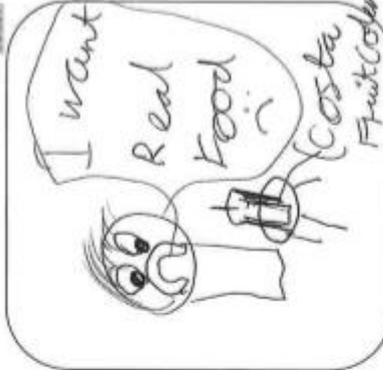
I GOT Pneumonia



I was sent to Hospital



It took 4 hours for me to get a room



I had thrush from the antibiotics so I kind of Costa body



The Physionas really patient and informative, he got my breathin in check



The physio kind make the scary late night pills and blood tests manageable



Yeah, I got out last July and was off school a while.



I'm still Recovering. It's hard but I'm okay. The nurses, doctors and physios made me still exist today.

off school for weeks with underlying issues raised

Mum calls GP because I feel too sick to talk - they're communicative condition is plus suggest

After Coley go gain £ get an appointment GP presents anti-nausea only for 10 mins but not the

Anti-nausea not work - GP is reluctant to prescribe

Book to see GPs back clean - I am dismissed despite still ongoing nausea

No extra appointment # GPs organisational - the problem is psychological, stop talking as they don't see the problem is solved. No referral to A&E or M&ST

GP presents anti-nausea only for 10 mins but not the

Anti-nausea not work - GP is reluctant to prescribe

Empty rounded rectangular box for drawing or writing.

Two horizontal lines for writing.

Empty rounded rectangular box for drawing or writing.

Two horizontal lines for writing.

Empty rounded rectangular box for drawing or writing.

Two horizontal lines for writing.

Empty rounded rectangular box for drawing or writing.

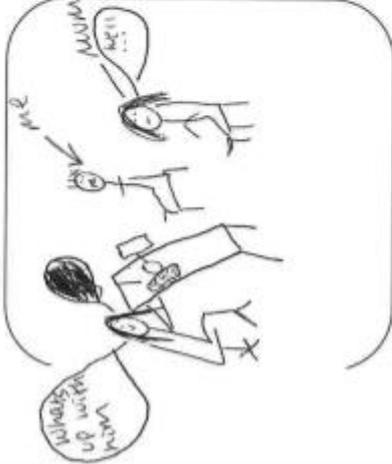
Two horizontal lines for writing.

Empty rounded rectangular box for drawing or writing.

explain what  
your going to  
do

Empty rounded rectangular box for drawing or writing.

Two horizontal lines for writing.



spoke to  
me not my  
parent

Empty rounded rectangular box for drawing or writing.

Two horizontal lines for writing.

(achieve  
Reading  
city?)

The school was helpful  
with covering the priority  
but a few points were neglected.

Worked for  
brain scans that  
could have saved

Had impact on family  
and friends - affected  
their mental health.

Asked for a brain scan but  
was turned away. Found away  
later on the internet on the  
internet.

A friend went to the doctor  
for headaches and was  
referred to the hospital.

They had balloon release  
in the morning which  
was good to involve  
friends and family.

The school helped reduce  
friends' spiritual loss  
and others.

A friend that wasn't helped  
as much ended up having  
an extreme fear of being  
left school.

elderly lady  
 ↑ illness  


driven to hospital by son  


waiting for room for hours  


seen and in a bed in the corridor  


corridor in night  
 bed occurred  
 no food all water all night  
 day I washed wasn't washed  
 it we needed to go to toilet

because couldn't get anyone to go to leg. had accident in corridor  


son had to pick her up she was in the washing room but was in hospital gown amongst

left really upset about it very embarrassed.

body  
under  
mirror  
He A

Not liking  
Body  
low self  
esteem

Didn't  
know  
how to get  
help.

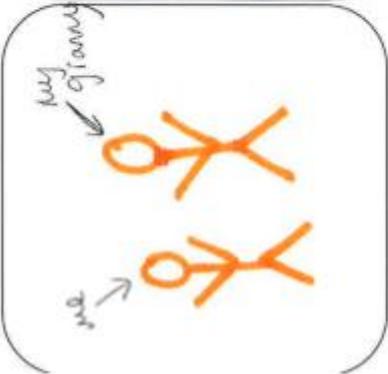
started  
being  
happy.

School  
and  
teachers

Confident  
and  
Happy.

Helping  
others be  
more  
confident

Happy. 



