

Shropshire Council
Equality, Social Inclusion and Health Impact Assessment (ESHIA)
Stage One Screening Record 2026

Please note that part A and part B of this document should be completed.

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Helena Lane Day Service, Ludlow

Name of the officer carrying out the screening
Daniel Powner

Decision, review, and monitoring

Decision	Yes	No
Initial (Stage One) ESHIA Only?	Yes	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		No

Assessment of likely neutral, negative impact or positive impact of the service change in terms of equality and social inclusion considerations
<p>The proposal concerns the future of Helena Lane Day Service in Ludlow, an older people’s day service providing structured day support, meaningful activity, personal care including assisted bathing, and respite for unpaid carers. A business case should consider closure of the service, continuation of the current reduced model, or stabilisation and redesign.</p> <p>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. In order to ensure their input was gained, they were contacted directly about the consultation, rather than relying solely on general public notices or online channels, and their responses are included in the total 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.</p> <p>In regard 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</p>

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 thus also bring in the local groupings to which we give additional consideration as a matter of good practice, including carers. In relation to Helena Lane, the consultation feedback strengthens that assessment: 90% of respondents who expressed a view opposed the proposed closure, 77% said they would be affected “a lot”, and 68% said travel to alternatives would be very difficult. This supports the view that likely adverse impacts are particularly concentrated on older people and those with disabilities.

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 may face practical barriers to accessing alternatives. At this stage, no specific differential impact is evidenced in relation to the other Equality Act groupings, ie 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.

No clear positive equality impact has been identified at this stage for existing and potential future service users, based on a closure of the existing provision. Initial actions to mitigate likely adverse impacts include offering and undertaking individual assessment or reassessment under the Care Act, carers’ assessments where relevant, financial assessments where relevant, managed transition planning, and case by case consideration of suitable alternative arrangements, including access issues, rather than assuming that generic community provision will be suitable for all. This is a screening assessment based on the current evidence and will need to remain aligned with the detailed table in section B and any further evidence arising through decision-making and ongoing engagement.

Assessment of likely neutral, negative or positive impact of the service change in terms of health and wellbeing considerations

The proposal is likely to have a negative health and wellbeing impact for some current Helena Lane attendees and their carers. The evidence indicates that Helena Lane currently provides structured day support, social interaction, meaningful activity, personal care including assisted bathing, and respite for unpaid carers. Consultation responses state that the service helps some people to maintain wellbeing, dignity and routine, and helps carers to continue caring at home. On that basis, closure may adversely affect some individuals’ wellbeing, independence, social participation, access to personal care arrangements, and continuity of support, particularly for older people living with dementia, older

people with physical frailty or mobility impairments, and people whose health and wellbeing are affected by disruption to familiar routines. The Helena Lane consultation feedback also supports the view that closure may have adverse effects on mental wellbeing, social connection and continuity for some individuals. Respondents described the service as supporting companionship, stimulation, routine and a sense of safety, and raised particular concern about the effect of change on people living with dementia, people who tire easily, and people whose wellbeing depends on access to familiar staff, surroundings and structured support.

For carers of existing service users, there is also potential for negative impact on carers' mental wellbeing, stress levels and ability to sustain their caring role, particularly where respite is reduced or lost. The consultation evidence also suggests that increased travel to alternative provision may reduce the practical value of respite for carers, because time spent travelling may materially reduce the limited period during which carers are able to attend to their own wellbeing, daily living tasks or other responsibilities.

For the wider community, there is a risk that unmet need or carer breakdown could contribute to increased pressure on health and social care services, although the scale of that impact cannot be quantified on the current evidence. Initial actions to mitigate likely adverse impacts include individual assessment or reassessment under the Care Act, carers' assessments where relevant, managed transition planning, consideration of personal care, bathing, supervision, and access needs on a case-by-case basis, and support to identify suitable alternative arrangements where these are appropriate.

