



Cabinet

10th June 2026

Item:

Public

Helena Lane older people's day service

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Cabinet Member (Portfolio Holder):	Ruth Houghton		

1. Synopsis

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

2. Executive Summary

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

- 2.4. The financial position is a key consideration. Helena Lane Day Service has a forecast net annual cost of £169,738, driven largely by fixed staffing and overhead costs. Based on current utilisation of 10 attendance days per week across 5 individuals, this equates to an indicative average net cost of approximately £332.82 per attendance day. Even allowing for reprovision costs where eligible needs must continue to be met, the current in-house model represents poor value for money and is difficult to justify in the context of the Council's financial emergency. In this context, the Council must have regard to its Best Value duty, which requires it to make decisions that are economically, efficiently and effectively justified. The current model does not meet this threshold.
- 2.5. This proposal would reduce the current spend on Day Service Provision by £151,378.
- 2.6. Financial summary:

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

- 2.7. An 8-week public consultation was undertaken between January and March 2026, which demonstrated clear and sustained opposition to closure, particularly from unpaid carers and families. Key themes included the importance of respite, access to assisted bathing, the need for dementia-specific supervision, and concerns regarding rural transport barriers. These themes have directly informed the Council's equality analysis, mitigation measures and transition planning approach.
- 2.8. In considering these responses, the Council must demonstrate conscientious consideration of consultation feedback and ensure compliance with the Public Sector Equality Duty (PSED), particularly in relation to older people with dementia, those with limited mobility, and unpaid carers who may be affected. The key equality risks and the approach to mitigation are summarised in Section 4 (Risk Assessment) and reflected in the proposed transition and monitoring arrangements set out in Sections 8 and 9. While the Council will take reasonable steps to offer assessment and support engagement, it cannot determine or meet needs where an individual has declined assessment or review. In such cases, the Council's statutory duties are necessarily limited unless and until an assessment is accepted.

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

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

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

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

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

3. Recommendations

3.1. Cabinet is asked to:

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

Report

4. Risk Assessment and Opportunities Appraisal

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

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

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

4.12. Risk summary (key risks and mitigations)

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

5. Financial Implications

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

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

5.2. Finance overview:

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

- 5.3. The above demonstrates that the current service model carries a high fixed cost relative to very low utilisation, resulting in poor value for money and making the continuation of the service difficult to justify on a sustainable basis.
- 5.4. Helena Lane Older People's Day Service has a forecast gross running cost of £194,320 for 2026/27 (excluding building costs), made up of staffing costs £162,240, running costs £7,980, and internal market recharges £24,100. Forecast income totals £24,582 (including charges and food contribution), resulting in a net cost pressure of £169,738. The forecast gross running cost set out above excludes building-related costs.
- 5.5. The above is an indicative calculation for decision-making transparency rather than a fully allocated unit-cost model, but it illustrates the extent to which fixed staffing and overheads drive poor value for money at very low utilisation. While increased utilisation could reduce the average unit cost, the service has experienced sustained low utilisation over time and fees are materially below full cost recovery; consequently, the service currently represents poor value for money in the context of the Council's financial emergency and Best Value duties.
- 5.6. If Cabinet approves closure, the principal savings opportunity arises from reducing staffing and operating costs; however, the Council will remain responsible for meeting eligible needs through alternative care and support arrangements following reassessment/review. There is a risk of cost diversion if withdrawal of this offer contributes to increased demand for replacement support and/or escalation of need; this will be managed through person-centred transition planning and review.

6. Climate Change Appraisal

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

7. Background

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

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

8. Additional Information

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

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

9. Conclusions

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

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

Provider Services Redesign in-house

Local Member: Councillor Waite

Appendices

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