



Date: Monday, 8 June 2026

Time: 10.00 am

Venue: The Shrewsbury Room, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

Contact: Ashley Kendrick Democratic Services Officer,
Tel: 01743 250893
Email: ashley.kendrick@shropshire.gov.uk

FINANCE AND IMPROVEMENT OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

10 Aquamira Learning Disability Day Service (Pages 1 - 132)

To note the report and the review of Aquamira Learning Disability Day Service and the financial sustainability and recommend that progress in delivering the wider Adult Social Care Transformation Plan is reviewed by the People Overview and Scrutiny Committee in 12 months' time.

This page is intentionally left blank



Cabinet
10th June 2026

Item:

Public

Aquamira Learning Disability Day Service

Responsible Officer:	Natalie McFall		
Email	Natalie.Mcfall@Shropshire.gov.uk	Tel	01743 253719
Cabinet Member (Portfolio Holder):	Ruth Houghton		

1. Synopsis

1.1 This report presents a proposal to transfer the Aquamira day service to the Abbots Wood site. While the Council is committed to achieving improved outcomes for residents and ensuring value for money, the provision of such services through in-house arrangements is not a statutory requirement; rather, it is one available approach to delivering support to residents.

2. Executive Summary

2.1. This report asks Cabinet to determine the future direction of Aquamira Learning Disability Day Service, within the context of the Council’s financial emergency and its continuing duties under the Care Act 2014 to meet eligible needs and agreed outcomes. Aquamira is a specialist day service in Shrewsbury for adults with profound and multiple learning disabilities (PMLD) and complex physical, neurological and health-related needs. It is valued for its calm, sensory friendly environment, multi-sensory provision and staff capability to support complex personal care and health interventions. The service operates from a council owned building. The current building-based model includes a hydrotherapy pool which, while valued by some individuals, is not a general requirement for the Council to provide. The NHS Shropshire, Telford and Wrekin Policy ‘Value Based Commissioning & Evidence Based Interventions Policy’ also states that hydrotherapy is not considered an essential service. Where local provision is not available, patients should receive land-based physiotherapy.

2.2. All other activities would continue following the transfer, including creative and sensory sessions; one-to-one and group audio-visual and IT activities; sensory garden activities; active sessions such as percussion, music, seated exercise and outdoor time; independent living activities such as preparing, cooking and eating; life skills and social interaction; interactive storytelling and communication work;

reminiscence and sound-based activities; health and wellbeing support, including postural management and relaxation; and community-based and outdoor projects.

- 2.3. To manage expenditure, the day service have facilitated private hire of the Hydro pool to generate income over a number of years. This is forecast to return £22,400 in 26/27. This is how the pool is predominantly used at this time.
- 2.4. The principal driver for change is a review of in-house provision and financial sustainability. Budgeted running costs for Aquamira in 2026/27 are £405,970, driven by staffing costs (£300,150) and building costs (£93,560), Forecast non-care-related income is £22,240. Internal Market Recharges of £27,040 and running costs of £7,460.

Item	Baseline: Aquamira building retained	Recommended: transfer to Abbots Wood + close Aquamira building
Ongoing annual running cost (2026/27 budget)	£405,970	£334,650 (full year effect)
One-off implementation costs	£0 (assumes no relocation), but ongoing pool repair/maintenance remain likely.	£TBC – estimated at £20,000.
Net recurrent saving (and when realised)	£0 (baseline)	-£71,320.
Aquamira building: closure / asset position and holding costs	Building retained with ongoing utilities, security, compliance checks, and pool liabilities.	£0 additional cost.

- 2.5. This proposal to move the service to Abbots Wood reduces the Days Service spend by £71,320 per year, every year. Future use of the council building will need to be considered separately by Property Services.
- 2.6. The Council recognises the proposal involves balancing the benefits of the current environment against the affordability and sustainability of the building-based model, and will monitor whether implementation creates material offsetting costs or pressures.
- 2.7. An 8-week public consultation (ending 26 March 2026) recorded opposition from people who use the service and carers to transferring the service and closing the hydrotherapy pool (95% opposed overall; 73% reported they would be affected “a lot”). Professional feedback was more mixed, recognising therapeutic benefits for some individuals while also noting the pool’s staffing intensity in maintaining the pool, faults and periods of unplanned closure. The feedback has been opposition has been carefully considered and has directly informed the equality analysis, mitigation plan and implementation safeguards, but Cabinet must weigh those impacts alongside the Council’s statutory duties and the financial sustainability of the current building-based model.

- 2.8. The report recommends transferring Aquamira Day Service to the Abbots Wood site and closing the Aquamira building, as this is the option which directly addresses the underlying structural cost driver associated with continued operation of the building, whilst retaining the ability to provide a specialist day service offer from an alternative venue. The proposal is to continue the specialist service in a different venue, not to withdraw support.
- 2.9 If approved by Cabinet, the transfer will take place following implementation of the feasibility actions at Abbots Wood site (including accommodating the multi-sensory equipment and providing access to a small kitchenette in the main activity room), together with careful planning of transport and routines to minimise disruption for a small number of users. The day service is not proposing to end specialist its specialist day service offer, and the Abbots Wood site is continuing to offer that specialist model. This proposal is about redesign and sustainability.
- 2.10 The Council will continue to meet eligible needs and agreed outcomes for both individuals and their carers through Care Act assessment, care and support planning, and individual reviews and transition plans. The Council recognises that some individuals' current support arrangements may refer to hydrotherapy, pool access or related therapeutic input. As hydrotherapy is not itself a statutory service the Council is required to provide, and any clinical or therapeutic intervention is properly a matter for relevant health professionals, the Council cannot pre-determine a universal replacement arrangement. Instead, before implementation, the Council will complete a person-centred review of the individual's assessed needs and agreed outcomes, and will involve health partners where relevant to consider any clinical or therapeutic issues. This will inform transition planning and ensure that the Council continues to meet Care Act eligible needs lawfully, safely and appropriately.
- 2.11 Where care planning documentation may describe the way support has historically been delivered at Aquamira, including references to hydrotherapy or pool use. As part of implementation, the Council will review whether such references reflect a current assessed need, a preferred method of meeting need, or the historical operation of the service. This review will ensure that care planning remains needs-led and person-centred.

3. Recommendations

- 3.1. Cabinet is asked to:
- i. Agree to transfer Aquamira Day Service to the Abbots Wood site.
 - ii. Agree to delegate the practical arrangements to the Director (DASS) in consultation with the Portfolio Holder for Adult Social Care and Public Health.

Report

4. Risk Assessment and Opportunities Appraisal

- 4.1. Given the strength of consultation feedback opposing relocation/closure, Cabinet must be satisfied that the decision is evidence-based, takes account of consultation responses, and demonstrates due regard to equality impacts, while also meeting Best Value duties in the context of financial pressures. 95% opposition is a highly material consideration. The council has considered not only the volume of opposition, but also the substance of the concerns raised which have informed the ESHIA, the mitigation plan, the transition safeguards and the review of hydrotherapy references in care plans.
- 4.2. The Council has considered (and will keep under review) the Equalities, Social Inclusion and Health Impact Assessment (ESHIA) for this proposal, to ensure Members are able to demonstrate due regard to the public sector equality duty (section 149 Equality Act 2010).
- 4.3. Following public consultation, the current stocktake assessment indicates likely negative equality and social inclusion impacts in two of the Protected Characteristic groupings defined in the Equality Act, i.e. Age and Disability, and in the local protected characteristic groupings of Carers and of Social Inclusion, recognising vulnerabilities and intersectionality's in and across groupings. In order to ensure that service user input was gained, they were contacted directly about the consultation, rather than relying solely on general public notices or online channels, and their responses are included in the total responses received. The Council has also considered evidence including demographic data, recognising the importance of making decisions based upon all the information currently available including likely equality impacts now and into the future.
- 4.4. Those affected are particularly adults with what may be a range of profound and multiple learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, and carers and families of existing service users whose caring roles may be affected by changes to routine, respite, confidence in the suitability of the environment, and travel arrangements. There may also be negative impacts in relation to age where younger adults and older carers are affected, and in relation to social inclusion where households face transport, access or financial pressures.
- 4.5. The service area will review and monitor the equality, social inclusion and health impacts of the proposed change throughout decision-making, transition planning and implementation. This will include ongoing oversight of individual Care Act reviews, reassessments where required, carers' assessments where relevant, and person-centred transition plans, together with monitoring of whether the receiving site continues to meet assessed needs relating to accessibility, sensory environment, specialist equipment, personal care, staffing and transport.
- 4.6. Particular attention will be given to impacts on people with disabilities, carers, younger adults and households who may face access, rurality or financial pressures. Feedback from consultation has already identified strong concern among service users and carers, and engagement will therefore continue directly

with people who use the service, families, carers, advocates and staff, using accessible formats and non-digital routes as needed to reduce the risk of exclusion. The service will collect and review evidence before implementation and at regular intervals following any move, including feedback, attendance, travel and transition issues, incidents/complaints, and any themes arising from care reviews or post-move monitoring, so that further mitigations can be identified and acted on promptly. Review activity will be undertaken with relevant council officers and informed where appropriate by ongoing liaison with health and care professionals, elected members and other stakeholders involved in supporting affected individuals.

- 4.7. Retaining the Aquamira building (and associated pool-related expenditure) does not address the structural cost driver identified in the business case and carries ongoing affordability and volatility risk.

4.8. Risk table

<i>Risk</i>	<i>Mitigation</i>	<i>Link to Strategic Risk</i>
Failure to properly consult on potential changes to In-House provision could result in legal challenge, particularly under the requirements of the Care Act 2014 and public law principles	Ensure a robust, transparent, and inclusive public consultation process is undertaken, with all affected stakeholders given the opportunity to contribute. Document all engagement activities and outcomes and update impact assessments accordingly.	Failure of Officers and Members to adhere to Governance arrangements
Changes to services may affect vulnerable groups, leading to adverse outcomes in health, wellbeing, or social inclusion.	Complete and regularly update an Equalities, Social Inclusion and Health Impact Assessment (ESHIA). Use findings to inform decision-making and develop targeted support or transition plans for those most affected	Impact of pressures upon partners for example social care, health services
Failure to achieve planned savings or to deliver services within budget could undermine the council's financial position.	Undertake detailed financial modelling and scenario planning. Monitor costs and savings throughout implementation, and adjust plans as necessary to ensure financial objectives are met	Inability to contain overall committed expenditure within the current available resources within this financial year

5. Financial Implications

5.1. Shropshire Council continues to manage unprecedented financial demands, and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers and/or Portfolio Holders review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):

- scaling down initiatives,
- changing the scope of activities,
- delaying implementation of agreed plans, or
- extending delivery timescales.

5.2. The financial case for change is driven by the high and rising cost base of the Aquamira building and the operational and maintenance demands associated with the hydrotherapy pool. Budgeted running costs for 2026/27 are £405,970, comprising staffing costs of £300,150 (including on-costs), building costs of £93,560, and other running costs of £7,460, internal recharges of £27,040. Forecast non-care-related income is £22,240 (from renting out the pool and sensory room).

5.3. There would be one-off associated costs of converting a room at Abbots Wood into a multisensory room and adding a kitchenette, in line with the recommendation from the feasibility assessment.

Item	Baseline: Aquamira building retained	Recommended: transfer to Abbots Wood + close Aquamira building
Ongoing annual running cost (2026/27 budget)	£405,970	£334,650 (full year effect)
One-off implementation costs	£0 (assumes no relocation), but ongoing pool repair/maintenance remain likely.	£TBC – estimated at £20,000.
Net recurrent saving (and when realised)	£0 (baseline)	-£71,320.
Aquamira building: closure / asset position and holding costs	Building retained with ongoing utilities, security, compliance checks, and pool liabilities.	£0 additional cost.

- 5.4. The consultation evidence recorded in the business case identifies the hydrotherapy pool as a major cost pressure and highlights that it is staff intensive to operate and has been subject to faults and periods of unplanned closure, creating further cost and service disruption. While private hire has previously been used in an attempt to offset operating costs, the evidence in the business case indicates this has not generated sufficient income to materially reduce the financial burden.
- 5.5. Cabinet is asked to consider the financial implications alongside statutory duties to meet eligible needs under the Care Act 2014. The Council does not have a general obligation to provide access to a hydrotherapy pool. Where this is a requirement assessed and provided by the NHS, this would need to be offered by the NHS at the Robert Jones and Agnes Hunt (RJAH) near Oswestry. The Council remains responsible for meeting eligible needs and agreed outcomes through Care Act assessment and care and support planning. What happens to the building after closure will be for the Council to determine. While the building remains empty, there are likely to be interim holding costs, such as security costs. These will vary depending on future decisions and timescales.
- 5.6. The business case outlines various options, but transferring the service to Abbots Wood is the option that directly addresses the underlying structural cost driver associated with continued operation of the Aquamira building, including recurring pool-related expenditure, whilst maintaining the ability to deliver a specialist day service offer from an alternative venue.

6. Climate Change Appraisal

- 6.1. The proposal may change travel patterns for service users, carers and staff due to relocation of the service to an alternative venue; this could increase or decrease fuel use depending on individual journeys. As Abbots Wood is located in Shrewsbury and the buses are based at the Abbots Wood site, any change should be minimal.
- 6.2. No direct impact has been identified in relation to renewable energy generation as part of this proposal.
- 6.3. No specific climate change adaptation measures are included within this proposal.

7. Background

- 7.1. Shropshire Council provides support to meet eligible needs under the Care Act 2014. It is not a statutory requirement to meet Care Act assessed needs through in-house arrangements or to deliver support through a particular building-based model; rather, in-house day services are one of the ways the Council can deliver support.
- 7.2. Aquamira Day Service is a specialist day opportunities service in Shrewsbury supporting adults with profound and multiple learning disabilities (PMLD) and complex physical, neurological and health-related needs. The service is described as a calm, sensory-friendly environment with multi-sensory provision and staff capability to support complex personal care and health needs (including

Percutaneous Endoscopic Gastrostomy [PEG] and medication support, and one-to-one supervision). Aquamira also has access to a hydrotherapy pool. For clarity, PEG means a feeding tube inserted directly into the stomach through the abdominal wall, usually to support someone who cannot safely eat or drink enough by mouth.

- 7.3. The case for change set out in the Aquamira business case arises primarily from the high and rising cost base of the building and the operational and maintenance demands associated with the hydrotherapy pool, rather than concerns about service quality. The business case is framed in the context of severe financial pressures and the Council's Best Value duty, while continuing to meet eligible needs and agreed outcomes through Care Act assessment and care and support planning.
- 7.4. The wider context is that adult social care day services have changed significantly over time, moving away from traditional building-based models towards more person-centred approaches and community-based opportunities. The Care Act 2014 reflects this shift by focusing care planning on how eligible needs will be met (rather than specifying a particular service), including through informal support, universal services, community networks, direct payments and, where required, traditional services. In relation to people with a learning disability, national policy direction (including Valuing People 2001 and Valuing People Now 2009) promoted social inclusion, employment and lifelong learning, contributing to a move away from large day centres towards more flexible community-based support.
- 7.5. Cabinet previously agreed to undertake an 8-week public consultation on the potential transfer of Aquamira Day Service to an alternative location. The consultation ran for 8 weeks and ended on 26 March 2026. All current service users were contacted directly rather than relying solely on general public notices or online channels. Engagement routes included online surveys (separate surveys for clients/carers and professionals), written responses, one-to-one conversations where requested, and meetings/discussions facilitated with partners, councillors and officers. Consultation materials were made available in Easy Read formats where appropriate, and advocacy support was available to help individuals and families to engage.
- 7.6. Consultation feedback relating to Aquamira indicates strong opposition from users of services and carers to transferring the service and closing the hydrotherapy pool. In the clients and carers survey, 95% of respondents who provided an overall view opposed the proposal and 73% of respondents who answered the impact question said they would be affected "a lot". Key themes included the importance of a calm, sensory-friendly environment, continuity of staff/ support, concerns about travel/transport, and concerns about the suitability of alternative sites. Professional and stakeholder feedback was more mixed, recognising therapeutic value for some individuals while also highlighting the pool's cost, staffing intensity and periods of unplanned closure.
- 7.7. The consultation feedback in relation to the proposed changes at Aquamira has been carefully considered, and the Council has taken account of the issues raised alongside its statutory duties under the Care Act 2014 and the Public Sector Equality Duty. Respondents emphasised the importance of the calm, sensory-friendly environment and continuity of staff and support, noting that a change of site could lead to anxiety or deterioration in wellbeing. In response, the Council will

ensure that no individual transitions until a full Care Act review and transition plan confirms that their needs and outcomes can be safely met at Abbots Wood (or where necessary an alternative day service suitable to meet need), with any transition undertaken in a phased way that prioritises continuity of staff, established routines and communication approaches.

- 7.8. Councillor Dartnall reports “It is clear that the council is not required to provide hydrotherapy and that such provision lies more appropriately with health agencies. It is also clear that continued provision of hydrotherapy and other specialist services at Aquamira is unsustainable, given Shropshire Council's financial position. This decision must proceed therefore. On behalf of residents who currently benefit from the service, my hope is that the mitigations provided for in this report facilitate ongoing hydrotherapy for those who rely on it.”
- 7.9. Concerns were also raised regarding travel and transport, including the potential impact of longer journey times on both individuals and carers. The Council has therefore considered likely journey changes and will plan transport on an individual basis, including the sequencing of pick-up and drop-off arrangements and tolerance of journey times, with reasonable adjustments and contingency plans in place where issues cannot be fully mitigated. Respondents further questioned whether Abbots Wood could replicate the specialist environment currently provided at Aquamira, particularly in respect of space, equipment and day-to-day facilities.
- 7.10. Given the significance of the proposal, the feedback and the equality implications identified, the Council expects this proposal to proceed through the appropriate scrutiny arrangements as part of its wider governance and assurance process. Any implementation would remain subject to completion of that process, alongside site readiness actions, individual Care Act reviews and transition planning.
- 7.11. The Council has assessed site feasibility and would make the move conditional on completing specific readiness actions, including accommodating multisensory equipment and ensuring access to appropriate facilities such as a kitchenette within the main activity space, so that the specialist offer can continue to be delivered. Finally, while some respondents highlighted the benefits of the hydrotherapy pool and the significance of its potential loss, the Council has balanced these views against professional opinion, operational constraints, staffing requirements, reliability issues and overall affordability. Where hydrotherapy forms part of an individual's current support, this will be reviewed as part of the care and support planning process alongside our health partners, including consideration of alternative ways to meet the intended outcomes. The Council recognises the weight of opposition; however, opposition is not the only relevant consideration; the Council must also weigh legal duties, affordability, Best Value and whether the impacts can be mitigated.
- 7.12. The business case notes that the Council is not under a general obligation to offer access to a hydrotherapy pool. Where this is a requirement assessed and provided by the NHS, this would need to be offered by the NHS at the (RJAH) near Oswestry. The Council remains responsible for meeting eligible needs and agreed outcomes as determined through Care Act assessment and care and support planning, including through individual reviews and transition planning where service changes are implemented.

8. Additional Information

- 8.1. Implementation is dependent on completion of the feasibility and readiness actions for the receiving site, individual Care Act reviews and transition planning.
- 8.2. The Council will use Care Act assessments and care and support planning to ensure eligible needs and agreed outcomes continue to be met, including individual transition planning where service change is implemented.
- 8.3. No move would take place until the site is ready and reviews completed. In the unlikely event that Abbots Wood site cannot meet someone's needs, alternative provision will be identified.

9. Conclusions

- 9.1. The evidence set out in this report and attached business case demonstrates that Aquamira provides a specialist day service offer for adults with profound and multiple learning disabilities (PMLD) and complex needs, and that people who use the service and their carers place significant value on the calm, sensory-friendly environment, continuity of staff/support and (for some) access to the hydrotherapy pool. The consultation feedback recorded in the business case shows strong opposition to transfer and closure of the hydrotherapy pool, with many respondents reporting that they would be significantly affected. The consultation feedback is a significant factor, but Cabinet may still lawfully conclude that the recommendation should proceed where it is satisfied that impacts have been properly assessed, consultation has been conscientiously considered, and mitigation and review arrangements are sufficient.
- 9.2. At the same time, the report evidences that the financial sustainability of the current Aquamira building-based model is the primary driver for change, including the high and rising running costs associated with the building and the operational and maintenance demands of the hydrotherapy pool. Cabinet is therefore asked to take a balanced decision which gives due weight to consultation feedback and equality impacts, while meeting the Council's Best Value duties in the context of severe financial pressures. If Cabinet agrees the recommendation, officers will track and report on implementation costs, closure costs and delivery of net savings for the service in line with monthly budget monitoring and will escalate if slippage occurs. The expected budget reduction for In-house provision from this proposal is £71,320 year on year. Cabinet is being asked to weigh two imperfect options; retain a valued but financially unsustainable building-based model; transfer the service to a more sustainable site-based model that requires mitigation and careful transition. The Council considers the latter to be the more proportionate and sustainable option overall.
- 9.3. On that basis, it is recommended that Aquamira Day Service is transferred to the Abbots Wood site and the Aquamira building is closed. Based on the feasibility assessment, some minor alterations will be needed at the Abbots Wood site to accommodate the multisensory equipment and provide access to a small kitchen in the main room. This proposal allows the council to continue to provide a

specialist day service in a different and more sustainable way. This is not a withdrawal of support, but a redesign of where it is delivered.

List of Background Papers:

Provider Services Redesign in-house

Local Member: Councillor Rosemary Dartnall

Appendices:

Appendix 1 – Background information – Provider Services Redesign in-house

Appendix 2- Aquamira Business Case

Appendix 3- Day Centres Consultation report April 2026

Appendix 4- Day Centres Consultation Executive Summary

Appendix 5- Shropshire-council-updated-eshia- Aquamira Updated May 2026

This page is intentionally left blank



**Cabinet 21st January
2026**

Cabinet

Public



Provider Services Redesign (in-house)

Responsible Officer:	Natalie McFall		
email	Natalie.Mcfall@shropshire.gov.uk	Tel	01743 253719
Cabinet Member (Portfolio Holder):	Ruth Houghton		

1. Synopsis

- 1.1 This report presents a proposal regarding the future direction of Shropshire Council's In house Day Services, inviting Cabinet to consider the recommendations set out. While the Council is committed to achieving improved outcomes for residents and ensuring value for money, the provision of such services through in-house arrangements is not a statutory requirement; rather, it is one available approach to delivering support to residents.
- 1.2 Following the financial emergency declared in September 2025, it has been essential to reassess all services, especially those with high costs or that are potentially not financially viable. In light of that financial review, as explained in more detail below, Cabinet is asked to approve: a consultation on a proposal to fully close Helena Lane Day Centre and a consultation on a proposal to close the Aquamira site and relocating its Day Service to another location. In addition, Cabinet is asked to approve a broader engagement about reshaping In-House Day Services. This engagement is distinct from, yet related to, the recent broader consultations regarding externally provided Day Care services.

2. Executive Summary

- 2.1 In line with Shropshire Council's Improvement Plan, a thorough review of In-House Day Service provision is essential to ensure the Council remains financially sustainable, focused on clear priorities, and able to deliver best value for

residents. The Improvement Plan sets out the need for immediate action to address significant financial pressures, strengthen governance, and align resources with strategic objectives. Reviewing In-House Day Services will enable the Council to assess quality, efficiency, and alignment with the Council's future direction, ensuring that provision is both effective and affordable. This approach supports the Council's ambition to be a modern, responsive, and high-performing organisation, as well as meeting its statutory duty to deliver services in the most efficient, economical, and sustainable way.

- 2.2 On 10th September 2025, Cabinet declared a financial emergency prompting a comprehensive review of all non-statutory services to ensure financial sustainability and alignment with strategic priorities. This report presents a proposal for the future direction of the Council's In-House Provider Services, with a particular focus on the sustainability and suitability of current day service provision for adults with learning disabilities and older people.
- 2.3 It is not a statutory requirement to provide services to meet Care Act assessed needs through In-House arrangements. Financial analysis, set out in more detail below, demonstrates that two centres in particular, Helena Lane Day Centre and Aquamira Day Centre, in their current forms have high operational costs, and reduced demand. Specifically, Aquamira's high costs are driven by the maintenance of a hydrotherapy pool, while Helena Lane operates at a substantial deficit due to a significant lack of demand for the service.
- 2.4 Whilst this financial analysis suggests that neither Helena Lane or Aquamira Day Centres are viable, no final decisions have been taken on them. The report emphasises the need for robust, transparent consultation and engagement with all stakeholders, including service users, families, staff, and unions, to provide an opportunity for alternative options to be raised and reduce adverse impacts on vulnerable groups. An Equalities, Social Inclusion and Health Impact Assessments (ESHIA) has been completed to inform decision-making. In line with the Council's statutory duties, the report recommends an eight-week public consultation on the potential closure of Helena Lane Day Centre and the relocation of the Aquamira Day Service to an alternative venue. As stated above, no final decision has yet been taken on either day centre, and the Council remains receptive to solutions which could keep them open in a financially sustainable manner.
- 2.5 If following the period of consultation, the proposed closure of the Helena Lane Day Centre and the closure of the Aquamira site are approved then the closures are expected to deliver an approximate saving of £222,380 per year, supporting the Council's commitment to fiscal responsibility and the development of a modern, sustainable model of care. Transition planning and proactive engagement will be essential to safeguard continuity of care and support for affected individuals.
- 2.6 While it wouldn't necessarily bring further savings, the council still needs to further modernise day services by focusing on more flexible, person-centred support. Alongside traditional day care, individuals will have access to employment,

supported work, and volunteering through partnerships like the 'Enable' team. Taking a tiered approach, matches support to individual needs and aims to improve independence, social inclusion, and well-being, while ensuring efficient resource use and statutory compliance. As such, this report also recommends that cabinet endorse an eight-week public engagement on the reprovision of the remaining In-House Day Services.

2.7 This report invites Cabinet to agree the commencement of the recommended consultations and engagement processes, with the overall aim of ensuring that future provision is both effective and affordable, and that the Council continues to meet its statutory obligations in the most efficient and equitable manner.

3. Recommendations

3.1. Cabinet is asked to:

- (i) agree public consultation for 8 weeks on the future of Helena Lane Day Service, including the potential option to close the service. New admissions should be paused during the consultation period to avoid further impact.
- (ii) agree public consultation for 8 weeks on the potential transfer of the Aquamira day service to the Abbots Wood site.
- (iii) endorse public engagement for 8 weeks on the reprovision of the remaining In-House Day Services Provision.

3.2 Following the period of consultation, final recommendations will be presented to cabinet for determination.

Report

4. Risk Assessment and Opportunities Appraisal

4.1 The council has declared a financial emergency and the external auditors (Grant Thornton) recommendation calls for urgent action, including a thorough review of all services to identify the costs of delivering statutory responsibilities. Therefore, In-House provision should be reviewed in this light.

4.2 In the past twenty years, the approach to care provision has evolved significantly, moving from a 'care' model toward one focused on 'support'. The Care Act 2014 acknowledged this change, shifting care planning from simply specifying the 'provision of services' to articulating 'how eligible needs will be met'. Meeting these needs may involve informal support, universal services, community networks, direct payments, and if needed, traditional services.

4.3 In the late 20th Century, there was a programme of deinstitutionalisation that saw changes in policies promoting integration and normalisation, moving away from large institutions toward community care services. Day services were the focal

points for social inclusion, offering structured activities, education, and sometimes supported employment. The Chronically Sick and Disabled Persons Act 1970 and later the Care Act 2014 reinforced rights-based, person-centred approaches, emphasising independence and choice. The 1990’s saw traditional building-based day centres redesigned to take a more person-centred approach, offering more flexible, community-based activities rather than fixed attendance at a day centre.

4.4 Day Services for Older People has transformed over recent years, moving away from passive, building-based provision towards active, personalised support that enhances quality of life. For older adults, this change means greater choice and control, opportunities to maintain independence, and access to stimulating activities that reduce loneliness and cognitive decline. Community-based hubs and flexible outreach models enable social connections, promote physical activity, and foster a sense of purpose through volunteering or learning. This shift aligns with the Care Act’s emphasis on prevention and wellbeing, ensuring older people can age with dignity, remain active citizens, and feel valued within their communities.

4.5 For People with a Learning Disability, Valuing People 2001 and Valuing People Now 2009 were pivotal strategies that set out the vision for people with a Learning Disability, challenging traditional building-based centres, promoting social inclusion, employment and lifelong learning. This saw a move away from large day centres, to services creating community-based opportunities, enabling friendship through natural connections in jobs, college and leisure activities, rather than through attendance at a single Day Centre.

4.6 With the introduction of direct payments, personal budgets, personalisation and self-directed support, people were empowered to access support in different ways, maximising the use of community activities and employing personal assistants to access them. In Shropshire there are 439 people accessing day centres across 29 facilities that offer support to people with a learning disability. 178 of those people access In-House Day services.

4.7 There are eight In-House Day Centres and one Voluntary Service:

Abbots Wood	Aquamira	Albert Road	Avalon	Wild Teams
Greenacres Farm	Wayfarers	Helena Lane	Maesbury Metals	

4.8 As part of the council’s aim of modernising day services, the reprovision of remaining in-house services should focus on delivering more flexible, person-centred support that aligns with contemporary models. This approach would ensure that, alongside traditional day care and day activities, individuals have clear pathways to access employment, supported employment, and volunteering opportunities. By fostering collaboration with employment support services such as the council’s ‘Enable’ team, the reprovision aims to enhance outcomes for people with additional needs, supporting them to achieve greater independence, social

inclusion, and well-being. A future model should recognise that while some individuals will always require structured day care, others can benefit from supported or independent work, and the service will be redesigned to provide a tiered approach that matches support to individual capabilities and aspirations. This will enable the council to deliver statutory duties efficiently, maximise value for money, and ensure that resources are allocated to services that deliver the greatest benefit to service users and the wider community.

- 4.9 An initial Equality, Social Inclusion and Health Impact Assessment (ESHIA) has been completed to identify the likely impact of any proposed change across the Protected Characteristics as set out in the Equality Act 2010, ahead of the proposed consultation.
- 4.10 At this stage the impacts are considered to be neutral to low negative across groupings with a potential to be low to medium negative for those in the grouping of Age and Disability. Proposals for mitigation will be scoped and informed by the results of the consultation.
- 4.11 The impacts in terms of health and wellbeing for the individuals likely to be affected will also need to be informed by the results of the consultation.

Risk	Mitigation
Failure to properly consult on potential changes to In-House provision could result in legal challenge, particularly under the requirements of the Care Act 2014 and public law principles	Ensure a robust, transparent, and inclusive public consultation process is undertaken, with all affected stakeholders given the opportunity to contribute. Document all engagement activities and outcomes and update impact assessments accordingly.
Changes to services may disproportionately affect vulnerable groups, leading to adverse outcomes in health, wellbeing, or social inclusion.	Complete and regularly update an Equalities, Social Inclusion and Health Impact Assessment (ESHIA). Use findings to inform decision-making and develop targeted support or transition plans for those most affected
Failure to achieve planned savings or to deliver services within budget could undermine the council's financial position.	Undertake detailed financial modelling and scenario planning. Monitor costs and savings throughout implementation, and adjust plans as necessary to ensure financial objectives are met

Service changes may lead to a reduction in quality or interruptions in care.	Develop robust transition plans and maintain clear communication with service users and families
Changes may result in workforce instability or insufficient market capacity to meet needs, especially if services are outsourced or reconfigured.	Engage early with staff and unions. Develop workforce retention and redeployment strategies, and conduct market engagement to ensure sufficient, quality provision.
Poorly managed changes could damage the council's reputation with the public, partners, and regulators.	Communicate openly and proactively with all stakeholders, providing clear rationales for decisions and demonstrating commitment to quality and fairness.

5. Financial Implications

5.1. Shropshire Council continues to manage unprecedented financial demands and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers and/or Portfolio Holders review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):

- scaling down initiatives,
- changing the scope of activities,
- delaying implementation of agreed plans, or
- extending delivery timescales.

5.2. The financial review for Aquamira demonstrates that the building costs are disproportionately high, primarily due to the operation and maintenance of the hydrotherapy pool. Excluding internal market recharges, the total annual cost of operating Aquamira stands at £374,325 minus income of £19,200, with an average cost of £211 per person per day. This is substantially above the market benchmark of approximately £170 per day for comparable services. While Aquamira has a hydro pool that has been valued by some individuals who attended the service, it should be recognised that the council does not have a statutory duty to provide such a facility, and its maintenance represents an unnecessary additional financial burden. Councils operate leisure services under discretionary powers rather than a legal duty.

- 5.3. There is a strong network of alternative support available locally to Aquamira, including alternative day services, direct payments, personal assistants, and various community and voluntary sector services. Day Service to an alternative venue such as Abbots Wood would reduce the costs of running the day service by £85,920, minus £25,620 of projected income from external income, making an overall projected reduction of £60,300 per year. As this site is council owned, a further savings calculation would be required to establish how much would be saved overall by the council, as this will depend heavily on the future use of the site.
- 5.4. The financial analysis for Helena Lane demonstrates that, despite the absence of accommodation costs in the reported figures, the service is not financially sustainable in its current format. The annual cost of running the service stands at £180,190, minus a projected income of £18,110, which gives an average running cost of £244 per person, per half day. It is important to note that the true cost of running the service is even higher, as building costs are not incorporated due to the centre's location within a larger council facility. Generally people are now using alternative provision. Seven out of the eight attendees pay privately for the service at an agreed fee, but this has been heavily subsidised. Fees and charges are currently under review for 26-27. People's needs could continue to be met in an alternative way. If the service were to close, it would generate an annual saving for the council of £162,080.
- 5.5. A range of alternative support options is available locally, including direct payments, personal assistants, and a diverse selection of community and voluntary sector services. The nearest equivalent Day Service is approximately 10 miles away, with a daily charge of £50. While there are no other local day centres within Ludlow itself, an increasingly community-inclusive approach has led to the development of various local services. Examples include luncheon groups supporting individuals with additional needs, such as Hands Together Ludlow, which provides befriending services, Men's Shed, digital inclusion initiatives, community lunches, Food Hub, and Community Fridge.
- 5.6. Ludlow Assembly Rooms offer not only theatre and film but also a wide variety of community classes, complemented by other services, providing assorted meal options. Community services in Church Stretton deliver additional services, such as 'meet and eat' programmes. Ludlow Library acts as a vibrant community hub, delivering a broad spectrum of social and wellbeing activities aimed at reducing isolation and promoting inclusion. Regular sessions include Knit and Natter, Rhyme Time for families, Sitting Ballet for gentle movement, and Ludlow Gaymers for LGBTQ+ engagement, alongside learning opportunities like digital support drop-ins, creative writing groups, and the Community Clay Club. Furthermore, monthly poetry socials, Citizens Advice sessions, and councillor surgeries enhance access to support and foster community engagement.

5.7. All other spending is continually monitored on other days services, ensuring efficiency in operations. It is not suggested that a reprovision/ redesign of the remaining services would generate any further additional savings. However, this will provide better value for Shropshire residents accessing services.

5.8. While In-House services may be exempt from public procurement rules, the council must still ensure fairness and transparency with consideration of the Best Value duty under the Local Government Act 1999.

5.9. Based on financial analysis of the potential changes, reduction in costs could be significant:

Financial Year	Quarter	Projected savings
26-27 - Q1	£0 (redundancy costs)	£111,190
26-27 - Q2	£0	
26-27 - Q3	£55,595	
26-27 - Q4	£55,595	
27-28	-	£222,380
28-29	-	£222,380
29-30	-	£222,380

6. Climate Change Appraisal

6.1 While the aim is to provide services locally to where people live, changes to service provision could result in people having to travel further afield to access suitable facilities that could increase vehicle emissions.

7. Background

7.1 The Council has offered In-House services for many years. Prior to 'Compulsory Competitive Tendering', most care was delivered internally, guided by public sector principles. While not legally required, Councils use In-House provision to meet obligations under the Care Act 2014 to address or prevent care needs. Operated directly by the council, these services are strictly non-profit.

7.2 There are eight Day Services and a volunteer service.

- i. Abbots Wood is a progressive day centre in Shrewsbury for adults with learning disabilities. The service offers a wide range of activities, including arts and crafts, quizzes, exercise (with a small gym), gardening, cooking, music, and computer sessions. There are also outdoor activities such as cycling and gardening, and regular community outings. Abbots Wood operates a person-

- centred approach, supporting independence and individual outcomes, and works closely with the Wild Teams for nature-based activities.
- ii. Albert Road Day Service, also in Shrewsbury, is a smaller centre supporting around 27 adults with learning disabilities. It provides both onsite and offsite activities, such as gardening, arts and crafts, group cooking, travel training, and community engagement. The service is known for its supportive environment, flexible approach, and involvement in local projects like LovelyLand and the Wild Team, promoting health, wellbeing, and outdoor adventure.
 - iii. Aquamira, based in Sutton Park, Shrewsbury, specialises in supporting adults with profound and multiple learning disabilities. The centre offers a holistic and therapeutic approach, multi-sensory experiences, gardening, arts and crafts, cookery, and digital activities. The service is highly person-centred, with keyworkers supporting everyone's health, wellbeing, and independence. The service has onsite access to a hydrotherapy pool and Sensory Room.
 - iv. Avalon Day Opportunities in Oswestry provides a broad range of activities for adults with learning disabilities, including gardening, crafts, sensory room sessions, bingo, karaoke, photography, and shop-and-cook groups. The service also supports offsite voluntary work and community projects, aiming to promote independence, social inclusion, and personal development in a relaxed and supportive environment.
 - v. Greenacres Farm, near Baschurch, is a 16-acre working farm offering day opportunities for adults with learning disabilities. Attendees learn skills in horticulture, agriculture, animal care, catering, woodwork, and concrete production. The farm also features a sensory garden, outdoor gym, and accessible cycle path. Greenacres promotes independence, social inclusion, and community engagement, and provides opportunities for recreation and skill-building in a safe, supportive setting. There also a house on site that is currently not used.
 - vi. Helena Lane Day Service is specifically designed to support older people. The service offers a range of daytime activities and support, aiming to promote independence, social engagement, and wellbeing for its attendees. More recently due to a lack of demand, the service has reduced its offer to half days, three times a week.
 - vii. Maesbury Metals in Oswestry is a specialist day service focused on upcycling, metalwork, and woodwork for adults with learning disabilities. Service users develop skills in welding, woodworking, arts and crafts, and mosaicking, producing items for sale at craft markets and community events. The centre also supports social skills, community access, and self-advocacy, fostering independence and creativity in a workshop environment.
 - viii. Wayfarers Day Centre in Market Drayton provides a variety of meaningful activities for adults with learning disabilities, including independent living skills,

physical and leisure activities, gardening, arts and crafts, and sensory sessions. The centre emphasises inclusion, choice, and community participation, offering regular outings, fundraising events, and opportunities to develop life skills and independence.

