

Helena Lane Business Case – May 2026

1. Executive summary

Purpose

In the context of severe financial pressures and the underutilisation of Helena Lane Day Service in Ludlow, it is necessary to determine the next steps for the service, considering Best Value duties, statutory responsibilities under the Care Act 2014 (including prevention and support for carers), the Public Sector Equality Duty, and consultation requirements.

Current position

- Helena Lane provides specialist older people's day support, including meaningful activity, respite for unpaid carers, personal care and assisted bathing.
- The service has reduced over time to half-day provision, three days per week, with council-funded transport withdrawn and staffing capacity reduced.
- Utilisation is very low, creating a mismatch

Options considered

- 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.

Financial implications (headline)

- Forecast 2026/27 running cost: £194,320 (excluding building costs).
- Forecast income: £24,582
- Net cost: £169,738

At May 2026 utilisation levels, the average cost per attendance day is high; however, improved utilisation would reduce the average unit cost. Closure may not eliminate all costs and may shift demand and cost pressures elsewhere through carer breakdown and crisis escalation.

Key risks and equality considerations

- An Equality, Social Inclusion and Health Impact Assessment (ESHIA) has been completed.
- Closure carries higher legal and reputational risk given the strength of consultation opposition.
- Potential disproportionate impacts on people with dementia and limited mobility, unpaid carers, and residents facing rural transport barriers.

Next steps / review

Option 1 (closure) is recommended as the option most likely to secure Best Value when all relevant factors are considered in the round. The recommendation is not based on cost alone. In determining the future of Helena Lane, the Council must have regard to severe financial constraints, but also to its 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. The current model has sustained low utilisation and a high unit cost, but closure may not remove all costs and may give

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rise to displaced demand and expenditure elsewhere, including through carer breakdown, crisis responses, or increased reliance on higher-cost care arrangements. The Council will continue to meet eligible needs through person-centred reassessment and managed transition planning, including support to access alternative provision such as direct payments, personal assistants and community services, together with tailored mitigation for people with dementia, limited mobility and rural transport barriers. Consultation responses showed strong opposition to closure, particularly regarding respite for unpaid carers, and the lack of a like-for-like alternative in Ludlow.

2. Case for change

Helena Lane Day Service is an older people's day service in Ludlow providing structured day support, social interaction and meaningful activity, personal care, including assisted bathing, respite for carers. Over recent years, to manage costs in line with utilisation, the service has reduced to part day provision for three-days a week, alongside the removal of council funded transport and reduced staffing capacity. The service is currently operating at very low utilisation. This has created a mismatch between the fixed and semi-fixed costs of maintaining an in-house service model and the number of people able to access and benefit from the service.

The Council must decide whether to close the service as proposed, maintain the current model, or determine whether there could be a third option to ensure the service is financially viable as well as meeting need. The decision is required in the context of severe financial pressures and Best Value duties, while also meeting statutory obligations under the Care Act 2014 (prevention and support for carers), and the Public Sector Equality Duty, and consultation law.

Key drivers and objectives are to:

- ensure any in-house day provision delivers value for money and is sustainable within the Council's financial constraints;
- maintain access to specialist support (including assisted bathing and dementia-specific supervision) where alternative provision may not be suitable;
- protect carers' wellbeing and maximise preventative impact (avoiding or delaying higher-cost packages and admissions where possible);
- address rural access barriers and ensure equality impacts are consciously considered and, where possible, mitigated;
- provide Cabinet with a defensible decision record that demonstrates consideration of realistic options (including the status quo) and consultation evidence.

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.

3. Background and strategic context

Strategic drivers

The January 2026 Cabinet report set out the need to review inhouse provision in the context of severe financial pressures and a declared financial emergency, Best Value duties under the Local Government Act 1999, and the need to ensure services remain effective, affordable, and aligned with future demand. Helena Lane Day Service was included within that review as an older people's day service with declining attendance and high costs.

Local demographics and potential demand for day services

Using the Shropshire Profile [Shropshire's profile | Shropshire Council](#) which draws data from the Census 2021 there were 82,000 people aged over 65 accounting for 25.3% of the population. This is 6.9% higher than England's national average. The number of people aged over 85 was 10.8% of the population. The ONS (Office for National Statistics) estimates that by 2032, 29% of the population in Shropshire are projected to be aged 65 years or over. [Subnational population projections for England - Office for National Statistics](#).

