



Date: Monday, 8 June 2026

Time: 10.00 am

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

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## **FINANCE AND IMPROVEMENT OVERVIEW AND SCRUTINY COMMITTEE**

### **TO FOLLOW REPORT (S)**

#### **11 Helena Lane Older Peoples Day Service (Pages 1 - 134)**

To note the report and the review of Helena Lane Older Peoples 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.

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**Cabinet**

**10<sup>th</sup> June 2026**

Item:

Public

## Helena Lane older people’s day service

<b>Responsible Officer:</b>	Natalie McFall		
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<b>Cabinet Member (Portfolio Holder):</b>	Ruth Houghton		

### 1. Synopsis

- 1.1 This report is presented to Cabinet following the external auditors Grant Thornton Report and Value for Money assessment, whereby the recommendation calls for urgent action, including a thorough review of all services to identify the costs of delivering statutory responsibilities. Cabinet is asked to approve closure of Helena Lane Older People’s Day Service in Ludlow due to sustained low utilisation and high unit cost. Where eligible needs have been identified through assessment, they will continue to be met through reassessment and care planning.

### 2. Executive Summary

- 2.1. This report relates to the future of the Helena Lane Older People’s Day Service in Ludlow and is framed within the Council’s statutory duties under the Care Act 2014, its Best Value obligation, and the context of the Council’s declared financial emergency.
- 2.2. Helena Lane Day Service currently provides a building-based day service offering structured activities, social interaction, personal care (including assisted bathing), and respite to unpaid carers. However, the service is operating at sustained low utilisation, with attendance levels significantly below the capacity required to support an efficient in-house model.
- 2.3. For clarity, this proposal relates to the closure of the Helena Lane day service. It does not in itself determine the future use of the space within the building that will continue to operate.

2.4. The financial position is a key consideration. Helena Lane Day Service has a forecast net annual cost of £169,738, driven largely by fixed staffing and overhead costs. Based on current utilisation of 10 attendance days per week across 5 individuals, this equates to an indicative average net cost of approximately £332.82 per attendance day. Even allowing for reprovision costs where eligible needs must continue to be met, the current in-house model represents poor value for money and is difficult to justify in the context of the Council’s financial emergency. In this context, the Council must have regard to its Best Value duty, which requires it to make decisions that are economically, efficiently and effectively justified. The current model does not meet this threshold.

2.5. This proposal would reduce the current spend on Day Service Provision by £151,378.

2.6. Financial summary:

Financial Measure	Position
Forecast gross annual budget	£194,320
Forecast income	£24,582
Forecast net annual cost	£169,738
Current number of attendees	5 people
Current attendance level	10 Attendance days per week
Indicative average net cost per attendance day	£332.82
Indicative new saving, subject reprovision cost	Approx. £151,378
Current estimated reprovision cost	£18,360

2.7. An 8-week public consultation was undertaken between January and March 2026, which demonstrated clear and sustained opposition to closure, particularly from unpaid carers and families. Key themes included the importance of respite, access to assisted bathing, the need for dementia-specific supervision, and concerns regarding rural transport barriers. These themes have directly informed the Council’s equality analysis, mitigation measures and transition planning approach.

2.8. In considering these responses, the Council must demonstrate conscientious consideration of consultation feedback and ensure compliance with the Public Sector Equality Duty (PSED), particularly in relation to older people with dementia, those with limited mobility, and unpaid carers who may be affected. The key equality risks and the approach to mitigation are summarised in Section 4 (Risk Assessment) and reflected in the proposed transition and monitoring arrangements set out in Sections 8 and 9. While the Council will take reasonable steps to offer assessment and support engagement, it cannot determine or meet needs where an individual has declined assessment or review. In such cases, the Council’s statutory duties are necessarily limited unless and until an assessment is accepted.

- 2.9. While closure will remove a building-based service, the Council's legal duty is to meet eligible needs, not to provide a specific service model. Should Cabinet approve closure, these duties will be discharged through individual Care Act Needs Assessments and Review, person-centred transition planning, and the provision of alternative support arrangements, including personalised options such as direct payments and personal assistants.
- 2.10. It is also relevant to note that the current service cohort comprises predominantly individuals who self-fund their attendance. At the time of reporting, four of the five current attendees are not in receipt of Council-funded care and support. While the Council may provide services on a discretionary basis, it is not under a statutory duty to do so for individuals whose needs it has not assessed as eligible under the Care Act 2014. Furthermore, due to sustained low utilisation and the largely fixed-cost nature of the in-house model, the Council is effectively subsidising self-funding attendees, as the cost of provision is not met through income. This is a relevant consideration in the context of the Council's Best Value obligations and the requirement to prioritise limited resources towards the discharge of statutory duties.
- 2.11. Consultation feedback suggested risks associated with closure, including potential carer breakdown, increased demand for higher-cost services, and legal or reputational challenge. However, these can be mitigated through robust transition arrangements, clear decision-making records, equality analysis, and ongoing monitoring of outcomes.
- 2.12. The Council's statutory duty under the Care Act 2014 is to assess needs where required and to meet eligible needs identified through that process. This duty does not extend to maintaining a specific building-based service or delivery model. Should Cabinet approve closure, these duties will continue to be discharged through individual assessment, review and care planning, with alternative arrangements put in place where eligible needs are identified.
- 2.13. In summary, the service is operating at very low utilisation, with only five individuals attending, resulting in a high net annual cost of £169,738 and an indicative unit cost of £332.82 per attendance day. Due to the largely fixed-cost nature of the in-house model, this represents poor value for money. As explored in the business case, there is no evidence that a viable and sustainable redesign would significantly improve utilisation. In the context of the Council's financial emergency and Best Value duty, continuation of the current model is difficult to justify.
- 2.14. For the avoidance of doubt, the recommendations seek not only approval for closure, but also approval of the mitigation and support arrangements required to ensure a lawful and person-centred transition.
- 2.15. Closure of the service would not mean withdrawal of the Council's responsibilities to affected individuals. Where eligible needs have been identified, these will continue to be met through reassessment, care planning and alternative support arrangements where people choose to engage with the assessment process, otherwise, advise and information provided. The proposed approach includes active contact with current attendees and carers, Care Act reviews, carers' assessments where appropriate, person-centred transition planning, and

monitoring to reduce the risk of unmet need, carer breakdown or avoidable escalation.

2.16. While the impacts identified are likely to be adverse, the Council considers that they can be mitigated to a reasonable and proportionate extent through the measures set out in this report, including assessment, care planning, alternative provision and monitoring arrangements. To mitigate the risks to individuals, the council already offered Care Act Needs Assessments to all people affected and their carers, to ensure that where someone has eligible need, a suitable way of meeting that need can be identified. In addition, the council is committed to:

- no person's current attendance will end before:
  - assessment/review is completed, where accepted
  - alternative arrangements are identified where necessary
  - transition planning is discussed
- support will be provided to access alternatives such as:
  - direct payments
  - personal assistants
  - commissioned services
  - utilisation of community-based options where suitable

2.17. The proposal has been developed in recognition of the Council's governance and scrutiny arrangements, and the need to ensure that decisions are transparent, evidence-based and capable of withstanding challenge. As Overview and Scrutiny did not take place before the publication of the report, recommendations will be noted at Cabinet separately.

### 3. Recommendations

3.1. Cabinet is asked to:

- i. approve the closure of Helena Lane Older People's Day Service in Ludlow.
- ii. delegate authority to the Director of Adult Services in consultation with the Portfolio Holder for Adult Social Care and Public Health to implement closure through a managed transition, including Care Act assessment and/ or review for individuals and carers to secure alternative arrangements.
- iii. approve the mitigation and support arrangements set out in this report, including active engagement with current attendees and carers, Care Act assessment and/or review, carers' assessments where appropriate, person-centred transition planning, support to access suitable alternative provision, and monitoring during and after transition

# Report

## 4. Risk Assessment and Opportunities Appraisal

- 4.1. There is a heightened risk of legal and reputational challenge if the decision does not clearly include conscientious consideration of consultation responses, realistic options, and mitigation of impacts. The consultation narrative in Section 7 (Background) is intended to support this by setting out the key themes raised and how these have been reflected in the report and proposed implementation approach.
- 4.2. These risks are capable of mitigation through active contact with affected individuals and carers, timely assessment and review, person-centred transition planning, consideration of respite, personal care, dementia-related needs and rural access, and monitoring during and after implementation.
- 4.3. Closure may remove a service relied upon by some individuals and unpaid carers. Without robust transition planning, there is risk of carer breakdown and escalation to higher-cost care. The proposed high-level transition approach (including reassessments/reviews, carers' assessments where appropriate, and monitoring during and after transition) is set out in Section 8 (Additional Information).
- 4.4. Consultation responses highlighted the impact on those that attend with dementia, people with limited mobility, unpaid carers, and those affected by rural transport barriers; mitigations must be specific and evidenced at individual level. The proposed mitigation approach (including Care Act reviews, carers' assessments where appropriate, transition planning and post-transition monitoring) is set out in Section 8 (Additional Information) and reflected in Section 9 (Conclusions).
- 4.5. A further Equality, Social Inclusion and Health Impact Assessment (ESHIA) has been carried out following consultation.
- 4.6. Following the public consultation about this proposal, and on the feedback received and the evidence currently available, it remains the case that the original proposal as it stands is considered likely to have a negative equality and social inclusion impact, particularly for current service users, if the service is closed. To ensure their input was gained, the 5 individuals and their carers 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 of 27 responses received. Whilst this number is low, the Council has also considered evidence including demographic data in regard to current and projected need for a service of this type within South Shropshire, recognising the importance of making decisions based upon all the information currently available including likely equality impacts now and into the future, such as one to one support to access community activity.
- 4.7. In relation to the nine Protected Characteristic groupings to which we are asked to give 'due regard' in our decision making processes under the Equality Act 2010, the groupings that will be particularly affected if there is closure of the service are those of Age and Disability. Those who attend the service are older people, people with disabilities including people living with dementia and people with physical

frailty or mobility impairments. These impacts may intersect, for example where an older person with a disability is also supported by an older carer in a rural area and may therefore also bring in the local groupings to which we give additional consideration as a matter of good practice, including carers.

- 4.8. A further grouping where impacts are likely to be adverse is our local grouping of Carers, bringing in unpaid carers who may be across a number of groupings. We are not obliged to consider this grouping under the Equality Act, as is also the case with our local grouping of Social Inclusion, where we consider impacts for people in regard to their household circumstances. This includes rural households who in rural South Shropshire who may face practical barriers to accessing alternatives. At this stage, no specific differential impact is evidenced in relation to the other Equality Act groupings, i.e. Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, or Sexual Orientation. The current assessment is also neutral for the further two local groupings of Veterans and Serving Members of the Armed Forces and their Families, and Care Leavers.
- 4.9. If a decision is taken to proceed with closure of Helena Lane Day Service, the council will keep equality, social inclusion and health impacts under active review through implementation and transition planning. Monitoring arrangements would include completion and recording of individual Care Act assessments or reassessments where accepted for current attendees, carers' assessments where relevant, and review of whether identified needs relating to respite, personal care, bathing, supervision, and access are being met through suitable alternative arrangements.
- 4.10. For all affected groups, mitigation should not assume that generic community provision will be suitable for everyone. Suitability would need to be considered on a case-by-case basis, particularly for older people, disabled people including people living with dementia, people with physical frailty or mobility impairments, and unpaid carers whose wellbeing depends on meaningful respite. The Council can mitigate some negative effects through person-centred assessment, timely care planning, clear communication, and continued engagement with affected individuals and carers during implementation. The Council can also influence how far transport barriers, rurality, and the practical impact of travel time are considered when identifying alternatives.
- 4.11. If no change is made, the current reduced model is likely to continue to experience low utilisation and poor financial performance, resulting in repeated short-term decisions and renewed closure proposals. This would prolong uncertainty for service users, carers and staff, while increasing the risk that access barriers (particularly transport and rurality) continue to suppress attendance and that avoidable pressures emerge elsewhere in the system through carer breakdown and crisis escalation.

## 4.12. Risk summary (key risks and mitigations)

<i>Risk</i>	<i>Mitigation</i>	<i>Link to Strategic Risk</i>
Legal challenge or Ombudsman criticism arising from failure to demonstrate conscientious consideration of consultation responses, equality impacts, alternatives, and proportionality	Clear decision record referencing consultation themes; equality analysis; documented reasons why closure is justified despite opposition; assurance of individual reassessment and transition support	Failure of Officers and Members to adhere to Governance arrangements
Adverse impact on individuals with protected characteristics and on unpaid carers, including people living with dementia, mobility impairment, and those relying on respite and personal care support	Demonstrate due regard under the Public Sector Equality Duty; undertake and document individual Care Act reassessments/reviews; offer carers' assessments where appropriate; ensure tailored transition planning and monitoring for those at greatest risk of adverse impact	Impact of extreme pressures upon partners (social care, health, and criminal justice)
Workforce implications arising from service closure, including staff consultation, redeployment, wellbeing, and retention of relevant skills	Early HR involvement; compliance with staff consultation requirements; redeployment planning; communication and wellbeing support; workforce planning to maintain safe service continuity elsewhere	Health & Wellbeing of the Workforce; Critical skills shortage impacting on recruitment, retention, and succession planning
Reputational risk and increased complaint/member scrutiny arising from opposition to closure and concerns about service-user impact	Clear and consistent communications aligned to the decision record; timely and accurate complaint responses; nominated lead contact; clear record of commitments, reviews, and transition actions	Failure of Officers and Members to adhere to Governance arrangements

## 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. Finance overview:

Financial Measure	Position
Forecast Staffing costs	£162,240
Forecast running costs	£7,980
Forecast internal market recharges	£24,100
Forecast gross annual budget	£194,320
Forecast income	£24,582
Forecast net annual cost	£169,738
Current number of attendees	5 people
Current attendance level	10 Attendance days per week
Indicative average net cost per attendance day	£332.82
Indicative new saving, subject reprovision cost	Approx. £151,378

5.3. The above demonstrates that the current service model carries a high fixed cost relative to very low utilisation, resulting in poor value for money and making the continuation of the service difficult to justify on a sustainable basis.

5.4. Helena Lane Older People's Day Service has a forecast gross running cost of £194,320 for 2026/27 (excluding building costs), made up of staffing costs £162,240, running costs £7,980, and internal market recharges £24,100. Forecast income totals £24,582 (including charges and food contribution), resulting in a net cost pressure of £169,738. The forecast gross running cost set out above excludes building-related costs.

5.5. The above is an indicative calculation for decision-making transparency rather than a fully allocated unit-cost model, but it illustrates the extent to which fixed staffing and overheads drive poor value for money at very low utilisation. While increased utilisation could reduce the average unit cost, the service has experienced sustained low utilisation over time and fees are materially below full cost recovery; consequently, the service currently represents poor value for money in the context of the Council's financial emergency and Best Value duties.

5.6. If Cabinet approves closure, the principal savings opportunity arises from reducing staffing and operating costs; however, the Council will remain responsible for meeting eligible needs through alternative care and support arrangements following reassessment/review. There is a risk of cost diversion if withdrawal of this offer contributes to increased demand for replacement support and/or escalation of need; this will be managed through person-centred transition planning and review.

## 6. Climate Change Appraisal

6.1. The proposal to close Helena Lane Older People's Day Service is not expected to have a material impact on renewable energy generation or on climate change adaptation. Any changes to energy and fuel consumption associated with the Helena Lane building will depend on how the space is used following closure; this will be considered through normal council buildings management arrangements.

## 7. Background

- 7.1. Helena Lane is an older people's day service in Ludlow providing structured day support, social interaction and meaningful activity, personal care (including assisted bathing), and respite for unpaid carers. Over recent years, the service has reduced to half-day provision, three days per week, Council-funded transport has been withdrawn, and staffing capacity reduced. Utilisation is currently very low, with just five people accessing the service across the three operating days (with new admissions paused during consultation).
- 7.2. Census and ONS age data suggests it shouldn't be assumed that because fewer people are using the service, fewer people need it. Shropshire has a significantly higher older population than the rest of England that is not marginal, whilst the locality around Ludlow is on average generally older. The absolute number of people aged 65 and over is high and rising and the ONS projections show this trend will intensify, not reverse. However, it does not necessarily mean that any of those people will need Helena Lane Day Services or that this is high demand for the specific service such as a traditional day service in this area.
- 7.3. On 21 January 2026, Cabinet agreed an 8-week public consultation on the future of Helena Lane Day Service, including the potential option to close the service, with new admissions paused during the consultation period to avoid further impact. The consultation ran for the agreed period and closed on 26 March 2026. Engagement was supported through direct contact with current service users, written communication, accessible formats where appropriate, and multiple response routes including online surveys and written responses.
- 7.4. An options appraisal has been considered within the attached business case that considered feedback from the consultation. While increased utilisation could reduce the average unit cost, the service has experienced sustained low utilisation over time, and there is no evidence to suggest that utilisation could increase to a level that would make the model financially sustainable.
- 7.5. Consultation responses relating to Helena Lane Day Service demonstrated clear and sustained opposition to closure. Since the consultation concluded there has been further requests for information reiterating the comments made to the consultation itself. There was also consultation and engagement with Ludlow Town Councillors and an offer to meet with Ludlow Councillors, although not all were able to attend. Key themes included:
  - i. the importance of Helena Lane Day Service as a source of respite enabling unpaid carers to continue caring;
  - ii. the significance of personal care and assisted bathing in maintaining dignity;
  - iii. concerns that community groups are not a like-for-like substitute for people requiring supervision and/or dementia-specific support; and
  - iv. the impact of rurality and limited transport options on accessibility. Respondents also highlighted that earlier reductions in operating hours and withdrawal of transport were perceived to have contributed to reduced attendance and that utilisation data should be interpreted in that context.

- 7.6. Feedback from local elected members was also considered. Councillor Waite, as the local ward councillor, expressed the view that “the cabinet should not try to keep something that is so expensive running for so few when we could find an alternative offering.” This view formed part of the wider feedback considered alongside the concerns raised by current attendees, carers and other respondents.
- 7.7. The strength and consistency of opposition has been recognised and has informed the Council’s approach to mitigation, transition planning and equality analysis, although it does not alter the underlying financial and operational sustainability issues identified.
- 7.8. These concerns have been considered in full and have directly informed the updated Equality, Social Inclusion and Health Impact Assessment (ESHIA), the proposed mitigation measures, the transition arrangements, and the formulation of the final recommendation. In particular, the Council has considered the implications for carer respite, assisted bathing and personal care, dementia-related supervision, and rural accessibility in determining how any closure would be implemented and mitigated.

## 8. Additional Information

- 8.1. If Cabinet approves closure of the service, the Council will implement a managed transition for all individuals currently using Helena Lane Day Service. Subject to acceptance, this will include timely Care Act reassessments/reviews (and carers’ assessments where appropriate), review and update of care and support plans, and support to arrange alternative provision to meet assessed eligible needs. Transition planning will be person-centred and will include specific consideration of issues raised through consultation, including reliance on respite, assisted bathing and rural transport barriers.
- 8.2. The Council recognises that Helena Lane Day Service currently provides valued support to a small number of older people and their carers, including respite, social contact, personal care and support for people living with dementia. If Cabinet approves closure, the Council will not withdraw support from affected individuals. Instead, it will implement a managed and person-centred transition designed to ensure that eligible needs continue to be met and that the risks identified through consultation are actively mitigated.
- 8.3. This proposal relates to the delivery model of day services at Helena Lane and should not be interpreted as a decision regarding the future use of the building itself. Any future use of the building will be considered separately in line with the Council’s property and asset management arrangements.
- 8.4. The Council will take reasonable and proportionate steps to support each current attendee, and where appropriate their carer or representative, to engage with assessment, review and transition processes. This will include direct contact, clear explanation of available support and next steps, a clear route into further discussion or review, and appropriate recording of contact made, support offered and responses received. This is intended to reduce the risk of disengagement, unmet need and later dispute about whether support was made available. Alternative arrangements may include commissioned services, direct payments, personal assistants, community-based options or other forms of support suitable to the individual’s assessed needs and circumstances.

- 8.5. Transition planning will explicitly consider the issues raised through consultation, including the importance of respite for unpaid carers, assisted bathing and personal care, dementia-related supervision and safety, and the effect of rurality and transport barriers on access to alternatives. Suitability will not be assumed in the abstract or by reference to generic provision alone. It will be considered on a case-by-case basis, taking account of dignity, wellbeing, safety, access, carer impact and the individual's wider circumstances.
- 8.6. The Council is required to meet eligible needs under the Care Act 2014, but is not required to provide or maintain a specific building-based service. The Council is required to meet eligible needs under the Care Act 2014, but is not required to provide or maintain a specific building-based service. In fulfilling these duties, the Council will undertake individual assessment and care planning and will arrange suitable alternative support where eligible needs are identified. The Council also has a duty to shape a sustainable and diverse local care market and may meet its statutory responsibilities through a range of provision rather than direct in-house services.

## 9. Conclusions

- 9.1 Helena Lane is operating at sustained low utilisation, with only five individuals attending, creating a mismatch between fixed costs and demand. This results in a high unit cost and poor value for money in the context of the Council's financial position and Best Value duty. There is no evidence of a viable alternative model that would materially improve sustainability. Closure is therefore considered the most sustainable option. This proposal would remove a current net annual service cost of £169,738, although reprovision costs will arise where eligible needs continue to be met. Based on costs identified to date from assessed need, this includes approximately £18,360 per annum for one individual, meaning the proposal still represents a significant saving while enabling the Council to continue discharging its statutory duties.
- 9.2 In reaching this recommendation, the Council has had due regard to the Public Sector Equality Duty and the impacts identified through the ESHIA. While the proposal is likely to result in adverse impacts for some individuals, particularly older people, disabled people and unpaid carers, the Council considers that, with the mitigation measures proposed, the decision represents a proportionate and lawful response to the identified financial and operational challenges.
- 9.3 Cabinet is therefore asked to approve closure of Helena Lane Day Service as the most sustainable option. The Council will continue to meet eligible needs identified under the Care Act 2014 through person-centred reassessment and managed transition planning, including support to access alternative support arrangements (for example through direct payments and personal assistants) and tailored mitigation for individuals and carers who may be affected (including those relying on respite, assisted bathing, and those facing rural transport barriers), with due regard to the Public Sector Equality Duty and the consultation evidence received.

