

Future of short-term care services in the Chichester and Bognor Regis areas – consultation findings analysis

Summary of key findings from the public consultation

- 174 responses to the public consultation were received, comprising 166 standard surveys and 8 easy read survey responses.
- 35 responses were received from current and former Marjorie Cobby Centre customers, 20% of the total.
- 41 responses were received from family and friend carers of current and former Marjorie Cobby House customers, 24% of the total
- 92 responses were received from other stakeholders (52%). This included local residents, health and social care workers, Marjorie Cobby House staff, voluntary and community sector workers and volunteers and independent health and social care providers.

Key findings from current and former Marjorie Cobby House customers and their family and friend carers responses to the public consultation survey

- 72% of current and former customers and their family and friend carers disagreed with the proposal (disagree/strongly disagree) with 51% strongly disagreeing.
- 75% of customers and family and friend carers thought the proposal would have a negative impact on people discharged from hospital needing rehabilitation, whilst 63% thought it would have a negative impact on family and friend carers.

Detailed analysis of current and former Marjorie Cobby House customer and family and friend survey responses is given at Section 2 of this report.

Key findings from other stakeholder responses to the public consultation survey

- 76% of other stakeholders disagreed with the proposal (disagree/strongly disagree) with 64% strongly disagreeing.
- 78% felt that people being discharged from hospital needing rehabilitation would be negatively impacted and 76% felt that family and friend carers would be negatively impacted.
- Majorities of stakeholders felt that health and care organisations (60%), Marjorie Cobby House staff (73%), independent health and care providers (58%) and the local community (62%) would be negatively impacted.

Detailed analysis of other stakeholder responses to the survey is given at Section 3 of this report.

1 Stakeholder consultation overview

- 1.1 The stakeholder consultation on the future of short-term care services in the Chichester and Bognor Regis areas ran from 9 August 2021 to 20 September 2021.
- 1.2 The consultation was developed in compliance with the four Gunning Principles for public consultation and every effort was made to remove any barriers to participation that people from under-represented groups, such as those from minority communities and others with protected characteristics, may face.
- 1.3 The consultation was promoted through a variety of channels to ensure that people with protected characteristics had an equal opportunity to participate and share their views. The County Council adhered to its duties under the Accessible Information Standard and documentation was available in other formats, including easy read, large print and audio, on request.
- 1.4 A survey questionnaire was published on the Your Voice online platform and was also available in Easy Read and other formats.
- 1.5 In total, 174 responses to the survey were received, comprising 166 standard surveys and 8 easy read survey responses.
- 1.6 35 responses were received from current and former Marjorie Cobby House customers, 20% of the total. 41 responses were received from family and friend carers of current and former customers, 24% of the total. The full breakdown of responses is given in Table 1.1.

Table 1.1 – Which of these statements is right for you?

Statement	No.	%
Currently staying in Marjorie Cobby House	2	1
family or friend carer of someone currently at Marjorie Cobby House	5	3
Previously stayed at Marjorie Cobby House	28	16
Family or friend carer of someone previously stayed at Marjorie Cobby House	36	21
Local resident	42	24
Health and social care worker	16	9
Work at Marjorie Cobby House	10	6
Voluntary and community sector worker or volunteer	9	5
Work for an independent health and social care provider	6	3
Other (please specify)	9	5

Statement	No.	%
Did not answer	11	6

Please note that five responses to the easy read customer survey did not specify if they were current or former customers. These are marked as 'other' in Table 1.1 but have been included in the customer total in this report.

- 1.7 15% of responses from current and former customers were completed by someone else on their behalf, whilst 85% were completed by the respondent.
- 1.8 The time interval since the Marjorie Cobby House customer, or the person they care or cared for stayed at the facility is given at Table 1.2

Table 1.2 When did you, or the person you care or cared for, stay at Marjorie Cobby House?