This is an initial screening assessment and should remain aligned with the health and wellbeing ratings recorded in section B.

Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations

If a decision is taken to proceed with closure of Helena Lane, 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.

The Council's position is that alternative arrangements may be suitable for some people, but suitability cannot be assumed in the abstract and must be determined through individual assessment, reassessment, carer's assessment, transition planning, and consideration of transport, supervision, personal care, cognition, dignity and rural access on a case-by-case basis.

Particular attention would need to be given to people most likely to experience adverse impact, including older people, people living with dementia, people with physical frailty or mobility impairments, unpaid carers, and people living in rural areas where travel and access barriers may be greater.

In the case of Helena Lane, this review should build upon the public consultation feedback to seek to further research and identify whether alternative arrangements are accessible in practice for people in Ludlow and the wider South Shropshire area, including whether journey length, rural transport limitations, fatigue, mobility needs, dementia-related distress or the erosion of respite time mean that alternatives are less workable than they appear in principle. The Council would also continue to review consultation feedback alongside any further evidence arising from transition activity, including whether any groups appear to have been less well represented and whether further targeted engagement is required.

Ongoing monitoring should include feedback from affected individuals and carers, liaison with local councillors and relevant partners, and review of any emerging pressures on health and social care services or evidence of unmet need. This should be undertaken at key points during transition and implementation, rather than treated as a one-off exercise, so that mitigation can be adjusted where evidence shows that impacts are different from those initially anticipated.

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 taken into account when identifying alternatives.

Associated ESHIAs

This is the second ESHIA carried out following Consultation. The first ESHIA is attached to the Cabinet report from January 2026.

Assessment of likely neutral, negative or positive impact, and actions to review and monitor overall impacts, with regard to climate change impacts and with regard to economic and societal impacts

On the evidence currently available, no specific climate change impact can be concluded. In economic and societal terms, the proposal may have a negative impact for some individuals, carers and the wider Ludlow and South Shropshire

community because Helena Lane is a local service and its closure would remove a building-based day support offer from the town. The evidence indicates that there is no comparable older people's day service in Ludlow itself, and that travel to alternative provision may be difficult for some people, particularly where rural transport barriers apply. There may also be wider societal effects if the loss of a preventative service contributes to carer breakdown, crisis presentations, or increased reliance on other health and social care services, although the scale of those effects cannot be quantified on the current evidence.

However, 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.


There would be likely workforce implications arising from closure through the removal of the current in-house service model, although this ESHIA should avoid making assumptions beyond the formal workforce processes that would apply. In human rights terms, the principal issues to keep under review are dignity, autonomy, family life, access to care and support, and fair, lawful and person-centred decision-making for affected individuals. Monitoring arrangements should therefore include review of the Climate Change Appraisal, continued consideration of rural access and transport issues, feedback from affected individuals and carers, monitoring of any emerging pressures or displaced demand elsewhere in the system, and review of whether transition arrangements are operating lawfully and proportionately for those affected.

Scrutiny at Stage One screening stage

People involved	Signatures	Date
<i>Lead officer for the proposed service change</i>		15-05-26
<i>Officer carrying out the screening</i>		15-05-26
<i>External support* Mrs Lois Dale Senior Insights and Research EDI Specialist</i>		17-05-26

Sign off at Stage One screening stage

Name	Signatures	Date
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Lead officer's name		15-05-26
Service manager's name		15-05-26

**This may either be the Head of Service or the lead officer*

B. Detailed Screening Assessment

Aims of the service change and description

Helena Lane Day Service is an older people's day service in Ludlow. It currently provides structured day support, social interaction and meaningful activity, together with personal care including assisted bathing, and respite for unpaid carers. Over a period of years, the service has reduced from a fuller model to half-day provision for three days per week. Council-funded transport has been withdrawn and staffing capacity has reduced. The service is currently operating at very low utilisation. Five people were using the service across the three operating days, with a small waiting list of three people, although future attendance from the waiting list could not be assumed. Current attendance data recorded shows no attendance on Monday or Friday, four attendees on Tuesday, two on Wednesday, and four on Thursday, with a majority of current attendees being self-funders.

