Brighton & Hove City Council

People Overview & Scrutiny

Date: **4 September 2026**

Time: **2.00pm**

Venue: **Council Chamber, Hove Town Hall**

Members: **Councillors:** Parrott (Chair), Ahmad, Cattell, Czolak, Mackey, McLeay, McNair, Shanks and Winder
Co-optees: Joanna Martindale, Adam Muirhead (CVS), Anusree Biswas (BRM representative), Sara Fulford (Older People's Council), Fiona England (Parent Carers Council), Lesley Hurst (Church of England schools); Maria Cowler (Catholic schools), Kendrick Tugwell (Parent Governor), Ilona Bradley (Youth Council)

Contact: **Giles Rossington**
Scrutiny Manager
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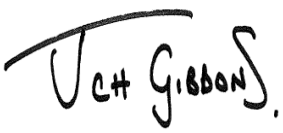

Chief Executive
Hove Town Hall
Norton Road
Hove BN3 3BQ

Date of Publication - Thursday, 27 August 2026

AGENDA

Part One **Page**

15 PROCEDURAL BUSINESS

a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak vote in their place for that meeting.
(b) Declarations of Interest:
(a) Disclosable pecuniary interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.
In each case, you need to declare:
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

16 CHAIR'S COMMUNICATION

17 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public: (a) Petitions: To receive any petitions presented by members of the public to the full Council or to the meeting itself; (b) Written Questions: To receive any questions submitted by the due date of 10am on the 28th August 2026; (c) Deputations: To receive any deputations submitted by the due date of 10am on the 24th August 2026.

18 MEMBER INVOLVEMENT

19 PRE-DECISION SCRUTINY OF WELLINGTON HOUSE 5 - 132

Contact Officer: *Luke Proudfoot*

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Further information
For further details and general enquiries about this meeting contact Luke Proudfoot, (, email Luke.Proudfoot@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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Brighton & Hove City Council

People Overview & Scrutiny — Agenda Item 19

Subject: **Pre-decision Scrutiny of Wellington House**

Date of meeting: **4th September 2026**

Report of: **Chair of People Overview & Scrutiny Committee**

Contact Officer: **Name: Luke Proudfoot**
Email: luke.proudfoot@brighton-hove.gov.uk

Ward(s) affected: All

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 At the Council's annual budget setting meeting of 26th of February 2026 an indicative saving of £400,000 was agreed which would see the proposed closure, subject to consultation, of Wellington House, a day facility for adults with learning disabilities in Brighton & Hove.

1.2 Following the consultation this report presents the cabinet report on the final decision regarding the future of Wellington House to People Overview & Scrutiny for pre-decision scrutiny.

2. Recommendations

2.1 People Overview & Scrutiny Committee notes the cabinet report and its appendices.

2.2 People Overview & Scrutiny Committee to comment on the cabinet report and its appendices.

3. Context and background information

3.1 Wellington House day centre is a council run facility providing activities for 21 individuals with learning disabilities and complex needs in Brighton & Hove, with 21 members of staff providing support. Eight of the attendees have complex behavioural support needs. Some individuals within this group are autistic and have additional needs, including communication difficulties, sensory processing differences, mental health needs, epilepsy, and sight loss. They require a high level of support. Other attendees have Moderate level support needs.

3.2 During the People Overview & Scrutiny Committee budget scrutiny meeting held on 19th of February 2026 members raised questions about the proposals to close Wellington House day centre, which would provide the

council with a £400,000 budget saving. A full consultation and statutory review of all service users' needs under the Care Act 2014 was to be carried out before any decision to close and reprovision found within the independent and non-profit sectors within the city. Assessment staff would be relocated to office space elsewhere and the building repurposed or a capital receipt created.

3.3 Following pre-budget scrutiny, it was requested that the committee be given the opportunity to carry out pre-decision scrutiny on the final decision regarding Wellington House.

3.4 At the Budget Setting Council on 26th of February a £400,000 saving was agreed in the Adult Social Care Budget from the proposed closure of Wellington House, subject to a 12-week consultation period, as well as engagement with staff and affected families.

3.5 The 12-week consultation period ran from 14th of April to 7th of July 2026. During this time two 'Your Voice' surveys were shared. One was for families and carers and one for other stakeholders. There were 23 paper and online Family and Carers surveys submitted, and 56 paper and online Stakeholder surveys submitted. A detailed summary record of Your Voice Consultation was captured in Cabinet Appendices 9 and 10.

3.6 **Families and carers survey.** The Survey was provided in both online and paper format for families and carers.

3.7 **Stakeholder survey**. Responses came from a range of stakeholder organisations linked to adult social care, and the voluntary sector. The organisations named most often were SCDS (Specialist Community Disability service). Responses also came from: NHS Trust Clinicians, carers, families, staff, and community organisations, Speak Out, Learning Disability Partnership Board, Speak Out Link Group, Parent and Carer Council (Pacc) and Amaze, Children's OT Team, UNISON, Grace Eyre, Hill Park school Head of Governors and The Rocket Artists.

3.8 Following analysis of the consultation Cabinet is due to decide on the closure of Wellington House on 17th of September 2026.

3.9 The Cabinet report is included in Appendix 1 with a recommendation to proceed with the closure of Wellington House.

3.10 The rationale for the recommendation made in the cabinet report includes the overall higher costs that a local authority pays compared to external providers. Local authority costs are higher as they include central support services such as HR, finance, IT, legal and governance requirements. Also, higher pension contribution and staff policy benefits. External providers typically operate with leaner management structures, lower employment costs (and minimise voids), with more flexible operating models.

3.11 A further reason is that the building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian building, it

was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

3.12 Due to falling attendance, reduced demand and the associated high unit costs of running the Wellington House service, which currently averages £244.00 per day per person, it is no longer operating as an efficient, flexible, modern, day service to meet the needs of adults with learning disabilities in the city.

3.13 Further details of the rationale behind the recommendation are included in the cabinet report at Appendix 1.

4. Analysis and consideration of alternative options

4.1 Members are asked to comment on and note the cabinet report included in the appendices. Members may choose to make specific comments or recommendations to cabinet, or they may note the report making no specific comments to cabinet. Minutes of this meeting will be shared with Cabinet.

4.2 A number of alternative options for the future of Wellington House are included in the cabinet report at Appendix 1.

5. Community engagement and consultation

5.1 None for this scrutiny report. For full details of community engagement and consultation see the cabinet report at appendix 1. A 12-week consultation closed on 7th of July 2026 with further details in appendix 1.

6. Financial implications

6.1 The full financial implications for the recommended decision are included in the Cabinet report on 17th September 2026.

6.2 The annualised saving of £336,563 is lower than the estimated £400k savings in the council's MTFP for 2026/27. However, this still represents a significant saving of £1,009,689 across the remaining term of the MTFP to 31 March 2030.

Name of finance officer consulted: Brian Smith Date consulted: 26/08/26

7. Legal implications

7.1 At Budget Council on 26 February 2026 an indicative resourcing decision for savings was made that included a proposal to close Wellington House and re-provide day services. No decision was made to close Wellington House; any decisions taken as part of the budget setting process are subject to

compliance with relevant legal requirements, where appropriate, and do not constitute final approval of what sums of money will be saved under the budget proposals.

7.2 As described in the body of the report to Cabinet and its appendices, a consultation on the proposal to close Wellington House and re-provide day services was undertaken over a period of 12 weeks (in keeping with Government guidance). Established common law legal principles of fairness require that consultation must take place (i) when the proposal is still at a formative stage, (ii) sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response, (iii) adequate time must be given for consideration and response and (iv) the results of consultation must be conscientiously taken into account.

7.3 The Council has a legal obligation to both manage public funds and meet eligible care and support needs of people living in its area (as defined in the Care Act 2014). As described in paragraph 5.3 in the body of the report, the Care Act 2014 Statutory Guidance provides that financial resources are relevant when deciding how needs are met with the result that if there are two or more ways of achieving agreed outcomes and meeting the person's eligible needs, the Council can choose the option that represents the best value for money. Section 5 of the Care Act 2014 requires the Council to promote the efficient and effective operation of a market in services for meeting care and support needs, ensuring people have a variety of providers to choose from who provide a variety of services.

Name of lawyer consulted: Sandra O'Brien Date consulted: 19/08/26

8. Risk implications

8.1 None specifically for this scrutiny report. See the cabinet report at appendix 1 for further details of risks to the cabinet decision.

9. Equalities implications

9.1 None specifically for this scrutiny report. See the cabinet report at appendix 1 for further details of equalities implications to the cabinet decision. An Equalities Impact Assessment is included as Appendix 3 of the cabinet report.

10. Sustainability implications

10.1 None specifically for this scrutiny report. See the cabinet report at appendix 1 for further details of sustainability implications to the cabinet decision.

11. Health and Wellbeing Implications:

11.1 None specifically for this scrutiny report. See the cabinet report at appendix 1 for further details of health and wellbeing implications to the cabinet decision.

12. Conclusion

12.1 People Overview & Scrutiny Committee are asked to comment on and note the cabinet report and its appendices ahead of the decision being made by cabinet.

Supporting Documentation

1. Appendices

1. Cabinet report
2. Cabinet Appendix 1 – Extract from previous council report
3. Cabinet Appendix 2 – Formal Consultation Document
4. Cabinet Appendix 3 – Equalities Impact Assessment
5. Cabinet Appendix 4 – Parent Carer and AMAZE response
6. Cabinet Appendix 5 – Speak Out Link Group response
7. Cabinet Appendix 6 – Unison response
8. Cabinet Appendix 7 – Hill Park School response
9. Cabinet Appendix 8 – Council Response to Consultation feedback 1.
10. Cabinet Appendix 9 – Your Voice detail summary Parent and Carers
11. Cabinet Appendix 10 – Your Voice detail summary Stakeholders
12. Cabinet Appendix 11 – Council Response to Consultation feedback 2.

Brighton & Hove City Council

Cabinet Agenda Item [Insert]

Subject: **Day Options for Adults with Learning Disabilities**

Date of meeting: **17th September 2026**

Report of: **Cabinet Member for Communities, Equalities, Public Health and Adult Social Care**

Contact Officer: **Name: Steve Hook, Director Adult Social Care**
Email: Steve.Hook@brighton-hove.gov.uk

Ward(s) affected: **All**

Key Decision: Yes

Reason(s) Key: Expenditure which is, or the making of savings which are, significant having regard to the expenditure of the City Council's budget, namely above £1,000,000 and Is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions (wards).

For general release

1. Purpose of the report and policy context

1.1 At the Full Budget Council meeting held on 26th February, the Council made a preliminary decision in relation to its budget proposals. Part of this indicative resourcing decision included a proposal to close the Wellington House Day Options Service for Adults with Learning Disabilities and Autism, with day support to be re-provided through external commissioned provision. A relevant extract of the Full Council report can be found at: (Appendix 1)

1.2 This budget proposal was developed as part of the Council's budget-setting process and is intended to contribute towards achieving the required financial savings to achieve a balanced budget whilst the council continues to meet its statutory duties and the assessed needs of service users. No decision could be made on the proposal until a full consultation was undertaken with those potentially affected.

1.3 A consultation ran between 14th April and 7th July 2026, and the outcome of the consultation is set out in this report.

2. Recommendations

2.1 That Cabinet approves the closure of Wellington House Day Centre following a carefully managed transition of all current service users to access alternative day provision in the external provider market to ensure that all Wellington House service users receive equivalent day support and care which meets their assessed needs.

2.2 That Cabinet delegates authority to the Corporate Director of Homes and Adult Social Care, in consultation with the Cabinet Member for Communities, Equalities, Public Health and Adult Social Care, to take all necessary actions to give effect to the above recommendation.

3. Context and background information

3.1 Wellington House is a day centre for adults with learning disabilities in the Elm Grove area of Brighton & Hove and is open Monday to Friday, it is closed weekends and is open 51 weeks of the year. It provides day services for Adults with Learning Disabilities and Autism. Currently 21 adults with learning disabilities receive support from this service across the week. 8 of the attendees have complex behavioural support needs. Some individuals within this group are autistic and have additional needs, including communication difficulties, sensory processing differences, mental health needs, epilepsy, and sight loss. They require a high level of support. Other attendees have Moderate level support needs. The service was not designed to support individuals with complex health and mobility needs in addition to the needs of the current cohort.

3.2 4 Individuals also use Wellington house as a drop in option with their support staff on some days of the week.

3.3 Staff are trained in positive behavioural support and receive training in autism awareness and using appropriate communication and support strategies. The service has an Autism accreditation 2020 from the National Autistic Society based upon the support approach and environment.

3.4 In 2019, after the Council's decision to create a whole life pathway by integrating the Children Disabilities team with the Adult Community Learning disability team, the building was divided into two parts to accommodate the (then) newly formed Specialist Community Disability Service (SCDS). The building now accommodates over 100 integrated staff, with clinic space and accessible meeting rooms for assessment and treatment services provided by the SCDS service. It also has sufficient space to continue to provide centre-based activities through the Day options Wellington House service. The building also hosts the manager of the (in-house) Outreach Short breaks service called Cherish, to organise volunteers and casual staff to support community based social activities and outings for young people with learning disabilities and Autism.

Budget Proposal for 2026/27 savings and Rationale for recommendation

3.5 A preliminary budget proposal went to Full Council on the 26th of February 2026 recommending the closure and reprovision of Wellington House Day Options. A decision was made to support the proposal pending the outcome of a 12-week formal consultation period was agreed. A formal Consultation document was shared by the Director of Adult social care (please see Appendix 2).

3.6 Day services for the 21 individuals currently attending Wellington House Day options would be delivered by independent sector providers in the city. Each person would be matched to a new provider. Consideration of individual needs, preferences, and friendship groups will be informed by the outcomes of the full social care assessment reviews completed during April and May 2026.

3.7 As a local authority our overall costs are higher compared to areas that rely more on external providers. and this has an impact on the overall cost of our Learning Disability provision in the city. Local authority costs are higher as they include central support services such as HR, finance, IT, legal and governance requirements. Also, higher pension contribution and staff policy benefits. External providers typically operate with leaner management structures, lower employment costs (and minimise voids), with more flexible operating models.

3.8 Due to falling attendance, reduced demand and the associated high unit costs of running the Wellington House service, which currently averages £244.00 per day per person, it is no longer operating as an efficient, flexible, modern, day service to meet the needs of adults with learning disabilities in the city.

3.9 Paragraph 10.27 of the Care and Support Statutory Guidance issued under the Care Act 2014 states:
Financial resources are relevant when deciding how needs are met, but not whether eligible needs are met. In practice, this means that if there are two or more ways of achieving the agreed outcomes and meeting the person's eligible needs, the council can choose the option that represents the best value for money.

3.10 The building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian building, it was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

3.11 Total Day opportunity placements provided across the city for Adults with

Learning disabilities each year:

Year	Total new Learning Disability Day opportunity placements in the city each year	Wellington House placements each year
2025-26	37	0
2024-25	22	0
2023-24	12	1

3.12 A review of young people supported by Specialist Community Disability Service, who will transition from Children's Disability Service to Adult Social Care in the next two years has identified that there are 36 individuals. (Of the 36,2 individuals are likely to need day opportunities). These two young people's needs can be successfully met in the independent sector. They will require community -based support for young people.

3.13 The day opportunity needs of 16- to 17-year-old young people with Learning disabilities, transitioning to Adult Social Care, who may require an NHS Continuing Health Care (CHC) Checklist due to complex health and mobility needs, has also been analysed as requested by Pacc (Parent and Carer Council) and Amaze members. 6 individuals will require complex care service provision.

3.14 In terms of meeting day opportunity needs for this group, 4 of these young people are already in receipt of the required day opportunity provision, commissioned by the Integrated Care Board (ICB – NHS Surrey and Sussex). The day opportunity needs of 2 of these young people will need to be met within complex day care provision should the ICB wish to commission the same. These figures were checked with the Surrey and Sussex Integrated care Board (ICB). There was no available ICB data specific to Brighton and Hove for all age groups at this time.

3.15 Externally provided day opportunities

3.15.1 Externally provided day opportunities play a vital role in meeting the needs of adults with learning disabilities in the city and their families. They provide meaningful activities and teaching daily living skills to enhance people's independence and help to provide much needed respite for those living at home with families or in shared lives placements. This enables people to remain living at home and reduces the need for more expensive full-time supported living or residential care placements.

3.15.2 There is a range of different day opportunity services that provide a range of activities across different venues and locations in the city. Some spaces are owned or leased by providers and some spaces utilise community-based settings such as libraries and cafes.

3.15.3 Following a reduction in activity during the Covid-19 period, demand for day

opportunities has again increased across the city. To ensure there is sufficient provision to meet current and future demand, the Council has continued to commission new day opportunity placements for adults with learning disabilities.

3.15.4 This commissioning activity is part of a broader, city-wide procurement programme and is entirely separate from the Wellington House proposal. The procurement process was approved by Cabinet on 13th February 2025 as part of the Council's Annual Procurement Forward Plan and has been progressing independently of any subsequent proposals relating to Wellington House.

3.15.5 As part of this programme, the Council undertook a recommissioning exercise for independent sector day opportunities providers. The first round of the procurement process concluded on 2nd July 2026, when bidders were informed of the outcome of their applications. Applications for this second round closed on 3rd August 2026 and are being evaluated in line with the approved procurement timetable.

3.15.6 The commissioning and procurement of additional day opportunity services has been planned and delivered as part of the Council's wider strategic approach to meeting increasing demand for services. It is not a consequence of, nor dependent upon, the Wellington House proposal, and would have proceeded regardless of the outcome of that proposal.

3.15.7 Data shared with the market as part of the recommissioning engagement from 2020-2025 showed the highest number of commissioned placements in day opportunities were for young adults. The largest number were for those aged 25-34, the second highest for those aged 19-24. We will need a flexible responsive cost-effective day opportunity market going forward to continue to be able to respond to these needs.

3.15.8 The recommissioning exercise updated the contracts and service specifications and increased the day opportunity provision in the city to meet increasing need. This was across 3 client groups:

- Adults with learning disabilities and who may also be autistic, and those with high care and support needs.
- Adults who are neurodivergent and who may also be autistic, and those with high care and support needs
- Adults with acquired brain injuries (ABI)

3.15.9 The recommissioning exercise has two rounds: The outcome of the first round is that 5 existing suppliers were awarded contracts to deliver support for adults with learning disabilities, with the addition of 3 new providers. A second round of applications is currently being evaluated, with 7 applications. Existing providers currently have capacity to accept additional referrals.

Commissioning will continue to work with these providers, alongside any new providers entering the market, to increase available capacity, broaden service options, and ensure provision remains aligned with current and future levels of demand and identified needs. This work will ensure

increased choice in provision.

3.16 The Process of the 12-week formal Consultation

3.16.1 This section sets out the process and findings of the Formal consultation exercise.
A formal Consultation document was shared (Appendix 2) on the proposal to close the Wellington House Day service.

3.16.2 The consultation was undertaken to inform Cabinet's consideration of the proposal to close Wellington House or not. Engagement was undertaken to understand the potential impact on people who use services, carers, staff and the wider community and therefore inform Cabinet decision making.

3.16.3 A comprehensive programme of consultation and engagement was undertaken with service users, families, carers, advocacy organisations, staff, elected members, commissioners and providers regarding the proposal to close Wellington House Day Service.

3.16.4 Engagement activities included a service user consultation exercise with Speak out Advocacy service, Learning Disability Partnership Board discussions, Speak Out Link Group engagement sessions, Parent and Carer Council (PaCC) and Amaze meetings, family and carer forums, Staff meetings. Engagement activities included face-to-face meetings with managers, Councillor Mitchie Alexander and the Learning Disability Day opportunity Commissioner.

3.16.5 The Council Your Voice platform was used to undertake Family and Carer surveys and Stakeholder surveys. The Survey was provided in both online and paper format for families and carers and in online and paper format for stakeholders where they were requested or required as a reasonable adjustment. A provider engagement event for families and carers was also arranged.

3.16.6 Stakeholders included people with Learning disabilities (Speak out Link Group), Wellington House families and carers, Speak Out advocates, Parent and Carers Council (Pacc) and Amaze, Wellington House staff, Specialist Community Disability Service staff, Commissioners, Care Providers and community representatives.

3.16.7 A comprehensive Equalities Impact Assessment has been completed (Appendix 3)

3.16.8 Separate feedback reports were received from Parent and Carer Council (Pacc) and Amaze (Appendix 4), Brighton and Hove Speak Out Link Group (Appendix 5) Unison (Appendix 6) and Chair of Governors Hill Park school (Appendix 7).

3.16.9 Consultation Engagement Timeline:

Date	Activity
1st April 2026	Service user and staff engagement visit; individual Care Act reviews begin.
14th April 2026	Formal consultation launched with families and carers, market engagement begins.
30th April 2026	Individual Care Act reviews completed
30th April 2026	Presentation to Learning Disability Partnership Board. Strategic partnership and co-production forum: Chaired by Speak Out Advocacy group and People with Learning disabilities. Attended by Community advocacy groups and representatives, Director of Adult social care, Heads of service 0-24 and 25+ Specialist Community Disability service, Commissioning, NHS representatives, Clinicians, Public health, Equalities.
7th May 2026	Speak Out advocacy discussions.
19th May 2026	Pacc and Amaze online session.
2nd June 2026	Pacc and Amaze face-to-face session.
9th June 2026	Parents/ Carers engagement with Councillor Alexander Mitchie.
30th June 2026	Additional family/carers session with Councillor Alexander Mitchie.
30th June 2026	Provider engagement event for families and carers.
7th July 2026	Formal consultation closes; market engagement concludes.

3.16.10 The summary of the detailed Engagement discussions is set out in Appendix 8.

3.16.11 During the formal 12-week formal Consultation from 14th April to 7th July two 'Your Voice' surveys were shared. One was for families and carers and one for other stakeholders. A detailed summary record of Your Voice Consultation was captured in Appendices 9 and 10.