The 2021 Census data reports that Ludlow North, Ludlow East, Ludlow South and Clee makes up 15,971 (4.93%) of the population of Shropshire. Of those people, 5278 (33.8%) were over 65. The 2022 based sub-national population projections [Subnational population projections for England - Office for National Statistics](#), which estimates that the growth in population of people aged over 65 will likely grow by 51% by 2047.

The number of registered cases of people registered with Dementia aged over 65 varies month on month, but the mean number taken over a six-month period between Sept 2025 and Feb 2026 is 3643 people. Using the population data from the last Census would suggest that this accounts 1.13% of the population. [Number of registered cases of dementia for people aged 65 and over in Shropshire | LG Inform](#) The Alzheimer's society suggest that only 66% of people living with Dementia have a diagnosis and believe that 1 in 11 (9.09%) people aged over 65 have Dementia with prevalence rising to 1 in 6 (16.7%) for those over 80. [How many people have dementia in the UK? | Alzheimer's Society](#). Applying this to the catchment area shown above, it would suggest that there are approximately 480 people living with Dementia within this locality.

NHS England data also suggest that 1 in 3 people will Care for someone with Dementia in their Lifetime. [NHS England » Dementia](#)

Equality analysis should be explicit that the proposal may have particular impacts on older people with dementia, older people experiencing physical frailty or mobility impairment, unpaid carers, and people living in rural areas with limited transport options. For people with dementia, the potential issues include disruption to established routine, anxiety associated with change, reduced access to specialist supervision and structured activity, and the loss of a familiar setting that may currently help sustain wellbeing and delay deterioration. For people with physical frailty or mobility impairment, the relevant considerations include whether alternative provision is physically accessible in practice, whether travel times and journeys are tolerable, whether personal care or bathing needs can be met safely and with dignity, and whether the absence of local provision would create a real barrier to access rather than a merely theoretical alternative. For unpaid carers, the likely equality impacts and Care Act implications include the possible loss of predictable respite, increased caring intensity, and heightened risk of carer stress or breakdown. Rurality is also material: where public transport is limited and journeys to alternative provision are

lengthy, closure may affect people in South Shropshire more severely than those in less rural parts of the county. These matters do not in themselves determine the outcome, but they must be identified with precision, evidenced where possible, and addressed through the Council's equality impact analysis and mitigation planning.

Demand implications

Taken together, this data does not demonstrate current demand equals 'x' day service places needed. However, it does suggest that there is an underlying need-base for older people's support in this area; that it is large; and that it's growing. Low utilisation cannot safely be relied upon as evidence of low demand for the service and there is a material cohort of older people (particularly with dementia) who are very likely under-represented in current service specific information. However, it should be noted that while Helena Lane Day Service does currently support some people with dementia, this is not a dementia specific 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.

The Dementia prevalence data suggests that official systems are under-counting dementia meaning that the Council's "known demand" is not the same as actual demand. A substantial cohort of people with dementia exist outside routine service and assessment pathways. Applying prevalence rates to the Ludlow and surrounds yields hundreds of people likely living with dementia, but many are not visible. However, this does not necessarily mean that those 480 people would attend Helena Lane, or that they would choose an in-house day service over accessing community-based services with a personal assistant or support worker.

Catchment level analysis suggests that South Shropshire is not demographically "typical" and removing a specialist service here could have a greater impact than the same decision elsewhere in Shropshire.

Carer statistics suggest that Dementia demand has secondary demand effects. For every person with dementia, there is likely at least one carer whose wellbeing is implicated. For some people, services like Helena Lane will act as sustaining infrastructure, not just individual support. However, this does not necessarily indicate that carers need this particular service or that the Helena Lane Day Service is cost effective.

Overall, there is a large, growing, and partially hidden population of older people, particularly people with dementia in this area. In that context, low utilisation of a constrained service cannot safely be relied upon as evidence that a service like Helena Lane Day Service is no longer needed.

Commented [CC644682]: Do you mean "need"?

Commented [SC2291243R2]: No, I did mean demand for the service.

Demand vs Utilisation

In considering the future of Helena Lane Day Service, it is important to distinguish carefully between the utilisation of the service and underlying demographic demand for older people's day support in this area. These are not necessarily the same thing.

Recent utilisation information shows reduced attendance at Helena Lane over a prolonged period. However, consultation feedback and supporting evidence indicate that current utilisation levels cannot be interpreted in isolation as a proxy for lack of demand.

