



Young people -
let's hear your voice - tell us
your experiences and feelings
about local health care



SCAN ME



If you are one of the 222,000 young people living in Leicester, Leicestershire or Rutland aged 11- 25 years old, the local health service wants to hear from you.

As a young person you are experiencing the world very differently right now, and the local NHS and other care services want to give you a voice and understand what matters most about health services, so they meet your needs. Get involved and share your views before **Sunday 3 March 2024** by completing this questionnaire.

All information received via this questionnaire will be anonymous and your feedback will be independently analysed.

Data Protection Statement

The NHS Leicester, Leicestershire and Rutland Integrated Care Board (ICB) would like to hear about your experiences of health services and understand what matters most to you.

The ICB has commissioned an independent organisation to collect, handle and process the responses gathered for this engagement. Any information you provide will be handled in accordance with GDPR and the Data Protection Act 2018.

The questionnaire also asks respondents to provide their full postcode and demographic profiling data (age, gender, ethnicity, etc.). This information is used to ensure the responses are representative of the demographics of the local population. You do not have to provide this information to take part in the questionnaire, but it really helps the ICB to ensure that any decisions made meet the needs of a diverse community.

Your involvement is voluntary and you are free to stop completing the questionnaire at any time.

Please tick to confirm you agree with the Data Protection Statement. If you do not provide your consent then we will not be able to include your feedback in this engagement.

Children and young people's health

1	What health issues affect or matter most to you? Please tick up to 5 options.							
	Access to healthy foods		Asthma		Being overweight		Cancer	
	Dental health		Diabetes		Drug and alcohol misuse		Eating disorders	
	Epilepsy		Loneliness		Long-term health conditions		Physical fitness	
	Mental health - like anxiety and depression				Sleep		Smoking and vaping	
	Other		If you said Other, what other health and wellbeing issues do you think are important?					

Knowing about health services

2	If you were worried about your health, what would you do first?							
	Speak to a parent or carer		Speak to a teacher		Search online		Call your GP	
	Speak to a different adult that you trust – like a family member, youth worker, sports coach or neighbour					Go to the Emergency Department (A&E)		
	Other		If you said Other, please tell us what you would do.					
3	To what extent do you agree with the statement: "I know what services to use if I become ill" (for example coughs, colds, serious injuries and long-term conditions)?							
	Strongly agree		Agree		Neither agree nor disagree		Disagree	

Health services you have used

4	Can you tell us what health services you have used in the last twelve months? Tick all that apply.							
	GP (doctor)		Dentist		Emergency Department (A&E)		School nurse	
	Mental health service		Speech and language therapy		Sexual health service		Other	
	If you said Other, please tell us what other health services you have used							

The last time you used health services

5	Thinking of the last time you used a health service, was your experience of health services for a:-								
	Mental health condition			Physical health condition			Don't know/can remember		
6	Thinking about the <u>last</u> time you used a health service, to what extent do you agree with the statement: "I felt listened to by health staff?"								
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree
7	Thinking about the <u>last</u> time you used a health service, to what extent do you agree with the statement: "I was treated with care and concern"?								
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree
8	How would you rate the last health service you used?								
	Excellent		Good		Neither good nor poor		Fairly poor		Very poor
9	Would you tell us a bit about why you gave that rating?								

Being transferred from one service to another

10	If you transferred from one health service to another to get a diagnosis of your problem or to receive treatment, to what extent do you agree with the statement: "I got an appointment for a diagnosis and treatment quickly"?								
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree
Not applicable - go to Q12									
11	If you transferred from one health service to another to get a diagnosis of your problem or to receive treatment, to what extent do you agree with the statement: "The service I was transferred to had details of my condition and I didn't have to tell my story again."								
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree

Treatment for your condition in a hospital, clinic or another health facility

12	Thinking about the last time you used a health service, were you involved in decisions about your care and treatment?								
	Yes, a lot		Yes, a little		No		I did not want to be involved		
13	If you had any worries, did a member of staff talk with you about them?								
	Yes		No		I did not have any worries		I did not want to talk to staff		

14	Were you given enough privacy when you received care and treatment?							
	Yes, always		Yes, sometimes		No		Don't know	
15	If you wanted to, were you able to talk to a health professional without your parent or carer being there?							
	Yes		No		I did not want to talk to them alone		Does not apply (for instance, I attended by myself)	

After treatment

16	When you left your treatment, did you know what was going to happen next with your care?							
	Yes		Sort of		No		No further care was needed	
17	Did a member of staff give you advice on how to look after yourself after you left your treatment?							
	Yes		Sort of		No		I did not need any advice	
18	Have you experienced any discrimination or barriers when using a health service?							
	Yes		No		Don't know			
19	If you said you experienced any discrimination or barriers, could you tell us what you experienced?							