3.16.12 **Families and carers survey.** The Survey was provided in both online and paper format for families and carers and in online and paper format for stakeholders where they were requested or required as a reasonable adjustment. There were 23 paper and online Family and Carers surveys submitted, and 56 paper and online Stakeholder surveys submitted.

3.16.13 **Stakeholder survey**. Responses came from a range of stakeholder organisations linked to adult social care, and the voluntary sector. The organisations named most often were SCDS (Specialist Community Disability service). Responses also came from: NHS Trust Clinicians, carers, families, staff, and community organisations, Speak Out, Learning Disability Partnership Board, Speak Out Link Group, Parent and Carer Council (Pacc) and Amaze, Children's OT Team, UNISON, Grace Eyre, Hill Park school Head of Governors and The Rocket Artists.

3.16.14 In total there were 95 responses received and considered as part of the consultation from families and carers, staff, and organisations and other

stakeholders. These responses are set out in detail in the Appendices listed in this report.

3.17 **The Findings of the 12-week formal Consultation**

Engagement and consultation feedback has been reviewed collectively to identify common themes across responses families, carers, staff, providers, advocates, and wider stakeholders. This approach enables the report to reflect the breadth and depth of feedback received, while avoiding repetition across individual engagement activities.

3.17.1 The majority of those who responded to the consultation did not support the proposal to close Wellington House.

3.17.2 The feedback shows that Wellington House is highly valued as a familiar, specialist and trusted service for those that attend and the parents and carers that benefit from the service. Common themes included the importance of skilled and consistent staff, predictable routines, meaningful activities, concerns about the impact of change on Service Users, including increased anxiety and disruption to routines, concerns about whether alternative providers can meet individual needs.

3.17.3 The importance of friendships, peer relationships and social connection, the need for reassurance for families and unpaid carers, as the service provides essential respite for them, was also a key concern.

3.17.4 Respondents also raised significant concerns about uncertainty about the suitability of alternative provision, provider capacity, quality and staff skills, potential impact on families, unpaid carers and wider circles of support, transport arrangements and the need for careful transition planning and post-transition monitoring.

3.17.5 These themes identified through the consultation process were included in the Equality Impact Assessment, and would shape the focus on person-centred transition planning, provider assurance, accessible communication, advocacy, maintaining social connections where possible, supporting carers and monitoring the impact of any move after transition.

3.17.6 However, notwithstanding the majority of the feedback opposing the proposal to close Wellington House, the rationale for the proposal regarding the closure and reprovision of Wellington House still stands. This is due to the savings that Adult Social care is required to make, the condition and maintenance required of the building, the falling occupancy and the confidence in the external Day Options Market to be able to accommodate the 21 people that attend Wellington House.

3.18 Following individual Care Act reviews and provider engagement activity, a clear reprovision pathway has been identified for all 21 people currently receiving support at Wellington House.

Number of Individuals	Reprovision Option	Notes
16	Reprovision to existing day opportunity providers with available capacity in the market.	Market engagement has confirmed sufficient current capacity to meet these individuals' assessed needs. Newly commissioned services are also bringing additional capacity into the city.
2	Support through a newly commissioned specialist high care needs service being developed by an existing provider.	Development of this service could also create additional capacity for other people in the city requiring day opportunities with high care and support needs.
2	No reprovision into day opportunities required due to a change in assessed need.	Care and support needs including Day opportunity needs would continue to be met throughout the transition period to alternative provision.
1	Increase in Direct Payment allocation.	Individual has expressed a preference to arrange support through a higher Direct Payment rather than attend a commissioned day opportunity service.

Wellington House provides transport for 8 individuals. The exact cost of replacing this is unknown, £25 per journey has been included, which is the average cost that some of the external providers charge.

The table below provides details of the annual cost of the Wellington House service, and the forecast cost if people receive services from alternative providers and the anticipated savings per annum.

Annual Cost of Wellington House	Annual Cost of external provision	Saving per annum (full year affect)
£862,110 (assuming 3% uplift for 27/28)	£525,547 assuming full reprovision and travel costs	£336,563

- **Estimated saving (if closure proceeds):**

  £400,000 per annum was the initial estimated savings figure. Following Consultation and engagement with the external market the estimated saving through recommissioning of day support within the city inclusive of travel costs is £336,563 per annum.

These savings will not impact on the quality of the alternative provision that will be commissioned to meet the assessed needs of the people currently using Wellington House Day options service.

3.19 The decision to move people would only happen when the council is satisfied that every one of the 21 people who currently attend Wellington House can have their day opportunity needs met locally with at least the same quality of care.

3.20 Any alternative provision would be required to demonstrate that it can meet the assessed needs of individuals currently attending Wellington House including those with complex support requirements, communication needs, behavioural needs, and health conditions.

3.21 If the closure of the service is agreed, then the Specialist Community Disability Service (SCDS) team and the manager of the Cherish service would be relocated to offices elsewhere. The property would then be released for a capital receipt.

3.22 There are six other providers of day services for adults with Learning disabilities in the city, which support 134 (86%) of the total 155 adults that receive day opportunity support. Their costs range from around £60 per day for someone with low needs to £199 per day for those with complex needs.

3.23 Of the 21 people who attend Wellington House around 8 people have complex needs, the other people who attend have low to moderate needs. 4 additional people also attend drop ins at Wellington house supported by staff from home.

3.24 The individuals currently using this service have all received a statutory review of their individual needs under the Care Act 2014, and alternative day services to meet those needs would be commissioned through the independent sector market. Market engagement has confirmed that there will be sufficient places in the market to meet the required needs.

3.25 A six-week placement review would be completed for each person, to include feedback from the individual where they have the capacity to contribute along with families' carers, providers and other professionals involved in the person's care. Carers needs would also be considered at this time. There will also be an ongoing annual review

4. Analysis and consideration of alternative options

4.1 Suggestions for alternative options to the closure of Wellington House were invited as part of the consultation. These suggestions were assessed for being effective and financially viable.

The alternatives broadly fall into six strategic options, and these are set out in the table below:

Alternative Option	Reasons Why This Is Not Assessed as Viable
1. Keep Wellington House and invest in the service	Attendance and referrals have reduced, resulting in unit costs increasing to an unsustainable level. The building itself is also unsustainable due to the increased costs associated with increasing levels of maintenance required.
2. Use Wellington House differently through expansion, specialisation, or shared use	Expanding, specialising, or introducing shared use would require additional investment and ongoing costs, with no evidence that demand would increase sufficiently to make the service financially sustainable. This option would increase financial risk without addressing declining attendance and referral or the concerns around the increasing building costs.
3. Transfer the service to another provider while retaining the building	The declining attendance and referral levels along with the costs related to building maintenance will affect the viability of the service regardless of who operates it. TUPE rules would also apply to any wholesale transfer of the staff team to another provider, which would significantly impact on any efficiencies that would be required.
4. Develop a hybrid model combining Wellington House and community-based provision	A hybrid model would increase operational complexity and increased operating costs. Due to the increased administration, resources required and cost of community-based provision. Given current attendance and referral levels, there is insufficient demand to justify retaining the building, making the option financially unsustainable.
5. Relocate the service intact rather than disperse it	Relocating the service would require an affordable building option within the city and would incur transition and relocation costs without addressing the primary issue of declining attendance and referrals.
6. Retain a smaller specialist council-run provision while redesigning wider support arrangements	Maintaining a specialist council-run service would still require significant staffing and operational resources. Current and projected attendance and referral levels are too low to support a viable service, resulting in high costs per attendee and ongoing financial unsustainability.

5. Community engagement and consultation

5.1 There has been extensive Commnity Engagement and Consultation in relation to the Wellington House Budget proposal which has been set out in detail within the main body of the report and listed in the Appendices. This Report is also subject to People Overview and Scrutiny Committee on 4 September 2026, prior to Cabinet on 17 September 2026.

6. Financial implications

6.1 The recommended option is managed reprovision of day care and the closure of Wellington House. This is the only option that fully meets the needs of the existing clients in a sustainable way without increasing costs. The information below solely relates to the recommended option.

6.2 The individual needs and full cost of the reprovision of the services provided by Wellington House Day Service to the 21 clients would result in an ongoing, full year saving of £336,563:

Reprovision costs

Annual Cost of Wellington House	Annual Cost of external provision	Saving per annum (full year affect)
£862,110 (assuming 3% uplift for 27/28)	£525,547 assuming full reprovision and travel costs	£336,563

6.3 Should the closure be agreed, there would be a formal staff consultation process in line with the usual management of change procedures. Staff would be offered redeployment in the first instance, and vacancies have been held across the directorate - Adult Social Care and Housing services - to increase the likelihood of staff continuing to be employed by the council. Should this not be achievable then the range of potential staff redundancy costs has been indicated below:

Redundancy and pension costs for the 21 staff at Wellington House are corporately funded

Scenario 1 - 1/3 staff redundant	£191,728.22
Scenario 2 - 2/3 staff redundant	£383,456.44
Scenario 3 - All staff redundant	£575,184.66

6.4 The annualised saving of £336,563 is lower than the estimated £400k savings in the council's Medium Term Financial Plan (MTFP) for 2026/27. However, this still represents a significant saving of £1,009,689m across the

remaining term of the MTFP to 31 March 2030.

Name of finance officer consulted: Brian Smith Date consulted 13/08/2026

7. Legal implications

7.1 At Budget Council on 26 February 2026 an indicative resourcing decision for savings was made that included a proposal to close Wellington House and re-provide day services. No decision was made to close Wellington House. Any decisions taken as part of the budget setting process are subject to compliance with relevant legal requirements, where appropriate, and do not constitute final approval of what sums of money will be saved under the budget proposals.

7.2 As described in the body of this report and its appendices, a consultation on the proposal to close Wellington House and re-provide day services was undertaken over a period of 12 weeks (in keeping with Government guidance). Established common law legal principles of fairness require that consultation must take place (i) when the proposal is still at a formative stage, (ii) sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response, (iii) adequate time must be given for consideration and response and (iv) the results of consultation must be conscientiously taken into account.

7.3 The Council has a legal obligation to both manage public funds and meet eligible care and support needs of people living in its area (as defined in the Care Act 2014). As described in paragraph 5.3 in the body of this report the Care Act 2014 Statutory Guidance provides that financial resources are relevant when deciding how needs are met with the result that if there are two or more ways of achieving agreed outcomes and meeting the person's eligible needs, the council can choose the option that represents the best value for money. Section 5 of the Care Act 2014 requires the Council to promote the efficient and effective operation of a market in services for meeting care and support needs, ensuring people have a variety of providers to choose from who provide a variety of services.

Name of lawyer consulted: Sandra O'Brien Date consulted 19/08/2026

8 Equalities implications

8.1 The Council recognises that any significant service change may have implications for individuals attending Wellington House and their families and carers. A range of mitigation measures have therefore been identified within the Equality Impact Assessment to minimise potential impacts (Appendix 3). These include person-centred transition planning, accessible communication, advocacy support, social work involvement and ongoing engagement with families and carers.

8.2 Should Cabinet decide to support the recommendation to close the service, then we will undertake a full and formal consultation with the staff including an Equalities Impact Assessment to ensure all the impacts on the staff team

are fully considered.

8.3 15 of the 21 people attending Wellington House are adults aged between 40 and 65 with 3 of these people being over 65 yrs of age. Any future provider would therefore be expected to demonstrate the skills and experience necessary to support adults with learning disabilities who may also be experiencing age-related health conditions, increasing frailty, or changing support needs.

8.4 Alternative providers would be required to demonstrate their ability to support and meet needs relating to:

- Learning disability support needs
- Autism-related support needs
- Communication and interaction needs
- Sensory support needs
- Positive behavioural support needs
- Physical disability, mobility, access, and personal care needs
- Mental health and emotional wellbeing needs
- Epilepsy, medication management, and other health-related support needs
- Age-related, deteriorating, or changing support needs.

All identified needs will are reflected in individual care and support plans. Service specifications, quality assurance arrangements, and contract monitoring processes would ensure services are responsive, person-centred, and outcomes focused.

9. Conclusion

9.1 Following the feedback received through the formal consultation, officers have considered whether there is scope to retain Wellington House Day options service. We have listened to the valuable feedback that we have received throughout the Consultation engagement meetings and through the Your Voice surveys. Consideration of the feedback shared during the consultation, the data related to service users, utilisation of the service, and finances leads to the conclusion that it is necessary to close the day service and to ensure that each service user transitions to a suitable alternative service within the external provider market. This proposal will meet the individual needs of the 21 people and achieve the required savings.

9.2 The Council recognises that any significant service change will have implications for individuals attending Wellington House and their families and carers. A range of mitigation measures have therefore been identified to support potential impacts.

9.3 Should the recommendation be approved then alternative provision will provide continuity of support and demonstrate the skills, experience and capacity required to meet the diverse needs of individuals currently attending Wellington House. Individualised transition plans would be implemented to minimise disruption and promote positive outcomes for

individuals and their families. A follow-up six-week placement review would ensure that each person is provided with best support to enable a positive transition. This would be followed by an annual review. Carers assessments would be reviewed as part of the ongoing review process. Ongoing quality assurance and contract monitoring would provide assurance of good quality provision.

9.4 The council would ensure that the findings and Actions required within the attached Equalities Impact Assessment (Appendix 3) are adhered to with the intention of providing support during the transition and ongoing new placement for individuals. For further details re Council response to the Consultation findings please see (Appendix 11) prepared for the benefit of cabinet.

Supporting Documentation

1. Appendices

Appendix	Title
Appendix 1	Extract from Previous Council report
Appendix 2	Formal Consultation Document
Appendix 3	Equalities Impact Assessment
Appendix 4	Parent Carer Council and AMAZE response
Appendix 5	Speak Out Link Group response
Appendix 6	Unison response
Appendix 7	Hill Park School response
Appendix 8	Council Response to Consultation feedback 1.
Appendix 9	Your Voice detail summary Parents and Carers
Appendix 10	Your Voice detail summary Stakeholders
Appendix 11	Council response to Consultation feedback 2.

Homes & Adult Social Care

Section / Service Area	Brief Summary of Budget Proposal / Strategy and Risks	Total Savings Proposed 2026/27 £'000
Homes & Adult Social Care **Adult Social Care**		
Community Care budget funding packages of care to meet statutory responsibilities across adult care groups including Learning Disability and Mental Health. Services include community support, home care, supported accommodation, residential and nursing care. - Physical Support & Sensory Support Memory & Cognition Support Mental Health Support Learning Disabilities 4,387 budgeted capacity for 2025/26	Summary of proposal: A new purpose-built accommodation ("Brickfields") for people living with physical disabilities and/or brain injuries. There are 28 apartments in total divided into flats and communal areas. The new accommodation will allow us to move people, where appropriate back to the city from more expensive accommodation. This is a positive development and may have the added benefit of bringing service users back to the city and closer to their families. Delivery risk & impact: Assumes service provision for new service will be outsourced and mobilisation of service is not significantly delayed. See EIA 9.	**300**
As above	Summary of proposal: Increased Community Reablement offer to support independence for individuals as an alternative or reduction in care & support needs Delivery risk & impact: None. See EIA 9.	**888**
As above	Summary of proposal: Reducing the demand for council run or council funded services by increasing signposting and redirecting of individuals at the first point of contact with the local authority. This will include utilising alternative offer such as community and voluntary provision in the city. Delivery risk & impact: None. See EIA 9.	**292**
As above	Summary of proposal: Continued focus on meeting care and support needs in alternative ways and in home settings, avoiding residential and nursing care placements. A particular focus on working age service users.	**816**

Section / Service Area	Brief Summary of Budget Proposal / Strategy and Risks	Total Savings Proposed 2026/27 £'000
	Delivery risk & impact: None. See EIA 9.	
Learning Disabilities - In-house Services (Adults) - In-house Day Service In-house Residential In-house Respite Services In-house Shared Lives Service In-house Supported Living	Summary of proposal: Reprovision of in-house day services currently located in Wellington House. This would follow a statutory review of all service users' needs under the Care Act 2014. Reprovision would be sought in the independent and non-profit sector. If this proposal proceeds, Assessment staff would be relocated to office space elsewhere and the building repurposed or create a capital receipt. Delivery risk & impact: Net of reprovision costs within Community Care budget. Assessment staff to be relocated to office space elsewhere. Capacity in day options market to meet need. See EIA 10.	**400**
Adult Social Care Total		**2,696**
Commissioning & Partnerships		
Commissioning & Contracts - Adults Commissioning & Performance Team Executive Director Adult Services Safeguarding Team	Summary of proposal: Leadership Support Officer post deleted as part of redesign to strengthen support for Adult Social Care Improvement Plan Delivery risk & impact: This 0.6 FTE post has been vacant for the past year and impact on leadership support in ASC is mitigated via the functional alignment and delivery of leadership support via the Corporate Leadership Office	**23**
Commissioning & Partnerships Total		**23**
Housing People Services		
Temporary and Supported Accommodation - Temporary Accommodation	Summary of proposal: The budget for Temporary Accommodation is under severe financial pressure, with a forecast increase of £12m on the net General Fund. Four key workstreams are established, which will reduce the pressure, totalling £5.14m:	**5,143**

Section / Service Area	Brief Summary of Budget Proposal / Strategy and Risks	Total Savings Proposed 2026/27 £'000
	• Increasing supply: of more affordable Temporary Accommodation (moving from spot to block-booked accommodation, exempt accommodation, EPC Grant Scheme and council owned TA) • Full Cost Recovery: Maximising full cost recovery for Temporary Accommodation costs. • Further improving effectiveness in prevention of homelessness: Reduce households placed in Temporary Accommodation with new Housing Advice Team. • Accelerating move on from Temporary Accommodation: direct offers of social housing to households in Interim Accommodation. Delivery risk & impact: Key risks include increasing demand for temporary accommodation, affordability constraints in the housing market and limited capacity in partner and support services to engage effectively in prevention work. These factors could impact the pace and sustainability of savings delivery and require close monitoring. See EIA 11.	
Housing People Services Total		**5,143**
Homes & Adult Social Care Total		**7,862**

Brighton & Hove City Council Adult Social Care

Formal Consultation on the Reprovision of Day Services for Adults with Learning Disabilities in Wellington House, Brighton

Contents

1. Introduction:

Wellington House is A Day Centre for adults with learning disabilities in the Elm Grove area of Brighton & Hove and is open Monday to Friday, is closed weekends and is open 51 weeks of the year. It used to be exclusively used to provide day services for Adults with Learning Disabilities. In 2019, after the decision to create a whole life pathway by integrating the Children with Disabilities Team with the Adult Community Learning Disability Team, the building was divided into two parts to accommodate both the Day Service and the newly formed Specialist Community Disability Service.

The building now accommodates over a hundred staff and has sufficient space to continue to provide centre-based activities through the Day Options Day Service and access to clinic space and accessible meeting rooms for assessment and treatment services provided by SCDS.

There is also a Council provided Short Breaks service called Cherish that uses the building at weekends and evenings to provide social activities and outings for children and young people with learning disabilities and/or autism. This service employs a fulltime manager and uses volunteers to deliver the service.

The service is highly valued by those that use it and has a long-standing place in the community. The breakdown of the service is set out below:

Wellington House

Wellington House Day Service	Specialist Community Disability Service
Purpose: Provides a centre base for People with learning disabilities that offers social activities and skills learning as well as valuable respite for family carers. The building bases provides a secure and accessible environment for those whose needs cannot be fully met in community-based facilities. This Service runs 51 weeks of the year.	**Purpose**: This is an all-age service for children and adults with learning disabilities and children with disabilities. The Adult provision includes an integrated Specialist Health team as well as an Intensive Key working Team for children, young people and their families.

Attendance: Currently 21 adults with learning disabilities receive support from this service across the week, approximately half the attendees have complex needs and require high support to engage in activities. Due to the structure of the building the service is able to offer some discrete spaces for those people who struggle to share communal space, which in turn allow for a variety of activities to be provided at the same time. The service has an Autism accreditation from the National Autistic Society based upon support approach and environment.	**Attendance:** The building offers 4 clinic rooms to see patients on site and 2 social care conference rooms for meetings with people and/or their families. The main office provides 42 desks used on a hotdesking basis. The building has a shared entrance with the Day Centre, but with separate intercoms and waiting area for visitors, as well as a separate entrance/exit for staff.
Staffing Resource: • **Total Staff:** 21 • **Roles & Responsibilities:** o Centre Manager M11 1fte o Deputy Centre Manager SO1/2 1fte o Day Centre Officers Sc5 14.3fte o Drivers S4a 3.2fte (1.2 vacant)	**Staffing Resource**: ***Heads of Service*** x 2fte ***Pod 0 – 13*** 9.4fte ***Pod 14 – 24*** 11fte ***Pod 25+*** 17fte ***Specialist Clinical Team*** 15.2 fte (plus trainees) ***Shared Lives Team*** 3.8 fte ***Business Support*** 9.5fte ***Learning Disabilities and Autism Keyworker team*** 5fte ***Health Facilitator*** 1fte ***Children and Young Peoples Direct Payments officer*** 1fte
Total – 19.5 fte posts (21 employees on site)	**Total – 75fte (plus up to 10 trainees/students at any one time across the Service)**

Wellington House Day Options Day Centre:

Wellington House Attendance:

Attendance Numbers	People with complex needs	People with moderate needs	Total
Total number of people using Service	8	13	21*
People living with Family	4	5	9
People living in Shared Lives	1	3	4
People living in Care Services	3	5	8
Weekly Usage:			
People attending 5 days a week	5	3	8
People attending 3 days or less	3	10	13

A total of 12 to 13 people attend per day across Monday to Friday.

*There are an additional 4 other people who use the Centre on a Drop-In basis but bring their own support staff and are therefore not included in the table above nor the costs below.

Wellington House Budget/Costs:

- **Annual Budget Allocation:**
  £803,050
- **Breakdown:**
  - Staffing costs - £723,510
  - Non staffing costs - £79,540
- **Daily Rate:**
  On current attendance the average **daily rate is £220 per person** (actual cost for individual will vary according to level of supervision required).