The purpose of the service change is to determine the future of Helena Lane in the context of severe financial pressures, Best Value duties, current underutilisation, and the need to ensure that the Council continues to act lawfully in meeting eligible needs under the Care Act 2014. The business case must have regard to the Council's statutory duties under the Care Act 2014, including prevention and support for carers, the Public Sector Equality Duty, consultation requirements, and the need to ensure that eligible needs continue to be met lawfully and proportionately through person-centred assessment, reassessment and transition planning.

The business case considered the following three options:

- Option 1: Close the service.
- Option 2: Maintain the current reduced service (status quo).
- Option 3: Stabilise and redesign the service to improve access and utilisation while retaining its specialist preventative role

After consideration of the options and the consultation feedback, the reasons for the proposed change, which is to close the service, include sustained low utilisation of the current model, a mismatch between the fixed and semi-fixed costs of maintaining an in-house service and the number of people currently attending, and the need to consider whether the present model remains financially sustainable and represents Best Value. The forecast running cost for 2026/27 is £194,320, with forecast income of £24,582 and a net cost of £169,738, excluding building costs. At May 2026 utilisation levels, the average cost per attendance day

is high. Current utilisation should not automatically be treated as evidence of no demand, because current attendance may have been affected by historic service changes including reduced days, reduced hours, withdrawal of transport, reduced staffing capacity and service disruption.

Consultation responses showed clear and sustained opposition to closure, especially from service users, carers and others who said that Helena Lane supports dignity, routine, social contact, respite and the ability to continue caring at home. In relation to Helena Lane, 90% of respondents who expressed a view opposed the proposed closure, 77% said they would be affected “a lot”, and 68% said travel to alternatives would be very difficult. The evidence also states that there is no comparable older people’s day service in Ludlow itself, and that travel to alternative provision may be difficult for some people, particularly where rural transport barriers apply. Consultation responses also indicate that many respondents consider alternatives outside Ludlow difficult to access in practice because of travel distance, fatigue, mobility limitations and the reduced value of respite where a significant part of a short session would be lost to transport. The ESHIA therefore needs to be read alongside a business case as part of the Council’s effort to identify likely equality, social inclusion and health impacts, to consider those impacts conscientiously, and to ensure that any final decision is supported by lawful mitigation, individual transition planning and ongoing review.

Intended audiences and target groups for the service change

Intended audiences and target groups include current Helena Lane attendees; their families, unpaid carers and advocates; people who may require similar older people’s day support in future within Ludlow and the wider South Shropshire area; Council staff involved in delivering or managing the service; Adult Social Care practitioners involved in assessment, reassessment, care planning and transition planning; and local voluntary, community and health partners who may have a role in supporting alternative arrangements for affected individuals.

The proposal is also relevant to local elected councillors because of their community leadership role and because consultation responses indicate significant local interest and concern. Wider interested parties may include local residents and community stakeholders in Ludlow and South Shropshire, particularly given the evidence that there is no comparable older people’s day service in Ludlow itself and that rural transport and access issues are material to the assessment of impact.

According to the Census from 2021 there were 3,923 people aged over 65 in Ludlow North, Ludlow South and Ludlow East. 27 respondents to the consultation specifically referenced Helena Lane Day Service.

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.

Evidence used for screening of the service change

Evidence used for this screening includes consultation material and consultation feedback, current service information on attendance, waiting list and staffing, and financial information for 2026/27 on running costs and income. Demographic and needs evidence relevant to older people's day support in Shropshire and South Shropshire, including Census 2021 information, Shropshire population profile information, Office for National Statistics population projections, and dementia prevalence information, has been used to assess the distinction between utilisation and underlying need, the likely effects on current attendees and carers, and the potential implications of closure, continuation of the current reduced model, or redesign.