- ix. The Shropshire Wild Teams are volunteer conservation groups for adults with learning disabilities and/or mental health needs. Participants engage in countryside management tasks such as habitat management, ground clearance, hedge laying, and wildlife surveys. The programme promotes physical activity, wellbeing, confidence, and social skills, using Shropshire's natural environments as a therapeutic and educational resource. Sessions rotate between day centres and are tailored to participants' interests and abilities.

8. Additional Information

- 8.1. A broader review of all other in-house provisions will be conducted. If additional changes are suggested that need cabinet approval, they will be presented in future cabinet reports.

9. Conclusions

- 9.1. The financial analysis suggests that both Helena Lane and Aquamira have excessive running costs that could be mitigated. Helena Lane operates at a substantial financial deficit. Similarly, Aquamira's running costs are hampered by excessive building costs, particularly those linked to the hydro-pool, further compounding its financial unsustainability. Declining attendance and reduced demand for these services underscore a potential need for future change.
- 9.2. No decision has yet been made about the future of the In-House Day services. The council is open to alternative suggestions. To thoroughly assess these services, a consultation will be required to consider potential changes, such as possibly closing Helena Lane Day Centre and moving Aquamira Day Service to another location. Careful transition planning and proactive involvement with service users and their families are crucial to ensure continuity of care and support. The focus remains on the council meeting people's eligible needs through relocation and reprovision, while maintaining financial sustainability.
- 9.3. There are 23 individuals who access the two services that could be mostly affected. A social work assessment would be offered to all affected individuals, with a focus on a strengths-based approach to promote independence and facilitate access to community-based activities as appropriate.
- 9.4. If there were any changes that would affect the overall use of the pool by private users, individual discussions will take place.

9.5. The total reduction in spend from the potential changes is approximately £222,380 per year.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Local Member: All

Appendices

Appendix 1- Equality, Social Inclusion and Health impact Assessment (ESHIA)

This page is intentionally left blank

Aquamira Lane Business Case – May 2026

1. Executive summary

Purpose and Context

This business case sets out options for the future delivery of Aquamira Day Service in Shrewsbury, in the context of the Council's financial emergency and Best Value duties. This business case explores options and identifies a preferred option for maintaining a specialist day service offer for adults with profound and multiple learning disabilities (PMLD) and complex needs, while addressing the financial sustainability of the current Aquamira building. At this stage, the decision is focused on whether the Aquamira Day Service should transfer to an alternative venue, not to make a separate decision on the long-term future of the building as a corporate asset, or on any wider estates proposal. However, for transparency, the report should also recognise that the current day service is integral to the practical operation and management of access to the pool, including private hire arrangements. In practical terms, if the day service transfers and no separate management arrangement is in place, continued operation of the pool may not be feasible, even if the formal future of the building is treated as a separate matter.

Aquamira is a specialist, calm, sensory-friendly service environment with multi-sensory provision and staff capability to support complex personal care and health needs. The case for change arises primarily from the high and rising cost base of the building and the operational and maintenance demands associated with the hydrotherapy pool, rather than from concerns about service quality. It should also be recognised that the pool is not a consistently available asset in its current condition. The evidence referred to in this business case points to repeated breakdowns, periods of closure and ongoing maintenance issues, such that Cabinet is not being asked to withdraw a fully reliable and consistently available provision, but to consider the future of a facility that is already operationally fragile and likely to require further investment if it is to remain in service.

Consultation and demand headline findings

Consultation evidence indicates strong opposition from clients and carers to transferring the service and closing the hydrotherapy pool (95% opposed; 73% reported they would be affected "a lot"), with key themes including the importance of a calm specialist environment, continuity of staff/support, and concerns about travel and suitability of alternative sites. Professional and stakeholder feedback is more mixed, recognising the therapeutic value for some individuals while also highlighting the pool's cost, staffing intensity and periods of unplanned closure.

Options and recommendation.

Four options were considered:

- (1) retain Aquamira and operate the hydrotherapy pool;
- (2) retain the day service but place the pool into inactive status;
- (3) transfer the day service to an alternative location and close the Aquamira building; and
- (4) explore partnership/shared-use models.

On balance, and subject to the safeguards set out in this business case, Option 3 is recommended not on cost alone, but because it provides the strongest overall basis for a lawful and sustainable decision. The recommendation reflects the Council's Best Value duty, the need to secure longer-term service sustainability, the evidence that eligible needs can continue to be met through alternative arrangements, and the consultation and equality information that must inform Cabinet's public law balancing exercise.

Key risks and safeguards.

The principal risks relate to suitability of any receiving site for a highly complex cohort (including sensory environment, accessibility, specialist equipment and safe staffing), the potential impact on carers, and the loss of a discretionary hydrotherapy facility for some individuals. These risks will be managed through:

- (i) a completed feasibility and readiness assessment of the proposed alternative venue, which supports that the service can be successfully re-provided subject to the mitigations and any identified adaptations;
- (ii) individual Care Act reviews and transition planning;
- (iii) an Equality, Social and Health Impact Assessment (ESHIA) completed prior to consultation, alongside an updated, service-specific ESHIA that is being completed in parallel with this business case and will be finalised to inform mitigations and the transition plan prior to implementation; and
- (iv) an approach to hydrotherapy mitigation through care planning and signposting where linked to outcomes, noting there is no statutory duty to provide access to a hydrotherapy pool.

2. Case for change

The Council must decide whether to transfer the service to another venue as proposed, maintain the current model, or determine whether there could be additional options to ensure the service is financially viable as well as meeting people's eligible needs under the Care Act. This decision is required in the context of severe financial pressures and Best Value duties, while also meeting statutory obligations under the Care Act 2014 (prevention and support for carers), and the Public Sector Equality Duty, and consultation law.

It is important to clarify that the Council does not have a general obligation to offer access to a hydrotherapy pool. Nonetheless, the Council remains responsible for meeting eligible needs and agreed outcomes as determined by Care Act assessments and care and support planning.

Key drivers and objectives are to:

- ensure any in-house day provision delivers value for money and is sustainable within the Council's financial constraints;
- maintain access to specialist support where alternative provision may not be suitable;
- protect carers' wellbeing and maximise preventative impact (avoiding or delaying higher-cost packages and admissions where possible);

- provide Cabinet with a defensible decision record that demonstrates consideration of realistic options (including the status quo) and consultation evidence.

Aquamira Day Service provides specialist day opportunities for adults with profound and multiple learning disabilities (PMLD) and complex physical, neurological and health-related needs. Aquamira supports individuals who use a specialised environment, including multi-sensory provision, intensive personal care, PEG and medication support, one-to-one supervision, and access to a hydrotherapy pool.

Feedback from consultations indicates that a quiet, calm, and sensory-friendly environment is highly valued. Some alternatives are viewed as unsuitable for individuals with sensory sensitivities, autism, or profound and multiple learning disabilities (PMLD). This insight comes from themes raised by clients and carers, as well as face-to-face discussions about the importance of a calm, predictable setting.

The case for change arises not from concerns about the quality or appropriateness of the service, but from financial and sustainability pressures. In particular, the hydrotherapy pool is cited as a major cost pressure, requiring significant ongoing expenditure, specialist staffing and maintenance.

The rationale for change is focused on how the Council can uphold its Care Act obligations to individuals with complex needs, while also managing financial challenges and maintaining sustainable service delivery. Feedback from the consultation claims that low utilisation rates are primarily attributable to staffing limitations, eligibility and referral processes, and recurring maintenance issues; these factors reflect operational constraints rather than a lack of therapeutic benefit. The business case should also be open that the hydrotherapy pool is not a fully dependable operational asset in its current form. Consultation and officer discussion refer to repeated breakdowns, unplanned closures and ongoing maintenance concerns, which mean the service has at times been unable to rely on the pool being consistently available. This in turn weakens the case for continued reliance on the existing model and points to a material risk that further capital or revenue investment would be required to sustain safe and reliable operation.

The consultation and wider discussion indicate that accessible hydrotherapy or equivalent pool-based provision for people with severe physical disabilities may be limited locally, particularly where individuals require hoisting, specialist changing facilities, warm-water access, close staff support, or a setting suited to profound and multiple learning disabilities and complex health needs. Where this is a requirement assessed and provided by the NHS, this would need to be offered by the NHS at the Robert Jones and Agnes Hunt (RJAH) near Oswestry. The business case should acknowledge that this may mean the loss of the Aquamira pool has a significant practical impact for some individuals and carers. However, the legal issue for the Council is not whether hydrotherapy must be provided as a facility in its own right, but whether the Council can continue to meet eligible needs and agreed outcomes lawfully through care and support planning, including by considering other ways in which those needs and outcomes can be met where hydrotherapy is not available.

3. Background and strategic context

Strategic drivers

A January 2026 Cabinet report set out the requirement to review in-house day provision in the context of severe financial pressures and a declared financial emergency. This includes the Council's Best Value duties under the Local Government Act 1999 and the need to ensure that services remain effective, affordable and aligned with future demand. Aquamira Day Service was included within this review due to the high operating costs associated with the building and, in particular, the hydrotherapy pool.

The service model includes multi-sensory provision, adapted equipment (including positioning beds), and staff skilled in complex personal care and clinical support needs (for example PEG feeding, medication administration and seizure management). Feedback indicates that these characteristics are central to suitability for many Aquamira users and are a key factor in concerns about relocation to alternative sites.

Strategically, the consultation evidence points to a tension between the requirement to reduce or control high running costs and the need to retain specialist day provision for a cohort whose needs may not be met through mainstream, community-based or employment-focused models without significant adaptation and mitigation.

Local demographics and potential demand for day services of this type

Demand for specialist provision such as Aquamira is influenced by the prevalence of learning disability and, within that, the smaller group of adults with profound and multiple learning disabilities and complex physical or neurological needs. Available national datasets vary due to definitional differences and recording practices. GP learning disability registers, for example, record a lower proportion of the population than wider prevalence estimates in published research, reflecting known under-recording and differences in criteria.

While precise local forecasting is outside the scope of the consultation, the demographic context supports the expectation of an ongoing cohort requiring highly specialist, sensory-friendly day support, including individuals with profound disability, significant mobility limitations and complex health needs. This reinforces the importance of treating Aquamira as a specialist service within the wider day opportunities system, rather than assuming needs can be met through generic provision.

There is often confusion around how a learning disability is described and the difference between a learning disability (as defined in Valuing People 2001) and learning difficulty (as defined in educational law). These terms are often used interchangeably, but they are not quite the same. Using prevalence data for people who have PMLD might be more reliable data when trying to identify the cohort of people who would benefit most from a service like Aquamira.

Using demographic information, including Shropshire's 2021 Census population of 323,600, it is estimated that approximately 366 individuals in the county may have profound and multiple learning disabilities (PMLD). However, this figure should not be considered definitive when assessing demand for specific services. Individuals' needs are met through a variety of means, including informal care, Personal Assistants, Supported Living, and Residential or Nursing care.

Demand implications

Evidence from the Clients and Carers Survey confirms that Aquamira supports a small but highly complex cohort, with many respondents describing the service as part of a consistent weekly routine rather than occasional attendance. Among respondents who reported using Aquamira, attendance was most commonly once a week or two to three times per week, indicating reliance on predictable provision and continuity of environment, staff and support.

Respondents identify a range of benefits derived from Aquamira. These include creative and sensory activities, access to multi-sensory and relaxation spaces, one-to-one and small-group support, physical movement sessions, and (for some individuals) use of the hydrotherapy pool. Taken together, these responses suggest that demand relates not only to activities, but to Aquamira's specialist model of support, including staffing expertise, adapted facilities and a calmer, sensory-friendly environment.

When asked about the proposed transfer of the service and closure of the building, most respondents who answered the question reported that they, or the person they care for, would be negatively affected, and nearly three-quarters of those respondents said the impact would be "a lot". In addition, almost all respondents who provided an overall view opposed the proposal. Impacts most frequently described as "considerable" included loss of the hydrotherapy pool, reduced access to experienced staff, reduced one-to-one support, extended travel times, and anxiety associated with environmental change.

Professional feedback recognises that while demand for specialist day provision is clear, current utilisation of the hydrotherapy pool is described as limited. Consultation feedback attributes this to operational constraints, including staffing requirements to run sessions safely, changes to referral patterns, and periods of pool unavailability due to maintenance issues. This suggests that low utilisation should not be interpreted as an absence of therapeutic value, but as a constraint on delivery capacity at the time of the consultation.

With client numbers continuing to decline over the years, the average cost per service user has increased. Staff reductions have managed to counteract this to a degree. However, the cost of running the building has continued to rise to a point where running costs are now financially unsustainable. The internal aesthetics of the building need modernising, such as the changing facilities and the training kitchen, and maintaining specialised facilities such as the hydro pool adds further financial strain. While forecast income for 26/27 is £22,240, in 24-25 repairs to the hydro pool cost approx. £21,000.

Service budgeted running costs for 26/27 are:

Type	Cost	
Staffing costs	£300,150	Includes on-costs
Building costs	£93,560	Council owned site
Running costs (other)	£7,460	(Excluding internal recharges)
Internal recharges	£27,040	Internal recharges – Finance, Audit, IT, HR & office accomm.

(non-care related income) Income 25-26	-£22,240	From renting out the pool and sensory room
Total	£405,970	

Utilisation

There are 15 individuals who use this service. 10 of the individuals who attend the service live at home with family support and 5 individuals live in 24 hour supported accommodation. Attendance records for Aquamira shows a marked decrease in utilisation over a period of years.

Current attendance levels:

Day	Attendees
Monday	6
Tuesday	6
Wednesday	6
Thursday	8
Friday	7

Staffing:

- 5.6 FTE Day Service Workers
- 0.8 FTE Locality Lead

4. Consultation Feedback Overview

Please see the Consultation feedback report for a more detail.

The Consultation for Aquamira Day Service -

On the 21-01-26, Cabinet were asked to:

“(i) agree public consultation for 8 weeks on the future of Helena Lane Day Service, including the potential option to close the service. New admissions should be paused during the consultation period to avoid further impact.

(ii) agree public consultation for 8 weeks on the potential transfer of the Aquamira day service to the Abbots Wood site.

(iii) endorse public engagement for 8 weeks on the reprovion of the remaining In-House Day Services Provision.

It was agreed that following consultation, any final recommendations would be to cabinet for determination. The consultation ended on the 26-03-26 as planned. For the purpose of this business case, only point (ii) is relevant.

How was the consultation supported?

All current service users were contacted directly about the consultation, rather than relying solely on general public notices or online channels. Written letters were issued to ensure people without digital access were able to engage, including follow-up correspondence when the Cabinet timetable changed. Consultation documents were made available in Easy Read formats where appropriate, including easy read introductions and of the survey

People could engage with the consultation through multiple routes:

- Online surveys (separate surveys for clients/carers and for professionals).
- Written responses.
- One-to-one conversations, where requested.
- Meetings and discussions facilitated with councillors and officers, including locality-based engagement to reflect community concerns.

Officers confirmed that advocacy support was available to help individuals and families understand the consultation process and their options, particularly where people may have difficulty engaging independently. Officers reiterated that anyone affected by the consultation could request a Care Act needs assessment, ensuring that individual circumstances were considered alongside the strategic proposal. It was explicitly stated that people could be supported through assessments, information provision and advocacy regardless of the outcome of a Cabinet decision.

Participants were kept informed about progress, including changes to the Cabinet decision timetable, to avoid misinformation and anxiety where possible. Improving clarity where people struggled to understand what was, and was not, within the scope of the consultation.

Who responded

There were 77 respondents to the consultation in total. 19 responses relating to Aquamira were received that expressed a view on the proposal. Respondents included:

- People who use the service;
- Family members and unpaid carers;
- Staff from the service;
- Professionals with direct knowledge of the service;
- Local residents.

Consultation feedback relating to Aquamira indicates strong opposition from clients and carers to transferring the service and closing the hydrotherapy pool. In the clients and carers survey, 95% of respondents who provided an overall view opposed the Aquamira proposal, and 73% of respondents who answered the impact question said they would be affected 'a lot'. The most frequently cited reasons for opposition were the perceived essential role of hydrotherapy, the importance of Aquamira's calm and sensory-friendly environment for people with complex needs, concerns that Abbots Wood would be busier and noisier, and travel/transport implications.

Free-text responses reinforce these findings. Respondents describe the hydrotherapy pool as supporting pain management, mobility and wellbeing, particularly for individuals who are unable to access other forms of exercise. Many respondents also report that

suitable alternatives are limited or inaccessible in practice, citing barriers such as eligibility criteria, distance, water temperature, lack of hoists or appropriate changing facilities, and limited capacity. Respondents express concern that loss of hydrotherapy and/or relocation to a busier setting could contribute to deterioration in physical and mental health, increase anxiety and sensory overload, and place additional pressure on carers and wider health and social care services.

The consultation also indicates that Aquamira is used as routine provision by a number of respondents who attend weekly or two to three times per week, and that users value a combination of specialist activities and facilities, staff expertise, one-to-one support, respite, and opportunities for social interaction.

Professional and stakeholder feedback is more mixed. While many respondents recognise the clinical and preventative value of hydrotherapy and the lack of accessible alternatives for some individuals, others emphasise that the pool is expensive to operate, staff-intensive, and under-utilised, with some noting that a single session can require multiple staff for extended periods, impacting wider service delivery. Some professional respondents therefore support closure or placing the pool into inactive status as a proportionate response to financial constraints.

5. Financial considerations

The consultation feedback indicates that the hydrotherapy pool is perceived by staff and professional respondents as the primary cost pressure within Aquamira. Respondents refer to annual building running costs of approximately £85,000 for 25/26, alongside additional indirect staffing requirements associated with safe operation, supervision and compliance. Professional feedback also highlights recurring operational challenges, including condensation, plant room management and periods of unplanned closure linked to faults, which can create further cost and service disruption. Taken together, this indicates that the pool is not a consistently reliable asset in its current state. Therefore, this isn't a decision about the future of a facility that is operating dependably and continuously without interruption, but of one that is already operationally fragile and likely to require further investment if ongoing use is to be maintained on a safe and sustainable basis.

Professional respondents describe the pool as staff-intensive to deliver in practice. Several comments state that a single hydrotherapy session can require multiple staff for an extended period, and that routine testing, backwashing and plant-room tasks draw staff time away from wider service delivery.

The consultation also notes that private hire has previously been used in an attempt to offset operating costs. However, feedback suggests this has not generated sufficient income to materially reduce the financial burden, with some respondents indicating that hire costs are unaffordable for charities and smaller organisations, limiting take-up. The report should also be candid that these arrangements are presently managed through the day service operating model. In practical terms, the day service currently organises and enables access to the pool, including external hire arrangements. If the day service transfers to another site, there may be no workable management arrangement in place

for ongoing pool access unless a separate operator, governance model and operational process are established.

A number of respondents proposed alternative operating models, including partnership, shared use, rental arrangements or a community hub approach. While these suggestions indicate potential avenues for future exploration, the consultation evidence does not set out a sufficiently developed alternative on which the Council could presently rely. In particular, there is no confirmed delivery model, no settled governance arrangement, no costed implementation plan, and no identified operator for the pool were the day service to transfer elsewhere. There is also no fully developed position on liability, compliance, staffing, insurance, procurement or how residual building and operating costs would be managed. As a result, any income-generating or partnership approach would require structured feasibility work and risk assessment before it could be treated as a realistic financial alternative to the current proposal.

The financial analysis should distinguish between the savings arising from transferring the day service and any residual costs associated with the building pending a separate decision on its future. While transfer of the service would remove the need to continue operating Aquamira for day service delivery, some holding, maintenance, utilities, compliance or estates costs may remain unless and until the building's future is separately determined.

Consideration has been given to whether health funding could contribute to the pool costs; however, this is not included in the 'Value Based Commissioning & Evidence Based Interventions Policy' page 37 which states that hydrotherapy is not an essential service:

15C. The choice of land or water-based NHS physiotherapy is at the discretion of the provider service. As outcomes for land and water-based physiotherapy are equivalent, providers will deliver either service within the agreed standard land-based physiotherapy first and follow up tariff prices i.e., NHS STW will not pay a separate tariff for Hydrotherapy.

NB: Since hydrotherapy is not considered to be an essential service, this policy applies only where local provision is available. Where local provision is not available, patients should receive land-based physiotherapy.

6. Options appraisal

Option 1: Retain Aquamira day service at its current location with the hydrotherapy pool

Advantages

- **Maintains continuity for a complex cohort.** Retaining the current service model avoids disruption for people attending Aquamira, including those with profound

and multiple learning disabilities (PMLD) and complex health needs who may find environmental change difficult.

- **Retains specialist facilities including hydrotherapy.** Consultation feedback indicates that some respondents consider hydrotherapy to have therapeutic and wellbeing benefits and that suitable alternatives may be limited or inaccessible in practice.
- **Aligns with expressed client and carer preference.** Consultation evidence shows strong opposition to transferring the service and closing the pool, reflecting the importance placed on the current environment, staff support and facilities.

Disadvantages / Risks

- **Affordability and Best Value risk.** Retaining the building and pool does not address the principal cost pressures identified in this business case (including building costs, utilities and recurring pool-related expenditure/repairs). In 26/27, total service running costs are estimated at £405,970 against non-care income of £22,240. While hydrotherapy may support wellbeing for some individuals, access to a hydrotherapy pool is discretionary rather than a statutory requirement for the council, and any decision should be framed around how assessed eligible needs and outcomes will continue to be met. Where it is necessary to meet a need using Hydrotherapy by the NHS, this would need to be provided at the RJAH.
- **Operational fragility, deterioration and investment risk.** Professional feedback highlights repeated pool faults, periods of unplanned closure and ongoing maintenance concerns. This means the Council is not considering whether to withdraw a fully reliable and consistently available facility, but whether it is proportionate to continue relying on an asset that is already operationally fragile. Continued retention is likely to expose the Council to further repair, maintenance or modernisation costs, alongside ongoing disruption to service delivery when the pool is unavailable.
- **Staffing intensity and limited utilisation.** Consultation feedback indicates hydrotherapy sessions can be staff intensive to deliver safely and that pool utilisation has been limited at times due to operational constraints (staffing, eligibility/referrals and maintenance), raising questions about value relative to cost.

Mitigations

- **Time-limited cost and utilisation review.** Undertake a defined review of hydrotherapy eligibility/referral routes, scheduling and staffing model to maximise benefits within safe staffing levels and clarify whether utilisation can be improved sustainably.
- **Planned maintenance and contingency arrangements.** Strengthen planned maintenance and contingency arrangements to reduce unplanned downtime and manage impacts on service users when the pool is unavailable.
- **Income and partnership feasibility (if pursued).** If hire/partnership models are pursued, develop a costed feasibility case with confirmed partners and clear

governance; consultation feedback indicates that hire income has not, to date, materially reduced the financial burden.

Option 2: Retain Aquamira Day Service but place the hydrotherapy pool into inactive status

Advantages

- **Reduces a primary cost driver while retaining the specialist day offer.** Aquamira's financial pressure to high building/pool running costs; placing the pool into inactive status could reduce utilities, repairs and compliance overheads whilst retaining core day opportunities.
- **Retains the familiar environment for current attendees.** This avoids the disruption associated with relocation and preserves the building layout.
- **Clearer statutory boundary.** The consultation report notes that in-house day centre provision is not a statutory service; similarly, the pool can be framed as discretionary rather than an assessed Care Act service outcome, provided eligible needs continue to be met via an appropriate care and support plan.

Disadvantages / Risks

- **High stakeholder and reputational risk (pool is a focal point).** Consultation feedback shows the pool is central to many responses; closing it may be perceived as loss of a valued local health/wellbeing resource, even where the day service remains.
- **Risk of challenge if equality impacts are not robustly addressed.** Where respondents describe the pool as integral to wellbeing (including anxiety reduction and physical benefit), removal may have disproportionate impact for some disabled people unless properly assessed and mitigated.
- **Reduced ability to generate income from external hire.** Existing and proposed pool hire arrangements (contracts, timetables, invoicing) indicate a revenue stream which would cease if the pool is inactive.
- **Residual premises costs remain significant.** Even without the pool, the building still carries ongoing fixed costs and may remain inefficient if attendance remains low.

Mitigations

- **Alternative pathways for hydrotherapy access (where clinically indicated).** Where hydrotherapy is identified as beneficial, ensure individuals are supported to explore alternative providers/venues as part of care planning (recognising the separate statutory responsibilities of health and social care). This would start with Assessment from the NHS with possible use of the RJAH hydropool where determined as necessary.

- **Secure the building and manage risk on not using the pool.** If the pool is inactive, ensure a compliant approach to safety, access controls and maintenance to avoid deterioration and future liability.

Option 3: Transfer Aquamira Day Service to an alternative location and close the Aquamira building

Advantages

- **Addresses the core affordability issue by removing high premises costs.** Aquamira's high and rising building costs, particularly pool linked, are a key reason the current model is financially unsustainable. Closing the building tackles that driver directly.
- **Potential to re-provide the day service in more efficient premises.** Relocation can be used to redesign delivery around outcomes and reduce fixed overheads.
- **Creates a clearer separation between discretionary 'asset' and Care Act duties.** This option supports a decision record that focuses on how eligible needs will be met, rather than attachment to a specific building.
- **Addresses concerns raised in the consultation relating to reduced access to experienced staff, reduced one-to-one support, extended travel times.** All existing staff would transfer with the service, there would be more access to a vehicle that is currently shared between the services, and there is little to no additional travel time, as this is also a Shrewsbury service.
- **Reduction in cost pressure.** Reduce the principal service cost pressures associated with operating the Aquamira building and hydrotherapy pool for day service delivery. However, the full value of any saving will depend on the extent to which residual building-related costs continue to fall to the Council pending any separate decision about the future of the site.

Disadvantages / Risks

- **Potential of impact for individuals with complex needs.** Consultation notes and responses describe the current environment as calm/secluded and warn of anxiety and reduced wellbeing if moved; the pool and sensory facilities are cited as particularly important.
- **Transition and capacity risks.** Relocation requires sufficient space, transport planning, staffing resilience and individual reviews.
- **Access and operational dependency.** Accessible hydrotherapy or equivalent pool-based provision may be limited locally for some individuals with severe physical disabilities and complex needs. The principal legal question is therefore not whether the Council must retain the Aquamira pool as a facility, but whether eligible needs and agreed outcomes can continue to be met lawfully through alternative arrangements, individual review and mitigation. The report should also be explicit that the current day service is closely tied to the practical management of the pool, including day-to-day access and private hire. If the service transfers,

continued access to the pool may in practice cease unless and until a separate management and operating arrangement is established.

Mitigations

- **Individualised review and transition arrangements before implementation.** No implementation should take place until each person affected has had their care and support plan reviewed and, where the review indicates that needs, circumstances or risks have changed, any necessary reassessment completed. This should include explicit consideration of carer impact, transport, moving and handling, personal care, communication, behavioural presentation, and how assessed eligible needs and agreed outcomes will be met at the receiving site and during the transition period.
- **Feasibility assessment completed (delivery assurance).** A feasibility and readiness assessment of the proposed receiving site has been completed and supports that the move is deliverable, subject to completion of identified actions (for example any minor adaptations, equipment relocation and agreed operating procedures) ahead of transition.

Option 4: Explore partnership, shared use or alternative operational models

Advantages

- **Responds directly to external ideas and consultation themes.** There is explicit stakeholder interest in partnership/rental models (including from organisations currently hiring the pool) and this option demonstrates the Council has considered realistic alternatives.
- **Potential to retain community benefit while reducing Council subsidy.** Existing pool contracts and timetables demonstrate that the pool is already hired externally; partnership could expand this model.
- **Creates flexibility: separate decisions for (a) day service delivery and (b) the asset.** Consultation update notes that the day service and pool are “difficult to separate” operationally; exploring alternative operating models could test whether separation is feasible.

Disadvantages / Risks

- **Not sufficiently developed to be relied upon at this stage.** Although partnership and shared-use models were raised in consultation, they remain suggestions rather than developed proposals. There is currently no confirmed delivery model, no settled governance arrangement, no costed implementation plan, and no identified operator for the pool if the day service transfers. In the absence of those core elements, Cabinet cannot be satisfied as to how the model would work in practice, who would hold responsibility for delivery, or whether it would provide a lawful, safe and financially sustainable alternative.

- **Governance, compliance and liability remain unresolved.** Any partnership or shared-use arrangement would require clear decisions about legal responsibilities, operational control, health and safety compliance, staffing and competency requirements, insurance, procurement, asset responsibilities and decision-making governance. It would also require clarity about how day service delivery would be separated from pool operation, who would carry the associated risks and liabilities, and how ongoing building, utility and maintenance costs would be apportioned. Those matters are not presently settled, and without them the Council cannot assess deliverability, risk or Best Value with sufficient confidence.
- **Risk of creating an unstable hybrid model.** Partial solutions may preserve some costs (building, utilities) without delivering a viable long-term operating model if utilisation and income remain insufficient.

Mitigations

- **Clarify operating model and accountabilities.** If shared use proceeds, document who is the operator, how NOP/EAP compliance is assured, and what staffing/qualification requirements apply, building on the existing contract framework.
- **Alternative option.** Set clear milestones: if partnership cannot be evidenced as viable (financially and operationally) by a specified point, proceed to a defined fallback option to avoid drift and unmanaged cost exposure.

7. Conclusion and Recommendation

Conclusion

The Council must take a lawful and balanced decision about the future delivery of care currently provided at Aquamira, in the context of acute financial pressures and the Council's Best Value duties. The evidence in this business case demonstrates that Aquamira supports a small but highly complex cohort, including adults with profound and multiple learning disabilities (PMLD) and significant health-related needs, and that the service model, particularly a calm environment and specialist staffing, has material value to people who use the service and their carers.

However, the evidence also demonstrates that the current cost of the Aquamira building is financially disproportionate in its present form. The reported annual service running cost for 26/27 is £405,970, against non-care related income of £22,240 (pool and sensory room hire). In addition, this business case records that hydrotherapy pool repairs were approximately £21,000 in 24/25, with the hydrotherapy pool cited as a major cost pressure and driver of volatility. Importantly, Cabinet is not being asked to weigh the future of a fully reliable and consistently available facility. The evidence points instead to an asset that has experienced repeated breakdowns, closures and maintenance issues, and which is already operationally fragile. That matters to decision-making because it means the benefits of the pool must be weighed alongside the

practical limitation that continued reliance on it is likely to require further investment and may still carry ongoing risk of disruption.

The consultation evidence recorded within the business case shows opposition to the proposal, with respondents emphasising the importance of the current environment, specialist facilities (including the hydrotherapy pool), and concerns about anxiety, sensory overload, and practical travel/transport implications.

For the avoidance of doubt, this is a decision about the model and location of service delivery for Aquamira Day Service. It is not a standalone decision on the future use, disposal, repurposing or wider estate treatment of the Aquamira building or hydrotherapy pool as corporate assets. However, the decision record should be transparent about the practical relationship between the two. The current day service is materially bound up with the management of pool access, including private hire arrangements. Accordingly, whilst the formal future of the building may be treated as a separate issue, transfer of the day service is likely in practical terms to have direct implications for continued operation of, and access to, the pool unless a separate management arrangement is identified and put in place.

Notwithstanding the opposition, the Council is not under a general duty to provide access to a hydrotherapy pool, and must focus its decision on how it will continue to meet eligible needs and agreed outcomes under Care Act assessment and care and support planning. The question for Cabinet is therefore not whether Aquamira is valued, but whether it remains proportionate and sustainable for the Council to continue operating this building-based model given the cost base, and whether eligible needs can be met through a specialist day offer delivered from an alternative venue with appropriate mitigations and care planning to meet needs met using the hydrotherapy pool in a different way.

While the Council is not under a general statutory duty to provide access to a hydrotherapy pool, it would work with health partnerships to ensure that where this is an assessment need, the NHS provide access to the hydropool in at the RJAH. The decision should therefore distinguish clearly between hydrotherapy as a particular facility and the broader statutory duty to meet eligible needs under the Care Act 2014.

Why Option 3 is recommended.

Having considered the options:

Option 1 (retain the building and pool) does not provide a credible route to Best Value given the scale of ongoing costs and volatility described in the financial section of the business case.

Option 2 (retain the day service but place the pool into inactive status) may reduce some costs, but it does not remove the wider fixed building costs identified as financially

unsustainable, and would retain an inefficient estate footprint without resolving the fundamental affordability challenge.

Option 3 (transfer the Aquamira Day Service to an alternative location and close the Aquamira building) is recommended because it provides the strongest overall basis for a lawful, proportionate and sustainable decision. It addresses the underlying structural cost pressures associated with the Aquamira building and recurring pool-related expenditure, but the recommendation is not advanced on cost alone. Rather, it reflects the Council's Best Value duty, the need to secure a sustainable model of provision, the evidence that eligible needs can continue to be met through a specialist day offer delivered from an alternative venue with appropriate safeguards, and the requirement to take proper account of consultation responses and equality impacts in reaching a balanced public law decision. While Aquamira Day Service's current environment is highly valued and purpose-designed, the evidence does not establish that its benefits are intrinsically inseparable from the specific building, provided equivalent sensory, staffing and support requirements are met elsewhere.

Option 4 (partnership/shared use) is noted as an idea raised by stakeholders, but it cannot presently be relied upon as a realistic alternative for decision-making. The consultation evidence does not identify a confirmed delivery partner, a settled governance structure, a costed implementation plan, or an identified operator who could lawfully and safely assume responsibility for the pool if the day service transfers. Nor is there a sufficiently developed position on liability, compliance, staffing, insurance, procurement, or the practical separation of day service delivery from pool operation. In those circumstances, partnership or shared-use models would require a separate feasibility and development stage before they could properly be treated as realistic alternatives within this business case.

It is recommended that the Council transfer the Aquamira Day Service to Abbots Wood, subject to the completion of the key safeguards below, so that the Council can demonstrate a lawful, evidence-based and proportionate decision that continues to meet eligible needs under the Care Act 2014, and that has due regard to equality impacts. It should be noted that the recommended option addresses the principal cost driver associated with the current service model, namely the continued operation of the Aquamira building and hydrotherapy pool for day service purposes. However, the precise scale and timing of any financial benefit will depend on the extent of any residual costs that remain with the Council pending a separate decision on the building's future.

Required safeguards / implementation conditions

To ensure the recommendation remains legally robust and operationally deliverable, the following conditions of implementation will need to be met:

- 1. Feasibility and readiness assurance:**

A feasibility and readiness assessment of Abbots Wood has now been completed and indicates that the site can safely and realistically meet the needs of the current Aquamira cohort (including space, accessibility, specialist equipment requirements, staffing ratios, and environmental suitability). Any actions identified through the assessment (for example minor environmental adjustments, equipment moves, or process changes) will be completed prior to any transition.

2. Equality, Social and Health Impact Assessment (ESHIA):

An ESHIA was completed prior to consultation to inform the consultation activity and identify initial mitigations. A new, service-specific ESHIA is underway in parallel with this business case.

3. Individual care and support plan reviews:

A programme of timely reviews must be completed before implementation so that Care Act assessments and care and support plans are up to date and clearly specify eligible needs and outcomes. Where a review identifies a material change in need, risk or circumstances, any necessary reassessment must also be undertaken. The review process should explicitly consider the impact on unpaid carers and confirm the transition arrangements required for each individual.

4. Hydrotherapy mitigation:

The Council is not under a statutory duty to provide a hydrotherapy pool. However, before any transfer is implemented, there must be confirmation of specific mitigation arrangements for those whose outcomes are currently linked to hydrotherapy, the sensory qualities of the current environment, specialist accessibility for physical disability, or the stabilising effect of the current model on carer resilience. This should be recorded through individual care planning and transition arrangements, including any alternative support, environmental adaptations, equipment provision, phased transition steps, and post-move review.

This page is intentionally left blank

Day Centres Consultation

Consultation Feedback Report

April 2026



1 Background

Shropshire Council is aware that the services provided by the Day Centres are valued by local residents who access them and by their carers and family members. They provide a social environment and aim to increase a person's independence, ultimately reducing and delaying the need for future services. They also provide respite to carers. However, use of Day Centres has changed over recent years and this, coupled with funding pressures, means that Shropshire Council must, like all local authorities, work to review provision and ensure value for money.

In-house Day Centre provision is not a statutory (legally required) service. It is something the council can choose to provide itself or meet needs through other services (we need to ensure Care Act assessed needs are met).

Following the declaration of a financial emergency by Shropshire Council in September 2025, it has been essential to reassess all services, including statutory and discretionary services to manage costs and ensure that services are designed in a way that best balances costs and benefits.

In Shropshire there are 439 people accessing day centres across 29 facilities that offer support to people with a learning disability. 178 of those people access In-House Day services. There are eight In-House Day Centres and one voluntary Service:

- Abbots Wood
- Aquamira
- Albert Road
- Avalon
- Wild Teams
- Greenacres Farm
- Wayfarers
- Helena Lane
- Maesbury Metals

Shropshire Council would like to modernise the service offer by delivering more flexible, person-centred support. Alongside traditional day care and day activities, individuals should have clear pathways to access employment, supported employment, and volunteering opportunities. A future model should recognise that while some individuals will always require structured day care, others can benefit from supported or independent work, and the service may be redesigned to provide a tiered approach that matches support to individual capabilities and aspirations. Shropshire Council's Enable service may form an opportunity to enhance outcomes for people with additional needs, supporting them to achieve greater independence, social inclusion, and well-being.

Shropshire Council proposed service changes to Day Centres within a consultation which ran from 29th January 2026 to 26th March and invited responses from people who use day centres, their family members, carers, members of the public, professionals, and other stakeholders.

This consultation proposed to deliver better value within the in-house Day Centres. The proposals were:

- **Proposal 1:** Close the Day Centre service at Helena Lane (the building will remain open and is used for other services).
- **Proposal 2:** Transfer the Aquamira Day Centre service to Abbots Wood (excluding the hydrotherapy pool which would close) and offer those using the site support at Abbots Wood or another location if appropriate.
- **Proposal 3:** Explore the re-shaping of some Day Centre support to modernise the offer and enhance outcomes for individuals.