However, over recent years, particularly since the Covid pandemic, attendance at the day centre has declined, with most adults with learning disabilities receiving their day support via the city's vibrant independent sector day options market. This has significantly increased the unit costs of running the day service which currently stand on average at £220.00 per day per person.

There are six other providers of learning disability day services for adults in the city which support 134 adults with learning disabilities of the total 155 adults with learning disabilities that receive day service support in the city – about 86% of the market share. Their costs range from around £60 per day for someone with low needs to £199 per day for those with complex needs. Of the 21 people who attend Wellington House around 9 have complex needs, the other people who attend have low to moderate needs.

Due to falling attendance and the high unit costs of running the service, Wellington House is no longer operating as an efficient, flexible, modern, day service to meet the needs of adults with learning disabilities in the city and now retains only a 14% market share of the day services market for the adult learning disability community. Brighton & Hove City Council is facing significant financial challenges, with Adult Social Care services having to deliver just over £10.1M of savings in 2026/27. As a council we have to balance the needs of our community against the limited resources we have and must ensure that the services we deliver are as cost efficient as possible.

At Full Budget Council on 26 February, the Council has taken a preliminary decision in relation to its budget only to support the proposal to reprovide the services as Wellington House, fully aware that no decision will be made to close the service or otherwise until a full consultation and detailed impact assessment has been undertaken. This will include an evaluation of the impact on those affected that attend the service, their families and carers, the services where people live and the staff that work at Wellington House.

2. What Are We Consulting On?

The budget proposal therefore is to close Wellington House Day Centre and re-provide day services for those 21 people who currently attend: based on both the declining economic viability of the service and confidence in the independent sector day service market to accommodate the needs of those individuals.

The aim of reproviding the service will be to ensure that those 21 people who receive day services at Wellington House continue to receive a high-quality, responsive day service that meets their individual needs and those of their parents and carers, through the independent day services sector in the city.

It is anticipated that, if a decision is made to close Wellington House following the formal consultation process, a saving of £400k can be achieved through re-commissioning day support for those individuals within the city.

If the decision is made to close the day centre it is also proposed that the building will be decanted by the SCDS team who will be accommodated in offices elsewhere, and the property released as a capital receipt to the council.

3. Why Are We Consulting?

Councillors are responsible for making decisions for the council, based on evidence, options and recommendations by officers who work for the council.

A preliminary budget decision only has been made subject to a full and formal consultation process. Holding the formal consultation gives those who may be directly affected by the proposal the opportunity to have their say and influence the decision that is made.

Those who may be indirectly affected, such as community organisations who support adults with learning disabilities and other stakeholders such as the Learning Disability Partnership Board are also encouraged to participate in the consultation and give feedback on the proposals.

During the consultation, participants will be able to request further information, ask questions and propose alternative options that have not been identified that may deliver on the required outcomes.

We will publish all the responses to the consultation in a report that will be presented and considered at the council's Cabinet Meeting in September, so that a fully informed decision can be made on the proposal to reprovide services at Wellington House:

The consultation commences on Tuesday 14 April and runs for 12 weeks ending on 7 July. The consultation timetable is set out below:

Consultation Timetable:

Date	Event
14 April 2026	Consultation Launch – Wellington House Day Centre
30 April 2026	Presentation at the Learning Disability Partnership Board
1 – 30 April 2026	Individual Reviews undertaken
14 April – 31 May 2026	Market Engagement with Independent Day Service Sector
14 April – 31 May 2026	Engagement with Community and Voluntary Groups including PaCC; Amaze; Carers Centre
1 June – 6 July 2026	Independent Sector Day Services engagement with Parents & Carers
7 July 2026	Formal Consultation closes
17 September 2026	Outcome report to Cabinet for a final decision

4. How Will We Consult?

Service users and parents/Carers & Stakeholders:

Firstly, we will take special care to ensure that the people who attend the day centre are consulted without causing distress, especially to those who might have difficulty understanding what is happening. We will discuss this with the people who know them best such as their relatives, carers, representatives and staff who work with them in the day centre. Within the formal consultation process, each person who attends Wellington House will have an individual review of their care and support needs to determine what alternative day service would meet those needs.

There will be a formal process to meet with families, carers, and other stakeholders to seek their views. We will use a digital platform called “Your Voice” as a way of gathering information and the views of all people potentially affected by the proposal. We acknowledge that any changes to this service may have a considerable impact on those who use it, as well as on carers and families. That’s why your perspective is so important to us.

To ensure we gather a thorough understanding of everyone’s views and concerns, and to hear any suggestions or ideas you may have about the proposed change, we will undertake the consultation via a survey that will be sent via email to all those affected by the proposal.

Should anyone need the survey via hard copy or in a more suitable format for their needs this can be arranged on an individual basis.

Staff:

Staff who work in the day centre will be able to participate in the Your Voice Consultation and will be a key part of individual service user reviews.

The separate formal staff consultation process regarding future employment options involving one-to-one meetings as part of the council’s Change Management process will only commence for day centre staff after Cabinet in September, should Cabinet decide to reprovide Wellington House.

The remaining staff who work in the building will be able to participate in the Your Voice Consultation.

5. What Are the Proposed Options Regarding Wellington House?

The proposed options for Wellington House are for the service to be re-provided within the independent sector learning disability day services market in the city, that already provides 86% of the day options for adult with learning disabilities. This means each individual who currently attend Wellington House will receive a day service from another provider in the city. Individual needs and preferences such as friendship groups will be considered as part of this process. Any alternative offer will need to be able to meet the needs of the 21 individuals who currently attend Wellington House Day centre. A summary of the providers and their current fees is set out below:

Current Independent Sector Market Rates:

Provider	Model	Fees	Capacity (if known)
1. Ambito	Building based. Supports those with complex physical and behavioural needs, can provide additional 1:1 support. Strong PBS offer. Can provide some transport	Day Fee £51.06 (with less than 3hrs 1:1) Day Fee £68.07 (if have more than 3hrs 1:1 1:1 hourly rate £23.48 PBS hourly rate £33.01 Transport £22	None at present
2. Aspirations Active	Building based. Supports those with complex behavioural needs who require focused support. Strong PBS offer.	Schedule 3 Bandings Aspiration	Not known, anticipate limited if any
3. Down Syndrome Development Trust	Building based at Falmer University. Supports YP to increase their independence, work with students. Provide focused support sessions.	Day Fee £87.00	Exact not known. Anticipate some
4. Grace Eyre Foundation	Building based in a range of locations across the city. Support people with moderate needs who can be in a small group. Wide range of activities offered	Day Fee £72.52 Half day £36.25	Exact not known but do have capacity. Want to fill sessions

5. Team Domenica	Supports young people to increase their independence through learning of skills and experience – ie café/pub. Support into work placements	Day Fee £70.20	Exact not known but just opened new Pub
6. Rockets	Very small building base. Arts offer on 1:1 basis.	Day Fee £60.90 Half day £33.60	Very small, limited capacity.

Independent Sector Rates according to Need

Support need	Service model	Offer	Indicative Average Costs
Low/Medium needs	Activities shared with other individuals May be building based or in the community May support work opportunities	Sessions/half day Full day	£35 per session per day £70 per day
High need	Higher level of staff support required May need 1:1 support May need PBS offer from provider May need support with personal care/ health needs	Tends to be full days Tends to be building based though will include some activities in the community	£50 - £87 per day Additional cost on top could include 1:1/ PSB / Personal care Average cost of a service with a high support provider including 1:1, PBS, personal care, transport is £199 a day

As part of the consultation process all stakeholders and those who participate in the consultation process are invited to suggest alternative options for the day service at Wellington House. These will need to consider the financial challenges the council has to address in terms of efficiencies.

Many thanks for taking the time to read this document, we would be grateful for your participation in this consultation.

For Queries and further information please contact: hasccommunications@brighton-hove.gov.uk

General Equality Impact Assessment (EIA) Form

Support:

An EIA toolkit, workshop content, and guidance for completing an Equality Impact Assessment (EIA) form are available on the EIA page of the EDI Internal Hub. Please read these before completing this form.

For enquiries and further support if the toolkit and guidance do not answer your questions, contact the Equality, Diversity, and Inclusion (EDI) team by emailing Equalities@Brighton-Hove.gov.uk. If your request is urgent, please mention this in the subject line of your email so we can support as required.

Processing Time:

- EIAs can take up to 10 business days to approve after a completed EIA of a good standard is submitted to the EDI Team. This is not considering unknown and unplanned impacts of capacity, resource constraints, and work pressures on the EDI team at the time your EIA is submitted.
- If your request is urgent, we can explore support exceptionally on request.
- We encourage improved planning and thinking around EIAs to avoid urgent turnarounds as these make EIAs riskier, limiting, and blind spots may remain unaddressed for the 'activity' you are assessing.

Process:

- Once fully completed, submit your EIA to the Equalities team by emailing the Equalities inbox and copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), any other relevant service colleagues to enable EIA communication, tracking and saving.
- Your EIA will be reviewed, discussed, and then approved by the assigned EDI Officer and after seeking additional approval as appropriate for your EIA.
- Only approved EIAs are to be attached to Committee reports. Unapproved EIAs are invalid.

1. Assessment details

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the EIA toolkit for more information.

Name of activity or proposal being assessed:	Day Options for Adults with Learning Disabilities. Closure and Re-provision of Wellington House Day Options and transfer of support to commissioned external providers
Directorate:	Homes and Adult Social Care, Commissioning and Partnerships
Service:	Day Options Wellington House
Team:	Learning Disability Adult Provider service
Is this a new or existing activity?	New. The proposal has been agreed for Formal Consultation. A 12-week formal consultation ended 7th July
Are there related EIAs that could help inform this EIA? Yes or No (If	Should Cabinet decide to support the recommendation to close the Wellington House Day Options service, then the

yes, please use this to inform this assessment)	council would undertake a full and formal consultation with the staff including an Equalities Impact Assessment to ensure all the impacts on the staff team are fully considered.

2. Contributors to the assessment (Name and Job title)

Responsible Lead Officer:	Kim Foster Operational Manager, Adult Learning Disability Provider Services
Accountable Manager:	Steve Hook Director, Adult Social Care
Additional stakeholders collaborating or contributing to this assessment:	Parents and Carers including Shared Lives carers, Wellington House Day Options staff, Speak Out Advocacy service, Learning Disability Partnership Board, Speak Out Link Group, Specialist Community Learning Disability Service, Sussex Partnership NHS Trust Specialist Clinicians, and Community organisations: The Carers Centre for Brighton and Hove, Parent Carers' Council (PaCC) and Amaze, Children's Occupational Therapy Team, UNISON, Grace Eyre, Hillside school Head of Governors and The Rocket Artists.

3. About the activity

Briefly describe the purpose of the activity being assessed:

Wellington House Day Options is a Day Centre for adults with learning disabilities in the Elm Grove area of Brighton & Hove and is open Monday to Friday, it is closed weekends and is open 51 weeks of the year. It used to be exclusively used to provide day services for Adults with Learning Disabilities and Autism. Currently 21 adults with learning disabilities receive support from this service across the week, 8 of the attendees have high needs, including complex needs, Autism, communication needs, sensory processing differences, behaviours that challenge, emotional wellbeing needs, mental health needs, epilepsy, and sight loss. Others attending have Moderate needs.

Four individuals also use Wellington House as a drop in option with their staff on some days of the week.

Staff are trained in positive behavioural support and receive training in autism awareness and using appropriate communication and support strategies. The service has an Autism accreditation from the National Autistic Society awarded 2020 based upon support approach and environment.

The service provides support for autistic individuals and positive behavioural support needs. It is not commissioned to support individuals whose needs include complex health or mobility requirements.

Purpose
Wellington House provides a centre base for people with learning disabilities that offers social activities and skills learning as well as valuable respite for family carers.
The building base provides a secure and accessible environment for those whose needs cannot be fully met in community-based facilities.

The service is highly valued by those who attend the service. Families, carers and staff are concerned about the potential impact of the proposal to close. They believe closure would have substantial negative impacts on wellbeing, stability, and inclusion for people with learning disabilities and their families, while questioning whether alternative provision has sufficient capacity or specialist expertise to meet people's needs.

Due to the structure of the building and the current level of attendees the service is able to offer some discrete spaces for those people who struggle to share communal space, which in turn allows for a variety of activities to be provided at the same time.

In 2019, after the decision to create a whole life pathway by integrating the Children with Disabilities Team with the Adult Community Learning Disability Team, the building was divided into two parts to accommodate both the Day Service and the newly formed Specialist Community Disability Service.
The building now accommodates over a hundred staff and has sufficient space to continue to provide centre-based activities through the Day Options Day Service and access to clinic space and accessible meeting rooms for assessment and treatment services provided by Specialist Community Disability Service (SCDS).

There is also a council provided Short Breaks service called Cherish that uses the building as an office base for the manager to organise community based social activities and outings for children and young people with learning disabilities and/or autism. This service employs a full-time manager and uses volunteers to deliver the service. Those supported by Cherish are picked up from home to engage in community-based activities.
The service is highly valued by those that use it and has a long-standing place in the community.

At the Full Budget Council meeting held on 26th February, the Council made a preliminary decision in relation to its budget proposals. Part of this indicative resourcing decision included a proposal to close the Wellington House Day Options Service for Adults with Learning Disabilities and Autism, with day support to be re-provided through external commissioned provision. A copy of the relevant Council report can be found at: (Appendix 1) of the report Brighton & Hove City Council - Choose agenda document pack - Council 26 February 2026 on page 52.

This budget proposal was developed as part of the Council's budget-setting process and is intended to contribute towards achieving the required financial savings to achieve a balanced budget whilst the council continues to meet its statutory duties and the assessed needs of service users. No decision could be made on the proposal until a full consultation was undertaken with those potentially affected.

A consultation ran between 14th April and 7th July 2026, and the outcome of the consultation is set out in the report.

- **Proposal -** to close Wellington House Day Centre and re-provide day services for the 21 people who currently attend.
- Re-provide support through the independent sector learning disability day services market in the city.
- Each person currently attending Wellington House would receive a day service from another provider in the city.
- Matching would consider individual needs and preferences, including friendship groups.
- The move ahead on re-commissioning provision will only happen when the council is satisfied that every one of the 21 people who currently attend Wellington House can have their day opportunity needs met locally still with at least the same quality of care.
- Consultation also invited suggestions for alternative options – these must be viable and consider the council's financial pressures and need for efficiencies.
- Aim: ensure people continue to receive a high-quality, responsive day service that meets individual needs (and supports parents/carers).
- If the day centre closes, it is also proposed that:

  The Speciality Community Disability Service (SCDS) team and the Manager of the Cherish service will be decanted to offices elsewhere.

  The property will be released as a capital receipt to the council.
- Over recent years, particularly since the Covid pandemic, attendance at the day centre has declined, with most adults with learning disabilities receiving their day support via the city's vibrant independent sector day options market. This has significantly increased the unit costs of running the day service which currently stand on average at £244 per day per person.
- Due to falling attendance, reduced referrals and the high unit costs of running the service, Wellington House is no longer operating as an efficient, flexible, modern-day service to meet the needs of adults with learning disabilities in the city and now retains only a 14% market share of the day services market for the adult learning disability community. Brighton & Hove City Council is facing significant financial challenges, with Adult Social Care services having to deliver just over £10.1M of savings in 2026/27. As a council we must balance the needs of our community against the limited resources we have and must ensure that the services we deliver are as cost efficient as possible.
- The building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian building, it was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

- Estimated saving (if closure proceeds): £400,000 per annum was the initial estimation. Following Consultation and engagement with the external market the estimated saving through recommissioning of day support within the city inclusive of travel costs is £336,563 per annum.
- These savings will not impact on the quality of the alternative provision that will be commissioned to meet the assessed needs of the people currently supported at Wellington House Day options service.
- There are six other providers of learning disability day services for adults in the city which support 134 adults with learning disabilities of the total 155 adults with learning disabilities that receive day service support in the city – about 86% of the market share. Their costs range from around £60 per day for someone with low needs to £199 per day for those with complex needs. Of the 21 people who attend Wellington House 8 have complex needs, the other people who attend have moderate needs.
- The individuals currently using this service have all received a statutory review of their individual needs under the Care Act 2014, and alternative services to meet those needs will be commissioned through the independent sector market.

What are the desired outcomes of the activity?

- To close Day Options Wellington House through a carefully managed transition and closure process and purchase suitably qualified and experienced providers to ensure that all Wellington House Service Users will receive an equivalent support and care which meets their needs elsewhere.
- It has been established that there would be minimal impact on the Cherish service. The Manager of the service would need to be decanted to an alternative base. They would be able to continue to manage the community-based service from an alternative office base.

Rationale

- As a local authority our unit costs are higher compared to areas that use more external provision. The increased unit costs of Wellington House Day Options have an impact on the overall cost of our Learning Disability provision in the city.
- We know that financial sustainability is a challenge shared by other local authorities across the country, and we are committed to managing it responsibly. That's why we regularly review our in-house services to make sure they align with our strategic priorities and deliver support in the most cost-effective way.
- These reviews help us plan, so we can continue supporting a growing number of people with learning disabilities who need care in our city.
- Over recent years, particularly since the Covid pandemic, attendance at the Wellington House Day Centre has declined, some individuals did not return to the service due to their individual circumstances or health needs and referrals have declined to 4 in 2024 and 3 in 2025. These referrals did not translate to placement as the referral was agreed but not taken forwards by the referee due to alternative available arrangements being taken forwards.

- The building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian building, it was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

- Most adults with learning disabilities are currently receiving their day support via the city's vibrant independent sector day options market. This has significantly increased the unit costs of running the day service which currently stand on average at £244 per day per person.

- There are six independent sector providers of learning disability day services for adults in the city which support 134 adults with learning disabilities of the total 155 adults with learning disabilities that receive day service support – about 86% of the market share. Their costs range from around £60 per day for someone with low needs to £199 per day for those with complex needs. Of the 21 people who attend Wellington House around 8 have complex needs, the other people who attend have Moderate needs. 4 people also attend drop ins at Wellington House supported by staff from home.

- Due to falling attendance, reduced demand and the high unit costs of running the service, Wellington House is no longer operating as an efficient, flexible, modern, day service to meet the needs of adults with learning disabilities in the city and now retains only a 14% market share of the day services market for the adult learning disability community. Brighton & Hove City Council is facing significant financial challenges, with Adult Social Care services having to deliver just over £10.1 million of savings in 2026/27. As a council we must balance the needs of our community against the limited resources we have and must ensure that the services we deliver are as cost efficient as possible, while meeting people's needs.

- A review of the day opportunity needs of 16- and 17-year-olds supported by the Specialist Community Disability Service (SCDS) has identified an overall projected reduction in demand for day opportunity provision across the city for this cohort as they transition to adult services.

- Based on current projections, only two young people across this cohort are likely to require a new formal Day Opportunity placement, these two young people's needs can be successfully met in the independent sector as they are requiring community-based support for young people.

- Externally provided day opportunities continue to play a vital role in meeting the needs of adults with learning disabilities in the city and their families. They provide meaningful activities and skills teaching to enhance people's independence and help to provide much needed respite for those living at home with families or in shared lives placements. This enables people to remain living at home and reduces the need for more expensive full-time supported living or residential care placements.

- There are a range of different day opportunity services that provide a great range of activities across different venues and locations in the city. Some spaces have been specifically sourced by providers for their own use, and some spaces utilise community-based settings such as libraries and cafes.

- Data confirms that we continue to commission new day opportunity placements for adults with learning disabilities every year. Following a reduction in activity during the Covid-19 period, the demand has increased, particularly over the last two years. Most placements continue to be for young adults aged 25-34 with increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible responsive cost-effective day opportunity market going forward to be able to respond to this need.

- A recommission of Day Opportunities has recently been undertaken by the Adult Social Care Commissioning team. This process was agreed at Cabinet on 13th February 2025 as part of the annual procurement forward plan (and unrelated to the subsequent proposal to close Wellington House). The reason for this was to update the contracts and service specifications and to increase the day opportunity provision in the city to meet need. This was across 3 areas of commissioning including:
  - Adults with learning disabilities and who may also be autistic, and those with high care and support needs.
  - Adults who are neurodivergent and who may also be autistic, and those with high care and support needs
  - Adults with acquired brain injuries (ABI)

- The outcome of the first stage of the recommission is that 5 existing suppliers were awarded contracts to deliver support for adults with learning disabilities, with the addition of 3 new providers. A second round of applications is currently being evaluated, with 7 applications.

Reprovision
Following individual reviews and provider engagement activity, a clear reprovision pathway has been identified for all 21 people currently receiving support.

For the majority of individuals (16 people), support would be reprovisioned through existing day opportunity providers that have available capacity within the local market. Engagement with providers has confirmed that there is sufficient capacity to meet these individuals' assessed needs, enabling continuity of support through established services.

A further 2 individuals have been identified as requiring support through a newly commissioned specialist service for people with high care and support needs. This service is being developed by an existing provider and, in addition to meeting the needs of these individuals if required, it is expected to increase capacity across the city for other people who require more specialist day opportunity provision.

For 2 more individuals, reprovision into day opportunities is not required due to changes in their assessed needs.

The remaining 1 individual has expressed a preference to receive an increased Direct Payment allocation rather than access a commissioned day opportunity service. Subject to the necessary arrangements being put in place, this would enable them to organise support in a way that best meets their personal circumstances and preferences.

- Wellington House provides transport for 8 individuals. The exact cost of replacing this is unknown, £25 per journey has been included, which is the cost that some of the external providers charge.

- The paragraph below provides details of the current annual cost of the Wellington House service, the cost if people receive services from alternative providers and the anticipated savings per annum.

The current annual cost of operating the Wellington House service is £862,110 (assuming 3% uplift for 2027/28). If the support for the individuals currently supported by the service is reprovisioned to alternative providers, the estimated annual cost of this external provision would be £525,547. Based on these figures, the reprovision proposals are expected to deliver a significant reduction in annual expenditure, with anticipated full-year savings of £336,563.