	No.	%
Currently staying	1	1
Within the last six months	12	16
six months to a year	21	28
More than a year ago	29	38
Don't know	2	3
Did not answer	11	14

Survey analysis

2 Current and former Marjorie Cobby House customers

- 2.1 As shown in Table 2.2, 72% of current and former customers disagreed with the proposal (disagree/strongly disagree) with 51% strongly disagreeing. 15% agreed with the proposal (agree/strongly agree), including 7% who strongly agreed.

Table 2.2 How far do you agree or disagree with the proposal? (%)

Strongly agree	7
Agree	8
Neither agree nor disagree	11
Disagree	21
Strongly disagree	51
Don't know	1
Did not respond	1

- 2.2 As Table 2.3 illustrates, 75% of customers and family and friend carers thought the proposal would have a negative impact on people discharged from hospital needing rehabilitation, whilst 63% thought it would have a negative impact on family and friend carers.

Table 2.3: What impact do you think the proposal would have on? (%)

	people discharged needing rehab	family and friend carers
Positive impact	16	20
Neither positive nor negative	5	5
Negative	75	63
No impact	0	1
Don't know	3	5
skipped	1	5

- 2.3 Current and former customers were asked to provide more information about why they felt the proposal would impact them.
- 2.4 The most frequent response focussed on people's positive experiences of staying at Marjorie Cobby House, or the positive experience of the person they cared for. This included:
- the high quality of care they had received from the staff.
 - the facilities (although some noted these could require update)
 - the convenient location for family and friends who lived locally to visit. This was cited as an important element of rehabilitation.
 - Carers could be reassured their relative was appropriately cared for.
- 2.5 The importance of Marjorie Cobby House as a dedicated rehabilitation facility was frequently cited. This ensured that people were given the time and focussed care and support they needed to be able to safely return home or to the next stage of their care.

- 2.6 Some respondents felt that rehabilitation would not be provided as well in alternative facilities such as care homes, as these did not solely support rehabilitation and had to balance additional priorities.
- 2.7 In addition, some respondents were concerned that the proposal may mean that support would be provided at home. It was felt this was not suitable for people who needed rehabilitation and could be potentially unsafe or lead to repeat hospital admissions.
- 2.8 The importance of Marjorie Cobby House for the local community was a further consistent theme in the comments. This was the only facility available on the Manhood Peninsula and it was valued by many respondents as a result.
- 2.9 A common theme from respondents opposing the proposal was the changing demographics and the growth of the older population and higher levels of need locally. This would lead to greater demand for rehabilitation services in future. Some respondents felt that more spaces, rather than fewer, would be required.
- 2.10 Pressures on hospitals were also cited, and the risk of 'bed blocking' without easy access to a rehabilitation facility was referred to in multiple responses. Patients could be left in hospital for longer than required, as they could not safely return home, or would have a potentially lengthy wait for care packages and short-term placements to be put in place. This could also be more expensive for the County Council. One respondent worried that sending people to multiple establishments may impact upon the quality of communications with social services.
- 2.11 A small proportion of respondents had not had positive experiences at Marjorie Cobby House, citing issues with the standard of care and support they had received. The Selsey location made it difficult for some people to visit, including one former customer of Marjorie Cobby House from the north of Chichester district, who felt that a local alternative would have enabled more family and friends to visit.

Priorities for future provision

- 2.12 Current and former service users and their family and friend carers were asked to prioritise the things that were important for arranging short-term care and rehabilitation for people who were not able to be discharged to their own home. The results are given at table 2.4, including the top five ranked most important priorities.

