



Working with you to improve mental health in West Sussex

A public consultation

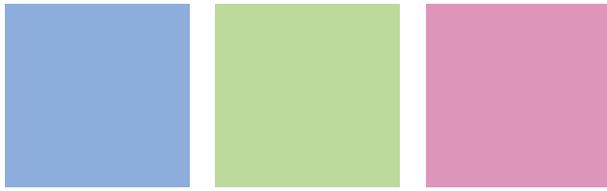
A partnership between:

**NHS Coastal West Sussex
Clinical Commissioning Group,**

**NHS Crawley
Clinical Commissioning Group,**

**NHS Horsham and Mid Sussex
Clinical Commissioning Group**

**Sussex Partnership
NHS Foundation Trust**



Delivering safe, effective, quality care

We want everyone across Sussex to benefit from safe, effective and high-quality mental health services whenever they need them.

This means we need to look at the standard of care we provide to those who are in our hospitals so we can understand where we can make improvements.

Like a lot of the NHS, we have buildings and accommodation which are old, of poor quality and, even if they are upgraded, will not meet the standards we expect for our patients, carers and families. This is something we need to address urgently and has been previously highlighted by the Care Quality Commission. And we are consulting on our proposed response to these specific challenges.

If people do go to hospital then we want them all to benefit from staying in safe, modern and secure environments which provide the highest quality care. The proposals we are consulting on also provide us with the opportunity to create a centre of excellence for the treatment of those living with dementia.

To make sure we are leading the way in providing mental health care and support for local people, we have developed proposals to address the challenges we have with some of our buildings in West Sussex.

In developing these proposals, we have spoken directly to people who use our services, carers and Healthwatch West Sussex - as well as GPs, other clinicians and the voluntary and community sector. Their feedback helped us refine our proposals to the point where we are confident that they offer us the best opportunity to help meet the challenges we face to provide the best quality care for all our patients, both now and in the future.

We hope you will take the time to join us in this work and help us to shape the way we support people with mental health needs across our local communities.

Adam Doyle

Chief Executive
Sussex and East Surrey Clinical
Commissioning Groups

Samantha Allen

Chief Executive
Sussex Partnership NHS Foundation Trust

In producing this consultation document, we have sought advice and support from the Consultation Institute, which provides high quality patient and stakeholder consultation in public, private and voluntary sector.

www.consultationinstitute.org

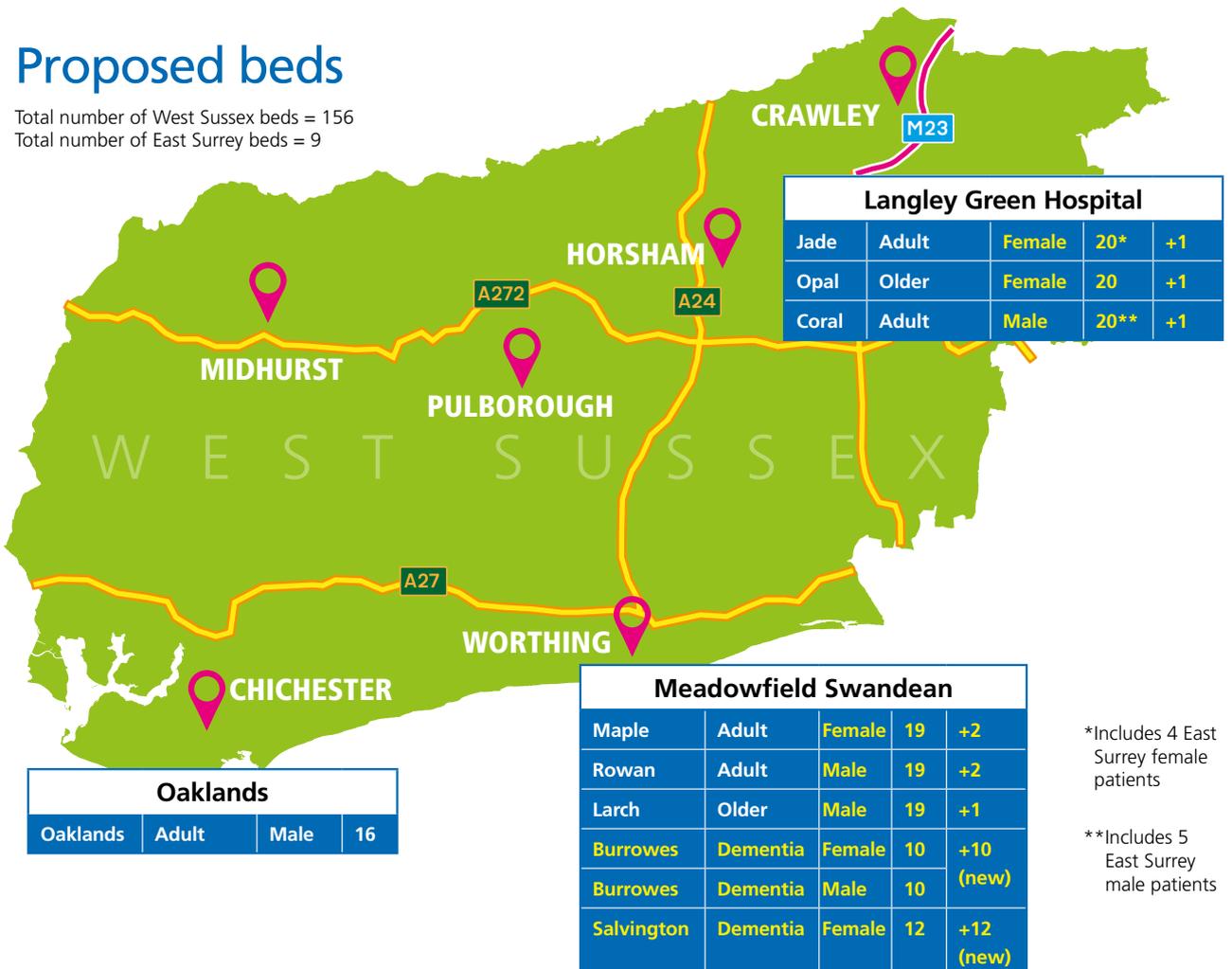
Current beds

Total number of West Sussex beds = 156
 Total number of East Surrey beds = 13



Proposed beds

Total number of West Sussex beds = 156
 Total number of East Surrey beds = 9





The national picture

Mental health affects one in four of us, and that does not include those caring for someone with mental health needs or with a family member or friend who needs mental health support.