Which key groups of people do you think are likely to be affected by the activity?

The individuals who are likely to be affected by this activity are those currently supported by Wellington House Day Options who are adults with learning disabilities, some of whom are also autistic, and their families and circles of support.

The number of individuals affected within the Wellington House Day Options service is 21 placements and 4 drop in attendees.

Staff working at Wellington House will also be affected by the proposal. Should Cabinet decide to support the recommendation to close the service, the Council would undertake a full and formal consultation with the staff including an Equalities Impact Assessment to ensure all the impacts on the staff team are fully considered. This will include the Manager of Cherish community based service who is based in the building.

If the decision is made to close the service, this will have an impact on the Specialist Community Disability Service (SCDS) staff who are also based in the building. A separate EIA will be in place to look at the impact of this on SCDS staff.

This EIA however is addressing the impact on the people using these services and their family carers.

This EIA also considers the potential impact on young adults in the city whose needs could be met within the current Day Options provision as they transition to adult services in the next two years.

4. Consultation and engagement

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation** has been done or it is not enough or in process – state this and describe your plans to address any gaps.

Consultation and Engagement Timetable:

14th April 2026
In-person formal consultation launched with families and carers at Wellington House Day Centre
Attendees: 16 family members and carers, Director of Adult Social Care, Commissioner of Adult Learning Disability Day Opportunity services.

1st April to 30th April 2026
Individual reviews undertaken as part of consultation/engagement.
Participants: All people supported at Wellington House, social workers, key workers, managers, family members, and carers.

Friendships and relationships have been captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

14th April to 7th July 2026
Market engagement with independent day service providers
Participants: Adult Learning Disability Day Opportunity Commissioner, Independent sector day opportunity providers

30th April 2026
Presentation to the Learning Disability Partnership Board
Attendees: Learning Disability Partnership Board Members, Director ASC, Commissioner, Operational Manager Adult Learning Disability Provider Services

1st April 2026
Service user and staff engagement visit

- An overview of the service, including who attends and the support provided
- Councillor Alexander had a tour of the service and observed two sessions in progress.
- She also met with a small group of staff, giving her the opportunity to ask questions about the service.
- Councillor Alexander was also shown a video produced by the Out and About Art Group, which documented a collaboration with a local artist to create a mobile and showcased the development of the project.

Attendees: Councillor Mitchie Alexander, Director of Adult Social Care, Learning Disability Day Opportunity Commissioner, Operational Manager and Manager of the service, Staff members, People using the service.

7th May 2026
Speak Out advocacy discussions with people supported at Wellington House
Participants: Speak Out Advocacy, staff, managers, representative group of people supported by the service.

- Following discussions with families, carers, social workers, clinicians and Speak Out Advocacy, a proportionate approach has been adopted regarding communication with individuals currently attending Wellington House. Concerns were raised that discussing proposals before any formal decision has been made could create significant anxiety and uncertainty, particularly for some autistic adults and people with limited capacity to understand the decision-making process.
- Should the proposal proceed, information would be provided in accessible and personalised formats, including Easy Read materials, visual communication tools, Makaton, and social stories where appropriate. Independent advocacy support would also be available to support individuals through any transition process

19th May 2026
Parent Carers' Council (PaCC) and Amaze online engagement session (held in the evening to improve accessibility)

Attendance:10 family members and carers. Director ASC, Commissioner, Operational manager.

2nd June 2026
Parent Carers' Council (PaCC) and Amaze face-to-face engagement session
Attendees: 9 family members and carers, Director ASC, Commissioner, Operational manager., Councillor Mitchie Alexander

9th June 2026
Wellington House Parents and carers engagement session with Councillor Mitchie Alexander
Attendees: 13 family members and carers, Councillor Mitchie Alexander, Director ASC, Operational manager.

30thJune 2026
Additional Wellington House family and carers engagement session.
This session was arranged to ensure all families and carers had an opportunity to attend a follow up meeting with Councillor Alexander.
Attendees: 8 family members and carers, Councillor Mitchie Alexander, Operational manager.

30th June 2026
Independent sector day services engagement with parents and carers of people supported at Wellington House
Attendees: 8 family members and carers, representatives from 6 independent provider organisations

7th July 2026
Formal consultation closes. People were consulted on Your Voice surveys both online and in accessible paper form and through engagement activity face to face meetings with managers Councillor Mitchie Alexander and the Learning Disability Day Opportunity Commissioner.

Speak Out Advocacy service. Parent Carers' Council (PaCC), Amaze and The Learning Disability Partnership Board Speak Out Link Group were also involved in engagement activity.

14th April to 7th July 2026
Survey activity
Responses received:

- Family and carer survey (online and paper): 23 responses
- Stakeholder survey: 62 responses (online and paper).

Engagement Activity 1: Speak Out Engagement – Wellington House Service Users

Date: 7th May 2026
Participants: Service Users

This consultation has focused on a sensitive proposal affecting people supported at Wellington House. Throughout the process, extensive engagement has taken place with families, carers, staff, social workers, advocacy organisations, and representatives of the wider learning disability community to ensure that views and concerns are fully understood and reflected.

Following discussions with parents, carers, and social workers, it was agreed that people supported at the service would not be informed of the proposal at this stage. Families and carers raised concerns that discussing potential closure plans before any decision had been made and without the ability to provide clear reassurance about future arrangements, could cause

significant anxiety and distress, particularly for autistic individuals, It was therefore agreed that, if a formal decision is made, information would be shared at the appropriate time and in a way that is tailored to each individual's communication and support needs.

Speak Out were able to support engagement and completed a visit to the service to consult on what was important to attendees, things they enjoy and friendships. Speak Out were able to complete their report without referencing the potential closure plans.

Key findings:

Feedback from service users was overwhelmingly positive. Participants consistently described Wellington House as a place they enjoy attending, using phrases such as:

- "I love it."
- "It's fun."
- "It's good. I love it."
- "When I walk through the door, I feel happy."
- Most surveyed individuals selected positive emotional responses when asked about their experience of the service.
- Strong satisfaction with the service and positive emotional responses.
- Friendships and social connections are highly valued.
- Staff recognised as caring, knowledgeable and responsive.
- Meaningful activities and community participation are highly valued.
- Routine, familiarity and stability support wellbeing.

Summary: Service users expressed overwhelmingly positive views and highlighted the importance of relationships, routine, and specialist support.

Friendships and relationships have been captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

Any new provider would need to assure that they will provide valued meaningful activities and community participation through a scheduled week of activities devised to meet the needs and desires of the group supported.

Engagement Activity 2: Learning Disability Partnership Board

Date: 30th April 2026
Participants: Partnership Board Members

Key findings

- Discussion of financial rationale for proposal.
- Concerns regarding service continuity and future demand.
- Concerns regarding market capacity and complex needs provision.
- Need to be evidence regarding alternative provision.

Summary: Members emphasised the importance of ensuring future provision can meet current and future demand.

Engagement Activity 3: Parent Carers' Council (PaCC) and Amaze

Date: 19th May and 2nd June 2026
Participants: Parent Carers' Council (PaCC) Members and Stakeholders

Key findings

- Financial savings versus service quality.
- Capacity and suitability of alternative provision.
- Future demand for services.
- Impact on individuals and families.
- Trust, transparency, and consultation integrity.

Summary: Parent Carers' Council (PaCC) and Amaze requested robust evidence that alternative provision can safely replicate current outcomes.

Engagement Activity 4: Learning Disability Partnership Board Link Group - focused discussions

Date: 8th June 2026
Participants: People with lived experience

Key findings

- Strong opposition to closure.
- Concerns regarding loss of community and belonging.
- Impact on wellbeing and independence.
- Need for accessible communication and advocacy.

Summary: The response from Speak Out Link Group Peer Advocates demonstrates strong concern about the loss of a valued community resource, uncertainty about the suitability of alternative provision, and fears regarding the impact on wellbeing, social inclusion, and support networks. Respondents consistently emphasised themes of community, continuity, fairness, and protecting vulnerable people from further disadvantages.

Engagement Activity 5: Family and Carer Engagement Meeting

Date: 9th June 2026
Participants: Families and Carers

Key findings:

- Continuity of care and transition planning.
- Provider quality and capability.
- Support for people with complex needs.
- Market capacity and value for money.
- Alternative options to closure.

Summary: Families and carers sought reassurance regarding quality, safety, and continuity.

Engagement Activity 6: Provider Engagement Event

Date: 30th June 2026
Participants: Providers, Families and Carers

Key findings

- Providers outline service models and capacity.
- Families met providers and discussed support options.
- Some service visits arranged on request of carers

Summary:

- The Provider engagement meeting on 30th June provided an event for families and carers to meet and discuss the "potential" day opportunity provision options with the independent day service providers in the city, that are referenced as part of the formal consultation document. To ensure that everyone is fully informed about the Provider Market and what is available, to support engagement with the formal consultation.
- On the day Providers were able to discuss their current capacity and ability to expand their capacity to meet proposed demand. They were also able to discuss usual practice of working to capacity, and not operating with vacancies, as it would not be financially viable for them to employ staff and run with vacancies. Leaflets with written information on each service were available to share with attendees.

Engagement Activity 7: Family and Carer meeting with Councillor Mitchie Alexander

Date: 30th June 2026
Participants: Families and Carers

Summary: Why Wellington House is being considered for closure and whether alternative savings are available. Impact on long-term service users, many attending for decades. Concerns about trust, previous promises, and consultation transparency. Loss of choice, specialist provision, and suitable alternatives. Potential false economy due to increase in respite and residential care costs. Calls to improve and modernise the service rather than close it.

During the formal 12-week Your Voice consultation from 14th April to 7th July two surveys were shared: one for families and carers and one for other stakeholders

A detailed, summary record of Your Voice Consultation was captured in appendices 9 and 10 of the Council report.

Families and carers survey.

The Survey was provided in both online and paper format for families and carers and in online and paper format for stakeholders where they were requested or required as a reasonable adjustment.

Responses:

Family and Carers Survey Response rates:

Surveys submitted both paper and online 23

Stake holder Survey Response rates:

Surveys submitted both paper and online 56

Stakeholder survey Responses:

Responses came from a range of stakeholder organisations linked to adult social care, health, carers, advocacy, and the voluntary sector. The organisations named most often were SCDS / or other related services. Other respondents represented carers, families, staff, and community

organisations: The Carers Centre for Brighton and Hove, PaCC and Amaze, Children's OT Team, UNISON, Grace Eyre, Hillside school and The Rocket Artists

Review of Day opportunity needs of young people transitioning to adult services:

A review of the day opportunity needs of 16- and 17-year-old young people currently supported by the Specialist Community Disability Service (SCDS) has identified an overall projected reduction in demand for day opportunity provision across the city for this cohort, who already have established support arrangements in place, therefore they will not require a building-based Day opportunity placement as they reach adulthood. 2 people that will require Day opportunities will need community-based provision for young adults.

The Day opportunity needs of 16- to 17-year-olds currently supported by the Specialist Community Disability Service who may require a Continuing Health Care (CHC) Checklist at Adulthood due to complex health and mobility was also analysed at the request of Parent Carers' Council (PaCC) and Amaze parents.

In terms of meeting day opportunity needs for this group, 4 of these young people are already receipt of the required day opportunity provision. The day opportunity needs of 2 of these young people will need to be met within complex day care provision should the ICB wish to commission the same.

These figures were checked with the Surrey and Sussex Integrated care Board (ICB). There was no available ICB data specific to Brighton and Hove for all age groups at this time.

Commissioning: External provision, Day Opportunity Provider Engagement:

The council is working with six main providers of day opportunities for adults with learning difficulties in the city.
These Providers support people with varied needs, some of whom support people with complex needs. BHCC has also undertaken recommissioning with current providers and have attracted three new providers to the city.

Current Independent Sector Adult Learning Disability Day opportunity providers:
Externally provided day opportunities play a vital role in meeting the needs of adults with learning disabilities in the city and their families. They provide meaningful activities and skills teaching to enhance people's independence and help to provide much needed respite for those living at home with families or in shared lives placements. This enables people to remain living at home and reduces the need for more expensive full-time supported living or residential care placements.

There are a range of different day opportunity services that provide a great range of activities across different venues and locations in the city. Some spaces have been specifically sourced by providers for their own use and some spaces utilise community-based settings such as libraries and cafes.

Data confirms that we continue to commission new day opportunity placements for adults with learning disabilities every year. Following a reduction in activity during the Covid-19 period, the demand has increased, particularly over the last two years. Most placements continue to be for young adults aged 25-34 with increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible responsive cost-effective day opportunity market going forward to be able to respond to this need.

A recommission of Day Opportunities has recently been undertaken by the Adult Social care Commissioning team. This process was agreed at Cabinet on 13th February 2025 as part of the annual procurement forward plan. The reason for this was to update the contracts and service specifications and to increase the day opportunity provision in the city to meet need. This was across 3 areas of commissioning including:

- Adults with learning disabilities and who may also be autistic, and those high care and support needs.
- Adults who are neurodivergent and who may also be autistic, and those with high care and support needs
- Adults with acquired brain injuries (ABI)

The outcome of the first stage of the recommission is that 5 existing suppliers were awarded contracts to deliver support for adults with learning disabilities, with the addition of 3 new providers. A second round of applications is currently being evaluated, with 7 applications.

Engagement and consultation
Engagement and consultation feedback has been reviewed collectively to identify common themes across responses from people supported by Wellington House, families, carers, staff, providers, advocates and wider stakeholders. This approach enables the EIA to reflect the breadth and depth of feedback received, while avoiding repetition across individual engagement activities.

A detailed summary record of the consultation and engagement feedback, including responses from families, carers, staff, advocates, Speak Out link Group, providers and wider stakeholders, was captured in the Appendices 4,5,6,7,8 9 and 10 to the Council report.

The feedback shows that Wellington House is highly valued as a familiar, specialist and trusted service. Common themes included the importance of skilled and consistent staff, predictable routines, meaningful activities, concerns about the impact of change on Service Users, including increased anxiety and disruption to routines, concerns about whether alternative providers can meet individual needs, the importance of friendships, peer relationships and social connection, need for reassurance for families and unpaid carers, as the service provides essential respite for them, and need for their involvement in decision-making. Respondents also raised significant concerns about uncertainty about the suitability of alternative provision, provider capacity, quality and staff skills, potential impact on families, unpaid carers and wider circles of support, transport arrangements and the need for careful transition planning and post-transition monitoring. These themes have directly informed the mitigation measures and action plan within this EIA. In particular, they have shaped the focus on person-centred transition planning, provider assurance, accessible communication, advocacy, maintaining social connections where possible, supporting carers and monitoring the impact of any move after transition.

As part of the consultation process all stakeholders and those who participated in the consultation process were invited to suggest alternative options for the day service at Wellington House. These would need to consider the financial challenges the council has to address in terms of efficiencies.

Below is a summary of the proposals put forwards as part of the consultation:

The alternatives broadly fall into six strategic options:

1. Keep and invest in Wellington House.
2. Use Wellington House differently through expansion, specialisation or shared use.
3. Transfer operation to another provider while retaining the building.
4. Develop a hybrid model combining Wellington House and community-based provision.
5. Relocate the service intact rather than disperse it.
6. Retain a smaller specialist council-run provision while redesigning wider support arrangements.

These themes capture virtually all proposals raised through consultation while removing duplication and highlighting the strategic choices available.

The alternatives proposals shared within the Consultation are not assessed as viable and would not address the financial challenges the council has to address in terms of efficiencies.

Wellington House Day Opportunities Service: Council response to consultation feedback:

Maintaining friendships, relationships and support networks

- The importance of friendships, relationships and established support networks was a consistent theme throughout the consultation process. Information regarding significant friendships and social connections has been captured through individual Care Act reviews. Commissioners and social work managers are aware of individuals who have expressed a preference to remain together should alternative provision be required. This information will inform any future transition planning.
- Should the proposal proceed, any alternative provider would be required to demonstrate how it will maintain and support social inclusion and community participation. Providers would also be expected to deliver meaningful, person-centred activities that reflect the interests, aspirations, and support needs of those attending the service.

Transition arrangements and individual support

- No final decision has been made regarding the future of Wellington House. Should Cabinet approve the proposal, a comprehensive and person-centred transition process would be implemented for each individual currently attending the service. This process would involve families, carers, social workers, health professionals, and providers to ensure that individual needs and preferences are fully considered.
- Transition planning would include consideration of friendship groups, communication needs, health requirements, and personal outcomes. Where appropriate, capacity assessments and best-interest decision-making processes would be undertaken in accordance with the Mental Capacity Act 2005. Independent advocacy support would be available where indicated. A six-week placement review would be undertaken, followed by an annual review or sooner if required to meet a change in needs. Carer assessments would be reviewed as part of the review process.

Alternative Day Opportunity provision

- The proposal would involve reprovisioning support through independent sector day opportunity providers operating within the city. Currently, approximately 86% of day opportunities for adults with learning disabilities are provided through the independent sector. Should the proposal proceed, all individuals currently attending Wellington House would continue to receive equitable Day opportunity provision.

- Any alternative provision would be required to demonstrate that it can meet the assessed needs of individuals currently attending Wellington House, including those with complex support requirements, communication needs, behavioural needs, and health conditions.
- Updated contract specification requirements and contract reviews would provide additional ongoing monitoring and assurance.

Current and future demand

- There have been declining referrals to Wellington House in 2024 and 2025.

- A review of the day opportunity needs of 16- and 17-year-olds supported by the Specialist Community Disability Service has identified an overall projected reduction in demand for day opportunity provision across the city for this cohort. Across both cohorts (36 young people) there were 2 projected Day Opportunity placements required these needs can be met within community-based provision for young adults.

- Most day opportunity placements in the city continue to be for young adults aged 25-34 with increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible responsive cost-effective day opportunity market going forward to be able to respond to this need. Due to the increased unit costs and the Wellington house is no longer a viable option.

Provider engagement and market capacity

- The Council continues to monitor current and future demand as part of its wider commissioning and market development responsibilities.
- As part of the review process, Commissioners have engaged with Day opportunity providers currently operating within the city. Discussions have focused on current occupancy levels, capacity, capability, and the potential to expand provision should additional demand arise. Providers have advised that services generally operate at or close to capacity and typically expand provision in response to increased demand rather than maintaining vacant capacity.
- Further Market engagement has confirmed sufficient capacity to meet these individuals' assessed needs, through current capacity for 16 individuals and creation of additional capacity for 2 individuals with an existing provider newly commissioned to support specialist high care needs for people in the city. This work forms part of the council's wider commissioning and market sufficiency responsibilities. 2 individuals will no longer require building-based day opportunities due to a change in need and a further 1 Individual has expressed a preference to arrange support through a higher Direct Payment rather than attend a commissioned day opportunity service.

Consultation process

- Families, carers, and stakeholders were informed that savings are required across Adult Social Care services and that Wellington House was identified for review due to cost and falling demand considerations. Officers emphasised throughout the consultation that no final decision has been made and that all consultation responses, survey feedback, and stakeholder representations will be considered before Cabinet reaches a decision.
- Staff have had the opportunity to engage with Managers, Councillor Mitchie Alexander and have also been provided with opportunities to participate in the consultation process through online and paper-based feedback mechanisms.

- Should the Wellington House service be agreed to proceed to closure a Staff Consultation would inform next steps for staff members. SCDS staff and the Cherish manager would also require a Staff Consultation process.

Equality, Wellbeing and Human Rights Considerations

- The Council recognises that any significant service change may have implications for individuals attending Wellington House and their families and carers. A range of mitigation measures have therefore been identified to support potential impacts. These include person-centred transition planning, accessible communication, advocacy support, social work involvement and ongoing engagement with families and carers.
- Most people attending Wellington House are adults aged between their 40s and 60s. Any future provider would therefore be expected to demonstrate the skills and experience necessary to support adults with learning disabilities who may also be experiencing age-related health conditions, increasing frailty, or changing support needs.
- Alternative providers would be required to demonstrate their ability to support and meet needs relating to:
    - Learning disability
    - Autism
    - Communication needs
    - Sensory needs
    - Behavioural support needs
    - Physical disability, mobility, or sensory loss
    - Mental health and emotional wellbeing
    - Epilepsy and other health needs
    - Age-related or changing needs
    - Requirements arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs
    - Sex, gender identity, gender reassignment, and sexual orientation
    - Menopause, perimenopause, and related support needs
    - Cumulative and intersectional needs
    - It will be ensured that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.

These requirements would be reflected through contractual arrangements, service specifications, quality monitoring processes, and equality monitoring requirements.

Communication and Advocacy

- Following discussions with families, carers, social workers, clinicians and Speak Out Advocacy, a proportionate approach has been adopted regarding communication with individuals currently attending Wellington House. Concerns were raised that discussing proposals before any formal decision has been made could create significant anxiety and uncertainty, particularly for some autistic adults and people with limited capacity to understand the decision-making process.
- Should the proposal proceed, information would be provided in accessible and personalised formats, including Easy Read materials, visual communication tools, Makaton, and social stories where appropriate. Independent advocacy support would also be available to support individuals through any transition process.

Human Rights

- Any future service provision would be commissioned through the Council's approved provider arrangements and would be subject to quality assurance and contract monitoring processes. Care Act reviews, person-centred support planning and ongoing professional oversight would ensure that individuals' rights, wellbeing, and preferences remain central to decision-making and service delivery.

Conclusion.

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- Should the proposal be agreed to proceed, alternative provision will provide continuity of support and demonstrate the skills, experience and capacity required to meet the diverse needs of individuals currently attending Wellington House. Individualised transition plans would be implemented to minimise disruption and promote positive outcomes for individuals and their families. A six-week placement review would ensure that each person is provided with best support to enable a positive transition. This would be followed by an annual review. Carers assessments would be reviewed as part of the ongoing review process. Ongoing quality assurance and contract monitoring would provide assurance of good quality provision.
- The Council recognises that any significant service change will have implications for individuals attending Wellington House and their families and carers. A range of mitigation measures have therefore been identified to support potential impacts

  The council would ensure that the findings and Actions required within this Equalities Impact Assessment are adhered to with the intention of providing the required support throughout the transition process with a 6-week review and annual review of the new placement and updated Carers review during this process.

5. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity? Consider all possible intersections.

(State Yes, No, Not Applicable as appropriate)

Age	**YES**
Disability and inclusive adjustments, coverage under equality act and not	**YES**
Ethnicity, 'Race,' ethnic heritage (including Gypsy, Roma, Travellers)	**YES**
Religion, Belief, Spirituality, Faith, or Atheism	**NO**
Sex	**YES**
Gender (including non-binary and Intersex people)	**NO**
Gender Reassignment	**NO**
Sexual Orientation	**NO**
Marriage and Civil Partnership	**NO**
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	**NO**
Armed Forces Personnel, their families, and Veterans	**NO**
Expatriates, Migrants, Asylum Seekers, and Refugees	**NO**

Carers	**YES**
Looked after children, Care Leavers, Care and fostering experienced people	**Not applicable**
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	**Not applicable**
Socio-economic Disadvantage	**YES**
Homelessness and associated risk and vulnerability	**Not applicable**
Human Rights	**YES**
Transition planning: Young people transitioning to adult provision in the next two years	**YES**

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy, numeracy and /or digital barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered “NO” to any of the above, how will you gather this data to enable improved monitoring of impact for this activity?

The internal Council social care case management recording system “Eclipse” includes areas to add information on pronouns, sexual orientation, religion, gender, sex at birth but this is not recorded for the individuals attending Wellington House. This would be captured within Care and support plans. Each person has received an updated social care assessment review to inform the consultation and give good up to date information on current needs as part of the process for proposed recommissioning.

What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?

We are communicating with families and carers to ensure that the impact on individuals is discussed and best interest decisions are made where required in compliance with the Mental Capacity Act 2005, about how and when to inform people of different stages of the process which could cause increased anxiety, particularly for autistic individuals, at a stage where no final decision has been made and reassurance would be limited. It has been agreed that people will only be informed of the proposal if needed once a formal decision is reached. Information would then be shared in a way that is tailored to individual communication and support needs and at the right time for each person.

We understand that change may be difficult for families and carers of those supported at Wellington House. The service is highly valued by those who attend the service. Families' carers and staff are concerned about the potential impact of the proposal to close. They believe closure would have substantial negative impacts on wellbeing, stability, and inclusion for people with

learning disabilities and their families, while questioning whether alternative provision has sufficient capacity or specialist expertise to meet need. We will ensure that any proposed change is addressed in a way and at a pace that ensures best support to all those impacted. Social workers will support careful decision making and transitions and the needs of those supported and their families and carers will be addressed through the agreed outcomes of Care Act reviews for individuals and Carers.

We are working with Speak Out Advocacy service.

Mental capacity assessments and Best interests decisions will be made in line with the law and individual need.

Where indicated, Individual Advocacy referrals will be made. This needs to be at the right time, should the proposal be agreed to proceed. Currently it is not possible for Advocates to have the required discussions with individuals due to the risk of increased anxiety as raised above.

Families, carers, managers, and staff know individuals well and will ensure that people are supported in the best way for them. Close monitoring of communication and patterns in behaviour will support awareness of the impact of this activity on individuals. Where required people are supported by SCDS Clinicians Psychiatry and Psychology teams who have a good understanding of the individuals needs and can help to monitor and advise on any changes in presentation throughout the process and ongoing.

All Family carers have been offered a Carers assessment to discuss with a social worker their own current needs and the impact of their caring role. These discussions also considered any impact that a change in Day provision may have and how best to mitigate the potential impacts. Families and carers have good contact with managers of the service and SCDS and will be able to inform and request support should there may be impacts at home.

If the proposal proceeds, impact will be monitored before, during and after transition to ensure that people are safe, settled and receiving provision that meets their assessed needs. Monitoring should include feedback from the person, their family carers, circles of support, advocates where involved, social workers, providers and relevant health professionals and ensure required adjustments to the persons Care and support plan and risk assessments.

To ensure people are safe, settled and receiving equivalent, suitable support after any move, a social worker to ensure 6-week placement review and annual review.

Earlier review should take place if concerns are raised. Where the new provision may not be meeting the person's needs, this will include urgent review of the Care and support plan and risk assessment, provider adjustments, additional support or alternative provision.

New provider to monitor attendance, wellbeing, behaviour, engagement, incidents, safeguarding concerns, complaints, carer stress, and social connection. To ensure that social work team are kept updated of any concerns. Commissioning contracts team to review provider performance through contract monitoring and equality monitoring. Reporting themes and emerging issues to the relevant governance group and where concerns are identified, remedial actions will be agreed recorded and reviewed.

6. Impacts

Advisory Note:

- **Impact:**
  - Assessing disproportionate impact means understanding potential negative impact (that may cause direct or indirect discrimination) and then assessing the relevance (that is: the

potential effect of your activity on people with protected characteristics) and proportionality (that is: how strong the effect is).
    - These impacts should be identified in the EIA and then re-visited regularly as you review the EIA every 12 to 18 months as applicable to the duration of your activity.
- **SMART Actions mean**: Actions that are (SMART = Specific, Measurable, Achievable, Realistic, T = Time-bound)
- **Cumulative Assessment:** If there is impact on all groups equally, complete **only** the cumulative assessment section.
- **Data analysis and Insights:**
    - In each protected characteristic or group, in answer to the question 'If "YES," what are the positive and negative disproportionate impacts?' describe what you have learnt from your data analysis about disproportionate impacts, stating relevant insights and data sources.
    - Find and use contextual and wide ranges of data analysis (including community feedback) to describe what the disproportionate positive and negative impacts are on different, and intersecting populations impacted by your activity, especially considering for Health inequalities, review guidance and inter-related impacts, and the impact of various identities.
    - For example: If you are doing road works or closures in a particular street or ward – look at a variety of data and do so from various protected characteristic lenses. Understand and analyse what that means for your project and its impact on different types of people, residents, family types and so on. State your understanding of impact in both effect of impact and strength of that effect on those impacted.
- **Data Sources:**
    - **Consider a wide range (including but not limited to):**
        - Population and population groups
            - Census 2021 population groups Infogram: Brighton & Hove by Brighton and Hove City Council
        - Census and local intelligence data
        - Service specific data
        - Community consultations
        - Insights from customer feedback including complaints and survey results
        - Lived experiences and qualitative data
        - Joint Strategic Needs Assessment (JSNA) data
        - Health Inequalities data
        - Good practice research
        - National data and reports relevant to the service
        - Workforce, leaver, and recruitment data, surveys, insights
        - Feedback from internal 'staff as residents' consultations
        - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
        - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.
- Learn more about the Equality Act 2010 and about our Public Sector Equality Duty.

Wellington House currently supports a relatively small number of people (21 people attending the service and 3 people accessing drop-in support). Due to the size of the group and the need to avoid identifying individuals, detailed equality monitoring information is not presented for all protected characteristics.

As information about some protected characteristics, including religion or belief, sexual orientation, gender identity, gender reassignment and marriage and civil partnership, is not routinely collected. This assessment therefore draws on Care Act reviews, consultation responses, advocacy feedback, professional knowledge of individuals, service records and engagement with families, carers, staff, providers and stakeholders

6.1 Age

Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: older people, people who may be housebound, those under 16, young adults, with other intersections.	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

15 people currently attending Wellington House are adults with learning disabilities in their 40s, 50s and 60s with the largest proportion of people in their 40s and 50s, many of whom have attended the service for a long time and have developed long-standing relationships their peers and support staff.

Some conclusions regarding the age profile of Wellington House Service Users can be drawn in terms of the in-house provision having been in existence for a long time and fewer new placements in recent years. This means there will be fewer young people in the service. The lower numbers of individuals at the higher age could be attributed to the lower mortality rate for adults with learning disabilities across the general population and/or increasing health and mobility needs of individuals results in them having to be supported in a more specialist service. Feedback from consultation and engagement with families, carers, stakeholders and advocacy organisations consistently highlighted concerns about the impact of major change on people who have attended the service for many years. Respondents described Wellington House as a stable environment which supports routine, predictability, friendships and social connection. Families expressed concern that older adults may find change particularly distressing and may experience increased anxiety, reduced wellbeing and loss of confidence if required to move to unfamiliar provision.

As 15 people currently using Wellington House are in mid to later adulthood (40+ years) and some may also be experiencing age-related health conditions, which may change their support needs alongside learning disabilities and autism. This means they may experience a disproportionate impact from changes to long standing support arrangements. Consultation responses suggested that disruption to established routines and relationships could affect people's emotional wellbeing, behaviour, participation and ability to engage in activities.

The review of younger people transitioning into adulthood identified a projected reduction in demand for day opportunities. Only two people within this cohort will require Day opportunities and their needs can be met in community-based provision for younger adults.

To mitigate potential impacts, all individuals have received Care Act reviews, and any transition planning would include consideration of age-related needs (including perimenopause and menopause), health requirements, routines, communication needs, personal outcomes and friendship groups. Alternative providers would be required to demonstrate their ability to support adults with learning disabilities who may also be experiencing age-related health conditions, frailty or changing support requirements.

Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible.

The plans will consider people's routines, support and communication needs, known triggers, preferred activities, friendships and support strategies, impact of any move to an alternative provider on family and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.

Where appropriate, familiarisation visits, phased introductions and involvement from current staff, families, carers and advocates will be used to reduce disruption.

Friendships, routines and social connection of people supported will be protected as much as possible,

Post-transition monitoring 6-week placement review would seek to identify any deterioration in wellbeing or increased support needs at an early stage. An annual review will also be arranged.

6.2 Disability:

Does your analysis indicate a disproportionate impact relating to Disability, considering our anticipatory duty?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

All individuals currently attending Wellington House have a learning disability.

The service currently supports people who are autistic, have communication needs, sensory processing differences, behavioural support needs, emotional wellbeing needs, mental health needs, epilepsy and sight loss.

Of the 21 people who attend Wellington House around 8 people have complex needs, the other people who attend have moderate needs. 4 additional people also attend drop ins at Wellington house supported by staff from home.

As all individuals currently attending Wellington House have a learning disability, the proposed closure has the potential to impact all current Service Users through changes to established routines, relationships, support arrangements and service environments, with people with most complex needs being disproportionately affected, also in terms of finding a suitable, tailored alternative provision.

The consultation evidence also suggests that some groups of disabled people may experience a greater level of impact than others. In particular, people with the highest support needs, autistic people, people with complex communication needs, people with sensory processing differences, people who require positive behavioural support and people whose wellbeing is closely linked to predictable routines and trusted relationships may be disproportionately affected by Wellington House closure and transition process.
For these groups, identifying and implementing suitable alternative provision may be more complex and may require highly individualised planning. If transitions are not carefully managed, there is an increased risk of anxiety, distress, dysregulation, reduced participation, social isolation, deterioration in wellbeing, or an increase in assessed support needs.
Consultation responses also highlighted that people with limited verbal communication or reduced ability to self-advocate may experience additional barriers in expressing their views, understanding changes and influencing decisions about future support arrangements. This may increase the risk that their preferences and needs are not fully reflected unless appropriate advocacy, communication support and person-centred planning are provided.

Throughout the consultation process families, carers, staff, advocacy organisations and stakeholders consistently described Wellington House as a safe, specialist and highly valued service. Respondents highlighted the importance of specialist staff knowledge, autism-informed practice, positive behavioural support, communication support, sensory-friendly environments, quiet spaces and established relationships.

Concerns were repeatedly raised that alternative providers may not be able to replicate the specialist support currently provided.
Families described their fears that disruption to established routines, relationships and support arrangements can lead to deterioration of wellbeing of Service Users, their increased anxiety, distress or even self-injurious behaviour, aggression, poor sleep, if familiar staff, routines and environments are lost.

Advocacy feedback demonstrated that people attending Wellington House place significant importance on friendships, feeling happy, having trusted relationships with staff, and taking part in meaningful activities. Consultation responses also highlighted that individuals who have limited verbal communication, may find it difficult to self-advocate or may lack capacity to understand complex organisational changes.

Several responses expressed concern that disruption could disproportionately affect autistic people, people with sensory sensitivities, people with communication needs and people who rely heavily on structure and predictability.

A range of mitigations have been identified.

- All individuals have received updated Care Act reviews. Any transition would involve detailed person-centred planning with families, carers, advocates, social workers, clinicians and providers.
- Mental Capacity Act assessments and best-interest processes would be undertaken where required. Independent advocacy would be available.
- Alternative providers would be required to demonstrate their ability to meet needs relating to learning disability, autism, communication needs, sensory needs, behavioural support needs, physical disability, mobility needs, sensory loss, mental health and emotional wellbeing, epilepsy and other health needs, age-related or changing needs, requirements arising from individuals' cultural, ethnic and faith or belief identities (including dietary needs), sex, gender identity, gender reassignment, sexual orientation, menopause and perimenopause, and cumulative or intersectional needs.
- Social workers will ensure that expectations from the provider are reflected in people's care and support plans and risk assessments. Service specifications, quality assurance arrangements, and contract monitoring will provide assurance of the quality of the day provision.
- No proposed placement will be made until a best interest decision has been made (where applicable) that includes the provider, the person's family /carer or where appropriate and other relevant professionals before any individual transition begins.
- All communications and information will be provided in accessible formats and through individuals preferred accessible communication methods, including Easy Read, visual information, Makaton, objects of reference and social stories would be used where appropriate.
- All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to

communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.

- Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.
- Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible. The plans will include consideration of the impact of any move to an alternative provider on family and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.
- Transition will include familiarisation visits and phased introductions.
- Individual Advocacy is available for 1:1 support where it is indicated.
- Personalised support is available for each individual from highly experienced staff supported by the SCDS social work team and Learning disability specific clinicians Psychiatry and Psychology where this is needed.
- Significant friendships and long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, are mapped to maintain peoples' social networks and sense of belonging as much as possible.
- Friendships and relationships were captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.
- Providers will be required to show how they will support social inclusion, meaningful relationships, and community participation and to ensure new weekly activity plans continue to reflect the person's interests, preferred routines, and social needs.
- People at higher risk of isolation or distress if separated from known peers are identified.
- Ensure that families and unpaid carers are supported before, during and after transition, to reduce the risk of carer stress, family disruption and breakdown of existing caring arrangements.
- Carers' assessments/reviews to be revisited by a social worker during transition, at 6-week placement review and annual review
- Post-transition monitoring would include review of wellbeing, attendance, safeguarding concerns, engagement, behaviour, maintaining friendships, social participation and family feedback.

What inclusive adjustments are you making for diverse disabled people impacted? For example: those who are housebound due to disability or disabling circumstances, D/deaf, deafened, hard of hearing, blind, neurodivergent people, those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQIA+ and disabled).

- Whilst the needs of the individuals attending these services vary, it has been agreed with Families and carers, Social workers, Professionals and Speak Out Advocacy service that informing service users of the proposal whilst a decision has not been made is not in their interest, due to limited capacity to understand the concept, which could cause increased anxiety, particularly for autistic individuals, at a stage where no final decision has been made. At this stage options for reassurance would be limited whilst the timescale is long, a Council decision has not been made and therefore no concrete alternative is in place for individuals.

- We are working with Speak Out Advocacy service who have spent time with people who attend Wellington House Day Options and sensitively asked questions about what is important to them and their friendship groups. Following this, Speak Out have written a report on their perspective of the service provision and what is important to those who attend and advised on the best approach to engage with service users on the proposed closure of Wellington House. This is in line with the decision agreed with Parents and Carers, social workers, and professionals about the best interest approach.

- Individual Advocacy is available for 1:1 support where it is indicated.

- Personalised support is available for each individual from highly experienced staff supported by the SCDS social work team and Learning disability specific clinicians Psychiatry and Psychology where this is needed.

- Any transition to a new service provision will be carefully managed through a transition agreed with families and professionals.

- Communication will be tailored in an accessible format to individual needs and complies with the principles of the Mental Capacity Act, including Easy Read documents, pictures, objects of reference and Makaton to maximise individuals understanding.

- Social stories will support a carefully tailored transition to include getting to know new staff within the current environment before spending time in the new environment with current Day Options staff and a phased progression to the new environment and staff.

- Where indicated, individual advocacy referrals will be made. This needs to be at the right time, should the proposal be agreed to proceed. This process will involve: An assessment of capacity, an assessment on the impact on individuals' wellbeing and best interest.

- All individuals have received a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs are up to date.

- We have ensured that Families and Carers who may not wish to provide an online survey response have been supported to access paper formats of the survey, and this has been fed into the data set by the BHCC communications team.

- All communications and information about proposed changes and transition will be provided in accessible formats and through individuals preferred accessible communication methods, including Easy Read, visual information, Makaton, objects of reference and social stories would be used where appropriate.

- All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.

- Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.

6.3 Ethnicity, 'Race,' ethnic heritage (including Gypsy, Roma, Travellers):

Does your analysis indicate a disproportionate impact relating to ethnicity?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Most individuals affected are White British.
This indicates a disproportionate impact upon those who are White British/White origin
This data is not broken down as the number of individuals involved is so small this could render them identifiable.

There was limited consultation feedback specifically relating to ethnicity. One stakeholder theme highlighted the importance of cultural sensitivity, accessibility and communication that recognises individual needs.

Mitigations relating to this are:

- Whilst most individuals are White British, the successful provider will need to evidence how they will provide culturally sensitive support to people from different ethnic backgrounds, including those from Black and Racially Minoritised background, to ensure that needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are met.
- Requirements around this will be included in the process of recommissioning for alternative services.
- We ensure that we support those for whom English is a second language. Managers will offer translation services. Currently this is not required by families and carers of people who attend the service. However, Easy Read, pictorials and social stories are offered to service users who do not speak English as their first language.
- Completion of key performance indicators and equalities monitoring data will be a requirement of the contract to be completed by the successful provider.
- All individuals have received a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are up to date.

6.4 Religion, Belief, Spirituality, Faith, or Atheism:

Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This information is not recorded on the case management system Eclipse consistently and, due to the small number of people affected, no further analysis is available.

Families, carers, managers, and staff know individuals well and ensure that all people's needs arising from their faith, belief or cultural identities, including dietary needs, are identified through assessment, care planning or transition planning. Any future provider would be required to demonstrate how it will meet needs arising from individuals' faith, belief or cultural identities, including dietary needs to ensure that those needs are met. No consultation feedback was received specifically relating to religion, belief, spirituality, faith or atheism.

6.5 Sex:

Does your analysis indicate a disproportionate impact relating to Sex	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The proportion of males to females are broadly similar and so both are affected equally across both services. This risk is mitigated by the Provider having to ensure they provide support that meets the needs of both male and female individuals. Alternative providers would be required to demonstrate their ability to meet needs relating to people's sex, including age-related or changing needs (such as for example menopause and perimenopause support). It is recognised that some of the individuals using this service may have developed important relationships with peers, and this information has been included in the Care Act reviews to ensure proper consideration is made as to how these relationships can be sustained if future contact is affected by these changes. Significant friendships and long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, are mapped to maintain peoples' social networks and sense of belonging as much as possible. Friendships and relationships were captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision. Providers will be required to show how they will support social inclusion, meaningful relationships, and community participation and to ensure new weekly activity plans continue to reflect the person's interests, preferred routines, and social needs.

6.6 Gender and Gender Reassignment:

Does your analysis indicate a disproportionate impact relating to Gender Identity **(including non-binary and intersex people)?**	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Does your analysis indicate a disproportionate impact relating to Gender Reassignment?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This information is not recorded on the case management system Eclipse or by the service themselves.

Care and support plans would identify Gender and Gender Reassignment needs to ensure support. SCDS Clinicians would be able to offer training to staff, support for the individual and understanding of the individual needs.

There is no information from the current service to indicate this is an area that will affect the individuals supported disproportionally, in either positive or negative way.

There is, however, a correlation between Autistic adults identifying as Trans. A significant proportion of the individuals affected are Autistic, this could mean some individuals may not identify with the gender they were assigned at birth but may be unable to communicate this due to their mental capacity and communication needs. Therefore, this information is not yet known.

No consultation feedback was received specifically relating to gender identity and gender reassignment.

The new provider will need to be able to be sensitive to this and would be required to demonstrate their ability to meet needs relating to individuals' gender identity or gender reassignment. This will be outlined in the Care and support plans and the service specification.

The service specification for our approved providers includes a requirement to train staff in LGBTQ+ awareness.

6.7 Sexual Orientation:

Does your analysis indicate a disproportionate impact relating to Sexual Orientation?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This information is not recorded on the case management system Eclipse.

Where this is known the information would be captured within Care and support plans to ensure relevant support and understanding of need.

There is no information from the current service to indicate this is an area that will affect the individuals supported disproportionally, in either positive or negative way.

As identified above, however, a higher proportion of autistic adults do not identify as heterosexual.

No consultation feedback was received specifically relating to gender identity and gender reassignment.

The new provider will need to be able to be sensitive to this and would be required to demonstrate their ability to meet needs relating to individuals' sexual orientation. This will be outlined in care and support plans and the service specification. The service specification for our approved providers includes a requirement to train staff in LGBTQ+ awareness.

6.8 Marriage and Civil Partnership:

Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

This is not recorded on Eclipse or by the service themselves. None of the individuals supported are married or in a civil partnership.

6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

No data is recorded on maternity, paternity, adoption, infertility on the case management system or by the service themselves. There is no information from the current service to indicate these areas affect the individuals supported and as such would not have a disproportionate impact, either positive or negative. The data shows that there are a similar proportion of female to male Service Users, with several women of menopause or peri-menopause age range who may therefore be disproportionality impacted. There is also a correlation between autism and premenstrual dysphoric disorder (PMDD). To mitigate this, alternative providers would be required to demonstrate their ability to meet people's needs relating to menopause and perimenopause support, including needs specific to autistic adults. This will be outlined in Care and support plans and the service specification.