Table 2.4 what are the most important priorities for arranging short-term care and rehabilitation for people discharged from hospital? (% and top five ranked priorities)

Priority	% selecting priority	Ranking
Appropriately trained staff available at all times	78	2
Health professionals (Occupational Therapists) regularly visit	79	1
Rooms have en-suite facilities	37	
Rooms have equipment for disability	62	
Equipment/technology-enabled-care	66	=4
Buildings are fully accessible	67	3
Different dietary requirements accommodated	53	
Location easily accessible by public transport	49	
Free or low-cost parking on site or nearby	53	
Discharge from hospital any day of week	54	
Information and contacts about medical/care support	55	
Easily accessible info, advice and support for carers	66	=4
Carer respite	62	
Other (please specify)	11	

2.13 'Other' responses included the following:

- On site physiotherapy and rehabilitation staff were great. That people were required to do some things for themselves was a motivation
- Locate the facility close to or within the patient's home community as placing a Bognor Regis patient in Selsey or visa-versa makes no sense. The impact on the carer to visit could affect their health and lead to both needing care.
- Some bedrooms could be changed to en-suites, but not necessarily all. Special equipment could be movable, not in each room.
- The list was not helpful as the vast majority were 'must-haves' and not discretionary options for a 'proper' rehabilitation service.
- Location in or near accessible centres of population, for 'morale boosting' visits. Occupational therapist visits had been hard to organise during the pandemic and this had negatively impacted a respondent's relative's mobility.

Additional comments

2.14 Many of the customer and family and friend carer comments again focussed on positive experiences of staying at Marjorie Cobby House and the benefits of retaining the facility. In addition to those given at 2.4 these included:

- Its good reputation
- Marjorie Cobby House was a dedicated rehabilitation facility

- Good public transport links
- The service helped people to regain confidence
- Some people were unwilling to go to an 'old people's' home for rehabilitation, but were happy to stay at Marjorie Cobby House
- The short stay model gave family members time to decide on the best options for future

2.15 A range of comments were critical about the proposal and the possible alternative options to Marjorie Cobby House. These included:

- Care homes were not appropriate locations for everyone
- There was not enough capacity in the provider market
- Negotiation for purchasing places from providers can be lengthy and may delay discharge.
- Alternative locations do not prioritise or specialise in rehabilitation
- The proposal was being led by savings, not need.
- Impact on carers of the loss of the short-stay facility and the risk carers may have to provide care at home.
- Increased risk of 'Bed Blocking', complicating hospital discharge
- Loss to the Selsey community of closing Marjorie Cobby House and the risk that the site will be turned into more housing.

2.16 A number of respondents were sad at the prospect of Marjorie Cobby House closing, whilst some expressed anger at the proposal and there were a number of pleas to retain the services.

2.17 There were several negative comments about Marjorie Cobby House including that the facility was tired and neglected (although the care remained of a good standard) and that the location was a negative.

2.18 A number of alternative proposals were suggested, including the following:

- Create a 'cottage hospital' combining Marjorie Cobby House with other services such as X-rays and dressings for minor injuries and accidents.
- Create a day centre for older people on the site
- Adapt Marjorie Cobby House to function as a scalable resource that could expand and contract with demand.
- Use any spare rooms for housing residential customers or for staff
- Update and modernise the site
- Reduce the number of rooms and carry out a cost-effective update and refit.
- Build on the foundations of Marjorie Cobby House and extend the service offer.

3 Other stakeholders

3.1 As shown in Table 3.1, 76% of other stakeholders disagreed with the proposal (disagree/strongly disagree) with 64% strongly disagreeing. 20% agreed (agree/strongly agree) including 9% who strongly agreed.

Table 3.1: How far do you agree or disagree with the proposal? (%)

	%
Strongly agree	9
Agree	11
Neither	3
Disagree	12
Strongly disagree	64
Don't know	0
Did not answer	1

3.2 Table 3.2 provides a breakdown of the percentage of respondents agreeing or disagreeing with the proposal, by stakeholder group. It also gives the number of respondents in each group. This data should not be over-interpreted owing to the relatively low number of respondents in some stakeholder groups.