Although most people with mental health conditions are supported and treated by primary care or by Improving Access to Psychological Therapies (IAPT) services, 3.4 per cent of the adult population in England were in contact with dedicated adult mental health and learning disability services at some point last year.

As the population gets older, so more people will need mental health care.

Currently there are approximately 94,000 people aged 65 to 74 years and 89,000 people aged 75 years and over in West Sussex. There are some small areas of the county where more than 50 per cent of people are aged 65 or above.

National best practice is that people receive high-quality care close to home in the most appropriate place for their needs. National standards also state that if people need to be admitted for hospital care then they should be looked after in modern, high-quality wards that provide single-sex accommodation.

Like a lot of the NHS, we have buildings and accommodation which are old, of poor quality and, even if they are upgraded, will not meet the standards we expect for our patients, carers and families. This is something we need to address urgently and has been previously highlighted by the Care Quality Commission (CQC).

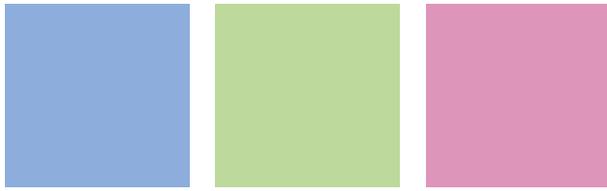
NHS Long-Term Plan

The NHS Long Term Plan (<https://www.england.nhs.uk/long-term-plan/>) was published in January 2019 and commits £2.3 billion a year for mental health services. It states:

‘Much of our estate consists of world-leading facilities that enable the NHS to deliver outstanding care for patients. But some of our estate is old, in parts significantly older than the NHS itself, and would not meet the demands of a modern health service even if upgraded.’

Top priorities include:

- Improving access to talking therapies for people with anxiety, depression and other common mental health problems.
- Access to 24/7 mental health crisis support through NHS 111 by 2028/9.
- An increase in other forms of support such as crisis cafes.
- More community support for people with severe mental health problems.



Why we need to change

“Our services need to change. Demand for mental healthcare is increasing all the time so we need to make sure our services can meet that demand, now and in the future.”

Dr Rick Fraser, Chief Medical Officer, Sussex Partnership

In West Sussex, we have 11 wards with 156 beds which provide care for adults and older people, including those living with dementia.

People on these wards will be from across West Sussex and beyond as they are admitted based on need rather than where they live.

These proposals focus specifically on the Harold Kidd Unit in Chichester and Iris Ward in Horsham.

Harold Kidd Unit – Chichester

The Unit is old and of poor quality. It contains two out-dated dormitory-style wards (Grove and Orchard) which mean that patients share sleeping areas and bathrooms with strangers. Also, Orchard is a mixed-sex ward for men and women.

To meet the needs of a modern NHS, we would have to build private rooms, en-suite bathrooms and open plan areas on the site. But this is virtually impossible because the building is badly laid out and its structural walls can't be removed or changed in any way.

On top of this, Sussex Partnership NHS Foundation Trust owns the building as part of a Public Finance Initiative (PFI)* which has 10 years left to run. This means we would have to pay this off as well as meet the significant refurbishment costs.

Therefore, it would cost far too much money to carry out this work. The future of the building has yet to be decided.