The proposals included within the consultation were designed with the aim of making the Council's In-house Day Centres more sustainable and suitable for the longer-term needs of adults with learning disabilities and older people.

The consultation background information explained that Helena Lane Day Centre and Aquamira Day Centre, in their current forms have high operational costs, and reduced demand. Helena Lane operates at a loss, while the costs of maintaining the hydrotherapy pool at Aquamira are not offering value for money. The proposed changes would deliver an approximate saving of £222,380 per year. The benchmark value of comparable day centre services is £170 per person a day. The cost per person a day in Aquamira is currently £211 and at Helena Lane £244 per person per day. It was explained that the rationale for selecting the 2 Day Centres extends beyond the financial costs of these services and potential savings. The proposals were designed to reduce impact on any many people as possible. 23 people would be directly affected by the 2 closure proposals in total.

Any service changes and reductions are difficult, and public feedback is essential before decision making by councillors. This report summarises the feedback obtained through:

- An online survey.
- Email and letter consultation responses (all those affected were written to).
- Feedback meetings (those directly impacted were given the opportunity to meet with Shropshire Council lead officers to discuss concerns).

This report brings together all the feedback obtained and describes the survey findings within 6 main sections:

- **Section 1: Background** (this section) provides an overview of the survey and how it was promoted.
- **Section 2: Clients and Carers** covers the consultation feedback from people who use the services, either as a client or a carer.
- **Section 3: Professional and stakeholders** covers the results of a survey designed to capture feedback from professionals either within Shropshire Council's day centres, external day opportunities or other stakeholders with an interest in these services.
- **Section 4: One to one respondents** considers users and their families who engaged with the consultation in a face to face meeting.
- **Section 5: Recommendations** highlights recommendations based on the analysis of the online surveys and face-to-face engagements.
- **Section 6: Summary and Conclusion** provides a brief summary and conclusion based on the overall analysis of the feedback received.

2 Clients and carers

There were two surveys used as part of the consultation, one for professionals and stakeholders, and the other for clients and carers. These surveys were published to gather lived experiences from both the people who benefit from the use of the services, and those providing services. This section focuses on the feedback from the clients and carers survey.

The clients and carers survey was responded to by 53 people. The first question asked how the respondents found out about the consultation. This is helpful in understanding how people prefer to receive important information and the information can inform the design of future engagement. Figure 1 shows the results.

Figure 1 –How people found out about the consultation.

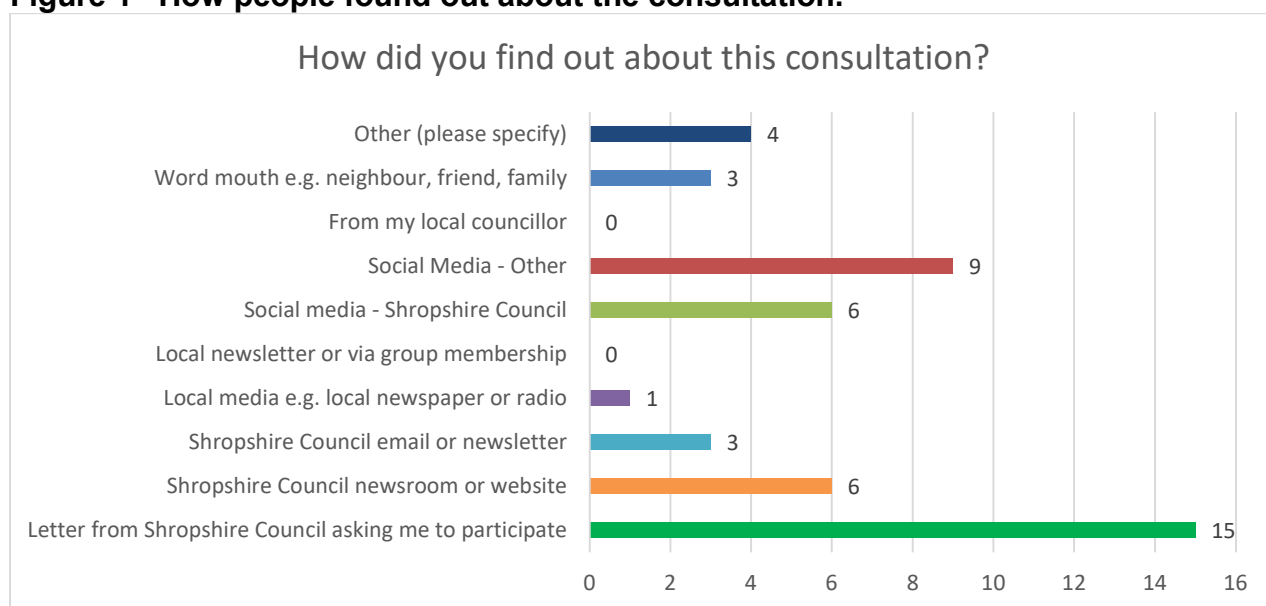


Figure 1 shows that in general 32% (15 responses) of people were asked to participate via a letter from Shropshire Council asking them to engage. This direct approach and other Shropshire Council-based approaches such as newsroom or website and social media from the council has yielded the most responses overall. After engagement with the council either directly or indirectly, people found out about the consultation from social media (non-Shropshire Council) 19% (9 responses); local media 2% (1 response) and word of mouth and other; 7% respectively. The question was answered by 47 people.

If 'other' was answered the respondents were asked to specify. There were 3 comments:

- *Connection to Helena Lane.*
- *Facebook.*
- *PACC on Facebook.*

The respondents were then asked in what capacity they were responding to the survey and Figure 2 displays the results in full.

Figure 2 –Type of survey respondent

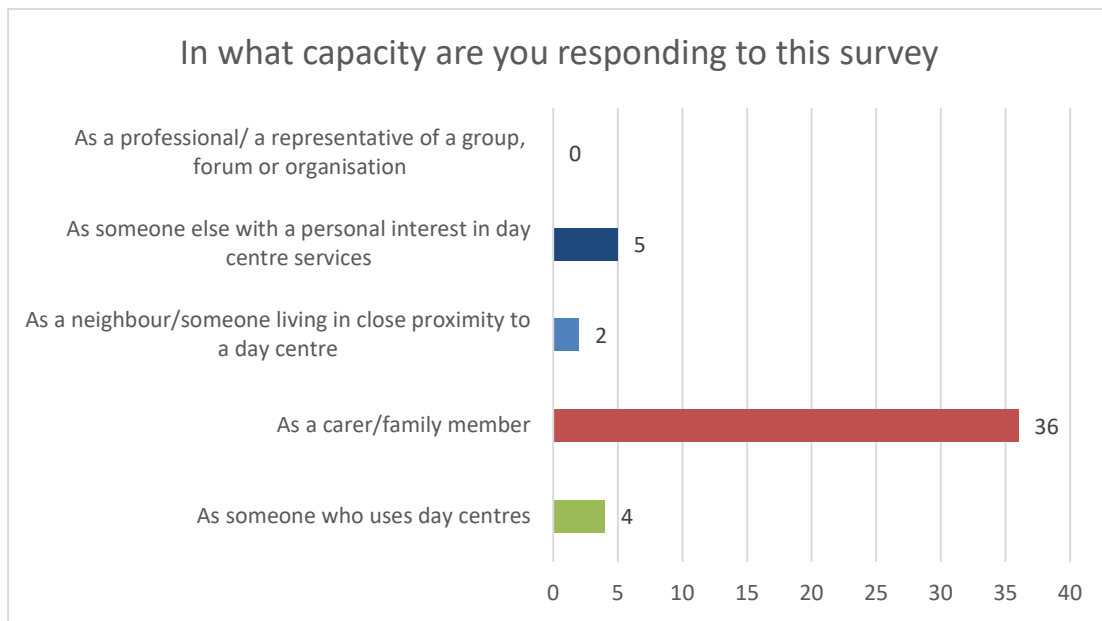


Figure 2 shows that overwhelmingly people were responding as a carer/family member; out of 47 people who answered, 77% answered as a carer or family member. 11%, 5 responses, were from someone else who has a personal interest in day centre services, and 9% (4 responses) were from someone who uses the day centres and 5% (2 responses) were from a neighbour/someone living in close proximity to a day centre.

Question 3 asked which Shropshire Council provided day services the respondents use.

Figure 3 –Which day services people use.

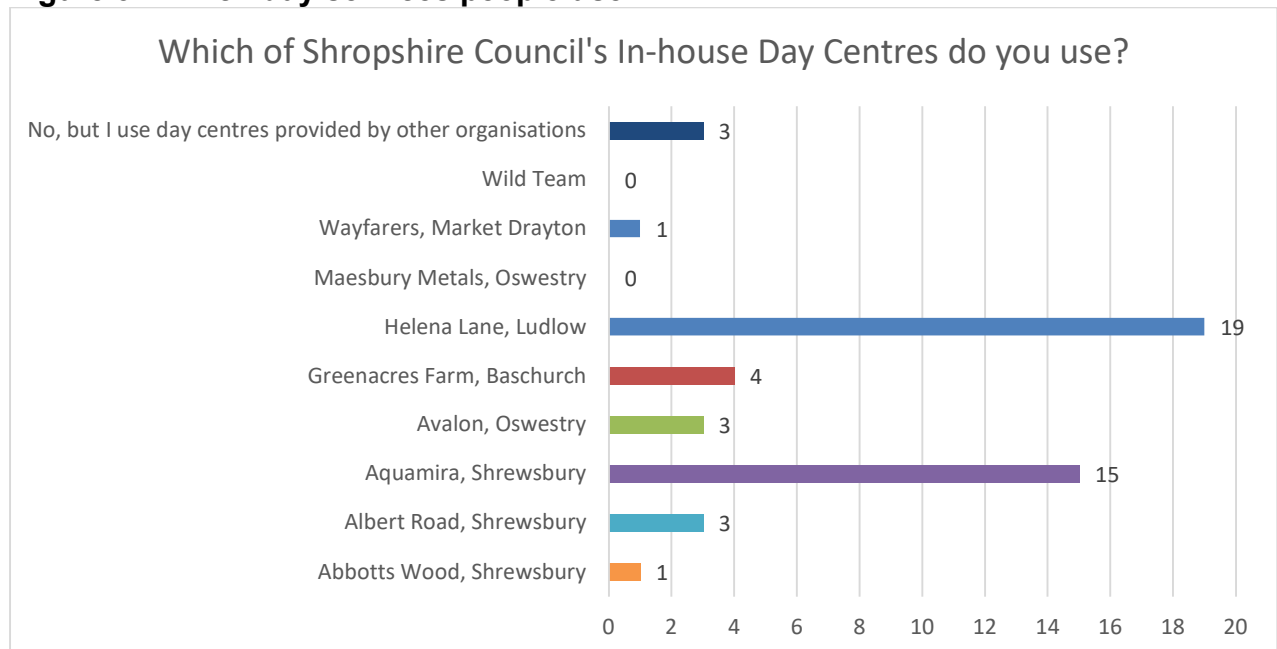
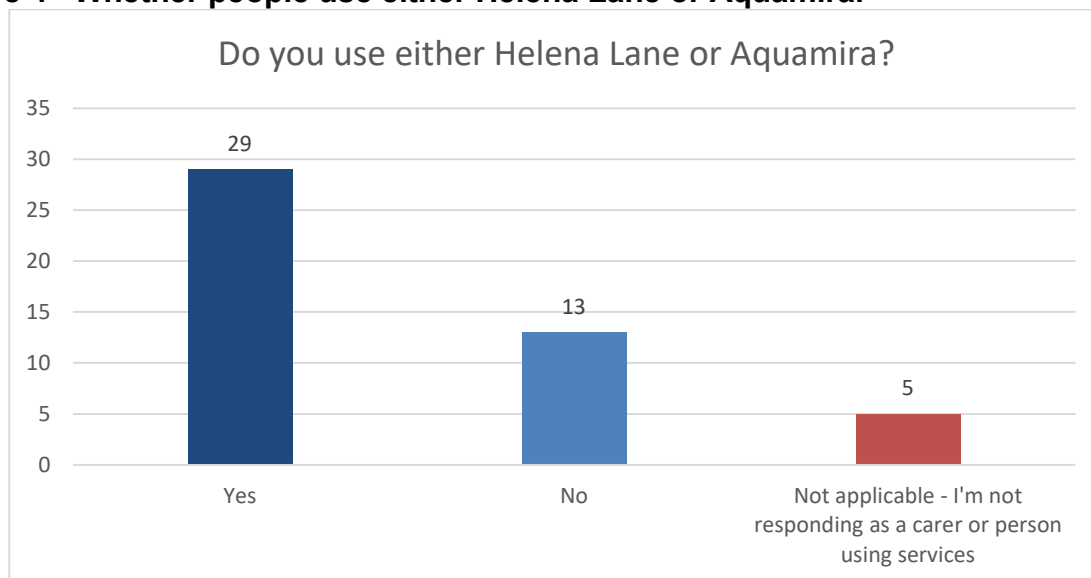


Figure 3 shows that 39% of the 49 respondents attend Helena Lane, Ludlow. Thereafter, 31% used Aquamira. It is useful that the most responses are from the people that the consultation has actively sought out; these are the opinions that will contribute to the final decision on the proposals.

Question 4 followed the above responses to ask whether respondents used the day

centres that feature in the proposed amendments; Helena Lane or Aquamira.

Figure 4 –Whether people use either Helena Lane or Aquamira.



62% (27 responses) of the 47 people who answered this question use either Helena Lane or Aquamira. 28% (13 responses) answered no and 11% answered that it was not applicable.

Question 5 then asked if respondents had answered yes to the previous question, how their use of either Helena Lane or Aquamira was funded.

Figure 5 –How respondents fund their attendance at Helena Lane or Aquamira.

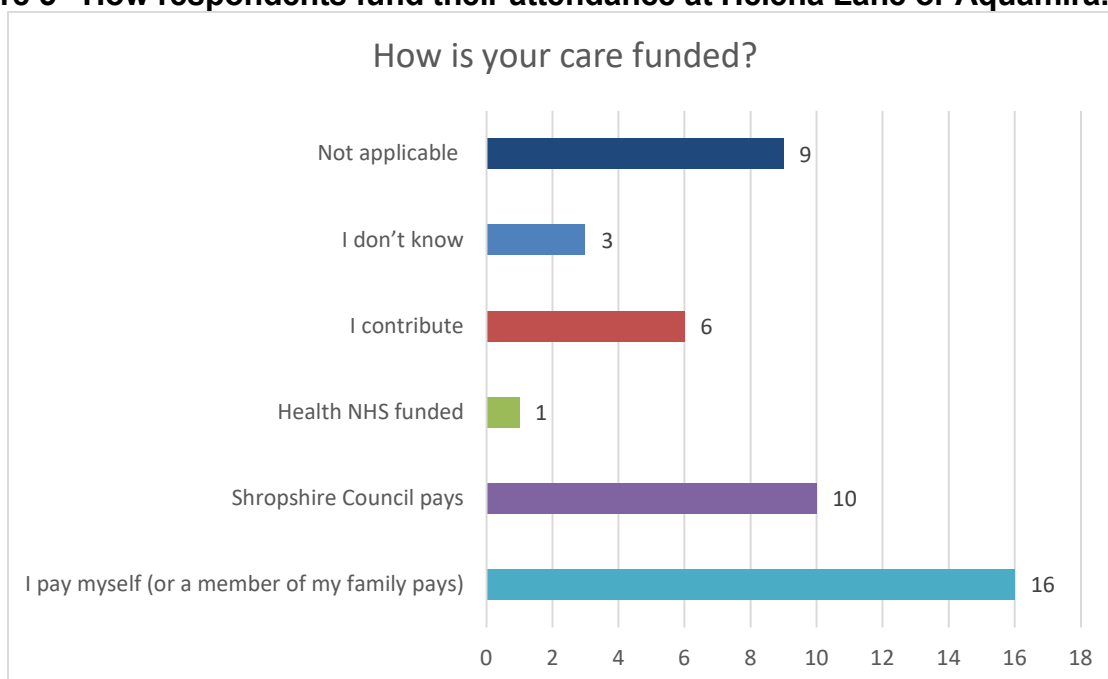


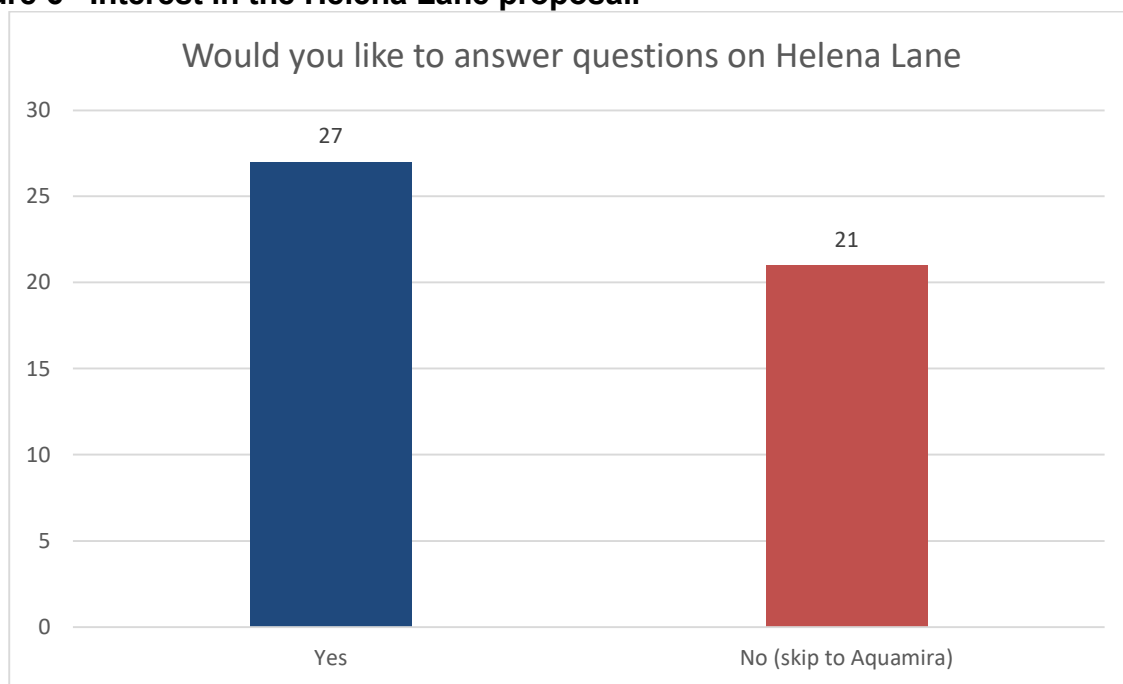
Figure 5 shows that 36% (16 responses out of 45) who use the day centres, pay for themselves (or a member of their family pays). Then 22% (10 responses) answered that Shropshire Council pays, 13% (6 responses) stated that the service user contributes, 7% (3 responses) answered they don't know and 2% (1 response) are NHS funded. There

were also 20% (9 responses) that answered not applicable.

The questions then were split between question sets about Helena Lane and Aquamira, with people choosing whether they wished to answer both, one section or neither. Helena Lane questions were answered first. It is important before analysing the questions about Helena Lane to have a reminder about the proposal for this service. It was proposed that the day centre service would be closed, with the building remaining open for use by other services.

Question 6 asked whether people would like to answer on Helena Lane and figure 6 shows the split in full.

Figure 6 –Interest in the Helena Lane proposal.



The majority, 56% (27 responses), wished to answer questions about Helena Lane and 44% (21 responses) wished to skip this question to answer questions about Aquamira.

As Shropshire Council has proposed closing the day centre service at Helena Lane, it is important to understand how often it is used, therefore question 7 sets out to capture those responses.

Figure 7 –How often Helena Lane is used

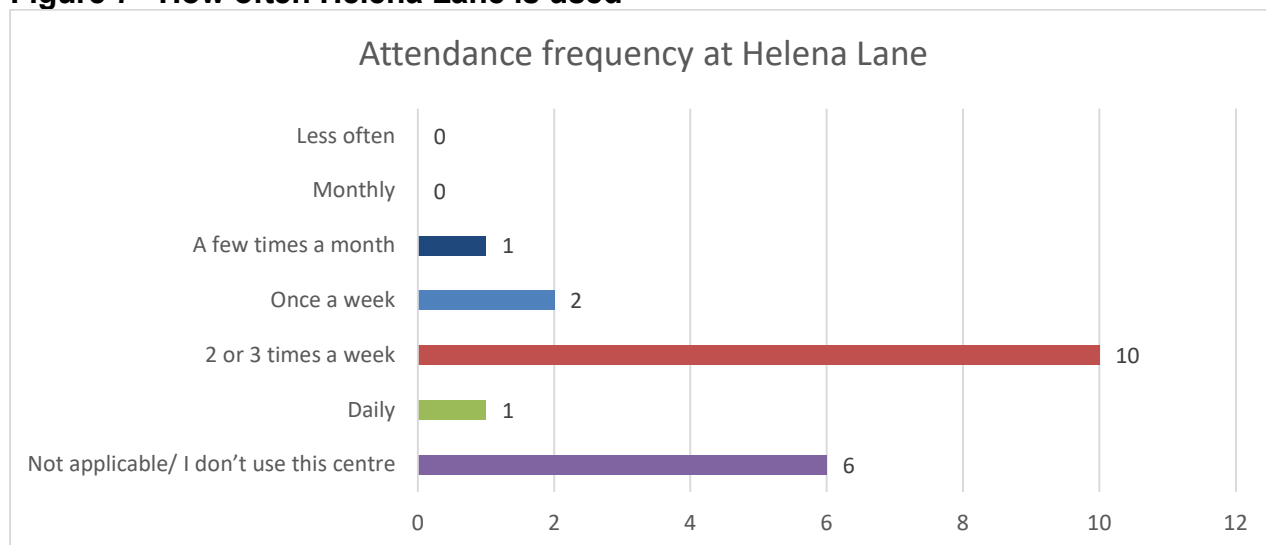


Figure 7 shows that 50% (10 responses) attend 2 or 3 times a week. 10% (2 responses) attend once a week and 5% (1 response) attend a few times a month and daily respectively. 30% (6 responses) of people answered the question was not applicable or that they don't attend the centre. It is helpful to have 13 very regular users of Helena Lane contributing to the consultation.

When asked about what activities or services the respondents benefit from at Helena Lane, there was a mix of responses from the 19 people who responded.

Figure 8 –The variety of activities service users partake in at Helena Lane.



As seen in figure 8, there is a mixture of activities undertaken by service users at Helena Lane with the majority, 58%, answering arts and crafts/ making things. Where the 42% of people have responded 'other', there are responses to support that choice. They are as follows:

- *Supervised care. My husband has moderate dementia. As far as I know most of the activities listed above do not take place at Helena Lane.*

- *Supervised care.*
- *Having social work team on site makes access easy. Socialise with other service users. Having a cooked meal 3 days a week. Having an assisted bath. Hairdressers on site. Easy parking. Building all on one level. I feel safe in the building even though there is never anyone on reception. Day care staff are always there to greet us on arrival.*
- *Social interaction in a supported environment due to mobility issues.*
- *1. Respite care for husband. 2. Day services used to take services users out into the community in their bus, but due to Shropshire Council removing the bus, this is no longer possible.*
- *Different celebrations e.g. D Day, Christmas, Easter. The company and companionship of other clients and staff.*
- *Eye tests for my child with additional needs.*
- *I do not, at present, but all of the above should be available as it's the only Day Centre in Ludlow. [to show missing sentence] If you want to close any down, close some of the ones you have in Shrewsbury instead. We all know the Council's money always stays in Shrewsbury, and is never spent in south Shropshire.*

Question 9 asked whether the respondents would be negatively affected by the proposal to close the Day Centre service at Helena Lane. It was answered by 20 people and overwhelmingly people would be negatively affected.

Figure 9 –Whether people would be negatively affected by the closure of Helena Lane.

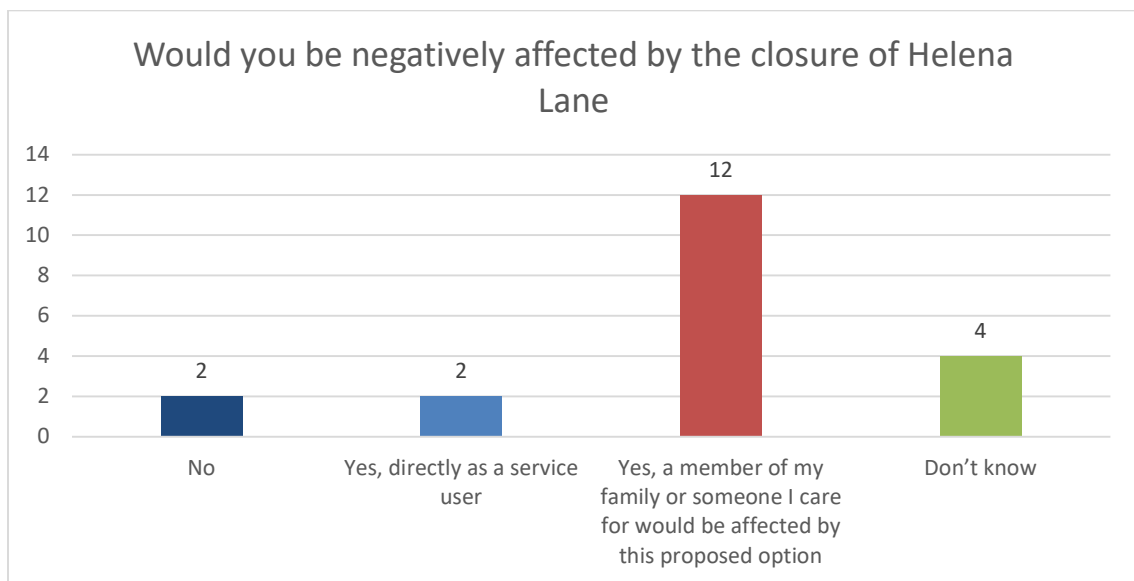


Figure 9 shows that 60% (12 responses) answered that someone they cared for or a member of their family would be affected and 10% (2 responses) answered yes as a direct service user, they would be affected. 20% (4 responses) answered they didn't know and 10% (2 responses) answered 'no'.

The respondents were then asked to what degree they would be negatively affected if they had answered yes. 17 people answered this question and figure 10 shows the result in full.

Figure 10 –How much people would be negatively affected by the closure of Helena

Lane.

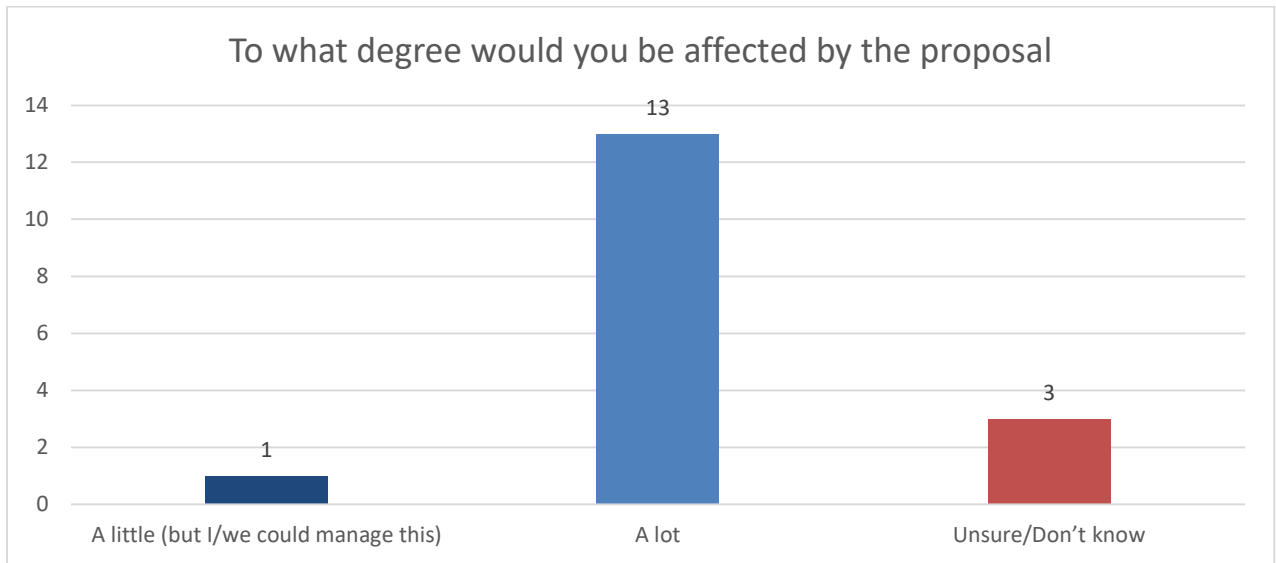


Figure 10 shows that 77% (13 responses) of people would be affected a lot by the proposed closure of Helena Lane, 17% (3 responses) are unsure/don't know and 6% (1 response) answered they would be affected a little, but it would be manageable.

When asked about the overall opinion of the proposed closure of Helena Lane, 20 people answered in the main that they oppose that proposal. Figure 11 displays the division between the responses in full.

Figure 11 –Whether people support or oppose the proposal for Helena Lane.

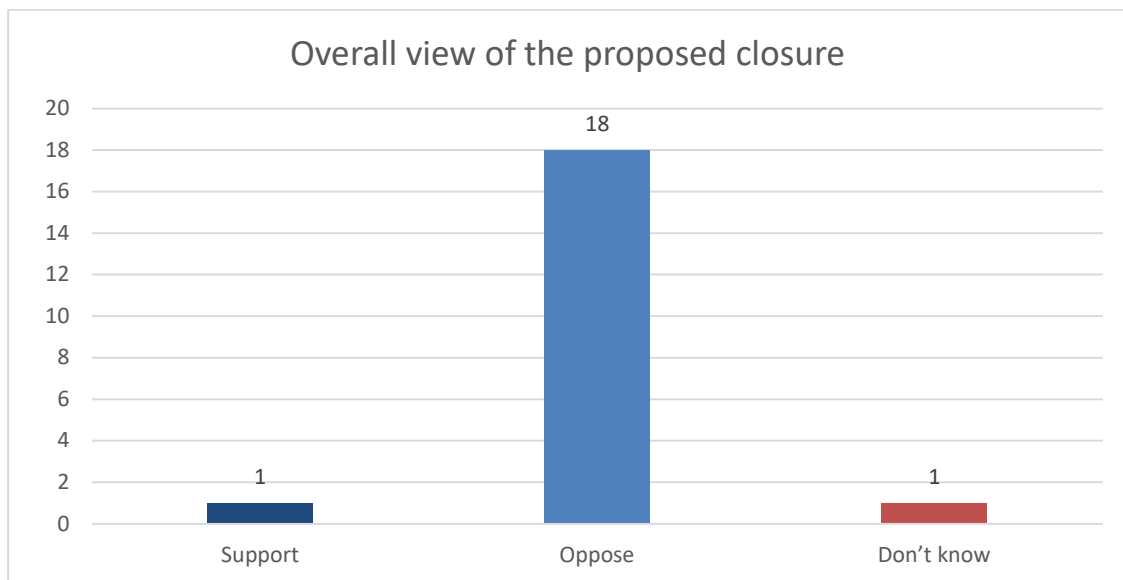


Figure 11 shows that 90% (18 responses) oppose the proposal, with the remaining 10% made up of one response in support and one response that didn't know.

The next question allowed for further expansion on respondents' views on the proposal, particularly if they responded in support or opposition. 20 people responded and the key insights are seen in Table 1, with comments to follow.

Table 1 –Key themes from comments on the proposed closure of Helena Lane.

Theme	Explanation
Perceived loss of an essential, irreplaceable local service	Respondents overwhelmingly oppose the proposal because Helena Lane is seen as the <i>only</i> day centre in Ludlow and South Shropshire that can meet the different and varied needs of the people who attend. Closure is seen as a removal of support altogether.
Strong emphasis on dignity, personal care and wellbeing	Helena Lane is viewed as playing a central role in maintaining dignity and personal care, that cannot be safely provided at home or through voluntary community services. Respondents argue that the removal of these elements would undermine basic standards of care.
Impact on carers and increased pressure on families	Respondents describe the service as a lifeline, providing essential respite. Without Helena Lane, carers/families would be providing care 24/7 with what they describe as negative consequences for their own health and ability to care.
Concerns about accessibility, transport and rurality	Opposition is strongly linked to geography. Respondents emphasise rural isolation, limited transport options, and the impracticality of travelling long distances to alternative centres. For many service users, fatigue, mobility issues, or medical conditions make longer journeys unrealistic, meaning attendance would likely reduce or cease altogether.
Under-use is due to under-investment, not lack of need	A recurring comment is that respondents do not accept low attendance figures as evidence of lack of demand. Instead, they argue that attendance has fallen because of reduced referrals, loss of transport, removal of meals, staffing constraints, and lack of promotion. Closure is therefore viewed as unfair, premature, and avoidable, with respondents calling for better use of the building, active promotion, and alternative income-generating uses rather than withdrawal of the service.
Perceived inequity	Some respondents express opposition rooted in distrust of decision-making, questioning whether savings will genuinely be achieved and raising concerns about fairness between different parts of the county. There is a perception that South Shropshire is disproportionately affected and that decisions are driven by financial considerations without sufficient weight given to social value, prevention, and long-term costs.

Comments

- Care provided provides stimulation and contact for my sister-in-law in a safe environment whilst giving me much needed respite for my brother as her carer. This supports his mental health and enables him to continue caring for her at home. Without this, he would not be able to continue and thus would mean full-time care required at much greater cost to the council.*

- *Helena Lane is the only day centre in Ludlow. The Council have purposely cut and removed services from Helena Lane to make the figures look bad, so these figures can be used as an excuse to close the centre. It is obscene that you should target Helena Lane for closure. It is the only Day Centre in Ludlow (which has the highest population of older people in Shropshire). Not only is it a Day Centre where its users can socialise and engage in the activities, but the bathing services are essential for people's wellbeing, those who use it will be unable to maintain their hygiene, along with easy parking to drop off family or park.*
- *If you utilised the building to its full potential, you could cover the cost of the day centre, which is a vital support to clients and caregivers. Greed has stopped other services using the building. You need a good manager to promote the building and bring in business.*
- *It is easily accessible.*
- *The day care users at Helena Lane are predominantly older people with serious conditions who need either supervision or physical support or both. The list of activities above is in most cases not applicable so I am not sure why they are listed. The day care service is invaluable but sadly has not been promoted by the Council - I have asked for additional days but cannot be supported because there are too few staff - numbers have been allowed to run down so now we have a chicken and egg situation - there would be plenty of demand if it was promoted. I know of people who now can't get a place because Helena Lane has stopped recruiting clients because of this proposal. That is outrageous. The day care service seems to be singled out unfairly - I should like to see detailed costs which include the total of activities, staffing, room rentals etc. How can it be that this expensive PFI building will remain, but this vital service will be cut. The service is a lifeline for carers who want a break from caring.*
- *This is the only place in Ludlow where someone with mild - moderate dementia can be supervised for a few hours. All the other community services provided by hands together Ludlow are not able to this. Unless a family member or carer stays with the person which defeats the purpose of having respite care. It's an essential service that is badly advertised and under-resourced. I asked for extra days but could not have them.*
- *I am writing on behalf of someone who attends Helena Lane twice weekly. She has advanced Alzheimers and relies on the day centre for stimulation and company. It is close to where she lives, which means that the travelling to and from the centre isn't too much for here as she tires very easily. If Helena Lane closed it would have an effect on her mental wellbeing as the stimulation she gets from it is very satisfying for her, as is the feeling of independence from carers and her home environment. She also experiences a huge sense of achievement bringing home things which she has made.*
- *What other centres are in Ludlow? People can't use as a lot haven't transport which is when the numbers went down.*
- *Helena Lane is a lifeline for me as I live in the country and have few visitors. Since attending it has improved my mental wellbeing and outlook on life. I get a chance to do activities I wouldn't normally be able to do. I can socialise with other people who have become good friends. I have a bath once a week which aids my personal care and staff can monitor and advise on skin issues. Staff are on hand to support me if I get low or depressed and always lift my spirits with positivity and encouragement.*
- *As a personal assistant for adults with additional needs, this feels like the council is trying to shift these adults into volunteering etc. so the council will save money.*

However, many of these adults will require someone to support them. This would mean a PA attending, or someone else who would also require pay. Many PAs are paid by the council, so I don't see how this saves money.