Unfortunately my granny had cancer ~~before~~ <sup>over</sup> the past year.



She spent two weeks in a Sheffield hospital.



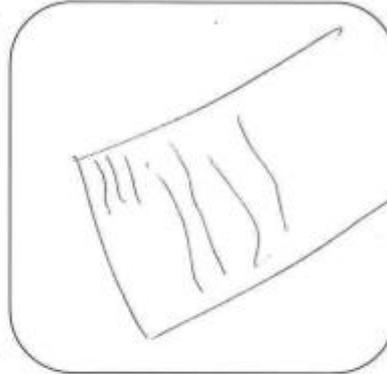
During those two weeks the staff didn't clean / wash her genitals.



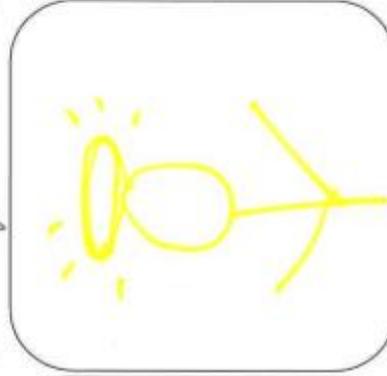
This was basic neglect! And she came out of the hospital with sores between her legs.



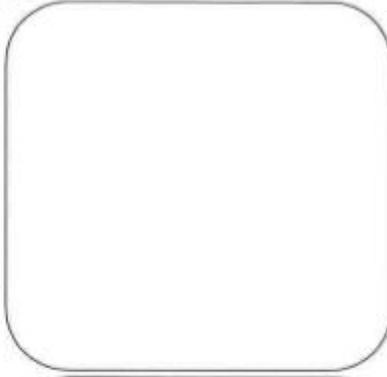
After hospital she went to st Lukes and the care there was amazing and so different to how she was treated in hospital.



My mum wrote a complaint to the hospital but I feel more should have been done.



Unfortunately she put away fast math.



\_\_\_\_\_

\_\_\_\_\_

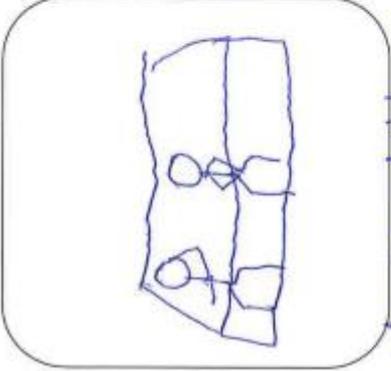
\_\_\_\_\_

- Reduce pressure on Emergency CARE.
- Reduce pressure from managers
- pressure from public can be reduced by:
- making documentaries like the ones the came out in 2018, including Bournsley A+E.
- the 4-hour wait system and how you may not need to be in A+E for minor problems.
- How critical attention is being taken away from major trauma due to people coming in when they don't need A+E care.
- LACK OF FUNDING!!

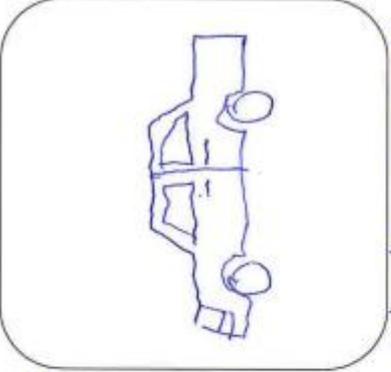




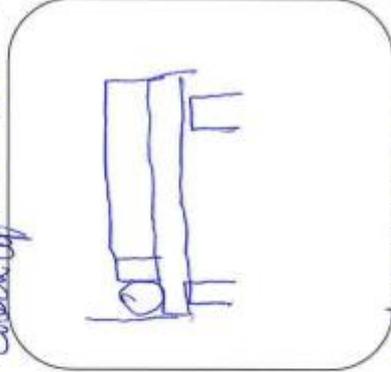
Saw a Dr to see if I had a coughs etc



Went to childrens school



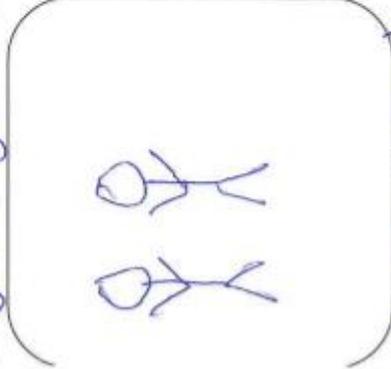
Went home, Mum suggested going to church to have a check up