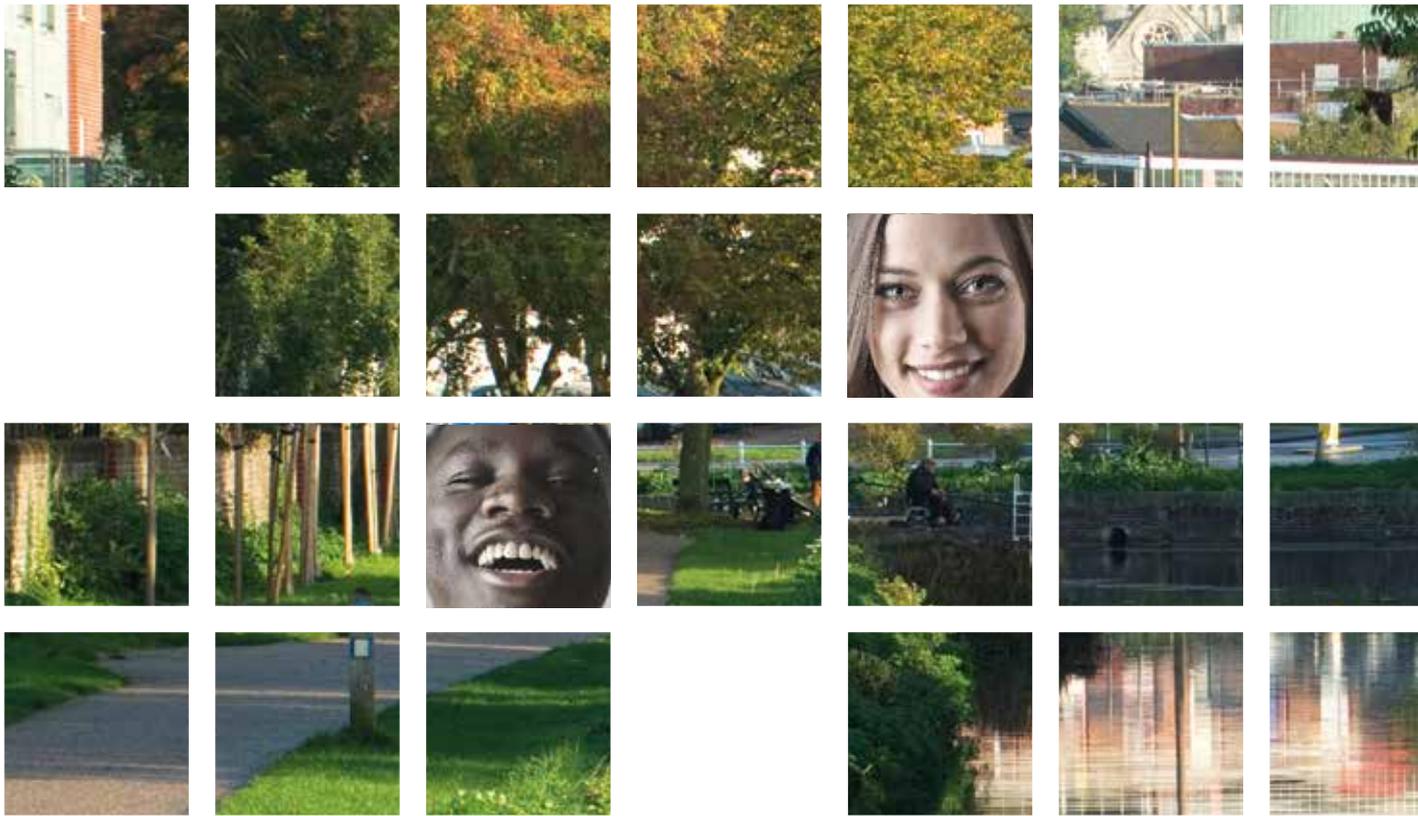
Iris Ward – Horsham

Based at Horsham Hospital, the ward is also of poor quality, providing an uncomfortable and potentially unsafe environment for patients. It only contains eight single rooms with en-suite bathrooms but with four more beds located in two bays, separated only by curtains.

It is a stand-alone unit with no other mental health services onsite. This creates a number of problems.

- Staff can't call for help from other mental health professionals if there is a serious incident or emergency.
- There are not enough staff to cover for things such as sickness and training.
- It is difficult to attract new staff because many prefer to be part of a wider clinical team.

*A private finance initiative (PFI) is a way of funding big projects such as building an NHS hospital using private money to pay for upfront costs. The cost of this borrowing is then repaid over many years, giving the private sector a profit and the NHS a new hospital.



Other wards

The other wards for people with mental health issues in West Sussex are:

Langley Green Hospital, Crawley

Jade, Opal and Coral Wards, caring for adults and older people

Meadowfield Hospital, Worthing

Maple, Rowan and Larch Wards, caring for adults and older people

The Burrowes, Worthing

Caring for people living with dementia

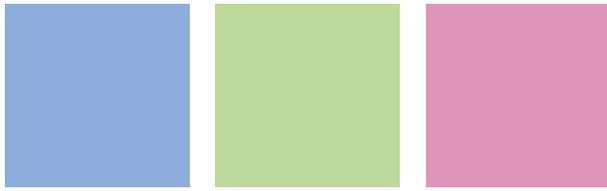
Oaklands Ward, Chichester

Caring for adults

These are all mixed-sex wards. Under our proposals, these wards will become, in the future, male only and female only.

“We want to make sure that people in West Sussex will receive consistently excellent care across all of our services, and that hospital and community care services work collaboratively to deliver the best possible care.”

Dr Bikram Raychaudhuri, Clinical Lead for Mental Health, NHS Coastal West Sussex Clinical Commissioning Group



Providing privacy and dignity

We want patients in our hospital wards to receive safe, high-quality care and treatment to help them return home as soon as possible.

To make this happen we need wards that are modern, safe and comfortable. We also need wards which provide people with the privacy and dignity they deserve.

That is why we want to move patients from wards which are either out-dated, isolated or lack privacy. It is why we also want to make all our wards either male only or female only, although there will be shared areas so people can mix if they want to.

“Same sex accommodation isn’t just something that’s nice to have. It is a standard we should all be striving to make sure is available for all our service users.”

Allison Cannon, Chief Nursing Officer,
Sussex and East Surrey Clinical Commissioning Groups

Improving community services

The proposed changes described in this document involve moving some of our inpatient services to different locations. More broadly, we are doing a lot of work to improve community mental health services. While this doesn’t relate specifically to the changes we are consulting people about, we thought it would be helpful to say a little bit about what else we are doing and why.

There are a number of reasons we need to change; people are living longer and the NHS is treating an increasing number of patients with long-term conditions. People tell us they often find it difficult to know how to get the help they need. The health and care system can feel difficult to understand, confusing to navigate and slow to respond. A lot of the time in mental health services we react when people become ill, rather than helping them to manage their mental health and wellbeing to stay well.

We are working with our health and social care partners, and others such as the voluntary and community sector, to improve services for people with mental health problems. This includes focusing more on prevention, so we help people at the earliest opportunity. It involves developing urgent care services to help people who are experiencing a mental health crisis and providing alternatives to hospital admission wherever possible. At the same time, we need to make sure that those people who do need to be cared for in hospital receive high quality care and treatment in a safe, modern environment that safeguards their privacy and dignity.

For further details about how we are improving community services, visit:
<https://www.sussexpartnership.nhs.uk/west-sussex-consultation>



Supporting our staff

We want to do all we can to support our staff.

Like many other NHS organisations we are facing a number of challenges relating to our workforce, including:

- the inability to recruit enough qualified staff and doctors
- an increasing use of expensive agency staff, and
- poor working environments.

For more information, visit:

<https://www.sussexpartnership.nhs.uk/our-organisational-strategy-refresh>

and here:

<https://www.sussexpartnership.nhs.uk/west-sussex-consultation>

Currently, there are dementia services at Grove Ward in Chichester, Iris Ward in Horsham, and The Burrowes in Worthing, spreading specialist resources across three sites which are miles apart.

This makes it difficult for each site to make sure that consultants, registered nurses and other health professionals are present to deliver care seven days a week, 24 hours a day.

One of the best ways we can keep the staff we have and improve recruitment is to provide the best possible working environment, with support and opportunities for development.

Our staff have told us that they would like to work together on one site, a way of working that gives them more support from colleagues, the ability to move across wards and development and training opportunities.

Making changes to the way current services are set up will allow us to improve the way our staff work, supporting them to provide better care for patients. It will also allow us to introduce new roles that may attract more people to work in mental health services in West Sussex.

“Plans to strengthen community services to help people stay in their own homes rather than go to hospital will go hand-in-hand with our proposals to improve inpatient care.”

Dr Nick Lake, Director of Clinical Strategy, Sussex Partnership



Developing our proposals

The development and evaluation of our proposals has been clinically-led throughout the process, with recommendations coming from leading health professionals across West Sussex.