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

Provider Services Redesign in-house

**Local Member:** Councillor Waite

**Appendices**

**Appendix 1- Background information - Provider Services Redesign in-house**  
**Appendix 2- Day Centres Consultation April 2026 report**  
**Appendix 3- Day Centres Consultation Executive Summary**  
**Appendix 4- Helena Lane Business Case**  
**Appendix 5- Shropshire-council-updated-eshia- Helena Lane Updated May 2026**



**Cabinet 21<sup>st</sup> January  
2026**

Cabinet

Public



## Provider Services Redesign (in-house)

<b>Responsible Officer:</b>	Natalie McFall		
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<b>Cabinet Member (Portfolio Holder):</b>	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)

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# 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 29<sup>th</sup> January 2026 to 26<sup>th</sup> 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.**

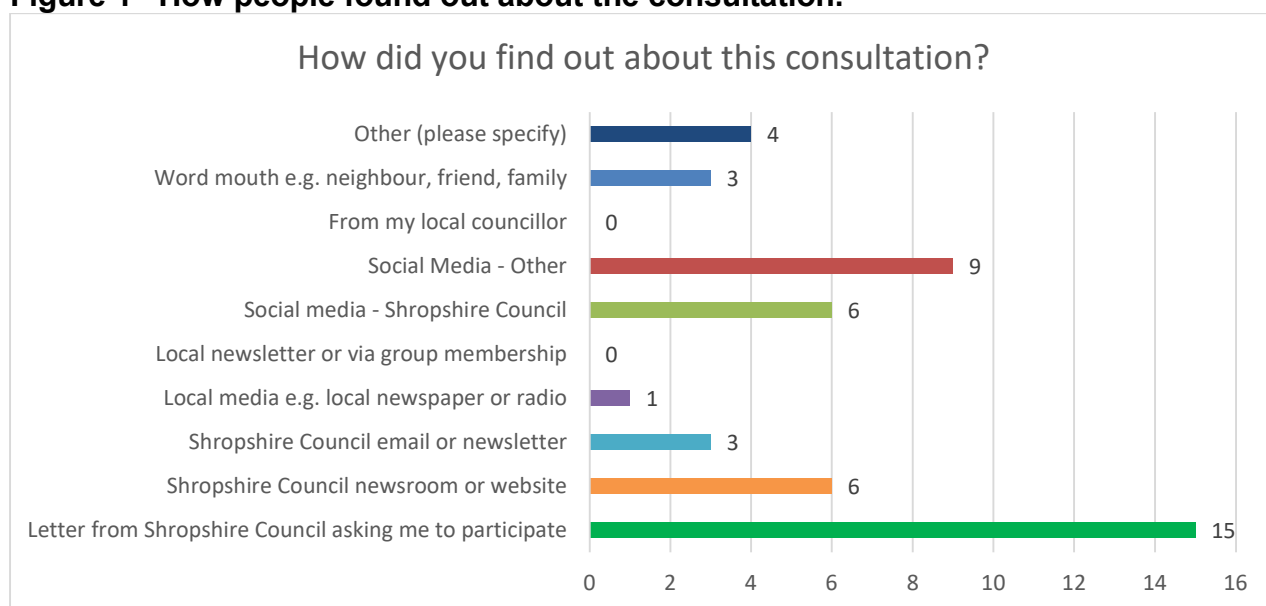


Figure 1 shows that in general 32% (15 responses) of people were asked to participate via a letter from Shropshire Council asking them to engage. This direct approach and other Shropshire Council-based approaches such as newsroom or website and social media from the council has yielded the most responses 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**

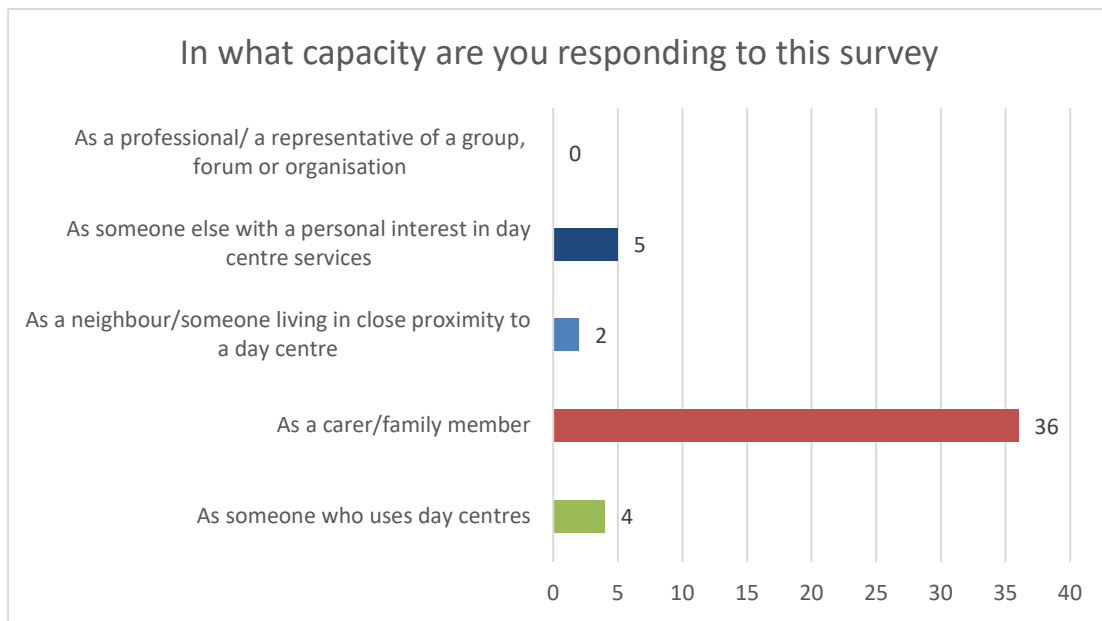


Figure 2 shows that overwhelmingly people were responding as a carer/family member; out of 47 people who answered, 77% answered as a carer or family member. 11%, 5 responses, were from someone else who has a personal interest in day centre services, and 9% (4 responses) were from someone who uses the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

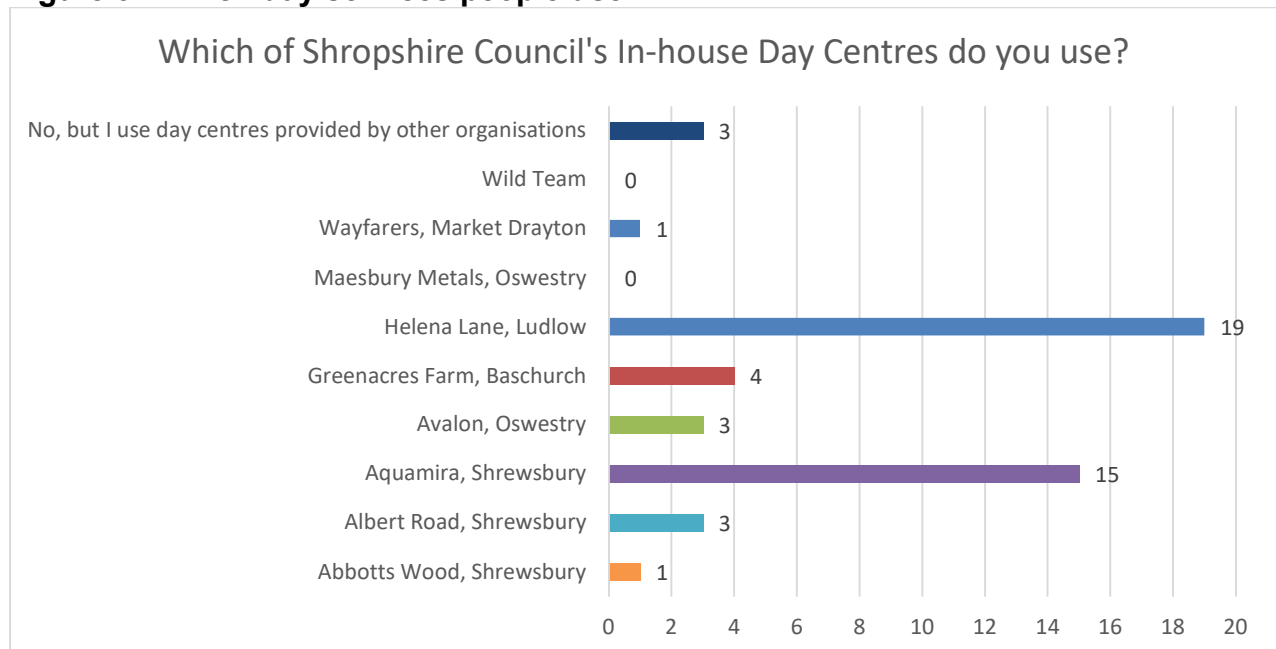
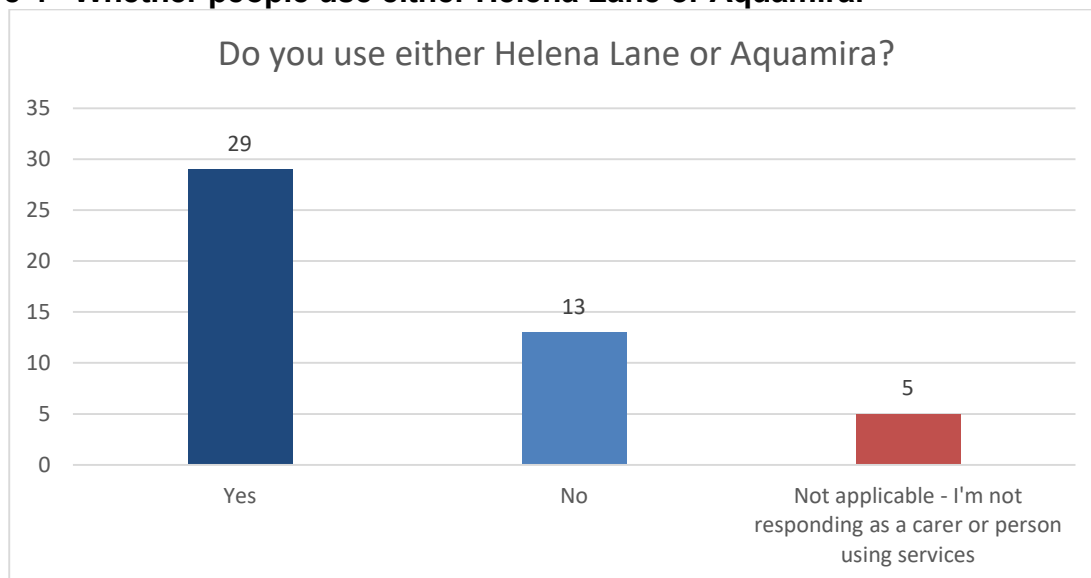


Figure 3 shows that 39% of the 49 respondents attend Helena Lane, Ludlow. Thereafter, 31% used Aquamira. It is useful that the most responses are from the people that the consultation has actively sought out; these are the opinions that will contribute to the final decision on the proposals.

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.**

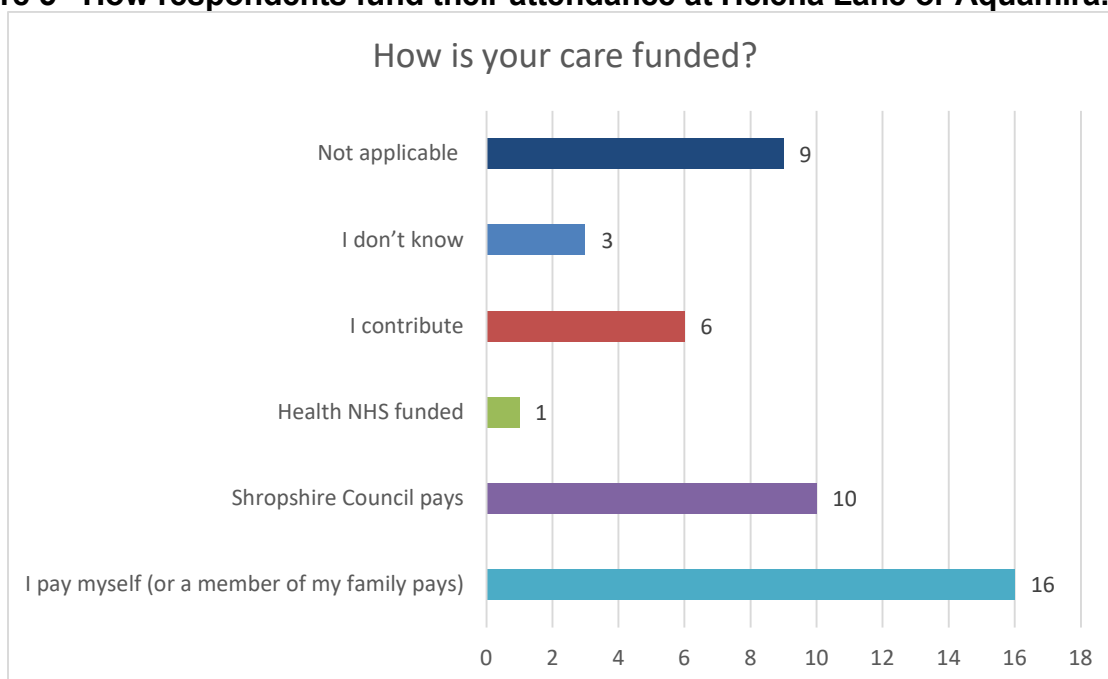


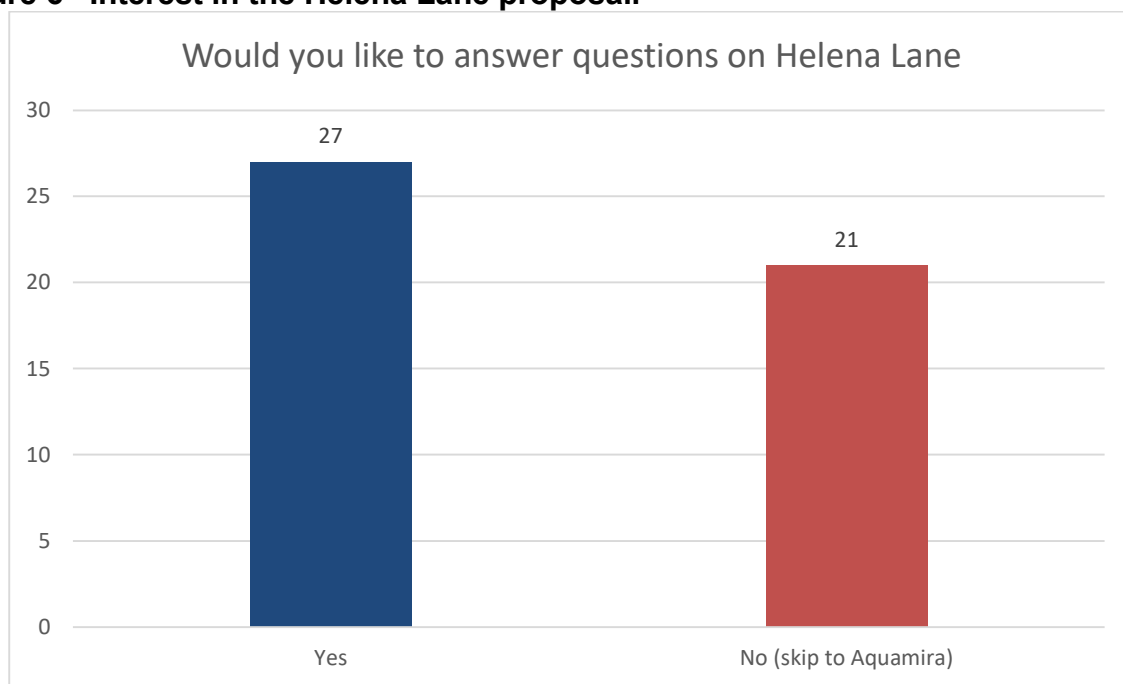
Figure 5 shows that 36% (16 responses out of 45) who use the day centres, pay for themselves (or a member of their family pays). Then 22% (10 responses) answered that Shropshire Council pays, 13% (6 responses) stated that the service user contributes, 7% (3 responses) answered they don't know and 2%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

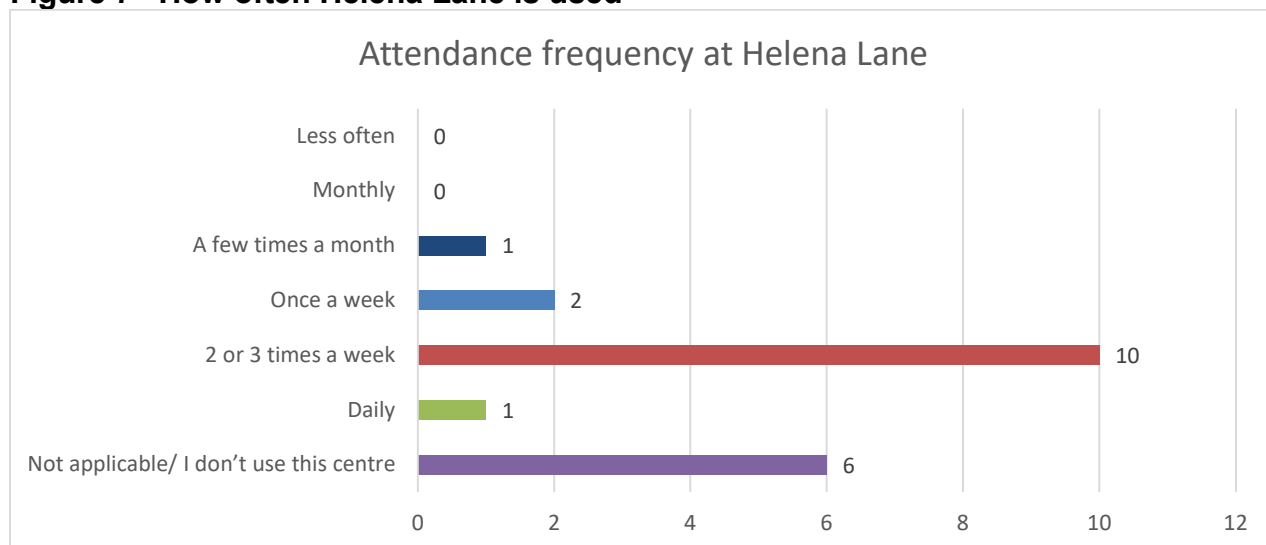


Figure 7 shows that 50% (10 responses) attend 2 or 3 times a week. 10% (2 responses) attend once a week and 5% (1 response) attend a few times a month and daily respectively. 30% (6 responses) of people answered the question was not applicable or that they don't attend the centre. It is helpful to have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

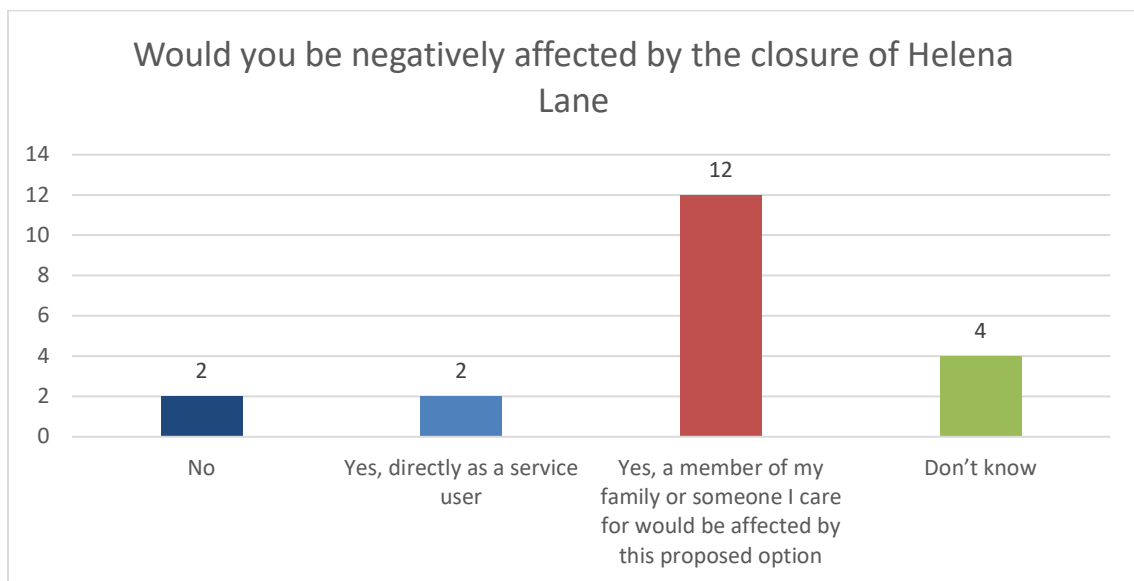


Figure 9 shows that 60% (12 responses) answered that someone they cared for or a member of their family would be affected and 10% (2 responses) answered yes as a direct service user, they would be affected. 20% (4 responses) answered they didn't know and 10% (2 responses) answered 'no'.

