

# 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.**

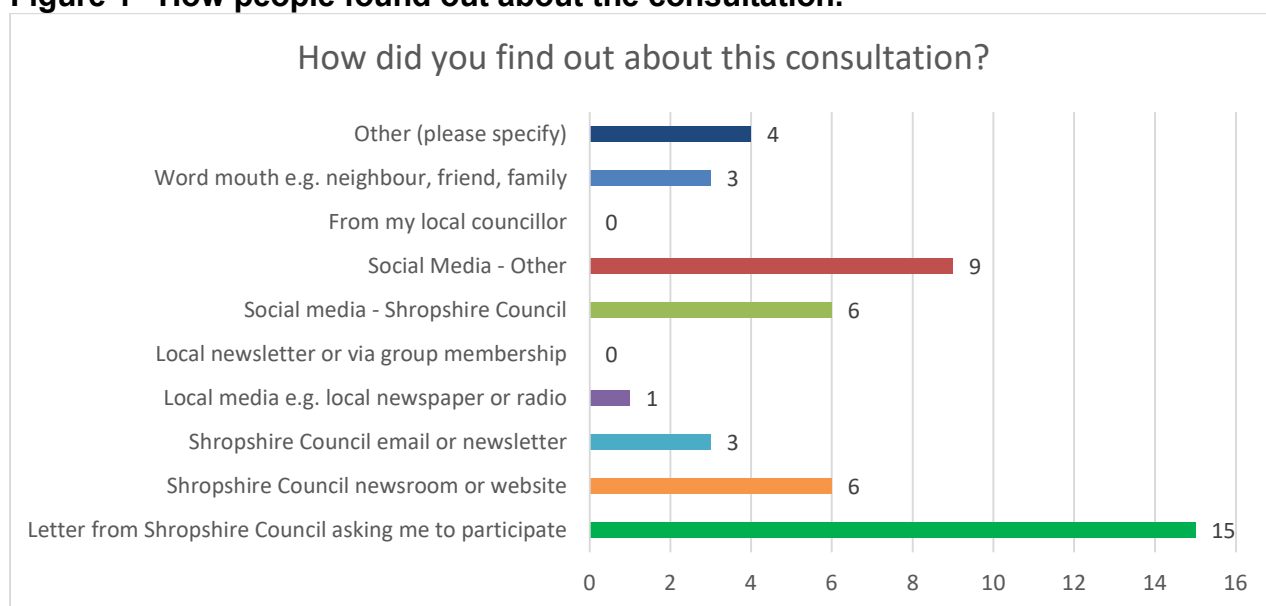


Figure 1 shows that in general 32% (15 responses) of people were asked to participate via a letter from Shropshire Council asking them to engage. This direct approach and other Shropshire Council-based approaches such as newsroom or website and social media from the council has yielded the most responses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

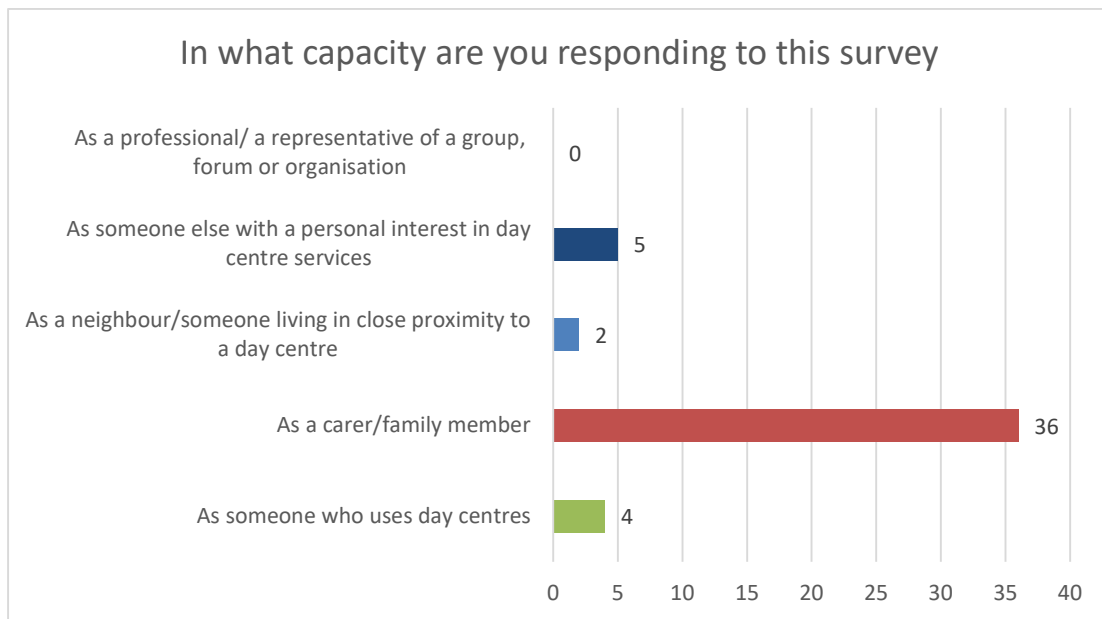


Figure 2 shows that overwhelmingly people were responding as a carer/family member; out of 47 people who answered, 77% answered as a carer or family member. 11%, 5 responses, were from someone else who has a personal interest in day centre services, and 9% (4 responses) were from someone who uses the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

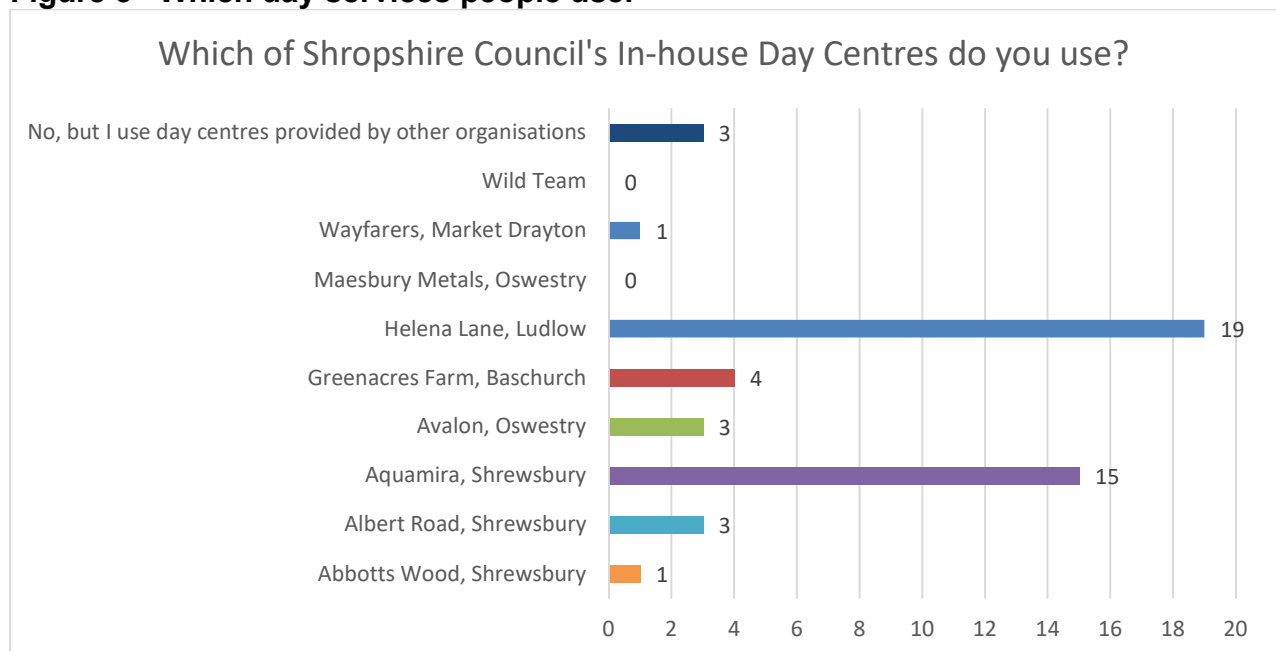
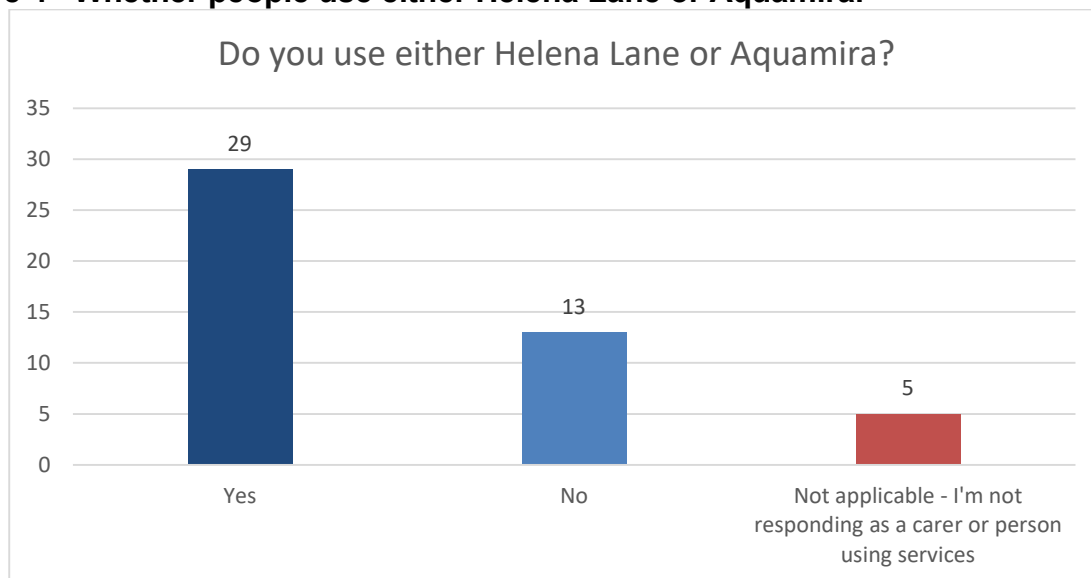


Figure 3 shows that 39% of the 49 respondents attend Helena Lane, Ludlow. Thereafter, 31% used Aquamira. It is useful that the most responses are from the people that the consultation has actively sought out; these are the opinions that will contribute to the final decision on the proposals.