6.10 Armed Forces Personnel, their families, and Veterans:

Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The successful provider will need to evidence how they will provide culturally sensitive support to people to ensure that needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are met. Requirements around this will be included in the process of recommissioning for alternative services. We ensure that we support those for whom English is a second language. Managers will offer translation services. Currently to our knowledge, this is not required by families and carers of people who attend the service. However, Easy Read, pictorials and social stories are offered to service users who do not speak English as their first language. Completion of key performance indicators and equalities monitoring data will be a requirement of the contract to be completed by the successful provider. All individuals have received a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs, are up to date.

6.12 Carers:

Does your analysis indicate a disproportionate impact relating to Carers (Especially considering for age, ethnicity, language, and various intersections).	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Wellington House Day Options provide activities for the individuals with learning disabilities, some who are autistic, and valuable respite for family carers. There are a small, but significant number of family carers who could be impacted by this change. It is important that these caring arrangements are not destabilised by this change, The feedback from consultation and engagement showed that the Wellington House closure has a potential to disproportionately affect carers through increased caring demands, emotional

strain and practical pressures if alternative provision does not meet Service Users' assessed needs or if they experience distress during transition. The impact may be greater for older carers, lone parents, carers supporting multiple relatives and carers experiencing their own health challenges.

Survey responses described Wellington House as providing essential respite for carers, enabling them to attend appointments, run errands, spend time with family and friends, and in some cases work or consider returning to work. Consultation feedback also indicated that some carers have wider caring responsibilities, including caring for older relatives or other disabled family members.

Carers consistently described Wellington House as an essential source of respite and reassurance. Families reported confidence that their relatives are safe, supported and engaged while attending the service. Survey responses identified carers' concerns regarding loss of routine, anxiety and distress for the person cared for, suitability of alternative provision, staff skills, friendship groups, transport arrangements, impact on employment and loss of respite opportunities. Carers expressed concern that changes could lead to increased caring responsibilities, deterioration in their own wellbeing, family stress, sleep disruption and risks to the sustainability of caring arrangements.

We understand that change may be difficult. The service is highly valued by those who attend the service. Feedback demonstrated that families' carers and staff are concerned about the potential impact of the proposal to close. They believe closure would have substantial negative impacts on wellbeing, stability, and inclusion for people with learning disabilities and their families, while questioning whether alternative provision has sufficient capacity or specialist expertise to meet need.

A potential positive impact of day options provider change is that alternative day activity provision may be closer to the family home and thereby reduce travel time for the individual. Travel arrangements will be discussed at the time of placement.

Mitigations include offering carers' assessments or reviews, involving carers in transition planning, providing regular communication and named points of contact, ensuring carers can participate in provider matching discussions, offering advocacy where required and providing escalation routes if concerns emerge. Social workers will review the impact on caring arrangements and consider the support needed to maintain carer wellbeing and prevent breakdown of existing care arrangements.

Other mitigations:

- As part of the Care Act review of the individual's needs, family carers have been offered a Carers Assessment to ensure that carers will be appropriately supported.
- We will ensure that any proposed change is addressed in a way and at a pace that ensures best support to all those impacted. Social workers will support careful decision making and transitions and the needs of those supported and their families and carers will be addressed through the agreed outcomes of Care Act reviews for individuals and carers.
- Any transition would involve detailed person-centred planning with families, carers, as well as advocates, social workers, clinicians and providers. Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible. The plans will include consideration of the impact of any move to an alternative provider on family

and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.

- All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.
- Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.
- Significant friendships and long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, are mapped to maintain peoples' social networks and sense of belonging as much as possible to minimise the risk of distress and disruption to family life.
- We will ensure that families and unpaid carers are supported before, during and after transition, to reduce the risk of carer stress, family disruption and breakdown of existing caring arrangements.
- All carers to be offered an assessment or review and impact on carers to be recorded in transition planning. Carers' assessments/reviews to be revisited by a social worker during transition and within 6-week placement review and annual review.
- Post-transition monitoring would include review of wellbeing, attendance, safeguarding concerns, engagement, behaviour, maintaining friendships, social participation and family feedback.

6.13 Looked after children, Care Leavers, Care and fostering experienced people:

Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections). **Also consider our Corporate Parenting Responsibility in connection to your activity.**	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.14 Homelessness:

Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations:

Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?	NO

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

6.16 Socio-economic Disadvantage:

Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

All the individuals attending this service by nature of the level of their learning disability are in receipt of disability benefits. There should be no change to their level of Service Users' income because of any Day opportunity reprovision. Consultation feedback indicated that the proposal may have indirect socio-economic impacts for some families and carers. Respondents highlighted concerns about the impact on their ability to work or manage other caring responsibilities (for example caring for their parents or disabled family members), travel and transport difficulties and concerns about costs. Families described Wellington House as providing essential respite which enables them to attend appointments, undertake caring responsibilities and, in some cases, remain in or consider returning to work. Although no direct impact on Service Users' income or benefits or transport costs has been identified, the consultation evidence suggests that changes to day provision could have indirect socio-economic impacts for some carers and families. Any travel arrangements and transport cost agreements currently in place will continue, to ensure travel needs are met within new provision. Alternatives to the current travel plans will be agreed with people supported and their families where required. Mitigations include offering carers' assessments or reviews, involving carers in transition planning, providing regular communication and named points of contact, ensuring carers can

participate in provider matching discussions, offering advocacy where required and providing escalation routes if concerns emerge. Social workers will review the impact on caring arrangements and consider the support needed to maintain carer wellbeing and prevent breakdown of existing care arrangements.

6.17 Human Rights:

Will your activity have a disproportionate impact relating to Human Rights?	YES

If "YES," what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

As the proposal is aiming to achieve a seamless transition to a new provider with minimal impact to the individuals supported and their families and carers, it is not anticipated that the proposed change will have a disproportionate impact, either positive or negative, in this area.

As with all change of service, there are risks associated with this that could affect individuals' human rights. The mitigations around this are:

- Alternative provision will be procured through the council's framework of approved providers to ensure that any new provision complies with the council's quality framework.
- All individuals have a service Care and support plan that outlines data in this area relating to individual's needs.
- All individuals have had a Care Act review carried out by the Specialist Community Disability Service to ensure their care and support needs are up to date. A six-week placement review will be in place along with an annual review of placement and need.

6.18 Cumulative, multiple intersectional, and complex impacts (including on additional relevant groups):

What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?

- For example: people belonging to the Gypsy, Roma, and/or Traveller community who are also disabled, LGBTQIA+, older disabled trans and non-binary people, older Black and Racially Minoritised disabled people of faith, young autistic people.
- Also consider wider disadvantaged and intersecting experiences that create exclusion and systemic barriers:
    - People being housebound due to disabilities or disabling circumstances
    - Environmental barriers or mobility barriers impacting those with sight loss, D/deafness, sensory requirements, neurodivergence, various complex disabilities
    - People experiencing homelessness
    - People on a low income and people living in the most deprived areas
    - People facing literacy, numeracy, and/or digital barriers
    - Lone parents
    - People with experience of or living with addiction and/ or a substance use disorder (SUD)
    - Sex workers
    - Ex-offenders and people with unrelated convictions
    - People who have experienced female genital mutilation (FGM)

- People who have experienced human trafficking or modern slavery

The proposed closure and re-provision of Wellington House Day Options have a potential to create cumulative and intersectional impacts for people who experience multiple forms of disadvantage or additional support needs.
All people currently attending Wellington House have a learning disability and some individuals are also autistic, have communication needs, sensory differences, mental health needs, complex health needs, epilepsy or are physically disabled.
The consultation consistently highlighted concerns about the impact of changes to familiar staff, routines, environments and relationships. For people experiencing several of support and communication needs and for those who are members of multiple minoritised groups, the impact of change may be greater.
Feedback from families, carers, advocates and stakeholders identified concerns about anxiety, distress, disruption to routines, loss of social connections and difficulties adjusting to unfamiliar environments, particularly for autistic people and those with communication, sensory or behavioural support needs.

Cumulative impacts may also affect family carers. Consultation responses highlighted that some carers rely on Wellington House to provide respite, to enable them to manage other caring responsibilities, attend appointments or maintain employment. As a result, any difficulties experienced during transition could have a wider impact on family wellbeing, caring arrangements, mental health and the ability to sustain caring responsibilities.
Mitigations include person-centred Care Act reviews, provider matching processes, individual transition plans, accessible communication, advocacy support, consideration of friendship groups and social connections, carers' assessments, family involvement in planning, post-transition monitoring and review, and requirements for providers to demonstrate their ability to meet a broad range of assessed needs, including those arising from multiple and intersecting characteristics.

7. Action planning

What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

The actions below have been informed by the comprehensive consultation and engagement undertaken with people supported by Wellington House, families, carers, staff, providers, advocates and wider stakeholders, ensuring that the concerns, experiences and priorities shared through the process are reflected in the proposed mitigations.

SMART ACTION 1
Ensure that alternative day services providers can evidence that they can meet assessed needs of each person who currently receives Day Options support at Wellington House.
The purpose is to ensure that no person moves to alternative provision unless the council is satisfied that the provider can meet their assessed needs, including requirements arising from individuals' cultural, ethnic and faith identities and their protected characteristics.

Activities:

- Require providers to complete an individual matching and compatibility assessment for each proposed placement.
- Require providers to evidence how they will meet needs relating to:
    - Learning disability
    - Autism
    - Communication needs
    - Sensory needs
    - Behavioural support needs
    - Physical disability, mobility, or sensory loss
    - Mental health and emotional wellbeing
    - Epilepsy and other health needs
    - Age-related or changing needs
    - Requirements arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs
    - Sex, gender identity, gender reassignment, and sexual orientation
    - Menopause, perimenopause, and related support needs
    - Cumulative and intersectional needs
- Ensure that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.

No proposed placement will be made until a placement has been offered that can evidence that it can meet the needs of the individual. Best interest decisions that include the provider, the person's family/carer and, where appropriate, other relevant professionals, will support this process, led by a placing social worker before any individual transition begins.

The requirement of any new provider to meet these areas is a condition of the Approved Provider framework, key performance indicators, and equalities monitoring (as appropriate).

It will be ensured that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.

Ongoing quality monitoring will be undertaken through contract reviews.

Success measure: All 21 people have an agreed provider matching assessment and updated support plan before moving.

All 4 people currently using the Wellington House service as a drop in option with their own staff will be supported to find an alternative activity/building base.
All communications and information will be provided in accessible formats and through individual's preferred accessible communication methods, including Easy Read, visual information, Makaton, objects of reference and social stories would be used where appropriate. All communications, information and meetings with families and carers will also be accessible, including, but not limited to, an option of telephone, letter and e-mail communications in variety of accessible formats and face-to-face meetings to fit around family life and caring/work responsibilities. Families will have an opportunity to communicate their inclusive requirements and any support required to be able to fully participate in the process, including support due to digital exclusion.

SMART ACTION 2

Each person will have an individual transition plan agreed with people supported (where they may have capacity to be involved), their families, carers and circles of support, which aim to minimise disruption to their wellbeing, routines, relationships and family life as much as possible. The plans will include consideration of the impact of any move to an alternative provider on

family and carer routines, transport arrangements, work or caring responsibilities and the practical support needed throughout the transition process.
Transition planning meetings will be arranged at suitable accessible locations, and visits to any proposed new service will be organised by a social worker in partnership with the person, their family and carers, with inclusive adjustments provided where required.
Transition planning meetings will be organised within Wellington House.

Purpose: To minimise disruption, anxiety, and distress, and ensure each person is supported to move in a way that meets their needs, including communication and emotional support needs.

Activities:

- Any travel arrangements in place now will continue to ensure travel needs are met within new provision. Alternatives to the current travel plans will be agreed with people supported and their families where required.
- Transition planning will be person-centred and informed by each individual's communication needs, sensory needs, health needs, routines, preferred activities, transport arrangements, staffing requirements, known triggers and any other factors that are important to their wellbeing and successful transition.
- Information, communication and transition support will be provided in accessible and personalised formats, including Easy Read, visual materials, objects of reference, Makaton, social stories and other communication tools or reasonable adjustments identified through the person's Care Act review and transition plan.
- Arrange familiarisation visits and phased introductions.
- New staff will be supported to get to know and observe the person within the familiar environment with known staff support.
- Familiarisation will progress to visits to the new provision with new staff and known staff from Wellington House or family member if this is agreed as the most supportive introduction to a new environment.
- Clear handover of Care and support plans/Risk assessment and Guidance's will be undertaken prior to the transition visits beginning.
- Each individual’s circle of support will monitor for any change or increase in need that may require input from behavioural support team, psychology, or clinicians to support transition.
- Transition planning will consider the impact of any move to alternative provision on the person’s established weekly routine, transport arrangements, family routines, unpaid caring arrangements, work commitments, and other responsibilities.

Measure: Every person has a completed transition plan, devised with their circle of support where appropriate, before any move takes place.

SMART ACTION 3

Protect friendships, routines and social connection of people supported as much as possible, recognising that Wellington House provides social belonging and peer relationships, not only structured activities.

Activities:

- Map significant friendships, long-term relationships which developed over many years, preferred peer groups, and social connections as gathered through Care Act reviews and staff knowledge, to maintain peoples’ social networks and sense of belonging as much as possible.
- Friendships and relationships were captured within individual reviews and commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

- Consider whether people can move to alternative day service providers with friends or familiar peers where this is important to wellbeing.
- Require providers to show how they will support social inclusion, meaningful relationships, and community participation.
- Ensure new weekly activity plans continue to reflect the person's interests, preferred routines, and social needs.
- Identify people at higher risk of isolation or distress if separated from known peers.
- Monitor whether people are maintaining friendships and social participation after transition.
- Friendship and social connection mapping completed before placement matching; reviewed after transition by Allocated social workers, Commissioners and provider leads.

Success measure: Social connection needs are recorded in each person's transition plan and reviewed post-transition at 6 weekly placement review.

SMART ACTION 4

Support families and unpaid carers before, during and after transition

Purpose: To reduce the risk of carer stress, family disruption, and breakdown of existing caring arrangements.

Activities:

- Offer all family and unpaid carers a carers' assessment or review.
- Discuss the impact of any change in day provision on the carer's wellbeing, employment, other caring responsibilities, and ability to continue caring.
- Provide regular updates and a named contact for families and carers.
- Offer face-to-face meetings where requested.
- Ensure families and carers are involved in provider matching and transition planning where appropriate.
- Provide clear escalation routes if the person experiences distress, if the placement is not working, or if pressures at home increase.
- Carers' assessments/reviews revisited by a social worker during transition and at 6-week placement review.

Success measure: All carers have been offered an assessment or review, and carer impact is recorded in transition planning.

SMART ACTION 5

Social worker to ensure 6-week placement review to ensure that any transition issues are addressed.

Purpose: To ensure people are safe, settled and receiving equivalent, suitable support after any move.

Activities:

- Gather feedback from the person, family/carer, advocate, provider, social worker, and relevant clinicians.
- New provider to monitor attendance, wellbeing, behaviour, engagement, incidents, safeguarding concerns, complaints, carer stress, and social connection. To ensure that social work team are kept updated of any concerns.
- Commissioning team to review provider performance through contract monitoring and equality monitoring.
- Report themes and emerging issues to the relevant governance group.
- Families, carers, managers, and staff know individuals well and will ensure that people are supported in the best way for them. Close monitoring of communication and patterns in behaviour will support awareness of the impact of this activity on individuals.

- Where required people are supported by SCDS Social workers, Clinicians, Psychiatry and Psychology teams who have a good understanding of the individuals needs and can help to monitor and advise on any changes in presentation throughout the process

Success measure: Reviews completed within 6 weeks and annually, with remedial action implemented and recorded where concerns are identified.

SMART ACTION 6

Young people aged 16-17yrs transitioning to adult services.

The review of younger people transitioning into adulthood identified a projected reduction in demand for Day opportunities.

These projections suggest that future demand for the current profile of Wellington House will continue to decline.

Activities:

- Commissioning team to continue to work closely with Children's services to identify the needs of young people coming through transitions.
- Commissioning team to provide clearer information about transition forecasting, likely demand from young people leaving education, and how future need is being factored into day service planning.
- Commissioning and Children's services to work closely with Integrated Care Board (ICB) to plan for required provision for young people with complex Health and mobility needs.

Which action plans will the identified actions be transferred to?

- For example: Team or Service Plan, Local Implementation Plan, a project plan related to this EIA, FIAP (Fair and Inclusive Action Plan) – mandatory noting of the EIA on the Directorate EIA Tracker to enable monitoring of all equalities related actions identified in this EIA. This is done as part of FIAP performance reporting and auditing. Speak to your Directorate's Business Improvement Manager (if one exists for your Directorate) or to the Head of Service/ lead who enters actions and performance updates on FIAP and seek support from your Directorate's EDI Business Partner.

Some of the identified actions will inform the commissioning of individual Care Act reviews, and data collection gaps will be fed into service plans for action.

8. Outcome of your assessment

What decision have you reached upon completing this Equality Impact Assessment? (Mark 'X' for any ONE option below)

Stop or pause the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
Adapt or change the activity to eliminate or mitigate disproportionate impacts and/or bias.	
Proceed with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	
Proceed with caution – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	**X**

If your decision is to "Proceed with caution," please provide a reasoning for this:

The council recognises that the proposed closure and reprovision of Wellington House is likely to have a disproportionate impact on some of the people currently supported by the service, all of whom are adults with learning disabilities, particularly those with the most complex support needs, including autistic people, those with significant communication, sensory, behavioural, emotional wellbeing or health needs.

Consultation feedback highlighted the importance of established relationships, specialist support, predictable routines and a familiar environment, and identified potential risks including anxiety, distress, disruption to routine, reduced wellbeing and increased pressure on families and carers. However, having considered all available options, the proposal is being considered in the context of significant financial pressures, the need to ensure services remain sustainable and cost effective, reduced attendance, current and projected reductions in demand, and the requirement to deliver savings across Adult Social Care. The council would therefore proceed with caution, subject to robust mitigations including person-centred transition planning, provider assurance, protection of social relationships, carer support, contractual requirements relating to equality and inclusion, and ongoing quality and contract monitoring to ensure alternative provision is suitable, meets assessed needs and supports positive outcomes for those affected.

Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:

The proposal to close and re-provide Wellington House Day Options is being considered in the context of significant financial pressures within Adult Social Care and the council's need to ensure that services are sustainable, cost effective and able to meet current and future demand. Wellington House has been identified for review due to the current cost of delivery, reduced attendance, projected fall in demand over the next two years and the wider requirement to deliver savings across Adult Social Care.

Consultation feedback shows that Wellington House is highly valued as a familiar, trusted and specialist environment. People supported, families, carers, staff and stakeholders have highlighted the importance of skilled and consistent staff, established relationships, friendship groups, meaningful activities, predictable routines, safe spaces and the confidence families have that people are understood and well supported.
The Council recognises that the proposed closure has therefore a potential to cause anxiety, distress, disruption to routine, loss of familiar relationships, disruption to friendship groups and increased pressure on families and carers

Disproportionate impacts of the proposed closure have been identified, including significant impact on the people currently supported by Wellington House, all of whom are adults with learning disabilities, some of whom are also autistic and/or have complex communication, sensory, behavioural, emotional wellbeing or health needs, as well as on their families and unpaid carers, particularly where Wellington House provides an important source of routine, respite and stability.
Whilst all current Wellington House attendees are disabled people who will be affected by the proposed closure and reprovision, the impacts are likely to be experienced unevenly across the cohort. People with the most complex support needs, autistic people, those with significant communication or sensory needs, and those who depend on specialist staff knowledge, highly structured routines and bespoke support arrangements are likely to experience the greatest risk of disproportionate negative impact. These individuals may require more intensive assessment, planning and transition support to ensure suitable alternative provision is identified and that outcomes relating to wellbeing, inclusion, safety and participation are maintained.

Those impacts will be mitigated by robust provider assurance, person-centred transition planning, carer support, protection of social relationships and structured post-transition monitoring.
Having considered the impacts identified through this EIA and the consultation feedback received, the council would **proceed with caution** if a decision is made to close the Wellington House service, and only subject to robust mitigations and ongoing monitoring set out in this assessment, recognising significant impacts on the people currently supported within the Day Options service who are adults with learning disabilities, some of whom are also autistic and their family carers, as well as those who may have transitioned to Wellington House in the next two years.

These mitigations are intended to ensure that every person currently attending Wellington House receives alternative day opportunity support that is equivalent in quality and suitability, meets their assessed needs, and is planned in a person-centred way with the person, their family, carers, advocates and circles of support where appropriate.

Alternative providers would be required to demonstrate their ability to support and meet needs relating to:

- Learning disability
- Autism
- Communication needs
- Sensory needs
- Behavioural support needs
- Physical disability, mobility, or sensory loss
- Mental health and emotional wellbeing
- Epilepsy and other health needs
- Age-related or changing needs
- Requirements arising from individuals' cultural, ethnic and faith/belief identities, including dietary needs
- Sex, gender identity, gender reassignment, and sexual orientation
- Menopause, perimenopause, and related support needs
- Cumulative and intersectional needs
- Continue to uphold individuals' human rights
- Understand the potential cumulative, multiple intersectional, and complex impacts on the individuals that the change could affect as a disadvantaged minority group

The requirement of any new provider to meet these areas is a condition of the Approved Provider framework, key performance indicators, and equalities monitoring (as appropriate).
It will be ensured that expectations from the provider are reflected in people's care and support plans, service specifications, quality assurance arrangements, and contract monitoring.
Ongoing quality monitoring will be undertaken through contract reviews.

9. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

10. Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:** DD-MMM-YY
Responsible Lead Officer:	Kim Foster	19-08-26
Accountable Manager:	Steve Hook	19-08-2026

Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:

EDI Review, Actions, and Approval:

Equality Impact Assessment sign-off

EDI Officer to cross-check against aims of the equality duty, public sector duty, and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Officer has considered the equalities impact to provide approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, Equalities inbox, any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing. Budget and Staffing EIAs secure approval via different templates.