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**

**Lane.**

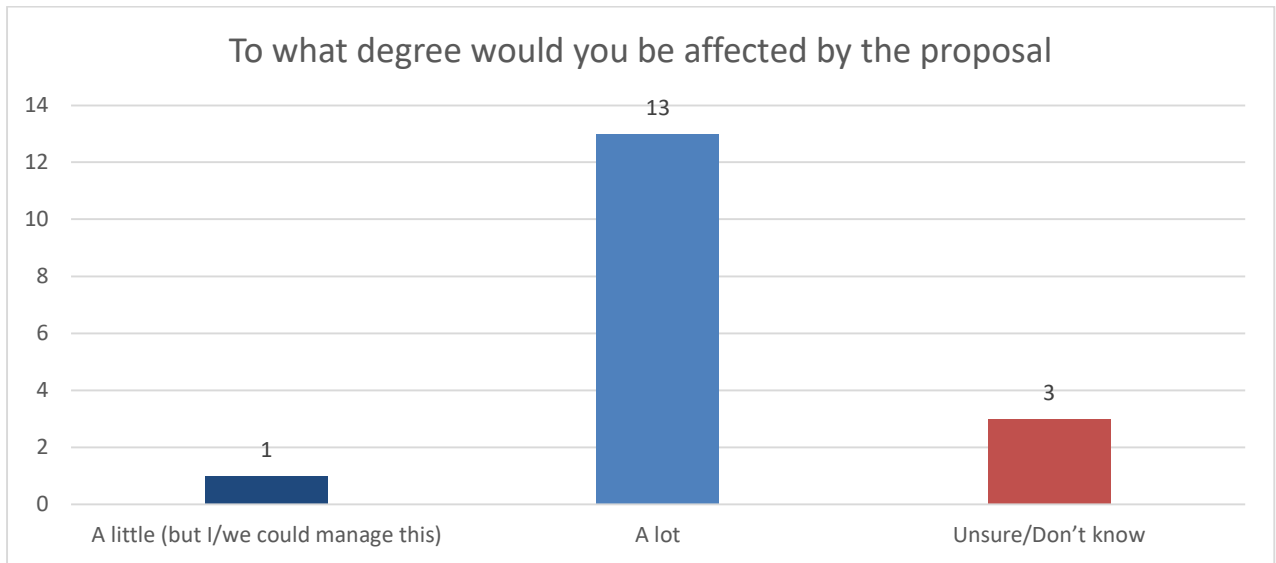


Figure 10 shows that 77% (13 responses) of people would be affected a lot by the proposed closure of Helena Lane, 17% (3 responses) are unsure/don't know and 6% (1 response) answered they would be affected a little, but it would be manageable.

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.**

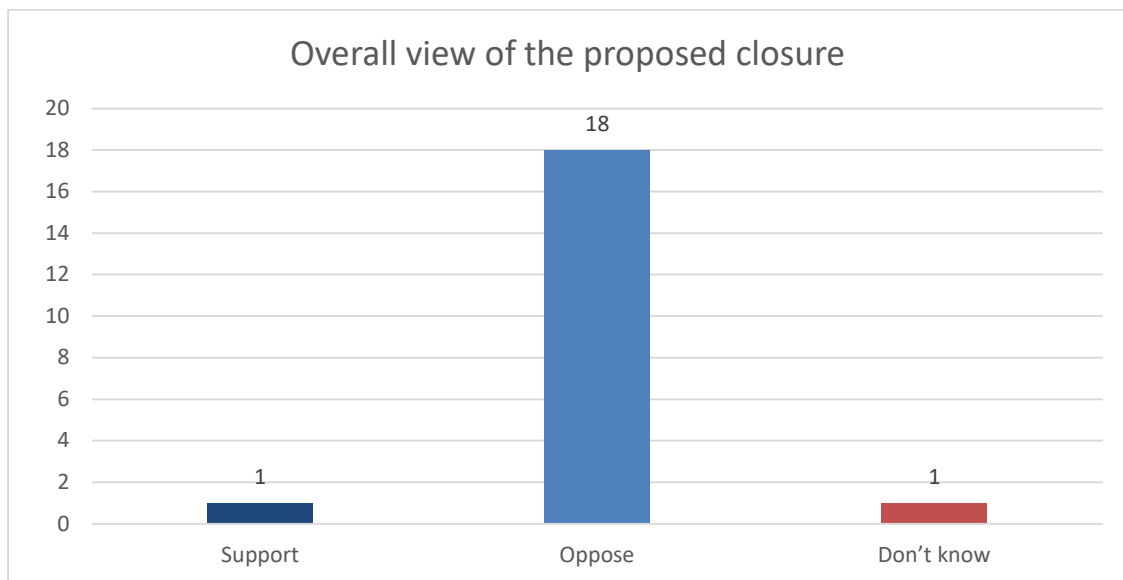


Figure 11 shows that 90% (18 responses) oppose the proposal, with the remaining 10% made up of one response in support and one response that didn't know.

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.*

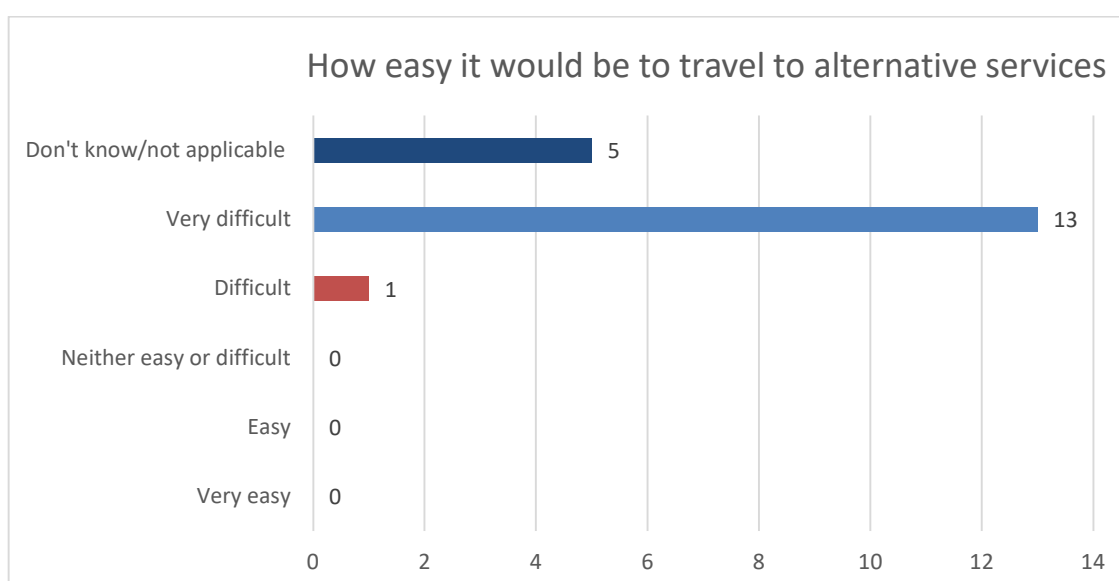
- We are very rural and these services are needed to support those in the area. Travelling to other areas isn't always easy, or an option. This could make a huge difference to someone who relies on this service for either care and/or the respite this provides.*
- Respite. I am totally opposed to the 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

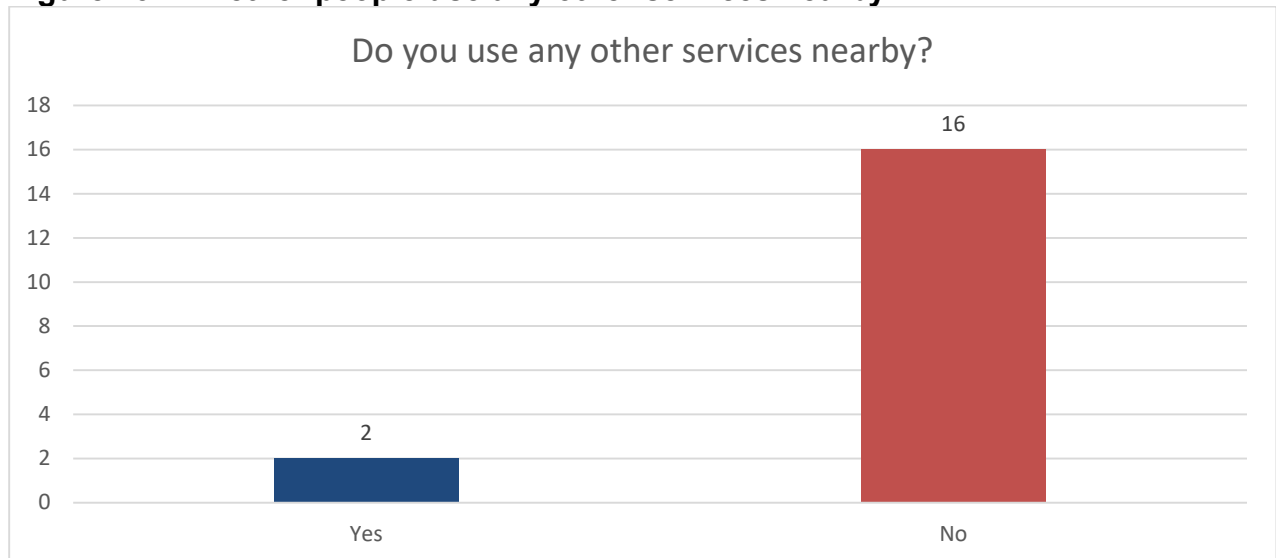
- *No.*
- *No-Helena Lane was built for the purpose of helping and caring for the elderly Helena Lane was left as a legacy to the elderly people of Ludlow.*
- *All services given at the Day Centre in Helena Lane are needed in Ludlow. It is the only Day Centre in Ludlow (which has the highest population 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.**

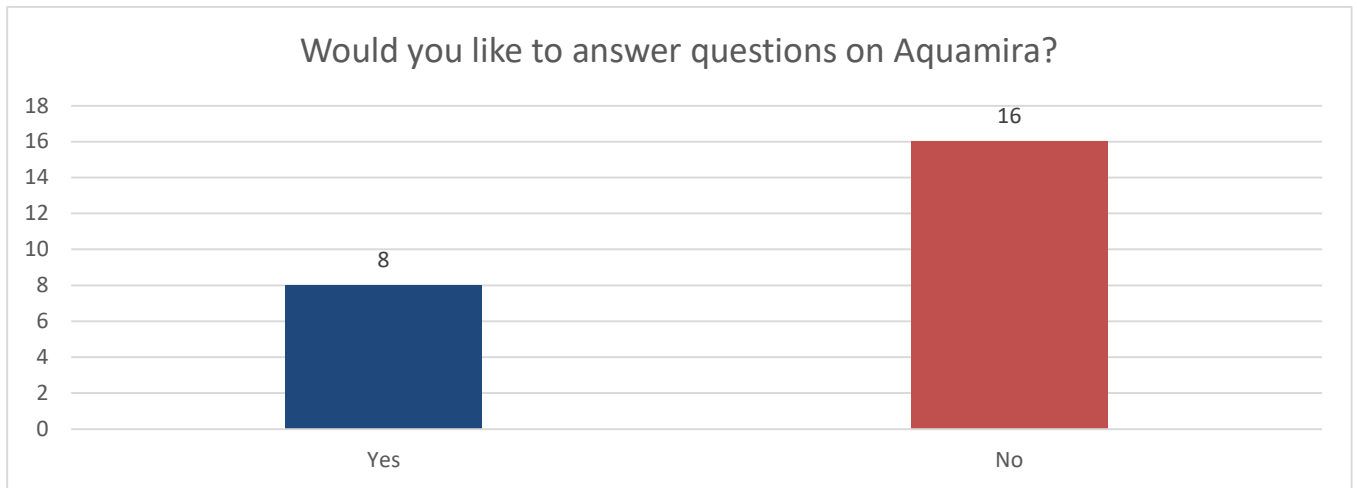
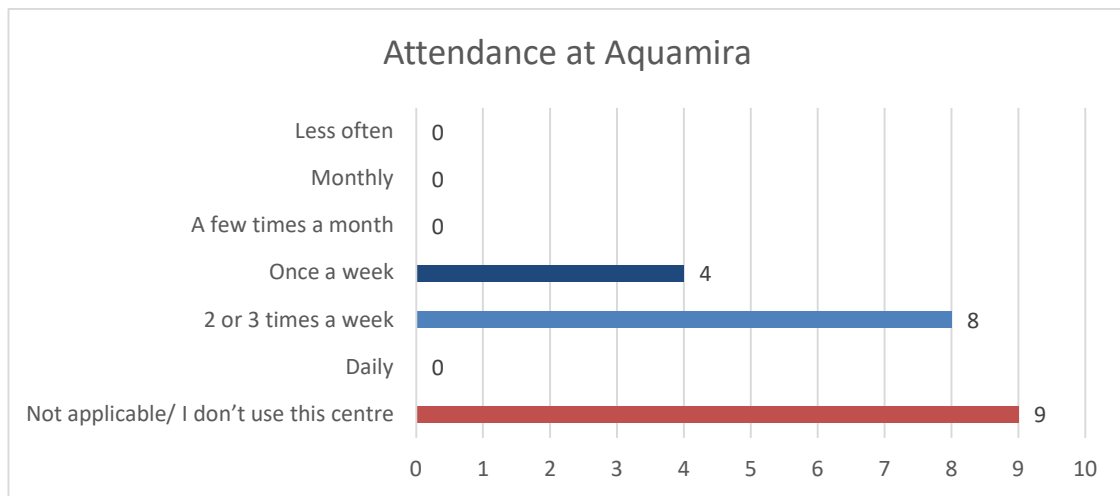


Figure 14 shows that 67% (16 responses) stated they did not want to answer questions on Aquamira and 33% (8 responses) did.

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.

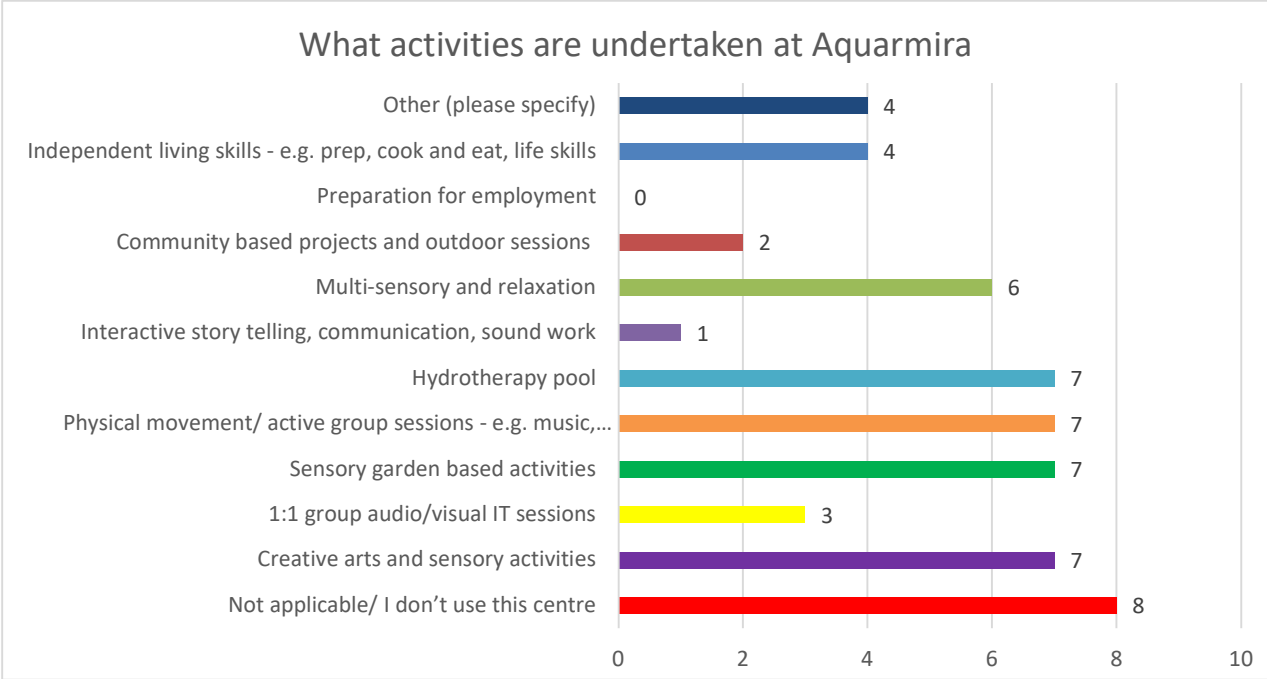
**Figure 15 –How often people attend Aquamira**



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.**



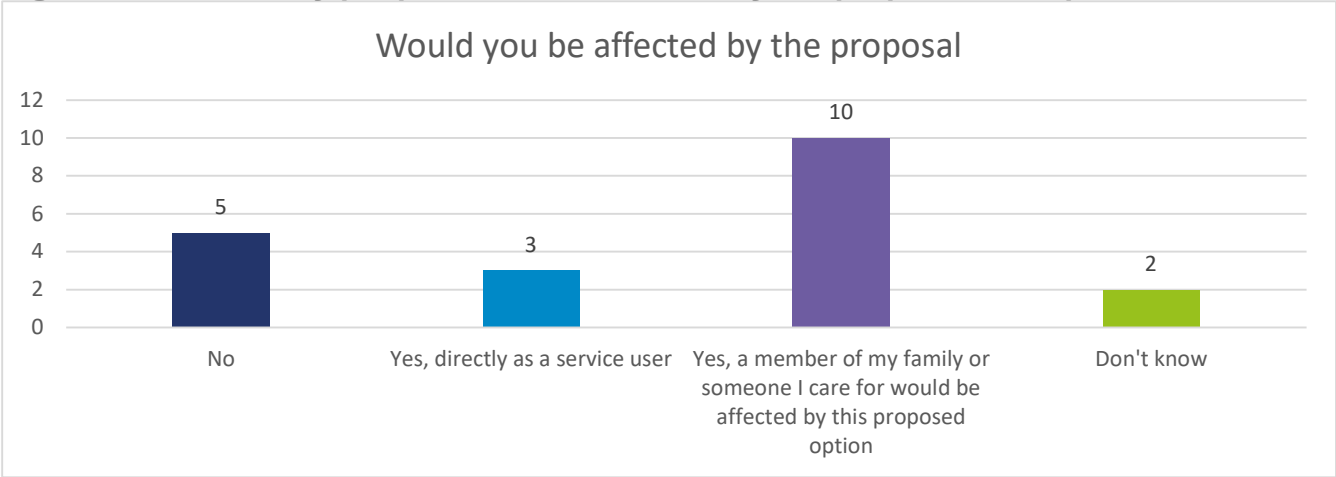
Where people could answer other, they could also specify what other meant. This received 4 responses which are:

- *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.**

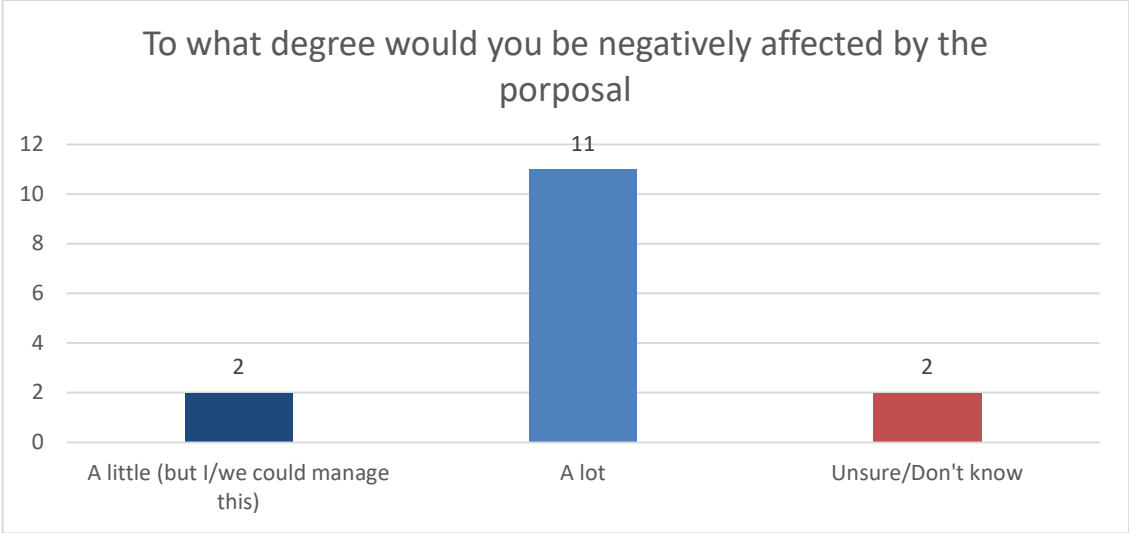


Generally, whether directly as a service user or as a member of family or someone they

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.**

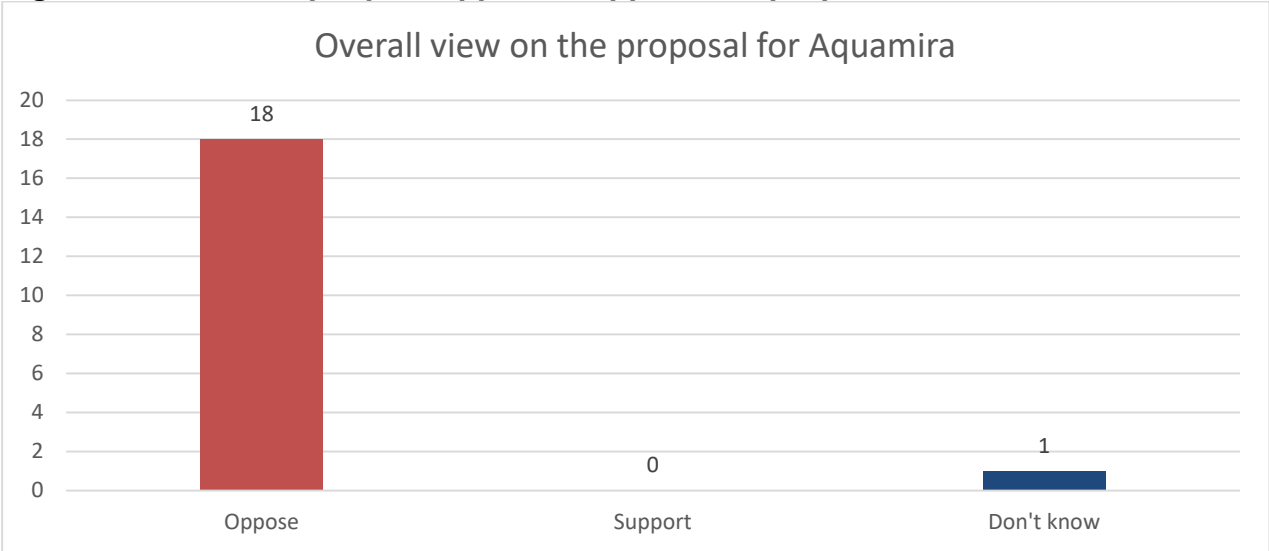


Figure 19 shows that of the 19 people who answered, the overwhelming majority, oppose

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 <b>equivalent facilities, space, staffing, and atmosphere</b> 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*

