

# Day Centres Consultation April 2026

## Executive Summary: Consultation Feedback Report

This report summarizes consultation feedback on proposed changes to Shropshire Council in-house day centre provision. A full report of all consultation findings is available.

### 1. Context and scope

In-house day centre provision is discretionary (non-statutory) but contributes to prevention, independence, social inclusion and respite for carers. Following a declared financial emergency (September 2025), the Council is reassessing both statutory and discretionary services to manage costs and value for money.

439 people access day centres across 29 facilities supporting people with learning disabilities; 178 people use Shropshire Council in-house day services across eight in-house centres plus one voluntary service.

The consultation ran from the 29<sup>th</sup> January 2026 to 26<sup>th</sup> March 2026. The proposals consulted on were:

- **Proposal 1:** Close the day centre service at Helena Lane (building retained for other uses).
- **Proposal 2:** Transfer Aquamira day centre services to Abbots Wood or a similar alternative; close the hydrotherapy pool; offer alternative support where appropriate.
- **Proposal 3:** Explore wider reshaping/modernisation of day centre support towards more flexible, person-centred pathways (including employment, supported employment and volunteering, where appropriate).

The financial case presented within the consultation included estimated savings of ~£222,380 per year. The reported cost per person per day at Aquamira is £211 and at Helena Lane £244, with an average benchmark from available data cited at £170. The review prior to consultation identified that 23 people would be directly affected by the two closure proposals.

The consultation sought to involve as many people as possible to obtain community feedback using online surveys; written submissions (emails/letters); and by holding face-to-face feedback sessions.

### 2. Overall engagement and response

- **Clients and carers survey:** 53 responses. Where respondent type was provided, most responses were from carers/family members (reported as 77% of those answering that question).
- **Professionals and stakeholders survey:** 24 online responses, with respondents largely connected to Shropshire Council day opportunities and related services.

- **Written submissions:** 14 emails and letters were received (the full report summarises themes and ensures personal details are redacted).
- **Face-to-face engagement:** 11 engagement sessions were held to gather qualitative feedback, with the report noting a substantial focus on Aquamira as feedback obtained in these discussions.
- **Overall sentiment:** Feedback from clients and carers shows strong opposition to both Proposal 1 (Helena Lane closure) and Proposal 2 (Aquamira transfer and hydrotherapy closure). Professionals/stakeholders are more mixed, with many recognising financial pressures but raising material concerns about suitability, safeguarding and the availability of alternatives.

### 3. Key findings – clients and carers

3.1 Proposal 1 – **Helena Lane** (closure of the day centre service and transfer to another location).

Among those responding in relation to Helena Lane, the report indicates most respondents feel they would be negatively affected, and a large majority say they would be affected “a lot”. A clear majority of respondents oppose the proposal to close Helena Lane (with 90% opposition among those answering the support/oppose question). The reasons for concerns are set out within the full report and include:

- **Travel and rural access:** Respondents commonly describe alternative provision as difficult to access due to rurality, limited transport, fatigue/mobility issues, and the risk that longer journeys would reduce attendance and erode respite time.
- **Dignity, personal care, and wellbeing:** Repeated emphasis is placed on the importance of on-site support for people (including bathing, meals, supervision, and a safe environment), viewed as not replicable through informal community services. Community services are viewed as inadequate replacements because they lack specialist equipment and skills to meet the needs of service users.
- **Carer respite and sustainability of home care:** Helena Lane is described as a “lifeline” that enables carers to continue caring; respondents warn that closure would increase carer burnout and may accelerate need for higher-cost care.
- **Perceived ‘managed decline’:** Several comments argue that attendance has fallen due to reduced referrals, transport changes, staffing constraints and limited promotion—rather than reduced need—leading to calls for better utilisation rather than closure.
- **Equity and place-based concerns:** A recurring theme is that South Shropshire (and Ludlow) would be disproportionately impacted compared with Shrewsbury, raising trust and fairness issues.

3.2 Proposal 2 – **Aquamira** (transfer to Abbots Wood; hydrotherapy pool closure)

Respondents commonly report they (or the person they care for) would be negatively affected by the proposal, and an overwhelming majority oppose the Aquamira proposal (95% opposition). Reasons given within the comments and analysis set out in the full report include:

- **Hydrotherapy as a critical issue:** A subset of respondents specifically identified use of the hydrotherapy pool as an essential service. Across comments, hydrotherapy is consistently framed as necessary for pain relief, mobility and mental wellbeing. Respondents emphasize there are limited local alternatives.
- **Specialist environment and sensory needs:** Aquamira is repeatedly described as quieter and more suitable for people with profound or complex needs (including sensory regulation and the need for predictable, low-stimulus environments). Respondents express concern that Abbots Wood may be busier/noisier and therefore less suitable. Feedback highlights that the Abbots Wood service is not the same type of service as Aquamira and designed to meet the needs of a different client group.
- **Accessibility and logistics:** Parking, layout, equipment, and the ability to deliver personal care and specialist support are cited as factors that must be preserved if any transfer occurs.
- **Preventative value and cost avoidance:** Many respondents argue that removing hydrotherapy and/or changing provision could worsen health and increase reliance on NHS and social care, undermining long-term value for money even if short-term savings are achieved.
- **Alternative suggestions:** Common suggestions include commissioning/partnering to keep hydrotherapy running, mothballing the pool rather than permanent closure, or exploring shared-use/rental models to generate income.