Signatory:	**Name:**	**Date:** DD-MMM-YY
EDI Business Partner:	Zofia Danin	19-Aug-26
EDI Manager:		

Notes and recommendations from EDI Business Partner reviewing this assessment:

Notes and recommendations (if any) from EDI Manager reviewing this assessment:

BHCC Consultation Survey Wellington House.
PaCC response 06.07.2026
Survey response based on feedback collated from 30 parent carers, all of whom have children and young people with complex support needs. Feedback received in online and face-to-face meetings, phone calls, emails and parent carer WhatsApp groups.

Views on the proposal:

Overall, to what extent do you support or oppose the proposal?
Strongly oppose the proposal

Give reasons:
Parent carers strongly oppose the closure of Wellington House, citing a lack of evidence for safe alternatives and a failure to model future demand. Feedback from over 30 carers highlights critical risks to the city's most vulnerable residents.

1. **Failure in Long-Term Planning and Underestimated Demand**
   Carers challenge the "declining need" narrative and highlight a significant risk in the council's planning. This consultation focuses only on the 21 current service users, entirely failing to factor in future need. Parent carers are aware of a "growing demand" from young people transitioning from special schools who will require specialist, building-based care. The lack of data forecasting for those coming through the system suggests a lack of comprehensive long-term planning, leaving future school-leavers potentially without any suitable provision. Furthermore, PaCC flags that hard to reach families have not been included in this consultation due to time and capacity constraints.
2. **Gaps in Provision**
   Opposition remains rooted in a lack of confidence in council commissioning, and the need for a co-produced citywide vision. Carers point to ongoing gaps in provision; specialist social care support remains inequitable for the complex need's cohort eg: short breaks for CYP with complex needs after Extratime & Barnardos withdrew provision, training and opportunities for YP who do not meet Team Domenica thresholds. This history of "unstable external markets" leaves families fearful that users will be left with no support at all.
3. **Financial Volatiality and Rising Provider Costs**
   Carers argue that a £400k saving is unrealistic. Carers highlight that independent providers face massive inflationary pressures. There is a high risk that providers will increase prices as their own costs rise, quickly eroding savings. For the "complex needs" cohort, costs are volatile, and the council loses all bargaining power once internal provision is closed.

4. **Access to Fit for Purpose Buildings**
   To date providers are struggling to find venues that meet safeguarding and health needs of complex need children and young people. eg: Short Breaks 2026.
5. **National Workforce Crisis**
   The sector faces a dire recruitment crisis, with vacancy rates nearly three times the national average. Carers worry that relying on a private market plagued by high turnover will lead to unsafe care for individuals who require stable, trusted staff to manage non-verbal communication and complex medical needs.

What do you see as the potential risks or disadvantages of re-providing support through external provider services?
This response focuses on the direct impact on the safety and quality of life of the 21 individuals, and PaCC asks that Councillors ensure they pay strong attention to the needs of the wider community.

- **Clinical Safety Gaps:** Parent carers lack confidence in the evidence that independent providers possess the breadth of clinical skills required for this cohort. Families do not believe external services reliably offer the specialised health oversight needed for essential care, including tube feeding, clinical competence in physiotherapy and SALT, and medical management of complex epilepsy and behavioural needs. It is known that placements fail for these reasons.
- **Physical Space and Accessibility Constraints:** A critical risk is the lack of physical space and consistent wheelchair accessibility. Carers report that they have been told by alternative providers that they are at capacity and/or lack the "spare space," structural accessibility, or specific breakout spaces required for those needing behavioural support. This makes the promise of immediate re-provision unrealistic.
- **Invisible Demand and Ageing Carers:** The proposal fails to account for families currently supporting adults without formal services. As these carers age, they will require specialist, building-based support. Removing this safety net for "hidden" families will lead to future crises and emergency interventions.
- **Psychological Distress and Placement Failure:** Re-provision risks the destruction of friendship groups and trusted bonds. For non-verbal adults, these are vital for stability. When placements fail due to a provider's inability to meet needs, it leads to "parent carer burnout." Just one or two further emergency residential placements would completely wipe out any projected savings.
- **Aspiration, Quality and Safeguarding:** External provision often involves high staff turnover. Parent carers want reliable provision that the city can be proud of; they question why councillors are not committing this aspiration for such a vulnerable and marginalised cohort. Replacing a specialist environment with generic services increases the risk of neglect and long-term harm.

What risks or opportunities do you see in relation to market readiness and sustainability?
Based on feedback, the following risks to market readiness and sustainability have been identified, specifically regarding the council's capacity to manage this transition.

1. **Systemic Delays and Transition Planning**
   There is significant concern that overstretched social care teams are already struggling with timely transition planning for both current service users and young people entering the system. Evidence from parent carers indicates that annual assessments

remain significantly behind schedule. Relying on an independent market when the underlying social care infrastructure is already failing to meet statutory timelines creates a high risk of service gaps and safety failures.

2. **CQC Concerns and Lack of Transparency**
   The community is aware of the recent Adult CQC inspection, which specifically highlighted poor transitions as an area of concern. Parent carers report that the action plan following this inspection remains unknown to them. This lack of transparency, coupled with evidenced assessment delays, undermines any confidence that the council has the capacity to sustainably manage the complex reprovision of high-needs individuals.
3. **Financial Sustainability and "False Savings"**
   Carers argue the £400k saving risks being unrealistic. Independent providers face inflationary pressures and rising wage costs, which will be passed to the council. Furthermore, if placements fail due to a provider's inability to meet needs, "parent carer burnout" will likely lead to emergency residential care. Just one or two such placements would completely wipe out any projected savings.
4. **Failure of Direct Payments and Forecasting**
   Direct Payments are not a sustainable alternative due to the "recruitment scarcity" of PAs. Furthermore, the council's focus ignores the pipeline of young people in special schools and ageing carers in the community. Without factoring in this future demand, any market-shaping strategy is unsustainable and risks total system failure for the city's most vulnerable.

What impact do you think this proposal could have on people who currently use the service? (Select all that apply)
Other.

1. **Deterioration of Mental Health and Wellbeing**
   Carers describe Wellington House as a "community." The most significant impact is the psychological distress caused by the destruction of established friendship groups. For adults with complex learning disabilities—and for those who are non-verbal—these peer relationships are fundamental. Families fear removing these social anchors will lead to high levels of anxiety and a permanent decline in wellbeing, negatively impacting long term health outcomes.
2. **Physical Safety and Clinical Risks**
   Parent carers argue that re-provision risks the safety of those with profound medical needs. They highlight a lack of evidence that independent providers can replicate the necessary "clinical competence." Impacts may include risks to those requiring tube feeding, complex epilepsy management, and specialised nutritional support and behaviour management, alongside a move to providers lacking consistent wheelchair accessibility or breakout spaces.
3. **Regression in Skills and Communication**
   The proposal risks the loss of trusted relationships with experienced staff who uniquely understand each user's communication. Carers believe moving users to an external workforce hampered by the national recruitment crisis—characterised by high turnover—will lead to a regression in independence and a failure to meet basic care needs.
4. **Placement Failure and Family Breakdown**
   If a new placement cannot accommodate a user's high-support needs, it will likely fail. Such failures are catastrophic, often leading to "parent carer burnout" and a total

breakdown in the family's ability to cope. This forces the adult into emergency residential care.

5. **Marginalisation**
   Carers feel this cohort is being "left behind." They argue that closing the only specialist in-house provision deepens inequalities and reduces social inclusion for those with the highest support needs.

What would good support look like under the proposed new arrangements?

1. **Clinical, Specialist, and Behavioural Requirements**
   Any alternative offer must demonstrate the ability to meet complex health and behavioural requirements. This includes staff with assessed competence in tube feeding, SALT, physiotherapy, and medical management of epilepsy, alongside skilled implementation of Positive Behavioural Support (PBS). Facilities must be fully wheelchair accessible, featuring ceiling track hoists, sensory rooms, and dedicated breakout spaces. Provision must be more aspirational, focusing on improving life outcomes and independence for young people rather than merely meeting basic safety.
2. **Transparency and Quality Information**
   A major barrier is the distinct lack of information about independent providers. Carers report they do not have the details needed to make informed choices. Good support requires the council to provide clear, verified data on provider standards and clinical skill sets. Councillors should defer decision-making until they fully understand the actual capacity and competency within the independent sector to meet these specific needs.
3. **Delayed Engagement with Young Adults**
   Councillor Mitchie Alexander committed to engaging with parent carers of younger adults to feed into future provision. To date, this specific engagement has not taken place. PaCC highlights that this specific consultation should happen ahead of any final decision-making to ensure the needs of those transitioning into adult services are represented.
4. **Protecting Relationships and Friendships**
   Good support includes the preservation of "friendship groups." Social circles are vital for the mental health of non-verbal adults; any transition must move peer groups together. Support must be delivered by a stable, skilled workforce to ensure continuity.
5. **Statutory Compliance and Statutory Duties**
   Parent carers fear the quality of life for adults with learning disabilities is being dictated by budget deadlines rather than individual needs. Carers report that for some, a transition may take a year or much longer; for some families, no appropriate alternative provision is found. Moves should be individually planned, adequately resourced, and involve families as partners. No move should occur until new provision is proven to meet all assessed needs. The council must ensure provision for the eligible cohort complies with Equality Act and Equalities legislation duties. PaCC ask: are all voting councillors confident that sufficient appropriate provision is available and how will they evidence this to the community?

What should the council consider in promoting equality and inclusion?

1. **Marginalisation and Central Government Funding**
   Brighton & Hove cites its status as an inclusive city, yet carers argue adults with learning disabilities remain on the margins. They believe closing the only in-house primary specialist hub further pushes this cohort out of sight. Parent Carers do not see evidence of BHCC putting pressure on central government regarding the significant funding issues affecting social care provision and ask if this is happening where it is communicated.
2. **Cumulative Impact of Budget Cuts**
   Councillors must consider the significant cumulative impact of savings across all BHCC services and provisions. Carers argue the loss of Wellington House, alongside wider service reductions, creates a "piling on" effect that disproportionately undermines the quality of life for this specific marginalised group.
3. **Planning and the "Accessible City"**
   The council is proud of landmark developments like the seafronts and potential King Alfred development, but PaCC flags that the learning disability community is not sufficiently catered for in broader city planning. They ask do such projects consider this community within the Accessible City strategy, and how will this be evidenced.
4. **Market Fragility and Gaps in Provision**
   Carers point to provider withdrawals as evidence of market instability. They highlight ongoing gaps for CYP with high support needs within Short Breaks and wraparound care. The council must demonstrate how it will prevent a similar failure for adults, ensuring capacity shortages do not lead to total social isolation.
5. **Statutory Duties and Local Transparency**
   All decisions must comply with the Equality Act 2010. Carers highlight that current delays in assessments and the lack of transparency regarding the action plan following the recent Adult CQC inspection suggest the council is currently falling short of its statutory duties.

Is there anything else you would like the council to consider before decision is made?
"Invest to Save": Proposals to Enhance Wellington House
Parent carers believe expanding the building's facilities will address critical gaps in provision while protecting the long-term budget.

1. **Mitigating High-Cost Crisis Placements**
   Proposal: Reposition Wellington House as a specialist "Centre of Excellence" for those with complex medical and behavioural needs.
   Saving: Providing local, high-intensity support that independent providers cannot accommodate avoids exorbitant out-of-city residential costs. This proactively manages the most expensive end of the care market.
2. **Enhancing Respite and Family Resilience**
   Proposal: Use the site to complement Beach House, especially where Beach House cannot meet needs. As well as daytime provision provide early evening and weekend respite opportunities, and space for Short Breaks providers who struggle to find accessible venues.
   Saving: Reliable respite prevents parent carer burnout. Supporting families for longer prevents breakdowns; just one or two failed placements necessitating emergency residential care would instantly negate any projected savings from closure.

3. **Specialist Transition Hub**
   Proposal: Manage the "pipeline" of young people (18–25) leaving special schools.
   Saving: Transitions for this cohort can take a year or much longer. Using the site as a bridge ensures stability and prevents the costly "churn" and crisis costs of placement failures in the independent sector.
4. **Hybrid Partnerships, Joint Funding, and Community**
   Proposal: Open the space to independent providers and work with health partners for joint funding. Prioritise developing communities by allowing local groups to use the centre as a social anchor.
   Saving: Shared funding reduces the burden on Adult Social Care. Recouping costs via service agreements while fostering community connections reduces the isolation that leads to mental health crises and service dependency.
5. **Addressing "Invisible Demand"**
   Proposal: Support ageing carers who provide home-based care without formal support. Provide equitable access to day provision for young people living in supported living where day provision is prohibited, as parent carers report private providers claim they meet need without considering holistic wellbeing and access to the community.
   Saving: Early engagement enables managed, cost-effective transitions rather than high-cost emergency interventions when families hit a point of crisis, and a reduction in care package costs where young people have access to social opportunities and more meaningful day activities.
6. **Address the lack of training and work opportunities**
   Proposal: develop opportunities for young people who do not meet Team Domenica eligibility criteria. There is great space within Wellington House for a community café, a community launderette, etc. PaCC suggests that BHCC look at The Sand Project in Worthing as inspiration for improving young people's access to better life outcomes.
   Saving: Families with young people still living at home can manage for longer where young people have daytime provisions that are meaningful.

……
……

Other, in addition to survey questions.

- The independent market currently holds a significantly larger market share of daytime provision, and parent carers believe the smaller percentage held by Wellington House must be protected as In-House provision, protecting and building on provision for this vulnerable cohort.
- The quoted daily rate of £220 at Wellington House is a similar price being quoted by some current providers.
- **Loss of Accredited Excellence:** PaCC has read that Wellington House holds a National Autistic Society Autism Accreditation. Carers see this as a "gold standard" sensory environment that is not widely available in the private sector.
- **The "Social Anchor":** Beyond the 21 permanent users, the centre provides a vital safe space for "drop-in" users. Removing this hub increases the risk of those living in the community falling into total social isolation.
- **Trust remains low** because the community feels the narrative around decision making has been predominantly about the 21 adults who attend Wellington House,

and the needs of future cohorts risks not being evidenced as part of essential decision making.

Summary Conclusion for Voting Councillors

Closing Wellington House is a high-risk strategy prioritising short-term savings over stability. While projected savings are £400k, community confidence remains low. The "Invest to Save" model offers a sustainable path to mitigate crisis costs, uphold stat utory duties, and restore trust. Decisions now dictate whether the city remains inclusive or pushes its most vulnerable into a volatile market. Such action leaves no safety net for the adults involved and fails to provide a medium-to-long-term plan going forward for the eligible students with Learning Disabilities who will leave full-time education each year.

The Parent Carers' Council (PaCC) is a parent-led forum which represents parent carers with children and young people with any kind of physical disability, learning disability, complex or long-term medical/health condition, SEMH (Social, Emotional, Mental Health) issues or special educational need. The group was formed to enable parent carers to work closely together to help improve services and support. It aims to help parents get more directly involved in the strategic delivery of services for disabled children in Brighton & Hove and now has over 780 signed up members. Parent Carers' Council (PaCC), Community Base, 113 Queens Road, Brighton BN1 3XG • Tel: 01273 234 862 • email: fiona@paccbrighton.org.uk • www.paccbrighton.org.uk

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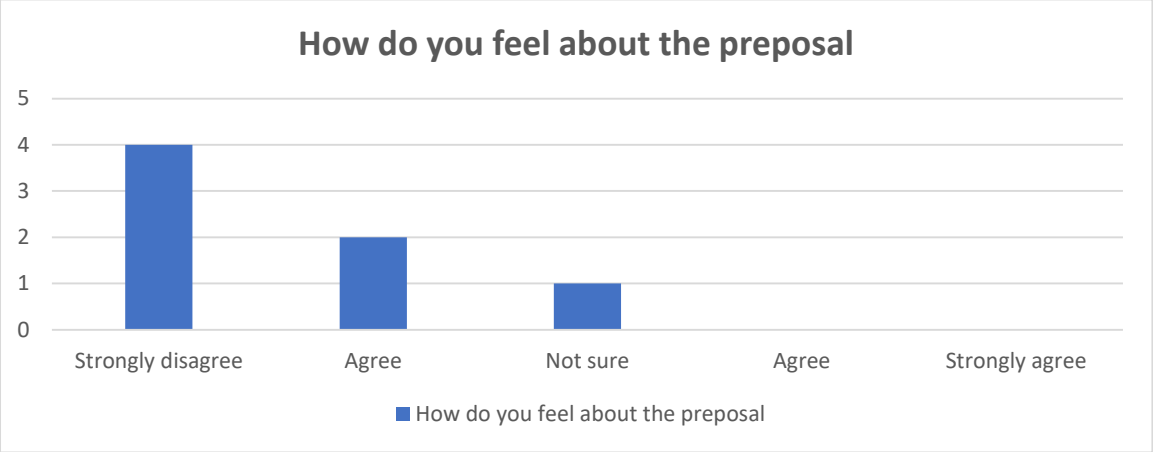
Wellington house consultation – Peer Advocates Survey findings

Overview

The surveys were gathered during drop-in visits between the 18th of May and the 6th of June 2026. Participants were given a presentation on the council's proposal and an information pack. You can find both the information pack and the surveys attached. Those who were aware of the proposal were very vocal in their discontent, some filled out surveys, and some did not. In total, we took 7 completed surveys. I have compiled the responses into graphs below.



Why do you feel this way?

Respondent 1 (disagrees with the proposal)	*It makes me feel like people with learning disabilities wont have a community and that the support for people who need it the most should have the support they need*
Respondent 2 (disagrees with the proposal)	*Because it should stay us to help people with disabilities access this service as part of the day*
Respondent 3 (is not sure about the proposal)	Not sure as I haven't been there. I think it is sad because it will be hard for people to find somewhere else to go. There might not be as much choice
Respondent 4 (strongly disagrees with the proposal)	*I think it's stupid because people may live far away from the day centres where they've sent, and that's not fair.* *They may not be able to see their friends anymore.* *It's not fair on people because they've been going there for years and they might be upset that it's closing.* *They're going to miss their activities that they do there/ They'll get fed up, depending on how independent they are.* *They might not know the other day centres or how to get there*
Respondent 5 (strongly disagrees with the proposal)	*It is unfair to take away community spaces from vulnerable people. They go there for a reason so telling them to go somewhere else does not make up for the injustice. It will save the council money but the cost*

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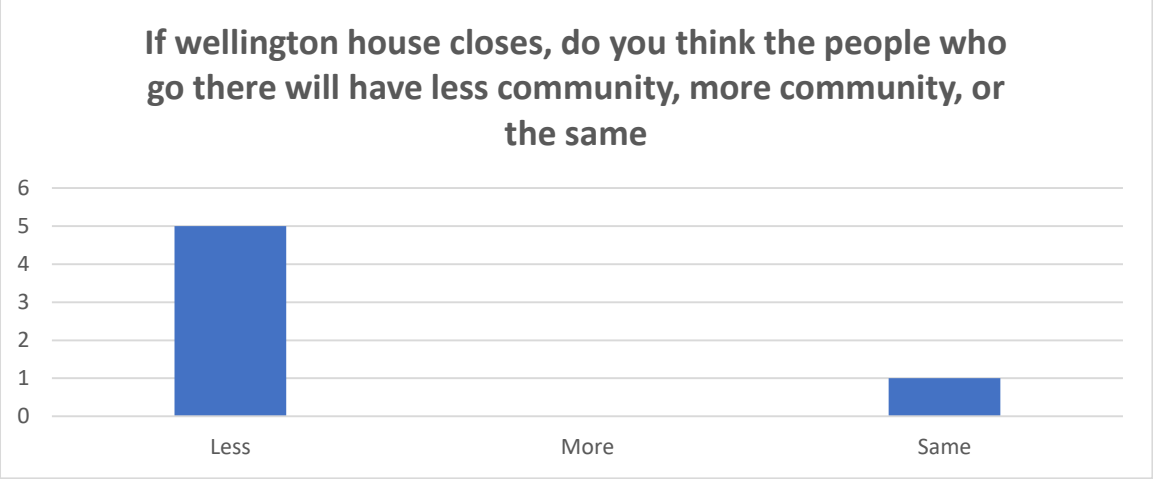
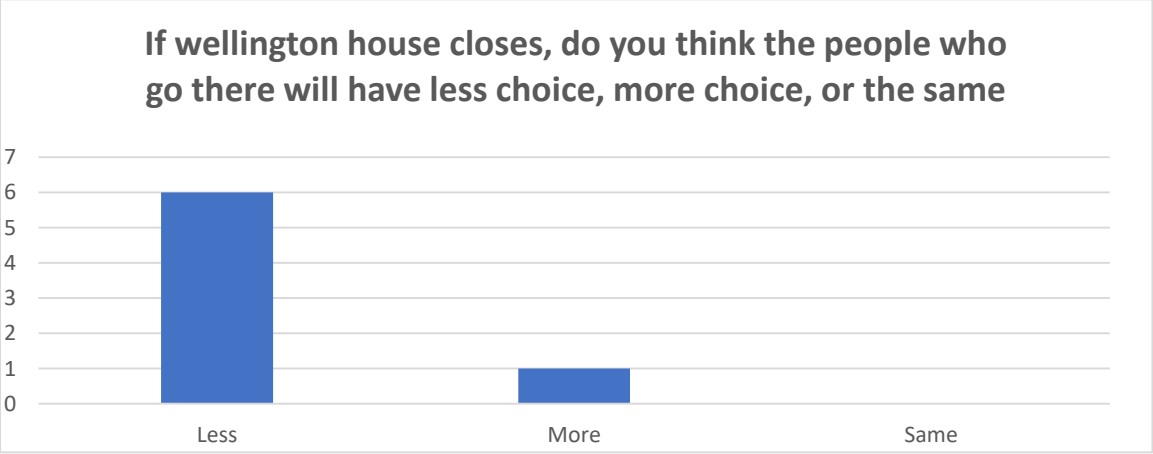
	will be transferred to charities who are already struggling. It is heartless.
Respondent 6 (strongly disagrees with the proposal)	*If you close it there are lots of services that have helped me a lot that will change.* *How can you guarantee the same standard of service with another provider and what happens if that new provider can't cope with the extra work and has to close also?* *It will be a shame because more people with learning disabilities won't have a voice and will get left behind.* *It will be lots of stress and pressure on parents and carers.* *We can't keep shifting services around to be someone else's problem.*





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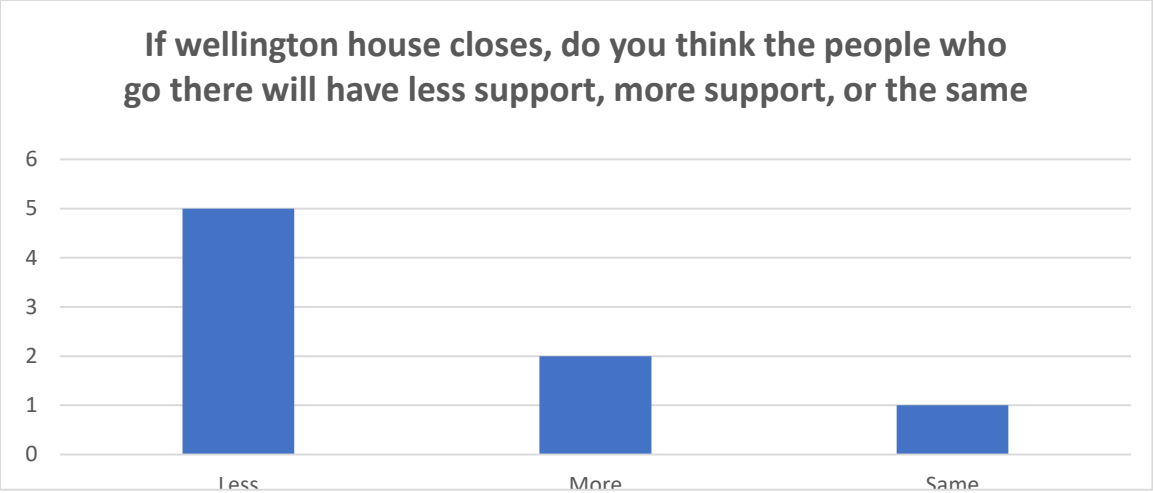

Conclusions

The issue that arose most frequently was the concern for the loss of Wellington House for the service users. There are themes of unfairness and the community being left behind. This is emblematic of the community's response to cuts, but it also speaks to members' own experiences of change and precarity. Secondarily, there is a general suspicion that there are no equivalent services available in the area to meet service users' needs, with one respondent emphasising the strain on charity services. Only one respondent was unsure about the proposal; their concern was that it would 'will be hard' to find another place to go. No respondents reacted positively to the proposal.