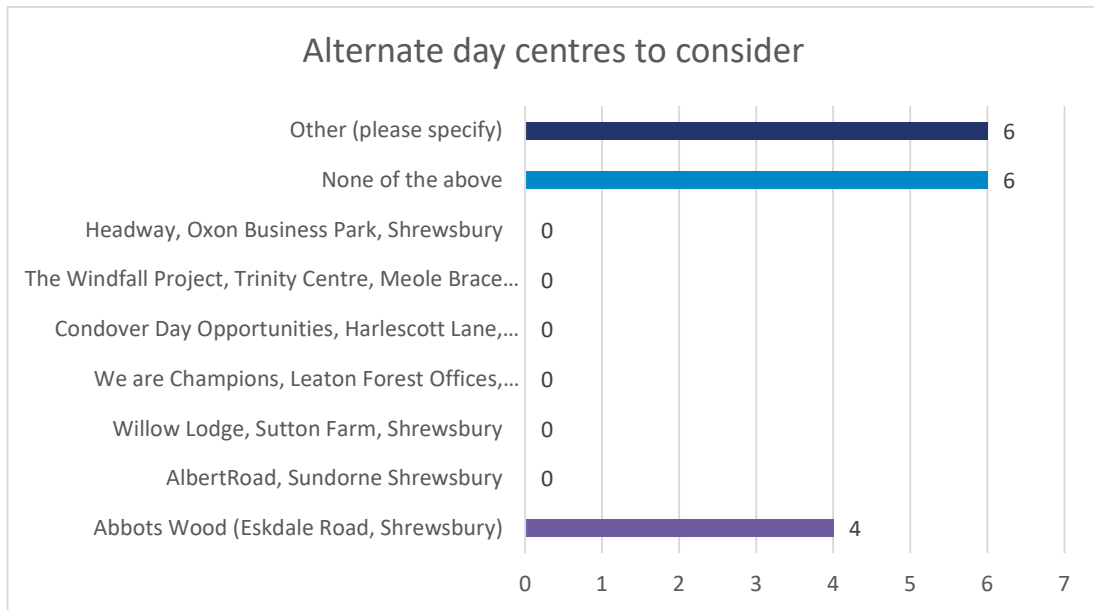
*a pool during lockdown. I don't want this repeated. My daughter needs to mix with like-minded people, not people who are more disabled. The aims are different for the 2 groups of people.(2)*

- 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.**



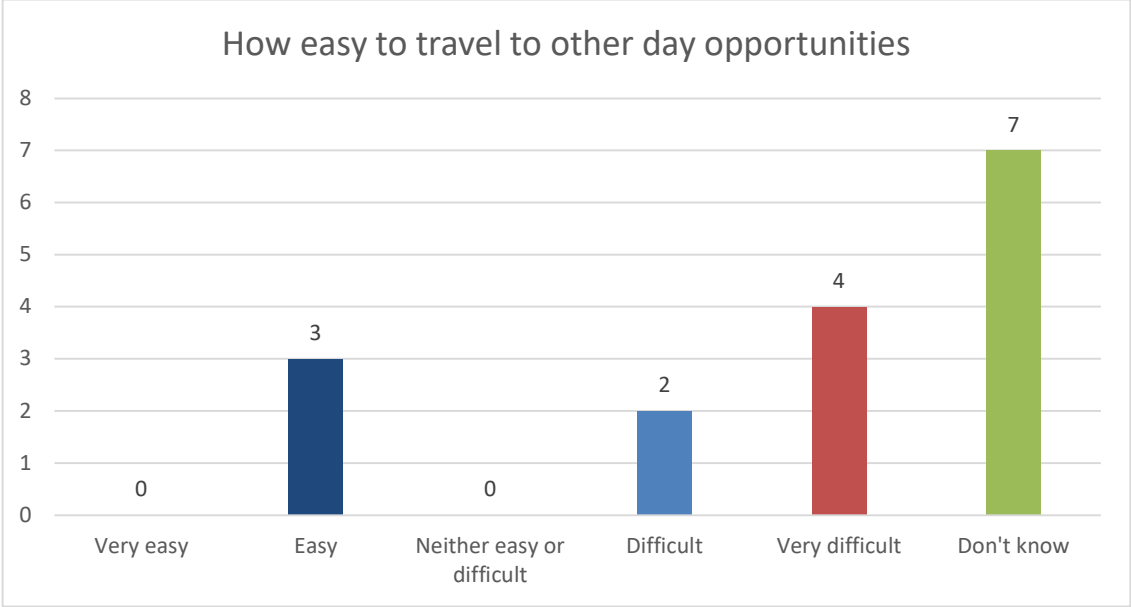
These mixed responses show that 38% people oppose the closing of Aquamira by choosing the option of none of the above. This supports the comments of the previous question. 38% also chose other, and commented:

- *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.

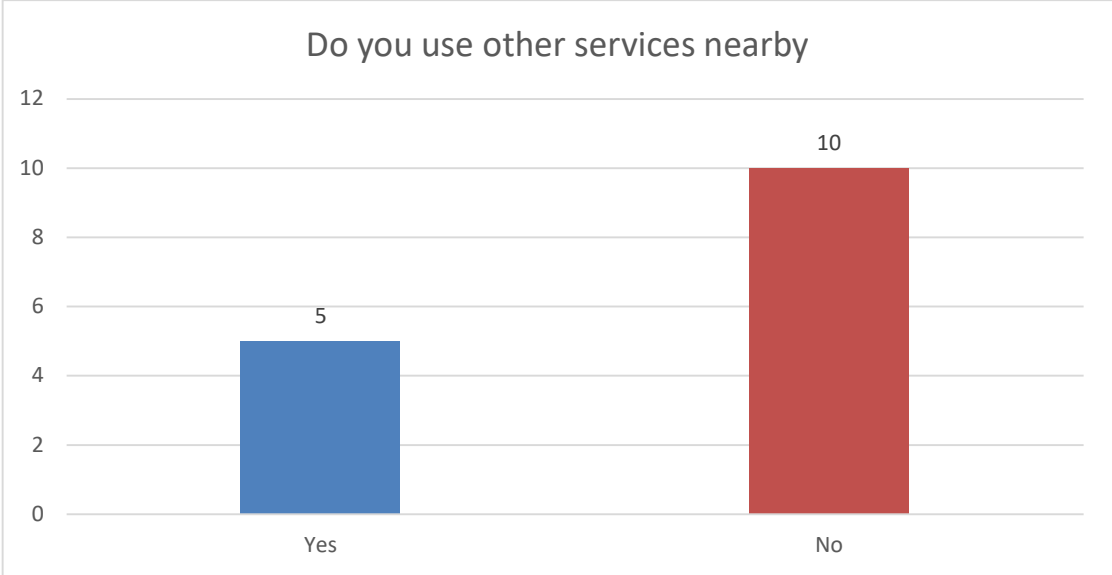
**Figure 21 –How easy people might find it to travel to other day opportunities/centres.**



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.

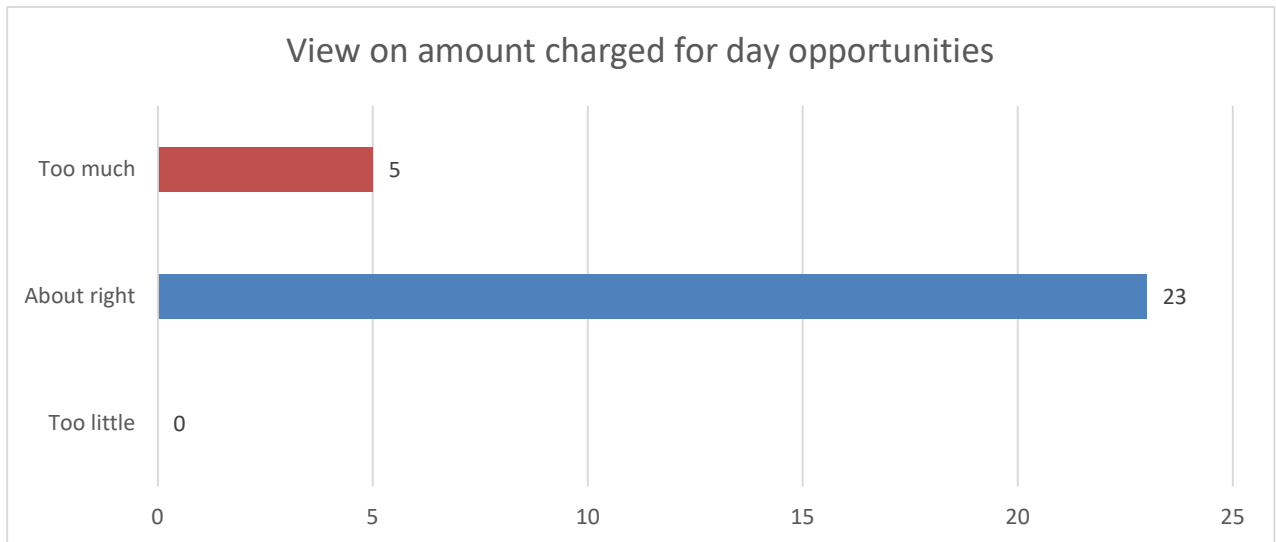
Respondents were also asked if they used any other services nearby. 15 people answered, and 67% of respondents answered no.

**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.

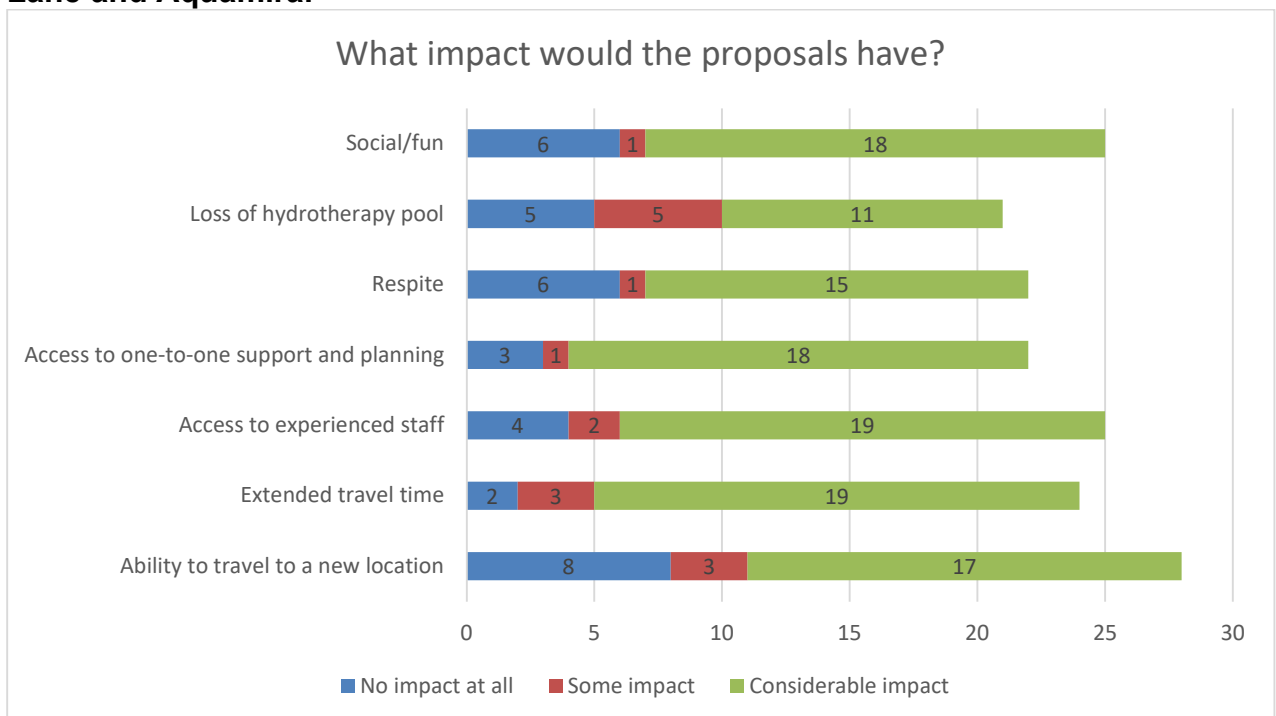
**Figure 23 –Respondents' views on amount charged for then day opportunities.**



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.**

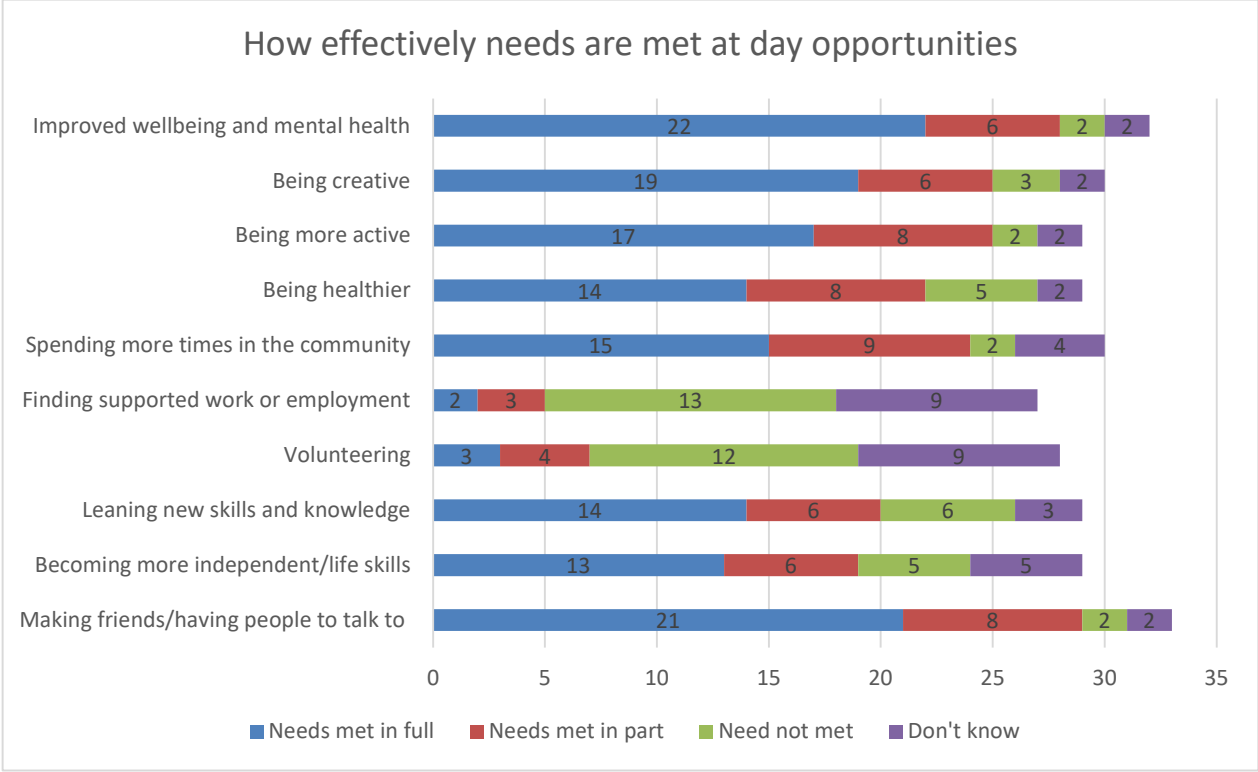


Overall, across the categories the proposals would have considerable impact. The 3 comments were:

- *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.

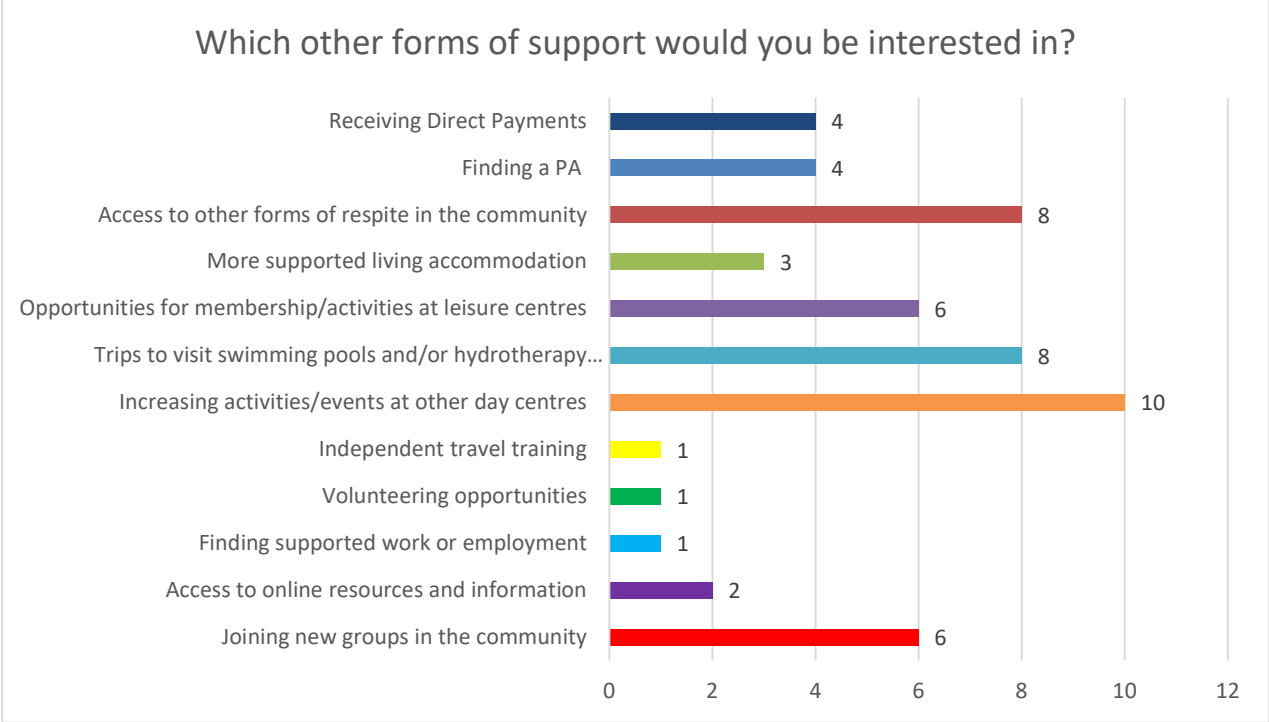
**Figure 25 –In which ways day opportunities meet the needs of their clients.**



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.

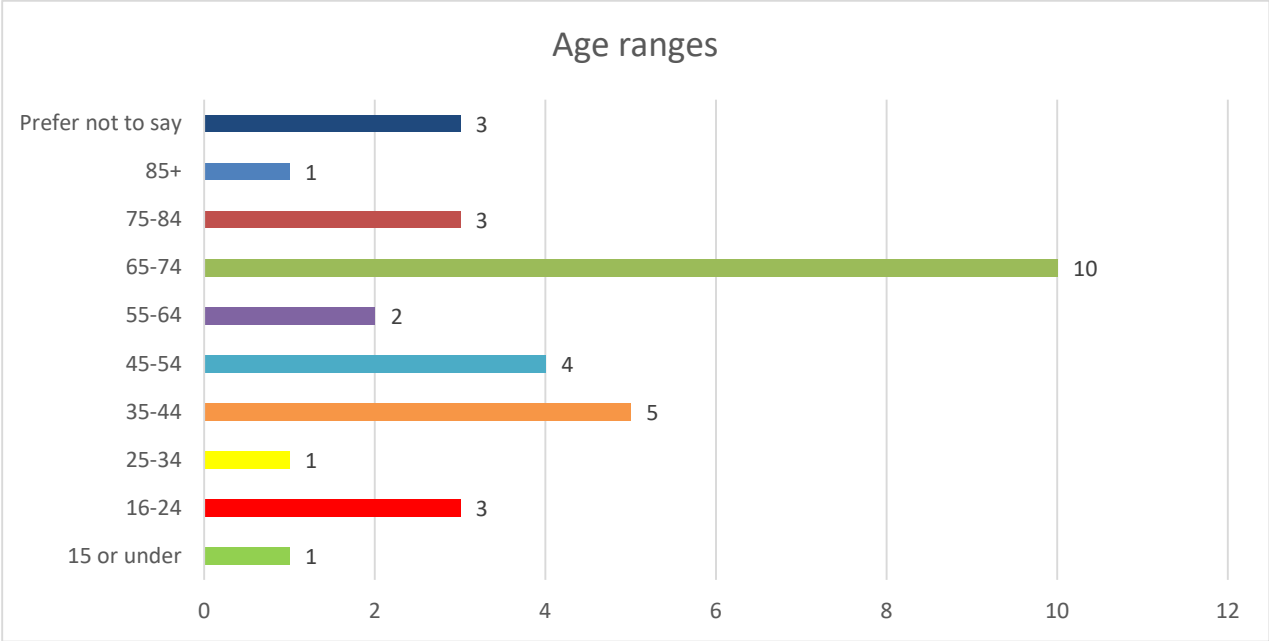
## **About the respondents**

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.