Table 3.2: How far do you agree or disagree with the proposal? (by stakeholder group, %)

	Health/ social care worker %	Local residen t %	VCS worker/ volunteer, %	Independen t provider %	Marjorie Cobby staff, %
Strongly agree	6	7	0	17	20
Agree	25	5	0	67	0
Neither	0	0	11	0	10
Disagree	31	10	89	0	10
Strongly disagree	38	76	0	17	60
Don't know	0	0	0	0	0
No response	0	2	0	0	0
No. of respondents	16	42	9	6	10

3.3 The majority of other stakeholders felt that the proposal would have a negative impact for all the groups surveyed (Table 3.3). Note that three Marjorie Cobby House staff completed the customer and carer version of the survey, which asked about the impact for family and friend carers and people needing rehabilitation after hospital discharge, but not the other groups listed in Table 3.3.

Table 3.3 What impact do you think the proposal would have on? (%)

	Family/ friend carers	people needing rehabilitation after hospital	health and care organisations	Marjorie Cobby staff	Independent providers	Local community
Positive impact	12	13	11	4	14	6
Neither positive nor negative impact	8	8	12	5	9	13
Negative impact	76	78	60	73	58	62
No impact	1	0	0	0	1	1
Don't know	2	0	3	3	4	3
Did not answer	0	0	13	13	13	13

3.4 Other stakeholders were asked to provide more detail about their views on the proposal and its potential impact. A wide range of impacts were reported. These have been grouped into the following broad themes.

Benefits of Marjorie Cobby House

3.5 A broad range of the benefits of Marjorie Cobby House were highlighted by other stakeholders. These included:

- Most frequently cited was that Marjorie Cobby House was a good rehabilitation service. Reasons for this included its focus on supporting safe hospital discharge, freeing up hospital capacity and helping people return home safely, with greater confidence. It was valuable to the NHS and the local community.
- Marjorie Cobby House gave an opportunity to assess needs for a return home and put in place any support that was needed.
- There was a mental and physical benefit for people from receiving rehabilitation outside of a hospital setting
- It provided 24-hour care and rehabilitation, that could not be replicated by care homes. It was a positive alternative to a care home placement.
- People staying at Marjorie Cobby House built relationships and trust with regular staff and this supported rehabilitation.
- It was a 'life saver' to help people live independently. It was a safe and secure service for those not yet well enough to return home. This was particularly important for those who did not have family nearby and couldn't be cared for at home after hospital discharge.
- The short-term preventative approach was cheaper and enabled people to go home, rather than a long-term placement.
- It benefitted carers in several ways, as it offered family respite and peace of mind that the person they cared for was appropriately supported, local families could visit without having to travel far, and it gave families and the individual time to consider and plan their next steps.
- It was the only place of its kind in the area and played a 'vital' role in the local community.

- It provided local employment.
- Support was provided by trained carers and included services for the homeless.
- It was an 'excellent' facility that was positive for patients, provided a 'great' service and had a good atmosphere.

Negative impacts of the proposal

- 3.6 A wide range of negative impacts of the proposal were highlighted by other stakeholders. These have been organised into the following categories.

Impact on Service Users

- 3.7 Impacts for service users included the following:

- People would be impacted by the loss of local rehabilitation services.
- Elderly people needed to be looked after locally as many people didn't drive.
- Placements outside of the local area may lead to less people visiting. This was important for rehabilitation.
- Marjorie Cobby House provided support for self-neglecters and there was concern where they would otherwise be supported.
- Too many people were discharged from hospital too soon.
- People may feel that care homes were a longer-term stay, and this could cause upset and distress if they must move following a short-term placement.
- Any Increased use of care at home could negatively impact rehabilitation
- COVID-19 had negatively impacted respite opportunities and this had created greater need for these services.