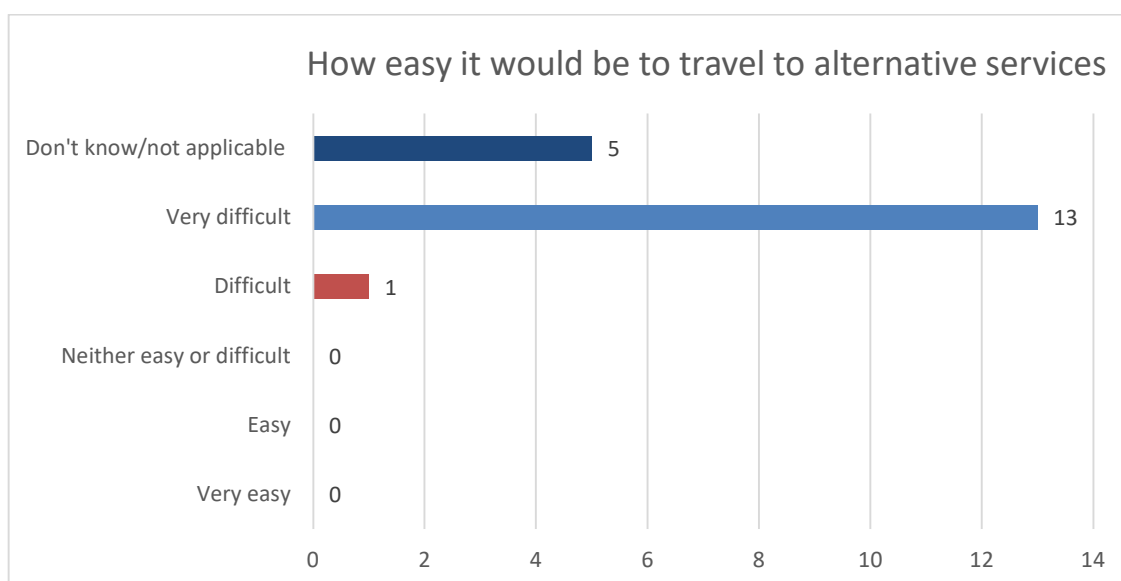
- We are very rural and these services are needed to support those in the area. Travelling to other areas isn't always easy, or an option. This could make a huge difference to someone who relies on this service for either care and/or the respite this provides.*
- Respite. I am totally opposed to the closure of the Helena Lane Day Centre facilities. My wife, who suffers from Multiple System Atrophy, attends the centre 2 days a week. Some of her symptoms mean she requires constant supervision when moving around as she's prone to falls. If she did not have the respite of attending then she would be with me 24/7, which is not great for promoting a healthy caregiving/marriage relationship. Her visits to the day centre give her a great sense of self-esteem and she thrives by mixing with others. She looks forward to attending and the range of activities keeps her mentally agile and gives her a great sense of being part of a community. The respite that the sessions provide are not only for but also for me. The few hours give me time to catch up with life admin without having to worry about [name redacted] and it improves both our quality of life. If the facility moved to another location nearer Shrewsbury, then these few hours of respite would be eroded by the additional travelling time. It would also not be practical to add an extra 2 hours of sitting in a car with [name redacted] condition. The Helena Lane facilities are purpose-built for providing the service that the attendees need, whether that be company, mental stimulus, a hot meal or even a bath and the staff are second to none. To take this facility and service away from the residents of Ludlow is absurd and certainly not what you would expect from a council that is supposed to be for the people. As always, I am assuming that this is about money saving and not providing an essential service to those that need it. To increase income the facility and what it provides could be better advertised, most people I have asked don't even know Helena Lane exists. Another option would be to investigate if a suitable location in Ludlow is available at cheaper running costs. This consultation should consider that this is vulnerable people's wellbeing that is being threatened and not just about a few pounds saving to please the bean counters. Note, these views are echoed by [name redacted] my wife, whose communication skills are affected by her condition.*
- The only service like in Ludlow for dementia and their carers, my parents. This is so valuable to enable them to live independently in Ludlow. They can't travel far at all, and I work so I can't take them.*
- The day centre at Helena Lane has provided significant support to my mother who has a degenerative brain condition at a young age - she has used the services for several years since the age of 65 - far too young to consider care home assistant. Helena Lane provides her connection with the wider community (both other attendees and staff), emotional support and stimulation plus this allows my father a few hours a week for himself where he is currently full-time carer to a person who is not mobile. Closing the centre I am strongly opposed too - the nearest service would be over 45 minutes in Shrewsbury, which is not practical for anyone in the Ludlow area to attend for a day centre offer. My view is the service should be more widely advertised and encouraged to be attended by a wider audience to make it more sustainable or make a small increase to the cost per-day as this would be acceptable. I doubt the space will be used for anything else and as said this would be a significant loss to Ludlow for future generations. If the cost of the building is a challenge - are there other facility options which are cheaper, i.e. the Mascall*

centre?

- 1. If [name redacted] did not attend Helena Lane I would be caring for her 24/7 with no respite. 2. There are no other day care centres in Ludlow. 3. Other care users make use of Helena Lane so closure would be a complete disaster, taking away an important resource for the community. 4. Removal of day care from Helena Lane would cause isolation for [name redacted] and her wellbeing and mental health. This is the only socialisation she gets and has made long-lasting friendships through attending day care. 5. Some care users that attend Helena Lane make use of the bathing facility (as they are unable or due to safety reasons not able to use bathing facilities at home. So, closure of Helena Lane would deprive them of taking a bath so basic hygiene would be taken from them.
- If the council allowed the service to take on more staff, then more clients could be taken on. If they provided a minibus, then more adventurous trips could be arranged for clients. The county of Shropshire does not end in Church Stretton, if you close Helena Lane then there will be no council run day care provision in the area. The staff here do a great job with the little provision they have from Shropshire Council.
- The cost of Helena Lane is High due the cost of the PFI contract. Closing the day service will not affect the cost of the PFI contract as the council is locked into the contract. Therefore, the estimated savings are not correct. Please clarify the alternative uses of Helena Lane & how it will be funded.
- Yet again the council not thinking about the impact on disabled community.
- If changes have to be made, then this option is the one that affects the fewest people, especially if as you say in your proposal, it already has low attendance and high costs to keep it open.

The respondents were asked to rate how easy or difficult it would be to travel to alternative day centres or similar opportunities should the decision to close Helena Lane be made. As seen in figure 12, the majority of respondents felt it would be very difficult.

Figure 12 –How easy or difficult people would find it to travel to alternate day centres/opportunities.



68% (13 responses) of the 19 people who responded would find travel to alternative services very difficult, 26% (5 responses) didn't know or it was not applicable and 5%

would find it difficult. Those that would find it difficult or very difficult support the sentiments of the previous comments.

With a view to seeing what elements at Helena Lane people benefit from, the next question asked if there were any particular elements that are needed in Ludlow that could be delivered at alternative locations. There is a strong core theme throughout the comments; Helena Lane is the *only* day centre in Ludlow and South Shropshire. It is purpose built, with essential and accessible facilities and there is no viable option nearby, especially given rural transport and access concerns. Helena Lane is seen as fundamental rather than supplementary and closure is there perceived as a complete loss of provision.

Comments

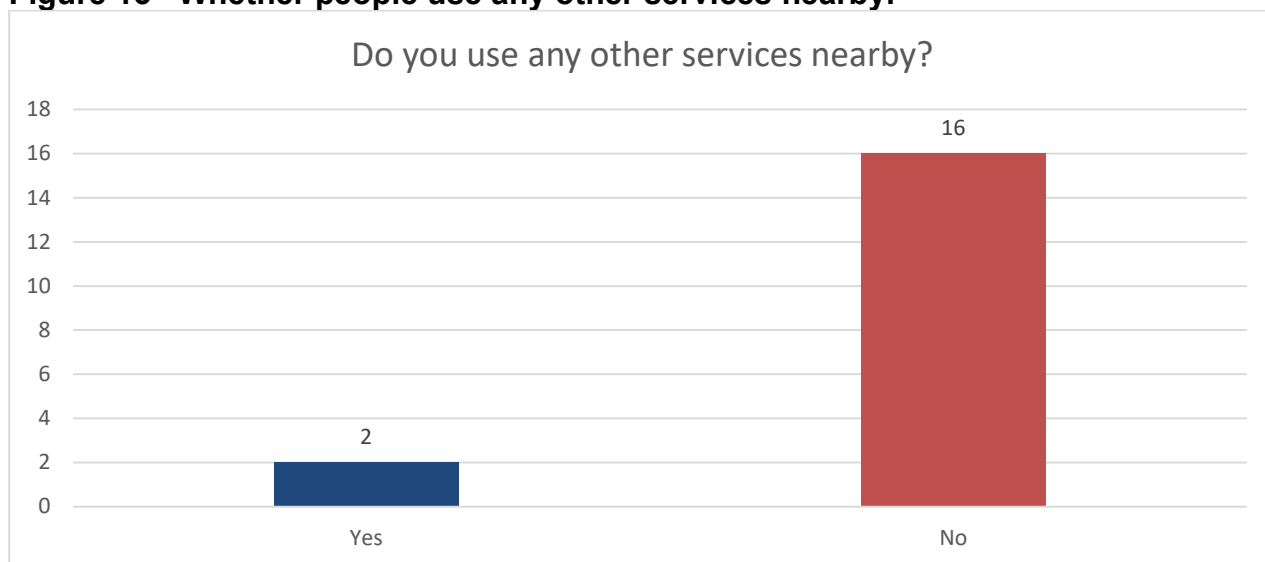
- *No.*
- *No-Helena Lane was built for the purpose of helping and caring for the elderly Helena Lane was left as a legacy to the elderly people of Ludlow.*
- *All services given at the Day Centre in Helena Lane are needed in Ludlow. It is the only Day Centre in Ludlow (which has the highest population of older people in Shropshire). It has brilliant purpose-built bathing facilities, baths with hoists. The staff are fully trained and provide excellent care service. It is unthinkable that you wish to prevent people from maintaining their dignity by preventing them from bathing. In addition, is it a Day Centre where its users can socialise and engage in the activities. All of these services are essential for people's health and wellbeing, both physical and mental health.*
- *No, you have a brilliant building with parking, get out of your office and make it work.*
- *The idea that in Ludlow there are voluntary sector alternatives to the professional care service offered at Helena Lane is fanciful. There are no private, affordable alternatives.*
- *As mentioned, 'other' providers are not able to deal with dementia.*
- *I don't know what services are available elsewhere, but it would be very difficult for her to adapt to a change and venue and change in people and environment due to her Alzheimers condition which means that any change at all is very upsetting and disturbing for her.*
- *Yes, lots of people if they can get there.*
- *Helena Lane is the only day service in Ludlow. It has all the facilities required, car park, one level, bathing facility, own kitchen for homemade meal. Excellent staff who are not just carers but have become friends and always on hand should I need support on matters. Hairdresser on site, accessible garden in the summer. We have a local care home who support us with coffee mornings and fetes and have become friends.*
- *I only hear good things about the service that is delivered from Helena Lane. This is a very valued service and much needed by those who need it/use it.*
- *Not aware of any other facilities that could provide the same service as Helena Lane.*
- *There is nothing similar.*
- *The loss of day centre or moving to a location any more than 20 minutes from Ludlow makes it too difficult for carers to manage - they would spend the hours the person they care for was in respite travelling. Another Ludlow location i.e. Mascal*

centre could be an option but would still need to support the activities and meal creation as these are key aspects of the day for the persons attending to get the support and extra engagement needed.

- If Helena Lane were to close, we would be deprived of day care. The time spent travelling to another venue would take away valuable respite i.e. 1 hour travel to Shrewsbury and travelling back another hour would take away at least 1 hour from 4-hour respite so the time to go back to pick her up would only allow me 1 hour out of the 4-hour respite. 2 hours respite out of the 4 hours would have a negative impact on respite care. To take away the only day care unit in Ludlow would be a disaster for its 10-15,000 residents.
- How much will Enable charge to travel train the service users? Has the cost of travel to alternative services been factored into any savings.

The following question asked whether the respondents used any other services that were nearby. As seen in figure 13, most respondents answered that no they do not.

Figure 13 –Whether people use any other services nearby.



89% (16 responses) of the 18 respondents answer 'no' they do not use any other services nearby and 11% (2 responses) do use other services.

The following questions relate to Aquamira. The proposal for Aquamira is to transfer the Aquamira Day Centre service to Abbots Wood (excluding the hydrotherapy pool which would close) and offer those using the site support at Abbots Wood or another location if appropriate.

The first question asks whether people would like to answer questions on the proposal.

Figure 14 –Interest in answering questions about Aquamira.

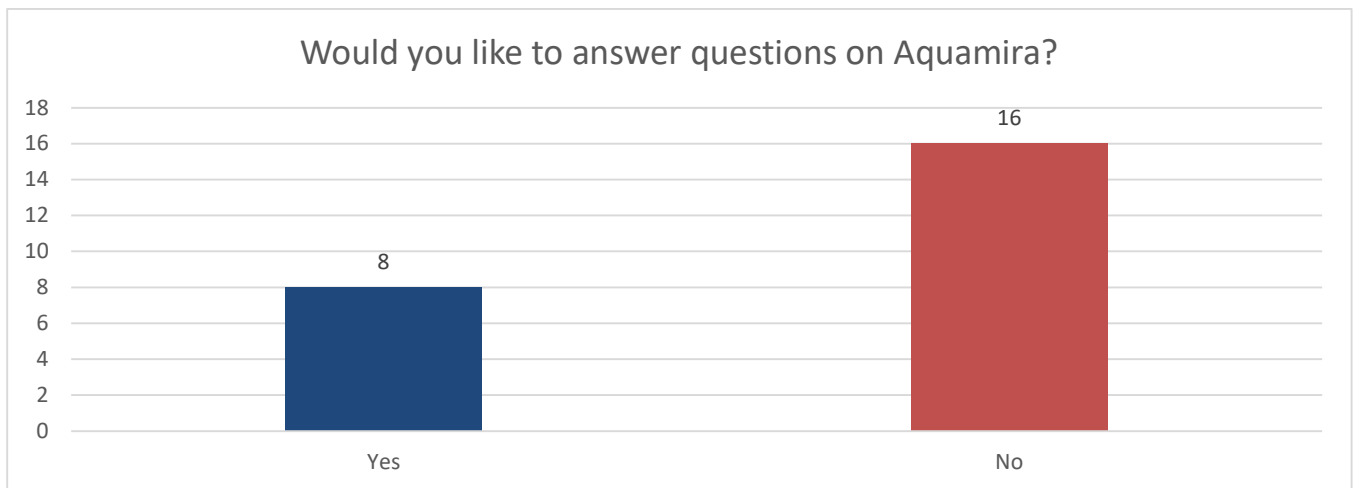
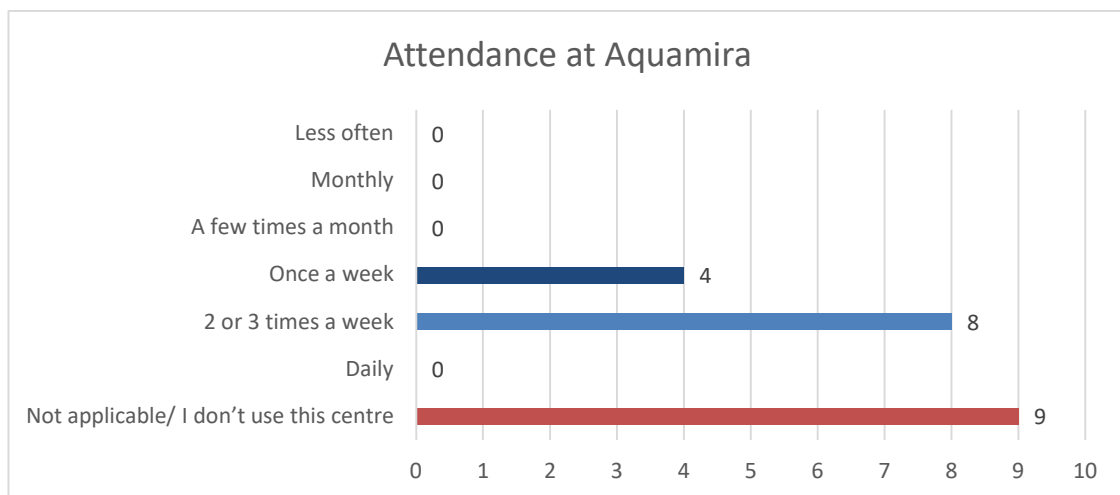


Figure 14 shows that 67% (16 responses) stated they did not want to answer questions on Aquamira and 33% (8 responses) did.

The respondents were then asked how often they, or the person they care for, use Aquamira. 21 people answered and 32 people skipped the question. Figure 15 shows the results in full.

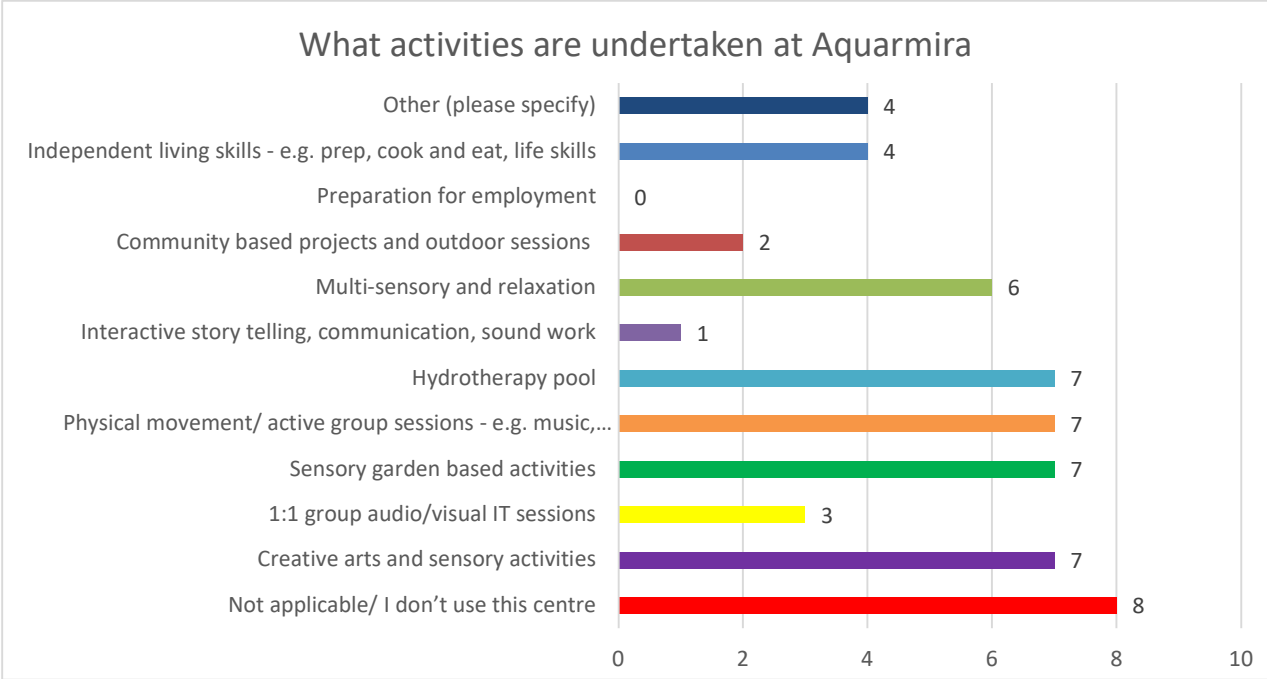
Figure 15 –How often people attend Aquamira



As seen, notwithstanding the 43% (9 responses) who answered that the question was not applicable or they didn't attend this centre, of the people who do attend Aquamira, 38% (8 responses) go 2 or 3 times a week and 19% (4 responses) attend once a week.

Question 18 asked what services or activities people benefitted from at Aquamira. The respondents could choose as many as applicable. 19 people answered and 31 skipped the question. It is important to see how many people use the hydrotherapy pool (7), as this is the part of the service that would be closed as part of the proposal.

Figure 16 – graph to show which activities people benefit from at Aquamira.



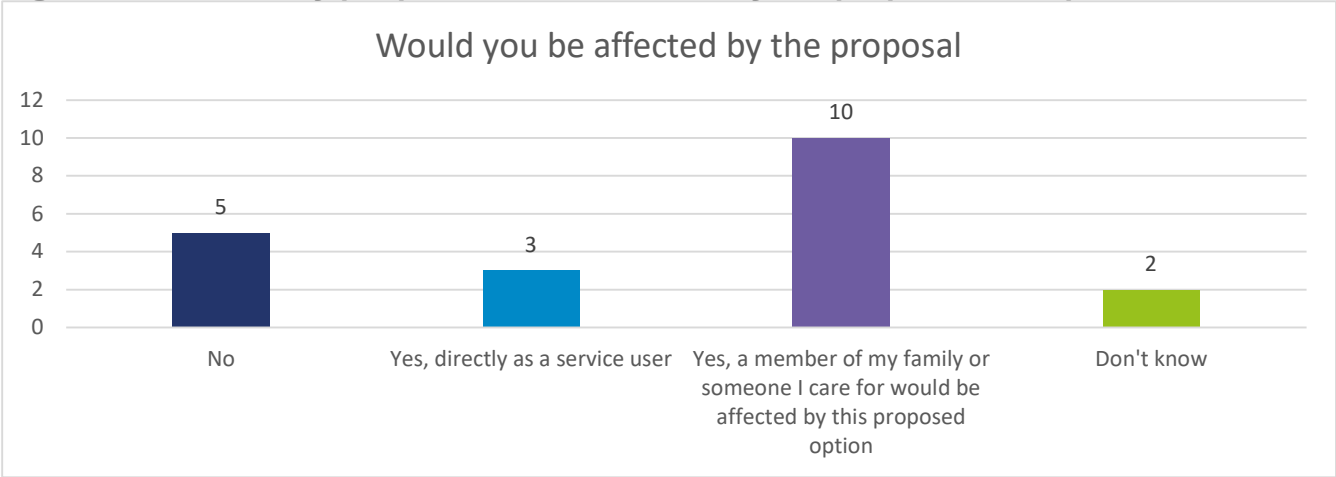
Where people could answer other, they could also specify what other meant. This received 4 responses which are:

- *Hydrotherapy pool (2)*
- *Mixing with people and joining in doing activities like games.*
- *Sensory regulation and social interaction.*

As seen in figure 16, the hydrotherapy pool, creative arts and sensory activities, sensory garden based activities and physical movement/active group sessions are popular activities, with 37% respectively.

When asked if they would be negatively affected by the proposal to close Aquamira and transfer the service to Abbots wood, 20 people answered and in general people would be affected, either as a direct user or as the person the respondent was answering on behalf of.

Figure 17 –How many people would be affected by the proposal for Aquamira.

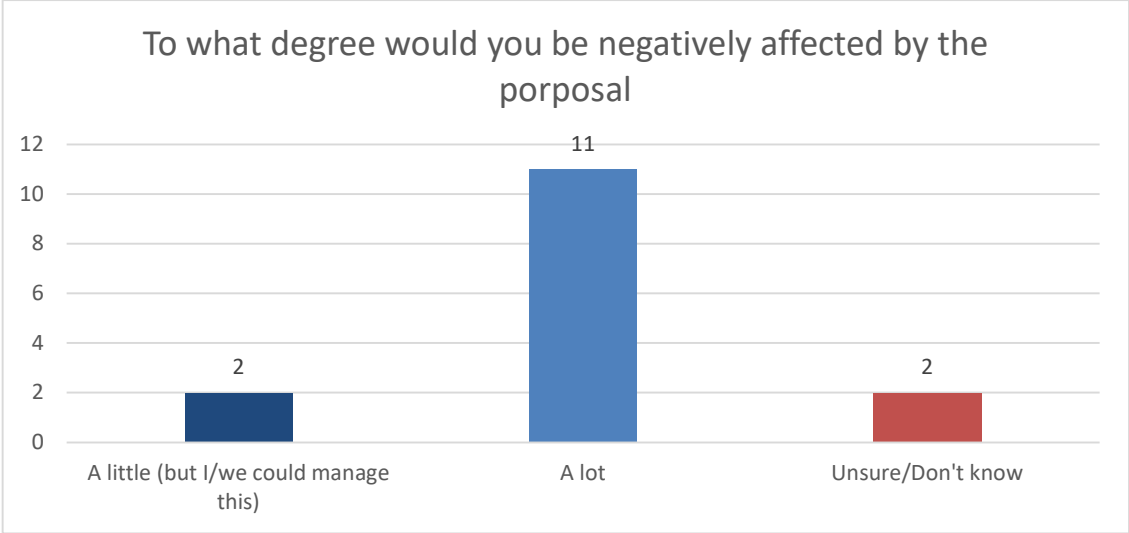


Generally, whether directly as a service user or as a member of family or someone they

care for, people would be affected by the proposal than not. 50% (10 responses) answered as someone whose family member or the person they care for would be affected, which supports the above figures that most people answering this survey are carers or family members and not direct service users. 15% (3 responses) are direct service users.

The respondents were then asked how much they would be affected by the proposal. Overwhelmingly they answered that they would be affected a lot.

Figure 18 –How much people would be affected by the proposal.



15 people answered the question about the level to which they would be affected and 73% (11 responses) would be very affected by the proposal. 13% (2 responses) felt they would be somewhat affected, but it would be manageable, and 13% (2 responses) were unsure of the impact.

When asked their overall view on the proposal, 95% of respondents opposed the proposal.

Figure 19 –Whether people support or oppose the proposal.

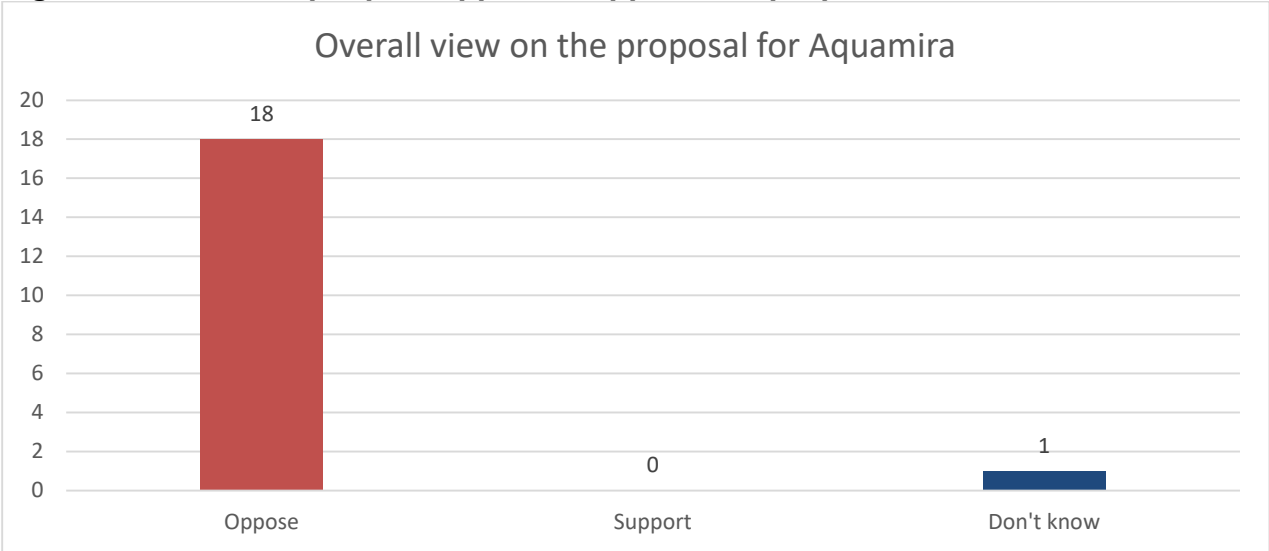


Figure 19 shows that of the 19 people who answered, the overwhelming majority, oppose

the proposal, no one supports it and 5% (1 person) does not know either way.

The respondents were then asked for comments on the proposal, especially if they had answered either support or opposed to the previous question. 17 people answered, and though that it not necessarily a high level in engagement, strong themes come across and the key themes are shown in Table 2 below, with the following comments:

Table 2 – table to show the key themes of support or opposition to the closure of Aquamira.

Theme	Explanation
Hydrotherapy is essential, not optional	Hydrotherapy is consistently described as vital to reduce pain, support mobility, improve mental wellbeing and maintain quality of life. Respondents emphasise that there are no realistic local alternatives.
Aquamira provides a specialist environment	Many respondents highlight Aquamira’s quiet, low-stimulus setting, specialist facilities and one-to-one support which would be lost if transferred to a busier centre.
Opposition is rooted in concern about suitability of alternatives	While a small number of comments acknowledge that relocation <i>might</i> be acceptable, this is only where equivalent facilities, space, staffing, and atmosphere could be guaranteed. Respondents’ express uncertainty that alternative sites can offer the same specialist provision, particularly hydrotherapy, sensory support, accessibility, and parking.
Preventative value and cost avoidance	Respondents frequently link Aquamira’s services to prevention—maintaining independence, avoiding health deterioration, supporting carers, and delaying the need for more intensive (and expensive) care. From this perspective, closure is seen as undermining long-term value for money, even if it delivers short-term savings.
Inequality and vulnerability of disabled groups	Several comments frame opposition within a wider concern that people with disabilities are disproportionately affected by service reductions. There is a strong narrative that those with profound or complex needs are being asked to absorb cuts despite having the fewest alternatives, reinforcing feelings of marginalisation and unfairness.

Comments

- *I have previously attended Abbots Wood until I was asked/told I had to leave as they could not cater for my complex and multiple needs. Including my physical and mental health. I am a wheelchair user and rely on transport provided by Shropshire Council for days I attend the day service. I am unable to weight bear without 24/7 1/2/1 support.*
- *There is no suitable alternative. Nowhere else has a hydrotherapy pool, a very important part of my daughter’s health and well-being. When Aquamira was built it was a requirement to have a pool for the people who would be going there. They have been used to having lots of access to a Hydrotherapy pool at school. We have experience of how it affected my daughter when she couldn’t have access to*

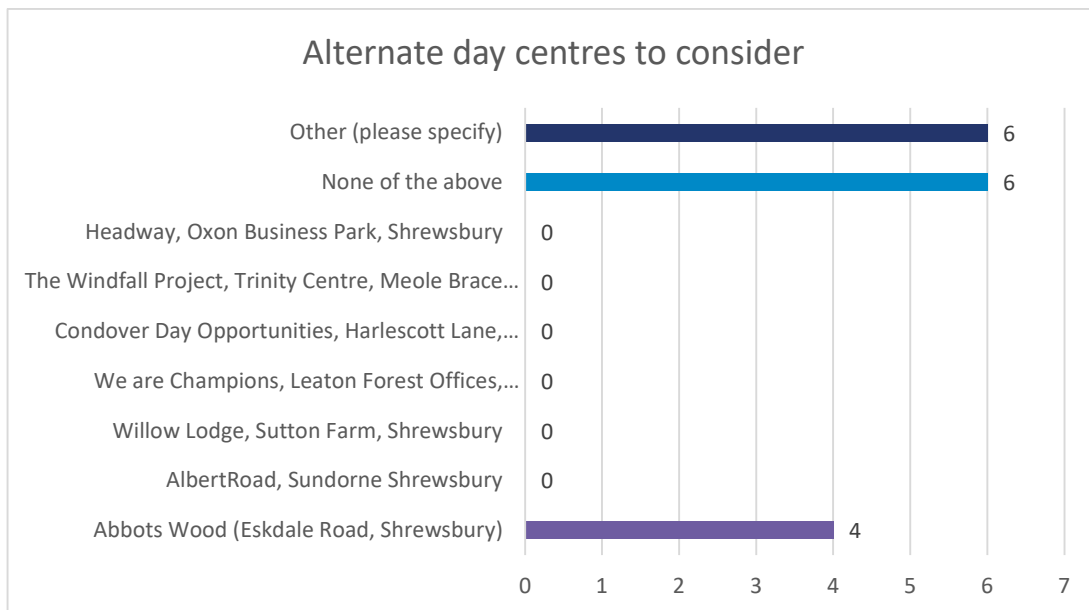
a pool during lockdown. I don't want this repeated. My daughter needs to mix with like-minded people, not people who are more disabled. The aims are different for the 2 groups of people.(2)

- *Aquamira is a vital centre for those with the severest of disabilities. It's multisensory and hydrotherapy facilities cannot be offered by an alternative provision.*
- *I have complex chronic health conditions, and the hydrotherapy pool reduces my pain and gives me some quality of life back that I don't have without it.*
- *I have a nephew who will be using adult day services in the future. I have previously supported individuals who have attended Aquamira and I feel that the service they provide is invaluable. It is highly specialised with both staff and the facilities. Where else would they be able to access appropriate hydrotherapy? Unfortunately, those with disabilities are so often sidelined within our society and both adult and children's SEND services seem to be at the forefront of the council's cuts. These are the most vulnerable and marginalised individuals who need person centered support, not just a general approach.*
- *My son attends music and sensory sessions at Aquamira. Abbots wood is further away. We have not visited it, so I don't know how it compares. Aquamira has ample parking, a big sensory room and is not crowded. As long as Abbots Wood offered the same then that would be acceptable.*
- *At the moment Hydrotherapy is paid for by service users as originally it was part of his care package but now it's paid for as an extra with Medi sec as a private arrangement because it wasn't available anymore due to staff shortage and out of order pool. Hydrotherapy pool is a vital asset. No other day service can offer this facility. Please do try to find a buyer to continue this service, do not knock it down.*
- *[Name redacted] doesn't like change.*
- *We feel that Aquamira has a quiet calming environment for our daughter, set in a secluded area with one-to-one supervision by staff and amenities including a well-established multi-sensory room and hydrotherapy pool which our daughter enjoys, so moving away from Aquamira setting is likely to make her anxious. The multi-sensory room provides relaxation for our daughter when she experiences sensory overload in noisy places. It reduces anxiety in her when she is overwhelmed and helps in reducing her stereotyped behaviours. The hydrotherapy pool in Aquamira which our daughter enjoys helps her improve her social interaction while playing in water and reduces her anxiety.*
- *There is no other hydrotherapy pool accessible for miles and miles. Hydrotherapy is so important for movement and when disabled individuals have access to it has huge benefits to health and mental wellbeing. Long term if you closed this pool would be a very short-sighted strategy, healthcare costs would ultimately increase as disabled individuals who use the pool wouldn't be able to access one.*
- *Aquamira is close and in our neighbourhood. The services there are excellent, the staff are friendly and the premises are welcoming. The hydrotherapy pool has been a godsend; we miss it when it's out of use for repair or maintenance. It's the daughter of a close friend who uses the day centre. As council papers state, only 6% of adults with autism have employment in Shropshire. These are people with disabilities with profound needs; they're not going to get employment. They need Aquamira, to be in their community and to have access to the services that remain. Abbots Wood does not offer comparable facilities and is further to travel. Work is only manageable with a very tight schedule; add travel time and this person will end up in full-time council care - costing far, far more than the cost of a space of a day centre.*

- *The building is set up for caring for severely disabled adults. It already has everything on site like the interactive light room and the hydrotherapy pool, so it makes no sense to move to Abbots Wood which has none of these facilities. My daughter loves the interactive room at Aquamira. It is a safe space for vulnerable wheelchair users.*
- *See my previous response re Helena. Also, the council is absolutely inept, not fit for purpose. The fact that they waste so much money i.e. Planners etc. for relief road which cost tens of millions, the bodge jobs done for fixing potholes which then require more money to be spent to fix them properly, the money spent on the railway station gyratory and so on and so forth. It would be better more financially viable to sack the people who decide how things are funded etc. and employ people who can actually do the job properly. But instead, you are trying to save money by, surprise, hitting the more vulnerable people in the county.*
- *As a carer / family member with the said relocation of Aquamira I strongly disagree. The centre accommodates my brother's needs perfectly well. It is a quiet centre which suits him to the ground. Abbots wood has a lot of service users there already, added clients? Staff will be noisy and will not give the care and attention my brother needs. He really enjoys his time at Aquamira and a lot of money has been spent there to improve services for the users. If my brother's needs and mental status suffer due to any move, I will not be happy. As always Shropshire Council will do what they want to do so there is no point to this survey.*
- *Aquamira is owned outright by Shropshire council whereas Abbotswood is PFI. The cost of the PFI contract is enormous, the pool at Aquamira is expensive to maintain. Whilst in this financial difficulty, could the pool be mothballed, saving a huge amount each year. The service users who attend Abbotswood could be accommodated at Aquamira, there is space in the unused commercial kitchen if extra space is needed. Has the cost of transporting clients to alternative services been factored into future costs? I note the consultation relates only to in-house Day Services and not the services which have been outsourced and locked into expensive contracts with Bethpage etc. Is there a plan to review these contracts?*
- *Can imagine it's valued by its users and their families.*
- *Council trying to save money, first option is to always look at cutting disability services.*

Question 23 asked what other locations people would be interested in using, though Abbots Wood is the preferred option in the proposal. There were mixed responses from the 15 people who responded, there was an equal number of responses for none of the above and other and then Abbots Wood was the second choice. If people chose other, they were asked to specify, and the results will be shown in full after figure 20.

Figure 20 –Other preferred locations for the day service.



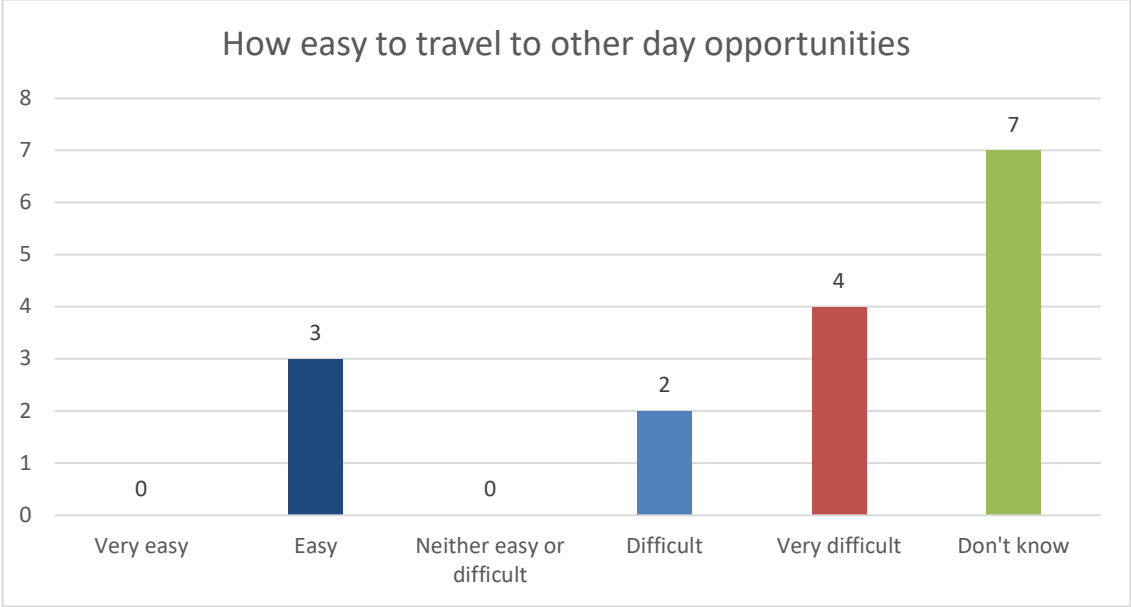
These mixed responses show that 38% people oppose the closing of Aquamira by choosing the option of none of the above. This supports the comments of the previous question. 38% also chose other, and commented:

- *None have hydrotherapy pools.*
- *I know nothing about the other services or what facilities they have so cannot comment.*
- *Not applicable.*
- *Aquamira needs to stay open.*
- *How will the cost of travel be met?*
- *Albrighton Moat.*
- *I am willing to go wherever (in Shrewsbury) they are able to provide the care and wellbeing and understanding that Aquamira has provided for me over the last 12 months, as one of my conditions is progressive Dementia which is, and will have, a severe impact on my abilities.*

Excepting one comment for Albrighton Moat, most oppose the closure of Aquamira. 25% then chose Abbots Wood, which supports some comments from the previous question that suggests if Abbots Wood had the same facilities as Aquamira, the transferring might be acceptable.

When asked if the respondents did not want to transfer to Abbots Wood, how easy they would find it to travel to other day opportunities or centres, out of the 16 people who answered, 44% did not know.