We have also listened to service users, carers, families, community and voluntary organisations and our health and care partners to hear their views, insight and experience.

- An advisory group was established with members of Sussex Partnership's Council of Governors, which includes members who are appointed by partner organisations we work with, as well as elected members who represent service users, carers and staff. The group scrutinised and helped us shape our engagement as we developed our plans.
- A review group made up of senior clinical and managerial staff looked at the initial clinical recommendations in May 2018 and shortlisted the potential options based on clinical, quality, service user experience and financial criteria.
- An independently-led review panel, chaired by an independent GP and made up of West Sussex GPs, other health professionals, service users and Healthwatch West Sussex, was set up in December 2018 to review the proposals and the decision-making processes to date.
- A transport review group was also set up in 2018 to look at what impact our proposals would have on travel and transport for those using our services and their families and carers.

More information on how we made sure that the way we developed our proposals is set out in what is called the Pre-Consultation Business Case. This has been approved by NHS England and can be found on our website (see page 17 for details).

www.sussexpartnership.nhs.uk/sites/default/files/documents/2019-07-10_pre_consultation_business_case.pdf



Listening to our service users, carers and other stakeholders

Since March 2018, we have been talking to mental health service users, their families and carers who have played a key part in shaping possible options. We have also spoken to clinicians, voluntary and community sector organisations and partners to hear their views.

Varied and focused engagement has taken place with many of our stakeholders to listen to their views and insight. This included focus groups, listening events, face-to-face meetings and providing information through staff events.

In 2018, we started talking to the West Sussex Health and Adult Social Care Select Committee (HASC) and other key organisations and people about our plans for change – and we have continued to keep them updated.

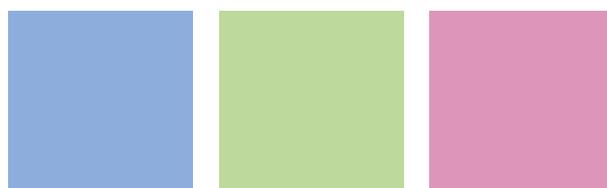
For more details about our engagement activity to date and what people told us visit:

www.sussexpartnership.nhs.uk/west-sussex-consultation.

We will be holding more events and consultations as part of this consultation and there are a lot of ways you can give your views. See page 17 for details.

“We really want to hear from those who use our services – and their carers and families – so we can deliver the type of services that benefit them the most.”

Simone Button, Chief Operating Officer, Sussex Partnership



The options

We need to change the way we provide care in our wards, starting to provide single-sex accommodation across all of our hospitals, and moving from buildings and environments that are old and not fit for modern day services.

To achieve this, we looked at nine possible options.**

Option	Action	Shortlist	Reasons for	Reasons against	Financial impact	Workforce impact
1	Do nothing	✗	None	Does not meet any essential or desirable requirements Does not comply with the need for modern accommodation and single-sex wards	None	None
2	Create two centres of excellence	✓	Would provide modern, safe and comfortable wards Create single-sex wards Close an isolated stand-alone unit Be delivered within timeframes	Would mean losing 22 beds which is not in the best interest of patients There would be significant costs of sending patients out of area	£5.1 million capital costs £1.1 million a year running costs	No changes in staff numbers No compulsory redundancies
3A	Move patients from Harold Kidd Unit and transfer beds to Worthing and Crawley	✓	Would provide modern, safe and comfortable wards Create single-sex wards Close an isolated stand-alone unit Be delivered within timeframes	It would mean a reduction in 13 adult and nine older people beds which would not be clinically viable We would not keep a contract to supply 13 beds for patients in East Surrey which would cost us £100,000 a year.	£5.1 million capital costs £100,000 running costs No return on investment*	No changes in staff numbers No compulsory redundancies
3B	The same as 3(a) but move patients from adult beds at Oaklands Ward in Chichester	✓	Would provide modern, safe and comfortable wards Create single-sex wards Close an isolated stand-alone unit Be delivered within timeframes	It would mean a loss of even more beds than 3(a) – 16 adult beds and 4 older people beds	£5.1 million capital costs Saving of £200,000 No return on investment	No changes in staff numbers No compulsory redundancies
4	Refurbish Harold Kidd Unit, close Iris Ward and move beds to Worthing	✗	None	This would be prohibitively expensive Would not meet value for money nor return on investment tests Could not be delivered within timeframes	£13.1 million capital costs No return on investment	No changes in staff numbers No compulsory redundancies



This proposal is based on two principles:

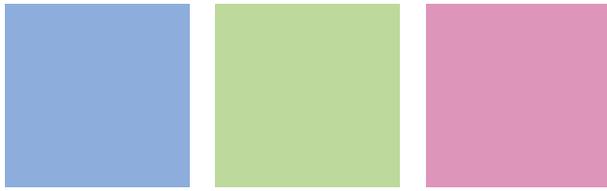
Harold Kidd Unit is an old, poor quality building which will not provide the quality of care our patients need. Moving patients to wards that are more modern means we can provide that level of care.

Iris Ward in Horsham Hospital is also of poor quality. It is a stand-alone unit which doesn't support staff and it would be too expensive to refurbish so we need to move to where people can receive a higher standard of care.

Option	Action	Shortlist	Reasons for	Reasons against	Financial impact	Workforce impact
5	Move patients from Harold Kidd Unit and find a new site in Chichester	X	None	This would be prohibitively expensive Would not meet value for money nor return on investment tests Could not be delivered within timeframes	£14.6 million capital costs £250,000 a year running costs No return on investment	No changes in staff numbers No compulsory redundancies
6	Build a new unit in Chichester to house existing beds	X	None	This would be prohibitively expensive Would not meet value for money nor return on investment tests Could not be delivered within timeframes	£19.4 million capital costs £100,000 a year running costs No return on investment	No changes in staff numbers No compulsory redundancies
7	Move patients from Harold Kidd Unit/Iris Ward to beds in Crawley and Worthing	✓	Would provide modern, safe and comfortable wards Create single-sex wards Close an isolated stand-alone unit Be delivered within timeframes	Would cost an extra £400,000 to implement Would not keep the contract to provide beds for patients in East Surrey	£5.1 million capital costs £400,000 a year running costs No return on investment	No changes in staff numbers No compulsory redundancies
8	As Option 7 but continue East Surrey contract for only nine beds not the current 13	✓	Would provide modern, safe and comfortable wards Create single-sex wards Close an isolated stand-alone unit Be delivered within timeframes	Does not create centres of excellence for older people nor adults with mental health problems	£5.1 million capital costs Saving of £300,000 6% return on investment	No changes in staff numbers No compulsory redundancies

*Return on investment shows the impact on health and the costs of using different methods to treat people

** For full details of the option appraisal criteria and for full details about Sussex Partnership's contract with Surrey and Borders NHS Foundation Trust to supply beds for East Surrey patients, see the Pre Consultation Business Case at: <https://www.sussexpartnership.nhs.uk/west-sussex-consultation>



“Our patients should be receiving the highest quality care in wards which give them the privacy and dignity they deserve – and these proposals go a long way to achieving that.”