The evidence has assisted the service area to identify the proposed service change by showing that Helena Lane is currently operating at very low utilisation, with high average unit costs, but also that current attendance should not automatically be treated as evidence of no demand because the service may have been affected over time by reduced days, reduced hours, withdrawal of transport, reduced staffing capacity and service disruption. The evidence also identifies relevant legal and policy context, including the Council's duties under the Care Act 2014, the Public Sector Equality Duty, consultation requirements and Best Value obligations. Taken together, this material has enabled the service area to assess both the financial and operational case for change and the likely equality, social inclusion and health impacts if the service were to close.

This screening has been completed following consultation. Consultation responses showed clear and sustained opposition to closure, particularly from service users and unpaid carers, and highlighted concerns about loss of respite, assisted bathing, dignity, routine, dementia-specific support, the lack of a comparable service in Ludlow, and rural transport barriers affecting access to alternatives. For Helena Lane specifically, the consultation report also provides quantified evidence relevant to this screening, including that 90% of respondents who expressed a view opposed the proposal, 77% said they would be affected "a lot", and 68% said travel to alternatives would be very difficult. The consultation material also provides qualitative evidence about likely impacts on dignity, routine, mental wellbeing, assisted bathing, respite and rural accessibility. The consultation evidence has informed the assessment of likely impacts.

Specific consultation and engagement with intended audiences and target groups for the service change

Consultation on the future of Helena Lane Day Service was approved by Cabinet on 21 January 2026 and took place over an eight-week period ending on 26 March 2026. The consultation related to the potential closure of Helena Lane Day Service. Specific intended audiences included current people using the service, their families and unpaid carers, staff and professionals with direct knowledge of the service, local residents and other interested parties.

A range of consultation and engagement methods was used. All current service users were contacted directly rather than relying solely on general public notices or online channels. Written letters were issued, including follow-up correspondence when the Cabinet timetable changed. Consultation documents were made available in Easy Read formats where appropriate. People were able to respond through online surveys, written responses, one-to-one conversations where requested, and meetings and discussions facilitated with councillors and officers, including locality-based engagement reflecting community concerns.

These arrangements were intended to reduce the risk of digital exclusion and to support the participation of people who might otherwise be less able to engage. Advocacy support was available to help individuals and families understand the consultation process and their options, particularly where people may have difficulty engaging independently. Current attendees and, where relevant, their unpaid carers were advised in writing of their right to request a Care Act needs assessment, a carer's assessment and, where applicable, a financial assessment. Consultation responses were received from people who use the service, family members and unpaid carers, staff and professionals with direct knowledge of the service, and local residents. A significant proportion of respondents were carers of people with dementia or complex physical needs.

In addition to consultation feedback, the screening has been informed by wider demographic and needs evidence, including Census 2021 information, Shropshire population profile information, Office for National Statistics population projections and dementia prevalence information relevant to older people's support in Shropshire and South Shropshire.

The consultation received 27 specific responses regarding Helena Lane. The consultation evidence showed clear and sustained opposition to closure and highlighted concerns about respite, assisted bathing, dignity, routine, dementia-specific support, rural transport barriers and the lack of a comparable service in Ludlow. For Helena Lane, the consultation feedback showed particularly strong concern about the proposed closure. Respondents repeatedly referred to the service's role in supporting older people with dementia, frailty or mobility-related needs, and in providing carers with meaningful respite in a local setting. The consultation also highlighted concern that alternatives outside Ludlow may not be realistically accessible for everyone affected, particularly in light of rurality and travel time. The service area will continue to consider this feedback alongside any further engagement required during transition planning and implementation. There has been liaison with councillors and officers through locality-based engagement, and ongoing monitoring will need to take account of feedback from affected individuals and carers and any further evidence about access to suitable alternative arrangements.

Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)

Please rate the impact that you perceive the service change is likely to have for a grouping, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

Please also record in here your headline rationale for the ratings you have given.