#### 4. Key findings – professionals and stakeholders

Responses were largely linked to Shropshire Council day opportunities and related professional roles, alongside a small number of external stakeholders (e.g. health and rehabilitation organisations). When considering the impact of day services, responses suggest stronger confidence in effectiveness for health promotion, emotional support and assessment/support planning, with more neutral/negative views on independence skills, volunteering and employment pathways. The professional/stakeholder survey shows a split between support, opposition and “don’t know” for both Helena Lane and Aquamira proposals.

- **Hydrotherapy and specialist provision:** Among professionals, hydrotherapy is a central theme, with some professionals emphasising its evidenced benefits and limited alternatives in the wider-area, while others emphasise operational sustainability, staffing burden and cost.
- **Suitability and safeguarding risks at alternative sites:** Concerns include managing absconding risk, protecting vulnerable people in mixed environments, maintaining access to quiet/sensory spaces, and ensuring specialist equipment and care routines can be safely delivered. The professionals comments show concern about viable alternative locations for the service.
- **Rural access and lack of alternatives (Helena Lane):** Professionals echo concerns about limited local alternatives for older people’s day services in South Shropshire if Helena Lane were closed, and the impact of transport barriers meaning service users and their carers may be left without support.

- **Preference for ‘middle-ground’ solutions:** Many respondents call for options beyond closure vs. retention—e.g. repurposing, shared use, partnerships, rental income, and targeted redesign focused on person-centred pathways.

## 5. Key themes from face-to-face engagement

The letters to service users and their carers/families impacted by the proposals and the offer of discussion sessions was an important part of the consultation. This enabled less structured feedback to obtain a more in-depth understanding of concerns. The key themes from verbal feedback included:

- **Continuity and emotional safety:** Strong preference for stability of routines, staff and peer groups, especially for people with dementia, sensory sensitivity, visual impairment and profound/multiple learning disabilities.
- **Environment and sensory load:** Aquamira is repeatedly valued for being calm and predictable; Abbots Wood is perceived as potentially busier/noisier, which some feel could reduce engagement or increase distress.
- **‘Lift and shift’ preference if relocation proceeds:** Where change is unavoidable, participants emphasise keeping staff teams and service-user groupings together, and replicating key environmental features (quiet spaces, sensory equipment, safe layouts).

## 6. Decision implications and risks to consider

Any consultation which may lead to service change, service reduction or closure results in complex decision making and the consultation helps to ensure that all views are considered. The key points for consideration in the decision include:

- **Equality and inclusion:** Feedback highlights potential disproportionate impacts on older people, disabled people and rural communities. The Equality and Social Inclusion Health Impact Assessment can be updated prior to decision-making to ensure the it evidences the feedback and how equality impacts have been considered and mitigated.
- **Meeting assessed needs:** While in-house provision is discretionary, the Council must ensure Care Act assessed needs (and carers’ needs where applicable) continue to be met through suitable alternatives.
- **Clinical and safeguarding considerations:** For people with complex health needs, changes in environment and provision may introduce risks (e.g., safe personal care, medication routines, PEG feeding and specialist equipment; absconding risk; vulnerability in mixed settings).
- **Carer sustainability and downstream demand:** A consistent risk is increased carer burden, potential breakdown of informal care, and escalation into more intensive (and costly) services.
- **Transport and travel time:** Travel feasibility is a practical determinant of whether alternatives are genuinely accessible, particularly in rural South Shropshire; this affects attendance, respite value, and equality of access.

- **Hydrotherapy pathway risk:** If hydrotherapy provision is removed, the Council should anticipate and plan for impacts on mobility/pain management and the availability/cost of alternative provision.
- **Short-term savings vs. long-term value:** The consultation feedback reveals tension between immediate savings and perceived preventative value. A transparent articulation of the financial model (including any unavoidable fixed costs and transition costs) may be important when communicating the result of decision making, dependent on outcome.
- **Trust and legitimacy:** The ‘managed decline’ narrative and place-based equity concerns indicate a reputational risk given there is a perception among some respondents that decisions are predetermined or unfair.

## 7. Options linked to the consultation feedback

- **Option A – Proceed as proposed** (close Helena Lane day service; transfer Aquamira to Abbots Wood; close hydrotherapy), with a robust mitigation package covering individual reassessments, transition planning and transport.
- **Option B – Modify the proposals** to address high-risk elements raised in feedback, for example:
  - Retain or replace **hydrotherapy** via commissioning, partnership/shared-use, time-limited pilots, or alternative local access arrangements.
  - Create a **quiet/specialist provision** within the receiving site (or alternative site) for people with profound/complex needs, with appropriate staffing and equipment.
  - Explore partial repurposing (e.g. close/mothball the pool while maintaining the building/service functions, or vice versa), where this materially changes net savings and risk.
- **Option C – Pause/phase implementation** to test feasibility of alternatives and protect continuity (e.g. exploration of rental/partnership income; phased moves with ‘lift and shift’ staffing; piloting revised models).
- **Common mitigations referenced within feedback** (relevant for whichever option is chosen):
  - Individual transition plans co-produced with service users and carers.
  - Transport impact assessment and funded travel solutions to avoid eroding respite via travel time.
  - A request to maintain continuity of staff and peer groups wherever possible; prepare receiving environments to reduce sensory overload.
  - A request to offer transparent publication of the financial case, including transition costs, fixed/contracted costs, and how savings are calculated taking into account loss of preventative support can increase needs for other services.
  - Clear communication and referral pathways for remaining or alternative provision.

The full consultation report, along with this executive summary of the findings, will be made available for officer leads and Councillors to support formal decision making.