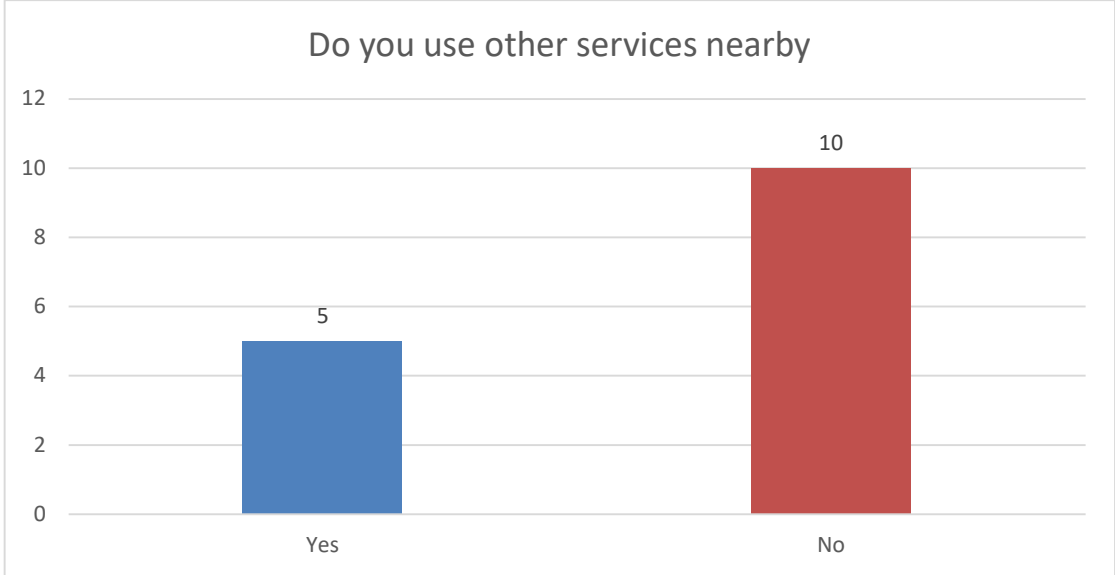
Figure 21 –How easy people might find it to travel to other day opportunities/centres.



Whilst most answers don't know, there are more answers for difficult or very difficult collectively, than easy. This supports the opposition seen in the previous questions. 19% (3 responses) of people answered they would find it easy, which is positive.

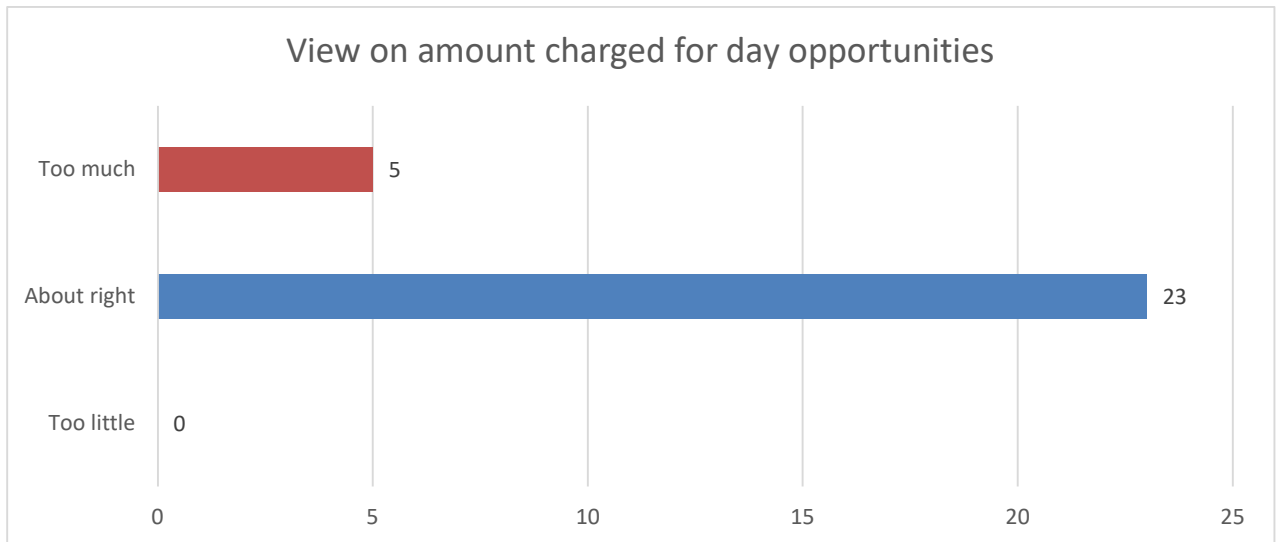
Respondents were also asked if they used any other services nearby. 15 people answered, and 67% of respondents answered no.

Figure 22 –Whether people used other services nearby.



The next question asked about the amount people were charged for the day opportunities and whether it was too much, too little or about right. In general, of the 28 people that answered, 82% feel it is about right.

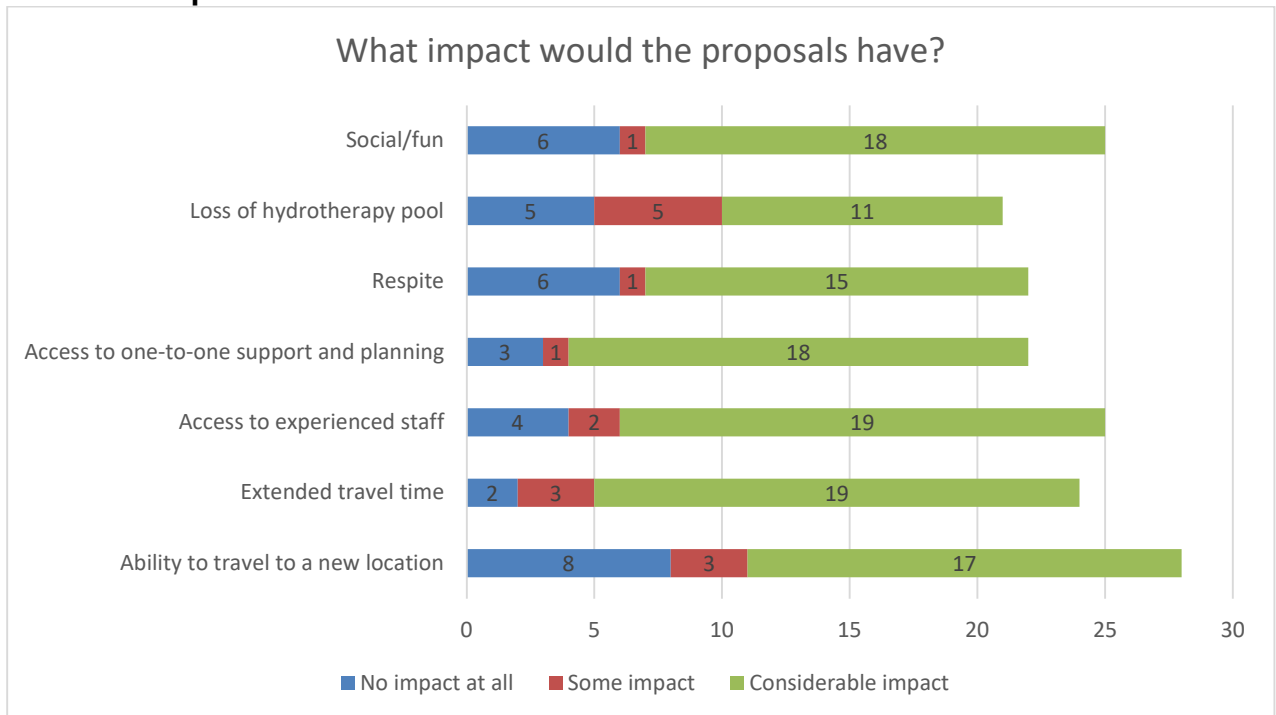
Figure 23 –Respondents' views on amount charged for then day opportunities.



An encouraging amount of people feel the amount is satisfactory (84%).

Question 27 then asked in which ways service users would be affected by the closure of Helena Lane and the transfer of services from Aquamira. 30 people answered and there were 3 additional comments.

Figure 24 –In which ways people would be affected by proposals for both Helena Lane and Aquamira.

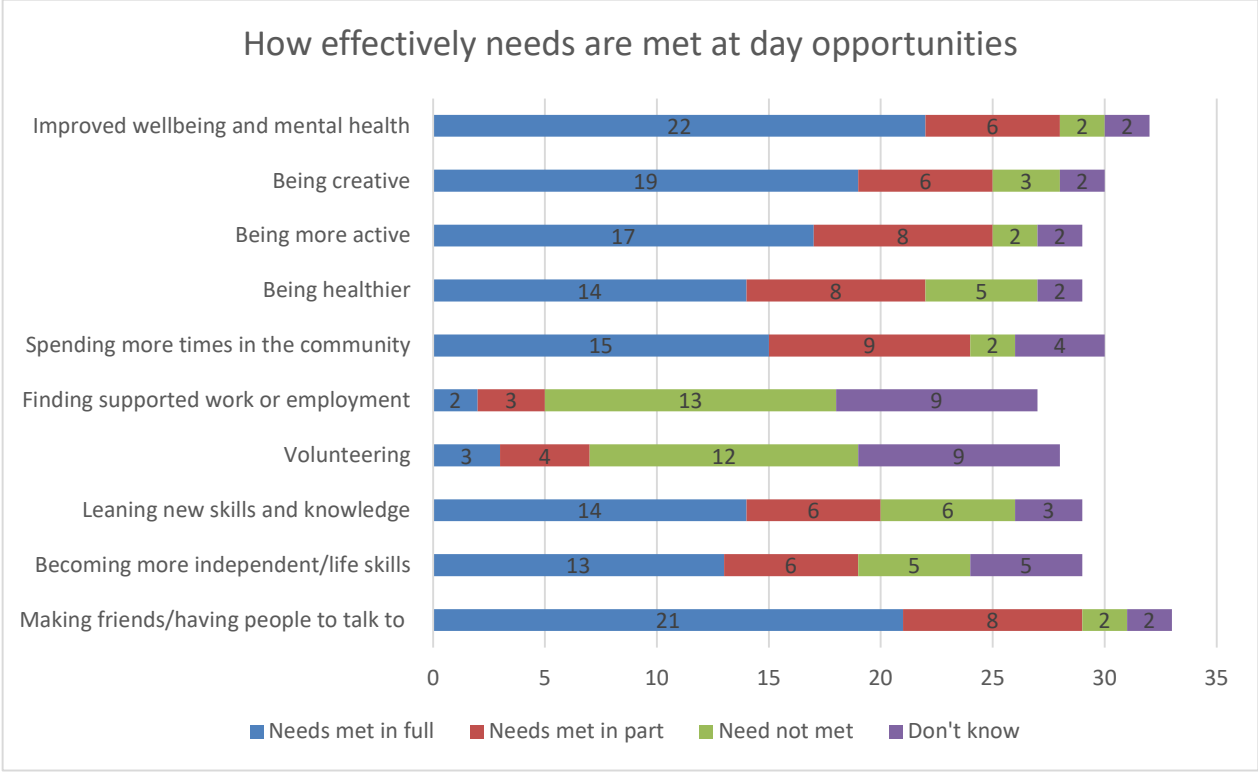


Overall, across the categories the proposals would have considerable impact. The 3 comments were:

- *Not applicable.*
- *Meals and bathing.*
- *She's happy there and is nonverbal. Suggesting volunteering or living skills to someone who has her needs is just inappropriate.*

The next question asked how effectively day opportunities meet the following needs; making friends/ having people to talk to; becoming more independent/ life skills; learning new skills and knowledge; volunteering; finding supported work or employment; spending more time in the community; being healthier; being more active; being creative; and improved wellbeing and mental health.

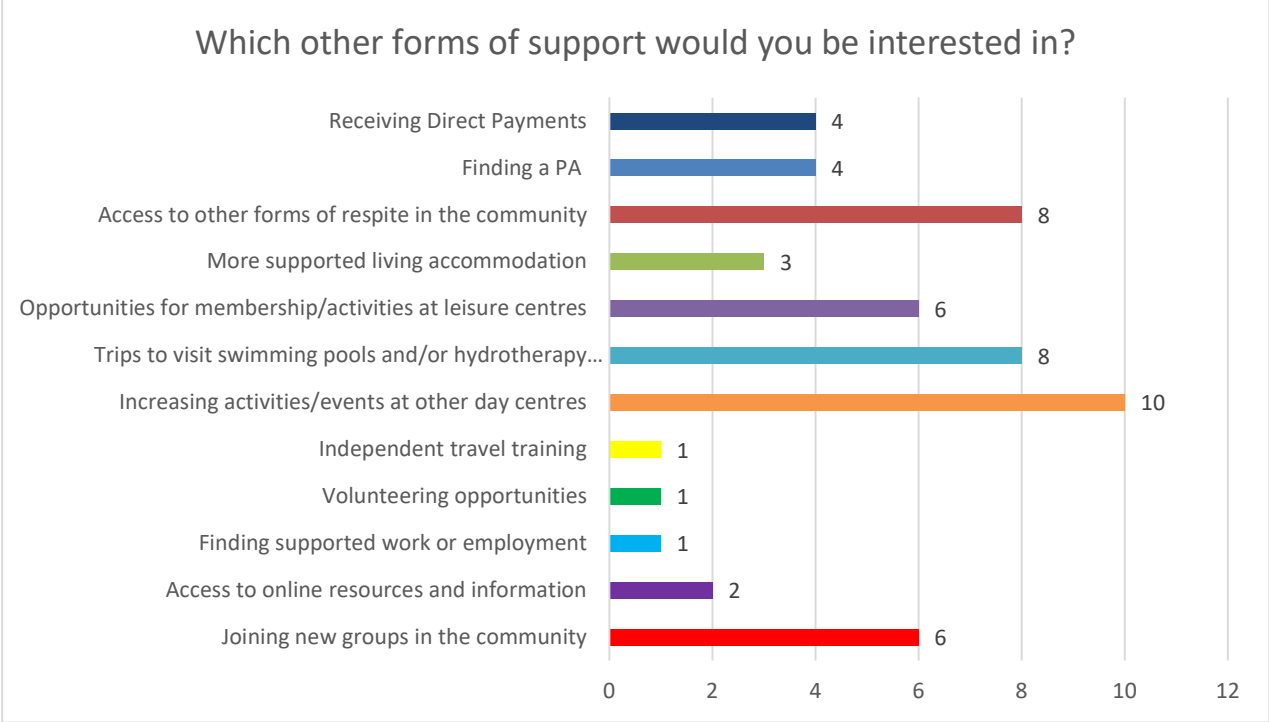
Figure 25 –In which ways day opportunities meet the needs of their clients.



As seen in Figure 25, in general day opportunities meet the needs of their clients in full. This is encouraging on one hand as it suggests that the day opportunities are working well, but on the other hand it can support why people are in such opposition to the proposals; because their needs are being met and they don't want that to change. The only two categories where needs are not met are finding supported work or employment and volunteering. This could support some previous comments where people have said that employment and volunteering are not applicable or appropriate to the people receiving care.

Question 29 was designed to explore which needs people might want to have met, which might happen because of saving money. 20 people answered and respondents were able to choose as many as applicable.

Figure 26 –Which different needs people might be interested in.



As seen in Figure 26, there are several additional needs that people would be interested in, particularly increasing activities at other day centres, trips to swimming pools, access to other forms of respite and opportunities for membership at leisure centres.

Question 30 expanded on respondents’ suggestions regarding the proposals, whether they had any alternative suggestions that might help Shropshire Council meet needs whilst achieving savings and better value for money. 19 people responded and the main themes are:

- **A perception that financial mismanagement is driving the proposal** – There is a recurring narrative that financial pressures are the result of poor strategic decisions elsewhere, and that reducing or closing specialist services for disabled and older people is seen as unjust and avoidable.
- **Preference for service retention through adaptation** – Rather than supporting closure, respondents repeatedly suggest alternative cost-saving or income-generating approaches.
- **Underuse due to lack of promotion, not lack of need** – Similar to the above theme, several comments suggest that Aquamira’s perceived under-use reflects historic under-investment, poor promotion and limited awareness, rather than limited demand.
- **Specialist provision is seen as essential and not interchangeable** – Respondents emphasize that Aquamira supports people whose needs are not well met by generic, mainstream care provisions.
- **Strong theme around equity**– Respondents argue that people with disabilities and older people are being disproportionately affected, despite having limited alternatives.

Comments

- *Rent out hydro-pool to family members of those with disabilities. Reduce budget spent on surveys and feedback forms.*

- *It is a well-known fact that Shropshire Council wastes money, for example, spending £38,000,000 on the Shrewsbury shopping centre, which was only valued at £12,000,000. An immediate loss of £26,000,000. Building unsafe, unfit and unusable bus stops - again in Shrewsbury. Paying the new Chief Executive an eye watering, obscene salary of £176,000! If you stopped wasting money on worthless things, you would then have more to spend on important services, like services for older people. You could also try employing competent employees who actually understand something of Shropshire Council's own services and funding. (2)*
- *If the service at Helena Lane was better advertised and better resourced, they could do even more.*
- *Attending Aquamira to keep pool and make building into a gym especially for people with physical disabilities. Using out of normal hours Aquamira for public use. Most local people don't know it's there and what the possibilities could be.*
- *Rather than closing Aquamira building we would suggest Aquamira be used to provide more opportunities for more learning-disabled people. Given the space and the facilities that are available in Aquamira and its setting, in a quiet secluded area, could the council not find more users for it from elsewhere?*
- *I have not answered some questions because they are not applicable to the people who go to Aquamira. I think the people making these decisions have no idea about the people or their families. The questions that are asked are more for able disabled. I have already written to the council outlining a couple of suggestions but no doubt they will not be considered as it is clear you have already decided to close Aquamira whatever happens. May I point out I had a letter from adult services dated 24/10/13. Why was this not sorted out then. It has been allowed to get worse for another 12 years. Bad management I say.*
- *Please merge with Telford and Wrekin. Save money by merging back-office costs, not on this.*
- *It is not my role to tell the council how to save money, but I do know that this council wastes a lot of money on pointless things. It also angers me that this council wants to save money by cutting services for the most vulnerable disabled people in society. These people need decent services more than anybody else and day centres are vital. Not all disabled people can work or do voluntary work.*
- *SC should promote the existing service at Helena Lane. Put up signage indicating where the centre is and advertise the service and activities on offer. A bus would help get more people into the centre as not many 80+ year olds drive with dementia or physical restrictions and mobility.*
- *Stop spending money employing new people, go work out where the money is spent. There are some services which can't be cut, due to the negative impact that would have on people in your area. Stop spending money at the top, and this will have provided the money for these services lower down.*
- *Increase charges slightly to offset costs. Find a new location within Ludlow with lower overheads.*
- *There needs to be a day centre in Ludlow, there is an ageing population, the one in Tenbury has closed. There is nothing within an hour's drive.*
- *Reduction in days or broadening scope to encourage more attendance and make it more cost effective.*
- *My brother contributes money for his care needs and support so his contributions from government has been severely reduced to the above. He pays his food/utility bills out of 2 payments he has 4 weekly. As it is our parents who left him the property he resides in now. Otherwise, the government would be paying a lot*

more money for his housing requirements with adaptations for the rest of his life. We all know that Shropshire Council and others are in financial difficulties but why pick on the weak and vulnerable clientele, they have not asked to be born different from the rest of us. Clients and families/carers need support from centres like Aquamira. I have no idea where monies can be saved to allow the said centres to stay open but for goodness' sake there are plenty of managers, experts that can find a way forward to resolve matters.

- *1. Open Helena Lane to other groups/care users at the cost of hiring out Helena Lane facilities would increase income for Shropshire Council. 2. There is no signage or advertising for this service. 3. This is not only the only day care centre in Ludlow but also the only day care centre for the elderly in South Shropshire that also provides a bathing and laundry service.*
- *The council would save a lot of money if they turned off the heating systems down. You don't need a constant 34 degrees 24 hours a day 365 days a year.*
- *Yes....I think that Service Users could be supported by the Staff and use their skills to help with Community Projects such as maintaining Community areas and litter picking. Greenacres Farm is already Garden for the Vicarage. Why not expand this and any monies made can be used to lower costs to the Local Authority.*

Question 31 asked for any other comments the respondents might have, including anything they would like considered for the future of day opportunities in Shropshire. 16 people answered and the comments are below:

Comments

- *Totally immoral to save money by making cutbacks that affect the most vulnerable members of the community.*
- *Stop spending all of Shropshire Council's income on Shrewsbury. Money is never spent in south Shropshire, so for the future of day opportunities - keep Helena Lane open in south Shropshire. It is scandalous that you would even think about expecting users of Helena Lane to travel any distance in order to use another Day Centre outside of the area! (2)*
- *Dementia care in the community needs special support.*
- *Make access for general public, arts classes for the general public.*
- *It will be good and useful if Abbots Wood and similar day centres have multisensory rooms which help users who have autism and profound learning disabilities, in reducing anxiety in them which gives them relaxation periods whenever they want a quiet environment.*
- *Have some consideration of how difficult it's been to navigate Social Services, especially EHCPs.*
- *Vulnerable disabled people need day centres where they can socialise with others, learn new skills and be part of the community. They need a safe space where they have all the facilities they need, including an interactive light room and hydrotherapy pool. Aquamira has all of this already on site. The other day centres don't have these facilities. It is also a safe space for wheelchair users.*
- *Helena Lane is the only older person centre in South Shropshire. The building was left for the older people of Ludlow and yet SC want to remove us or close us. All facilities are in place, i.e. baths for the purpose of the elderly to use in the building as it was purposefully built for the elderly community. We are family-orientated and support each other, staff are professional, friendly and well trained and there is nothing too much trouble for them. Always a friendly ear to hand.*

- *This is a service for those who really need it. It doesn't matter if it's for 5 or 30 people, it is not a profit-making service and must be provided for the benefit of all that require it.*
- *Helena Lane has significantly benefited the quality of life of both my parents. My mum loves going to the centre - it has improved her mentality and social - I do feel her condition has not decreased rapidly due to the engagement. It has also allowed my dad to have a few simple hours to himself, which as a full-time carer is priceless. I don't feel a 1 1/2 round trip to attend other day centres for a 4-hour session is a fair request or demonstrates support from the local community.*
- *1. I would appreciate increasing the number of hours for the day care from 4 to 5 or 6 hours. 2. I would appreciate Helena Lane having the use of a minibus for trips out for care users. This was taken from them last year. 3. Day care at Helen Lane is not only required for my wife's health/mental health but also for mine. The cost of providing care for both of us would be more than the cost of just for my wife. 4. Without the respite that Helena Lane provides my health and mental health would decline as caring for my wife 24/7 is mentally and physically draining.*
- *The proposals for the alternative day services are not clearly explained. For example, Greenacres is currently a significantly underfunded day service which has the potential to be excellent if appropriate investment were made. Increased funding could allow for more animals, expanded gardening and vegetable-growing activities, and greater opportunities for meaningful community engagement. My son is a wheelchair user and requires a personal assistant wherever he attends. He already volunteers two days a week, and even with this, finding suitable placements has been extremely difficult. Employment is even more challenging when two people need to be accommodated within a workplace. There is also no clear explanation of how people will be supported by volunteering or employment in a realistic and sustainable way, including how appropriate placements and the correct level of ongoing support will be provided.*
- *Day Services transform service users' lives and those of their families. Greenacres Farm and I am sure other Day Services also are an absolute lifeline.*
- *Day Service transformation happened in 2013 resulting in the closure of Hartley, Sabrina Court & Ellesmere Town Hall. Never forget Micheal Breeze who tragically died during the transformation of services. Many of the service users who attended these services had greatly reduced services offered as replacements. Enable may find volunteer opportunities but were unable to provide sustained travel training for affected people.*

Based on these comments, the following key insights emerge:

- **Strong place-based equity concerns** – There is a clear perception that South Shropshire is disadvantaged compared with Shrewsbury. Proposals that require people to travel long distances are viewed as unreasonable, inequitable, and disconnected from the realities of rural living.
- **Day centres are seen as essential community infrastructure** – Respondents consistently frame day centres as core services for vulnerable people, not optional or profit-driven provision.
- **Specialist environments are critical** – Those with complex care and health needs require specialist, well equipped and calm environments. Both Helena Lane and Aquamira have these facilities and are not replicable.
- **Lifeline and carer-support role** – Day centres are repeatedly described as lifelines for both service users and carers. There is a clear concern that removing this support would accelerate carer burnout.

- **Alternative are perceived as under-developed and insufficiently explained** – Respondents express concern that proposed alternatives lack clarity, investment and realism.

Written consultation responses

During the consultation there were alternative ways to respond and engage with the survey. There were 3 emails and 2 letters received from clients or carers, and all personal details have been redacted.

Email 1 - themes

- Helena Lane has great facilities but is underused – *“Helena Lane in Ludlow is an under-resourced facility already, despite being a perfectly good building with parking and modern facilities but hardly any services provided there.”*
- South Shropshire is targeted before Shrewsbury – *“I am disappointed but not surprised that adult services in South Shropshire are those first on the list to be targeted by Shropshire Council for reduction or closure.”*
- Closure of Helena Lane is representative of wider problems in South Shropshire – *“Ludlow and its surrounding villages are suffering for the lack of financial control within Shropshire Council, which uses resources to support Shrewsbury and North Shropshire to the detriment of the rest of the County.”*

Email 2 – themes

- Suggestions to future proof the services – *“To potentially future proof the service it would be beneficial to have more flexibility regarding hours of working, to consider other client groups, to consider carers groups and possibly offer ad hoc opportunities for clients to have day service hours, this could reduce carer burn out and encourage shared lives carers to offer further respite. Could day centres be used to offer meetings for health and social care evenings and weekends which could bring in revenue and enable potential opportunities to increase collaboration with health and social care”.*

Email 3 – themes

- Employment is not an option for everyone – *“Do what some of your councillors have suggested that we get up and go to work, I would love to but as I am 80 years old [and] disabled, I cannot do...”*
- The service gives good quality of life – *“Please don't condemn me to a life of sitting in front of the television on my own in need of things.”*
- Helena Lane has good facilities – *“Centre built on one level plenty of car parking with things to do.”*

Letter 1 – themes

- Helena Lane has all the facilities people need – *The model of one stop day care under one umbrella is one that suits my mother but seemingly also all those who use the service.*
- Improve the services as facilities are underused – *Somebody should be tasked with promoting the service and fill the vacant chairs, following the proven model that works for the service users already.*
- Closure or relocation means lack of access – *Relocation of services for the elderly at Helena Lane would ultimately mean that my mother would not be able to access*

services, given her lack of mobility and transport issues.

Letter 2 – themes

This was a lengthy letter authored by service users, carers, and a campaigner, addressing the proposed closure of Helena Lane Day Service for Older People in Ludlow, Shropshire. The key themes have been set out here:

- **Legal Issues:** The response references legal guidance (Luke Clements, Disability Law Service) indicating that financial problems are not lawful grounds for reducing care. Any alternative arrangements must be real and meet assessed needs.
- **Council's Proposal:** The closure is driven by a declared financial emergency. If approved, it would end the only council-provided day service for older people in Shropshire.
- **Equality Impact Assessment:** The assessment is criticized for inaccuracies, especially regarding the age and needs of Helena Lane users. Most users are in their 70s and 80s with severe disabilities, not the 30–50 age range stated.

Impact on clients

- **Loss of Specialist Care:** Helena Lane provides specialist support for older people with severe disabilities, including dementia and limited mobility. Community alternatives (lunch clubs, Men's Shed, etc.) are not suitable substitutes.
- **Social Isolation:** Closure would lead to loss of social life, accessible bathing, laundry, and meals, severely impacting wellbeing.
- **Statements from Users:** Personal accounts highlight the essential role of Helena Lane in their lives, expressing fear and distress about the closure.

Impact on carers

- **Respite Loss:** Carers rely on Helena Lane for respite. Its closure would remove the only venue in Ludlow where people with significant dementia can attend without their carer.
- **Statutory Rights Ignored:** The response notes the Council's failure to recognize carers' statutory rights and the significant negative impact on their wellbeing.

Alternative and Accessibility

- **Community Initiatives:** While local voluntary services are valuable, they cannot replace specialist care for those with high needs. Accessibility issues (buildings, toilets) further limit options.
- **Employment & Volunteering Messaging:** The Council's repeated suggestion that users should seek employment or volunteering is seen as insensitive and inappropriate for this population.
- **Lack of Publicity:** The Council does not actively promote its in-house services, contributing to low uptake.

Financial and Demand Issues

- **Cost Arguments:** The Council claims high costs and low demand. The response challenges these figures, noting a 30% reduction in spend and questioning the accuracy of demand assessments.
- **Managed Decline:** The response suggests that reductions in service (days, hours, staff) have artificially lowered attendance and demand, justifying closure.

Unmet needs

- **Ageing Population:** Shropshire has a growing elderly population with significant rates of disability and dementia. The response argues that closing services is short-sighted given these trends.
- **Under-diagnosis:** NHS and Council data likely underestimate the need for specialist support due to under-diagnosis and poor care plan reviews.

Rural and Inequality Issues

- **Rural Proofing:** The closure disproportionately affects rural, low-income, and disabled residents, increasing vulnerability and social isolation.

All the emails and letters provide an important insight into clients and carers opinions on the proposals. These responses consistently highlight Helena Lane as a valued but under-utilised service, with low attendance attributed to reduced referrals, limited promotion and constrained service delivery rather than a lack of need. Respondents express strong concern about place-based inequality, particularly the perceived disproportionate impact of service reductions on South Shropshire compared with Shrewsbury. Helena Lane is repeatedly described as a unique, one-stop service providing specialist care, dignity, social connection and essential respite for carers, which is not seen as replaceable by voluntary or community provision.

There is also clear challenge to assumptions around employment and volunteering, which respondents view as inappropriate for many older people and those with complex needs. Concerns are further raised about legal duties, the accuracy of the Equality Impact Assessment, and the longer-term risks of increased isolation, unmet need and pressure on carers and statutory services if specialist provision is withdrawn.

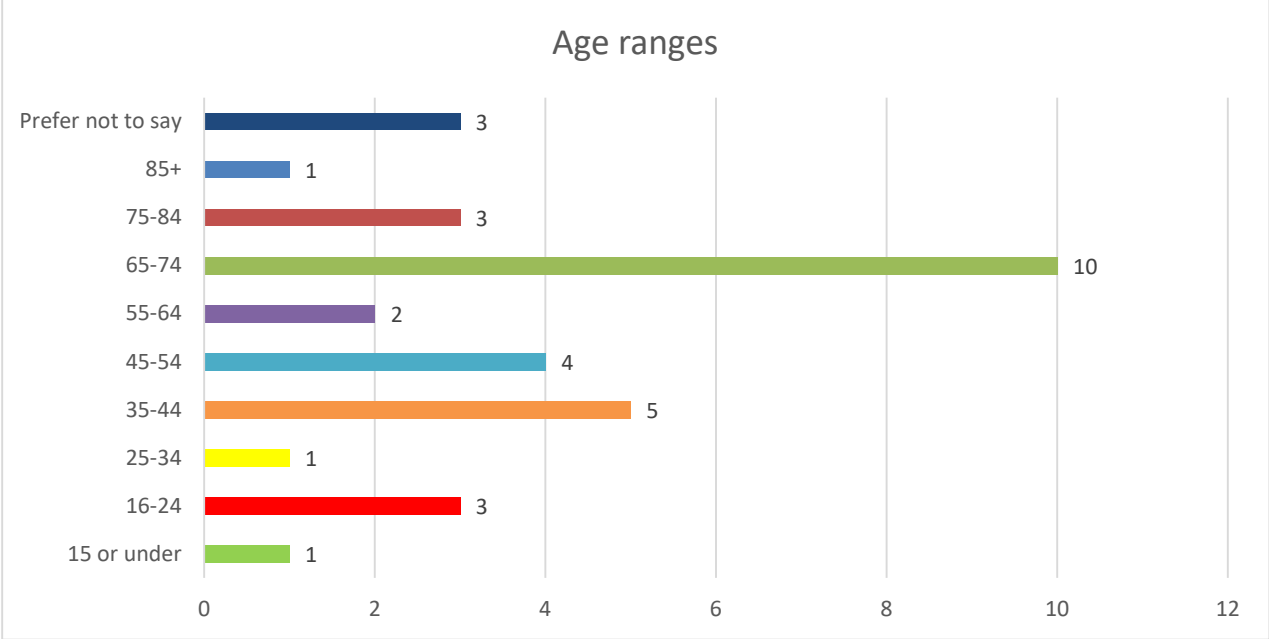
About the respondents

In this section of the survey, the questions focused on online respondents and finding out more about the people who have responded.

From the question whether they were female or male, 34 people answered and the majority of the respondents were female: 68%. 24% were male, 9% preferred not to say and no one self-described their gender.

There were mixed responses to the question of age ranges, as seen in figure 27 below.

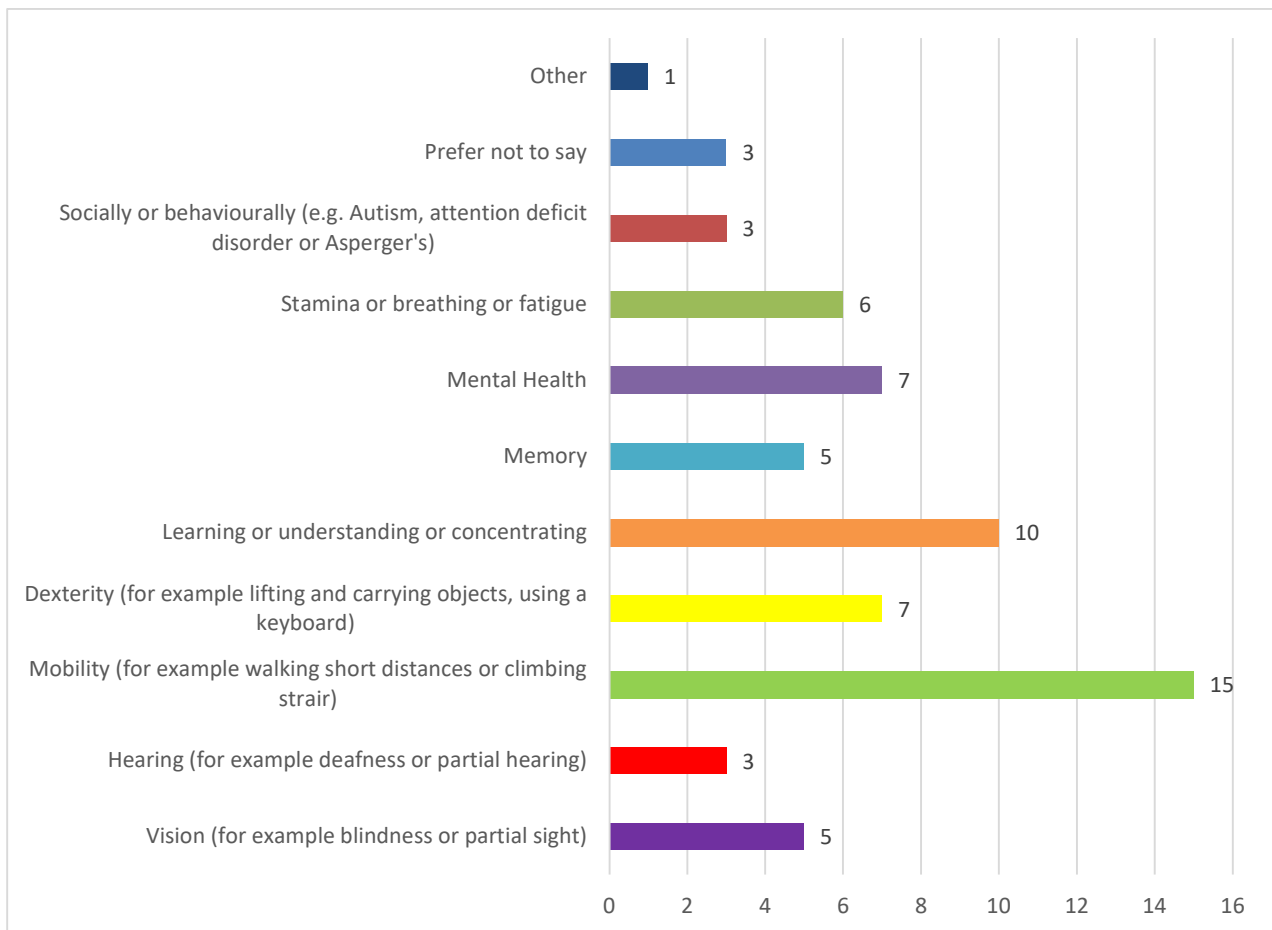
Figure 27 – The age ranges of the respondents.



As seen in figure 27, there is a mixture of ages, with the majority of respondents being in the age range of 65-74. This is not a surprise as there is a high proportion of respondents that are responding on behalf of people who use the service.

When asked whether the respondents had any long-standing illness or disability that limits their daily activity, most of the 30 respondents answered yes; 53%. 27% answered no and 20% answered preferred not to say. Figure 28 shows the descriptions of those illnesses or disabilities.

Figure 28 – The illnesses or disabilities the respondents have



Most respondents (81%) have mobility issues, with 57% having learning or understanding and concentrating problems.

The respondents were then asked their ethnic groups and in general, the respondents are of white British, Irish or Welsh descent (82%).

They were then asked if they belonged to any particular religion or held any particular beliefs, and of the 30 people who answered, 53% were Christian, 33% were of no religion, 7% preferred not to say, and 3% practiced Buddhism.