Dr Brian Solts, Clinical Director for West Sussex, Sussex Partnership

Our preferred option

Therefore, after careful consideration, Option 8 was selected as the preferred option.

Option 8: To move patients from Harold Kidd Unit in Chichester and Iris Ward in Horsham Hospital to wards in Worthing and Crawley.

We strongly feel that this option provides the best possible way to address the challenges that we are currently facing, offers opportunities for new ways of working and enables us to improve the way we care for people.

It will:

- ✓ provide the improvements to safety and the quality of care by addressing the poor environments in Harold Kidd Unit and Iris Ward
- ✓ enable all mental health inpatient wards across West Sussex to become single-sex
- ✓ provide potential savings which can be invested in further improvements to mental health care, and
- ✓ create a centre of excellence for dementia care*.

What this means for service users:

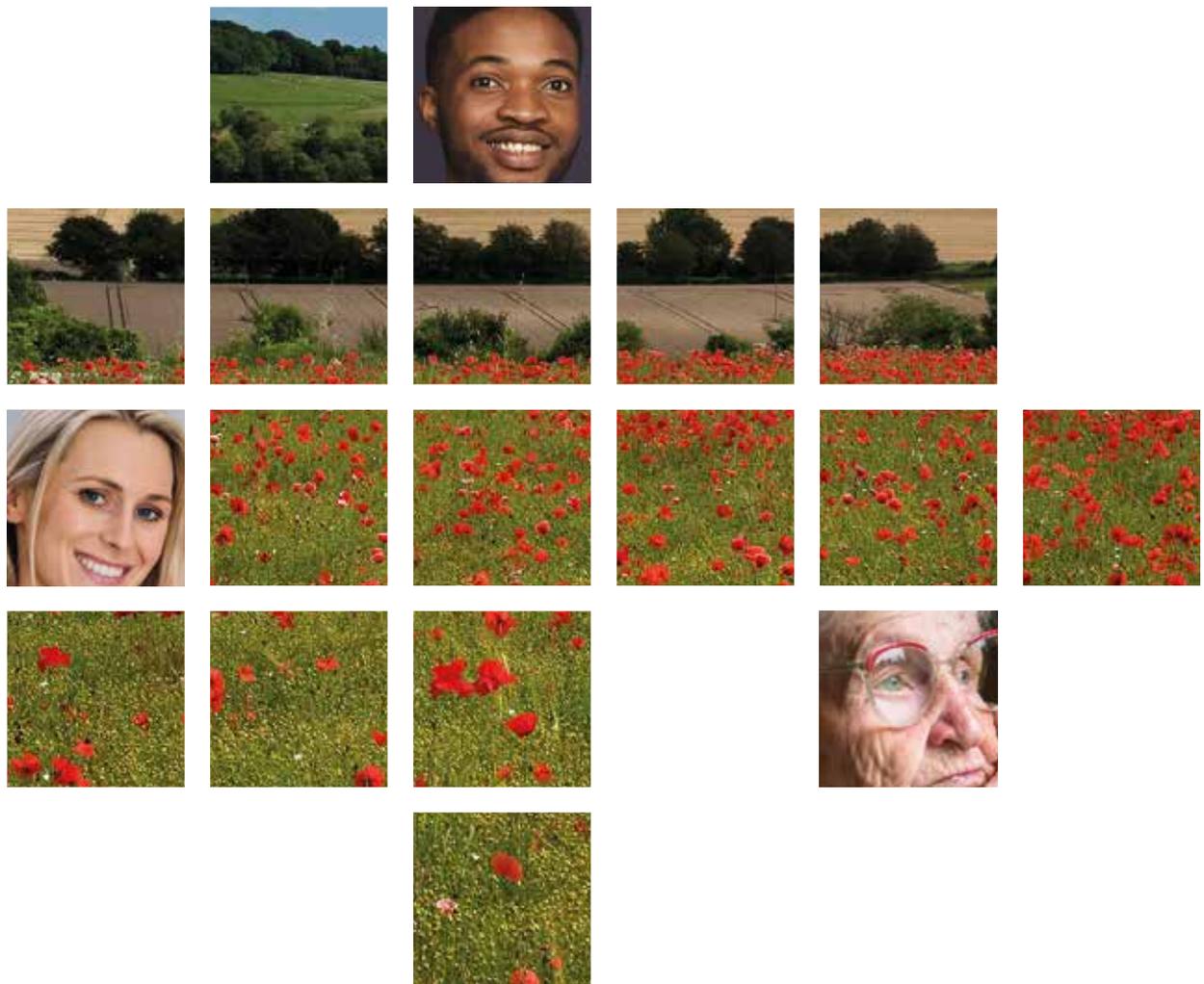
Service user group	Proposed action	Services move to:
Older people with mental health problems	Move patients from 12-bed mixed-sex ward at Harold Kidd Unit (Orchard)	Single-sex wards at Langley Green Hospital, Crawley, and Meadowfield Hospital, Worthing
Male patients with dementia	Move patients from 10-bed single-sex ward at Harold Kidd Unit (Grove)	Refurbished ward at The Burrowes, Worthing, next to Salvington Lodge
Female patients with dementia	Move patients from 12-bed single-sex ward at Horsham Hospital (Iris)	New ward at 1st Floor Salvington Lodge, Worthing

**The centre of excellence will bring together both mental and physical health care for those living with dementia. Currently, Sussex Community NHS Foundation Trust has up to 22 beds at Salvington Lodge in Worthing for older people with long-term physical conditions.*

By moving patients from Iris Ward to a new ward at Salvington Lodge means we can treat people with both mental and physical health problems under one roof.