Protected Characteristic groupings and other groupings locally identified in Shropshire	High negative impact <i>Stage Two ESHIA required</i>	High positive impact <i>Stage One ESHIA required</i>	Medium positive or negative impact <i>Stage One ESHIA required</i>	Low positive, negative, or neutral impact (please specify) <i>Stage One ESHIA required</i>
<p><u>Age</u> (please include children, young people, young carers, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)</p>			<p>Likely adverse impact is concentrated on older people because Helena Lane is an older people's day service and closure could affect access to routine, social contact, meaningful activity, respite and local support. No specific differential impact is evidenced for children, young people, young carers, young people leaving care or people of working age beyond the</p>	

			position reflected elsewhere in this table.	
<p><u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)</p>			<p>Likely adverse impact for people with disabilities, particularly people living with dementia and people with physical frailty, mobility impairments or other disabilities affecting access, routine, personal care or social participation, because the service provides structured support, social contact, personal care including assisted bathing, and local accessible support.</p>	
<p><u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				<p>No specific differential impact is evidenced in relation to gender reassignment, including associated issues of safety, caring</p>

				responsibility, bullying or harassment, on the information currently available.
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				No specific differential impact is evidenced in relation to marriage or civil partnership, including associated caring responsibilities or risks of bullying or harassment, on the information currently available.
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				No specific differential impact is evidenced in relation to pregnancy or maternity, including associated issues of safety, caring responsibility, bullying or harassment, on the information currently available.

<p><u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)</p>				<p>No specific differential impact is evidenced in relation to race, including ethnicity, nationality, culture, language, or Gypsy, Roma and Traveller communities, on the information currently available.</p>
<p><u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)</p>				<p>No specific differential impact is evidenced in relation to religion or belief on the information currently available.</p>
<p><u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				<p>No specific differential impact is evidenced in relation to sex, including associated issues of safety, caring responsibility, bullying or harassment, on the information currently available.</p>

<p><u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>				<p>No specific differential impact is evidenced in relation to sexual orientation, including associated issues of safety, caring responsibility, bullying or harassment, on the information currently available.</p>
<p><u>Other: Social Inclusion</u> (please include households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rough sleepers and those at risk of homelessness; and rural communities)</p>			<p>Possible adverse impact for people in rural households, people facing transport barriers, those on low income, social isolation, vulnerability, health inequalities or other overlapping disadvantage, because access to alternatives may be more difficult in practice and there is no like for like older people's</p>	

			day service in Ludlow.	
<u>Other: Carers</u> (please include families and friends with caring responsibilities)			Likely adverse impact as for Social Inclusion	
<u>Other: Veterans and serving members of the armed forces and their families (as per Armed Forces Act 2023)</u>				No specific differential impact is evidenced for veterans, serving members of the armed forces or their families on the information currently available.
<u>Other: Young people leaving care</u>				No specific differential impact is evidenced for young people leaving care. Helena Lane is an older people's day service and this grouping is not identified on the current evidence as specifically affected.

Initial health and wellbeing impact assessment by category

Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column, including if it is anticipated to be neutral (no impact).

Please also record in here your headline rationale for the ratings you have given.

Health and wellbeing: individuals and communities in Shropshire	High negative impact <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			<p>Likely adverse impact for some current attendees, particularly older people living with dementia and people with physical frailty or mobility impairments, because closure may disrupt routine, social contact, meaningful activity, dignity, personal care arrangements including assisted bathing, and continuity of familiar support.</p>	
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>			<p>Likely adverse impact because loss of a local structured service may reduce opportunities for social participation, routine, stimulation and supported wellbeing, and may make it harder for some individuals to maintain independence and for carers to sustain their own wellbeing.</p>	

<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>			<p>Likely adverse impact in Ludlow and wider South Shropshire because closure would remove a local building-based older people's day service and may worsen the practical effects of rurality, transport barriers, social isolation and reduced access to local preventative support.</p>	
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>			<p>There is likely to be some adverse effect on access to support and possible increased demand on health and social care services if unmet need, carer stress or breakdown, or loss of preventative support leads to greater reliance on other community, primary, mental health or social care services.</p>	

Initial health equity assessment

For the following categories, please complete with the expected impacts of this service change on wider inequalities, not just those that are health-related (whether positive, negative, or neutral) – include any additional information you feel is pertinent or useful.