Impact on hospitals

- 3.8 Impacts on the hospital system and discharge included the following:

- The lack of short-stay beds was an issue for the NHS and the proposal could reduce discharge options across the county and for Western Hospitals, with the loss of a valuable asset to deal with backlogs of cases.
- Delaying discharge would lead to 'bed blocking' and more people staying in hospital for longer could 'overwhelm' hospitals.
- Discharge could become more complex owing to an increase in the number of service providers involved in providing rehabilitation.
- Closing Marjorie Cobby House could remove a link between hospitals and returning home and reduction in rehabilitation support could lead to an increase in return hospital admissions.
- There was not enough availability of specialist care and this was negative for rehabilitation and discharge to assess.

Impact on independent care providers

- 3.9 Impacts for care providers included the following:

- Owing to limited numbers of available beds, care providers could struggle to accommodate the additional need, slowing down discharge and leading to 'bed blocking' in hospitals.
- Using care home beds for short-term rehabilitation could prevent these beds being used for people with long-term care requirements and care homes were geared towards longer-term care, rather than short stays.
- Closure of Marjorie Cobby House without alternative rehabilitation beds would place extra demand on community care providers, who were already very stretched and may struggle with additional demand.
- A market-based approach could prove more expensive than retaining Marjorie Cobby House.
- Use of care homes could increase the risk of long-term placements, and not sending people back home.

Impact on Selsey

3.10 The loss to the Selsey community was a recurrent theme in the responses and included the following:

- The proposal would negatively impact the community as facilities for a growing older population were already limited and there was a need for local rehabilitation services and interim, short-stay beds.
- Loss of the facilities would impact on the social care needs of the community. This could particularly affect people with dementia and carers, owing to a lack of local respite.
- It was noted that there was no guarantee of alternative provision being located locally to the town

Impact on staff

3.11 Closure of Marjorie Cobby House would lead to local job losses and many staff would not want to leave. It was recognised that there were a high number of vacancies in the care sector, although the availability of alternative local care jobs was questioned.

Positive impacts of proposal

3.12 Stakeholder respondents also cited a number of positive impacts from the proposal. These included the following:

- Managing short-term respite in a care home would mean it was easier for people to stay for longer, if needed.
- Providers could benefit from having short-term clients in otherwise empty beds.
- Other providers could fill any gap, and therefore Marjorie Cobby House was unnecessary
- Marjorie Cobby House was poorly located. Chichester or Worthing could be better locations
- It was not easily accessible for families on public transport, and some were required to use taxis
- It was 'untenable' to justify the costs of retaining Marjorie Cobby House if it was under-utilised.

- The building was old and had a poor layout and would continually require more improvement.
- If it was not 'fit for purpose' then it shouldn't be invested in.
- Local primary health, including GPs and community nurses may benefit from the proposal as Marjorie Cobby House was time-consuming, with a complex workload.
- There were long travel times for health and care workers going to Selsey.
- It could be difficult to 'sell' Marjorie Cobby House to people, owing to its location and some negative perceptions of the service and its reputation.

Other comments

3.13 Additional comments included:

- Marjorie Cobby House was not used to its fullest potential and more people could benefit from its services, but it was not offered.
- The proposal was being led by a savings requirement, not need.
- Although Selsey may be geographically isolated for some, the proposal was not offering to open a new facility in a more convenient location.
- It was wrong to close the service before funding improvements.
- There was a need for more facilities like Marjorie Cobby House, not fewer.
- If the service was under-utilised the process for accessing it should be reviewed and improved, rather than closing it.

Priorities for future provision

3.14 Other stakeholders were asked to prioritise the things that were important for arranging short-term care and rehabilitation for people who were not able to be discharged to their own home. The results are given at table 3.4, including the top 5 ranked most important priorities.