Over a period of years, Helena Lane has experienced a series of operational changes, including, a reduction in the number of operating days, a reduction from full-day to half-day provision, withdrawal of council-funded transport, reduced staffing capacity which has limited the number of people who can attend, a temporary relocation to alternative premises before returning to Helena Lane.

While these changes were made to manage the reduced utilisation of the day service, these changes could have affected the accessibility, capacity and visibility of the service. In that context, lower attendance levels may reflect constrained supply and discouraged access, rather than reduced need. Consultation responses further indicate that some existing service users have requested additional sessions but were unable to access them, staffing and capacity constraints have limited new admissions and the inconsistency of awareness of the service. This evidence suggests that there could be a presence of unmet and latent demand, which is not captured through attendance data alone.

In contrast to the NHS, Adult Social Care is not provided free at the point of delivery. Demographic data suggests an increasing demand for services among older adults, yet individuals deemed financially capable are expected to fund their own care. As a result, some may opt not to set aside funds for future needs or may pursue alternative forms of support, which could also explain the underutilisation of services such as Helena Lane Day Service.

Demand for Helena Lane Day Service must also be understood in relation to carer wellbeing and sustainability. Consultation material, supported by wider local carer survey data, demonstrates that respite provided by the day service is an essential enabler of continued caring at home. For many carers, often older partners or family members, access to a predictable period of specialist day support is the difference between coping and crisis.

Where carer support is withdrawn, demand does not disappear; rather, it may re-emerge elsewhere through carer breakdown, crisis intervention, or earlier admission to residential or nursing care. Equally, the Council must recognise that current utilisation may in part reflect the cumulative effect of historic service changes, including reduced operating days, shorter sessions, withdrawal of transport, reduced staffing capacity and periods of service disruption. It would therefore be unsafe to treat current attendance figures as a complete or neutral measure of underlying need.

However, that point does not by itself establish that restoring or expanding Helena Lane would now produce a viable and sustainable service model. While there is credible evidence of unmet or latent need, there is not presently sufficient evidence to demonstrate the likely scale, frequency or affordability of future demand for this specific in-house model, nor that increased provision would attract and retain enough attendance to secure Best Value within a reasonable period. In particular, there is no developed and costed proposal showing that additional operating days, longer sessions, transport restoration or wider reopening would be deliverable, financially sustainable and capable of meeting need more effectively than alternative forms of support. The demand/utilisation distinction is therefore an important caution in interpreting the data, but it does

not, on the current evidence, displace the overall conclusion that the Council must assess the future of the service on the basis of viability, sustainability and lawful discharge of its statutory duties in the round.

Accordingly, utilisation data should be considered in its full context, alongside demographic evidence, consultation feedback, equality impacts, carers' wellbeing and the Council's statutory duties. A balanced assessment requires both acknowledgment that historic changes may have suppressed attendance and recognition that this does not, without further evidence, provide a sufficient basis for concluding that restoration or expansion of the service would now be viable, proportionate or sustainable.

Service overview

Helena Lane Day Centre is a building-based day care service for up to 20 older people per day with lower-level need, through offering group activities and social support intended to reduce isolation, support wellbeing and provide respite for unpaid carers. Some people will also access additional activities such as bathing. The model is rooted in traditional day care rather than community based activity. The service operates over 3 days for 4 hours a day. Transport is no longer offered as part of the service.

There are currently five people accessing the service over the 3 days, albeit there was 8 at the start of the consultation. A decision was taken to freeze new admissions during consultation to reduce any potential impact. Mostly due to the closure of another day service locally, there is now a small waiting list of 3 people, but there is no guarantee that these people will attend. The number of service users has decreased significantly in recent years, as individuals have chosen alternative services, or more personalised or community-based support arrangements, or decided to not access services due to their personal financial circumstances.

While the demographic forecasts do suggest that there may be more people now requiring support than before, there has been an observed downward trend in the utilisation of Helena Lane Day Service. There is nothing to suggest that we should be expecting a resurgence in interest for a traditional day centre provision for older people. 5 individuals use the service over the 3 half days, totalling 10 half days of service in total on average. Most individuals now pay privately for the service at fee of £66.00 per half day. The fee is calculated by accumulating the costs of delivering the support divided by the number of potential attendees each day of operation. This is reviewed annually and is significantly less than the average cost of delivering the service.