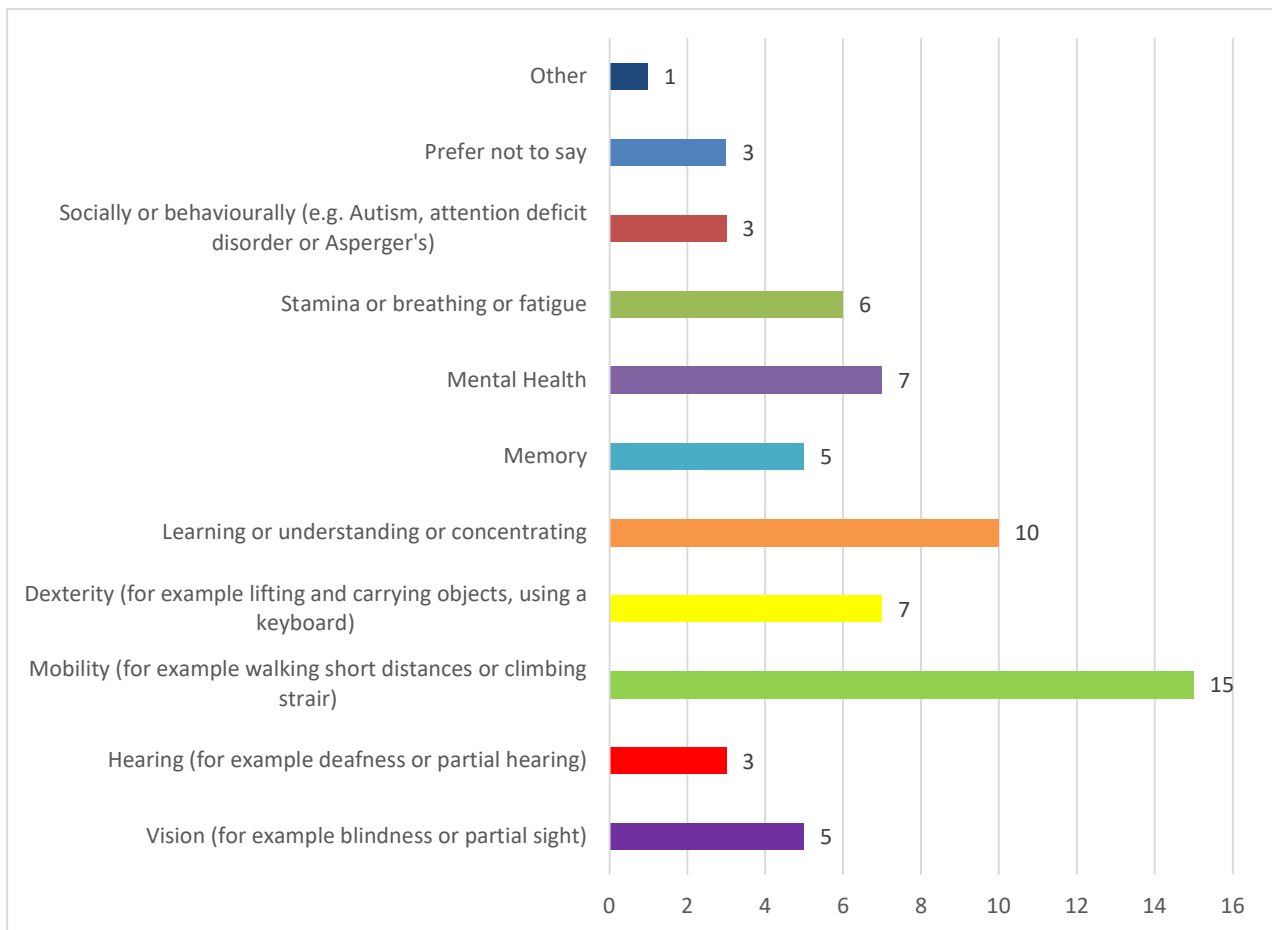
**Figure 27 – The age ranges of the respondents.**



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.

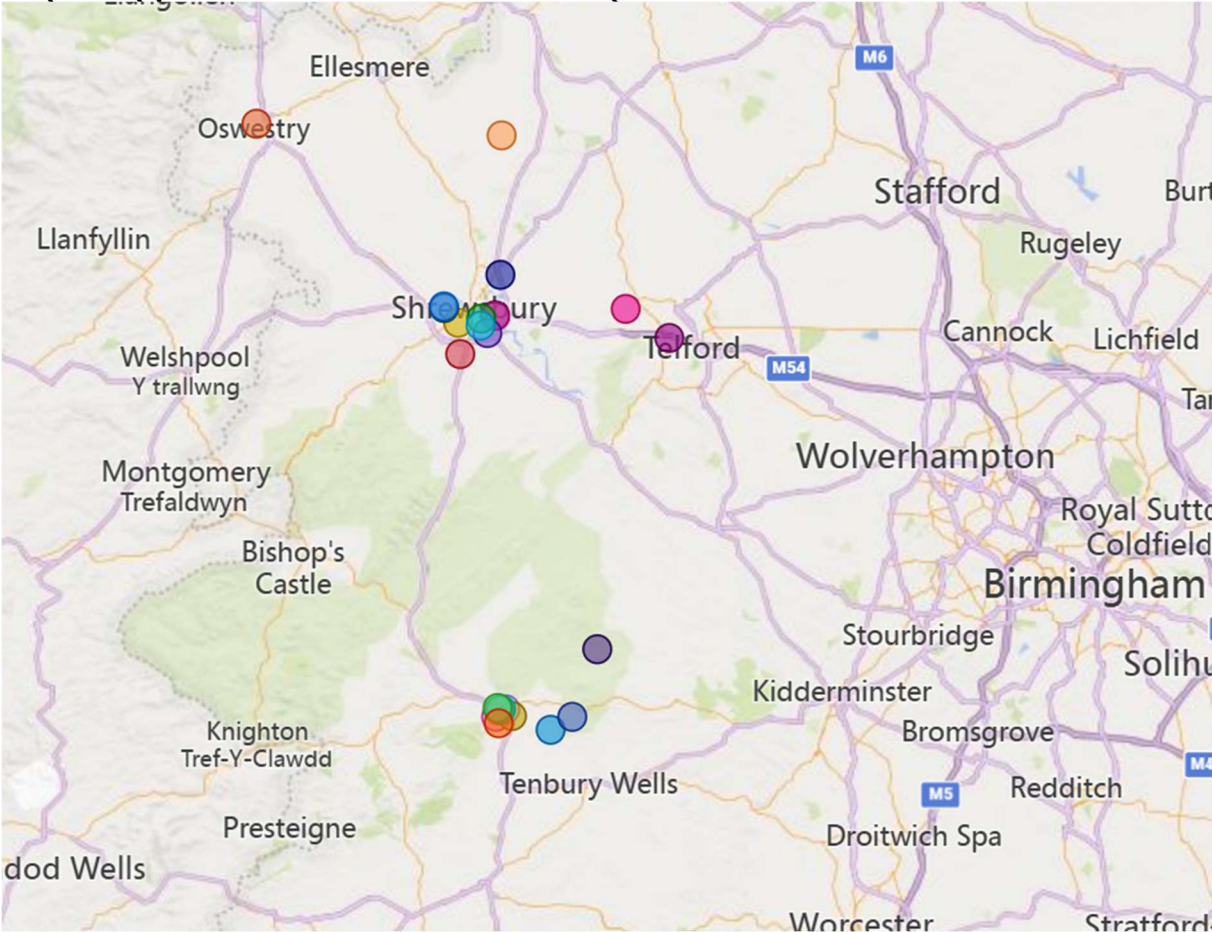
As part of this consultation, Shropshire Council carried out an Equalities and Social Inclusion Health Impact Assessment (ESIHIA) and the respondents were asked whether they anticipated any other impact or risks of the proposals, and to describe any issues they would like Shropshire Council to consider.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

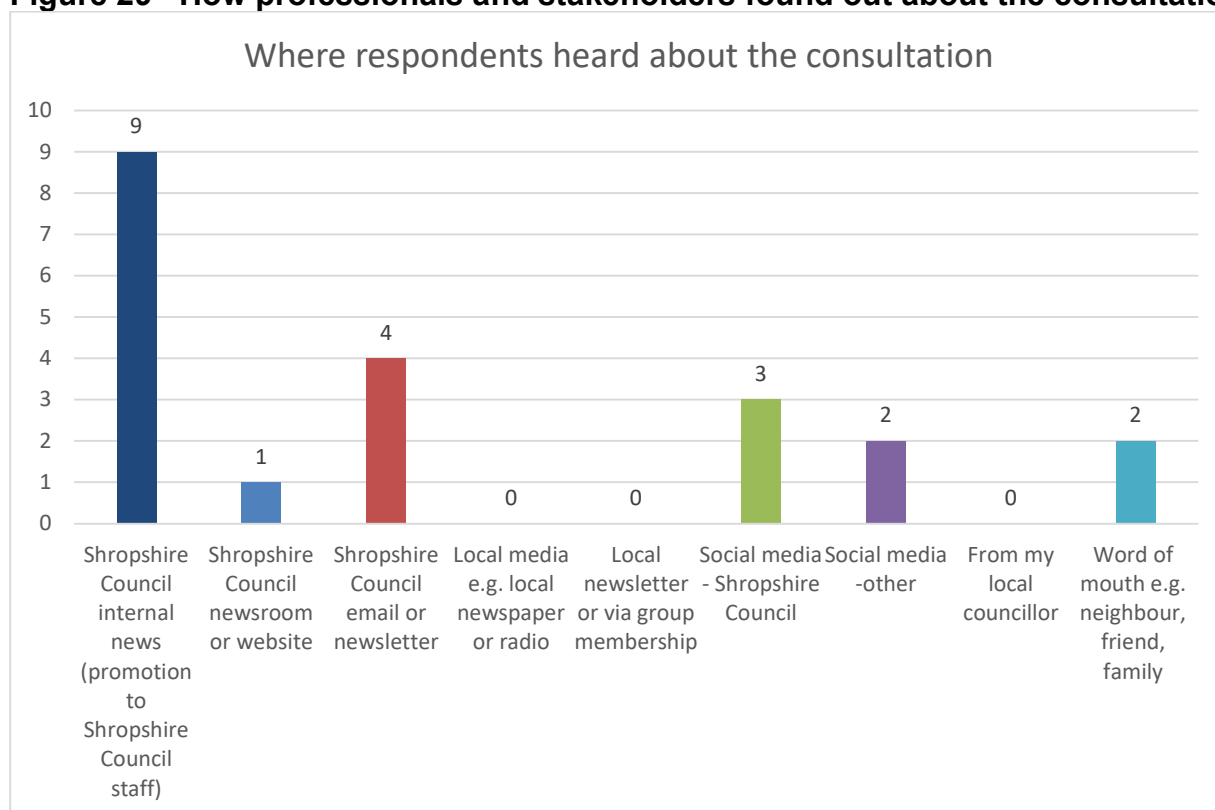
Across both proposals, respondents emphasised the preventative value of day services in maintaining independence, supporting carers, and delaying the need for more intensive or residential care. Many suggested that lower attendance reflected reduced referrals, transport constraints and limited promotion 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.

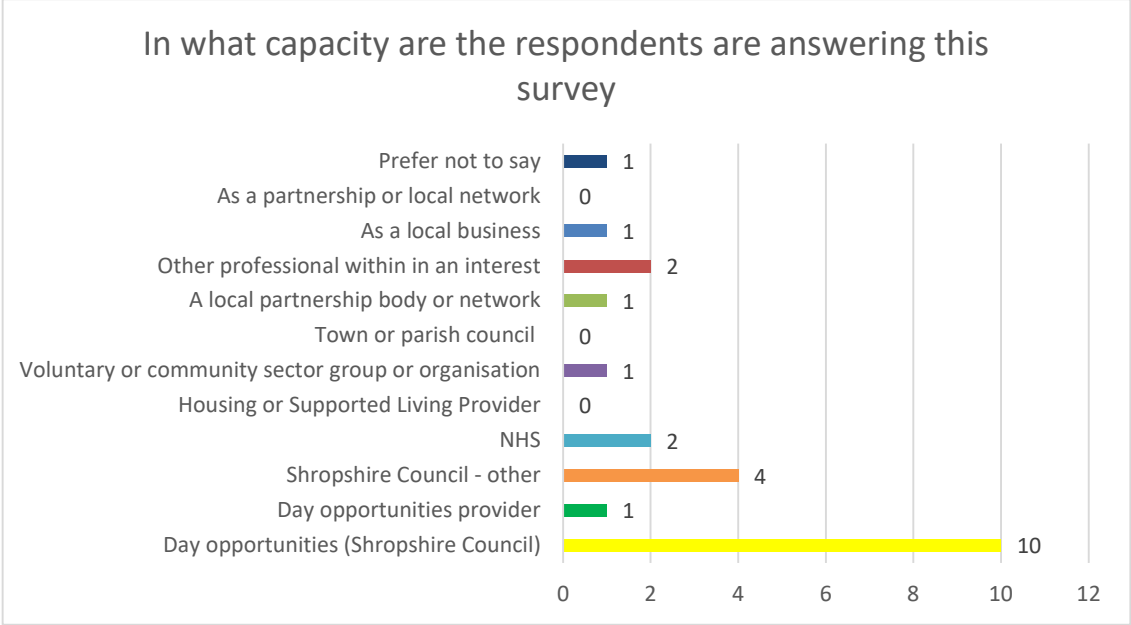
There were 2 comments as well, which are:

- *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.*

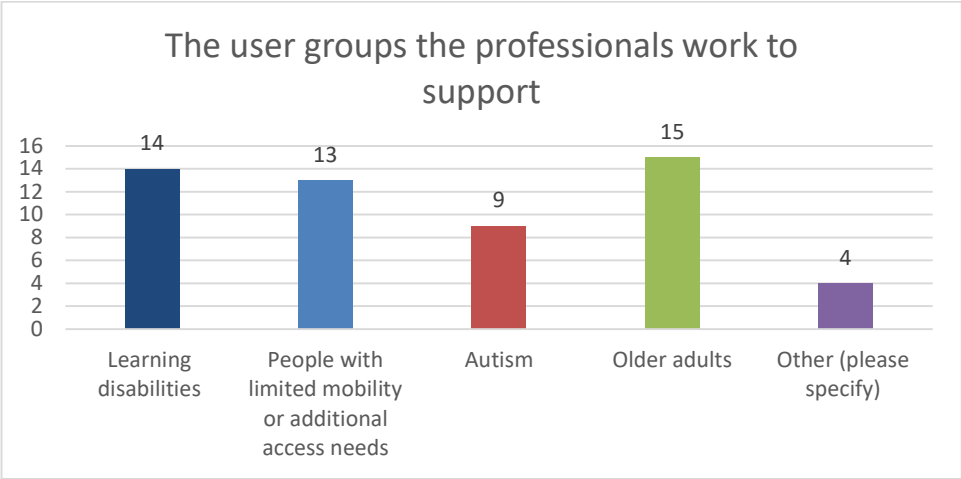
It is not possible to ascertain whether this comment belongs truly to a professional or stakeholder. It is possible that a professional is also a friend and power of attorney to someone, but this might suggest that it is a carer and they might have completed the wrong survey. It does not necessarily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

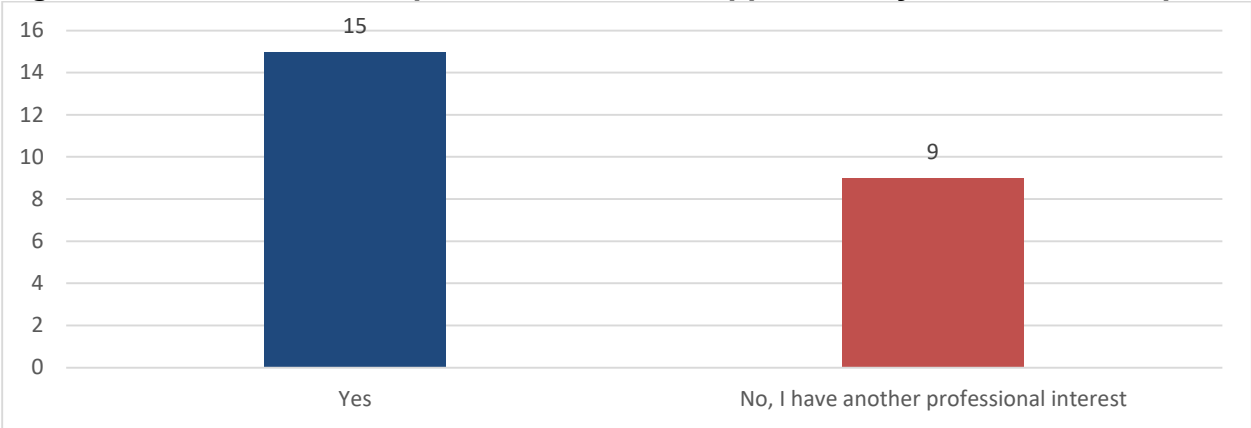


As seen in Figure 31, as people were able to choose all that apply, there is no set group of people the professionals support. It is apparent that older adults make up most of the people that the professionals support; 65% (15 responses), 61% (14 responses) have learning disabilities, 56% (13 responses) 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.**

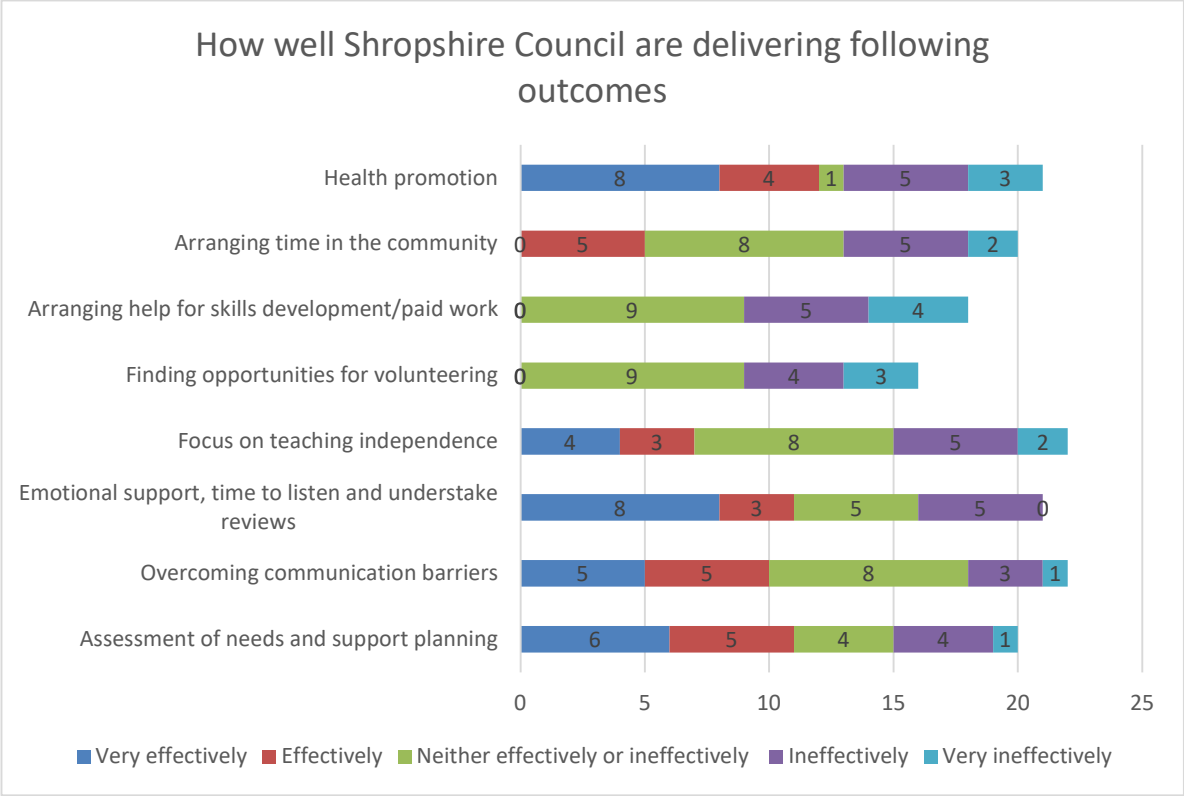


38% (9 responses) answered ‘no’ they didn’t work or support at Day Centres in

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.

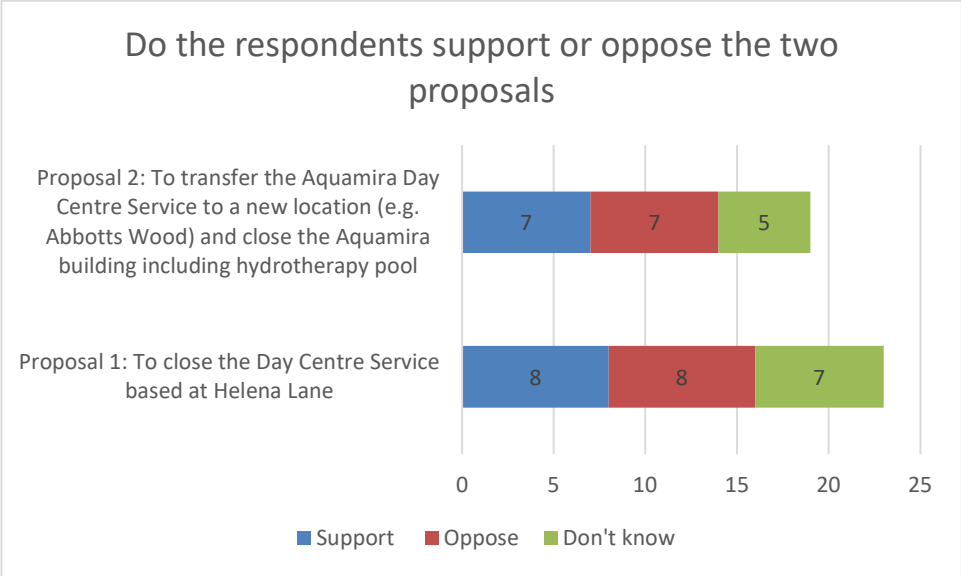
**Figure 33 –How effectively professionals feel Shropshire Council delivers outcomes**



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.**

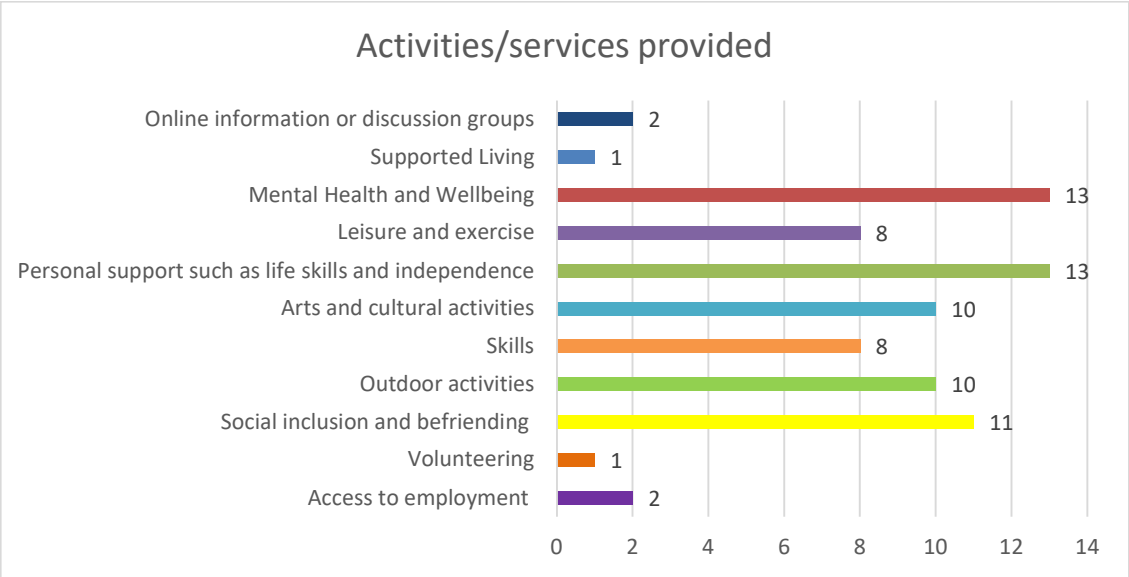


Figure 35 shows a focus on mental health and personal support as they make up 81% of the responses respectively. Supported living and volunteering are provided less, 6% respectively.