“Working with the Sussex Community NHS Foundation Trust means dementia patients will benefit from specialist care, meeting both their mental and physical health needs.”

Fiona Newman, Lead Nurse (Dementia), Sussex Partnership



Transport and travel

We know that the preferred option (see page 14) will mean that some people living in and around the Chichester and Horsham areas will need to travel further if they need mental health hospital care.

It also means that their carers, families and friends may also have to make the same or similar journeys.

We asked West Sussex County Council to carry out a detailed analysis of how people may be affected by our proposals. We then set up a transport review group – which included service users and Healthwatch - to look at this analysis and see if they could provide some workable answers for those who may be affected.

They suggested:

Mileage allowance or payments for people who use their own cars, or pay people's public transport costs.

The group recognised that this may be difficult to implement but suggested it could be targeted at those most seriously affected, for example those who are inpatients at the time we move services to other wards.

Minibus transport

A minibus which followed a specific route one or twice a day would be very helpful to carers and family members.

Dial-a-Ride or community transport

The group recognised there is a huge demand for these services, but suggested looking at providing a volunteer transport scheme.

Provide overnight stays for carers and families in certain circumstances

The group suggested that this could be for a limited time, for example during the first three or four days after a patient has been admitted as this is often a traumatic and anxious time for everyone.

As well as giving us your view on the main proposals, we would also like to hear your thoughts on how we may lessen the travel difficulties that some people may face.

A copy of the analysis and the review groups findings can be found here www.sussexpartnership.nhs.uk/west-sussex-consultation or by contacting us using the details on page 17.



Giving your views

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them.

We believe that these proposals are the best solutions available but we are open to ideas and suggestions about how we might improve them further, or do something different. We also welcome your views about how we may lessen the transport and travel impact for people as well as the make-up of the wards, eg whether they should be male or female.

You can make a real contribution to how local people with mental health needs will be supported in the future. That is why we want to hear from as many of you as possible, even those not directly affected by our plans.

We would be particularly interested in hearing from:

- people who use our services, or have in the past
- carers and family members of people who use our services, or have in the past
- people living in the local communities affected, and those representing them
- mental health professionals, including our own staff
- GPs and other interested health professionals
- organisations that work with people with mental health needs, and
- organisations working in the wider mental health voluntary and community sector.

There are a variety of ways to get involved and tell us what you think.

Read more about the proposed changes

Visit the mental health consultation webpages at

www.sussexpartnership.nhs.uk/west-sussex-consultation, where you will find the following more detailed information that support this consultation:

- Pre-Consultation Business Case.
- Independent transport analysis.
- Transport Review Group response.
- Impact Assessments, including Equality Impact Assessment.
- Communications and stakeholder engagement plans
- Community services overview.

You will also find a link to an online survey asking for your views on our proposed changes. If you do not have access to the internet and would like additional information please contact us using the details on page 19.



Come and talk to us

We are organising a series of public discussion meetings and other events where you can learn more, speak to the programme’s clinicians and other senior staff and let us know what you think.

To find out more about events near you please visit our website or contact us using the details below.

Invite us to speak with your group

We will be getting out and about talking to local communities and want to attend as many interested community groups, such as mental health support groups, patient and carer groups and disability alliances, as possible. Please get in touch so that this can be arranged, using the contact details on page 19.

Confidentiality

Your anonymised response may be made available for public scrutiny if you are responding on behalf of an organisation or you are a representative of service users or the public, eg an MP or councillor.

If you are responding in a personal capacity, your response will be shared with decision-makers so they can consider your views fully but it will otherwise be kept confidential, as required by law.

Please do not put your name on the questionnaire or any other written response if you want to remain anonymous. But we would be grateful if you could fill in the other questions so we can see how representative respondents are and whether or not there are differences to the answers given by different groups of people.



If you would like to be kept informed about our work but want your response to remain confidential then please contact us separately with a request for you to be kept updated.

Send us your feedback

Postal survey – simply cut out the questionnaire at the back of this document and post it to us, using the FREEPOST address provided. You don't need a stamp.

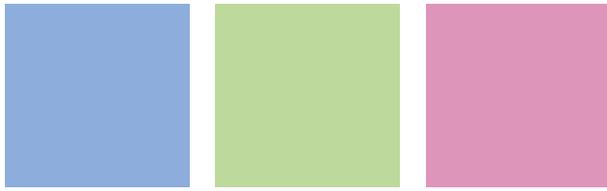
**Online survey – you can complete the survey online at:
www.sussexpartnership.nhs.uk/west-sussex-consultation**

**Write to us at:
Freepost RTKY-LXHG-BATT
Engagement Team
Coastal West Sussex CCG
The Causeway
Goring-by-Sea, Worthing
BN12 6BT**

Email –you can also email us at westsussex.mh@nhs.net

Phone – 0300 304 0330 (local rates apply)