It is important to distinguish between individuals who are self-funding and those whose needs are met or arranged by the Council. Self-funders are exercising choice within the local care market and are responsible for meeting the full cost of their care. While some currently choose to access Helena Lane, this does not create an ongoing obligation on the Council to continue to provide that service or to maintain any particular facility as the means by which personal care or hygiene needs are addressed. Any future duty on the Council would arise only following assessment and determination of eligible needs under the Care Act 2014, and those needs may then be met in different lawful ways depending on the person's circumstances.

Day	Attendees
Monday	0
Tuesday	4 (3 self-funders)
Wednesday	2 (1 self-funder)

Commented [CC644684]: Consultation?

Commented [RH5]: do we need to reference the legislation around self funding vs an assessed contribution?

Thursday	4 (4 self-funders)
Friday	0

Current attendance:

Waiting list:

- 3 new people – although this is not guaranteed, nor do we know the volume of days requested.

Current staffing levels:

- 0.03 FTE Domestic Assistant
- 1.20 FTE Day Service Workers
- 0.81 Senior Support Worker
- 0.50 FTE Locality Lead

A minimum of three staff members will be scheduled to cover each day. It is important to acknowledge that any staff absences may significantly affect both safety and the quality of service delivery.

Alternative Provision Options

The Care Act 2014 places a duty on local authorities to assess needs where requested, or where it appears that an adult may have needs for care and support, and to meet eligible needs where those needs meet the national eligibility criteria. The Act does not require local authorities to provide or maintain any particular service model, including in-house provision.

A number of current Helena Lane attendees are self-funders. This means they have chosen to purchase services privately and are not, by virtue of that status alone, entitled to Council-funded or subsidised provision. Where a self-funder requests an assessment, or where needs appear to arise, the Council retains a duty to assess and, if eligible needs are identified, to ensure those needs are met. However, this duty relates to the meeting of need, not the continuation of a specific service or provider.

In addition, the Council has a wider market-shaping duty under the Care Act 2014 to ensure a diverse, sustainable and high-quality local care market. This includes facilitating access to a range of provision across the independent, voluntary and community sectors, rather than maintaining a particular in-house service where this does not represent Best Value.

Where, following assessment or reassessment, a person appears to have needs relating to personal care, hygiene, dignity or supervision, the Council must consider how those needs are to be met lawfully and appropriately in light of the individual's circumstances. Those needs may be met through a range of lawful mechanisms, including direct payments where appropriate, personal assistants or support workers, commissioned care and support, supported access to community opportunities, or other personalised arrangements. The legal duty is to meet eligible needs, not to provide bathing, personal care or day support in a particular building, through a particular in-house service, or in any single prescribed format. These mechanisms are not necessarily like-for-like replacements for Helena Lane itself; rather, they are different ways in which the Council may secure the meeting of eligible needs in a person-centred and proportionate way.

The nearest building-based day service of a more comparable type is in Church Stretton. There are no other local day centres in Ludlow itself. Local community and voluntary sector opportunities, such as luncheon groups and other community activities, may be relevant for some people where they are suitable and where any necessary support is in place. However, it should not be assumed that people with dementia, significant physical frailty, mobility limitations, personal

care needs or a requirement for close supervision can simply attend ordinary community groups without support. For some individuals, access to community opportunities would only be practicable through additional arrangements such as a personal assistant, support worker, transport assistance, direct payment, or another tailored package of support. Community groups should therefore be understood as one possible component within a broader personalised care arrangement, not as a universal or direct substitute for a specialist day service.

4. Consultation Feedback Overview

Please see the [Consultation feedback](#) report for a more detail.

The Consultation for Helena Lane Day Service-

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

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

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

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

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

How was the consultation supported?

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

People could engage with the consultation through multiple routes:

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

Officers confirmed that advocacy support was available to help individuals and families understand the consultation process and their options, particularly where people may have difficulty engaging independently. In addition, current attendees and, where relevant, their unpaid carers were formally advised in writing of their right to request a Care Act needs assessment, a carer's assessment and, where applicable, a financial assessment. A written audit trail is being maintained to record when those offers were made, to whom they were made, whether they were accepted, declined or already in place, and any follow-up actions required to support transition planning.

Commented [CC644686]: Please summarise here the options consulted upon.

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

Who responded

There were 27 responses specifically relating to Helena Lane from:

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

A significant proportion of respondents were carers of people with dementia or complex physical needs.