Consider and record which you can control, which you can influence, and which may be out of your control.

<p>Which population groups/demographics will face health impacts as a result of this change (if any)?</p> <ul style="list-style-type: none"> • Socio-Economically Deprived • Geographic Deprivation (inc. Rurality) – <i>if so, where?</i> • Inclusion Health & Vulnerable Groups¹ • Other 	<p>The groups most likely to experience adverse impacts are current Helena Lane attendees and their unpaid carers, particularly older people, disabled people including people living with dementia, and people with physical frailty or mobility impairments in Ludlow and the wider South Shropshire area. The evidence indicates that the proposal may also have wider inequality impacts for people living in rural areas, where distance, limited transport options and longer journey times may reduce practical access to alternative provision. These factors may disproportionately affect people who are older, on lower incomes, less able to travel independently, or already at risk of social isolation. In inclusion health and wider social inclusion terms, the proposal is most relevant where vulnerability overlaps with age, disability, caring responsibility, rurality, low income, or limited access to services. On the current evidence, the Council can reasonably identify a likely risk of increased inequality for people who rely on a local, accessible and familiar service to maintain routine, social contact, dignity, personal care arrangements and respite. This includes the risk that some people may lose effective access to support in practice, even where an alternative may exist in theory.</p> <p>The most relevant geographical locations are Ludlow and the wider South Shropshire area, where consultation and screening evidence identify particular concerns about rurality, transport barriers and travel time to alternative provision. The Council can control the completion of individual assessment or reassessment, carers' assessments where relevant, transition planning, and the identification of suitable alternative arrangements. The Council can influence how clearly information is communicated, how far transport and access issues are considered in decision-making, and how far ongoing engagement helps identify unmet need during implementation. Some wider factors may be outside the Council's direct control, including the availability, location and accessibility of alternative community or market provision, individuals' personal transport arrangements, and whether wider rural isolation or deprivation increases the practical impact of the service change.</p>
<p>What mitigations/enhancements are already in place, or what mitigations/enhancements do you plan to include for the foreseeable consequences of these changes?</p>	<p>Mitigation already in place or planned includes direct written communication with current attendees and, where relevant, their unpaid carers; the availability of advocacy support to help people understand the process and their options; and the formal offer of individual Care Act assessments or reassessments, carers' assessments and financial assessments where relevant. If a decision is taken to proceed with closure, mitigation would include the offer of tailored advice and information, and where needs are assessed, managed transition planning, with specific consideration of needs relating to respite, personal care, bathing, supervision, routine, dignity, mobility, cognition and access.</p> <p>For all affected groups, mitigation should not assume that generic community provision will be suitable for everyone.</p>

	<p>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 taken into account when identifying alternatives.</p> <p>Where suitable to the individual, alternative arrangements may include other ways of meeting eligible needs, such as direct payments, personal assistants or support workers, commissioned services, or supported access to community opportunities. However, the evidence indicates that there is no comparable older people's day service in Ludlow itself, and that alternatives outside Ludlow may be difficult to access in practice because of rurality, distance, fatigue, mobility limitations and the erosion of respite time through travel. No digital alternative has been evidenced as a substitute for the day service functions currently provided by Helena Lane. Monitoring should therefore include whether alternative arrangements are accessible and effective in practice, particularly for people in Ludlow and the wider South Shropshire area.</p>
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- 1- *Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery. Health impacts for this wide grouping will therefore potentially be the same as those recorded under the Social Inclusion category in the equality impact table.*