Table 3.4 what are the most important priorities for arranging short-term care and rehabilitation for people discharged from hospital? (% and top five ranked priorities)

Priority for short-term care and rehabilitation	%	Ranking
Appropriately trained staff available at all times	86	2
health professionals (Occupational Therapists) regularly visit	89	1
Rooms have en-suite facilities	40	
Rooms have equipment for disability	74	3
Equipment/technology-enabled-care	73	4
Buildings are fully accessible	60	
Different dietary requirements accommodated	54	
Location easily accessible by public transport	48	
free/low-cost parking on site/near	36	
discharge from hospital any day of week	63	
Info about medical/care support (contact details)	62	
Easy accessible info, advice and support for carers	67	
carer respite	68	5
Other (please specify)	7	
Skipped	2	

3.15 'Other' responses included the following:

- Community Physio, Neuro Physio and Occupational Therapists, Mental Health Practitioners. All were needed in addition to early joint working with social care.
- Day care for people with dementia.
- A social worker on site, who can help with day-to-day worries and concerns.
- Suggestion that the question should ask for a limited number of priorities, as all on the list were important and, therefore, selected.

Additional comments on the proposal

3.16 A range of additional comments were received from other stakeholders. These included a number that focussed on the potential impacts of the proposal and the benefits of Marjorie Cobby House. Those that had previously been reported in sections 2.4 and 2.14 have not been repeated here.

Pleas to retain the services and disagreement with the proposal

3.17 The most frequent comments were pleas to retain the service, sadness at its closure and disagreement with the proposal. Reasons for this included:

- Personal or family experiences of attending Marjorie Cobby House
- The benefits of the rehabilitation service provided by Marjorie Cobby House
- The level of local need, the ageing local population and future need and the benefits for the community of having a local rehabilitation facility. The negative impact on the community of the closure was also cited.
- The cumulative impact of reductions in services, had led to greater need. If not the facility was not replaced, this would impact on hospital discharge.

Other comments

3.18 Other comments on the proposal included:

- Local care homes would not necessarily be able to respond to additional needs due to staffing issues, domiciliary care providers were stretched to capacity. NHS care home matrons covering the Selsey area were working to capacity already, as was the local GP surgery.
- The local voluntary and community sector would be called on to pick up additional local need as it arose but was not commissioned to do so. This would require a separate discussion, but the sector had not been approached for this.
- The proposal should be implemented, to save money.
- The County Council's care fee rates meant that care homes may not hold many beds to provide short-term rehabilitation.
- Recognition that the facility was not fit-for-purpose, but concern for the impact of closure on hospital discharge.
- There were several questions for the future, following implementation of the proposal

- What would happen to the building and staff?
- Would arrangements be made for people placed away from the town to receive visitors from Selsey?

Alternative proposals

3.19 A range of alternative proposals were suggested by stakeholders, including the following:

- The most frequent suggested alternative proposal was to invest and enhance the service - It could be a "gold standard" for rehabilitation with political will and finance.
- Work with the local community to 're-imagine' and develop the service offer at Marjorie Cobby House.
- Manage the facility to support and work with local services, mixing with nursing care on a collaborative model, led by the County Council.
- Increase spending to enhance the service
- Upgrade Marjorie Cobby House to take patients of all ages, to support hospitals and create an exemplar of good practice.
- Managing cost of renovation, through grant applications
- Sit down with key local stakeholders to discuss proposals.
- If the closure goes ahead then the building should be considered as a space for day care services, as this was an area of local need. It was also suggested to split the service offer to comprise rehabilitation and day care, to generate income from the latter.
- Better utilise the facility to maximise its potential following the recent cost of its refurbishment
- As the recent period had not been representative, wait for the COVID-19 impact to work through system and then conduct the review to determine if the proposal should proceed.

4 Survey respondents – demographic overview

Age

4.1 As shown in Table 4.1, current and former customers and family and friend carers both had an older age profile than respondents overall.

4.2 78% of current and former customers were aged 65 years and older, including 49% who were aged 85+ years old. 45% of family and friend carers were aged over 65 years old, and a further 34% were aged 55-64 years old.