Overall sentiment and key themes

- Consultation responses relating to Helena Lane demonstrate clear and sustained opposition to closure. Among service users and carers who expressed a view on the proposal, the overwhelming majority opposed closure, with 90% of respondents who would be directly affected stating they would be affected “a lot”, not just marginally.
- Respondents consistently described Helena Lane as a “lifeline” enabling continued care at home, safeguarding dignity through assisted bathing, and preventing carer breakdown.
- Limited support for closure, generally linked to financial realism rather than perceived lack of need.
- Consistent concern that consultation options underestimated the impact on carers and rural accessibility.

Respondents repeatedly stated that:

- There is no comparable alternative day service for older people in Ludlow;
- Voluntary and community groups (e.g. social cafés) are not suitable substitutes for people requiring personal care, supervision, or dementia-specific support;
- Travel to Shrewsbury or Church Stretton would significantly erode respite time and, for some, be unmanageable.

Prevention and avoidance of higher cost care

Many carers described Helena Lane as the factor that:

- Enables them to continue caring at home;
- Prevents carer breakdown;
- Delays or avoids permanent residential or nursing care.
- Respondents explicitly questioned whether closing a preventative service would lead to greater long-term cost pressures elsewhere in Adult Social Care.

Importance of bathing and personal care facilities

Consultation responses repeatedly highlighted the practical importance of Helena Lane’s on-site assisted bathing and personal care facilities to some current users and carers, particularly in relation to dignity, hygiene and respite. That evidence is relevant to understanding the impact of closure and the nature of people’s needs. However, the legal issue for the Council is not whether bathing or personal care must continue to be provided at Helena Lane itself, but whether any assessed eligible needs relating to personal care and hygiene are properly identified and met through lawful, suitable and person-centred arrangements.

- Important to dignity and hygiene for some current users;
- Not readily replicated through many ordinary community alternatives without additional support or different arrangements;
- A significant reason why some families currently choose Helena Lane.

Commented [RH7]: can we say how many responses were received

Commented [LD8]: to me this reads really well and makes robust use of evidence. I have changed text alignment to ranged left for overall readability, and picked out a couple of sentences to be altered. These are in yellow.

Impact of historic service reduction

A consistent theme was that:

- Attendance declined after transport was withdrawn and operating hours reduced;
- Referrals were perceived to have slowed during earlier transformation phases;
- The service has not been actively promoted despite demographic demand in Ludlow.
- Respondents argued that current utilisation should not be treated as a neutral indicator of demand.

While perceptions were expressed that referral activity reduced over time, the Council does not rely on anecdotal accounts alone. The consultation evidence clearly indicates that current utilisation levels cannot be viewed in isolation from these operational constraints. It is important to note that current utilisation levels could reflect a service model shaped by earlier operational decisions, including reduced days, hours and transport availability. While those decisions were taken as operational measures at the time, their cumulative effect is relevant to the fairness and proportionality of any closure decision now proposed. Current demand data must therefore be interpreted with caution and in the context of the service's reduced accessibility.

Equality and rurality

Consultation responses raised specific equality concerns about the effect of closure on older people with dementia, older people with physical frailty or mobility impairments, unpaid carers, and residents of rural South Shropshire who face transport barriers. Consultees challenged any assumption that ordinary community groups, more distant day opportunities, or alternative support arrangements would be realistically accessible or suitable for everyone affected. In particular, respondents disputed whether people with dementia could safely and consistently use non-specialist provision, whether people with significant frailty or mobility limitations could tolerate longer journeys or access alternative venues without additional support, whether carers would experience any meaningful equivalent to the respite currently provided, and whether travel from rural areas to Church Stretton, Shrewsbury or other locations would be practicable in reality rather than merely in theory. 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.

5. Financial considerations

Running costs and income

It's important to note the difference between the fees and charges and the running costs of the service.

Fees and Charges

At present, fees and charges are calculated by dividing the total forecasted running costs of the service (excluding building costs in this at the moment) by the annual total number of potential days of attendees. This year this has seen a notable increase in the previous charge for Helena Lane users rising from £37.50 in 25/26 up to £66.00 for 26/27 per half day. This was a significant increase. However, our fee model reflects a standard unit cost approach. We take the total cost of delivering the service and allocate it across the available delivery capacity, first by dividing by the number of operating days, and then by the maximum daily capacity (not attendance level) of the service. For Helena Lane, this equates to 20 places per day.