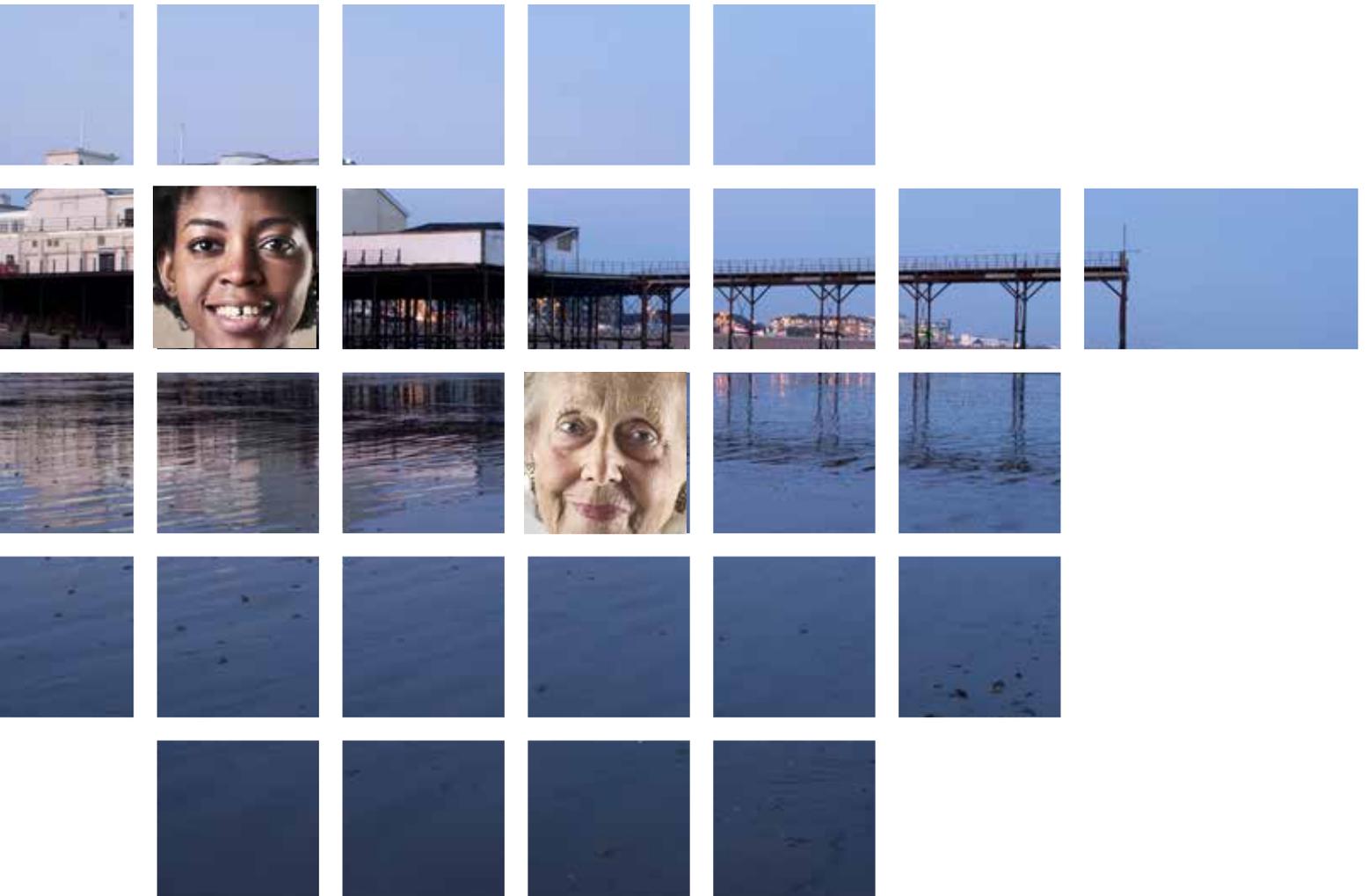
Next steps

When the consultation closes at 5pm on Friday 11 October 2019, all the feedback will be analysed by an independent research organisation, Public Perspectives – www.publicperspectives.co.uk. A report will be produced to be considered fully by Sussex Partnership NHS Foundation Trust and the three West Sussex Clinical Commissioning Groups.

We will publish this report on our website and make sure that people know when it is available.

The report will cover:

- major themes from the consultation
- an overview of the process
- a summary of the responses about the proposals, and
- an explanation of how the final decisions will be taken (including dates of meetings in public) and a timeline for implementation if agreed.





Have your say

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them. Please use more paper if you need to. If you would prefer, you can complete the survey online at www.sussexpartnership.nhs.uk/west-sussex-consultation.

Q1: To what extent do you agree or disagree with our preferred option for the provision of mental health care for adults, older people and those with dementia, as outlined on page 14?

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

Don't know

Q2: Please give your reasons for your answer above.

Q3: Whether you agree or disagree with our preferred option, are there parts of our proposals you do agree with?

Q4: Are there parts of our proposals you disagree with. If so, which ones?

Q5: Are there any other comments you would like to make on the preferred option?

Q6: Is there anything about the preferred option that will have a negative effect on you, or other people?

Yes No

If Yes, what is it and how will it affect you, or others?

Q7: Please let us know if you have any other comments or suggestions – or if there is anything you think we may have missed.

Q8: We have set out a vision for improved community services for people with mental health problems (see page 8 of this document and visit www.sussexpartnership.nhs.uk/west-sussex-consultation). Do you agree with this vision?

- Yes, I believe people should be supported in their own homes wherever possible.
- No, I think hospital care is really important and should continue in as many cases as possible.
- I have another solution.

Q9: How do you think we could make it easier for service users, carers and families who may have to travel further because of these proposals?

These are some suggestions suggested by the transport review group (see page 16). Tick your preferred option:

- Mileage allowance or payments for people who use their own cars, or pay people's public transport costs
- Provide a minibus
- Use Dial-a-ride or community transport
- Provide overnight stays for carers and families in certain circumstances

Please let us know if you have any further suggestions



About you

Q10: Are you a:

- Service user
- Carer or family member
- Local resident
- NHS employee
- Other

Q11: Are you representing an organisation in your answers?

- No
- Yes (please state which one).

Q12: What is your sex?

- Male
- Female
- Intersex
- Prefer not to say

Q13: Are you married or in a civil partnership?

- Yes
- No
- Prefer not to say

Q14: How old are you?

- Under 16
- 16-25
- 26-40
- 41-64
- 65-80
- 81+

Q15: What is your ethnic background (please tick the box that applies to you)?

- White – British, Irish, any other white background
- Mixed – white and black, Caribbean, White and black African, white and Asian, any other mixed background
- Black – black British, black Caribbean, black African, any other black background
- Asian – Asian British, India, Bangladeshi, Pakistani, any other Asian background
- Chinese
- Other ethnic group.

Q16: Which of the following options best describes your sexual orientation?

- Heterosexual / straight
- Lesbian
- Gay
- Bisexual
- Other
- Prefer not to say

Q14: Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

Yes,

No

Prefer not to say

Q15: What is your religion?

No religion

Jewish

Atheist

Muslim

Buddhist

Sikh

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Prefer not to say

Hindu

Any other religion, please state

Q16: Are you currently pregnant or have you given birth within the last year?