Table 4.1 Which of the following age groups best describes you? (%)

	overall	carers	customers
18-24	0	0	0
25-34	5	5	0
35-44	7	0	0
45-54	14	12	3
55-64	21	34	3
65-74	17	20	9
75-84	12	15	20
85+	13	10	49

Prefer not to say	2	0	6
No response	7	5	11

Sex

- 4.3 Overall, 74% of respondents were female, 14% were male, 1% were 'other', 3% preferred not to say and 9% did not respond.
- 4.4 76% of family and friend carers were female and 15% were male. 5% preferred not to say and 5% did not respond.
- 4.5 63% of current and former customers were female, and 14% were male, 3% were 'other' and a further 3% preferred not to say. 17% did not respond.

Ethnicity

- 4.6 As shown in Table 4.2, large majorities of respondents were White British.

Table 4.2 What is your ethnicity? by group (%)

	Overall	carers	customers
White British	81	88	83
White other	2	0	0
Mixed	1	2	0
Asian	1	0	0
Black	0	0	0
Chinese	0	0	0
Gypsy/Irish	0	0	0
Other	1	0	0
Prefer not to say	5	5	3
no response	10	5	14

Disability

- 4.7 As shown in Table 5.3, 51% of current and former customers had a disability, compared to 15% of carers and 20% of respondents overall.

Table 4.3 Do you consider yourself to have a disability? By group, %

	Overall	carers	customers
Yes	20	15	51
No	66	66	37
Prefer not to say	6	7	3
no response	8	5	9

- 4.8 As per Table 4.4, a majority of disabled respondents in all groups had a physical impairment. 100% of disabled carers had a long-term condition.

Table 5.4 What is your disability? Select all that apply, by group (%)

	Overall	carers	customers
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Physical impairment	63	83	67
Sensory impairment	6	0	11
Mental health	6	17	0
Learning disability	3	0	0
Long-term condition	23	100	6
Other	23	0	39
no response	3	0	6

Religion

- 4.9 As shown in Table 4.5, majorities of respondents overall, family and friend carers and customers were Christian (all denominations). One respondent was Muslim and one was Jewish.

Table 4.5 What is your religion? By group (%)

	overall	carers	customers
Christian	59	68	69
Muslim	1	0	0
Buddhist	0	0	0
Hindu	0	0	0
Jewish	1	0	0
Sikh	0	0	0
No religion	17	10	9
Other	2	2	3
Prefer not to say	12	12	9
skipped	9	7	11

Sexuality

- 4.10 69% of respondents overall were heterosexual and 1% were homosexual/gay/lesbian. 2% defined as other, 17% preferred not to say and 11% did not answer the question.
- 4.11 71% of carers were heterosexual and 2% were homosexual/gay/lesbian. 12% preferred not to say and 12% did not answer the question.
- 4.12 63% of customers were heterosexual and 3% defined as 'other'. 17% preferred not to say and a further 17% did not answer the question.

Gender reassignment

- 4.13 79% of respondents overall had the same gender as the one they were assigned at birth and one person's (1%) gender was different. 10% preferred not to say and 10% did not answer the question.
- 4.14 80% of carers had the same gender as the one assigned to them at birth, 10% preferred not to say and 10% did not answer the question.
- 4.15 77% of customers had the same gender as the one assigned to them at birth, one person's gender was different (3%), 9% preferred not to say and 11% did not answer the question.

5 Additional submissions

- 5.1 The following additional submissions were received and considered as part of the consultation.

Individual or organisation making submission	Method of submission	Submission overview
Selsey Town Council	Letter, via email 20 September 2021	Outlining a series of objections to the proposal, relating to its negative impacts on those potentially affected and the Selsey community. Included an offer to work with the county council and other stakeholders on alternative approach.
Local resident	Via email, 7 September 2021	Outlining objections to the proposal and suggestions for cost-effective update and improvement to the facility.

Contact Officer: James Ironside, Development Manager Engagement, Advice and Information, 033022 22534, james.ironside@westsussex.gov.uk.