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Commented [SC22912410]: 5. Equality, legal and consultation considerations

Care Act 2014

Helena Lane contributes to the Council's duties to prevent, reduce and delay the development of needs for care and support, support carers to maintain their own wellbeing and provide proportionate, preventative services.

Public Sector Equality Duty

Consultation responses suggest a potential disproportionate impact on older people, people with dementia, and carers. Therefore, any decision must demonstrate active, informed consideration of these impacts, not reliance on generic mitigation.

Consultation law

Given the strength and specificity of feedback relating to Helena Lane, any decision must clearly show:

- How consultation responses have been conscientiously taken into account;
- Why the chosen option is justified despite opposition (if applicable);
- That decisions are not predetermined by financial assumptions alone.

In circumstances where a specific service used by a clearly identifiable group is proposed for closure, public law requires that consultation responses are not only considered, but are demonstrably capable of influencing the outcome. Where consultation evidence overwhelmingly indicates disproportionate impact and lack of local alternatives, decision-makers must be able to evidence why those factors are outweighed by other considerations.

The consultation responses, taken cumulatively, were a decisive factor in concluding that immediate closure would be disproportionate and that Cabinet should instead be asked to consider a stabilise-and-redesign option.

This means the current fee assumes full utilisation of capacity. If we were to cost the fee on the basis of actual attendance (i.e. lower utilisation), the cost per individual place would increase materially, as the same fixed cost base would be spread across fewer attendees. If fees were instead calculated based on the actual cost per attendee (i.e. reflecting the number of people who attend in practice rather than full capacity), the charge per person would be significantly higher.

With current utilisation, the forecast for a full year income from fees is £23,562. Forecast Income from food contribution is £1020. This brings a total forecast income to £24,582 per annum.

Budget Breakdown 26/27:

Type	Cost	Notes
Staffing cost	£162,240	Includes staff on-costs, such as NI, pension etc.
Building cost	£0	There are no accommodation costs incorporated into this budget as it sits within a larger council building.
Running cost other	£7,980	Food, cleaning materials etc.
Internal Market Recharges	£24,100	including internal recharges for business costs, finance, IT, HR, office accommodation
Total	£194,320	

The overall forecast cost of running the service for 26/27 is £194,320 (cost) - £24,582 (forecast income) = £169,738. Based on the budget figures the average cost of delivery per day per person is currently £332.82 per day, using the May 2026 utilisation level of 10 days of attendance per week for 51 weeks a year. It is important to note that this does not include any building costs.

The current charge of £66.00 per half day, based on 20 people attending each day, is significantly below the current average cost of operating the service at present utilisation levels. As the majority of current attendees are self-funders, there is a material question as to whether the Council is, in practice, subsidising private care arrangements through an in-house service model whose income does not recover its true operating cost. That is a relevant Best Value consideration. However, the legal and financial analysis should not be reduced to a simple proposition that closure is justified because the service is expensive. Best Value requires a broader assessment of economy, efficiency and effectiveness in light of the Council's statutory duties, including duties under the Care Act 2014, the need to consider prevention and carers' wellbeing, equality impacts, and whether closure would create displaced or deferred costs elsewhere in the system. If attendance were to increase materially, average unit cost would reduce; conversely, if closure were to contribute to carer breakdown, crisis intervention, or earlier admission to residential or nursing care, some costs may reappear elsewhere.

Consultation respondents repeatedly questioned whether closure of the day service would deliver meaningful net savings, particularly where some fixed or corporate costs may remain irrespective of service operation. As demonstrated above, building costs have not been incorporated into the running-cost calculation set out in this report. The financial case for closure must therefore distinguish between costs that would genuinely cease, costs that may remain, and costs that may be displaced into other parts of the Adult Social Care system.

It is therefore necessary to consider not only whether closure would reduce immediate expenditure, but whether it would represent Best Value overall when the Council's statutory obligations, the preventative value of the service, the impact on carers, equality implications, and

Commented [SC22912411]: If this were included, the average cost would be significantly higher still. If attendance levels increased to 10 attendees each day and we assumed that they were all self-funders, the average cost of delivery would reduce to £89.24.

the risk of increased demand elsewhere in the system are taken into account. Best Value is not necessarily the same as the lowest short-term cost.