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.**

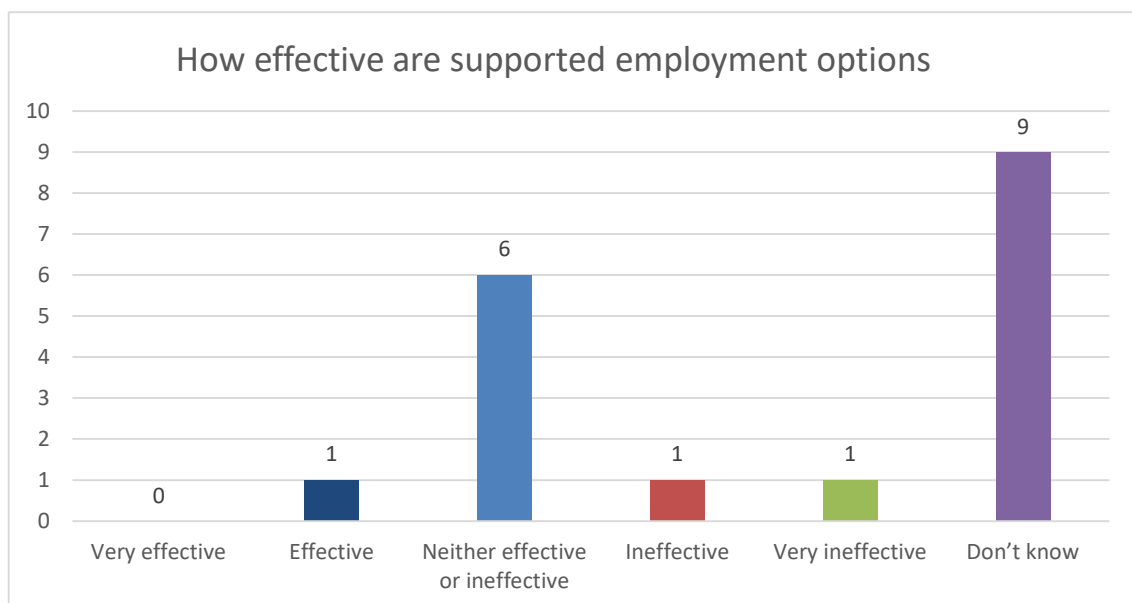


Figure 36 shows that 50% (9 responses) don't know and 33% (6 responses) feel it is neither effective nor ineffective. There are more negative responses, either ineffective or very ineffective, than positive responses.

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.

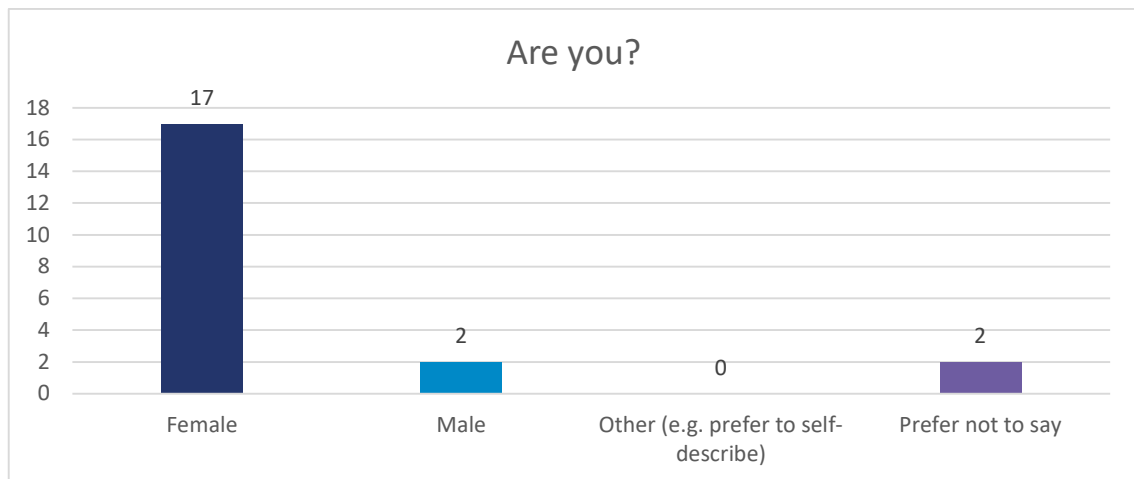
- Implement TSI/Systematic Instruction consistently.
- Build partnerships (e.g. Attingham Park, Food Hub, Friends of Shrewsbury Cemeteries, Landau Talking Therapies, Westhope College, Age UK, dog walking/garden services).
- Explore transport savings via public transport training (reduced reliance on 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'.

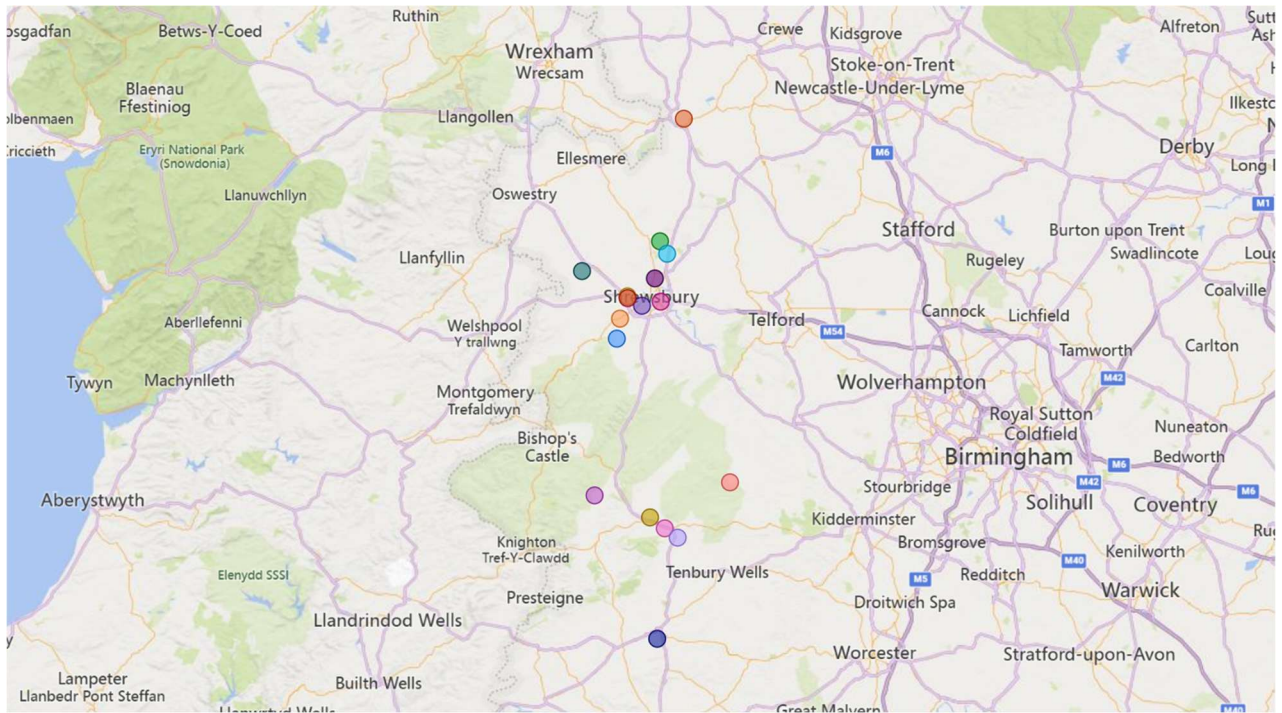
When asked if they regularly provide unpaid support caring for someone, 21 people answered and the majority, 48% (10 responses), answered no. 33% (7 responses) answered yes and 14% (3 responses) preferred not to say.

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**

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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 29<sup>th</sup> January 2026 to 26<sup>th</sup> 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.

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## Helena Lane Business Case – May 2026

### 1. Executive summary

#### Purpose

In the context of severe financial pressures and the underutilisation of Helena Lane Day Service in Ludlow, it is necessary to determine the next steps for the service, considering Best Value duties, statutory responsibilities under the Care Act 2014 (including prevention and support for carers), the Public Sector Equality Duty, and consultation requirements.

#### Current position

- Helena Lane provides specialist older people's day support, including meaningful activity, respite for unpaid carers, personal care and assisted bathing.
- To manage the low utilisation over the years, the service has reduced over time to half-day provision, three days per week, with council-funded transport withdrawn and staffing capacity reduced.

#### Options considered

- Option 1: Close the service.
- Option 2: Maintain the current reduced service (status quo).
- Option 3: Stabilise and redesign the service to improve access and utilisation.

#### Financial implications (headline)

- Forecast 2026/27 running cost: £194,320 (excluding building costs).
- Forecast income: £24,582
- Net cost: £169,738

At May 2026 utilisation levels, the average cost per attendance day is high; however, improved utilisation would reduce the average daily cost. It should be noted that future attendees are likely to have higher level needs from those used in the original model to work out the daily fee. In turn this would reduce number of attendees able to access the service, increasing the daily fee further. Closure may not eliminate all costs and may shift demand and cost pressures elsewhere through carer breakdown and crisis escalation.

#### Key risks and equality considerations

- An Equality, Social Inclusion and Health Impact Assessment (ESHIA) has been completed.
- Closure carries higher legal and reputational risk given the strength of consultation opposition.
- Potential impacts on people with dementia and limited mobility, unpaid carers, and residents facing rural transport barriers.

#### Next steps / review

Option 1 (closure) is recommended as the option most likely to secure Best Value when all relevant factors are considered in the round. The recommendation is not based on cost alone and has considered that traditional building-based day centres for older people and focused more on a model of community integration. In determining the future of Helena Lane, the Council must have

regard to severe financial constraints, but also to its statutory duties under the Care Act 2014, including prevention and support for carers, the Public Sector Equality Duty, consultation requirements, and the need to ensure that eligible needs continue to be met lawfully and proportionately. The current model has sustained low utilisation and a high unit cost, but closure may not remove all costs and may give rise to displaced demand and expenditure elsewhere, including through carer breakdown, crisis responses, or increased reliance on higher-cost care arrangements. The Council will continue to meet eligible needs through person-centred reassessment and managed transition planning, including support to access alternative provision such as direct payments, personal assistants and community services, together with tailored mitigation for people with dementia, limited mobility and rural transport barriers. Consultation responses showed strong opposition to closure, particularly regarding respite for unpaid carers, and the lack of a like-for-like alternative in Ludlow.

## 2. Case for change

Helena Lane Day Service is an older people's day service in Ludlow providing structured day support, social interaction and meaningful activity, personal care, including assisted bathing, respite for carers. Over recent years, to manage costs in line with utilisation, the service has reduced to part day provision for three-days a week, alongside the removal of council funded transport and reduced staffing capacity. The service is currently operating at very low utilisation. This has created a mismatch between the fixed and semi-fixed costs of maintaining an in-house service model and the number of people able to access and benefit from the service.

The Council must decide whether to close the service as proposed, maintain the current model, or determine whether there could be a third option to ensure the service is financially viable as well as meeting need. The 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.

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 (including assisted bathing and dementia-specific supervision) where alternative provision may not be suitable;
- protect carers' wellbeing and maximise preventative impact (avoiding or delaying higher-cost packages and admissions where possible);
- address rural access barriers and ensure equality impacts are consciously considered and, where possible, mitigated;
- provide Cabinet with a defensible decision record that demonstrates consideration of realistic options (including the status quo) and consultation evidence.

If no change is made, the current reduced model is likely to continue to experience low utilisation and poor financial performance, resulting in repeated short-term decisions and renewed closure proposals. A decision to continue with the services as is would prolong uncertainty for service users, carers and staff, while increasing the risk that access barriers (particularly transport and rurality) continue to suppress attendance and that avoidable pressures emerge elsewhere in the system through carer breakdown and crisis escalation.

### 3. Background and strategic context

#### Strategic drivers

The January 2026 Cabinet report set out the need to review inhouse provision in the context of severe financial pressures and a declared financial emergency, Best Value duties under the Local Government Act 1999, and the need to ensure services remain effective, affordable, and aligned with future demand. Helena Lane Day Service was included within that review as an older people's day service with declining attendance and high costs.

#### Local demographics and potential demand for day services

Using the Shropshire Profile [Shropshire's profile | Shropshire Council](#) which draws data from the Census 2021 there were 82,000 people aged over 65 accounting for 25.3% of the population. This is 6.9% higher than England's national average. The number of people aged over 85 was 10.8% of the population. The ONS (Office for National Statistics) estimates that by 2032, 29% of the population in Shropshire are projected to be aged 65 years or over. [Subnational population projections for England - Office for National Statistics](#).

The 2021 Census data reports that Ludlow North, Ludlow East, Ludlow South and Clee makes up 15,971 (4.93%) of the population of Shropshire. Of those people, 5278 (33.8%) were over 65. The 2022 based sub-national population projections [Subnational population projections for England - Office for National Statistics](#), which estimates that the growth in population of people aged over 65 will likely grow by 51% by 2047.

The number of registered cases of people registered with Dementia aged over 65 varies month on month, but the mean number taken over a six-month period between Sept 2025 and Feb 2026 is 3643 people. Using the population data from the last Census would suggest that this accounts 1.13% of the population. [Number of registered cases of dementia for people aged 65 and over in Shropshire | LG Inform](#) The Alzheimer's society suggest that only 66% of people living with Dementia have a diagnosis and believe that 1 in 11 (9.09%) people aged over 65 have Dementia with prevalence rising to 1 in 6 (16.7%) for those over 80. [How many people have dementia in the UK? | Alzheimer's Society](#). Applying this to the catchment area shown above, it would suggest that there are approximately 480 people living with Dementia within this locality.

NHS England data also suggest that 1 in 3 people will Care for someone with Dementia in their Lifetime. [NHS England » Dementia](#)

Equality analysis should be explicit that the proposal may have particular impacts on older people with dementia, older people experiencing physical frailty or mobility impairment, unpaid carers, and people living in rural areas with limited transport options. For people with dementia, the potential issues include disruption to established routine, anxiety associated with change, reduced access to specialist supervision and structured activity, and the loss of a familiar setting that may currently help sustain wellbeing and delay deterioration. For people with physical frailty or mobility impairment, the relevant considerations include whether alternative provision is physically accessible in practice, whether travel times and journeys are tolerable, whether personal care or bathing needs can be met safely and with dignity, and whether the absence of local provision would create a real barrier to access rather than a merely theoretical alternative. For unpaid

carers, the likely equality impacts and Care Act implications include the possible loss of predictable respite, increased caring intensity, and heightened risk of carer stress or breakdown. Rurality is also material: where public transport is limited and journeys to alternative provision are lengthy, closure may affect people in South Shropshire more severely than those in less rural parts of the county. These matters do not in themselves determine the outcome, but they must be identified with precision, evidenced where possible, and addressed through the Council's equality impact analysis and mitigation planning.

### Demand implications

Taken together, this data does not demonstrate current demand equals 'x' day service places needed. However, it does suggest that there is an underlying need-base for older people's support in this area; that it is large; and that it's growing. Low utilisation cannot safely be relied upon as evidence of low demand for the service and there is a material cohort of older people (particularly with dementia) who are very likely under-represented in current service specific information. However, it should be noted that while Helena Lane Day Service does currently support some people with dementia, this is not a dementia specific service.

Census and ONS age data suggests it shouldn't be assumed that because fewer people are using the service, fewer people need it. Shropshire has a significantly higher older population than the rest of England that is not marginal, whilst the locality around Ludlow is on average generally older. The absolute number of people aged 65 and over is high and rising and the ONS projections show this trend will intensify, not reverse. However, it does not necessarily mean that any of those people will need Helena Lane Day Services or that this is high demand for the specific service such as a traditional day service in this area.

The Dementia prevalence data suggests that official systems are under-counting dementia meaning that the Council's "known demand" is not the same as actual demand. A substantial cohort of people with dementia exist outside routine service and assessment pathways. Applying prevalence rates to the Ludlow and surrounds yields hundreds of people likely living with dementia, but many are not visible. However, this does not necessarily mean that those 480 people would attend Helena Lane, or that they would choose an in-house day service over accessing community-based services with a personal assistant or support worker.

Catchment level analysis suggests that South Shropshire is not demographically "typical" and removing a specialist service here could have a greater impact than the same decision elsewhere in Shropshire.

Carer statistics suggest that Dementia demand has secondary demand effects. For every person with dementia, there is likely at least one carer whose wellbeing is implicated. For some people, services like Helena Lane will act as sustaining infrastructure, not just individual support. However, this does not necessarily indicate that carers need this particular service or that the Helena Lane Day Service is cost effective.

Overall, there is a large, growing, and partially hidden population of older people, particularly people with dementia in this area. In that context, low utilisation of a constrained service cannot

safely be relied upon as evidence that a service like Helena Lane Day Service is no longer needed.

### Demand vs Utilisation

In considering the future of Helena Lane Day Service, it is important to distinguish carefully between the utilisation of the service and underlying demographic demand for older people's day support in this area. These are not necessarily the same thing.

Recent utilisation information shows reduced attendance at Helena Lane over a prolonged period. However, consultation feedback and supporting evidence indicate that current utilisation levels cannot be interpreted in isolation as a proxy for lack of demand.

Over a period of years, Helena Lane has experienced a series of operational changes, including, a reduction in the number of operating days, a reduction from full-day to half-day provision, withdrawal of council-funded transport, reduced staffing capacity which has limited the number of people who can attend, a temporary relocation to alternative premises before returning to Helena Lane.

While these changes were made to manage the reduced utilisation of the day service, these changes could have affected the accessibility, capacity and visibility of the service. In that context, lower attendance levels may reflect constrained supply and discouraged access, rather than reduced need. Consultation responses further indicate that some existing service users have requested additional sessions but were unable to access them, staffing and capacity constraints have limited new admissions and the inconsistency of awareness of the service. This evidence suggests that there could be a presence of unmet and latent demand, which is not captured through attendance data alone.

In contrast to the NHS, Adult Social Care is not provided free at the point of delivery. Demographic data suggests an increasing demand for services among older adults, yet individuals deemed financially capable are expected to fund their own care. As a result, some may opt not to set aside funds for future needs or may pursue alternative forms of support, which could also explain the underutilisation of services such as Helena Lane Day Service.

Demand for Helena Lane Day Service must also be understood in relation to carer wellbeing and sustainability. Consultation material, supported by wider local carer survey data, demonstrates that respite provided by the day service is an essential enabler of continued caring at home. For many carers, often older partners or family members, access to a predictable period of specialist day support is the difference between coping and crisis.

Where carer support is withdrawn, demand does not disappear; rather, it may re-emerge elsewhere through carer breakdown, crisis intervention, or earlier admission to residential or nursing care. Equally, the Council must recognise that current utilisation may in part reflect the cumulative effect of historic service changes, including reduced operating days, shorter sessions, withdrawal of transport, reduced staffing capacity and periods of service disruption. It would therefore be unsafe to treat current attendance figures as a complete or neutral measure of underlying need.

However, that point does not by itself establish that restoring or expanding Helena Lane would now produce a viable and sustainable service model. While there is credible evidence of unmet or latent need, there is not presently sufficient evidence to demonstrate the likely scale, frequency or affordability of future demand for this specific in-house model, nor that increased provision would attract and retain enough attendance to secure Best Value within a reasonable period. In particular, there is no developed and costed proposal showing that additional operating days,

longer sessions, transport restoration or wider reopening would be deliverable, financially sustainable and capable of meeting need more effectively than alternative forms of support. The demand/utilisation distinction is therefore an important caution in interpreting the data, but it does not, on the current evidence, displace the overall conclusion that the Council must assess the future of the service on the basis of viability, sustainability and lawful discharge of its statutory duties in the round.

Accordingly, utilisation data should be considered in its full context, alongside demographic evidence, consultation feedback, equality impacts, carers' wellbeing and the Council's statutory duties. A balanced assessment requires both acknowledgment that historic changes may have suppressed attendance and recognition that this does not, without further evidence, provide a sufficient basis for concluding that restoration or expansion of the service would now be viable, proportionate or sustainable.

Service overview

Helena Lane Day Centre is a building-based day care service for up to 20 older people per day with lower-level need, through offering group activities and social support intended to reduce isolation, support wellbeing and provide respite for unpaid carers. Some people will also access additional activities such as bathing. The model is rooted in traditional day care rather than community based activity. The service operates over 3 days for 4 hours a day. Transport is no longer offered as part of the service.

There are currently five people accessing the service over the 3 days, albeit there was 8 at the start of the consultation. A decision was taken to freeze new admissions during consultation to reduce any potential impact. Mostly due to the closure of another day service locally, there is now a small waiting list of 3 people, but there is no guarantee that these people will attend. The number of service users has decreased significantly in recent years, as individuals have chosen alternative services, or more personalised or community-based support arrangements, or decided to not access services due to their personal financial circumstances.

