



Cabinet

10th June 2026

Item:

Public

Aquamira Learning Disability Day Service

Responsible Officer:	Natalie McFall		
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Cabinet Member (Portfolio Holder):	Ruth Houghton		

1. Synopsis

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

2. Executive Summary

- 2.1. This report asks Cabinet to determine the future direction of Aquamira Learning Disability Day Service, within the context of the Council's financial emergency and its continuing duties under the Care Act 2014 to meet eligible needs and agreed outcomes. Aquamira is a specialist day service in Shrewsbury for adults with profound and multiple learning disabilities (PMLD) and complex physical, neurological and health-related needs. It is valued for its calm, sensory friendly environment, multi-sensory provision and staff capability to support complex personal care and health interventions. The service operates from a council owned building. The current building-based model includes a hydrotherapy pool which, while valued by some individuals, is not a general requirement for the Council to provide. The NHS Shropshire, Telford and Wrekin Policy 'Value Based Commissioning & Evidence Based Interventions Policy' also states that hydrotherapy is not considered an essential service. Where local provision is not available, patients should receive land-based physiotherapy.
- 2.2. All other activities would continue following the transfer, including creative and sensory sessions; one-to-one and group audio-visual and IT activities; sensory garden activities; active sessions such as percussion, music, seated exercise and outdoor time; independent living activities such as preparing, cooking and eating; life skills and social interaction; interactive storytelling and communication work;

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

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

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

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

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

3. Recommendations

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

Report

4. Risk Assessment and Opportunities Appraisal

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

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

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

4.8. Risk table

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

5. Financial Implications

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

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

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

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

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Aquamira building: closure / asset position and holding costs	Building retained with ongoing utilities, security, compliance checks, and pool liabilities.	£0 additional cost.

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

6. Climate Change Appraisal

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

7. Background

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

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

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

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

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

8. Additional Information

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

9. Conclusions

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

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

List of Background Papers:

Provider Services Redesign in-house

Local Member: Councillor Rosemary Dartnall

Appendices:

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

Appendix 2- Aquamira Business Case

Appendix 3- Day Centres Consultation report April 2026

Appendix 4- Day Centres Consultation Executive Summary

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