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.**

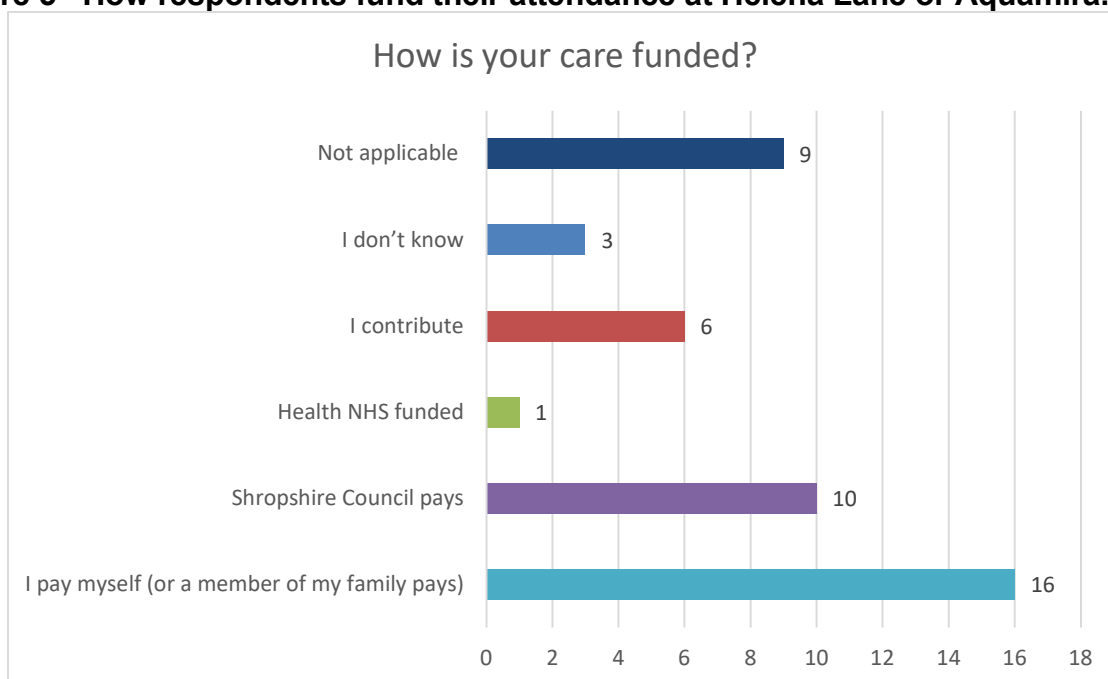


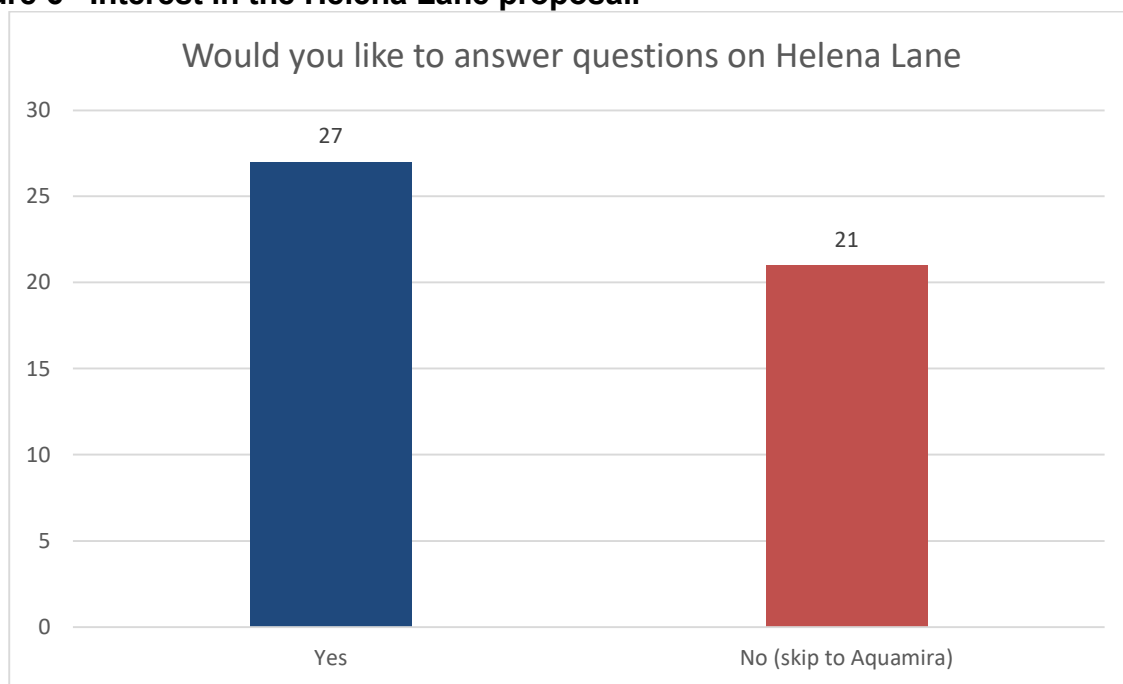
Figure 5 shows that 36% (16 responses out of 45) who use the day centres, pay for themselves (or a member of their family pays). Then 22% (10 responses) answered that Shropshire Council pays, 13% (6 responses) stated that the service user contributes, 7% (3 responses) answered they don't know and 2%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

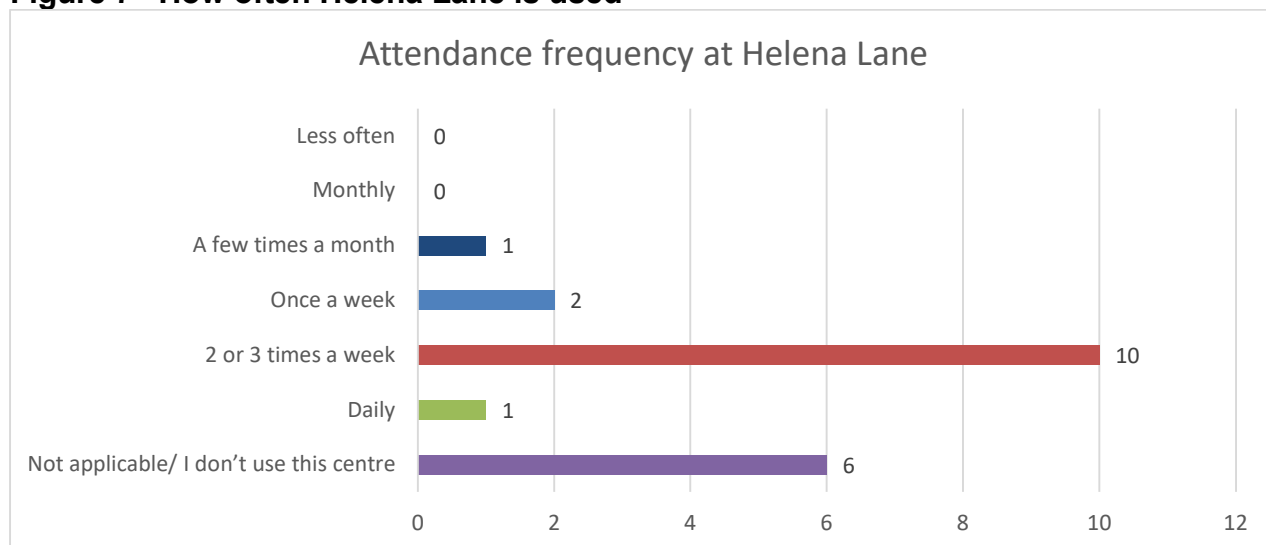


Figure 7 shows that 50% (10 responses) attend 2 or 3 times a week. 10% (2 responses) attend once a week and 5% (1 response) attend a few times a month and daily respectively. 30% (6 responses) of people answered the question was not applicable or that they don't attend the centre. It is helpful to have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

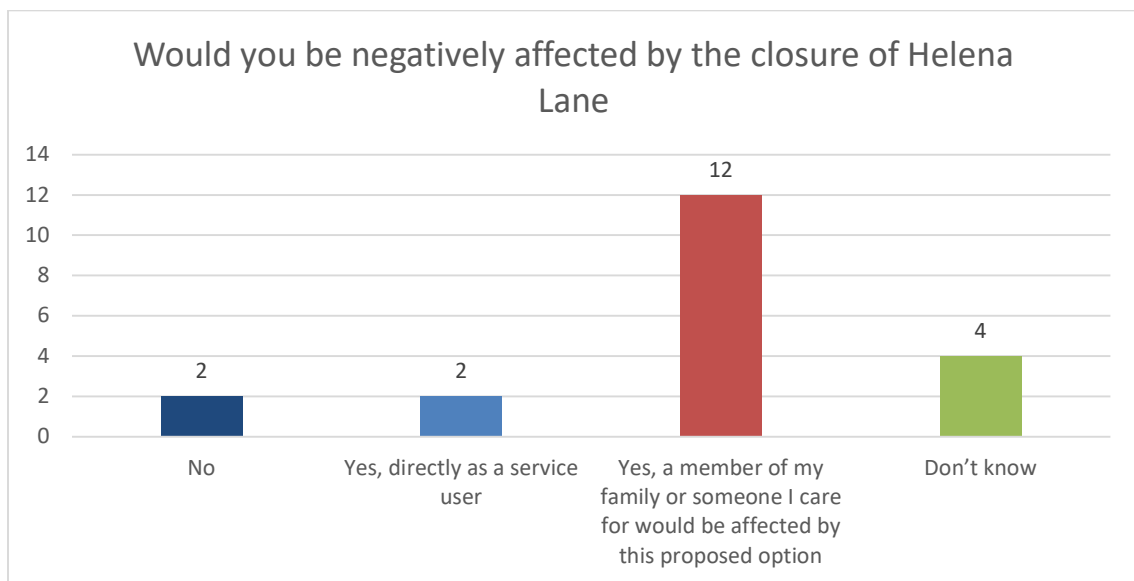


Figure 9 shows that 60% (12 responses) answered that someone they cared for or a member of their family would be affected and 10% (2 responses) answered yes as a direct service user, they would be affected. 20% (4 responses) answered they didn't know and 10% (2 responses) answered 'no'.

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.**

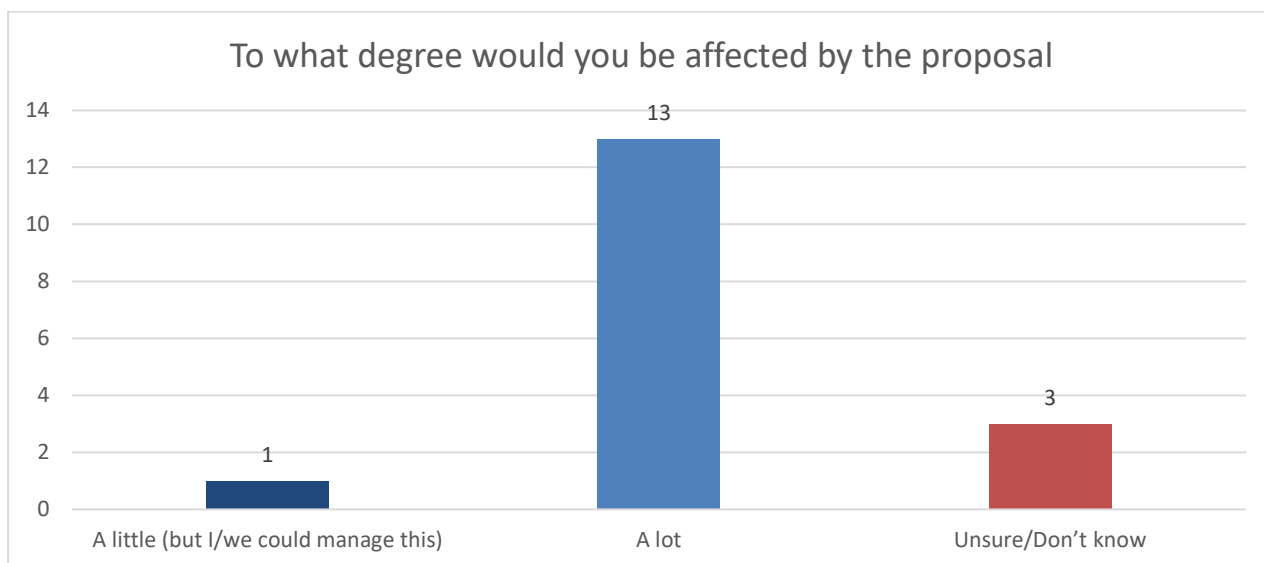


Figure 10 shows that 77% (13 responses) of people would be affected a lot by the proposed closure of Helena Lane, 17% (3 responses) are unsure/don't know and 6% (1 response) answered they would be affected a little, but it would be manageable.