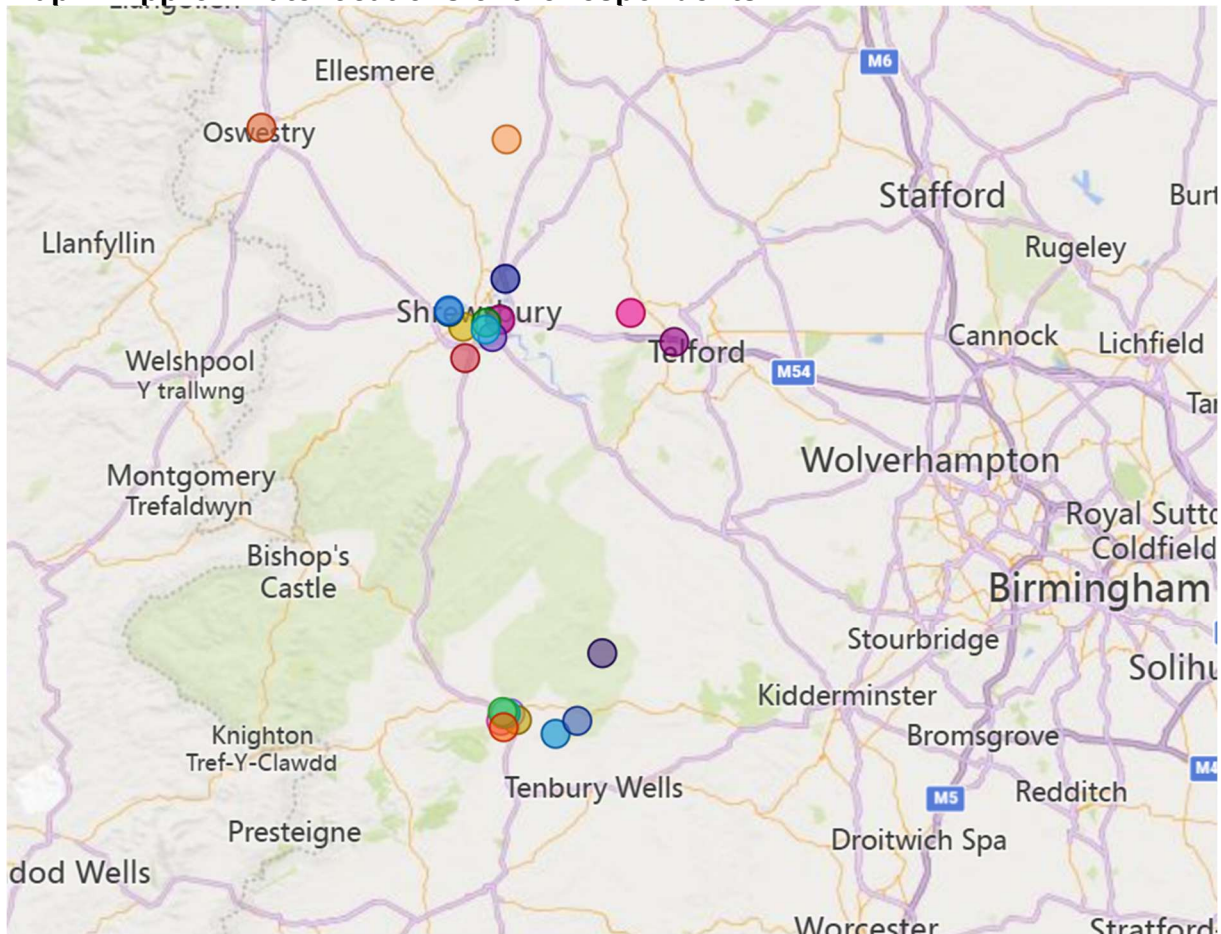
As part of this consultation, Shropshire Council carried out an Equalities and Social Inclusion Health Impact Assessment (ESIHIA) and the respondents were asked whether they anticipated any other impact or risks of the proposals, and to describe any issues they would like Shropshire Council to consider. This was answered by 2 people and their comments are below

- *Treating the elderly with respect and dignity.*
- *Closure of Aquamira would be discrimination against people with limited movement [and] you would be directly impacting their access to a facility which hugely benefits their health.*

The next question focused on employment. 37% were retired, 13% worked full-time and 13% part-time. Small percentages (3%) work a zero-hour contract and were unemployed (7%). 20% chose other as an option.

The last question asked for their postcode which is seen in Map 1 below.

Map 1 -Approximate locations of the respondents.



We can see that the survey responses were from respondents in Shrewsbury and Ludlow, the two towns most affected by the proposals with a smaller number of responses from other locations.

Section summary

In total, 53 people responded to the clients and carers survey, with the majority participating as carers or family members (77% of respondents to that question). Responses were largely from people with direct experience of the services under review, particularly Helena Lane and Aquamira, which accounted for the highest levels of reported use. Overall, respondents indicated that day opportunities are meeting needs well, especially in relation to social connection, wellbeing, creativity, staying active and mental health. Supported employment and volunteering were the main areas where respondents felt needs were less relevant or not well met, reflecting the complexity and level of need among many service users.

Feedback on both proposals showed strong opposition and a high perceived level of negative impact. For Helena Lane, most respondents expected the closure to affect them significantly, with nearly eight in ten saying they would be affected a lot and around nine in ten opposing the proposal. Key themes included the loss of an irreplaceable local service in South Shropshire, the importance of dignity and personal care (particularly bathing), the central role of respite for carers, and the practical challenges of rurality, transport and accessibility. For Aquamira, responses followed a similar pattern, with most

respondents anticipating a significant negative impact and almost all opposing the proposed transfer and closure of the hydrotherapy pool. The hydrotherapy pool and the specialist, calmer environments were consistently described as essential for physical health, pain management, sensory regulation and wellbeing, with respondents expressing concern that alternative provision would not offer equivalent facilities or support.

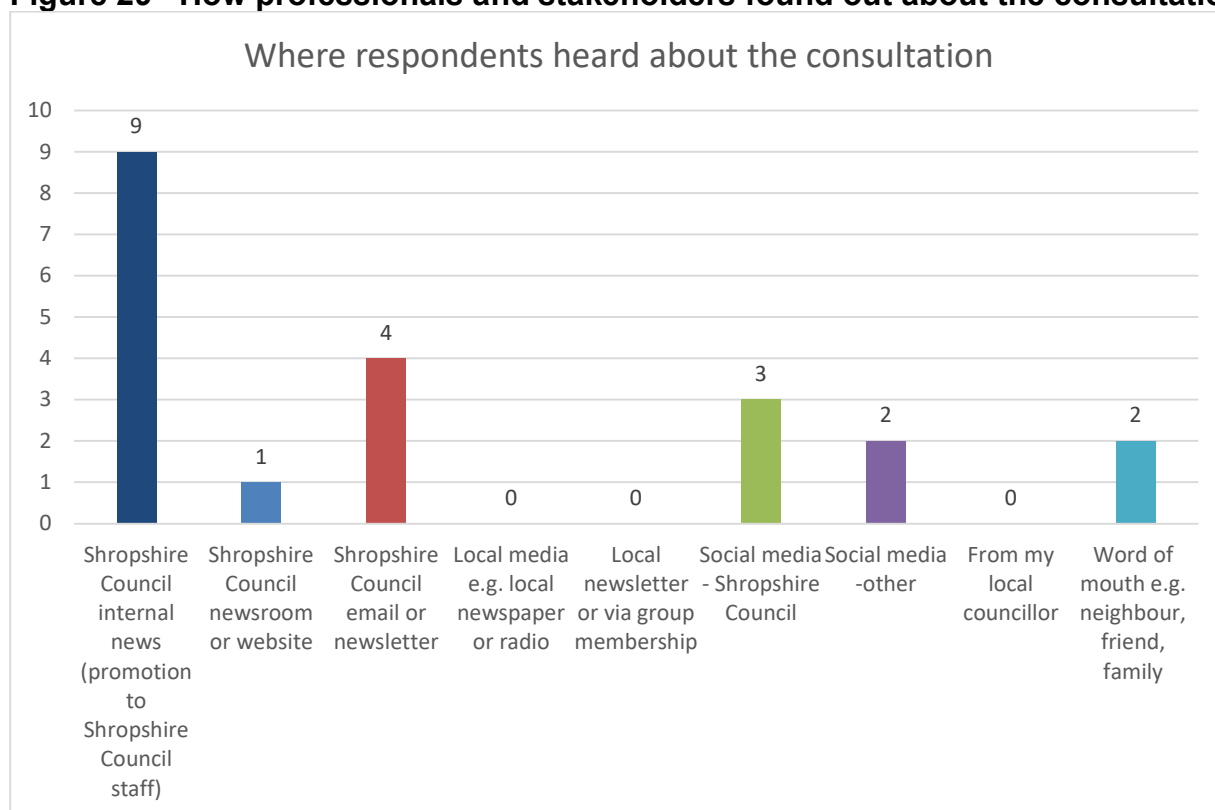
Across both proposals, respondents emphasised the preventative value of day services in maintaining independence, supporting carers, and delaying the need for more intensive or residential care. Many suggested that lower attendance reflected reduced referrals, transport constraints and limited promotion rather than a lack of need and expressed concern that closing or relocating services would result in increased isolation, deterioration in wellbeing and greater long-term costs to the wider health and care system.

3 Professionals and stakeholders

The Day Centres consultation included a survey of the professionals and stakeholders to explore their opinions on the proposals. The survey included similar questions as seen in the clients and carers survey. This survey gained 24 online responses and there was also an email response.

Question 1 asked how the professionals and stakeholders found out about this consultation. 21 people answered and in general, they found out via Shropshire Council internal news: 43%. Figure 29 shows the results in full.

Figure 29 –How professionals and stakeholders found out about the consultation.



As the figure shows, in general the respondents heard about the survey through Shropshire Council internal news, but also by other Shropshire Council based promotion. The respondents also found out by Shropshire Council email or newsletter, and Shropshire Council based social media; 19% (4 responses) respectively. 5% (1 response) also heard from Shropshire Council website or newsroom. The rest heard from word of mouth or other social media; 10% respectively (2 responses). This shows that overall, the respondents found out via Shropshire Council, which might suggest that the respondents will be mainly Shropshire Council employees or part of the service Shropshire Council provides.

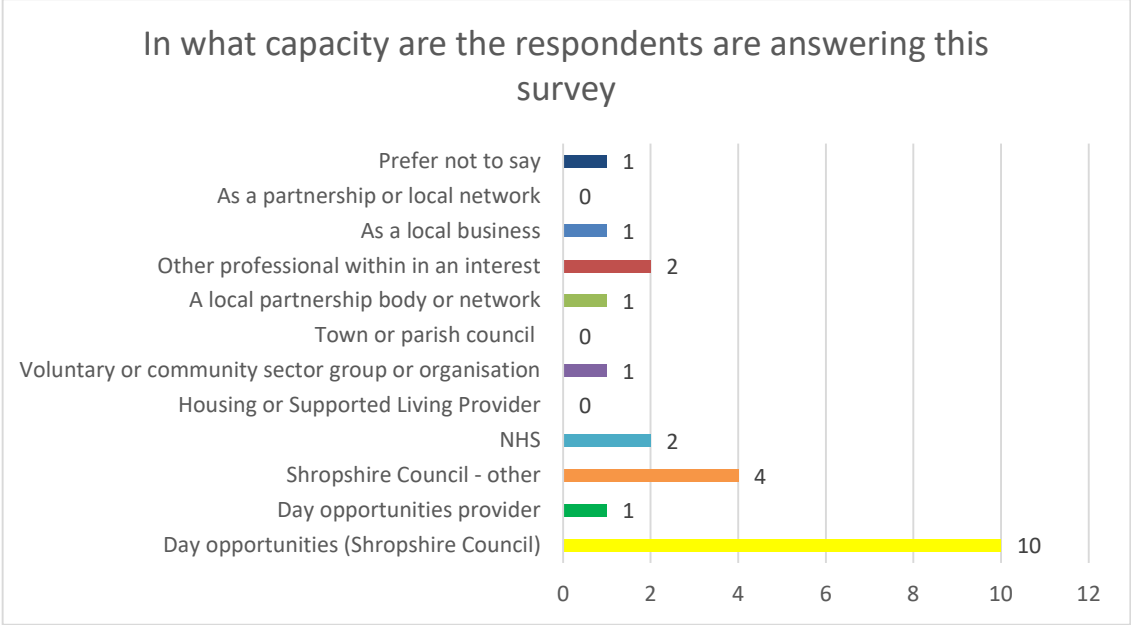
There were 2 comments as well, which are:

- *Shropshire Council staff.*
- *Through work.*

Question 2 asked in which capacity they were answering this survey, and overall, of the

23 people who responded, the majority were answering as providers or facilitators of Shropshire Council managed day opportunities. Figure 30 shows the full split.

Figure 30 –Type of professional and stakeholder survey respondents.



This shows that most of the respondents are answering in the capacity of Shropshire Council; 45% (10 responses) are answering as Day Opportunities (Shropshire Council) and 18% (4 responses) answering as Shropshire Council (Other). After this, 9% (2 responses) are other professionals with an interest and NHS, and 5% (1 response) each are from a Day Opportunities provider, a voluntary or community sector group or organization, a local partnership body or network, as a local business and those that would prefer not to say.

There was one comment on this section, which was:

- *As a friend and LPOA [Lasting Power of Attorney] to someone who attends and relies on Helena Lane Day Centre.*

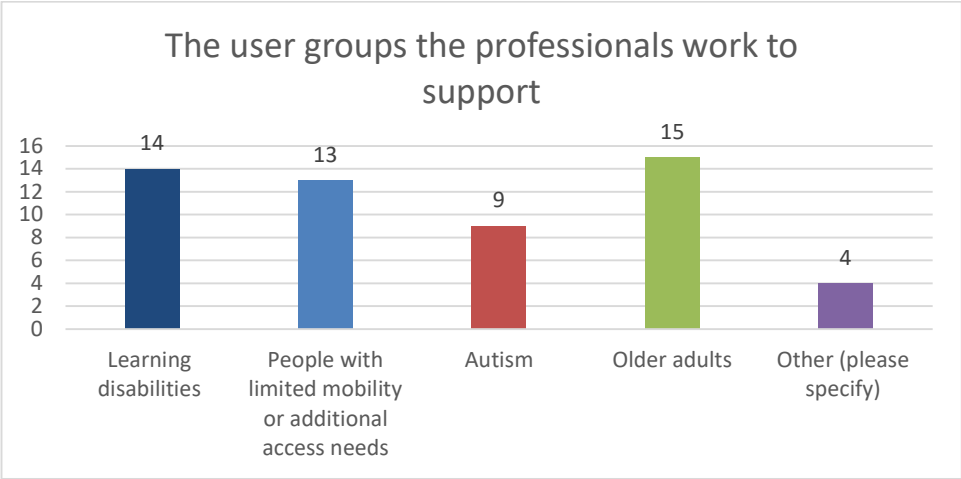
It is not possible to ascertain whether this comment belongs truly to a professional or stakeholder. It is possible that a professional is also a friend and power of attorney to someone, but this might suggest that it is a carer and they might have completed the wrong survey. It does not necessarily need to be disregarded but there should be a balanced awareness.

The professionals were asked if they wanted to name the organization they were responding on behalf of and be included in the consultation. 8 people answered and the responses were

- *Helena Lane (3)*
- *Aquamira (1)*
- *Healthsec Rehab (Healthsec Solutions Ltd)*
- *[name redacted] Indep Case Manager and Rehab services for clients with complex physical disabilities and brain injury [email redacted]*
- *Adult Learning Disability Community Service (Shropshire Telford and Wrekin) - Midlands Partnership University NHS Foundation*
- *N/a*

Question 4 asked whether the professionals worked to support any particular user groups and they could choose any that applied. There were mixed responses from the 23 people who answered, which figure 31 shows in full.

Figure 31 –The user groups the professionals support.

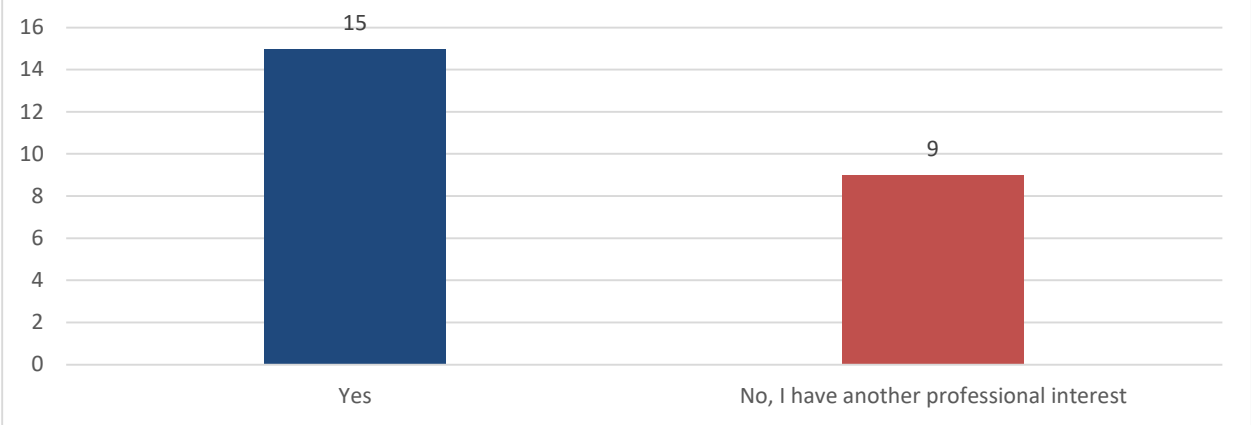


As seen in Figure 31, as people were able to choose all that apply, there is no set group of people the professionals support. It is apparent that older adults make up most of the people that the professionals support; 65% (15 responses), 61% (14 responses) have learning disabilities, 56% (13 responses) have limited mobility or additional access needs, 39% (9 responses) have autism and 17% (4 responses) answered other which were specified in the 3 comments below:

- Vulnerable or isolated local people.
- People with neurological and catastrophic injuries and conditions.
- People with medical requirements, PEGG, Nasal Gastric, skin integrity, etc.
- N/a.

When asked whether they work or provide support at a Day Centre in Shropshire, the response from the 24 people who answered, was ‘yes’ they did; 63% (15 responses).

Figure 32 –Whether the respondents work or support at Day Centres in Shropshire.

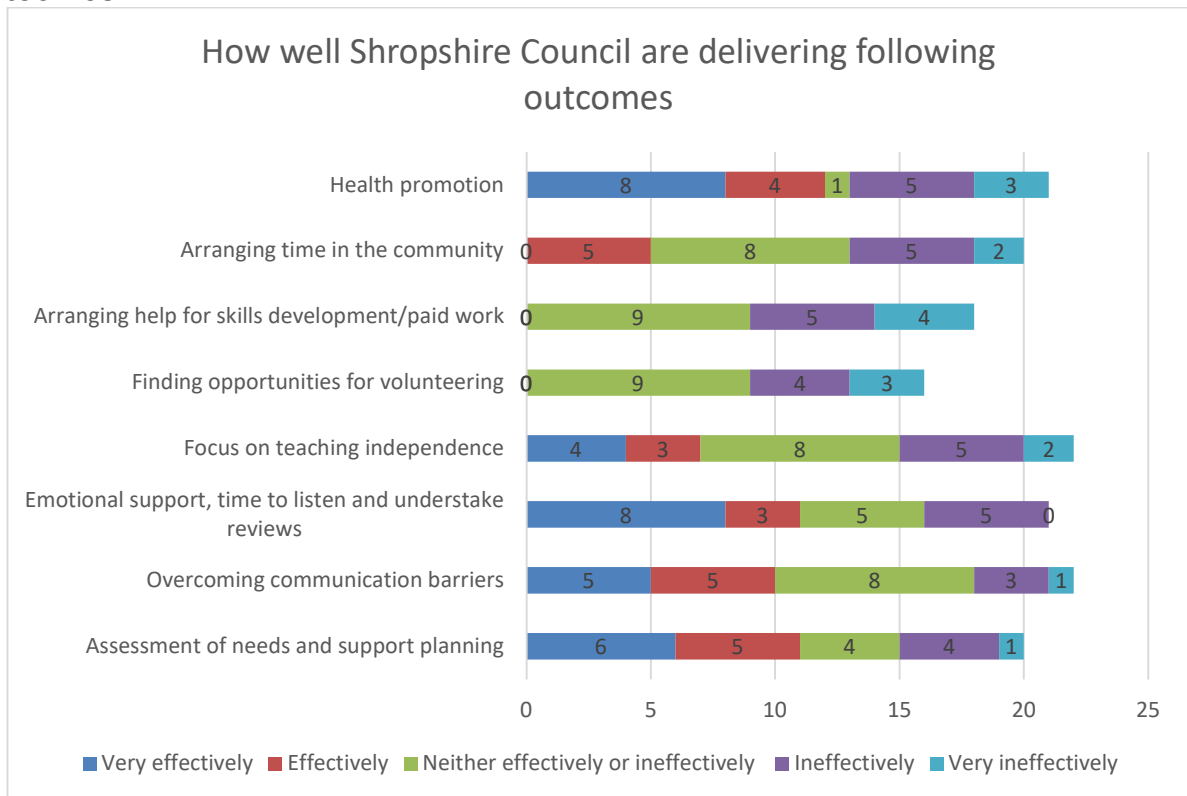


38% (9 responses) answered ‘no’ they didn’t work or support at Day Centres in

Shropshire but have another professional interest.

Question 5 asked how well the professionals feel Shropshire Council’s Day Centres are delivering outcomes. They were asked to answer a range between effectively or ineffectively on 8 statements.

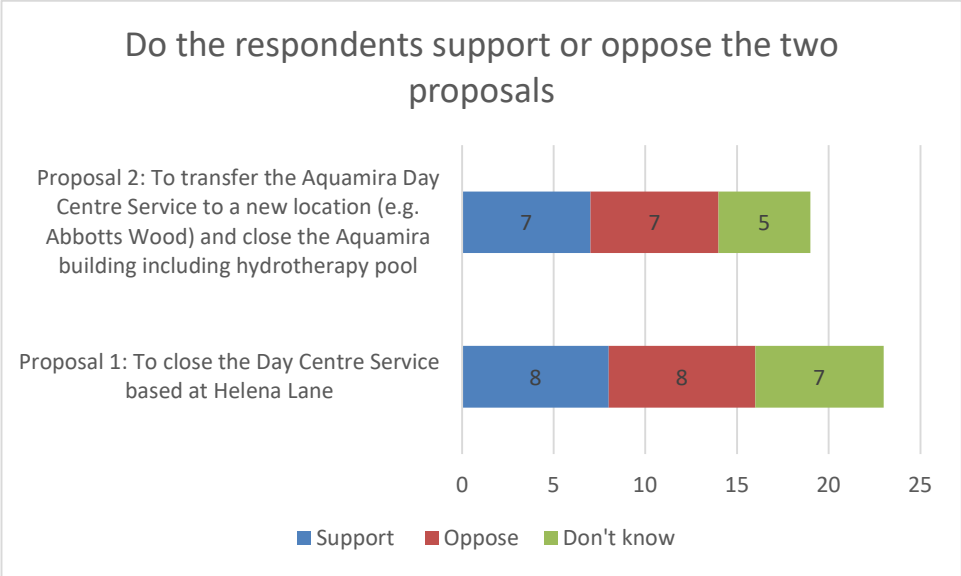
Figure 33 –How effectively professionals feel Shropshire Council delivers outcomes



There are mixed opinions across the statements but overall, there are more neutral and negative feelings towards the statements than positive. There are 5 statements that the respondents feel are neither effectively nor ineffectively delivered. Those are arranging time in the community, arranging help for skills development/paid work, finding opportunities for volunteering, focusing on teaching independence, and overcoming communication barriers. All statements have answers that support ineffectively or very ineffectively. Health promotion, emotional support and assessment of needs and support planning are considered to being delivered effectively.

They were then asked for their overall view on the proposals for Helena Lane and Aquamira. Figure 34 shows a mixed response to the proposal for Helena Lane but support for the proposal for Aquamira.

Figure 34 –Whether the professional support or oppose the proposals.



23 people answered this question and from figure 34, we can see that there are equal responses of support and opposition for the proposal for Aquamira; 35% (7 responses) and 30% (5 responses) do not know. This is similar for Helena Lane; equal responses of support and opposition for the proposal; 38% (8 responses) and 24% (5 responses) who don't know.

They were then asked to explain their view. There were 19 responses which are shown after a table of key themes.

Table 3 – table to show key themes of professional's views.

Theme	Explanation
Balance between modernization and protection of existing provision	There is a divide between those that see the services, especially Helena Lane, as outdated and would be better replaced by community-based models, and those who view the services as irreplaceable for people with high levels of dependency.
Concern about loss of specialist support	Hydrotherapy emerges as a key issue. Many respondents emphasize its therapeutic value and highlight the lack of alternative provision locally. Others acknowledge the benefits but argue the pool is financially unsustainable, staff intensive and underused.
Lack of viable alternatives and rural access issues	Respondents question whether realistic alternatives exist, particularly in South Shropshire. The comments underline anxiety that service changes may increase isolation, reduce preventative support, and accelerate the need for residential care.
Financial pressures acknowledged but contested	Respondents recognise the Council's financial constraints and the high operating costs of buildings and facilities; there is disagreement about how value is defined. Some argue that services should not be judged purely on financial performance, emphasising long-term preventative value and cost avoidance. Others support rationalisation, closure of specific elements (such as the pool), or consolidation as unavoidable given budget pressures.
Workforce culture, skills and	Some respondents raise concerns about service culture and

service quality concerns	delivery, particularly within day opportunities for people with learning disabilities. Themes include insufficient focus on independence, inconsistent quality of activities, limited training, and a need for more person-centred, skilled approaches. In contrast, others strongly defend staff expertise and commitment, especially in services supporting older people, highlighting high levels of training and specialist care.
Calls for alternative models rather than full closure	Rather than a binary choice between closure and retention, many comments propose middle-ground solutions. These include closing or repurposing specific elements, shared-use or partnership models, rental income, community hubs, or asset transfer arrangements. This reflects a desire to retain community value while addressing financial sustainability.
Emphasis on dignity, wellbeing and preventive outcomes	Underlying many responses is a strong values-based theme: the importance of dignity, social connection, independence, and mental and physical wellbeing. Respondents frequently link day services to prevention—reducing loneliness, delaying residential care, supporting carers, and maintaining health—arguing that these outcomes should be central to decision-making.

The key themes show mixed responses, which corresponds to the mixed responses to whether the professionals support or oppose. Concerns about the potential loss of specialist provision are prominent, especially in relation to the hydrotherapy pool at Aquamira. Many respondents highlight its therapeutic and preventative value and note the limited availability of accessible alternatives locally, while others acknowledge the benefits but question its financial sustainability. There are differing views on whether current services, particularly at Helena Lane, remain appropriate or whether more community-based and independence-focused models would better meet future needs. Alongside this, respondents raise concerns about the availability and suitability of alternative services, particularly in South Shropshire, with transport, accessibility, and rurality identified as key challenges.

Comments

- *Aquamira Day Opportunities for profound and multiple disabilities - In the first instance I oppose this but am open to a change of mind. Firstly, I am not wholly convinced a consultation can take place when there is not a clear outline of how this will work in the Abbots Wood environment. I think both the Aquamira manager and senior should have had time to look around the building to see if it will work sufficiently for the vulnerable adults that attend our service. Also, the logistics of the environment - Where will be position the specialist equipment such as Acheeva beds, multi-sensory furnishings etc. Will the care areas be sufficient to our requirements, is the building safe for people who may abscond or may be vulnerable when using bathroom spaces in a building that other more independent S/Users? I think both the manager & senior should have been able to visit the space and have time to consider the logistics. Speaking regularly with parents/carers there has been a serious concern that there will be no space for a quiet sensory area due to people with sensory sensitivities such as Autism.*
- *Helena Lane: services currently offered to individuals can be far better met within the local community of Ludlow. People with LD are currently isolated/segregated at Helena Lane ~ accessing community services would not only meet needs but*

would increase the profile of service users. Aquamira: all current services offered can easily be replicated at Abbots Wood with the added benefit of integration. It could be argued that hydrotherapy would be a loss however, for individuals to truly benefit from this therapy, individuals require a targeted regime of exercise as opposed to "leisure/relaxation" sessions.

- Helena Lane provides support & some normality & independence to those who are totally dependent on others to care for them and would others be confined to their own homes. It offers stimulation via art & craft & opportunity to meet others. Invaluable to the elder's infirm.
- Within the consultation proposal it does not state what alternative measures for accessing activities such as hydrotherapy have been considered. Many of the service users are unable to access community leisure centres due to a lack of changing spaces, lack of wheelchair accessibility and a lack of warm water swimming pools that would allow someone with temperature regulation difficulties to access a pool. The world health organisation recommends 150 minutes of activity for all adults for health and wellbeing purposes. Many of the day-service service users are unable to achieve this due to a lack of facilities that meet their needs within the community. The hydrotherapy pool at Aquamira is a facility that allows certain people to access an activity that would meet their health and wellbeing needs.
- This is a wonderful facility which has been underused for years and charities can't afford to use it so much of it remains unused. It is a disgrace the council has not supported the community for which it was built. A cynical proposal to further reduce use and allow a different agenda.
- I can see both sides on Aquamira, it is an expensive building to run with the pool, my suggestion is to shut the pool as there is no external interest in purchases, 3 staff oversee its day-to-day running, and also takes 3 staff per session.
- The atmosphere in Helena Lane is nonexistent. The staff are not approachable, warm or proactive.
- The pool is bleeding excess amounts of money, staff are providing the pool and plant room support and getting nothing back, e.g. no extra pay, staff come in early occasionally to check the pool especially if problems the day before, a weekly backwash takes the staff 2 full mornings usually a Monday and a Friday. When the pool has been used by Aquamira in the past it swallows up 3 staff with one S/U for up to a hour or more, impacting on other activities, personal care and the support of other needs e.g., drinks and morning PEG flushes and support.
- Helena Lane: the day centre is a service, it is not run like a business, inevitably it won't make money like a business, but what it will do is support the community, people who are alone or have a lack of support both physically and socially. Whether that is a requirement to bath or to socialise (amongst many other reasons), people have a right to a service, just like people have a right to a service like the police or ambulance. For the service to thrive and for it to realistically work:
 - staff need to be replaced when they have left. So that the service isn't stretched when people need to go AL or sickness and we can do open days for the public. -
 - There needs to be a minibus service so that people who cannot travel can attend and so that we can offer trips or days out. -
 - There needs to be a regular community kitchen. -
 - If there is a lack of resources for media, then allow staff to make and print leaflets -
 - there needs to be a front of house receptionist at least 8 hours a week, not to do key working admin but for the actual day service to operate well and for welcoming people in. -
 - All services at Helena lane need to operate here like hairdressers, voluntary service etc. so that people can be sign

posted. Rooms need to be opened up, especially the inner garden instead of shrinking to a small size and not offering sports in the physio room unless booked and paid, the rooms are not being used. - Cooking groups and other groups like art etc. need to operate again. - Allow singers and reptile people in etc. for entertainment - reconnect with the community. These are just a few examples of things that we used to offer and under the guise of its not making money the council has systematically closed them down one by one, so that the service for older people (and ALD) has now shrank to the bare bones, also other services were either closed down or relocated like Hands Together. We are always told what we can do and the onerous is put on us, when it has been the council who has shrunken it, again it's not a business it never was, it is a service!

- *Helena Lane provides Day Services to elderly people, but I feel that Shropshire Council have let us down with no support or any input on supporting the existing day care service. This service provides highly skilled care; all staff are fully trained in all aspects of care which are used every day with the service users. There is no other Elderly Day Care Service in South Shropshire. If this service is removed, then the vulnerable will become more vulnerable. It delays the process of person having to go into full time care (residential); which in turn saves the council money in the long run! Removing the service will cause high risk of isolation and loneliness, which in turn can cause depression and poor mental health. Our aim at the centre is to provide and encourage independence for people to stay in their own homes as long as possible.*
- *This is the only day service in south Shropshire for the elderly. Ludlow being elderly retiring town the need is great if the council took time to invest and promote this service.*
- *I've worked at Helena Lane for 14 years in Day services. We provide a very high standard of care and support in promoting independence and wellbeing. All staff are fully trained in all aspects of care from dementia training to dysphasia training and all other necessary training needs to provide a safe place for these elderly people, to give their loved ones/carers piece of mind and a necessary break they need. There is no other day care centre in south Shropshire that offers what we do! I feel Shropshire Council have let us down, we have no back up from them, no referrals mainly as Transport has been removed. How many 80-year-olds do you know that can drive themselves to day care?? After the pandemic in 2020 our numbers dropped dramatically so we decided to make a leaflet to hand out in the community. Shropshire council need to invest and promote our service, with Leaflets, signage to where we are as so many people didn't even know we are even here! even some locals didnt know of the building!. Ludlow is a retirement town and with the right advertising and support from the council this situation can be turned around.*
- *I appreciate that the pool is coming an awful lot of money, close the pool, keep the building open and rent it to others, we use the building in our operating hours.*
- *P1 Closure of any service is a concern due to the lack of alternative solutions or care providers in the South of Shropshire; it is difficult weighing this up with the financial crisis and the requirement for immediate budget cuts. There have been numerous opportunities to develop the service and co-work with other organisations to build a dementia/ageing people health and social care hub in the South, but this would require solid project planning, commitment and time which sadly no longer seems viable. P2 A loss of a resource (pool) is preferable to full closure and if there are alternative suitable, under-utilised locations this makes financial sense.*

- *I refer especially to Aquamira, as I have several clients who attend there using the services via Healthsec/Hydrotherapy/ Aquatic therapy is a well evidenced and documented therapy, which benefits those clients who cannot access gyms or other exercise venues. There are limited venues available in Shropshire, and to lose this facility would be yet another deprivation for the disabled people of Shropshire. The facility is underused and under supported but only because it has not been advertised nor made available to therapists and disabled. No thought has been given to making this a viable proposition as I know many Neuro and MSK therapists who would value access to such a facility for their clients. Can the Council not think of this in another way to make it an opportunity, and a partnership with those who will make use of it.*
- *Expensive and underused.*
- *I have previous experience working within Shropshire council's day opportunities for adults with learning disabilities. I have worked in many services across the country and was shocked when I started in Shropshire at how dated and unprogressive the services are...There is minimal focus on development, independence and offering experience, too many staff work as carers (and) do not support workers... Lack of transport and staffing means social community activities can't happen as readily as people would like...training. More training needs to be made mandatory, such as autism training, disabilities training, and person-centred active support training...The services need to invest in staff with specialist skills to run meaningful sessions, such as drama, crafts, cooking, photography, pottery, life skills, education and these staff need to be focused on running and planning sessions and the support workers can concentrate on supporting...NB the pool at Aquamira would be a real loss if used correctly if could be a real pull for people to use internal services.*
- *Purpose of this submission I am writing to formally respond to the current consultation regarding the proposed closure of the Aquamira Day Centre site, with particular emphasis on the hydrotherapy pool, and to request that the Council actively explores viable alternatives to closure. This submission proposes that the Council consider retaining Aquamira in its current form, or partnership-based, rental, shared-use, or community asset transfer models, either to preserve the hydrotherapy facility specifically or to repurpose the wider building as a business-led community health and wellbeing hub. As no final decision has yet been taken, there remains a short but critical opportunity to explore credible, deliverable alternatives that could prevent the irreversible loss of an important local asset. 2. Our organisation has seen steady growth in rehabilitation activity, including: • Increased utilisation of hydrotherapy sessions and reflecting rental payments to the council. • Rising referral interest for complex neurological and orthopedic rehabilitation. • Growing demand for integrated, non-NHS therapeutic provision. This pattern reflects a wider unfulfilled need within the community for clinician-led, accessible, preventative rehabilitation services and demonstrates that the hydrotherapy pool is not underutilized but increasingly relied upon as part of effective rehabilitation pathways. The growing use of the facility indicates both clinical value and operational viability, strengthening the case for retaining the hydrotherapy pool as part of any future use of the site. 4. Importance of the Hydrotherapy Facility The hydrotherapy pool is not an ancillary or recreational feature; it is a critical therapeutic resource. Warm-water therapy is clinically recognised to: Improve mobility and joint function. • Reduce pain, muscle spasm, and stiffness. • Support respiratory function. • Enhance mental wellbeing. • Enable safe movement for individuals unable to exercise on land. For some of our service*

users, hydrotherapy is the only environment in which meaningful physical activity is possible, helping to prevent further decline and reducing reliance on more intensive health or care interventions. This certainly includes those who are unable to walk. The loss of this facility would remove a key preventative resource and is likely to increase downstream pressure on NHS and social care services. 5. Potential for Alternative Use and Sustainable Operation Beyond its current function, the scale, layout, and location of the Aquamira site present a strong opportunity for alternative or expanded use. The building could realistically support a business-led community hub model, incorporating: • Rental consulting, therapy and office rooms for health, rehabilitation, and wellbeing providers. • Shared space for charities and voluntary organisations. • A community café and supported employment opportunities. • Facilities for skills development, supported work, and independent living training • Inclusive community activities aimed at reducing isolation and improving resilience Such a model would allow the Council to: • Retain community benefit • Offset operational costs through rental income • Encourage collaboration between statutory, private, and voluntary sectors • Align with preventative health, wellbeing, and inclusion strategies. 6. Rationale for Retention or Repurposing Community need does not exist in neat categories. Individuals may require support temporarily or long-term due to: Injury or illness. • Disability. • Caring responsibilities. • Ageing. • Sudden life changes. Local, flexible, inclusive facilities enable communities to respond early, compassionately, and cost-effectively. Removing such spaces reduces choice, limits preventative options, and shifts pressure elsewhere in the system. Once lost, facilities of this nature are extremely difficult and costly to replace. 7. Request to the Council I respectfully request that the Council: 1. Pause irreversible decisions relating to the hydrotherapy facility. 2. Actively explore: Rental partnerships. o Shared-use agreements. o Business-led or community asset transfer models. 3. Engage with interested businesses, charities and community organisations to assess feasibility. Healthsec Rehab would be interested in hearing any proposition. 4. Consider an exploratory, time-limited meeting to evaluate whether a sustainable alternative to closure can be developed. Any such meeting would be focused on deliverability, particularly within the consultation timeframe. 8. Conclusion Closing Aquamira would not only affect current service users, including those with the most complex needs, but would also remove a vital option for future members of our community who may one day require support themselves. The increasing use of the hydrotherapy pool and the growth of rehabilitation services on site underline that this facility meets a real, growing, and ongoing need. The current consultation period offers an opportunity to preserve that value through collaborative, sustainable alternatives rather than irreversible closure. I would welcome the opportunity to contribute constructively to discussions within the next 14 days and am happy to meet in person or online.

- To better use the council funding and to allow individuals an opportunity to explore different opportunities that will help promote independence.

As Shropshire Council has carried out an Equalities and Social Inclusion Health Impact Assessment (ESIHA), the professionals were asked to comment on whether there would be any other impact or risks to the proposals. The following comments reflect concerns raised by professionals and stakeholders regarding the potential impacts of the proposed service changes, particularly in relation to Helena Lane and Aquamira. The feedback focuses on anticipated risks to individuals with complex and high-level needs, including impacts on mental health, wellbeing, safety, and continuity of care. Respondents highlight

issues relating to vulnerability, access to specialist support, the suitability of alternative provision, and the potential for increased isolation and inequality. Several comments also raise concerns about the adequacy of current impact assessment and the potential for increased pressure on health and social care services if preventative provision is reduced. Together, these comments provide insight into the perceived risks and unintended consequences that respondents believe should be carefully considered as part of decision-making.

