

# Aquamira Lane Business Case – May 2026

## 1. Executive summary

### Purpose and Context

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

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

### Consultation and demand headline findings

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

### Options and recommendation.

Four options were considered:

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

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

#### Key risks and safeguards.

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

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

## **2. Case for change**

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

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

Key drivers and objectives are to:

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

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

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

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

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

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

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

### **3. Background and strategic context**

## Strategic drivers

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

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

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

## Local demographics and potential demand for day services of this type

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

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

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

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

## Demand implications

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

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

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

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

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

Service budgeted running costs for 26/27 are:

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

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

### Utilisation

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

Current attendance levels:

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

Staffing:

- 5.6 FTE Day Service Workers
- 0.8 FTE Locality Lead

## **4. Consultation Feedback Overview**

Please see the Consultation feedback report for a more detail.

### The Consultation for Aquamira Day Service -

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

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

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

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

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

### How was the consultation supported?

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

People could engage with the consultation through multiple routes:

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

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

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

#### Who responded

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

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

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

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

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

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

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

## **5. Financial considerations**

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

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

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

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

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

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

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

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

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

## 6. Options appraisal

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

#### Advantages

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

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

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

### **Disadvantages / Risks**

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

### **Mitigations**

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

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

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

### **Advantages**

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

### **Disadvantages / Risks**

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

### **Mitigations**

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

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

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

#### **Advantages**

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

#### **Disadvantages / Risks**

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

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

### **Mitigations**

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

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

#### **Advantages**

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

#### **Disadvantages / Risks**

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

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

### Mitigations

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

## 7. Conclusion and Recommendation

### Conclusion

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

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

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

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

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

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

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

### **Why Option 3 is recommended.**

Having considered the options:

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

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

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

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

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

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

### **Required safeguards / implementation conditions**

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

- 1. Feasibility and readiness assurance:**

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

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

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

**3. Individual care and support plan reviews:**

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

**4. Hydrotherapy mitigation:**

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