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.**

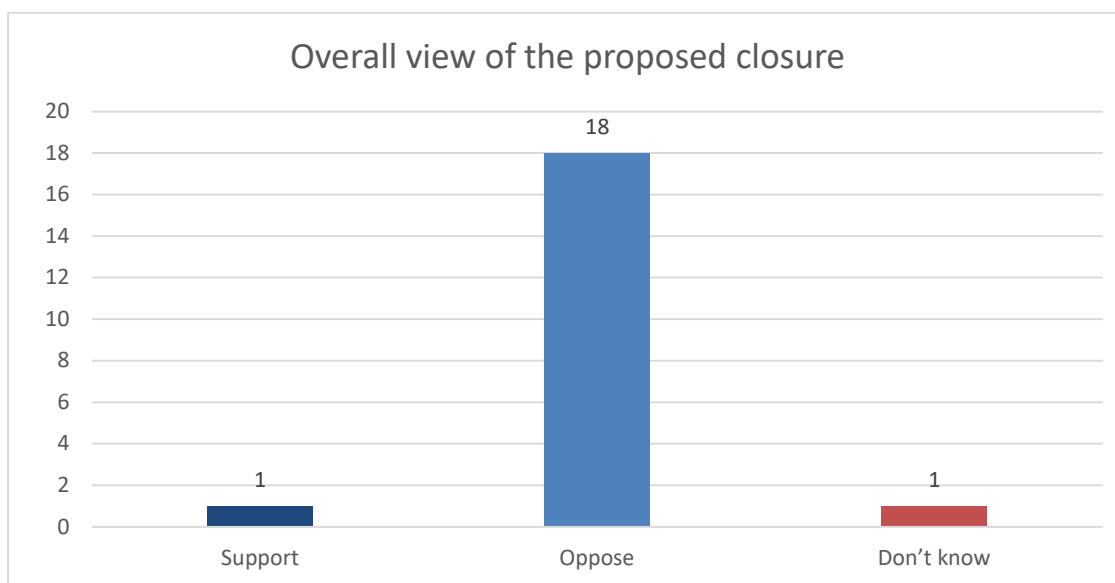


Figure 11 shows that 90% (18 responses) oppose the proposal, with the remaining 10% made up of one response in support and one response that didn't know.

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.*

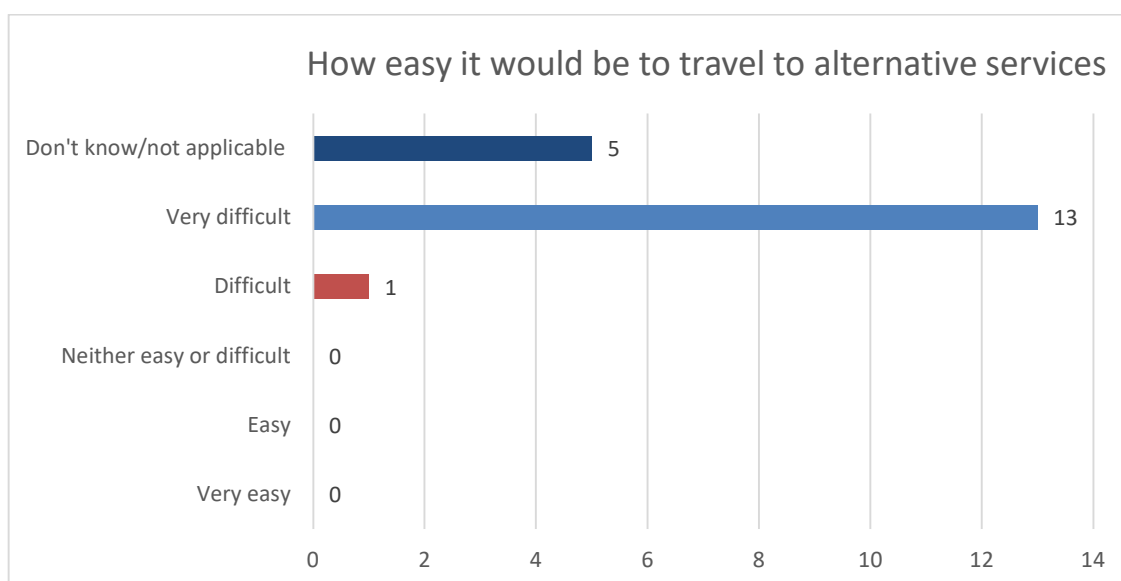
- We are very rural and these services are needed to support those in the area. Travelling to other areas isn't always easy, or an option. This could make a huge difference to someone who relies on this service for either care and/or the respite this provides.*
- Respite. I am totally opposed to the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

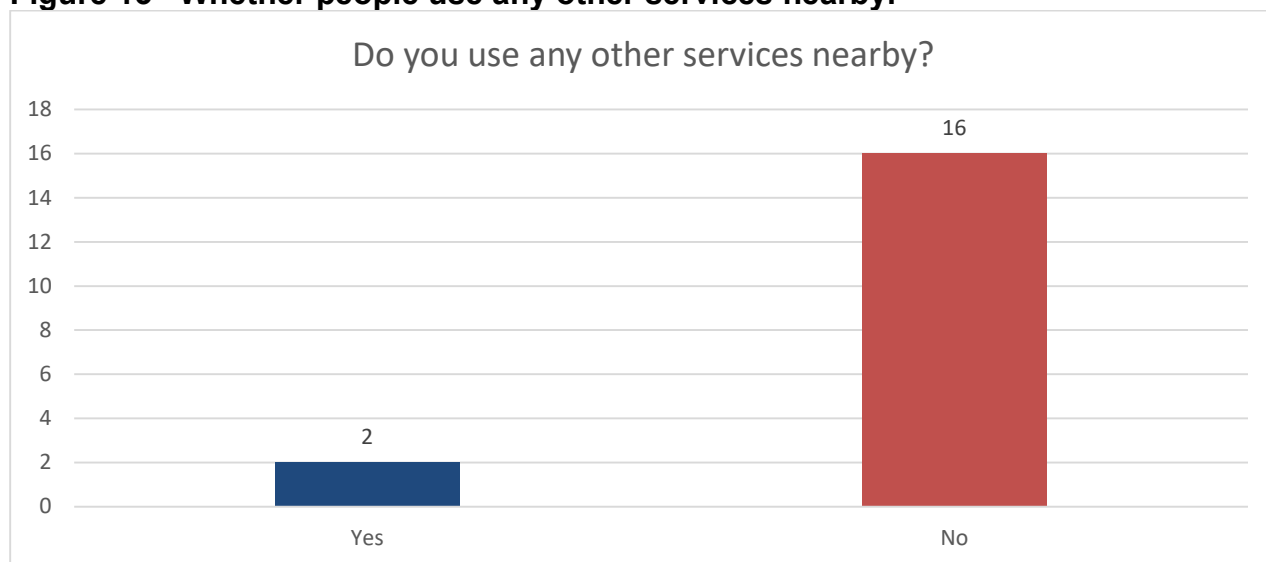
- *No.*
- *No-Helena Lane was built for the purpose of helping and caring for the elderly Helena Lane was left as a legacy to the elderly people of Ludlow.*
- *All services given at the Day Centre in Helena Lane are needed in Ludlow. It is the only Day Centre in Ludlow (which has the highest population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

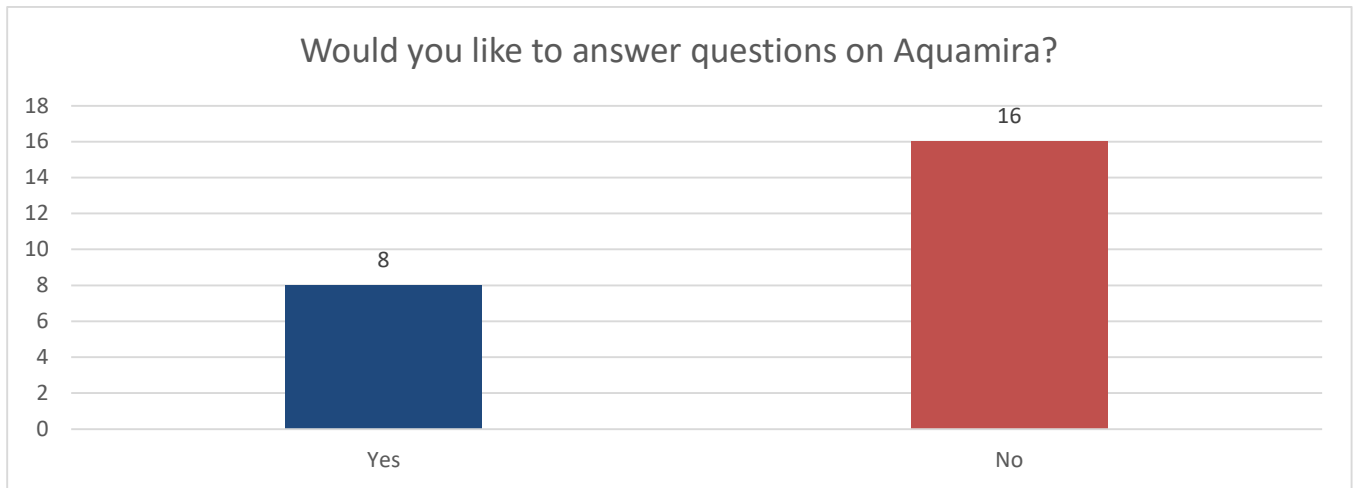
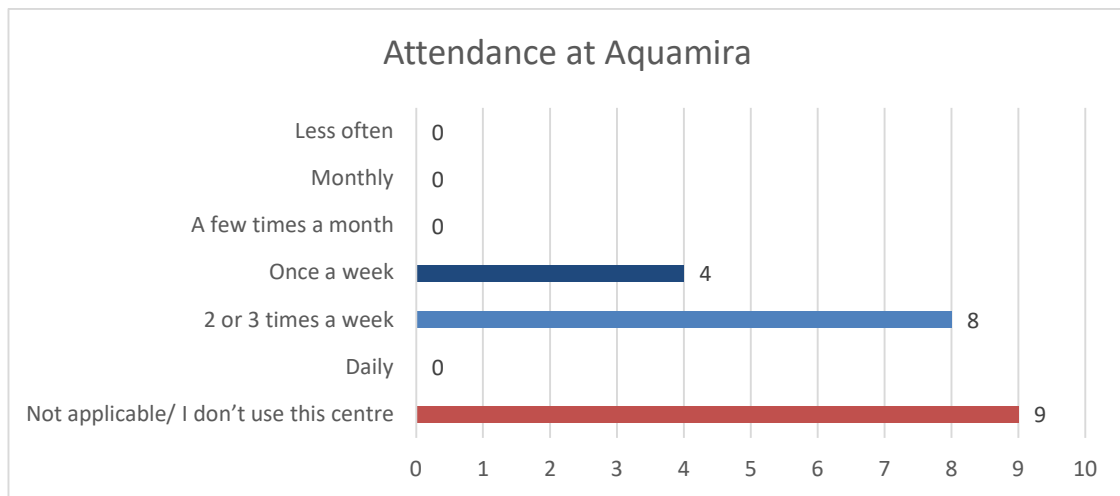


Figure 14 shows that 67% (16 responses) stated they did not want to answer questions on Aquamira and 33% (8 responses) did.

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.