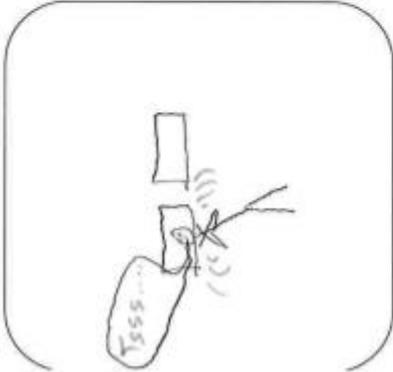
Went home went to bed.



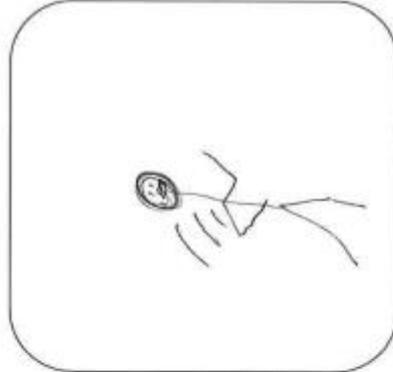
I got hit in the head by an errand boy McElvency



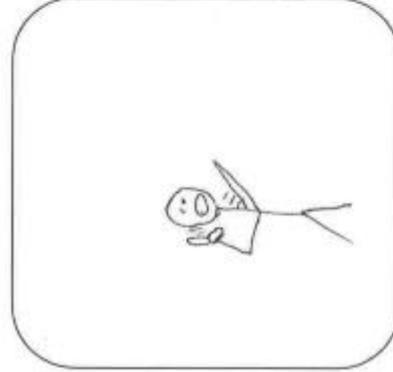
He was very angry I had a mild concussion



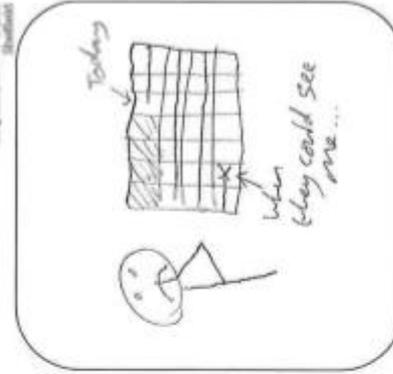
Woke up with  
Severe upper body  
pain. Couldn't move



Wondered whether it  
was just a one off, so  
I left it a few weeks.



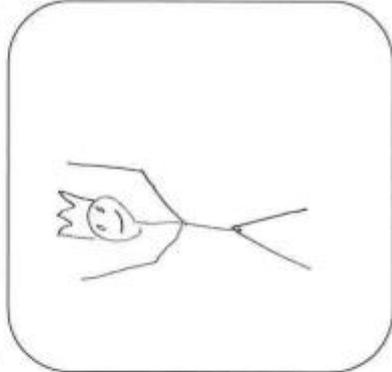
It got considerably  
worse so I contacted  
the GP



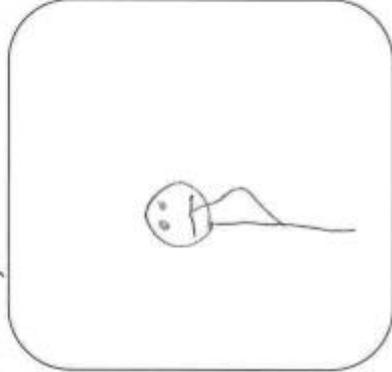
At this point, they told  
me I couldn't come in  
for another 15 ~~days~~ to 20 days.



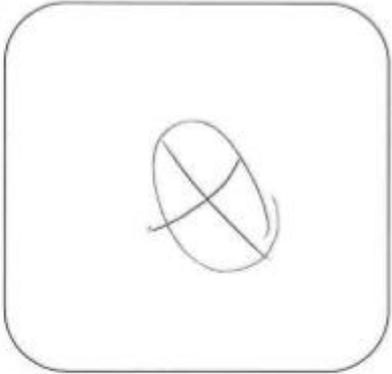
In these ~~weeks~~ 2/3  
weeks, I felt down,  
pain was causing me some  
stress



I finally got in and  
the help they gave me  
was really useful



I was concerned longer  
as it could be a  
more harsh issue/more  
dangerous



Someone might've  
had a serious issue  
and it took too long.