Comments

- *See notes above - specifically in relation to the disproportionate effect on individuals and their families / carers who have Profound and Multiple Disabilities (PMLD).*
- *Risks - S/Users with no road awareness who have a likelihood of absconding or tailgating onto the car park. S/Users who when supported to bathroom areas and require time alone may be vulnerable if Abbots Wood service users are going independently to the toilet areas. Behaviours from S/users who do not wish to be in busy crowded areas with lots of noise and movement. Also, the manager/senior offices are quite a distance from the suggested main area that may become Aquamira, I suggest the office has alarm buttons so that staff can call them if needed.*
- *I can confirm on behalf of one of the attendees that the effect of Helena Lane closing would have a disastrous effect on her mental health & wellbeing.*
- *Please consider ensuring all equipment that is regularly used is transferred if Aquamira is to be closed, such as the sensory room, positioning beds and personnel care equipment.*
- *The transfer to another location could be distressing for some of our service users and there could be health and safety issues for certain service users.*
- *Aquamira struggles to go out as we support individuals who need personal care at certain times, people who need flushes and medication. Activities here are based around sound, sight, smell and touch. I feel inclusion has not been thought of for our client group, due to the nature of their care and medical needs they can't always go out to the shops or a farm etc, just for a trip out, are these trips out necessary to a coffee shop for all centres, then for Aquamira it would be a insult to take NIL by mouth people to a coffee shop.*
- *Depression, suicide, bad health, dissolution of community, distrust and contempt for the powers that be, potential to pass problems onto future generations, lack of support and bearing on families and carers.*
- *If this service is removed, then the vulnerable will become more vulnerable. Removing the service will cause high risk of isolation and loneliness, which in turn can cause depression and poor mental health.*
- *If Helena Lane closes it will leave people venerable and isolated from the community.*
- *Other organisations do not have the appropriate training to assist our service users.*
- *The people we support are very vulnerable, they have no voice, we advocate for them, we support them in daily skills, care, eating, PEG tube feeding, medications, seizures. There is more to Aquamira that people don't see, we can't always be in the public eye with the care and feeding tube process.*
- *I do not think the council has considered a wide enough scope for their*

assessment and it is very narrow and short-sighted. A wider and longer consultation is required to reach out to the disabled population, and more so with a high number of young people / adults who were brain injured at birth within the county.

- No there are alternative services.
- *Anticipated Additional Impacts and Risks Yes.* In addition to those identified within the Equalities and Social Inclusion Health Impact Assessment, there are further significant impacts and risks arising from the proposed closure of Aquamira and the hydrotherapy facility that Shropshire Council should consider: 1. Increased pressure on health and social care services: The hydrotherapy pool provides preventative, non-NHS therapeutic support for individuals with complex, long-term conditions. Its loss is likely to result in deterioration in physical and mental health for some users, increasing reliance on GP services, hospital outpatient care, pain management pathways, and social care packages. This represents a shift from preventative provision to higher-cost, reactive services. 2. Disproportionate impact on people with complex and non-standard needs: Many individuals who rely on hydrotherapy and flexible rehabilitation services do not fit neatly into NHS eligibility criteria or standard care pathways. Closure risks excluding people whose needs are complex, fluctuating, or long-term, particularly those living with neurological conditions, chronic pain, profound disability, or post-injury rehabilitation needs. 3. Reduced access due to transport, capacity, and suitability constraints: Alternative facilities, where they exist, are often limited by long waiting lists, restricted eligibility, unsuitable environments, or significant travel distances. For individuals with mobility limitations, fatigue, or support needs, travelling outside the local area may be impractical or impossible, resulting in effective loss of access rather than simple displacement of provision. 4. Increased health inequality and loss of preventative capacity: The closure would remove an accessible, flexible, community-based facility at a time when demand for rehabilitation and well-being support is increasing. These risks widen health inequalities, particularly for those unable to self-fund private alternatives, and undermine early intervention and prevention objectives. 5. Impact on independence, wellbeing, and social inclusion: Beyond physical rehabilitation, Aquamira supports independence, confidence, and social connection. Loss of this space risks increased isolation, reduced independence, and deterioration in mental wellbeing for individuals who rely on structured, supportive environments to remain active and engaged. 6. Loss of a viable and increasingly utilised asset: The hydrotherapy pool is now not underutilised; use is increasing alongside growing rehabilitation activity, referrals, and demand for non-NHS therapeutic provision. Closure would remove a functioning, in-demand asset without fully exploring viable partnership, rental, or shared-use alternatives that could preserve community benefit and reduce financial risk. 7. Risk of irreversible loss before alternatives are explored: Once specialist facilities such as hydrotherapy pools are closed or decommissioned, they are rarely replaced. Proceeding without fully exploring sustainable alternatives risks a permanent loss of capacity that cannot be easily recreated in the future. In summary, the proposed closure presents risks not only to equality and inclusion, but also to preventative health provision, system-wide demand, community resilience, and long-term cost effectiveness. These impacts reinforce the importance of exploring partnership-based, business-led, or community-use alternatives before any irreversible decisions are made.

Question 10 asks whether the professionals or their organisations provide any services

that support people with learning disabilities, older adults, and those who benefit from day opportunities.

Figure 35 –Activities or services provided by the professionals or their organisations.

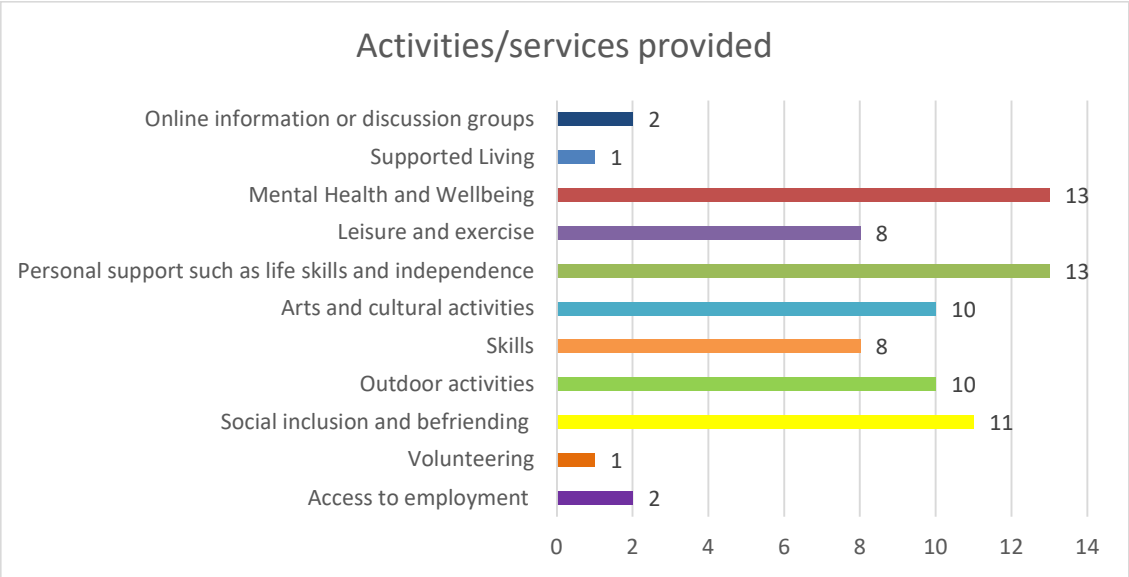


Figure 35 shows a focus on mental health and personal support as they make up 81% of the responses respectively. Supported living and volunteering are provided less, 6% respectively.

There were also 10 comments, which are below in full:

- *We are a specialist multidisciplinary (MTD) health service for adults who have a learning disability - and often concurrent physical disability. We offer specialist assessment and interventions from a range of disciplines Physiotherapy, Occupational Therapy, Speech and Language Therapy, Psychiatry, Psychology, Nursing, and Dietetics.*
- *Aquamira provides a high level of support for those with profound and multiple disabilities. This includes specialist food preparation and drinks. PEGG and nasal gastric trained. Medication and high levels of personal care and support throughout the day. We also offer person centred creative/sensory activities that are suitable for particular preferences/needs. This includes all aspects of the list above, but we are also centred on maintaining health and well-being and work with health professionals to achieve a high standard of support.*
- *I support my friend by organising her care and wellbeing and dealing with her finances.*
- *LD physiotherapy.*
- *Activities within Aquamira.*
- *My involvement with the facility ceased some time ago because of the increased cost of providing a service of social inclusion in the building.*
- *Personal care, support to feed, PEG feeding, medications, some people may need 1-1 support at certain times of the day for toilets. Drum for fun sessions, the group we support like chat and quiet time, enjoy the sensory room, story sessions.*
- *Outdoor garden leisure/exercise we encourage movement the best way we can with people who may lack mobility.*

- *Private bespoke rehab packages, trial for independent living.*

Question 11 asked if the respondents were service providers, could they offer alternative support to any individual and their carers/families impacted by the proposals. They were asked to consider any opportunities they feel are viable. Out of the 10 people who commented, there are mixed responses with some respondents stating there are no alternative provisions for either Helena Lane and Aquamira, and some respondents give some alternative options such as Mayfair and Hands Together Ludlow, and Albert Road and Abbots Woods for Aquamira.

Comments

- *Aquamira has had opportunities/suggestions of room hire, particularly in the evenings for local community classes etc. but due to red tape this does not happen. It is unbelievable how often the pool is not able to run despite the high level of maintenance and cost it takes to keep it running. It swallows up both money and staff time and has become a drain on resources. It will be very sad to see it go but the cost & time to keep it running is no longer an option.*
- *I think the 8 people will have a better experience at Mayfair in Church Stretton or Hands Together Ludlow. Four Rivers or other care homes could also diversify into offering some day care/ bathing.*
- *A conversation today from the advocates who visited, suggestion: Albert Road and Abbots Wood, merge the able centres together, Aquamira move across to Albert Road, and have a look at all centres and look and reassess people's needs, if lack of mobility, want a quieter service etc. to move to Aquamira.*
- *There is no other service like Helena Lane that has trained staff, Purpose built building with all the facilities in place such as adapted baths, laundry, all on one level, and good car parking. This building was left to the elderly people of Ludlow by William George Lane, in memory of his wife Helena.*
- *There is no other day service like Helena Lane in South Shropshire.*
- *To rent out the pool at Aquamira, for Aquamira not to run and provide the pool any longer. 20 minutes a week is of no benefit to our clients, it takes 3 staff and at least an hour to support 1 client. Which sadly parents and carers outside Aquamira appear not to understand this and want their individual in the pool as often as they can.*
- *The only other accessible hydro facility is in Telford (Hadley) and oversubscribed - please look at this model and think outside of the box to develop Aquamira centre.*
- *There are alternative more cost-effective options.*
- *Without Aquamira there will be no hydro for those who need it.*

More people answered the following question (18 responses), which asked for ideas and aspirations for improving and modernizing day opportunities provision in Shropshire. The comments highlight a strong call for needs-led, differentiated provision, emphasising that people with profound disabilities require quieter, specialist environments that cannot be accommodated within more active or generic service models. Respondents stress the importance of retaining accessible service bases and better using existing facilities through investment, promotion, partnership working, and modernisation rather than closure. Overall, there is support for reform and cost-effectiveness, but with decisions grounded in realism about individual capabilities, safeguarding, and long-term sustainability. The 18 comments are seen in full below:

Comments

- Supportive of a modern approach to day services, that support access to individual local communities and amenities, as well as social interaction with peers. We are supportive of equitable access to resources such as hydrotherapy pools. We are supportive of creative problem-solving to enable ongoing and future hydrotherapy access.
- Perhaps an alternative base could be used for people from other services that regularly access community activities, regular bus trips and outdoor walking groups. And the people who are most vulnerable, seniors or choose a quieter pace of life due to mobility, health needs etc. should have bigger space. I also think day services could hire out community based activities and earn some money that way. Yoga groups, reading groups, creative art sessions etc. This would generate extra income and highlight council spaces as places for the community. Pay as you go sessions may also be easier for people rather than contracts and vast amounts of paperwork, more like a village hall rental. As for improving and modernising.... It's doubtful that will happen for a while, Aquamira is re-locating & downsizing due to lack of Shropshire Council funding and cost effectiveness....so I hardly think things are going to improve or modernise for a very long time!
- Use and manage the facilities you have, advertise availability and liaise with others working with the client groups. And make services affordable.
- If Aquamira has to close, these people need a quieter service, AW is a very noisy service with very able clients, which Aquamira is not. Clients at Aquamira have profound disabilities and some are not mobile and, in a wheelchair, we do not need clients at AW rushing around and bouncing into our area and disturbing, falling over the chairs, or any behaviour issues occurring. I feel that no thought has been put into this. Could Abbots Wood and Albert Road merge, both active mobile services. Aquamira moves to Albert Road say, and then individual packages are looked at, at Abbots Wood and Albert Road on if any of their client's need and benefit from a quieter service. I feel that our clients at Aquamira don't have a voice, some do not have people to speak up for them, we are an easier group to move as there will be no come back, tick boxes to say you have and that's that.
- More cost effective, busier and fuller of life.
- Look at people's needs, not all fits one box, individuals at Aquamira will never be able to volunteer in the community or apply for a job, these are their parents' aspirations but not realistic. We do not all fit in the same box.
- Shropshire Council needs to invest and promote in the day service. With other agencies and professionals.
- Shropshire council should invest in and promote this service instead of forgetting it due to being out of Shrewsbury and having done for many years.
- Helena Lane is the perfect setting and originally built for the older people of Ludlow and Surrounding areas. It has facilities especially for day care i.e. bathing laundry, all on one level good car parking.
- Aquamira offers a service to individuals with profound disabilities, we look after these people in a very good manner, they are safe, we carry out sensory activities that stimulate, provide feeding through tubes, give medication that can be life treating if they don't receive it.
- The service needs a base: an accessible, open building which is run by adults with learning disabilities. Examples of activities- on site working cafe, gardening group (Thrive model of therapeutic gardening), targeted social skills/independent living learning, regular social, art and craft, exercise, wellbeing support-a much wider

programme of activities-some could run for specific periods of time and could be certificated. Staffing needs to be more flexible, operational hours are currently very short Mon-Fri. Majority of staff are 'support workers' and not trained in delivering specific activities, a wider range of staff posts recruited to suit the service need (sports trained, art trained etc.). More specific programme planning could also attract volunteers and students training in these areas. Own transport/drivers like council run transport is unreliable with inflexible times.

- I am a trustee for Headway Shropshire - a charity which provides services for those who cannot obtain what they want via social services and the NHS. There are many organisations who want to do a better job in better facilities - to lose this will be another loss to the county.
- Modernise them. They are antiquated and not suitable for people attending.
- Discuss rental of the facility in some way rather than closure.
- The opening hours of services bring these in line with external providers and reduce to 6 hrs. per day, further savings can be made to the proposed outlined in the consultation by reducing staffing and running costs by considering this. If service users are out from the service base, e.g. for activities, why pay running costs of a base? Could a social hub be used instead for meetings (to) start at end of day? 10 plus years ago there were activity groups supported off base but due to various reasons these activities no longer take place (mainly staffing), it would be good to explore these again as these activities were held in venues away from bases.
- N/a
- See above (2)

Question 13 then asked how effective supported employment options are within Shropshire of which 18 people answered and figure 38 shows the results.

Figure 36- How effective the respondents feel supported employment options are.

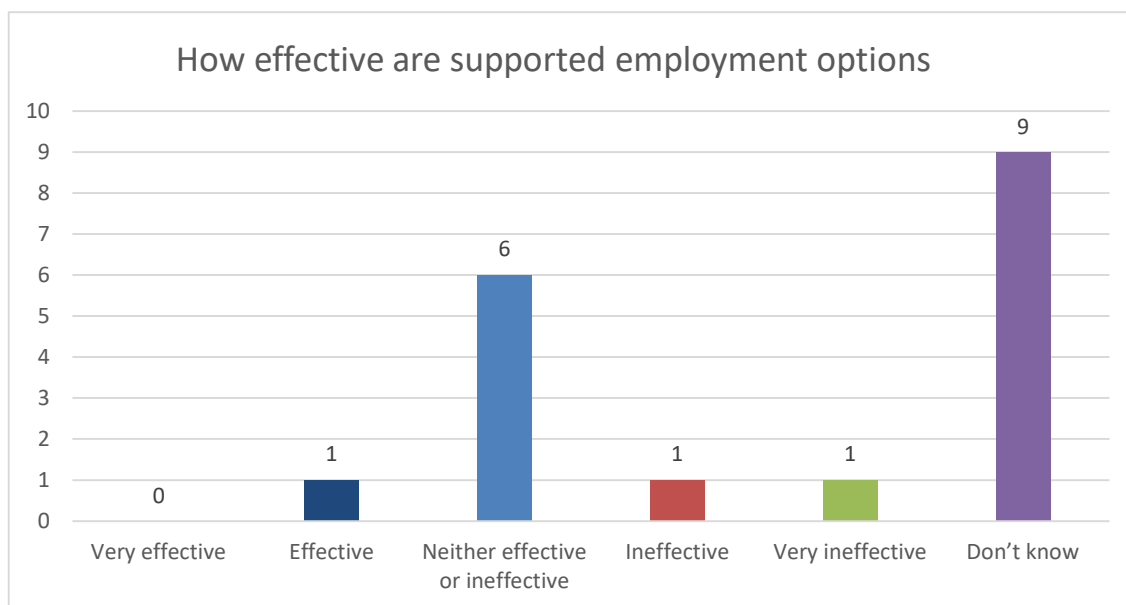


Figure 36 shows that 50% (9 responses) don't know and 33% (6 responses) feel it is neither effective nor ineffective. There are more negative responses, either ineffective or very ineffective, than positive responses.

This was followed by asking the respondents to comment whether they knew of any good practice models or opportunities around supported employment that do not exist currently in Shropshire. Generally, in the 10 responses, the respondents did not have applicable answers. Some comments were more positive, but most respondents do not give any options, which supports the results of the above question.

Comments

- *Perhaps the cabinet would like to discuss supported employment directly with the service user group that attends Aquamira, this is a question you could put to them. You could also speak to parents/carers about supported employment opportunities; it would be interesting to hear the responses. What do you think?*
- *Some of the people attending day centres are also in supported employment through Enable.*
- *I think it's a good service, but the referral process is not clear.*
- *Services users at Aquamira cannot access employment and it is patronising to these people to expect them to.*
- *Not applicable for Aquamira client's base.*
- *See above.*
- *N/or No (4).*

Question 14 asked for further suggestions from the professionals; alternative options to the proposals that would help Shropshire Council to meet needs whilst achieving savings and better value for money. There were 13 responses which suggest that respondents favour reconfiguration, better utilisation, and partnership-based solutions over closure, with a strong emphasis on safeguarding care quality, supporting carers, and improving efficiency through smarter use of existing resources rather than service withdrawal. The comments are seen in full below.

- *The pool has run at an extortionate cost over the years and a drain on staff resources. I am sure the contractors will be very sad if it goes.*
- *Instead of closing the centres why don't the council let out the premises for private functions and events to generate income?*
- *Look at reducing transport costs as many service users have mobility vehicles and are collected on fleet transport.*
- *Use what you have more effectively.*
- *See above for a move to a quieter site, say Albert Road, Louise House etc.*
- *See above with the suggestions of Albert Road and Abbots Wood. Or close the pool fully at £80.000 over head and cost to run and repairs, pool is taking far too many staff, too much money staff to check pool readings. Close the pool fill it in and offer this building/pool covered area as an evening dance studio, yoga classes, Sunday biblical groups. This building is in the middle of a housing estate, why is it not being offered to private people in the evening for a charge, they would learn to open up/ lock up and being charged for any damage they would pay for it. Thus, building is not used enough to the estate.*
- *It's a service, it requires a completely different mindset.*
- *Shropshire Council should invest and work with local GP as they have care coordinators who could direct people to the service and increase numbers. Hands Together was mentioned as an alternative, but this charity is run by volunteers, NOT trained staff. They do not do any PC or 1:1 support which the service users need at Helena Lane. None are trained in Dysphasia Epilepsy Dementia Diabetes*

M&H etc. This is not a like for like option! Service users require a carer/ family to stay with them, and this defeats the object of giving the carers/ family a break that is so needed. At least [at] Helena Lane knows that their loved ones are safe and well cared for and can leave them with confidence.

- *Advertising the centre and promoting the service.*
- *Good project management and consistency are key to modernising the services.*
- *Providing more effective day services in a coordinated way linking to social workers , charities and other private providers could be a way forward here - this may help with supporting those who are isolated and do not have opportunity to exercise - there is likely to be benefit to their mental and physical health, which has wider reaching benefits - healthier people, less care needs and greater participation in life.*
- *As above (2)*

Question 16 asked for any final comments the respondents had to make. There were 8 comments. They are generally mixed but there is general feeling expressed among professionals opposing the proposal out of concern for the people it services, calls for investment in staff, and that it could be retained if promotion was prioritized.

- *Hiring out premises for classes such as yoga during the day as they are always oversubscribed & full in Ludlow. Also hire for meetings and private parties.*
- *Sadly, as stated above there are 3 services in Shrewsbury, and I feel that Aquamira has been targeted due to the lack of communication for the people that are supported. Albert Road renewing the lease?? Could have been stopped and saved money there. Buildings are not being rented out enough.*
- *My concern is if we close what will happen to the people that attend. It is making the vulnerable more vulnerable and will cause unnecessary isolation. It will remove any support for the care givers at home and make them at breaking point to then have their loved ones put into residential homes which in turn will cost the council more money.*
- *Low staff morale and sickness are a drain to day ops, so staff need to feel invested in.*
- *I feel that this consultation does not reach all those that this will affect - if it were asked in another way, asking if they would use facilities would gain a different response.*
- *We need a society that realizes growth and is looking after the most vulnerable.*
- *Helena Lane needs to be advertised and promoted and some signage to inform public where we are as so many have stated they didn't know this place existed. Shropshire Council need to invest in and not discard a much-needed service.*
- *N/a.*

Email responses

Like the clients and carers section, there was also an emailed response to the consultation. All personal details have been redacted. This response is also based on experience at Greenacres, though this is also helpful to understand the service Shropshire Council provides as a whole.

The key themes are:

Key gaps/concerns in Shropshire Council day centres (as observed via Greenacres):

- Need more structured progression (e.g. John Muir / Duke of Edinburgh-style challenges), not just “maintenance.”
- Limited structured curriculum to build independence with measurable skill hierarchies; Systematic Instruction (TSI) and task adaptations.
- Communication support could be stronger—more consistent use of AAC and clarity on whether “Taking Part” still promotes empowerment through communication.
- Emotional support generally happens, but there’s a risk someone could miss out without planned mechanisms.
- Off-site volunteering often depends on proactive parents/carers and declined after COVID—creating inequity.

Employment pathway realism:

- Support for the aim of employment pathways, but warns against false hope when placements don’t convert to jobs.
- Notes some employers may be more receptive (examples given), but highlights client vulnerability to exploitation and social-awareness risks in the community.

Strong objection to Aquamira hydrotherapy pool closure:

- Frames hydrotherapy as essential, not a luxury, especially for people with paralysis/complex needs.
- Suggests commissioning an alternative provider if the council can’t run it.
- Raises discrimination concern and asks what barriers exist besides cost and how many pools exist locally.

The author of the email also gives some recommendations, which is helpful as it is a recommendation based on real lived experience from a professional standpoint.

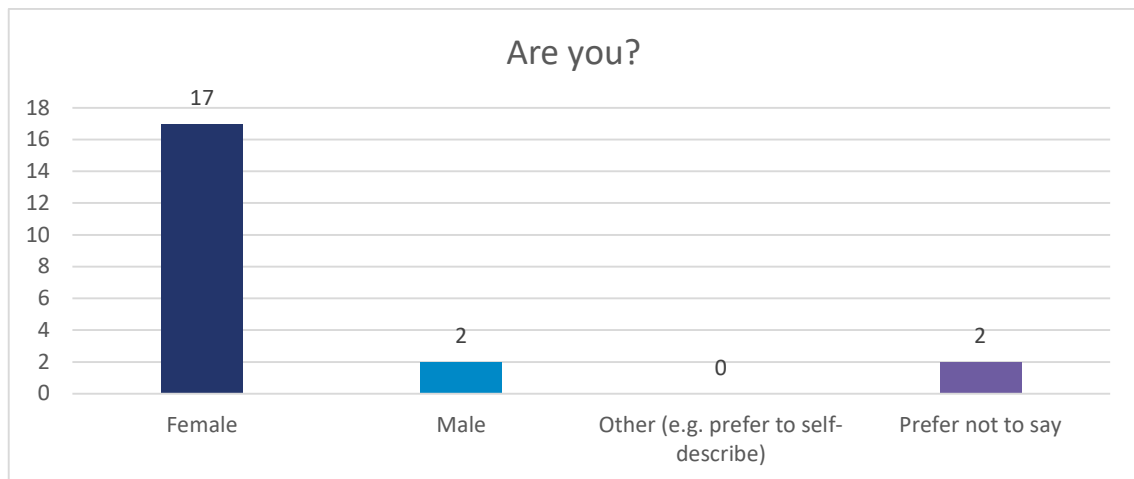
- Implement TSI/Systematic Instruction consistently.
- Build partnerships (e.g. Attingham Park, Food Hub, Friends of Shrewsbury Cemeteries, Landau Talking Therapies, Westhope College, Age UK, dog walking/garden services).
- Explore transport savings via public transport training (reduced reliance on mobility vehicles).
- Expand inclusive fitness options (Keep Fit/Yoga/Pilates) and shift emphasis toward healthy living.
- Ensure access to “success/placements/experiences” isn’t limited to those with proactive parents.

About the respondents

The following questions take a similar route to the questions in the client and carers survey, in asking more about the respondents who replied online.

Question 17 asked if the respondents were female or male. In general, like the clients and carers survey, the respondents were female; 81%.

Figure 37 – Gender of the respondents in the professionals and stakeholders survey.



There is more of a mixture of age groups in this survey; 38% (8 responses) are in the 35-44 group, 24% (5 responses) are in the 55-64 group, 14% (3 responses) in the 45-54 group, 10% (2 responses) in the 75-84 group and 5% (1 responses) respectively in the 65-74 group and 'prefer not to say'.

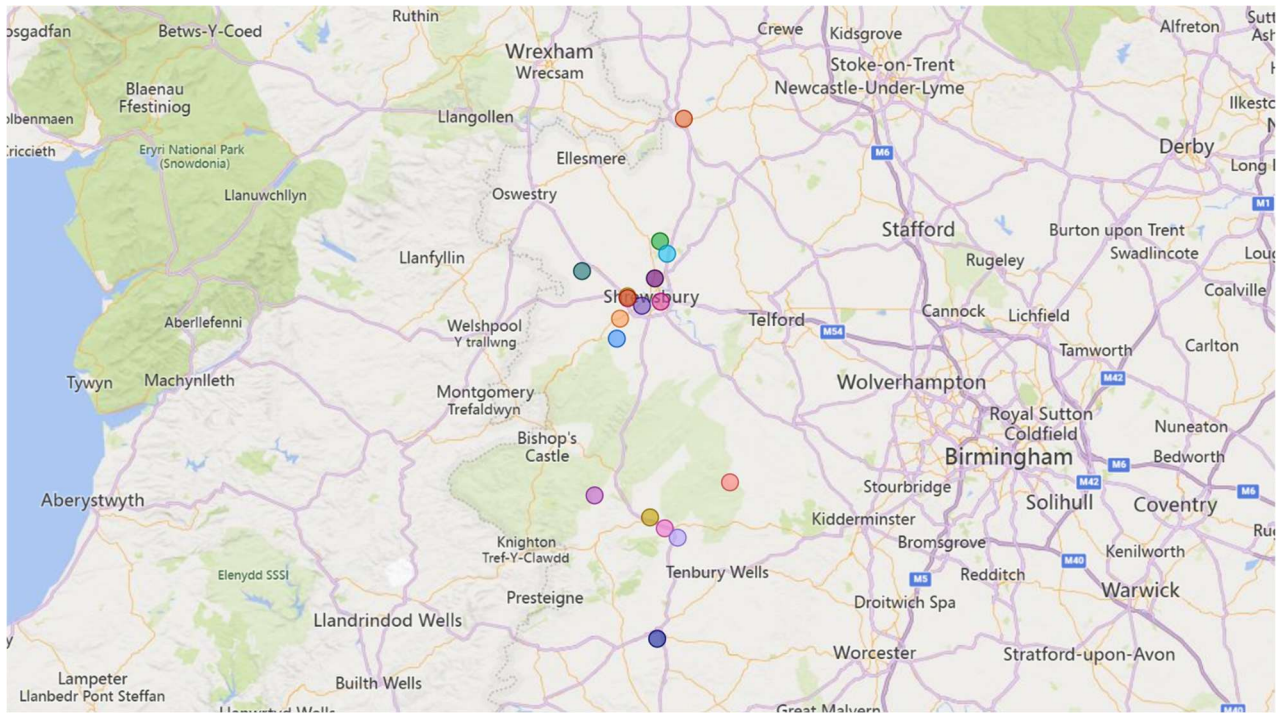
When asked if they regularly provide unpaid support caring for someone, 21 people answered and the majority, 48% (10 responses), answered no. 33% (7 responses) answered yes and 14% (3 responses) preferred not to say.

Question 20 asked for the respondents to state their ethnic origin, and of the 21 people who answered, overwhelmingly 81% (17 responses) describe themselves as white of British, Irish or Welsh descent. The remaining 19% (4 responses) chose to prefer not to say or don't know.

21 respondents answered the religion question and 43% (9 responses) answered Christian, 33% (7 responses) preferred not to say, 19% (4 responses) stated they were of no religion, and 5% (1 response) answered that they practiced Buddhism.

The last question sought to map out where the respondents are based.

Map 2 –Where the respondents of the professionals and stakeholders survey are based.



Section Summary

Professionals and stakeholders raised a broad and interrelated set of concerns about the potential impacts of the proposals, particularly for individuals with high levels of dependency, complex health needs, and limited ability to access alternative provision.

A recurring concern was the loss of specialist and preventative support, most notably in relation to the hydrotherapy pool at Aquamira. Respondents consistently emphasised its therapeutic value for people with complex physical, neurological, and mobility needs, highlighting that suitable alternatives are scarce, often oversubscribed, or physically inaccessible. Many stressed that hydrotherapy is not a discretionary or leisure activity for these individuals, but a critical intervention that supports mobility, pain management, mental wellbeing, and the prevention of further deterioration, with concerns that its removal could increase reliance on NHS and social care services.

There were also strong concerns about the availability and suitability of alternative services, particularly in rural parts of Shropshire. Respondents questioned whether proposed alternatives could realistically meet the needs of people with profound disabilities, dementia, or complex medical requirements, noting issues such as lack of trained staff, insufficient facilities for personal care, sensory needs, or medical interventions, and environments that are too busy or unsuitable for quieter, specialist support. Transport was repeatedly identified as a barrier, with respondents warning that increased travel distances, reduced transport provision, or reliance on carers could lead to reduced attendance, increased isolation, and inequitable access to services.

Another significant theme related to mental health, wellbeing, and safeguarding risks. Professionals expressed concern that changes or closures could have a destabilising effect on vulnerable individuals who rely on routine, familiarity, and trusted relationships with staff. Several respondents anticipated increased risks of loneliness, anxiety, depression, and deterioration in wellbeing if services were withdrawn or relocated without appropriate, individualised transition planning. Concerns were also raised about the

potential impact on carers, with respondents noting that day services provide essential respite and that their loss could place additional strain on families, potentially accelerating the need for residential care.

While many respondents acknowledged the financial pressures facing the Council, there was unease about services being judged primarily on short-term cost rather than long-term value. Professionals highlighted the preventative role of day services in maintaining independence, delaying residential care, and supporting carers, arguing that these outcomes represent cost avoidance rather than inefficiency. Several respondents felt that underuse of certain facilities reflected historic under-investment, limited promotion, and reduced transport rather than a lack of need, and cautioned against closure without fully exploring options to improve utilisation.

Concerns were also raised about service quality, workforce capacity, and culture, particularly within some learning disability provision. Some respondents described outdated models of support, limited focus on independence, and insufficient access to meaningful activities or skills development, while others strongly defended staff expertise, training, and commitment, especially in services supporting older people and those with complex needs. This divergence reinforced the view that a one-size-fits-all approach would be inappropriate, and that different groups require different environments, staffing models, and levels of specialism.

Finally, many professionals expressed frustration that the proposals appeared to present a binary choice between closure and retention, rather than fully exploring alternative operating models. There was strong support for approaches such as reconfiguration, shared use, partnership working, rental or income-generating activity, and community-based hubs that could retain specialist provision while improving financial sustainability. Across these concerns, respondents consistently emphasised the importance of dignity, inclusion, prevention, and realistic assessments of need, urging that decisions should be grounded in the lived realities of the people who rely most on these services.

4 Face-to-face engagement sessions

There were several feedback sessions that took place in order to gather real-life experience and opinions on the proposals. The face to face engagement sessions were designed for clients, carers and professionals. The feedback sessions, allowed for conversational flow, giving more flexibility than the online survey for people's voices to be heard but the discussions were based around a similar structure in questions to the online surveys to ensure all key elements could be covered.

The key themes are set out here. It is useful to note that most feedback was related to the proposal for Aquamira.

Continuity, familiarity, and emotional safety

- Strong emphasis on service users feeling *settled* at current provision, with concern that change could be distressing—especially for people with complex needs, sensory sensitivity, dementia, visual impairment, and PMLD.
- Repeated preference for a “lift and shift” approach (keep staff, routines, and peer groups together) if relocation happens.

The environment matters (quiet, predictable, low stimulation)

- Aquamira is repeatedly valued as calm, spacious, and predictable.
- Abbots Wood is repeatedly described as potentially busier/noisier, raising concerns about dysregulation, distress, and reduced engagement.

Specialist facilities are seen as essential (especially sensory provision)

- The sensory room is the single most consistent “must-have” across family and professional feedback.
- The hydrotherapy pool is viewed as clinically beneficial (especially for PMLD), with concern about loss of access and limited suitable alternatives locally—despite acknowledged underuse linked to staffing/operational constraints.
- Wider concern about whether specialist equipment and spaces can realistically be replicated elsewhere.

Accessibility, dignity, and personal care requirements

- Concerns about whether alternative sites can safely support:
 - wheelchair users and independent movement
 - specialist personal care (e.g., changing beds) with dignity
 - separate/controlled entrances and quieter eating arrangements for people with aspiration/sensory needs

Carer impact and respite

- Day services are described as providing critical respite for carers and essential social contact for service users.
- Fear that closure/relocation could reduce respite (especially if travel increases), pushing families toward unaffordable private care or unsuited community options.

Transport as a major barrier/risk

- Transport is repeatedly flagged as limiting attendance already, and as a key risk to

- routine, access, and equity—especially in rural areas.
- Multiple notes that transport should be included in any equality impact assessment.

Financial pressures vs. quality/sufficiency of provision

- Clear understanding that the council faces severe financial pressure and is seeking best value.
- Stakeholders repeatedly stress that cost-saving must not undermine safety, outcomes, and statutory/equality duties.

Need for robust planning, assessment, and co-production

- Calls for thorough options appraisal, equality impact assessment, and joint work across health/social care (including ICB/system-wide discussion).
- Repeated emphasis that decisions should be shaped through co-production with families, service users, and professionals—and that engagement needs a “final push.”

Section summary

The face-to-face engagement sessions provided rich qualitative insight into the lived experiences of service users, carers and professionals, reinforcing and expanding on themes identified through the online surveys. Participants consistently emphasised the importance of continuity, familiarity and emotional safety, particularly for people with complex needs, dementia, sensory sensitivities and profound and multiple learning disabilities. Existing day centres were valued not only for the activities they provide, but for the calm, predictable environments, trusted staff relationships and specialist facilities that support dignity, wellbeing and effective care.

Strong concerns were raised about the suitability of alternative locations, especially in relation to increased noise, reduced quiet space, accessibility for wheelchair users, and the ability to provide specialist personal care and sensory support. The hydrotherapy pool and sensory provision, particularly at Aquamira, were repeatedly described as essential rather than optional, with participants highlighting their therapeutic, preventative and wellbeing benefits and the lack of comparable local alternatives. Carers consistently described day services as a vital source of respite, expressing concern that increased travel times or loss of provision could significantly reduce respite and place unsustainable pressure on families.

Transport and rural accessibility emerged as major barriers, with participants stressing that these factors should be fully reflected within equality and impact assessments. While there was clear recognition of the Council’s financial pressures, participants emphasised that cost-saving measures should not undermine safety, dignity, equality duties or long-term preventative value. Across sessions, there were strong calls for thorough planning, realistic options appraisal, and genuine co-production with families, service users and professionals, with a preference for solutions that retain specialist expertise, staff teams and familiar routines wherever change is unavoidable.

5 Recommendations

Based on the evidence and themes throughout the Day Centre Consultation Report, the following recommendations can reasonably be suggested. They are grounded directly in the consultation feedback from clients, carers, professionals and face-to-face engagement, and are framed to be a summary of the feedback rather than operationally prescriptive.

Where appropriate, they balance financial realities with statutory duties, equality considerations and long-term preventative value. It is acknowledged that there will be budget and staffing constraints and other limiting factors that may prevent these recommendations from being taken forward and implemented.

The recommendations are presented as an ambition for the future and readers are asked to recognise the council's budget situation (like many local authorities across the UK) and the financial emergency announced in September 2025, do not form the economic conditions necessary for significant service investment. Despite this, the recommendations can form ambitions should funding and other resources increase in future.

1. Retain and prioritise specialist provision where needs cannot be met elsewhere

The consultation demonstrates that some services—particularly Helena Lane for older people with high support needs and Aquamira for people with profound and complex disabilities—are perceived as specialist, non-interchangeable provision. Respondents consistently emphasised that voluntary, community or more generic day opportunities cannot safely or realistically meet the needs of these groups.

It is therefore recommended that decisions explicitly distinguish between *specialist* and *non-specialist* provision and avoid assumptions that all day opportunities can be replaced by community-based alternatives.