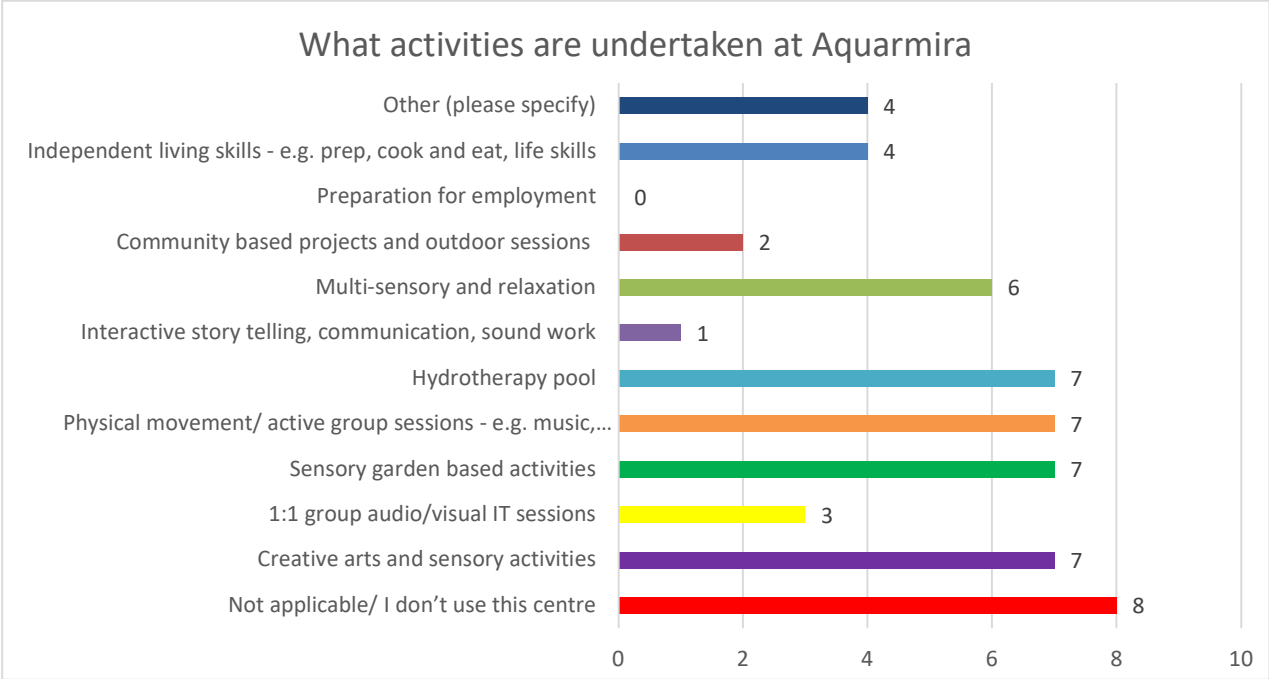
**Figure 15 –How often people attend Aquamira**



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.**



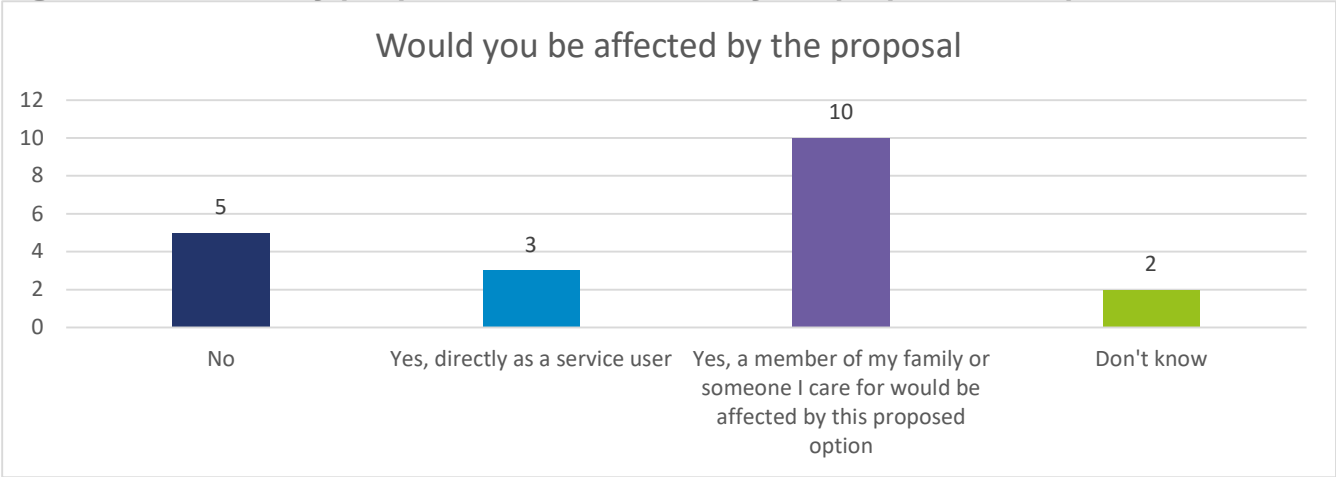
Where people could answer other, they could also specify what other meant. This received 4 responses which are:

- *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.**

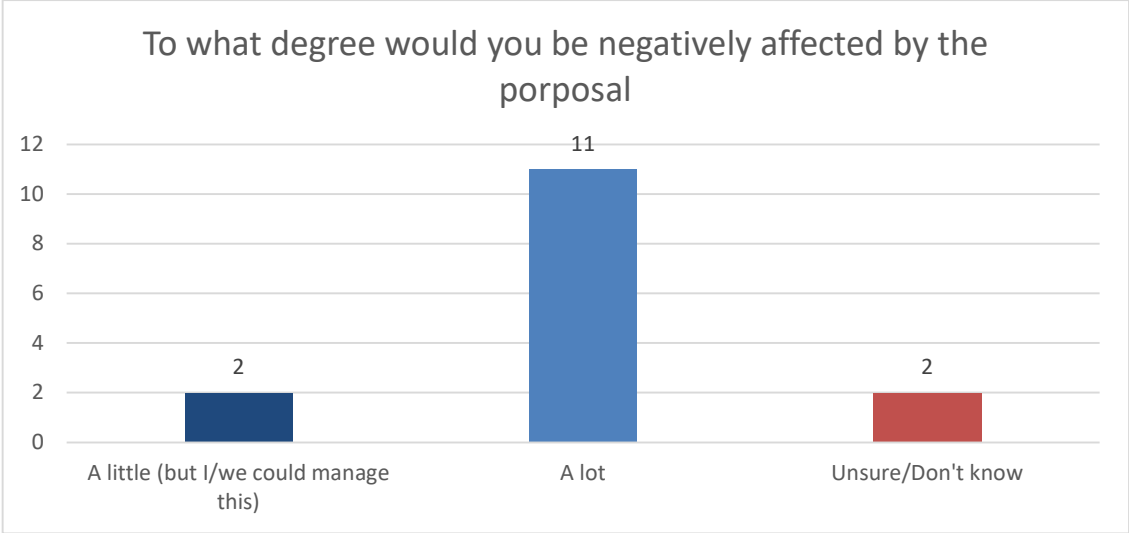


Generally, whether directly as a service user or as a member of family or someone they

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.**

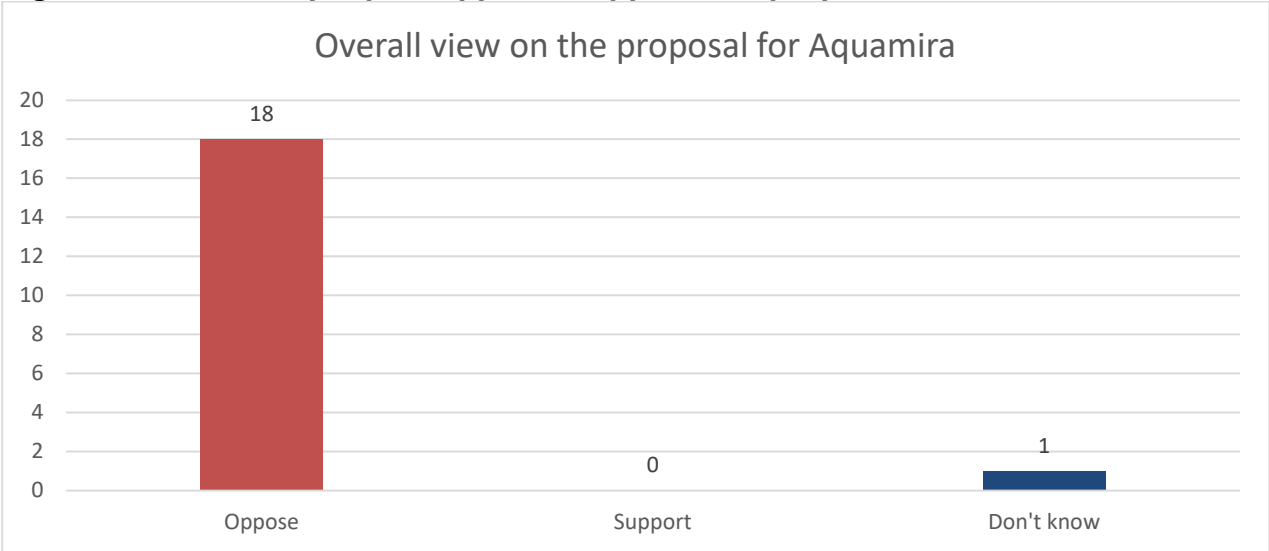


Figure 19 shows that of the 19 people who answered, the overwhelming majority, oppose

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*

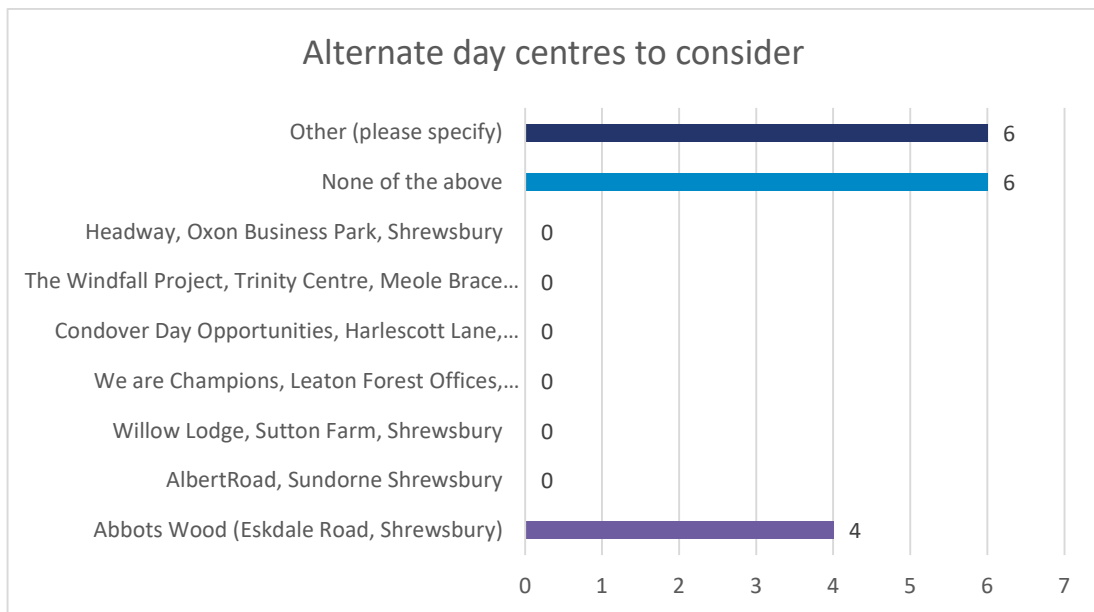
*a pool during lockdown. I don't want this repeated. My daughter needs to mix with like-minded people, not people who are more disabled. The aims are different for the 2 groups of people.(2)*

- *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.**



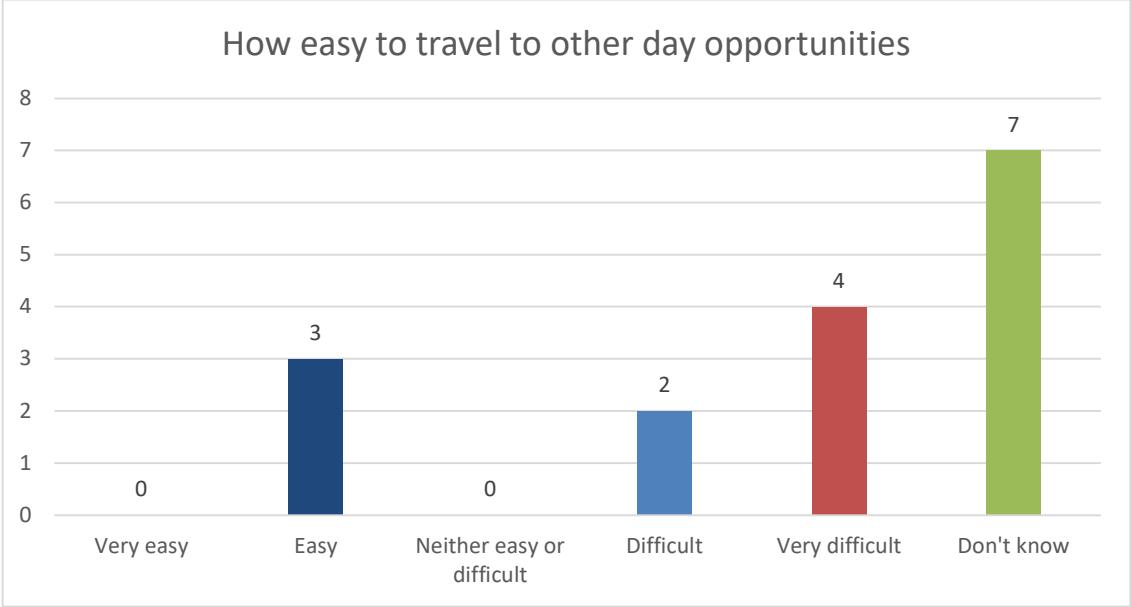
These mixed responses show that 38% people oppose the closing of Aquamira by choosing the option of none of the above. This supports the comments of the previous question. 38% also chose other, and commented:

- *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.