Other factors affecting costs

The current fees and charges are not individualised based on level of need. The fees and charges are based on everyone having the same level of need and do not currently accurately reflect the costs of support for individuals. Where the council are able to claim full recovery costs from people who have been assessed as being able to self-fund their own care, this is relevant, as it would be disproportionately financially benefiting some individuals across Shropshire over others. For example, if someone with higher level needs attends the service with significant 1:1 needs), under the current charging structure, it reduces the number of attendees able to attend, increasing the overall daily cost.

6. Options appraisal

Option 1 – Close the Helena Lane day service (retain building for other use)

Description: Cease older people's day provision in Ludlow;

Advantages

- Removes a high-cost, low-utilisation in-house service model that is not currently operating at a sustainable scale.
- Contributes to Best Value by reducing expenditure on a service that is delivering limited throughput relative to its cost base.
- Provides a clearer and more sustainable strategic direction, rather than prolonging uncertainty through repeated short-term reviews of an increasingly fragile model.
- Reduces ongoing operational fragility, particularly where low staffing resilience and very small attendance levels create vulnerability in service continuity.
- Avoids investment in a model for which there is currently no evidenced and costed viability plan.
- Clarifies that the Council's duty is to assess and meet eligible needs, not to maintain a specific building-based service, which supports a more flexible and legally robust approach to meeting need.

Disadvantages / risks

- Loss of the only building-based older people's day service in Ludlow, with no like-for-like alternative locally.
- Risk of adverse impact on current attendees, particularly people with dementia, physical frailty, mobility impairment, or personal care needs, for whom alternative provision may not be practically equivalent or accessible.
- Risk of reduced respite for unpaid carers, with consequent pressure on carer wellbeing, sustainability of caring arrangements, and increased risk of carer breakdown without identified mitigation.
- Risk of displaced demand and cost pressures elsewhere in the system, including crisis intervention, emergency respite, and earlier admission to residential or nursing care.
- Transition risk, including distress, disruption to routine, disengagement from support, or gaps in care if reassessment and alternative arrangements are not implemented in a timely and person-centred way.
- Risk that anticipated savings are lower than expected, if some costs remain, transition costs arise, or needs reappear in other forms elsewhere in Adult Social Care.
- Impact on current self-funders, who may experience disruption to existing arrangements and difficulty identifying suitable alternative provision locally.

Potential mitigations

- Before implementation of any closure decision, each current attendee would be offered an individual Care Act assessment or reassessment. Where there is an unpaid carer who appears to have needs for support, a carer's assessment would be offered. Where relevant, a financial assessment would also be offered.
- Transition planning would need to be person-centred and should not assume that ordinary community provision is a like-for-like replacement for Helena Lane.
- Particular regard would need to be given to people with dementia, physical frailty, mobility impairment, personal care needs, and those affected by rural transport barriers.
- Alternative arrangements may include direct payments, personal assistants, commissioned care and support, supported access to community opportunities, transport support, or other lawful and suitable means of meeting eligible needs.

Option 2 – Maintain current reduced service (status quo)

Description: Continue limited provision with no material change.

Advantages:

- Avoids immediate disruption to existing attendees.
- No additional investment required.

Disadvantages / risks:

- Does not address low utilisation;
- Does not respond meaningfully to consultation feedback;
- Likely continued decline and repeat of closure debate.
- Continued high level average costs for care delivery

Mitigations:

- Advertisement of the service locally to encourage further participation.
- Review of staffing hours to enable more attendees.
- Review of fees and charges structure

Option 3 – Stabilise and redesign the Helena Lane Day Service

Description: Retain Helena Lane Day Service, with targeted redesign to aim to restore viability and maximise preventative value.

Core elements could include:

- Re-establishing reliable access (including transport solutions), although full costs recovery would apply;
- Reviewing the charges and fees on to reflect individual need.
- Reviewing operating hours and referral pathways;
- Actively promoting the service locally (GPs, social work teams, carers);
- Maximising use of bathing, respite and dementia-specific support;
- Exploring complementary use of the building that does not undermine the core service.

Advantages:

- Responds directly to consultation feedback;
- Supports carers
- Retains local provision;
- Reduces legal risk by demonstrating genuine consideration of alternatives.