Possible Measures:

- Proportion of service users with *complex/profound needs* remaining in specialist settings.
- Number of placements identified as requiring specialist environments following review.
- Evidence from care reviews that assessed needs are being met post-decision.
- Number of safeguarding concerns or incidents relating to inappropriate placement.

2. Recognise and embed the preventative value of day services in decision-making

Respondents consistently described day centres as preventative services that maintain independence, safeguard dignity, reduce isolation, support carers and delay the need for residential or higher-cost care.

It is recommended that cost avoidance and system-wide impacts on health, social care

and carers, are included within the considerations made by Councillors as part of decision making, rather than focusing solely on short-term savings from service reduction or closure.

Possible Measures:

- Assessment of the delay/prevention of residential or increased care packages.
- Assessment of the stability of carer arrangements over time.
- Qualitative evidence from carers on ability to continue caring.
- Where possible ensure financial decision making takes into account prevention and cost-avoidance and the cost increases that could be incurred from service loss.

3. Continue to embed equality, rurality and accessibility considerations into future work

Significant concerns were raised about rural access, transport barriers and place-based inequality, particularly in South Shropshire. Many respondents indicated that increased travel distances would result in reduced attendance or withdrawal from services altogether.

It is recommended that equality and health impact assessments are updated and the work already undertaken is built on to explicitly reflect transport, rurality, disability-related fatigue, and the cumulative impact on carers, ensuring that alternative provision is genuinely accessible in practice.

Possible Measures:

- Average travel time before and after service change (by geography)
- Attendance rates post-change, particularly in rural areas
- Proportion of service users withdrawing due to transport or distance
- ESIHIA actions reviewed with evidence from the consultation findings.

4. Protect dignity, personal care and sensory support as core service elements

Across the consultation, dignity-related services—such as assisted bathing, personal care, space for sensory regulation, quiet environments and specialist equipment—were repeatedly identified as essential.

Any service redesign or relocation should be guided by the principle that these elements are **core requirements**.

Possible Measures:

- More detailed assessment of future access to:
 - Assisted bathing
 - Personal care
 - Quiet/sensory spaces
- Service user/carers feedback on dignity and wellbeing.

5. Consider the feedback concerning lack of promotion, referrals and transport

Many respondents challenged the assumption that low attendance reflects low demand, citing reduced referrals, lack of promotion, staffing constraints and the removal of

transport as contributory factors.

It is recommended that the Council considers this impact prior to decision making because these factors may be contributing to bias within the financial assessments undertaken to date.

Possible Measures:

- Referral numbers over time
- Attendance and occupancy rates
- Evidence of:
 - Referral pathways
 - Active promotion/signposting
 - Transport availability or mitigation
- Comparison of demand before and after promotion changes.

6. Take a differentiated approach to independence, employment and volunteering

While the Council's strategic direction towards independence, volunteering and employment was understood, respondents stressed that these outcomes are **not appropriate or achievable for all service users**, particularly older people and those with profound or complex needs.

It is recommended that future service models adopt a differentiated, needs-led approach that avoids one-size-fits-all expectations and ensures aspirations around employment and volunteering are realistic, person-centred and supported by appropriate infrastructure.

Possible Measures:

- Presence of **individualised outcomes** in care plans (not generic employment goals)
- Proportion of service users with:
 - Social / wellbeing outcomes
 - Independence outcomes
 - Employment/volunteering *only where appropriate*
- Feedback indicating appropriate expectations.

7. Ensure meaningful co-production and transition planning

Across surveys and engagement sessions, respondents called for genuine co-production, clear communication and careful transition planning, particularly where change is unavoidable.

It is recommended that engagement continues with service users, carers and frontline professionals in relation to final decisions and any implementation plans, with clear reassurance around continuity of care, familiar staff, routines and peer groups if the decisions made mean change will be implemented.

Possible Measures:

- Number of service users/carers involved in any transition planning.

- Evidence of individual transition plans where services change.
- Retention of:
 - Staff continuity
 - Peer groups
 - Familiar routines
- Post-transition feedback on how well any agreed change was managed.

6 Summary and Conclusion

This consultation has highlighted the strong value placed on Shropshire Council's in-house day centres by people who use the services, their carers and families, and a wide range of professionals and stakeholders. Across all engagement routes—online surveys, face-to-face sessions, emails and letters—respondents consistently described day centres as essential provision that supports dignity, wellbeing, social inclusion and independence, while also providing vital respite for carers. The findings show that, for many individuals with complex, profound or age-related needs, these services are not discretionary or easily replaceable but form a critical part of their care and support arrangements.

Feedback on the proposals relating to Helena Lane and Aquamira demonstrated high levels of concern about the potential impacts of closure or relocation. For Helena Lane, respondents overwhelmingly opposed the proposed closure, citing its role as the only council-run day centre for older people in South Shropshire and emphasising the importance of its specialist facilities, accessible environment and local availability. For Aquamira, opposition was strongly linked to the proposed loss of the hydrotherapy pool and the specialist, calm environment that respondents felt was essential for people with profound and multiple disabilities. Across both proposals, respondents repeatedly questioned whether alternative provision could realistically meet assessed needs, particularly in relation to personal care, sensory support, medical needs, transport and travel distances.

A consistent theme throughout the consultation was the preventative value of day services. Respondents described how current provision helps to maintain physical and mental health, reduce isolation, support carers to continue in their caring roles, and delay or avoid the need for more intensive or residential care. Many participants expressed concern that changes leading to reduced access or withdrawal of services could result in deterioration in wellbeing, increased pressure on families, and greater long-term demand on health and social care services. These concerns were reinforced by professionals, who highlighted risks associated with disruption to routine, loss of specialist environments and limited availability of suitable alternatives, particularly for highly vulnerable groups.

The consultation also surfaced wider issues relating to equality, rurality and trust in decision-making. Respondents frequently raised place-based concerns, with a strong perception that rural and south Shropshire communities experience disproportionate impacts from service reductions. Transport, distance and accessibility were repeatedly identified as barriers that could result in effective loss of provision, even where alternatives exist in theory. Alongside this, many respondents challenged assumptions that low attendance reflects lack of need, pointing instead to reduced referrals, limited promotion, staffing constraints and loss of transport as contributory factors.

Overall, the feedback demonstrates strong resistance to a one-size-fits-all approach and highlights the need to recognise the diversity of needs across different user groups. While there was some support for modernisation and reform, this was conditional on changes being realistic, needs-led and co-produced, with safeguards in place to protect specialist provision, continuity of care and dignity. The consultation provides a clear evidence base to inform decision-making, emphasising that any future changes should carefully balance

financial pressures with statutory duties, equality considerations and the long-term preventative role of day services within Shropshire's wider health and care system.

Many thanks are extended to all the respondents for their thorough and well-considered responses.

April 2026

Analysis and reporting by:
Feedback and Insight Team, Shropshire Council
Email: TellUs@shropshire.gov.uk

Shropshire Council Lead Service Area: Adult Services



Day Centres Consultation April 2026

Executive Summary: Consultation Feedback Report

This report summarizes consultation feedback on proposed changes to Shropshire Council in-house day centre provision. A full report of all consultation findings is available.

1. Context and scope

In-house day centre provision is discretionary (non-statutory) but contributes to prevention, independence, social inclusion and respite for carers. Following a declared financial emergency (September 2025), the Council is reassessing both statutory and discretionary services to manage costs and value for money.

439 people access day centres across 29 facilities supporting people with learning disabilities; 178 people use Shropshire Council in-house day services across eight in-house centres plus one voluntary service.

The consultation ran from the 29th January 2026 to 26th March 2026. The proposals consulted on were:

- **Proposal 1:** Close the day centre service at Helena Lane (building retained for other uses).
- **Proposal 2:** Transfer Aquamira day centre services to Abbots Wood or a similar alternative; close the hydrotherapy pool; offer alternative support where appropriate.
- **Proposal 3:** Explore wider reshaping/modernisation of day centre support towards more flexible, person-centred pathways (including employment, supported employment and volunteering, where appropriate).

The financial case presented within the consultation included estimated savings of ~£222,380 per year. The reported cost per person per day at Aquamira is £211 and at Helena Lane £244, with an average benchmark from available data cited at £170. The review prior to consultation identified that 23 people would be directly affected by the two closure proposals.

The consultation sought to involve as many people as possible to obtain community feedback using online surveys; written submissions (emails/letters); and by holding face-to-face feedback sessions.

2. Overall engagement and response

- **Clients and carers survey:** 53 responses. Where respondent type was provided, most responses were from carers/family members (reported as 77% of those answering that question).
- **Professionals and stakeholders survey:** 24 online responses, with respondents largely connected to Shropshire Council day opportunities and related services.

- **Written submissions:** 14 emails and letters were received (the full report summarises themes and ensures personal details are redacted).
- **Face-to-face engagement:** 11 engagement sessions were held to gather qualitative feedback, with the report noting a substantial focus on Aquamira as feedback obtained in these discussions.
- **Overall sentiment:** Feedback from clients and carers shows strong opposition to both Proposal 1 (Helena Lane closure) and Proposal 2 (Aquamira transfer and hydrotherapy closure). Professionals/stakeholders are more mixed, with many recognising financial pressures but raising material concerns about suitability, safeguarding and the availability of alternatives.

3. Key findings – clients and carers

3.1 Proposal 1 – **Helena Lane** (closure of the day centre service and transfer to another location).

Among those responding in relation to Helena Lane, the report indicates most respondents feel they would be negatively affected, and a large majority say they would be affected “a lot”. A clear majority of respondents oppose the proposal to close Helena Lane (with 90% opposition among those answering the support/oppose question). The reasons for concerns are set out within the full report and include:

- **Travel and rural access:** Respondents commonly describe alternative provision as difficult to access due to rurality, limited transport, fatigue/mobility issues, and the risk that longer journeys would reduce attendance and erode respite time.
- **Dignity, personal care, and wellbeing:** Repeated emphasis is placed on the importance of on-site support for people (including bathing, meals, supervision, and a safe environment), viewed as not replicable through informal community services. Community services are viewed as inadequate replacements because they lack specialist equipment and skills to meet the needs of service users.
- **Carer respite and sustainability of home care:** Helena Lane is described as a “lifeline” that enables carers to continue caring; respondents warn that closure would increase carer burnout and may accelerate need for higher-cost care.
- **Perceived ‘managed decline’:** Several comments argue that attendance has fallen due to reduced referrals, transport changes, staffing constraints and limited promotion—rather than reduced need—leading to calls for better utilisation rather than closure.
- **Equity and place-based concerns:** A recurring theme is that South Shropshire (and Ludlow) would be disproportionately impacted compared with Shrewsbury, raising trust and fairness issues.

3.2 Proposal 2 – **Aquamira** (transfer to Abbots Wood; hydrotherapy pool closure)

Respondents commonly report they (or the person they care for) would be negatively affected by the proposal, and an overwhelming majority oppose the Aquamira proposal (95% opposition). Reasons given within the comments and analysis set out in the full report include:

- **Hydrotherapy as a critical issue:** A subset of respondents specifically identified use of the hydrotherapy pool as an essential service. Across comments, hydrotherapy is consistently framed as necessary for pain relief, mobility and mental wellbeing. Respondents emphasize there are limited local alternatives.
- **Specialist environment and sensory needs:** Aquamira is repeatedly described as quieter and more suitable for people with profound or complex needs (including sensory regulation and the need for predictable, low-stimulus environments). Respondents express concern that Abbots Wood may be busier/noisier and therefore less suitable. Feedback highlights that the Abbots Wood service is not the same type of service as Aquamira and designed to meet the needs of a different client group.
- **Accessibility and logistics:** Parking, layout, equipment, and the ability to deliver personal care and specialist support are cited as factors that must be preserved if any transfer occurs.
- **Preventative value and cost avoidance:** Many respondents argue that removing hydrotherapy and/or changing provision could worsen health and increase reliance on NHS and social care, undermining long-term value for money even if short-term savings are achieved.
- **Alternative suggestions:** Common suggestions include commissioning/partnering to keep hydrotherapy running, mothballing the pool rather than permanent closure, or exploring shared-use/rental models to generate income.

4. Key findings – professionals and stakeholders

Responses were largely linked to Shropshire Council day opportunities and related professional roles, alongside a small number of external stakeholders (e.g. health and rehabilitation organisations). When considering the impact of day services, responses suggest stronger confidence in effectiveness for health promotion, emotional support and assessment/support planning, with more neutral/negative views on independence skills, volunteering and employment pathways. The professional/stakeholder survey shows a split between support, opposition and “don’t know” for both Helena Lane and Aquamira proposals.

- **Hydrotherapy and specialist provision:** Among professionals, hydrotherapy is a central theme, with some professionals emphasising its evidenced benefits and limited alternatives in the wider-area, while others emphasise operational sustainability, staffing burden and cost.
- **Suitability and safeguarding risks at alternative sites:** Concerns include managing absconding risk, protecting vulnerable people in mixed environments, maintaining access to quiet/sensory spaces, and ensuring specialist equipment and care routines can be safely delivered. The professionals comments show concern about viable alternative locations for the service.
- **Rural access and lack of alternatives (Helena Lane):** Professionals echo concerns about limited local alternatives for older people’s day services in South Shropshire if Helena Lane were closed, and the impact of transport barriers meaning service users and their carers may be left without support.

- **Preference for ‘middle-ground’ solutions:** Many respondents call for options beyond closure vs. retention—e.g. repurposing, shared use, partnerships, rental income, and targeted redesign focused on person-centred pathways.

5. Key themes from face-to-face engagement

The letters to service users and their carers/families impacted by the proposals and the offer of discussion sessions was an important part of the consultation. This enabled less structured feedback to obtain a more in-depth understanding of concerns. The key themes from verbal feedback included:

- **Continuity and emotional safety:** Strong preference for stability of routines, staff and peer groups, especially for people with dementia, sensory sensitivity, visual impairment and profound/multiple learning disabilities.
- **Environment and sensory load:** Aquamira is repeatedly valued for being calm and predictable; Abbots Wood is perceived as potentially busier/noisier, which some feel could reduce engagement or increase distress.
- **‘Lift and shift’ preference if relocation proceeds:** Where change is unavoidable, participants emphasise keeping staff teams and service-user groupings together, and replicating key environmental features (quiet spaces, sensory equipment, safe layouts).

6. Decision implications and risks to consider

Any consultation which may lead to service change, service reduction or closure results in complex decision making and the consultation helps to ensure that all views are considered. The key points for consideration in the decision include:

- **Equality and inclusion:** Feedback highlights potential disproportionate impacts on older people, disabled people and rural communities. The Equality and Social Inclusion Health Impact Assessment can be updated prior to decision-making to ensure the it evidences the feedback and how equality impacts have been considered and mitigated.
- **Meeting assessed needs:** While in-house provision is discretionary, the Council must ensure Care Act assessed needs (and carers’ needs where applicable) continue to be met through suitable alternatives.
- **Clinical and safeguarding considerations:** For people with complex health needs, changes in environment and provision may introduce risks (e.g., safe personal care, medication routines, PEG feeding and specialist equipment; absconding risk; vulnerability in mixed settings).
- **Carer sustainability and downstream demand:** A consistent risk is increased carer burden, potential breakdown of informal care, and escalation into more intensive (and costly) services.
- **Transport and travel time:** Travel feasibility is a practical determinant of whether alternatives are genuinely accessible, particularly in rural South Shropshire; this affects attendance, respite value, and equality of access.

- **Hydrotherapy pathway risk:** If hydrotherapy provision is removed, the Council should anticipate and plan for impacts on mobility/pain management and the availability/cost of alternative provision.
- **Short-term savings vs. long-term value:** The consultation feedback reveals tension between immediate savings and perceived preventative value. A transparent articulation of the financial model (including any unavoidable fixed costs and transition costs) may be important when communicating the result of decision making, dependent on outcome.
- **Trust and legitimacy:** The ‘managed decline’ narrative and place-based equity concerns indicate a reputational risk given there is a perception among some respondents that decisions are predetermined or unfair.

7. Options linked to the consultation feedback

- **Option A – Proceed as proposed** (close Helena Lane day service; transfer Aquamira to Abbots Wood; close hydrotherapy), with a robust mitigation package covering individual reassessments, transition planning and transport.
- **Option B – Modify the proposals** to address high-risk elements raised in feedback, for example:
 - Retain or replace **hydrotherapy** via commissioning, partnership/shared-use, time-limited pilots, or alternative local access arrangements.
 - Create a **quiet/specialist provision** within the receiving site (or alternative site) for people with profound/complex needs, with appropriate staffing and equipment.
 - Explore partial repurposing (e.g. close/mothball the pool while maintaining the building/service functions, or vice versa), where this materially changes net savings and risk.
- **Option C – Pause/phase implementation** to test feasibility of alternatives and protect continuity (e.g. exploration of rental/partnership income; phased moves with ‘lift and shift’ staffing; piloting revised models).
- **Common mitigations referenced within feedback** (relevant for whichever option is chosen):
 - Individual transition plans co-produced with service users and carers.
 - Transport impact assessment and funded travel solutions to avoid eroding respite via travel time.
 - A request to maintain continuity of staff and peer groups wherever possible; prepare receiving environments to reduce sensory overload.
 - A request to offer transparent publication of the financial case, including transition costs, fixed/contracted costs, and how savings are calculated taking into account loss of preventative support can increase needs for other services.
 - Clear communication and referral pathways for remaining or alternative provision.

The full consultation report, along with this executive summary of the findings, will be made available for officer leads and Councillors to support formal decision making.

This page is intentionally left blank

Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2026

Please note that part A and part B of this document should be completed.

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Aquamira Learning Disability Day Service

Name of the officer carrying out the screening
Daniel Powner

Decision, review, and monitoring

Decision	Yes	No
Initial (Stage One) ESHIA Only?	Yes	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		No

Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations
<p>The proposal is to transfer Aquamira Day Service to an alternative venue in Shrewsbury, currently proposed as Abbots Wood, and to close the Aquamira building, including the hydrotherapy pool, subject to completion readiness work, individual Care Act reviews and transition planning. Following public consultation, the current stocktake assessment indicates likely negative equality and social inclusion impacts in two of the Protected Characteristic groupings defined in the Equality Act, ie Age and Disability, and in the local protected characteristic groupings of Carers and of Social Inclusion, recognising vulnerabilities and intersectionalities in and across groupings. In order to ensure that service user input was gained, they were contacted directly about the consultation, rather than relying solely on general public notices or online channels, and their responses are included in the total responses received. The Council has also considered evidence including demographic data, recognising the importance of making decisions based upon all the information currently available including likely equality impacts now and into the future</p> <p>The evidence indicates that Aquamira is highly valued by people who use the service and by carers because of its quiet and predictable environment, specialist staff support, sensory facilities, and hydrotherapy access for some individuals. Consultation responses identify concerns about the loss of a calm setting, continuity of staff and support, longer or more difficult journeys, and whether an</p>

alternative site can safely and appropriately meet the needs of people with profound disability, autism, sensory sensitivities, limited mobility, and complex health needs.

Those affected are particularly adults with what may be a range of profound and multiple learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, and carers and families of existing service users whose caring roles may be affected by changes to routine, respite, confidence in the suitability of the environment, and travel arrangements. There may also be negative impacts in relation to age where younger adults and older carers are affected, and in relation to social inclusion where households face transport, access or financial pressures.

For the grouping of veterans and serving members of the armed forces and their families, to whom we are required to give 'due regard' under the Armed Forces Act 2021, there is potential for low to medium negative impact in the future where an individual from this grouping may present with needs that may be supported through hydrotherapy.

At this stage, there is no clear evidence of differential impact for the other protected characteristic groupings as defined in the Equality Act 2010, or for our further local protected characteristic grouping of Young People Leaving Care, albeit intersectionality is recognised.

Initial mitigation will include continued direct engagement with individuals and carers; accessible information and communication; completion of individual reviews, reassessments where required, and carers' assessments where relevant; person-centred transition planning; confirmation that the receiving site can meet assessed needs for a calm sensory-friendly environment, specialist equipment, personal care and safe staffing; and review of transport and other access barriers so that reasonable adjustments and further mitigations can be identified before implementation.

Assessment of likely neutral, negative or positive impact of the service change in terms of health and wellbeing considerations

The initial assessment indicates likely negative health and wellbeing impacts for some people who use Aquamira, particularly where the current service contributes to physical wellbeing, sensory regulation, emotional security, social interaction, routine and carer respite. Consultation and wider evidence indicate that risks may include increased anxiety or distress associated with change, reduced access to a calm and familiar environment, potential loss of benefits currently associated with hydrotherapy for some individuals, and reduced wellbeing if travel, transition or the receiving environment are not managed appropriately.

There may also be negative wellbeing impacts for carers, including increased stress, reduced respite, uncertainty about the suitability of alternative

arrangements, and additional time or cost pressures linked to transport and support.

At a wider community level, there is a potential indirect risk that if needs are not effectively mitigated, pressure could increase on families, health services and social care. Initial mitigation will include individual Care Act reviews and reassessments where required; carers' assessments where relevant; person-centred transition planning; confirmation that the receiving site can safely meet assessed needs relating to environment, equipment, personal care and staffing; consideration through care planning of how outcomes currently linked to hydrotherapy or sensory support will be met in other ways where necessary; and ongoing communication, monitoring and post-move review to identify and respond to any adverse effects on health and wellbeing.

Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations

The service area will review and monitor the equality, social inclusion and health impacts of the proposed change throughout decision-making, transition planning and implementation. This will include ongoing oversight of individual Care Act reviews, reassessments where required, carers' assessments where relevant, and person-centred transition plans, together with monitoring of whether the receiving site continues to meet assessed needs relating to accessibility, sensory environment, specialist equipment, personal care, staffing and transport.

Particular attention will be given to impacts on people with disabilities, carers, younger adults and households who may face access, rurality or financial pressures. Feedback from consultation has already identified strong concern among service users and carers, and engagement will therefore continue directly with people who use the service, families, carers, advocates and staff, using accessible formats and non-digital routes as needed to reduce the risk of exclusion. The service will collect and review evidence before implementation and at regular intervals following any move, including feedback, attendance, travel and transition issues, incidents/complaints, and any themes arising from care reviews or post-move monitoring, so that further mitigations can be identified and acted on promptly. Review activity will be undertaken with relevant council officers and informed where appropriate by ongoing liaison with health and care professionals, elected members and other stakeholders involved in supporting affected individuals.

It is important to clarify that the Council does not have a statutory obligation to offer access to a hydrotherapy pool. Nonetheless, the Council remains responsible for meeting eligible needs and agreed outcomes as determined by Care Act assessments and care and support planning.

Associated ESHIAs



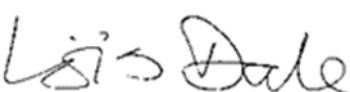
This is the second ESHIA carried out following Consultation. The first ESHIA is attached to the Cabinet report from January 2026.

Assessment of likely neutral, negative or positive impact, and actions to review and monitor overall impacts, with regard to climate change impacts and with regard to economic and societal impacts

At this stage the likely climate change impact is assessed as broadly neutral to uncertain pending implementation detail, because the proposal would reduce use of the Aquamira building but may also affect transport patterns for people who use the service, staff and carers. The associated Climate Change Appraisal for the report should therefore be read alongside this ESHIA. In economic and societal terms, the proposal is intended to address the financial sustainability issues associated with the Aquamira building and hydrotherapy pool, but it may also have negative impacts for some individuals and families if transport, travel time or other indirect costs increase, and for the wider community through loss of access to the current Aquamira site and hydrotherapy facility.



At this stage there is no evidence base within this ESHIA to conclude wider economic growth benefits beyond the service sustainability objectives. Workforce impacts are expected to require careful management through the service change process, particularly if staff transfer with the service and new working arrangements, environments or travel patterns arise. There may also be human rights considerations, particularly in relation to dignity, private and family life, and the practical ability of individuals to access support that continues to meet assessed needs. These impacts will be reviewed through implementation planning, ongoing monitoring of travel and access issues, staffing arrangements, complaints and incidents, care reviews, and continued engagement with affected individuals, carers and staff so that any adverse effects can be identified and addressed promptly.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
<i>Lead officer for the proposed service change</i>		15-05-26
<i>Officer carrying out the screening</i>		15-05-26
<i>External support* Mrs Lois Dale Senior Insights and Research EDI Specialist</i>		17-05-26

**This refers to support external to the service and within the Council, e.g., the Senior Insights and Research EDI specialist, the Integration & Inequalities Officer – Public Health, other Insights and Research or Public Health colleagues, the Feedback and Insight Team, Climate Change specialists, etc.*

Sign off at Stage One screening stage

Name	Signatures	Date
Lead officer's name		15-05-26
Service manager's name		15-05-26

**This may either be the Head of Service or the lead officer*

B. Detailed Screening Assessment

Aims of the service change and description
<p>This ESHIA relates to a proposed change to Aquamira Day Service in Shrewsbury. Aquamira is a specialist day opportunity service for adults with profound and multiple learning disabilities (PMLD) and other complex needs, including people who may require a calm sensory-friendly environment, specialist equipment, intensive personal care, PEG and medication support, one-to-one supervision, and access to facilities such as a multi-sensory room and hydrotherapy pool.</p> <p>Four options were considered:</p> <ul style="list-style-type: none"> (1) retain Aquamira and operate the hydrotherapy pool; (2) retain the day service but place the pool into inactive status; (3) transfer the day service to an alternative location and close the Aquamira building; and (4) explore partnership/shared-use models. <p>On balance, and subject to the safeguards set out in this business case, Option 3 is recommended not on cost alone, but because it provides the strongest overall basis for a lawful and sustainable decision. The recommendation reflects the Council's Best Value duty, the need to secure longer-term service sustainability, the evidence that eligible needs can continue to be met through alternative arrangements, and the consultation and equality information that must inform Cabinet's public law balancing exercise.</p> <p>The proposal being considered is to transfer the day service to an alternative venue in Shrewsbury, currently proposed as Abbots Wood, and to close the Aquamira building, including the hydrotherapy pool, subject to decision-making and completion of required safeguards.</p> <p>The purpose of the proposed service change is to consider how the Council can continue to meet eligible Care Act needs lawfully and safely for this specialist</p>

cohort while addressing the financial sustainability of the current building-based model. The business case states that the case for change arises primarily from the high and rising cost base of the Aquamira building and the operational and maintenance demands associated with the hydrotherapy pool, rather than from concerns about the quality of the service itself.

The consultation material shows that Aquamira supports a small but highly complex cohort. Current attendance information in the business case shows between 6 and 8 attendees per day across the week, with 15 people attending the service overall, of whom 10 live at home with family support and 5 live in 24-hour supported accommodation. The staffing establishment is identified as 5.6 FTE Day Service Workers and 0.8 FTE Locality Lead. Consultation findings indicate strong opposition from clients and carers to the proposal, with 95% of respondents who gave an overall view opposing it and 73% of respondents who answered the impact question saying they would be affected 'a lot'.

The evidence indicates that Aquamira is highly valued by people who use the service and by carers because of its quiet and predictable environment, specialist staff support, sensory facilities, and hydrotherapy access for some individuals. Consultation responses identify concerns about the loss of a calm setting, continuity of staff and support, longer or more difficult journeys, and whether an alternative site can safely and appropriately meet the needs of people with profound disability, autism, sensory sensitivities, limited mobility, and complex health needs.

Professional and stakeholder feedback is more mixed. While many respondents recognise the therapeutic and preventative value of hydrotherapy and the lack of accessible alternatives for some people, others also identify that the pool is expensive to operate, staff-intensive, and affected by repeated breakdowns and periods of closure.

The relevant legal and strategic context includes the Council's duties under the Care Act 2014 to meet eligible needs and support carers, the Public Sector Equality Duty, consultation law, and Best Value duties in the context of the Council's financial emergency. The Council is not under a statutory duty to provide access to a hydrotherapy pool as a facility in its own right. The key issue for decision-making is therefore whether eligible needs and agreed outcomes can continue to be met lawfully through alternative arrangements, supported by individual review, care planning, equality assessment and transition planning.

This ESHIA therefore considers the likely impacts of the proposed change on people who use Aquamira, carers, staff and the wider community, and records the actions currently anticipated to mitigate negative impacts. These include confirmation through feasibility and readiness work that the receiving site can meet assessed needs; individual Care Act reviews and reassessments where required; carers' assessments where relevant; person-centred transition planning; and monitoring of impacts before and after any implementation.

Intended audiences and target groups for the service change

The primary intended audiences and target groups for this proposed service change are the people who currently use Aquamira Day Service, their families, unpaid carers, advocates and representatives, and the staff currently delivering the service. This includes adults with profound and multiple learning disabilities (PMLD), autism, limited mobility, sensory sensitivities and complex health or personal care needs who may be directly affected by any transfer of service location and by closure of the hydrotherapy pool.

Wider audiences include relevant Adult Social Care and in-house day opportunity staff, social work and care management staff, health and care professionals involved in supporting affected individuals, and any organisations or professionals with a current connection to the Aquamira service or hydrotherapy provision. Local elected councillors are also an intended audience given their community leadership and representational roles, alongside Cabinet members and other decision-makers considering the proposal.

The proposal is not a change affecting the whole population, but it is of wider interest to the local community because it concerns a specialist council service and the future of the current Aquamira site and hydrotherapy facility. Partnership working is relevant where affected individuals also receive support from health services or other agencies, and ongoing liaison may therefore be required with relevant NHS and partner professionals as part of review, care planning and transition arrangements.

Evidence used for screening of the service change

The screening has been informed by the Aquamira business case, the Day Centres Consultation Feedback Report (April 2026), current service information and the ongoing feasibility and readiness work relating to the proposed receiving site. Evidence used includes current attendance and staffing data for Aquamira, financial information on running costs and income, consultation survey results, written responses, face-to-face engagement feedback, and professional and stakeholder feedback specific to the Aquamira proposal.

Key evidence points include that Aquamira supports a small but highly complex cohort; that current attendance recorded in the business case is between 6 and 8 people per day, with 15 people attending overall; that 10 attendees live at home with family support and 5 live in 24-hour supported accommodation; and that the staffing establishment is 5.6 FTE Day Service Workers and 0.8 FTE Locality Lead. Financial evidence in the business case identifies 2026/27 service running costs of £405,970 against non-care related income of £22,240, and also records hydrotherapy pool repair costs of approximately £21,000 in 2024/25. The consultation evidence further indicates strong opposition from clients and carers to the proposal, with 95% of respondents who gave an overall view opposing it and

73% of respondents who answered the impact question saying they would be affected 'a lot'.

This evidence has informed both the proposal and the current assessment of impacts. It supports the view that the case for change arises from financial sustainability concerns and the operational fragility and cost of the hydrotherapy pool, rather than from concerns about service quality. It has also informed the identification of likely negative impacts for people with disabilities, carers and others, and the need for mitigations. As a result of consultation and subsequent review, the proposal is now framed more clearly around the need to continue meeting eligible needs lawfully through individual Care Act review, care planning and transition arrangements, rather than around cost alone. The current approach also places emphasis on safeguards, including feasibility and readiness assessment of the proposed receiving site, individual reviews and reassessments where required, carers' assessments where relevant, transport and access considerations, and continued engagement before any implementation.

Specific consultation and engagement with intended audiences and target groups for the service change

Specific consultation and engagement on the Aquamira proposal was undertaken as part of the wider Day Centres consultation which ran from 29 January 2026 to 26 March 2026, following the Cabinet decision in January 2026 to consult on the potential transfer of Aquamira Day Service to Abbots Wood. People directly affected were contacted individually and consultation was not limited to online methods. The consultation included online surveys for clients and carers and for professionals and stakeholders, written responses by email and letter, one-to-one conversations where requested, and face-to-face engagement sessions with clients, carers and professionals.

Engagement methods were designed to reduce barriers to participation. Consultation documents were issued directly to current service users and carers, rather than relying only on general publicity, and Easy Read material was made available where appropriate. Written correspondence was used alongside digital routes, advocacy support was available, and officers confirmed that people affected by the proposal could request assessment, advice and support during the process. This was intended to reduce the risk of digital exclusion and to support participation by people who might otherwise have difficulty engaging independently.

Responses relating to Aquamira were received from people who use the service, family members and unpaid carers, staff and professionals with direct knowledge of the service, and local residents. The consultation report records strong opposition from clients and carers to the proposal, with 95% of respondents who provided an overall view opposing it and 73% of respondents who answered the impact question saying they would be affected 'a lot'. The main issues raised were the importance of a calm and specialist environment, continuity of trusted staff and

routines, concern about travel and transport, and the perceived value of hydrotherapy and sensory provision for some individuals. Professional and stakeholder feedback was more mixed, but also raised issues about accessibility, suitability of alternative provision, staffing intensity, pool reliability and cost, and the need for realistic mitigation and transition planning.

The consultation feedback has informed the current form of the proposal and the safeguards now identified within the business case and this ESHIA. In particular, it has reinforced the need for feasibility and readiness assessment of the proposed receiving site, individual Care Act reviews and reassessments where required, carers' assessments where relevant, person-centred transition planning, transport and access planning, and continued engagement with affected individuals, carers, advocates, staff and relevant professionals before any implementation. Consultation and engagement will therefore continue as part of decision-making and transition planning, using accessible and non-digital methods where needed.

Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)

Please rate the impact that you perceive the service change is likely to have for a grouping, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

Please also record in here your headline rationale for the ratings you have given.

Protected Characteristic groupings and other groupings locally identified in Shropshire	High negative impact Stage Two ESHIA required	High positive impact Stage One ESHIA required	Medium positive or negative impact Stage One ESHIA required	Low positive, negative, or neutral impact (please specify) Stage One ESHIA required
<u>Age</u> (please include children, young people, young carers, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			<i>There are likely impacts for younger adults with complex needs and for older carers, particularly where changes affect routine, travel and caring arrangements.</i>	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's)			<i>The proposal directly affects adults with what may be a range of profound and multiple</i>	

disease; physical and/or sensory disabilities or impairments)			<i>learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, with risks relating to environment, routine, specialist provision and access to hydrotherapy.</i>	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism,				<i>No evidence of differential impact for this</i>

Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)				<i>protected characteristic within the available evidence.</i>
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				<i>No evidence of differential impact for this protected characteristic within the available evidence.</i>
<u>Other: Social Inclusion</u> (please include households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rough sleepers and those at risk of homelessness; and rural communities)			<i>Likely impacts where households face transport barriers, rurality, financial pressures or reduced access to services, potentially affecting inclusion and participation.</i>	
<u>Other: Carers</u> (please include families and friends with caring responsibilities)			<i>Carers may experience increased stress, reduced respite and additional time or cost pressures linked to travel and uncertainty about alternative provision.</i>	
<u>Other: Veterans and serving members of the armed forces and their</u>				<i>Potential for low to medium negative impact where an</i>

<u>families (as per Armed Forces Act 2023)</u>				<i>individual from this grouping may present with needs that may be supported through hydrotherapy</i>
<u>Other: Young people leaving care</u>				<i>No evidence of differential impact for this grouping within the available evidence.</i>

Initial health and wellbeing impact assessment by category

Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

Please also record in here your headline rationale for the ratings you have given.

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			<i>There are likely impacts for younger adults with complex needs and for older carers, particularly where changes affect routine, travel and caring arrangements.</i>	
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			<i>The proposal directly affects disabled adults with profound and multiple learning disabilities, autism, sensory sensitivities, limited mobility and complex health needs, with risks</i>	

			relating to environment, routine, specialist provision and access to hydrotherapy.	
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			<p>There is a potential indirect risk that if needs are not effectively mitigated, pressure could increase on families, health services and social care, alongside impacts relating to transport, access and community inclusion.</p>	
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			<p>There is a potential increase in demand on health and social care services if needs are not fully met through alternative arrangements, particularly where carer resilience reduces or individuals experience deterioration in wellbeing.</p>	

Initial health equity assessment

For the following categories, please complete with the expected impacts of this service change on wider inequalities, not just those that are health-related (whether positive, negative, or neutral) – include any additional information you feel is pertinent or useful.

Consider and record which you can control, which you can influence, and which may be out of your control.

<p>Which population groups/demographics will face health impacts as a result of this change (if any)?</p> <ul style="list-style-type: none"> • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – <i>if so, where?</i> • Inclusion Health & Vulnerable Groups¹ • Other 	<p>The groups most likely to face wider inequality impacts from this proposal are disabled adults with profound and multiple learning disabilities and other complex needs, together with their families and unpaid carers, particularly where households already face financial pressure, limited transport options or difficulty accessing specialist provision. There may be negative impacts for some socio-economically disadvantaged households if a change in location increases indirect costs such as transport, travel time or the amount of unpaid support required. Geographic and rurality issues are also relevant because some people travel into Shrewsbury for Aquamira and longer or more complex journeys could create additional barriers to attendance, routine and respite, particularly for those living outside the town or in parts of the wider Shropshire area with more limited transport options. Inclusion health and other vulnerable groups may be affected where individuals have multiple overlapping disadvantages, including disability, reliance on carers, communication barriers, sensory sensitivities, limited mobility or dependence on specialist support and predictable routines. At this stage, the main specific geographical focus is Shrewsbury as the location of both Aquamira and the proposed receiving site, with wider access considerations for those travelling from elsewhere in Shropshire. The service can directly control its review, reassessment, communication and transition planning arrangements; it can influence transport planning, accessibility mitigations and multi-agency support; but wider issues such as household income, availability of broader community transport and general rural access constraints are only partly within service control.</p>
---	--

<p>What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?</p>	<p>Mitigations already identified or planned include completion of individual Care Act reviews and reassessments where required, carers' assessments where relevant, and person-centred transition planning for each affected individual. Before any implementation, the service will need to confirm through feasibility and readiness work that the receiving site can meet assessed needs in relation to accessibility, sensory environment, specialist equipment, personal care, safe staffing and transport arrangements. The service will continue direct engagement with people who use Aquamira, families, carers, advocates and staff, using accessible and non-digital communication methods where needed to reduce exclusion. Transport and travel implications will be reviewed on an individual basis so that barriers can be identified early and reasonable mitigations considered. Where outcomes currently linked to hydrotherapy or the</p>
---	---

	<p>existing sensory environment are identified through review and care planning, the Council will need to consider how those outcomes can be met in other ways through lawful care and support planning, including alternative arrangements where appropriate. The proposal does not lend itself to digital replacement of the core day service, given the nature of the cohort and the support provided, but digital methods may still be used where appropriate to support communication, information sharing and engagement with carers and representatives.</p>
--	---

This page is intentionally left blank