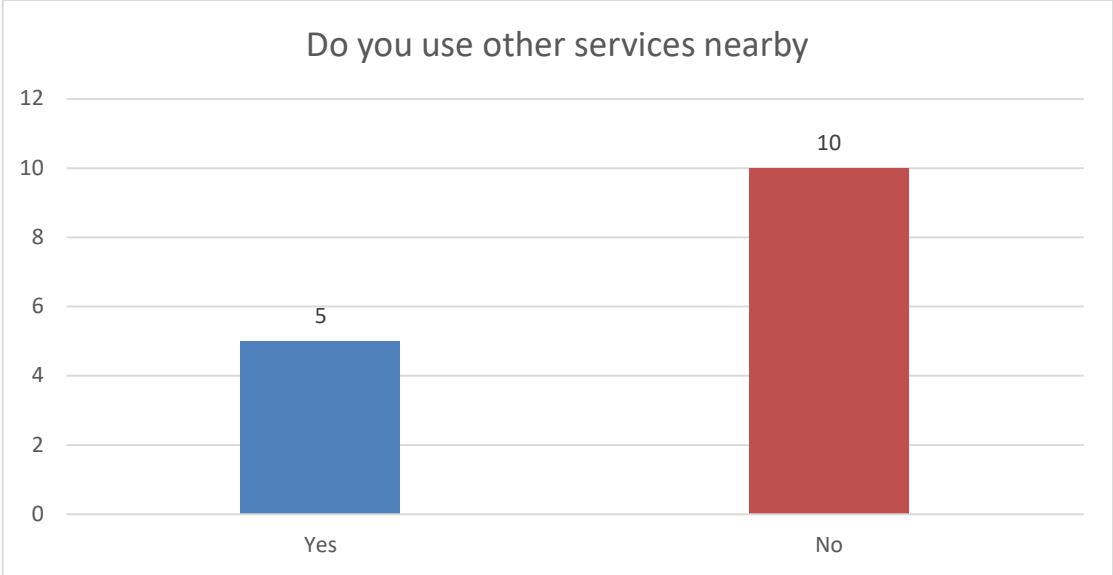
**Figure 21 –How easy people might find it to travel to other day opportunities/centres.**



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.

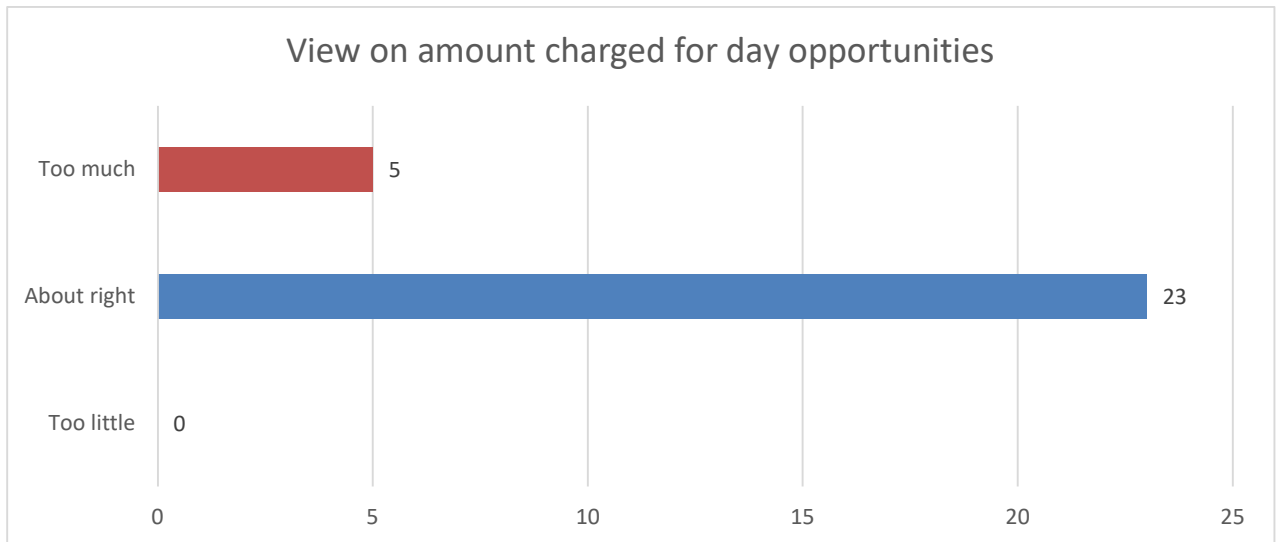
Respondents were also asked if they used any other services nearby. 15 people answered, and 67% of respondents answered no.

**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.

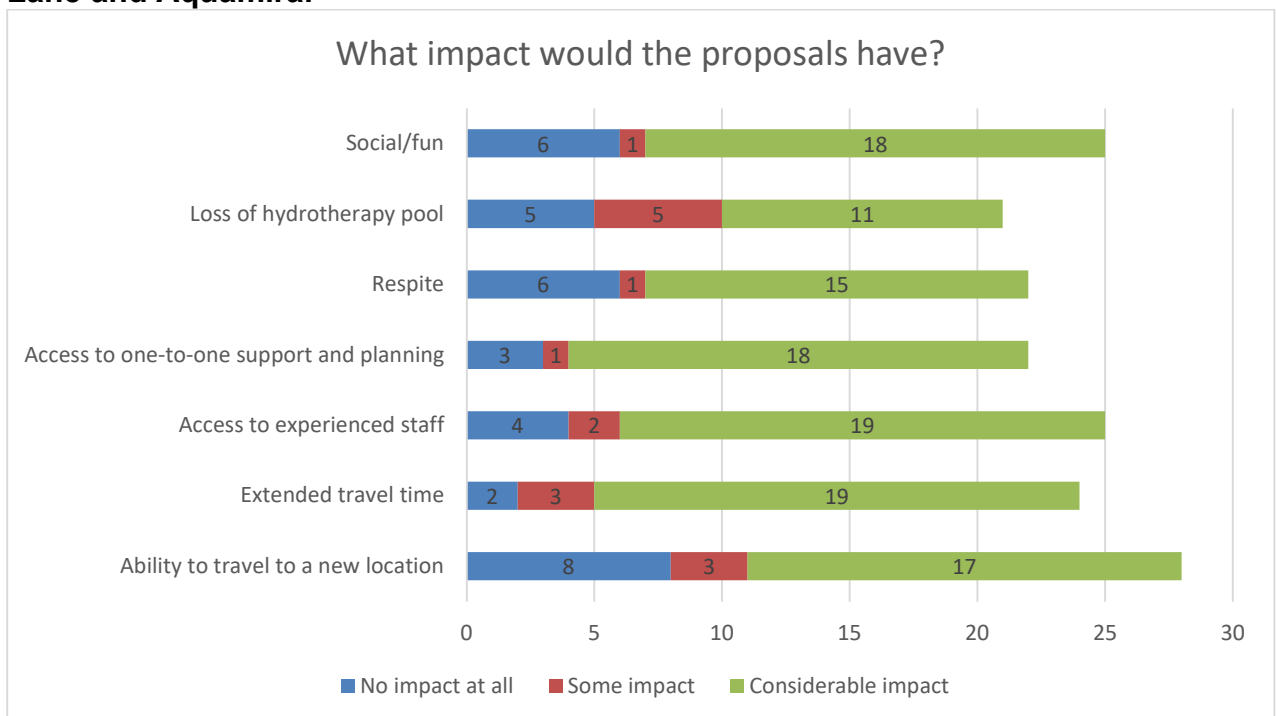
**Figure 23 –Respondents' views on amount charged for then day opportunities.**



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.**

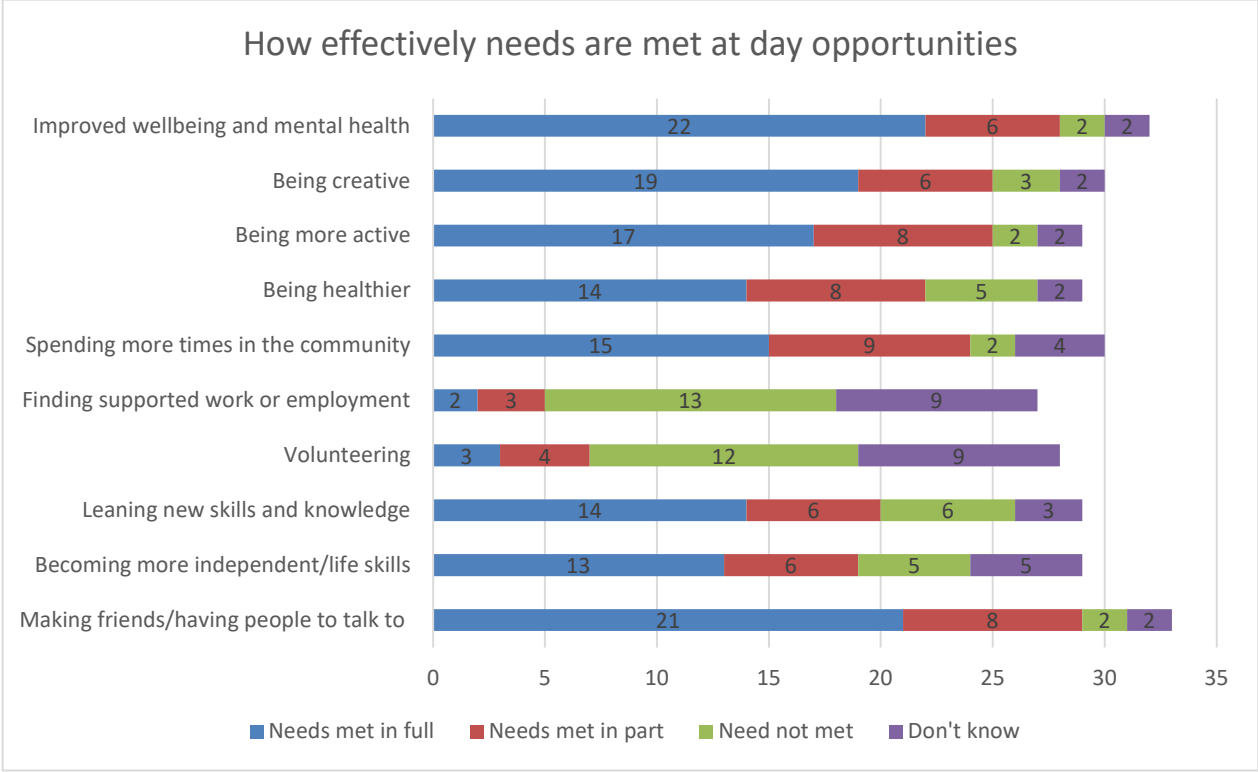


Overall, across the categories the proposals would have considerable impact. The 3 comments were:

- *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.