Disadvantages / risks:

- There is no sufficiently developed or evidenced redesign proposal at this stage which credibly demonstrates how the present financial gap would be closed within a reasonable timeframe.
- The current attendee cohort appears to present with higher levels of need than the charging model assumes, including needs that can reduce the number of people who can safely be supported at any one time.
- If the service were re-modelled around a higher-needs cohort, the fee structure would likely need to increase materially to reflect the true cost of delivery, which raises a substantial affordability and marketability risk, particularly for self-funders.
- There is already evidence that the recent increase in fees has further reduced take-up, which limits confidence that further redesign based on higher charges would improve viability.
- Accordingly, while consultees suggested alternatives and redesign ideas, there is not presently a realistic evidential basis on which Cabinet could conclude that redesign would restore viability and Best Value within a reasonable period. There is also a risk that, if redesign were pursued without resolving these issues, the Council would defer rather than resolve the underlying decision and may need to return to Cabinet following further cost and instability.
- Savings are indirect and preventative rather than immediate. There is a risk that, if the redesign does not materially improve utilisation within the review period, Cabinet may need to reconsider the service's future, at which point further consultation may be required.

Mitigation:

- Before this option could properly be recommended, the Council would need a fully developed redesign proposal supported by evidence on demand, cost, staffing model, charging implications, likely take-up, transport/access arrangements, equality impact, and a credible implementation timetable.

7. Conclusion and Recommendation

Option 1 (closure) is recommended as the option most likely to secure Best Value overall, but that recommendation is reached only after consideration of the relevant matters in the round rather than by treating closure as a foregone conclusion. The Council recognises that closure is likely to have material adverse impacts for some people and carers, particularly older people with dementia, older people with physical frailty or mobility impairments, unpaid carers relying on predictable respite, and people living in rural areas where transport barriers may limit practical access to alternatives. Those impacts have been considered alongside affordability, long-term sustainability, the Council's statutory duties under the Care Act 2014, the Public Sector Equality Duty, and the consultation evidence. The recommendation is not based on cost alone. Rather, it reflects the Council's view, on the current evidence, that the present model is not financially sustainable and that eligible needs can still be met lawfully and proportionately through other mechanisms, including person-centred assessment or reassessment, managed transition planning, and alternative lawful ways of meeting need where those are suitable to the individual. Option 3 has been considered carefully in light of consultation feedback, but it is not currently the preferred option because there is no evidenced redesign proposal which credibly demonstrates that viability could be restored within a reasonable timeframe. In particular, the present cohort appears to have higher levels of need than the historic pricing model assumes; a redesign built around those needs would be likely to require materially higher charges; and there is already evidence that recent fee increases have impacted further on take-up. In those circumstances, on the current evidence base, it is not possible to conclude that redesign would realistically close the

financial gap while remaining lawful, deliverable and proportionate. The recommendation further recognises that a proportion of current attendees are self-funders and clarifies that the Council is not under a duty to continue to provide a specific in-house service or to subsidise privately funded care arrangements.

The Council will continue to meet eligible needs under the Care Act 2014 through person-centred assessment or reassessment and managed transition planning. That may include, where appropriate to the individual, direct payments, personal assistants or support workers, supported access to community opportunities, commissioned services, transport support, or other personalised arrangements. These are different mechanisms by which eligible needs may be met lawfully; they are not necessarily like-for-like replacements for Helena Lane as a specialist building-based day service. Any implementation of closure should be conditional on completion, or formal offer and recording, of appropriate individual Care Act assessments, carer's assessments and, where relevant, financial assessments for affected current attendees.

Consultation responses showed strong opposition to closure, particularly regarding respite for unpaid carers, assisted bathing and the lack of a like-for-like alternative in Ludlow. These concerns will need to be addressed through timely assessments or reassessments, supported transition planning, and the development of individual care arrangements that are suitable to the person's level of need. Where a person appears to have needs relating to personal care, hygiene or bathing, those matters must be considered through assessment and may be met in different lawful ways depending on the individual's circumstances. Nothing in this report should be taken as guaranteeing continued access to any particular building-based facility or practical arrangement unless and until that has been specifically determined.

Officers recognise that the proposal may have material impacts for some individuals, particularly older people with dementia, older people with physical frailty or mobility impairments, unpaid carers relying on predictable respite, and people living in rural areas where transport barriers limit practical access to alternatives. Where consultation responses challenge assumptions made in the equality analysis, those points should be expressly addressed by either accepting and correcting the analysis or by explaining clearly, with reasons, why the Council takes a different view. Any mitigation must therefore be tailored, evidence-based and case specific as part of managed transition planning, rather than relying on unsupported assumptions that alternative provision will be equally suitable or accessible for all affected people.