Yes

No

Not applicable

Prefer not to say

Q17: What is the first half of your postcode? (For example – BS1 or NE38)

Q18: Are the day-to-day activities of you or anyone in your household limited because of a physical or mental impairment which has lasted or is expected to last at least 12 months, including problems relating to old age?

Yes, limited a little

No

Yes, limited a lot

Prefer not to say

Q19: Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?

No

Yes, 1-19 hours a week

Yes, 20-49 hours a week

Yes, 50 or more hours a week

Prefer not to say



Q20: Do you live or work in, or near to:

Chichester

Midhurst

Haywards Heath

Worthing

Horsham

Pulborough

Bognor Regis

Hove

Crawley

Littlehampton

Somewhere else (please state)

Q21: Would you like to hear more about this consultation? To help us stay in touch with you, please tell us a little more about yourself.

Name

Address

Postcode

Email

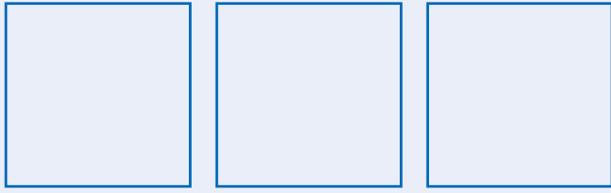
Telephone number

We are committed to protecting your privacy, in accordance with the Data Protection Act 2018 and will not use any information we may hold about you for any purpose other than that for which it was collected. Under no circumstances is your data used for anything other than the purpose for which it has been collected.

We will not distribute personal information collected to any third party, other than in limited cases where it is bound by law to do so. We may analyse statistical trends based on responses to help to improve services; however, this analysis will not include identifiable personal information.

Now please cut out and return this questionnaire to:

**Freepost RTKY-LXHG-BATT
Engagement Team
Coastal West Sussex CCG
The Causeway
Goring-by-Sea, Worthing
BN12 6BT**



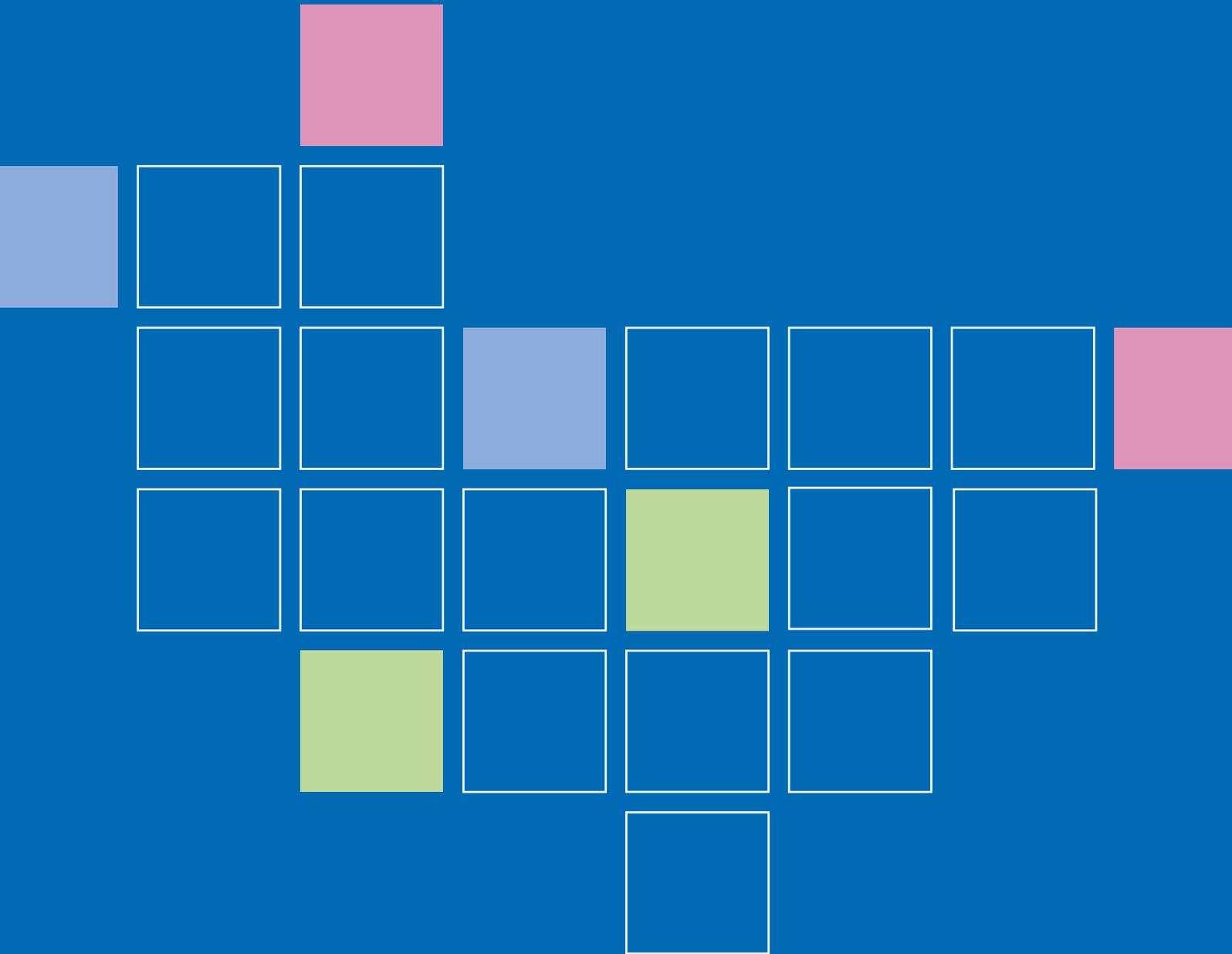


About this consultation

NHS Coastal West Sussex Clinical Commissioning Group, NHS Crawley Clinical Commissioning Group, NHS Horsham and Mid Sussex Clinical Commissioning Group and Sussex Partnership NHS Foundation Trust will conduct this public consultation in line with the Government's Code of Conduct on consultation. We also aim to comply with NHS England's guidance document, 'Planning, assuring and delivering service change for patients', published in March 2018.

Any complaints about this consultation can be made to:

Patient Advice and Liaison Service
Swandean, Arundel Road
Worthing
West Sussex
BN13 3EP Tel: 0300 304 2198.



This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. See contact details inside.