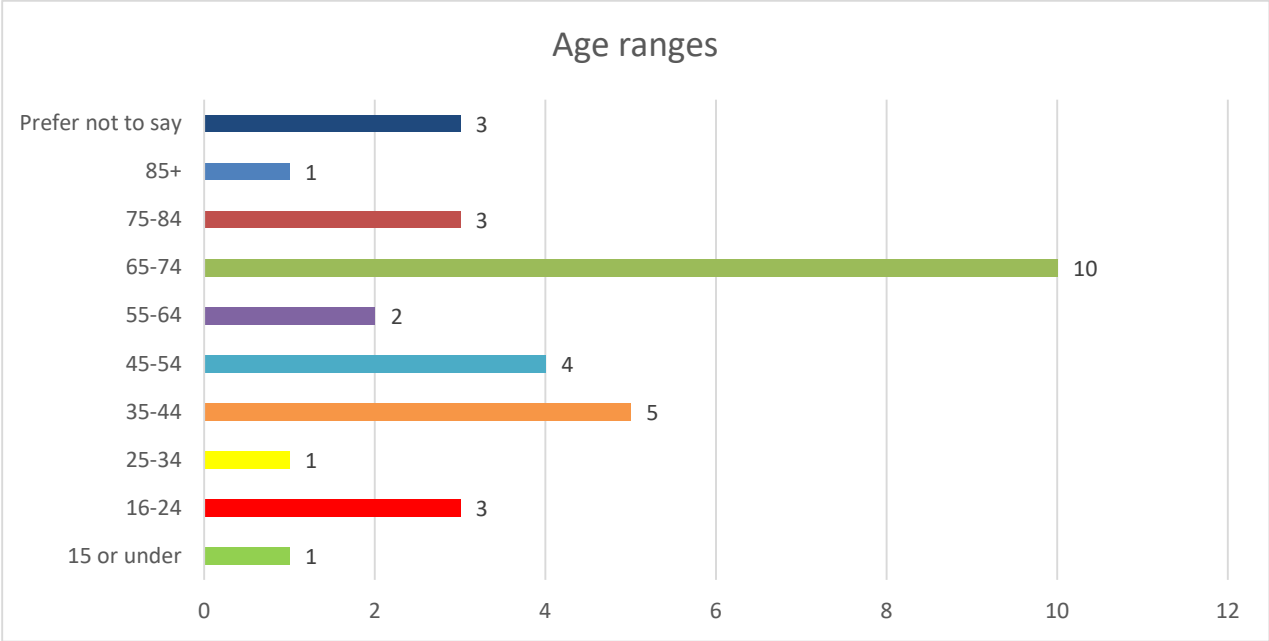
## **About the respondents**

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.

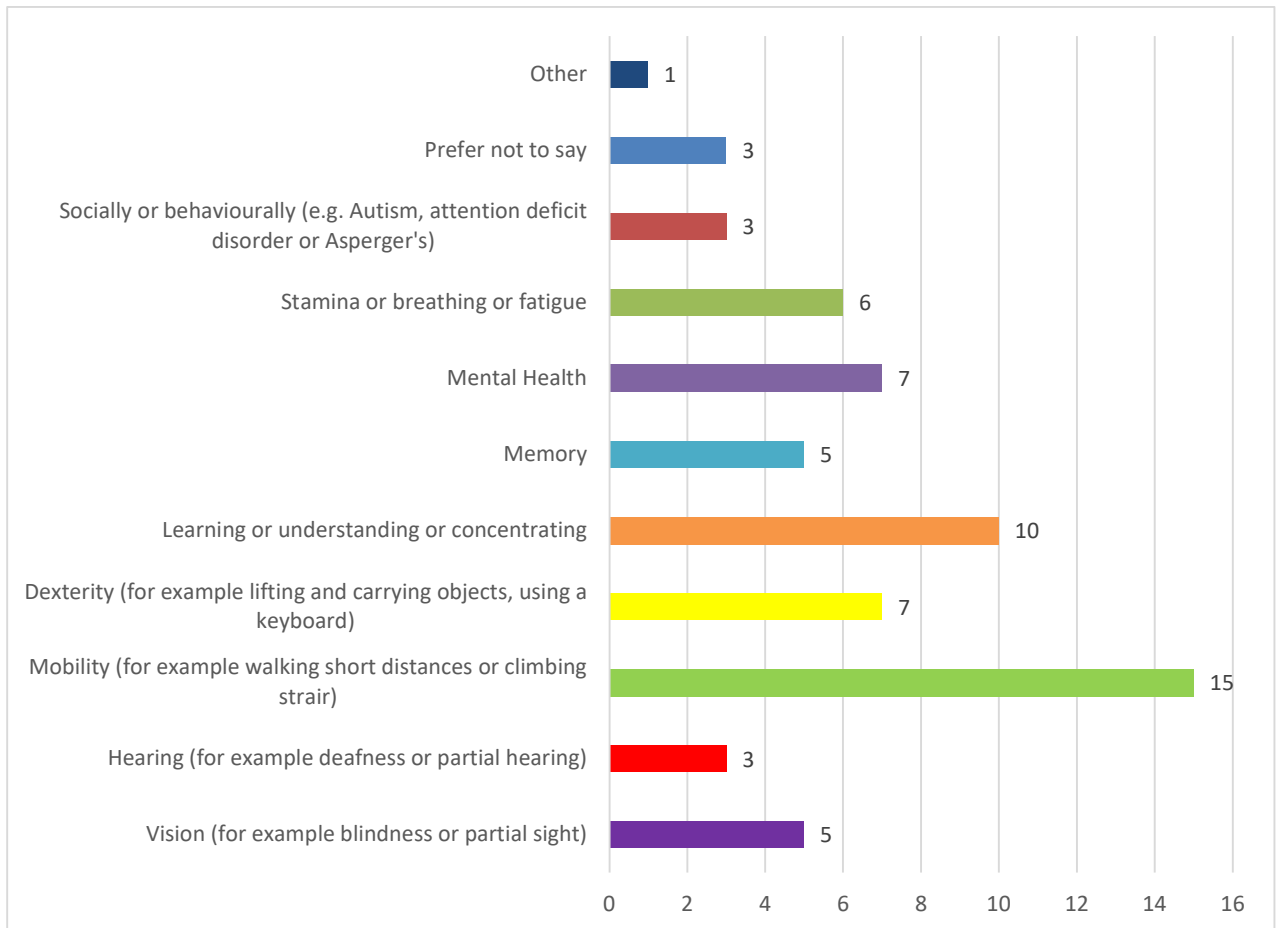
**Figure 27 – The age ranges of the respondents.**



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.

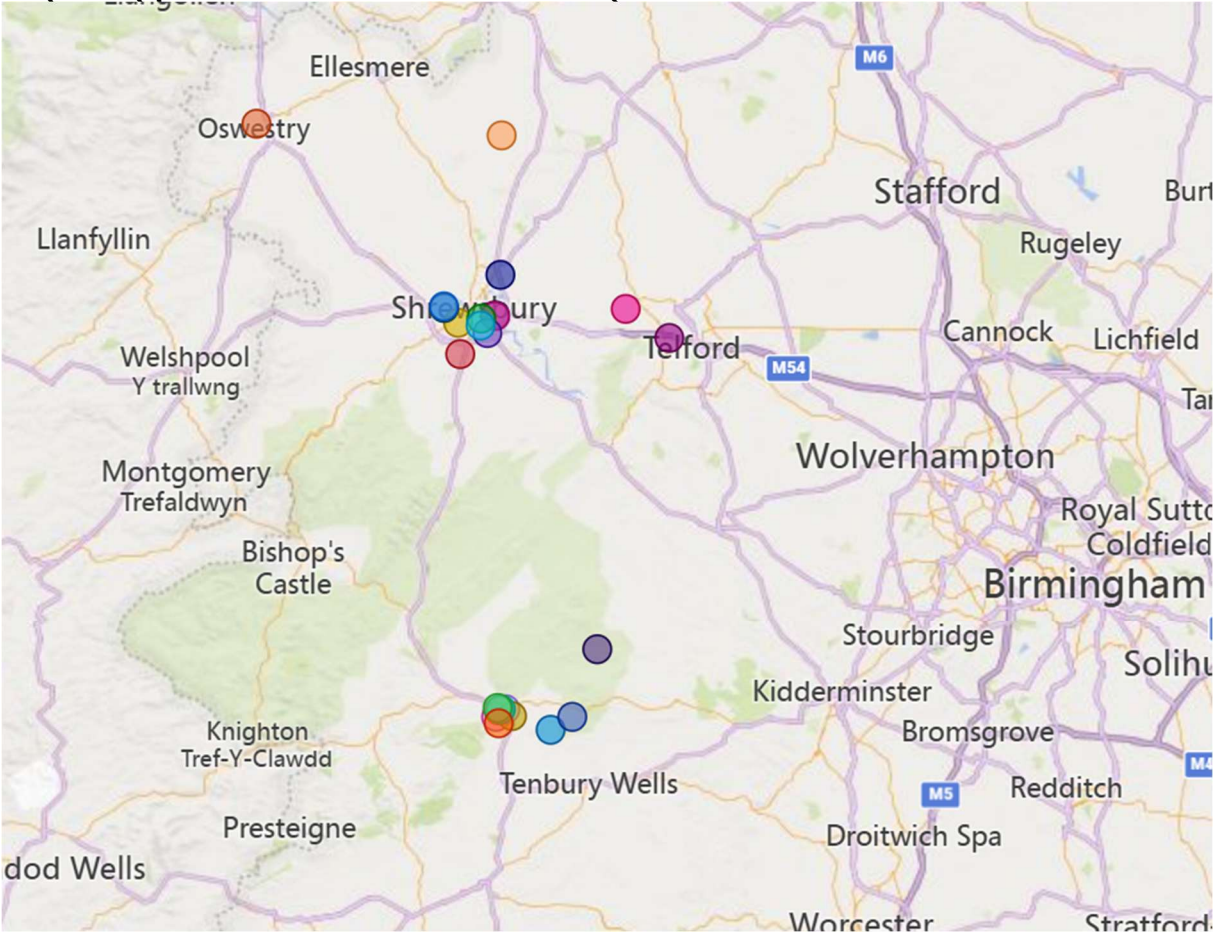
As part of this consultation, Shropshire Council carried out an Equalities and Social Inclusion Health Impact Assessment (ESIHIA) and the respondents were asked whether they anticipated any other impact or risks of the proposals, and to describe any issues they would like Shropshire Council to consider.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