While the demographic forecasts do suggest that there may be more people now requiring support than before, there has been an observed downward trend in the utilisation of Helena Lane Day Service. There is nothing to suggest that we should be expecting a resurgence in interest for a traditional day centre provision for older people. 5 individuals use the service over the 3 half days, totalling 10 half days of service in total on average. Most individuals now pay privately for the service at fee of £66.00 per half day. The fee is calculated by accumulating the costs of delivering the support divided by the number of potential attendees each day of operation. This is reviewed annually and is significantly less than the average cost of delivering the service.

It is important to distinguish between individuals who are self-funding and those whose needs are met or arranged by the Council. Self-funders are exercising choice within the local care market and are responsible for meeting the full cost of their care. While some currently choose to access Helena Lane, this does not create an ongoing obligation on the Council to continue to provide that service or to maintain any particular facility as the means by which personal care or hygiene needs are addressed. Any future duty on the Council would arise only following assessment and determination of eligible needs under the Care Act 2014, and those needs may then be met in different lawful ways depending on the person's circumstances.

Day	Attendees
Monday	0

Tuesday	4 (3 self-funders)
Wednesday	2 (1 self-funder)
Thursday	4 (4 self-funders)
Friday	0

Current attendance:

Waiting list:

- 3 new people – although this is not guaranteed, nor do we know the volume of days requested.

Current staffing levels:

- 0.03 FTE Domestic Assistant
- 1.20 FTE Day Service Workers
- 0.81 Senior Support Worker
- 0.50 FTE Locality Lead

A minimum of three staff members will be scheduled to cover each day. It is important to acknowledge that any staff absences may significantly affect both safety and the quality of service delivery.

#### Alternative Provision Options

The Care Act 2014 places a duty on local authorities to assess needs where requested, or where it appears that an adult may have needs for care and support, and to meet eligible needs where those needs meet the national eligibility criteria. The Act does not require local authorities to provide or maintain any particular service model, including in-house provision.

A number of current Helena Lane attendees are self-funders. This means they have chosen to purchase services privately and are not, by virtue of that status alone, entitled to Council-funded or subsidised provision. Where a self-funder requests an assessment, or where needs appear to arise, the Council retains a duty to assess and, if eligible needs are identified, to ensure those needs are met. However, this duty relates to the meeting of need, not the continuation of a specific service or provider.

In addition, the Council has a wider market-shaping duty under the Care Act 2014 to ensure a diverse, sustainable and high-quality local care market. This includes facilitating access to a range of provision across the independent, voluntary and community sectors, rather than maintaining a particular in-house service where this does not represent Best Value.

Where, following assessment or reassessment, a person appears to have needs relating to personal care, hygiene, dignity or supervision, the Council must consider how those needs are to be met lawfully and appropriately in light of the individual's circumstances. Those needs may be met through a range of lawful mechanisms, including direct payments where appropriate, personal assistants or support workers, commissioned care and support, supported access to community opportunities, or other personalised arrangements. The legal duty is to meet eligible needs, not to provide bathing, personal care or day support in a particular building, through a particular in-house service, or in any single prescribed format. These mechanisms are not necessarily like-for-like replacements for Helena Lane itself; rather, they are different ways in which the Council may secure the meeting of eligible needs in a person-centred and proportionate way.

The nearest building-based day service of a more comparable type is in Church Stretton approximately 16 miles away (30 minutes by car). There are no other local day centres in Ludlow

itself. Local community and voluntary sector opportunities, such as luncheon groups and other community activities, may be relevant for some people where they are suitable and where any necessary support is in place. However, it should not be assumed that people with dementia, significant physical frailty, mobility limitations, personal care needs or a requirement for close supervision can simply attend ordinary community groups without support. For some individuals, access to community opportunities would only be practicable through additional arrangements such as a personal assistant, support worker, transport assistance, direct payment, or another tailored package of support. Community groups should therefore be understood as one possible component within a broader personalised care arrangement, not as a universal or direct substitute for a specialist day service. The kinds of things going on in and around Ludlow are mainly:

- social groups,
- creative and hobby activities,
- exercise and movement sessions,
- support groups and wellbeing services,
- community meals and befriending,
- and transport schemes that help people access these opportunities.

Sources of information:

South West Shropshire Community Directory A–Z:

<https://cravenarmsmedical.nhs.uk/south-west-shropshire-pcn-1>

Ludlow 2026 events:

<https://www.ludlow.gov.uk/calendar-of-events>

Shropshire Together Community and Family Directory:

<https://directory.shropshire.gov.uk/>

#### **4. Consultation Feedback Overview**

Please see the Consultation feedback report for a more detail.

##### The Consultation for Helena Lane 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 re-provision 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 (i) 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. In addition, current attendees and, where relevant, their unpaid carers were formally advised in writing of their right to request a Care Act needs assessment, a carer's assessment and, where applicable, a financial assessment. A written audit trail is being maintained to record when those offers were made, to whom they were made, whether they were accepted, declined or already in place, and any follow-up actions required to support transition planning.

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 27 responses specifically relating to Helena Lane from:

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

A significant proportion of respondents were carers of people with dementia or complex physical needs.

#### Overall sentiment and key themes

- Consultation responses relating to Helena Lane demonstrate clear and sustained opposition to closure. Among service users and carers who expressed a view on the proposal, the overwhelming majority opposed closure, with 90% of respondents who would be directly affected stating they would be affected "a lot", not just marginally.
- Respondents consistently described Helena Lane as a "lifeline" enabling continued care at home, safeguarding dignity through assisted bathing, and preventing carer breakdown.
- Limited support for closure, generally linked to financial realism rather than perceived lack of need.
- Consistent concern that consultation options underestimated the impact on carers and rural accessibility.

Respondents repeatedly stated that:

- There is no comparable alternative day service for older people in Ludlow;
- Voluntary and community groups (e.g. social cafés) are not suitable substitutes for people requiring personal care, supervision, or dementia-specific support;
- Travel to Shrewsbury or Church Stretton would significantly erode respite time and, for some, be unmanageable.

### Prevention and avoidance of higher cost care

Many carers described Helena Lane as the factor that:

- Enables them to continue caring at home;
- Prevents carer breakdown;
- Delays or avoids permanent residential or nursing care.
- Respondents explicitly questioned whether closing a preventative service would lead to greater long-term cost pressures elsewhere in Adult Social Care.

### Importance of bathing and personal care facilities

Consultation responses repeatedly highlighted the practical importance of Helena Lane's on-site assisted bathing and personal care facilities to some current users and carers, particularly in relation to dignity, hygiene and respite. That evidence is relevant to understanding the impact of closure and the nature of people's needs. However, the council can support individuals to have their personal care needs met within the home. The legal issue for the Council is not whether bathing or personal care must continue to be provided at Helena Lane itself, but whether any assessed eligible needs relating to personal care and hygiene are properly identified and met through lawful, suitable and person-centred arrangements.

- Important to dignity and hygiene for some current users;
- Not readily replicated through many ordinary community alternatives without additional support or different arrangements;
- A significant reason why some families currently choose Helena Lane.

### Impact of historic service reduction

A consistent theme was that:

- Attendance declined after transport was withdrawn and operating hours reduced;
- Referrals were perceived to have slowed during earlier transformation phases;
- The service has not been actively promoted despite demographic demand in Ludlow.
- Respondents argued that current utilisation should not be treated as a neutral indicator of demand.

While perceptions were expressed that referral activity reduced over time, the Council does not rely on anecdotal accounts alone. The consultation evidence clearly indicates that current utilisation levels cannot be viewed in isolation from these operational constraints. It is important to note that current utilisation levels could reflect a service model shaped by earlier operational decisions, including reduced days, hours and transport availability. While those decisions were taken as operational measures at the time, their cumulative effect is relevant to the fairness and proportionality of any closure decision now proposed. Current demand data must therefore be interpreted with caution and in the context of the service's reduced accessibility.

### Equality and rurality

Consultation responses raised specific equality concerns about the effect of closure on older people with dementia, older people with physical frailty or mobility impairments, unpaid carers, and residents of rural South Shropshire who face transport barriers. Consultees challenged any assumption that ordinary community groups, more distant day opportunities, or alternative support arrangements would be realistically accessible or suitable for everyone affected. In particular, respondents disputed whether people with dementia could safely and consistently use non-specialist provision, whether people with significant frailty or mobility limitations could tolerate longer journeys or access alternative venues without additional support, whether carers would experience any meaningful equivalent to the respite currently provided, and whether travel from rural areas to Church Stretton, Shrewsbury or other locations would be practicable in reality rather than merely in theory.

## 5. Financial considerations

### Running costs and income

It's important to note the difference between the fees and charges and the running costs of the service.

### Fees and Charges

At present, fees and charges are calculated by dividing the total forecasted running costs of the service (excluding building costs in this at the moment) by the annual total number of potential days of attendees. This year this has seen a notable increase in the previous charge for Helena Lane users rising from £37.50 in 25/26 up to £66.00 for 26/27 per half day. This was a significant increase. However, our fee model reflects a standard unit cost approach. We take the total cost of delivering the service and allocate it across the available delivery capacity, first by dividing by the number of operating days, and then by the maximum daily capacity (not attendance level) of the service. For Helena Lane, this equates to 20 places per day.

This means the current fee assumes full utilisation of capacity. If we were to cost the fee on the basis of actual attendance (i.e. lower utilisation), the cost per individual place would increase materially, as the same fixed cost base would be spread across fewer attendees. If fees were instead calculated based on the actual cost per attendee (i.e. reflecting the number of people who attend in practice rather than full capacity), the charge per person would be significantly higher.

With current utilisation, the forecast for a full year income from fees is £23,562. Forecast Income from food contribution is £1020. This brings a total forecast income to £24,582 per annum.

### Budget Breakdown 26/27:

Type	Cost	Notes
<b>Staffing cost</b>	£162,240	Includes staff on-costs, such as NI, pension etc.
<b>Building cost</b>	£0	There are no accommodation costs incorporated into this budget as it sits within a larger council building.
<b>Running cost other</b>	£7,980	Food, cleaning materials etc.
<b>Internal Market Recharges</b>	£24,100	including internal recharges for business costs, finance, IT, HR , office accommodation
<b>Total</b>	<b>£194,320</b>	

The overall forecast cost of running the service for 26/27 is £194,320 (cost) - £24,582 (forecast income) = £169,738. Based on the budget figures the average cost of delivery per day per person is currently £332.82 per day, using the May 2026 utilisation level of 10 days of attendance per week for 51 weeks a year. It is important to note that this does not include any building costs.

The current charge of £66.00 per half day, based on 20 people attending each day, is significantly below the current average cost of operating the service at present utilisation levels. As the majority of current attendees are self-funders, the Council is, in practice, subsidising private care arrangements through an in-house service model whose income does not recover its true operating cost. That is a relevant Best Value consideration. However, the legal and financial analysis should not be reduced to a simple proposition that closure is justified because the service

is expensive. Best Value requires a broader assessment of economy, efficiency and effectiveness in light of the Council's statutory duties, including duties under the Care Act 2014, the need to consider prevention and carers' wellbeing, equality impacts, and whether closure would create displaced or deferred costs elsewhere in the system. If attendance were to increase materially, average unit cost would reduce; conversely, if closure were to contribute to carer breakdown, crisis intervention, or earlier admission to residential or nursing care, some costs may reappear elsewhere.

Consultation respondents repeatedly questioned whether closure of the day service would deliver meaningful net savings, particularly where some fixed or corporate costs may remain irrespective of service operation. As demonstrated above, building costs have not been incorporated into the running-cost calculation set out in this report. The financial case for closure must therefore distinguish between costs that would genuinely cease, costs that may remain, and costs that may be displaced into other parts of the Adult Social Care system.

It is therefore necessary to consider not only whether closure would reduce immediate expenditure, but whether it would represent Best Value overall when the Council's statutory obligations, the preventative value of the service, the impact on carers, equality implications, and the risk of increased demand elsewhere in the system are taken into account. Best Value is not necessarily the same as the lowest short-term cost.

#### Other factors affecting costs

The current fees and charges are not individualised based on level of need. The fees and charges are based on everyone having the same level of need and do not currently accurately reflect the costs of support for individuals. Where the council are able to claim full recovery costs from people who have been assessed as being able to self-fund their own care, this is relevant, as it would be disproportionately financially benefiting some individuals across Shropshire over others. For example, if someone with higher level needs attends the service with significant 1:1 needs), under the current charging structure, it reduces the number of attendees able to attend, increasing the overall daily cost.

## **6. Options appraisal**

### **Option 1** – Close the Helena Lane day service (retain building for other use)

Description: Cease older people's day provision in Ludlow;

#### **Advantages**

- Removes a high-cost, low-utilisation in-house service model that is not currently operating at a sustainable scale.
- Contributes to Best Value by reducing expenditure on a service that is delivering limited throughput relative to its cost base.
- Provides a clearer and more sustainable strategic direction, rather than prolonging uncertainty through repeated short-term reviews of an increasingly fragile model.
- Reduces ongoing operational fragility, particularly where low staffing resilience and very small attendance levels create vulnerability in service continuity.
- Avoids investment in a model for which there is currently no evidenced and costed viability plan.
- Clarifies that the Council's duty is to assess and meet eligible needs, not to maintain a specific building-based service, which supports a more flexible and legally robust approach to meeting need.

#### **Disadvantages / risks**

- Loss of the only building-based older people's day service in Ludlow, with no like-for-like alternative locally.
- Risk of adverse impact on current attendees, particularly people with dementia, physical frailty, mobility impairment, or personal care needs, for whom alternative provision may not be practically equivalent or accessible.
- Risk of reduced respite for unpaid carers, with consequent pressure on carer wellbeing, sustainability of caring arrangements, and increased risk of carer breakdown without identified mitigation.
- Risk of displaced demand and cost pressures elsewhere in the system, including crisis intervention, emergency respite, and earlier admission to residential or nursing care.
- Transition risk, including distress, disruption to routine, disengagement from support, or gaps in care if reassessment and alternative arrangements are not implemented in a timely and person-centred way.
- Risk that anticipated savings are lower than expected, if some costs remain, transition costs arise, or needs reappear in other forms elsewhere in Adult Social Care.
- Impact on current self-funders, who may experience disruption to existing arrangements and difficulty identifying suitable alternative provision locally.

### **Potential mitigations**

- Before implementation of any closure decision, each current attendee would be offered an individual Care Act assessment or reassessment. Where there is an unpaid carer who appears to have needs for support, a carer's assessment would be offered. Where relevant, a financial assessment would also be offered.
- Transition planning would need to be person-centred and should not assume that ordinary community provision is a like-for-like replacement for Helena Lane.
- Particular regard would need to be given to people with dementia, physical frailty, mobility impairment, personal care needs, and those affected by rural transport barriers.
- Alternative arrangements may include direct payments, personal assistants, commissioned care and support, supported access to community opportunities, transport support, or other lawful and suitable means of meeting eligible needs.

### **Option 2 – Maintain current reduced service (status quo)**

Description: Continue limited provision with no material change.

Advantages:

- Avoids immediate disruption to existing attendees.
- No additional investment required.

Disadvantages / risks:

- Does not address low utilisation;
- Does not respond meaningfully to consultation feedback;
- Likely continued decline and repeat of closure debate.
- Continued high level average costs for care delivery

Mitigations:

- Advertisement of the service locally to encourage further participation.
- Review of staffing hours to enable more attendees.
- Review of fees and charges structure

### **Option 3 – Stabilise and redesign the Helena Lane Day Service**

Description: Retain Helena Lane Day Service, with targeted redesign to aim to restore viability and maximise preventative value.

Core elements could include:

- Re-establishing reliable access (including transport solutions), although full costs recovery would apply;
- Reviewing the charges and fees on to reflect individual need.
- Reviewing operating hours and referral pathways;
- Actively promoting the service locally (GPs, social work teams, carers);
- Maximising use of bathing, respite and dementia-specific support;
- Exploring complementary use of the building that does not undermine the core service.

Advantages:

- Responds directly to consultation feedback;
- Supports carers
- Retains local provision;
- Reduces legal risk by demonstrating genuine consideration of alternatives.

Disadvantages / risks:

- There is no sufficiently developed or evidenced redesign proposal at this stage which credibly demonstrates how the present financial gap would be closed within a reasonable timeframe.
- The current attendee cohort appears to present with higher levels of need than the charging model assumes, including needs that can reduce the number of people who can safely be supported at any one time.
- If the service were re-modelled around a higher-needs cohort, the fee structure would likely need to increase materially to reflect the true cost of delivery, which raises a substantial affordability and marketability risk, particularly for self-funders.
- There is already evidence that the recent increase in fees has further reduced take-up, which limits confidence that further redesign based on higher charges would improve viability.
- Accordingly, while consultees suggested alternatives and redesign ideas, there is not presently a realistic evidential basis on which Cabinet could conclude that redesign would restore viability and Best Value within a reasonable period. There is also a risk that, if redesign were pursued without resolving these issues, the Council would defer rather than resolve the underlying decision and may need to return to Cabinet following further cost and instability.
- Savings are indirect and preventative rather than immediate. There is a risk that, if the redesign does not materially improve utilisation within the review period, Cabinet may need to reconsider the service's future, at which point further consultation may be required.

Mitigation:

- Before this option could properly be recommended, the Council would need a fully developed redesign proposal supported by evidence on demand, cost, staffing model, charging implications, likely take-up, transport/access arrangements, equality impact, and a credible implementation timetable.

## **7. Conclusion and Recommendation**

Option 1 (closure) is recommended as the option most likely to secure Best Value overall, but that recommendation is reached only after consideration of the relevant matters in the round rather than by treating closure as a foregone conclusion. The Council recognises that closure is likely to have material adverse impacts for some people and carers, particularly older people with dementia, older people with physical frailty or mobility impairments, unpaid carers relying on

predictable respite, and people living in rural areas where transport barriers may limit practical access to alternatives. Those impacts have been considered alongside affordability, long-term sustainability, the Council's statutory duties under the Care Act 2014, the Public Sector Equality Duty, and the consultation evidence. The recommendation is not based on cost alone. Rather, it reflects the Council's view, on the current evidence, that the present model is not financially sustainable and that eligible needs can still be met lawfully and proportionately through other mechanisms, including person-centred assessment or reassessment, managed transition planning, and alternative lawful ways of meeting need where those are suitable to the individual. Option 3 has been considered carefully in light of consultation feedback, but it is not currently the preferred option because there is no evidenced redesign proposal which credibly demonstrates that viability could be restored within a reasonable timeframe. In particular, the present cohort appears to have higher levels of need than the historic pricing model assumes; a redesign built around those needs would be likely to require materially higher charges; and there is already evidence that recent fee increases have impacted further on take-up. In those circumstances, on the current evidence base, it is not possible to conclude that redesign would realistically close the financial gap while remaining lawful, deliverable and proportionate. The recommendation further recognises that a proportion of current attendees are self-funders and clarifies that the Council is not under a duty to continue to provide a specific in-house service or to subsidise privately funded care arrangements.

The Council will continue to meet eligible needs under the Care Act 2014 through person-centred assessment or reassessment and managed transition planning. That may include, where appropriate to the individual, direct payments, personal assistants or support workers, supported access to community opportunities, commissioned services, transport support, or other personalised arrangements. These are different mechanisms by which eligible needs may be met lawfully; they are not necessarily like-for-like replacements for Helena Lane as a specialist building-based day service. Any implementation of closure should be conditional on completion, or formal offer and recording, of appropriate individual Care Act assessments, carer's assessments and, where relevant, financial assessments for affected current attendees.

Consultation responses showed strong opposition to closure, particularly regarding respite for unpaid carers, assisted bathing and the lack of a like-for-like alternative in Ludlow. These concerns will need to be addressed through timely assessments or reassessments, supported transition planning, and the development of individual care arrangements that are suitable to the person's level of need. Where a person appears to have needs relating to personal care, hygiene or bathing, those matters must be considered through assessment and may be met in different lawful ways depending on the individual's circumstances. Nothing in this report should be taken as guaranteeing continued access to any particular building-based facility or practical arrangement unless and until that has been specifically determined.

Officers recognise that the proposal may have material impacts for some individuals, particularly older people with dementia, older people with physical frailty or mobility impairments, unpaid carers relying on predictable respite, and people living in rural areas where transport barriers limit practical access to alternatives. Where consultation responses challenge assumptions made in the equality analysis, those points should be expressly addressed by either accepting and correcting the analysis or by explaining clearly, with reasons, why the Council takes a different

view. Any mitigation must therefore be tailored, evidence-based and case specific as part of managed transition planning, rather than relying on unsupported assumptions that alternative provision will be equally suitable or accessible for all affected people.

**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**

<b>Name of proposed service change</b>
Helena Lane Day Service, Ludlow

<b>Name of the officer carrying out the screening</b>
Daniel Powner

<b>Decision, review, and monitoring</b>
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<b>Decision</b>	<b>Yes</b>	<b>No</b>
Initial (Stage One) ESHIA Only?	Yes	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		No

<b>Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations</b>
<p>The proposal concerns the future of Helena Lane Day Service in Ludlow, an older people’s day service providing structured day support, meaningful activity, personal care including assisted bathing, and respite for unpaid carers. A business case should consider closure of the service, continuation of the current reduced model, or stabilisation and redesign.</p> <p>Following the public consultation about this proposal, and on the feedback received and the evidence currently available, it remains the case that the original proposal as it stands is considered likely to have a negative equality and social inclusion impact, particularly for current service users, if the service is closed. In order to ensure their 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 of 27 responses received. Whilst this number is low, the Council has also considered evidence including demographic data in regard to current and projected need for a service of this type within South Shropshire, recognising the importance of making decisions based upon all the information currently available including likely equality impacts now and into the future.</p> <p>In regard to the nine Protected Characteristic groupings to which we are asked to give ‘due regard’ in our decision making processes under the Equality Act 2010, the groupings that will be particularly affected if there is closure of the service are those of Age and Disability. Those who attend the service are older people, people</p>

with disabilities including people living with dementia and people with physical frailty or mobility impairments. These impacts may intersect, for example where an older person with a disability is also supported by an older carer in a rural area and may thus also bring in the local groupings to which we give additional consideration as a matter of good practice, including carers. In relation to Helena Lane, the consultation feedback strengthens that assessment: 90% of respondents who expressed a view opposed the proposed closure, 77% said they would be affected “a lot”, and 68% said travel to alternatives would be very difficult. This supports the view that likely adverse impacts are particularly concentrated on older people and those with disabilities.