Mental health and wellbeing

20	Can you tell us what you do to help your mental health and wellbeing? Tick all that apply.							
	Get regular exercise		See friends		Eat healthily			
	Make sure I get good sleep		Relaxing activities such as meditation or yoga		Take part in activities with other people (like sports or a club)			
	Do my hobby		Switch off from social media		Learn a new skill			
	Go outside (like go for a walk or bike ride)		Volunteer		Other			
	If you ticked Other, please tell us what you do to help your mental health and wellbeing.							

21	If you wanted help with your mental health, would you know who to contact and how to contact them?					
	Yes		No		Don't know	

Describing your overall experience of care

22	Overall, how would you describe your experience of your healthcare?									
	Excellent		Good		Neither good nor poor		Fairly poor		Very poor	
23	Can you tell us a bit about why you gave that rating?									
24	Are there any last things about any part of your health, health services and the NHS that you would like to tell us? If so, please write your comments in the space below.									

Using mental health services

25	Have you used a mental health service? This may have been called the Child and Adolescent Mental Health Service (CAMHS).									
	Yes		No - go to Q34		Don't know					
26	If you were to have an appointment with a mental health service, where would you like it to take place?									
	NHS clinic		Community space (like a café or youth centre)		Other					
	If you said Other, where would you like your appointment to take place?									

Other support for your mental health

27	In addition to the mental health service you are accessing or used to access, what other support would help your mental health?									

Transitioning from the children's to adults' mental health service

Between the ages of 16 and 18 (or sometimes earlier) you may start to hear the word "transition" referring to the process of preparing you for adulthood and adult services.

If you are experiencing or have experienced transition to adults' services, please answer the questions below. If not, please skip to Question 34 (about you).

28	Did you transition from children's to adults' mental health services?							
	Yes	<input type="checkbox"/>	No - go to Q34	<input type="checkbox"/>	Don't know	<input type="checkbox"/>		
29	Did you understand the transition process to adult mental health services?							
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>		
30	Were you provided with information about adult mental health services or services available to you in the community?							
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>		
31	If you were provided with information about adult services, was the information easy to understand?							
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>		
32	Could you tell us what you think a good mental health transition service would look like?							
33	What age range should the mental health transition service cover? Tick one option.							
	From 15 to 18 years of age	<input type="checkbox"/>	From 15 to 21 years of age	<input type="checkbox"/>	From 15 to 25 years of age	<input type="checkbox"/>	From 18 to 25 years of age	<input type="checkbox"/>

About me

We want to make sure that everyone who already receives or who may need our services in the future has had the opportunity of getting involved in this engagement.

Your answers to the following equality monitoring questions make our services better. For example, if we find that a certain group of people have had a worse experience of particular services, we can work with them to make improvements.

Please spend a few moments to answer the equality questions below. These questions are optional, but the information provided will be anonymous and will play an important role in improving care.

34	What is your sex? (Select one option)							
	Male		Female		Intersex		Prefer not to say	
35	Do you identify as the gender you were assigned at birth? (Select one option)							
	Yes		No		Prefer not to say			
	If no, please write your gender identity							
36	What is your age? (Select one option)							
	11-13 years old	14-16 years old	17-20 years old	21-25 years old	prefer not to say			
37	What is your religion or belief? (Select one option)							
	No religion		Bahá'í		Buddhist		Christian	
	Hindu		Jain		Jewish		Muslim	
	Sikh		Prefer not to say		Other (please tell us here)			
38	What is your ethnicity? (Select one option)							
	Asian or Asian British	Bangladeshi		Chinese		Indian		
		Pakistani		Another other Asian background, please tell us here				
	Black or Black British	African background, please tell us here						
		Caribbean		Another other Black background, please tell us here				
	Mixed	Asian and White		Black African and White		Black Caribbean and White		
		Another other Mixed or multiple background, please tell us here						
	White	British / English / Northern Irish / Scottish / Welsh		Irish		Gypsy / Irish Traveller		
		Roma		Another other Asian background, please tell us here				
	Other	Arab		Polish		Somali		
Prefer not to say			Another other ethnicity, please tell us here					