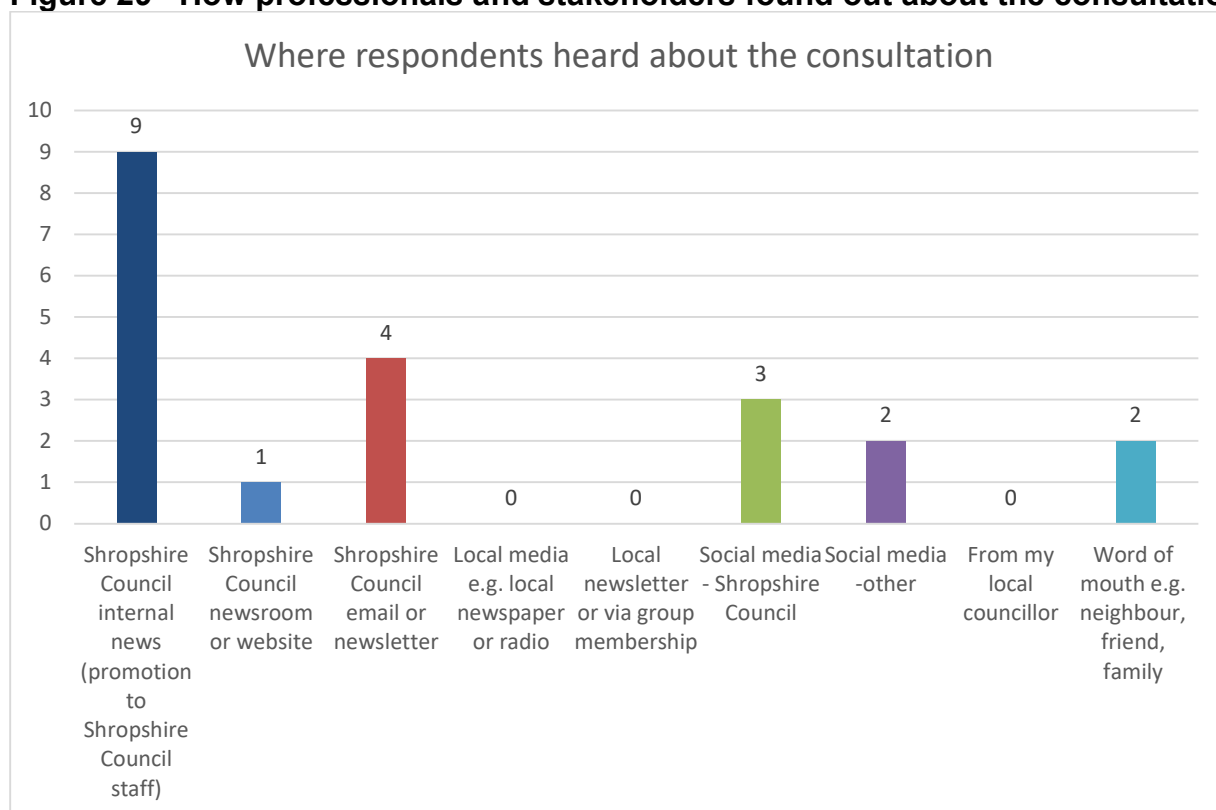
Across both proposals, respondents emphasised the preventative value of day services in maintaining independence, supporting carers, and delaying the need for more intensive or residential care. Many suggested that lower attendance reflected reduced referrals, transport constraints and limited promotion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

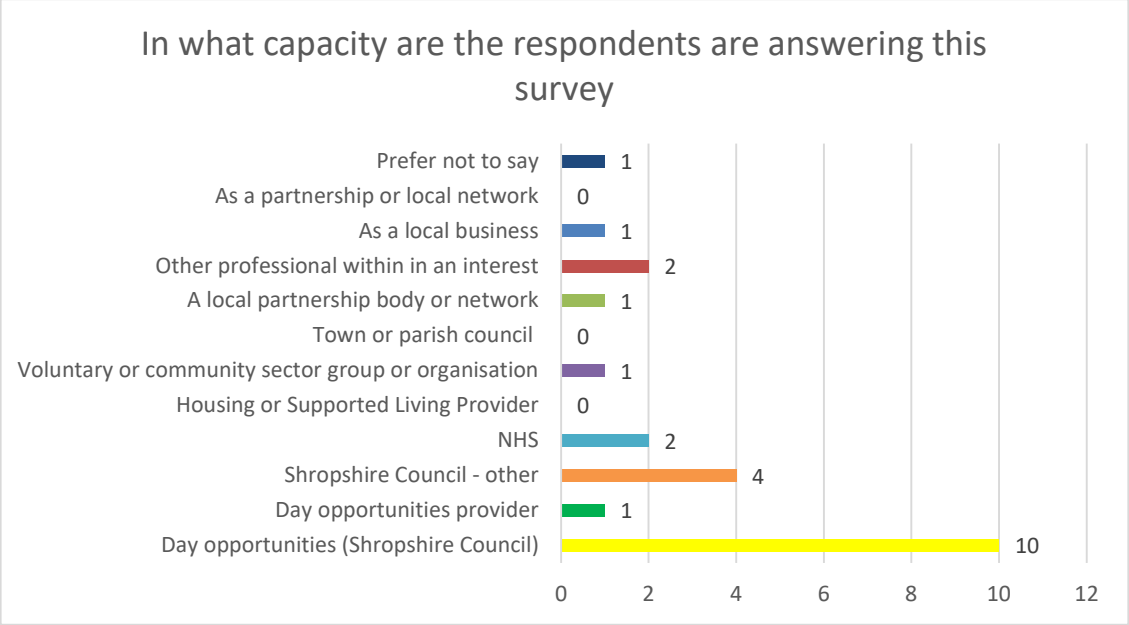
There were 2 comments as well, which are:

- *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.*

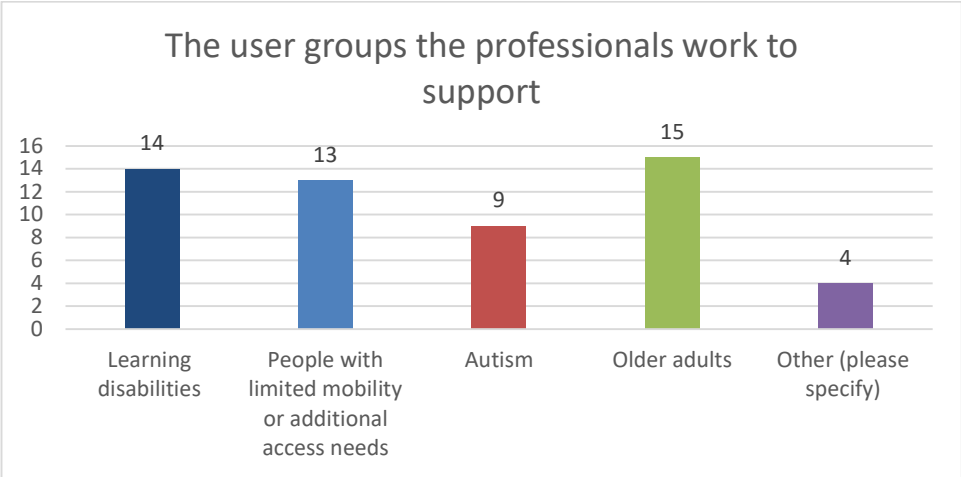
It is not possible to ascertain whether this comment belongs truly to a professional or stakeholder. It is possible that a professional is also a friend and power of attorney to someone, but this might suggest that it is a carer and they might have completed the wrong survey. It does not necessarily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

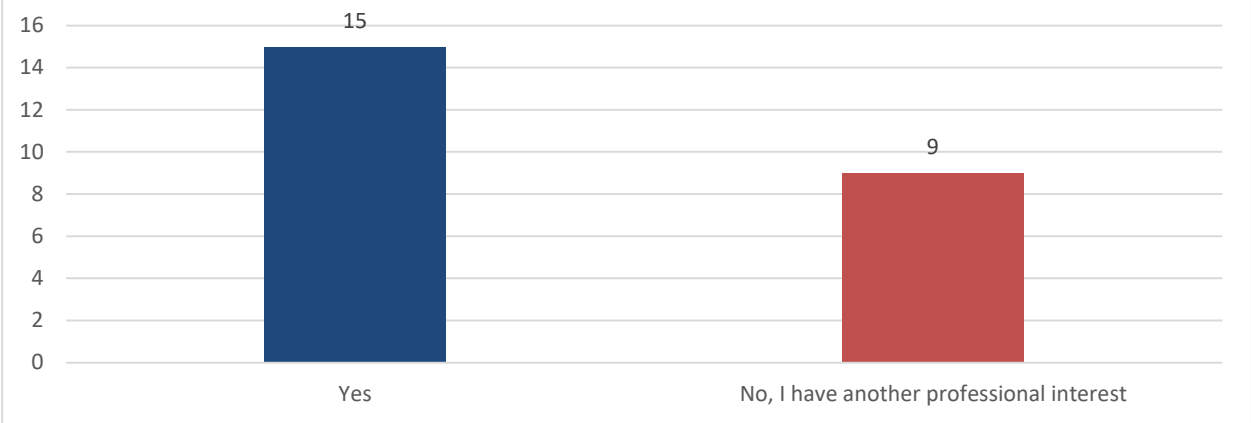


As seen in Figure 31, as people were able to choose all that apply, there is no set group of people the professionals support. It is apparent that older adults make up most of the people that the professionals support; 65% (15 responses), 61% (14 responses) have learning disabilities, 56% (13 responses)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

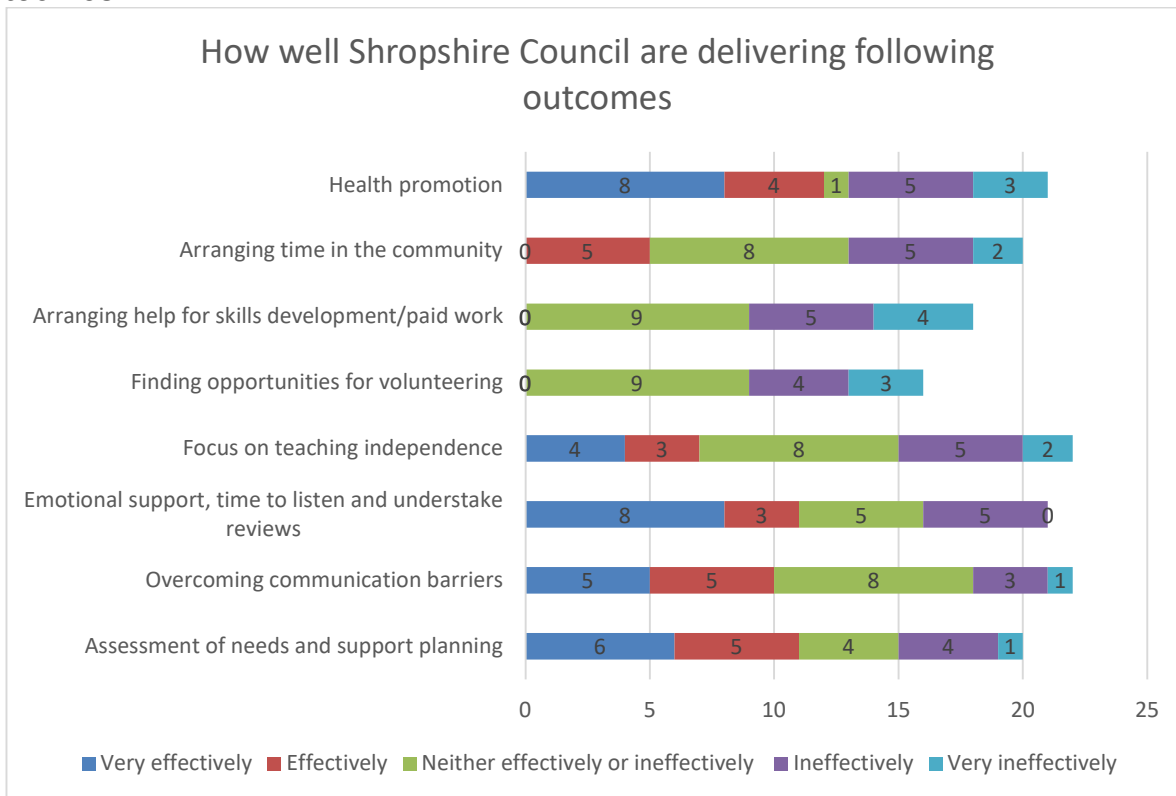


38% (9 responses) answered ‘no’ they didn’t work or support at Day Centres in

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.