A further grouping where impacts are likely to be adverse is our local grouping of Carers, bringing in unpaid carers who may be across a number of groupings. We are not obliged to consider this grouping under the Equality Act, as is also the case with our local grouping of Social Inclusion, where we consider impacts for people in regard to their household circumstances. This includes rural households who in rural South Shropshire may face practical barriers to accessing alternatives. At this stage, no specific differential impact is evidenced in relation to the other Equality Act groupings, ie Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, or Sexual Orientation. The current assessment is also neutral for the further two local groupings of Veterans and Serving Members of the Armed Forces and their Families, and Care Leavers.

No clear positive equality impact has been identified at this stage for existing and potential future service users, based on a closure of the existing provision. Initial actions to mitigate likely adverse impacts include offering and undertaking individual assessment or reassessment under the Care Act, carers’ assessments where relevant, financial assessments where relevant, managed transition planning, and case by case consideration of suitable alternative arrangements, including access issues, rather than assuming that generic community provision will be suitable for all. This is a screening assessment based on the current evidence and will need to remain aligned with the detailed table in section B and any further evidence arising through decision-making and ongoing engagement.

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

The proposal is likely to have a negative health and wellbeing impact for some current Helena Lane attendees and their carers. The evidence indicates that Helena Lane currently provides structured day support, social interaction, meaningful activity, personal care including assisted bathing, and respite for unpaid carers. Consultation responses state that the service helps some people to maintain wellbeing, dignity and routine, and helps carers to continue caring at home. On that basis, closure may adversely affect some individuals’ wellbeing, independence, social participation, access to personal care arrangements, and continuity of support, particularly for older people living with dementia, older

people with physical frailty or mobility impairments, and people whose health and wellbeing are affected by disruption to familiar routines. The Helena Lane consultation feedback also supports the view that closure may have adverse effects on mental wellbeing, social connection and continuity for some individuals. Respondents described the service as supporting companionship, stimulation, routine and a sense of safety, and raised particular concern about the effect of change on people living with dementia, people who tire easily, and people whose wellbeing depends on access to familiar staff, surroundings and structured support.

For carers of existing service users, there is also potential for negative impact on carers' mental wellbeing, stress levels and ability to sustain their caring role, particularly where respite is reduced or lost. The consultation evidence also suggests that increased travel to alternative provision may reduce the practical value of respite for carers, because time spent travelling may materially reduce the limited period during which carers are able to attend to their own wellbeing, daily living tasks or other responsibilities.

For the wider community, there is a risk that unmet need or carer breakdown could contribute to increased pressure on health and social care services, although the scale of that impact cannot be quantified on the current evidence. Initial actions to mitigate likely adverse impacts include individual assessment or reassessment under the Care Act, carers' assessments where relevant, managed transition planning, consideration of personal care, bathing, supervision, and access needs on a case-by-case basis, and support to identify suitable alternative arrangements where these are appropriate.

This is an initial screening assessment and should remain aligned with the health and wellbeing ratings recorded in section B.

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

If a decision is taken to proceed with closure of Helena Lane, the council will keep equality, social inclusion and health impacts under active review through implementation and transition planning. Monitoring arrangements would include completion and recording of individual Care Act assessments or reassessments where accepted for current attendees, carers' assessments where relevant, and review of whether identified needs relating to respite, personal care, bathing, supervision, and access are being met through suitable alternative arrangements.

The Council's position is that alternative arrangements may be suitable for some people, but suitability cannot be assumed in the abstract and must be determined through individual assessment, reassessment, carer's assessment, transition planning, and consideration of transport, supervision, personal care, cognition, dignity and rural access on a case-by-case basis.

Particular attention would need to be given to people most likely to experience adverse impact, including older people, people living with dementia, people with physical frailty or mobility impairments, unpaid carers, and people living in rural areas where travel and access barriers may be greater.

In the case of Helena Lane, this review should build upon the public consultation feedback to seek to further research and identify whether alternative arrangements are accessible in practice for people in Ludlow and the wider South Shropshire area, including whether journey length, rural transport limitations, fatigue, mobility needs, dementia-related distress or the erosion of respite time mean that alternatives are less workable than they appear in principle. The Council would also continue to review consultation feedback alongside any further evidence arising from transition activity, including whether any groups appear to have been less well represented and whether further targeted engagement is required.

Ongoing monitoring should include feedback from affected individuals and carers, liaison with local councillors and relevant partners, and review of any emerging pressures on health and social care services or evidence of unmet need. This should be undertaken at key points during transition and implementation, rather than treated as a one-off exercise, so that mitigation can be adjusted where evidence shows that impacts are different from those initially anticipated.

For all affected groups, mitigation should not assume that generic community provision will be suitable for everyone. Suitability would need to be considered on a case-by-case basis, particularly for older people, disabled people including people living with dementia, people with physical frailty or mobility impairments, and unpaid carers whose wellbeing depends on meaningful respite. The Council can mitigate some negative effects through person-centred assessment, timely care planning, clear communication, and continued engagement with affected individuals and carers during implementation. The Council can also influence how far transport barriers, rurality, and the practical impact of travel time are taken into account when identifying alternatives.

#### **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**

On the evidence currently available, no specific climate change impact can be concluded. In economic and societal terms, the proposal may have a negative impact for some individuals, carers and the wider Ludlow and South Shropshire

community because Helena Lane is a local service and its closure would remove a building-based day support offer from the town. The evidence indicates that there is no comparable older people's day service in Ludlow itself, and that travel to alternative provision may be difficult for some people, particularly where rural transport barriers apply. There may also be wider societal effects if the loss of a preventative service contributes to carer breakdown, crisis presentations, or increased reliance on other health and social care services, although the scale of those effects cannot be quantified on the current evidence.

However, if no change is made, the current reduced model is likely to continue to experience low utilisation and poor financial performance, resulting in repeated short-term decisions and renewed closure proposals. This would prolong uncertainty for service users, carers and staff, while increasing the risk that access barriers (particularly transport and rurality) continue to suppress attendance and that avoidable pressures emerge elsewhere in the system through carer breakdown and crisis escalation.



There would be likely workforce implications arising from closure through the removal of the current in-house service model, although this ESHIA should avoid making assumptions beyond the formal workforce processes that would apply. In human rights terms, the principal issues to keep under review are dignity, autonomy, family life, access to care and support, and fair, lawful and person-centred decision-making for affected individuals. Monitoring arrangements should therefore include review of the Climate Change Appraisal, continued consideration of rural access and transport issues, feedback from affected individuals and carers, monitoring of any emerging pressures or displaced demand elsewhere in the system, and review of whether transition arrangements are operating lawfully and proportionately for those affected.

**Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<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

**Sign off at Stage One screening stage**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
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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**

Helena Lane Day Service is an older people's day service in Ludlow. It currently provides structured day support, social interaction and meaningful activity, together with personal care including assisted bathing, and respite for unpaid carers. Over a period of years, the service has reduced from a fuller model to half-day provision for three days per week. Council-funded transport has been withdrawn and staffing capacity has reduced. The service is currently operating at very low utilisation. Five people were using the service across the three operating days, with a small waiting list of three people, although future attendance from the waiting list could not be assumed. Current attendance data recorded shows no attendance on Monday or Friday, four attendees on Tuesday, two on Wednesday, and four on Thursday, with a majority of current attendees being self-funders.

The purpose of the service change is to determine the future of Helena Lane in the context of severe financial pressures, Best Value duties, current underutilisation, and the need to ensure that the Council continues to act lawfully in meeting eligible needs under the Care Act 2014. The business case must have regard to the Council's statutory duties under the Care Act 2014, including prevention and support for carers, the Public Sector Equality Duty, consultation requirements, and the need to ensure that eligible needs continue to be met lawfully and proportionately through person-centred assessment, reassessment and transition planning.

The business case considered the following three options:

- Option 1: Close the service.
- Option 2: Maintain the current reduced service (status quo).
- Option 3: Stabilise and redesign the service to improve access and utilisation while retaining its specialist preventative role

After consideration of the options and the consultation feedback, the reasons for the proposed change, which is to close the service, include sustained low utilisation of the current model, a mismatch between the fixed and semi-fixed costs of maintaining an in-house service and the number of people currently attending, and the need to consider whether the present model remains financially sustainable and represents Best Value. The forecast running cost for 2026/27 is £194,320, with forecast income of £24,582 and a net cost of £169,738, excluding building costs. At May 2026 utilisation levels, the average cost per attendance day

is high. Current utilisation should not automatically be treated as evidence of no demand, because current attendance may have been affected by historic service changes including reduced days, reduced hours, withdrawal of transport, reduced staffing capacity and service disruption.

Consultation responses showed clear and sustained opposition to closure, especially from service users, carers and others who said that Helena Lane supports dignity, routine, social contact, respite and the ability to continue caring at home. In relation to Helena Lane, 90% of respondents who expressed a view opposed the proposed closure, 77% said they would be affected “a lot”, and 68% said travel to alternatives would be very difficult. The evidence also states that there is no comparable older people’s day service in Ludlow itself, and that travel to alternative provision may be difficult for some people, particularly where rural transport barriers apply. Consultation responses also indicate that many respondents consider alternatives outside Ludlow difficult to access in practice because of travel distance, fatigue, mobility limitations and the reduced value of respite where a significant part of a short session would be lost to transport. The ESHIA therefore needs to be read alongside a business case as part of the Council’s effort to identify likely equality, social inclusion and health impacts, to consider those impacts conscientiously, and to ensure that any final decision is supported by lawful mitigation, individual transition planning and ongoing review.

#### **Intended audiences and target groups for the service change**

Intended audiences and target groups include current Helena Lane attendees; their families, unpaid carers and advocates; people who may require similar older people’s day support in future within Ludlow and the wider South Shropshire area; Council staff involved in delivering or managing the service; Adult Social Care practitioners involved in assessment, reassessment, care planning and transition planning; and local voluntary, community and health partners who may have a role in supporting alternative arrangements for affected individuals.

The proposal is also relevant to local elected councillors because of their community leadership role and because consultation responses indicate significant local interest and concern. Wider interested parties may include local residents and community stakeholders in Ludlow and South Shropshire, particularly given the evidence that there is no comparable older people’s day service in Ludlow itself and that rural transport and access issues are material to the assessment of impact.

According to the Census from 2021 there were 3,923 people aged over 65 in Ludlow North, Ludlow South and Ludlow East. 27 respondents to the consultation specifically referenced Helena Lane Day Service.

Census and ONS age data suggests it shouldn’t be assumed that because fewer people are using the service, fewer people need it. Shropshire has a significantly higher older population than the rest of England that is not marginal, whilst the

locality around Ludlow is on average generally older. The absolute number of people aged 65 and over is high and rising and the ONS projections show this trend will intensify, not reverse. However, it does not necessarily mean that any of those people will need Helena Lane Day Services or that this is high demand for the specific service such as a traditional day service in this area.

### **Evidence used for screening of the service change**

Evidence used for this screening includes consultation material and consultation feedback, current service information on attendance, waiting list and staffing, and financial information for 2026/27 on running costs and income. Demographic and needs evidence relevant to older people's day support in Shropshire and South Shropshire, including Census 2021 information, Shropshire population profile information, Office for National Statistics population projections, and dementia prevalence information, has been used to assess the distinction between utilisation and underlying need, the likely effects on current attendees and carers, and the potential implications of closure, continuation of the current reduced model, or redesign.

The evidence has assisted the service area to identify the proposed service change by showing that Helena Lane is currently operating at very low utilisation, with high average unit costs, but also that current attendance should not automatically be treated as evidence of no demand because the service may have been affected over time by reduced days, reduced hours, withdrawal of transport, reduced staffing capacity and service disruption. The evidence also identifies relevant legal and policy context, including the Council's duties under the Care Act 2014, the Public Sector Equality Duty, consultation requirements and Best Value obligations. Taken together, this material has enabled the service area to assess both the financial and operational case for change and the likely equality, social inclusion and health impacts if the service were to close.

This screening has been completed following consultation. Consultation responses showed clear and sustained opposition to closure, particularly from service users and unpaid carers, and highlighted concerns about loss of respite, assisted bathing, dignity, routine, dementia-specific support, the lack of a comparable service in Ludlow, and rural transport barriers affecting access to alternatives. For Helena Lane specifically, the consultation report also provides quantified evidence relevant to this screening, including that 90% of respondents who expressed a view opposed the proposal, 77% said they would be affected "a lot", and 68% said travel to alternatives would be very difficult. The consultation material also provides qualitative evidence about likely impacts on dignity, routine, mental wellbeing, assisted bathing, respite and rural accessibility. The consultation evidence has informed the assessment of likely impacts.

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

Consultation on the future of Helena Lane Day Service was approved by Cabinet on 21 January 2026 and took place over an eight-week period ending on 26 March 2026. The consultation related to the potential closure of Helena Lane Day Service. Specific intended audiences included current people using the service, their families and unpaid carers, staff and professionals with direct knowledge of the service, local residents and other interested parties.

A range of consultation and engagement methods was used. All current service users were contacted directly rather than relying solely on general public notices or online channels. Written letters were issued, including follow-up correspondence when the Cabinet timetable changed. Consultation documents were made available in Easy Read formats where appropriate. People were able to respond through online surveys, written responses, one-to-one conversations where requested, and meetings and discussions facilitated with councillors and officers, including locality-based engagement reflecting community concerns.

These arrangements were intended to reduce the risk of digital exclusion and to support the participation of people who might otherwise be less able to engage. Advocacy support was available to help individuals and families understand the consultation process and their options, particularly where people may have difficulty engaging independently. Current attendees and, where relevant, their unpaid carers were advised in writing of their right to request a Care Act needs assessment, a carer's assessment and, where applicable, a financial assessment. Consultation responses 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. A significant proportion of respondents were carers of people with dementia or complex physical needs.

In addition to consultation feedback, the screening has been informed by wider demographic and needs evidence, including Census 2021 information, Shropshire population profile information, Office for National Statistics population projections and dementia prevalence information relevant to older people's support in Shropshire and South Shropshire.

The consultation received 27 specific responses regarding Helena Lane. The consultation evidence showed clear and sustained opposition to closure and highlighted concerns about respite, assisted bathing, dignity, routine, dementia-specific support, rural transport barriers and the lack of a comparable service in Ludlow. For Helena Lane, the consultation feedback showed particularly strong concern about the proposed closure. Respondents repeatedly referred to the service's role in supporting older people with dementia, frailty or mobility-related needs, and in providing carers with meaningful respite in a local setting. The consultation also highlighted concern that alternatives outside Ludlow may not be realistically accessible for everyone affected, particularly in light of rurality and travel time. The service area will continue to consider this feedback alongside any further engagement required during transition planning and implementation. There has been liaison with councillors and officers through locality-based engagement, and ongoing monitoring will need to take account of feedback from affected individuals and carers and any further evidence about access to suitable alternative arrangements.

**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.*

<b>Protected Characteristic groupings and other groupings locally identified in Shropshire</b>	<b>High negative impact</b> <i>Stage Two ESHIA required</i>	<b>High positive impact</b> <i>Stage One ESHIA required</i>	<b>Medium positive or negative impact</b> <i>Stage One ESHIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Stage One ESHIA required</i>
<p><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)</p>			<p>Likely adverse impact is concentrated on older people because Helena Lane is an older people's day service and closure could affect access to routine, social contact, meaningful activity, respite and local support. No specific differential impact is evidenced for children, young people, young carers, young people leaving care or people of working age beyond the</p>	

			position reflected elsewhere in this table.	
<p><b><u>Disability</u></b>          (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 disease; physical and/or sensory disabilities or impairments)</p>			<p>Likely adverse impact for people with disabilities, particularly people living with dementia and people with physical frailty, mobility impairments or other disabilities affecting access, routine, personal care or social participation, because the service provides structured support, social contact, personal care including assisted bathing, and local accessible support.</p>	
<p><b><u>Gender re-assignment</u></b>          (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				<p>No specific differential impact is evidenced in relation to gender reassignment, including associated issues of safety, caring</p>

				responsibility, bullying or harassment, on the information currently available.
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				No specific differential impact is evidenced in relation to marriage or civil partnership, including associated caring responsibilities or risks of bullying or harassment, on the information currently available.
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				No specific differential impact is evidenced in relation to pregnancy or maternity, including associated issues of safety, caring responsibility, bullying or harassment, on the information currently available.

<p><b><u>Race</u></b>          (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)</p>				<p>No specific differential impact is evidenced in relation to race, including ethnicity, nationality, culture, language, or Gypsy, Roma and Traveller communities, on the information currently available.</p>
<p><b><u>Religion or Belief</u></b>          (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)</p>				<p>No specific differential impact is evidenced in relation to religion or belief on the information currently available.</p>
<p><b><u>Sex</u></b>          (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				<p>No specific differential impact is evidenced in relation to sex, including associated issues of safety, caring responsibility, bullying or harassment, on the information currently available.</p>

<p><u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>				<p>No specific differential impact is evidenced in relation to sexual orientation, including associated issues of safety, caring responsibility, bullying or harassment, on the information currently available.</p>
<p><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)</p>			<p>Possible adverse impact for people in rural households, people facing transport barriers, those on low income, social isolation, vulnerability, health inequalities or other overlapping disadvantage, because access to alternatives may be more difficult in practice and there is no like for like older people's</p>	

			day service in Ludlow.	
<u>Other: Carers</u> (please include families and friends with caring responsibilities)			Likely adverse impact as for Social Inclusion	
<u>Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)</u>				No specific differential impact is evidenced for veterans, serving members of the armed forces or their families on the information currently available.
<u>Other: Young people leaving care</u>				No specific differential impact is evidenced for young people leaving care. Helena Lane is an older people's day service and this grouping is not identified on the current evidence as specifically affected.

**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.*

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b></p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			<p>Likely adverse impact for some current attendees, particularly older people living with dementia and people with physical frailty or mobility impairments, because closure may disrupt routine, social contact, meaningful activity, dignity, personal care arrangements including assisted bathing, and continuity of familiar support.</p>	
<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			<p>Likely adverse impact because loss of a local structured service may reduce opportunities for social participation, routine, stimulation and supported wellbeing, and may make it harder for some individuals to maintain independence and for carers to sustain their own wellbeing.</p>	

<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></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>Likely adverse impact in Ludlow and wider South Shropshire because closure would remove a local building-based older people's day service and may worsen the practical effects of rurality, transport barriers, social isolation and reduced access to local preventative support.</p>	
<p><b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b></p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			<p>There is likely to be some adverse effect on access to support and possible increased demand on health and social care services if unmet need, carer stress or breakdown, or loss of preventative support leads to greater reliance on other community, primary, mental health or social care services.</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"> <li>• Socio-Economically Deprived</li> <li>• Geographic Deprivation (inc. Rurality) – <i>if so, where?</i></li> <li>• Inclusion Health &amp; Vulnerable Groups<sup>1</sup></li> <li>• Other</li> </ul>	<p>The groups most likely to experience adverse impacts are current Helena Lane attendees and their unpaid carers, particularly older people, disabled people including people living with dementia, and people with physical frailty or mobility impairments in Ludlow and the wider South Shropshire area. The evidence indicates that the proposal may also have wider inequality impacts for people living in rural areas, where distance, limited transport options and longer journey times may reduce practical access to alternative provision. These factors may disproportionately affect people who are older, on lower incomes, less able to travel independently, or already at risk of social isolation. In inclusion health and wider social inclusion terms, the proposal is most relevant where vulnerability overlaps with age, disability, caring responsibility, rurality, low income, or limited access to services. On the current evidence, the Council can reasonably identify a likely risk of increased inequality for people who rely on a local, accessible and familiar service to maintain routine, social contact, dignity, personal care arrangements and respite. This includes the risk that some people may lose effective access to support in practice, even where an alternative may exist in theory.</p> <p>The most relevant geographical locations are Ludlow and the wider South Shropshire area, where consultation and screening evidence identify particular concerns about rurality, transport barriers and travel time to alternative provision. The Council can control the completion of individual assessment or reassessment, carers' assessments where relevant, transition planning, and the identification of suitable alternative arrangements. The Council can influence how clearly information is communicated, how far transport and access issues are considered in decision-making, and how far ongoing engagement helps identify unmet need during implementation. Some wider factors may be outside the Council's direct control, including the availability, location and accessibility of alternative community or market provision, individuals' personal transport arrangements, and whether wider rural isolation or deprivation increases the practical impact of the service change.</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>Mitigation already in place or planned includes direct written communication with current attendees and, where relevant, their unpaid carers; the availability of advocacy support to help people understand the process and their options; and the formal offer of individual Care Act assessments or reassessments, carers' assessments and financial assessments where relevant. If a decision is taken to proceed with closure, mitigation would include the offer of tailored advice and information, and where needs are assessed, managed transition planning, with specific consideration of needs relating to respite, personal care, bathing, supervision, routine, dignity, mobility, cognition and access.</p> <p>For all affected groups, mitigation should not assume that generic community provision will be suitable for everyone.</p>

	<p>Suitability would need to be considered on a case-by-case basis, particularly for older people, disabled people including people living with dementia, people with physical frailty or mobility impairments, and unpaid carers whose wellbeing depends on meaningful respite. The Council can mitigate some negative effects through person-centred assessment, timely care planning, clear communication, and continued engagement with affected individuals and carers during implementation. The Council can also influence how far transport barriers, rurality, and the practical impact of travel time are taken into account when identifying alternatives.</p> <p>Where suitable to the individual, alternative arrangements may include other ways of meeting eligible needs, such as direct payments, personal assistants or support workers, commissioned services, or supported access to community opportunities. However, the evidence indicates that there is no comparable older people's day service in Ludlow itself, and that alternatives outside Ludlow may be difficult to access in practice because of rurality, distance, fatigue, mobility limitations and the erosion of respite time through travel. No digital alternative has been evidenced as a substitute for the day service functions currently provided by Helena Lane. Monitoring should therefore include whether alternative arrangements are accessible and effective in practice, particularly for people in Ludlow and the wider South Shropshire area.</p>
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1- *Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery. Health impacts for this wide grouping will therefore potentially be the same as those recorded under the Social Inclusion category in the equality impact table.*

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