39	Are you pregnant or have you given birth in the last 26 weeks?			
	Yes		No	Prefer not to say
40	Do you provide care for someone? (Select as many options as appropriate)			
	Yes, for someone younger than me (e.g. brother or sister)		Yes for someone older than me (e.g. parent)	
	No		Prefer not to say	
41	Have you ever been looked after or are currently in care?			
	Yes		No	Prefer not to say
42	Do you or did you have an Education Health and Care Plan or receive support for a special educational need in education?			
	Yes		No	Prefer not to say
43	What is your sexual orientation (preference)? (Select one option)			
	Bisexual (relationship with any gender/s)		Gay or lesbian (same sex relationship)	
	Heterosexual / straight (male to female relationship)		Prefer not to say	
	Other, please tell us here			
44	Do you have any of the following conditions? Tick all that apply.			
	Asthma		Dental decay	
	Diabetes		Epilepsy	
	A mental health condition		Physical disability	
	Learning disability/difficulty		Speech impediment or impairment	
	Long standing illness or condition		Partial or total loss of vision	
	Partial or total loss of hearing		None of the above	
	I would prefer not to say			
	Other – please state			
45	Can you give us the first five parts of your postcode where you live? For instance LE1 1A _ . Please do not give us your full postcode (all six or seven digits).			

Please tick to confirm you agree with the Data Protection Statement. If you do not provide your consent then we will not be able to include your feedback in this engagement.

Have you remembered to tick to confirm you agree with the Data Protection Statement.

If you do not provide your consent, we will not be able to include your feedback in this engagement.

The data protection statement can be found on page 1. Please tick the box under the statement and/or the box at the end of the questionnaire, under question 45.

Please return this questionnaire to arrive by **Sunday 3 March 2024** to:

Freepost Plus RUEE-ZAUY-BXEG
What you Saying Engagement
C/O NHS Leicester, Leicestershire and Rutland Integrated Care Board
Room G30, Pen Lloyd, Building County Hall
Glenfield
Leicester, LE3 8TB

Thank you for taking the time to give your experiences and tell us what matters most to you.

The engagement document was produced by NHS Leicester, Leicestershire and Rutland ICB

To find out more about us and what we do, visit our website:

bit.ly/youngvoicesonhealth

What Happens Next?

What happens after the engagement ends? All feedback we receive from the What You Saying Engagement will be independently analysed and evaluated by an external organisation.

They will also undertake a review half-way through the engagement and advise the Integrated Care Board if there are communities that are not being reached. If the review shows any gaps, then we would adjust our engagement plan accordingly.

A final report of the engagement findings will be received by the Integrated Care Board, and we will work alongside young people to review the findings and produce a report which is accessible and makes sense to children and young people.

This report will be presented by young people in a public meeting to senior health leaders in Leicester, Leicestershire and Rutland.

We will promote the Board Meeting to enable people to attend and hear the discussions. All decisions will be made public after the Board Meeting. This work will include communicating the feedback from the engagement to children, young people and their families, via local newspapers, social and broadcast media.



WHAT
YOU
SAYING?

11-25 years old? Have your voice heard

What you saying about your experiences and feelings of healthcare?

Share your views so we can understand what matters most about health services for young people in Leicester, Leicestershire and Rutland.

Scan the QR code or go to our website:
bit.ly/youngvoicesonhealth

Get involved by **Sunday 3 March 2024**

We also want to hear from families of people who are aged 11-25 and NHS and healthcare staff providing services to young people.

Young voices on healthcare

Find health information on Instagram: [@health_forteens](https://www.instagram.com/health_forteens)
Email: llricb-llr.beinvolved@nhs.net


Leicester, Leicestershire
and Rutland