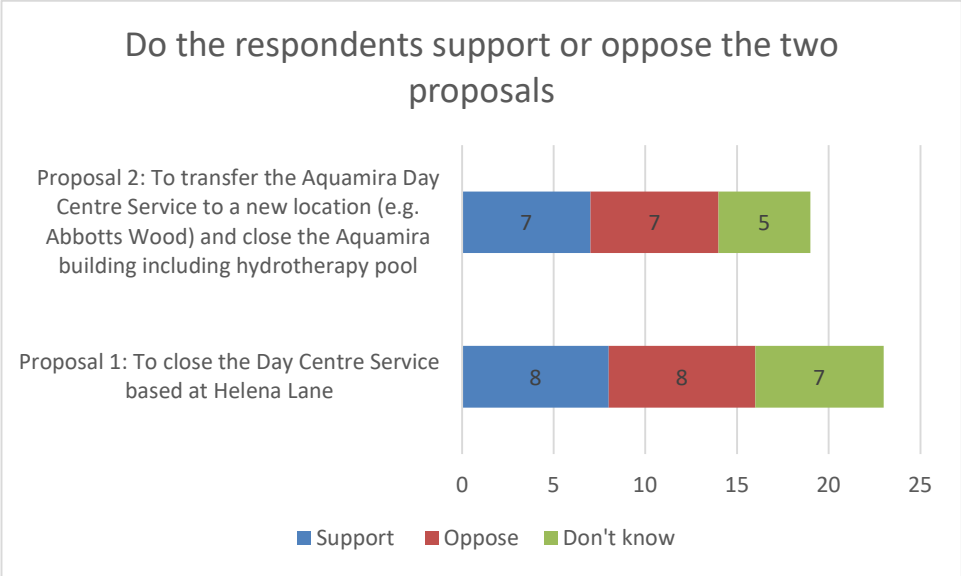
**Figure 33 –How effectively professionals feel Shropshire Council delivers outcomes**



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.**

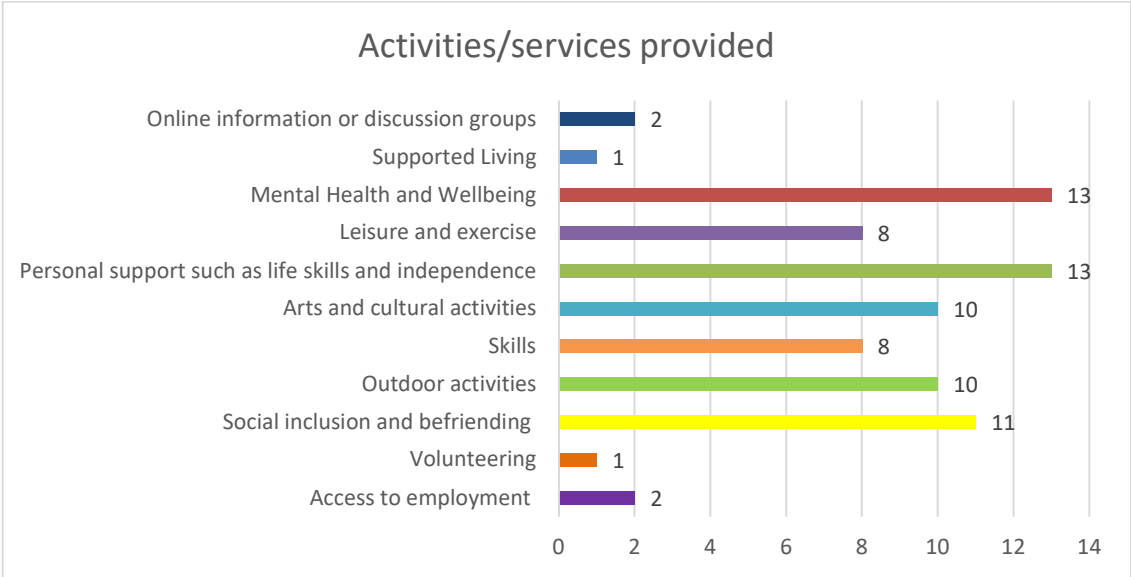


Figure 35 shows a focus on mental health and personal support as they make up 81% of the responses respectively. Supported living and volunteering are provided less, 6% respectively.

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.**

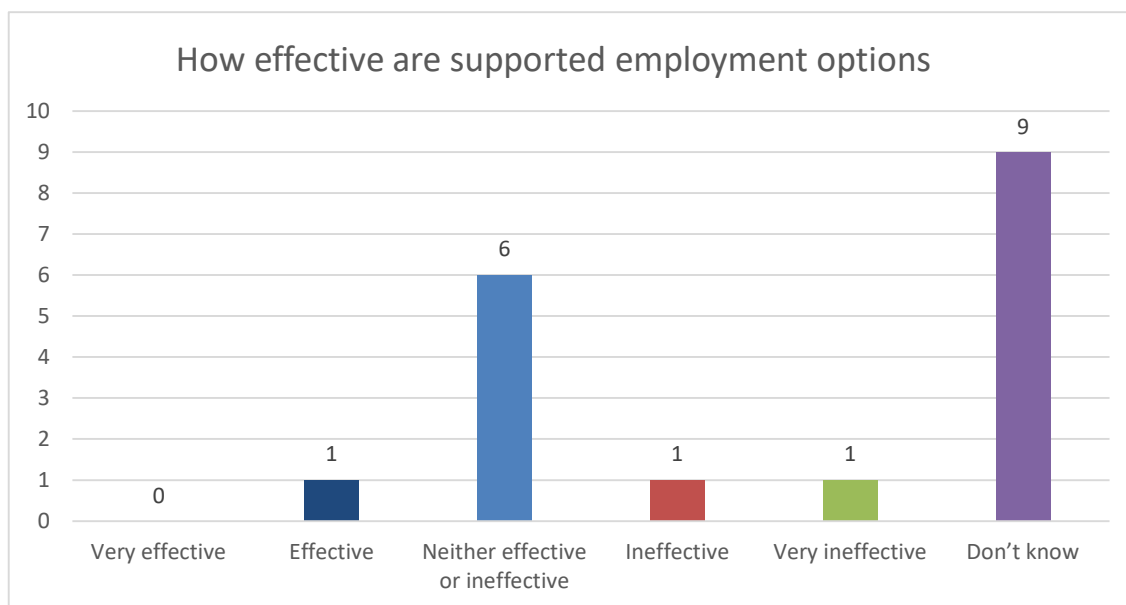


Figure 36 shows that 50% (9 responses) don't know and 33% (6 responses) feel it is neither effective nor ineffective. There are more negative responses, either ineffective or very ineffective, than positive responses.

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.

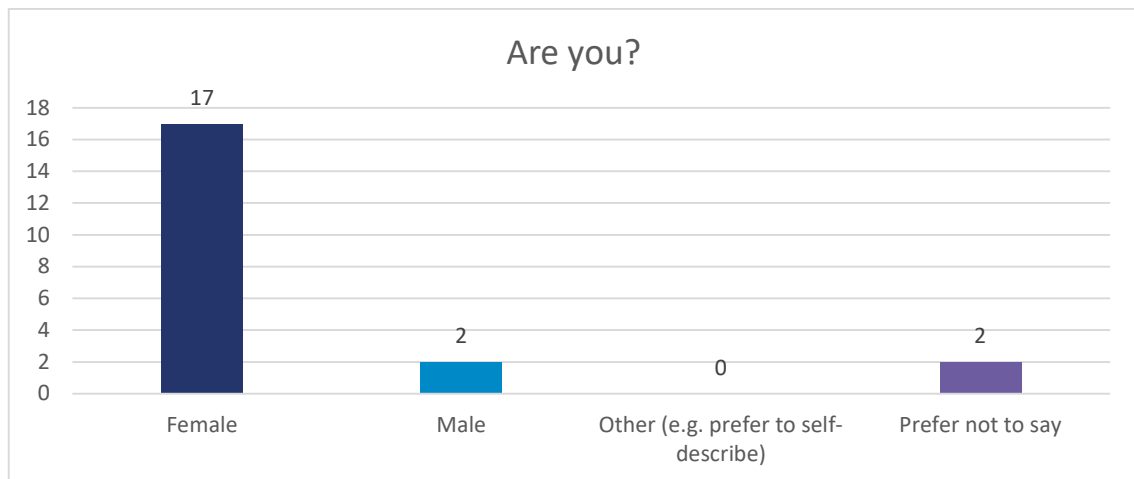
- Implement TSI/Systematic Instruction consistently.
- Build partnerships (e.g. Attingham Park, Food Hub, Friends of Shrewsbury Cemeteries, Landau Talking Therapies, Westhope College, Age UK, dog walking/garden services).
- Explore transport savings via public transport training (reduced reliance on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

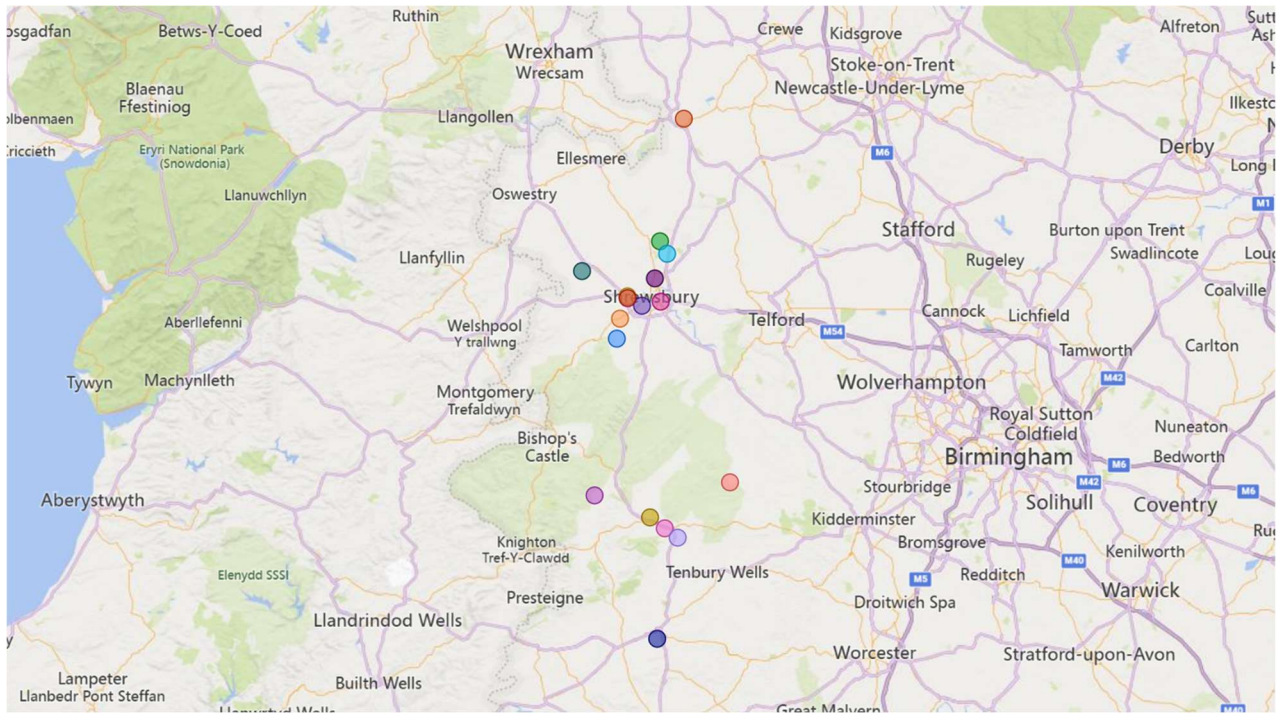
When asked if they regularly provide unpaid support caring for someone, 21 people answered and the majority, 48% (10 responses), answered no. 33% (7 responses) answered yes and 14% (3 responses) preferred not to say.

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.

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