It should be noted that members who did not feel strongly about the proposal were unlikely to fill out a survey. The response I have had when discussing the potential closure has either been one of profound concern or relative indifference due to not understanding the issue. Those who do not know what Wellington house is, or even the few who were unaware of what a day service is, required significant support to understand the decision. I found that when I had the time to invest in supporting an individual like this, the same themes of precarity and marginalisation emerged.

Brighton and Hove UNISON Consultation Response Wellington House

This is our response as the trade union that represents the majority of the Wellington House workforce. Our answers are developed from a considerable number of meetings with Wellington House staff and discussions with parents, carers and stakeholder organisations during the months we have been representing and supporting our members at Wellington House and in our campaigning to protect and keep this service.

4 – Reasons for our answer

We strongly oppose the proposal to close Wellington House for a number of reasons:

- This is not just about individuals. Wellington House is a family and a community that has grown over decades. This simply cannot be replicated by farming service users out to a number of external providers.
- We believe there is a strong risk in cutting this provision without having properly done a needs assessment of adults with learning disabilities in the city that aren't currently engaging with day services and the financial implications of them not accessing quality day care. This cohort can and should be identified and encouraged to access Wellington House.
- The financial risks associated with home-care relationships breaking down and the council then having to fulfil its statutory duty to provide residential care are considerable. Just one premature breakdown in home-care would wipe out this saving in one year.
- The workforce at WH is one of the most experienced and skilled teams in terms of supporting service users with complex needs. Losing this team would be a huge drain of talent and organisational knowledge.
- There is considerable evidence that the potential of WH has not been explored and that there has been neglect and decline in the management and support of the service. There is a huge amount of untapped potential and that should be given time to be explored and developed.

6 – Potential risks and disadvantages

Risks include:

- External providers will not have the capacity and experience both in terms of infrastructure and workforce to deal with the level and complexity of need of this service user group.
- That any needs assessments will be invalid by the time the current WH service users accessed another service due to the subsequent disruption and

disregulation this would cause and taking into account the risk that the new service may not be appropriate.
- The medium- and long-term cost increase risks due to subsequent breakdown in home-care relationships.
- Reputational damage at a time where insourcing and excellent provision of community owned services and provision is seen so favourably by the public.

7 – Market readiness and sustainability

As a trade union that also represents hundreds of Brighton and Hove members working in the private/charitable/voluntary sector in the city we know that many not-for-profit and charitable providers are struggling with the increased costs of national insurance and the spike in the cost of some goods and services. We are aware that may providers are in financial stress, reducing their workforces and liquidising some of their assets. This means the sustainability and quality of the service is harder to ensure than keeping delivery in house. There is also a risk of providers 'over promising' to win contracts that they then struggle to deliver on.

8 – impact and quality of support

Please tick: reduced choice and flexibility, reduced quality of support, reduced community inclusion

Under 'other':

Having spoken to parents what cannot be underestimated is the profound loss the current WH users will experience if WH closes. They have established a family at the centre, and this family will be torn apart if the centre closes.

10 – council considerations – equality and inclusion

In terms of promoting equality and inclusion the council opens itself up to several risks if it closes the centre. The people who use the centre are not just unit costs, they are human beings. This decision should be based on what is best for them, not what saves money. This is one of the most vulnerable and potentially isolated groups in society and the council has already experienced reputational damage around this suggested closure.

The health and wellbeing outcomes for people with severe learning disabilities are profoundly worse than for the general population. On average they will die 15-20 years earlier than the general population with 50% of deaths deemed avoidable as they are related to treatable conditions. They are also significantly more likely to experience poor mental health, loneliness, social isolation, bullying and poverty. Wellington House is quite simply the best and most protective place for them to be.

11 – other considerations for the council

We would ask that the council remember that once a building is sold it cannot be sold again. This would be a one-off saving and a short-term answer to a medium/long term issue. There would also be the problem and cost of relocating staff when the few remaining main council buildings are already at or over capacity. Hove Town Hall is bursting at the seams and our members there continue to relay concerns around privacy, heat, overcrowding, accessibility and safety.

12 – alternative suggestions

UNISON's strong suggestion is that this closure should be stopped or at least shelved until a proper assessment of alternative models and ideas can be fully explored, actioned and assessed. We know that stakeholders, including the workforce, LD organisations in the city and parents/carers/family members have given some excellent alternative suggestions. We believe these have included making WH a centre for excellence around Learning Disabilities which could include proactively attracting more referrals to bring down costs per head; allowing external providers to spot purchase spaces for more challenging service users and the potential to hire out space and resources for activities.

From talking to staff and evidence we have seen from emails and communications from managers, the centre has not been managed well by those outside of the delivery workforce and has, intentionally or not, been allowed to slowly decline. There is also evidence that parents who have expressed a desire for their children to attend the centre have had their requests not actioned raising serious questions around transparency and intent.

While the workforce has become demoralised over time, their commitment and passion for the work they do has not dimmed, and if given the opportunity they would be skilled and active participants in developing and growing the service and improving its efficiency.

FORMAL REPRESENTATION | 14 JULY 2026

Proposed Closure of Wellington House

Formal representation from the Chair of Governors, Hill Park School

From	David Plant, Chair of Governors, Hill Park School
To	Councillor Mitchie Alexander; Councillor Bella Sankey
Cc	Councillor Emma Daniel; Councillor Jacob Taylor; Councillor Tim Rowkins; Councillor Jacob Allen; Councillor Trevor Muten; Councillor Gill Williams; Councillor Alan Robins; Councillor David McGregor; Councillor Sam Parrott; Deb Austin, Corporate Director, Families, Children and Wellbeing (deb.austin@brighton-hove.gov.uk); Democratic Services (democratic.services@brighton-hove.gov.uk)
Subject	Urgent formal representation from Hill Park School: proposed closure of Wellington House

Dear Councillor Alexander, Councillor Sankey and colleagues,

I am writing in my capacity as Chair of Governors of Hill Park School, following consultation with and the unanimous support of all non-conflicted governors who participated. Staff governors did not take part because of their employment-related conflict of interest. Hill Park serves children and young people across our Primary, Secondary and Hive sites. I am also the parent of a 16-year-old attending Hill Park Secondary.

Hill Park values its constructive working relationship with Brighton & Hove City Council. As a maintained special school and a vital part of the city's SEND provision, we work closely with council officers and services to support some of Brighton and Hove's most vulnerable children, young people and families, and we are committed to continuing that partnership. We recognise the severe financial pressures facing the authority. However, we believe that the proposed closure of Wellington House would be a serious strategic mistake, removing essential specialist capacity at precisely the time when the evidence from our school indicates that need is increasing.

Please treat this as a formal representation opposing the proposed closure of Wellington House Day Options and asking the council not to proceed on the basis of the evidence currently available.

Wellington House is the city's last council-run day centre specifically serving adults with learning disabilities. Its closure would remove an important part of the council's direct provision and, in particular, a potential safety net for adults whose complex needs cannot readily or reliably be met through ordinary community activities, charities or independent providers.

Failure to assess future demand

To my knowledge, neither Hill Park's governing body nor its senior leadership has been approached during the consultation for information about the children and young people who are likely to require adult social care provision in the coming years.

This is a significant omission. Hill Park educates children and young people with severe learning disabilities, profound and multiple learning disabilities, autism, physical disabilities, medical needs and other complex support requirements.

Our direct experience is that the complexity and intensity of need within the Secondary cohort are greater than in previous years. This pattern continues through the younger year groups and into Primary. The evidence available to us therefore points towards an increasing need for specialist adult day provision, not a diminishing one.

These pupils are the future users of Brighton and Hove's adult social care services. No credible assessment of future demand can be completed without engaging Hill Park and other specialist schools and post-16 providers and examining the needs of their current cohorts.

Hill Park recognises that Downs View School, Link College and Life Skills College should also be consulted by BHCC to ensure the relevant feedback and data sets are included from both special school sites in the city.

Existing public evidence

This concern is consistent with the council's wider published evidence. The Care Quality Commission's December 2025 assessment rated Brighton and Hove's adult social care arrangements as "Requires improvement". It identified gaps in provision for people with complex and compound needs, limited local options and insufficiently developed commissioning information about what provision would be required and when. [1]

The 2023 Ofsted and CQC Area SEND inspection also found that preparation for adulthood was underdeveloped and that there was insufficient strategic involvement from health and social care in this work. [2]

The Parent Carers' Council's response to this consultation has similarly raised the absence of adequate future-demand modelling, the lack of demonstrated safe alternatives for people with complex needs and the financial fragility of parts of the independent market. [3]

Hill Park's latest published Ofsted inspection judged the school Outstanding. Its leaders, staff and governors possess substantial professional and direct evidence about the changing needs of the city's disabled children. That evidence should form part of the council's strategic planning for adult services. [4]

Local government reorganisation and future service planning

This proposal is also being considered during a period of major structural change in local government across Sussex and Brighton. The Sussex & Brighton Strategic Authority was formally established in March 2026, while separate proposals for local government reorganisation remain under consideration. If approved, elections for new unitary authorities are proposed for May 2027 and new governance arrangements are targeted to become operational in April 2028. [5] [6]

This is therefore not an appropriate point at which to make an irreversible reduction in the city's directly operated specialist learning-disability provision. Before disposing of Wellington House, the council should establish how specialist adult social care will be planned and commissioned under the future arrangements, what needs exist across the wider area, and whether retaining the service could contribute to a more resilient regional network of provision.

Closing the facility now risks removing valuable public capacity immediately before responsibilities, commissioning arrangements and opportunities for regional service planning are reconsidered. At minimum, any decision should be paused until this work has been completed and independently tested.

The council should also avoid permanently dismantling directly operated provision at a time when the future funding, organisation and balance between public and outsourced delivery of adult social care are likely to be reconsidered nationally.

The financial case

I am not persuaded that the proposed saving has been demonstrated as a genuine net saving to the council or to the wider public sector.

Any proper financial assessment must include not only the operating cost of Wellington House but also:

- the cost and availability of comparable independent provision;
- transport and one-to-one or two-to-one staffing;
- clinical, behavioural, communication and personal-care support;
- the consequences of placements breaking down;
- increased pressure on family carers and respite services;
- emergency intervention and safeguarding costs;
- residential or out-of-area placements where suitable local provision is unavailable; and
- the cost of rebuilding provision if independent or charitable services subsequently withdraw from the market.

Removing a council-run service may reduce one budget line while transferring equal or greater costs elsewhere.

The Care Act requires the council to promote a sufficiently diverse, sustainable and high-quality care market and to secure services capable of meeting local needs. The Public Sector Equality Duty also requires the council to give

proper and demonstrable consideration to the impact of its decision on disabled people and their families. [7]

Actions requested

Before any recommendation is made to Cabinet, I ask the council to:

1. Produce a properly evidenced five- and ten-year forecast of demand for adult learning-disability day provision, incorporating anonymised cohort information from Hill Park and other specialist education providers.
2. Meet Hill Park's leadership and governors to understand the number, complexity and likely adult support requirements of pupils currently progressing through the school.
3. Publish the full financial model, options appraisal, market-sufficiency assessment, Equality Impact Assessment and transition risk assessment supporting the proposal.
4. Demonstrate, by category of need, where sufficient alternative provision currently exists for people requiring specialist buildings, personal care, clinical input, high staffing ratios, specialist communication support and management of behaviours that may present risks.
5. Assess alternatives to closure, including retaining and modernising Wellington House or developing it as a specialist centre of excellence alongside community-based provision.
6. Refer the proposal to the People Overview and Scrutiny Committee for examination before a final Cabinet decision is taken.
7. Confirm that this representation will be included in the formal consultation analysis and supplied in full to the councillors making the decision.

The council should not dispose of its final directly operated specialist day service without first establishing, through robust evidence, that future demand can be met safely, sustainably and affordably. At present, that case has not been made.

Please confirm receipt, whether this representation will be included in the decision papers, and the anticipated date and forum for the final decision.

Yours sincerely,

David Plant

Chair of Governors

Hill Park School - Primary, Secondary and The Hive

References

1. Care Quality Commission, Brighton and Hove local authority assessment (December 2025):
https://www.cqc.org.uk/care-services/local-authority-assessment-reports/brightonhove-1225/summary

2. Ofsted/CQC Area SEND inspection of Brighton and Hove (2023):
https://files.ofsted.gov.uk/v1/file/50218659

3. Parent Carers' Council response to the Wellington House consultation:
https://paccbrighton.org.uk/wp-content/uploads/2026/07/BHCC-Consultation-Survey-Proposed-Closure-of-Wellington-House-PaCC-response.pdf

4. Ofsted provider page for Hill Park School:
https://reports.ofsted.gov.uk/provider/25/114687

5. Brighton & Hove City Council, inaugural meeting of the Sussex & Brighton Strategic Authority (April 2026):
https://www.brighton-hove.gov.uk/news/2026/inaugural-meeting-sussex-brighton-strategic-authority-take-place

6. Brighton & Hove City Council, Local Government Reorganisation timeline:
https://www.brighton-hove.gov.uk/council-and-democracy/local-government-reorganisation-lgr/our-timeline-local-government-reorganisation-lgr

7. Care Act 2014, section 5 (market shaping and commissioning):
https://www.legislation.gov.uk/ukpga/2014/23/section/5

Brighton & Hove City Council

Consultation Engagement summary

Engagement Activity 1: Speak Out Engagement – Wellington House Service Users

Date: 7th May 2026
Participants: Service Users

This consultation has focused on a sensitive proposal affecting people supported at Wellington House. Throughout the process, extensive engagement has taken place with families, carers, staff, social workers, advocacy organisations, and representatives of the wider learning disability community to ensure that views and concerns are fully understood and reflected.

Following discussions with parents, carers, and social workers, it was agreed that people supported at the service would not be informed of the proposal at this stage. Families and carers raised concerns that discussing potential closure plans before any decision had been made and without the ability to provide clear reassurance about future arrangements, could cause significant anxiety and distress, particularly for autistic individuals, it was therefore agreed that, if a formal decision is made, information would be shared at the appropriate time and in a way that is tailored to each individual's communication and support needs.

Speak Out were able to support engagement and completed a visit to the service to consult on what was important to attendees, things they enjoy and friendships. Speak Out were able to complete their report without referencing the potential closure plans.

Key findings:

Feedback from service users was overwhelmingly positive. Participants consistently described Wellington House as a place they enjoy attending, using phrases such as:

- "I love it."
- "It's fun."
- "It's good. I love it."
- "When I walk through the door, I feel happy."
- Most surveyed individuals selected positive emotional responses when asked about their experience of the service.
- Strong satisfaction with the service and positive emotional responses.
- Friendships and social connections are highly valued.
- Staff recognised as caring, knowledgeable and responsive.
- Meaningful activities and community participation are highly valued.
- Routine, familiarity and stability support wellbeing.

Summary: Service users expressed overwhelmingly positive views and highlighted the importance of relationships, routine, and specialist support.

Friendships and relationships have been captured within individual reviews and

commissioners and social work managers are aware of the groupings that would like to stay together with any new proposed reprovision.

Any new provider would need to assure that they will provide valued meaningful activities and community participation through a scheduled week of activities devised to meet the needs and desires of the group supported.

Engagement Activity 2: Learning Disability Partnership Board

Date: 30th April 2026
Participants: Partnership Board Members

Key findings

- Discussion of financial rationale for proposal.
- Concerns regarding service continuity and future demand.
- Concerns regarding market capacity and complex needs provision.
- Need to be evidence regarding alternative provision.

Summary: Members emphasised the importance of ensuring future provision can meet current and future demand.

Engagement Activity 3: Parent Carers' Council (PaCC) and AMAZE

Date: 19th May and 2nd June 2026
Participants: Parent Carers' Council Members and Stakeholders

Key findings

- Financial savings versus service quality.
- Capacity and suitability of alternative provision.
- Future demand for services.
- Impact on individuals and families.
- Trust, transparency, and consultation integrity.

Summary: Parent Carers' Council and AMAZE requested robust evidence that alternative provision can safely replicate current outcomes.

Engagement Activity 4: Learning Disability Partnership Board Link Group - focused discussions

Date: 8th June 2026
Participants: People with lived experience

Key findings

- Strong opposition to closure.
- Concerns regarding loss of community and belonging.
- Impact on wellbeing and independence.
- Need for accessible communication and advocacy.

Summary: The response from Speak Out Link Group Peer Advocates demonstrates strong concern about the loss of a valued community resource, uncertainty about the

suitability of alternative provision, and fears regarding the impact on wellbeing, social inclusion, and support networks. Respondents consistently emphasised themes of community, continuity, fairness, and protecting vulnerable people from further disadvantages.

Engagement Activity 5: Family and Carer Engagement Meeting

Date: 9th June 2026
Participants: Families and Carers

Key findings:

- Continuity of care and transition planning.
- Provider quality and capability.
- Support for people with complex needs.
- Market capacity and value for money.
- Alternative options to closure.

Summary: Families and carers sought reassurance regarding quality, safety, and continuity.

Engagement Activity 6: Provider Engagement Event

Date: 30th June 2026
Participants: Providers, Families and Carers

Key findings

- Providers outline service models and capacity.
- Families met providers and discussed support options.
- Some service visits arranged on request of carers

Summary:

- The Provider engagement meeting on 30th June provided an event for families and carers to meet and discuss the “potential” Day opportunity provision options with the independent day service providers in the city, that are referenced as part of the formal consultation document. To ensure that everyone is fully informed about the Provider Market and what is available, to support engagement with the Formal consultation.
- On the day Providers were able to discuss their current capacity and ability to expand their capacity to meet proposed demand. They were also able to discuss usual practice of working to capacity, and not operating with vacancies, as it would not be financially viable for them to employ staff and run with vacancies. Leaflets with written information on each service were available to share with attendees.

Engagement Activity 7: Family and Carer meeting with Councilor Mitchie

Brighton & Hove City Council

Alexander

Date: 30th June 2026
Participants: Families and Carers

Summary: Why Wellington House is being considered for closure and whether alternative savings are available. Impact on long-term service users, many attending for decades. Concerns about trust, previous promises, and consultation transparency. Loss of choice, specialist provision, and suitable alternatives. Potential false economy due to increase in respite and residential care costs. Calls to improve and modernise the service rather than close it.

Summary Parent Carer Survey Wellington House Feedback- Your Voice

Summary Parent Carer Survey Feedback: 23

1. What is your relationship to the person who uses day services?

23/23 - Multiple choice - choose one - required

Parent/carer 56.5% (13 choices)

Shared Lives Carer 17.4% (4 choices)

Other family carer 13% (3 choices)

Other (please specify) 13% (3 choices)

Please provide details about the person you care for (tick all that apply)

23/23 - Multiple choice - choose many - optional

Learning disability 100% (23 choices)

Autism 78.3% (18 choices)

Mental health needs 43.5% (10 choices)

Complex health needs 39.1% (9 choices)

Physical disability 8.7% (2 choices)

Other (please specify and add more information where appropriate) 21.7% (5 choices)

3. What works well about the current day service provision?

-The strongest theme is the quality and consistency of staff. Respondents repeatedly said staff are highly trained, experienced, compassionate, and know service users very well, often over many years

. Families particularly value staff's understanding of autism, complex behaviour, and early signs of distress, and their ability to provide safe de-escalation and tailored support

Safety, routine and familiarity were also mentioned very often. People described Wellington House as a safe, predictable environment with structure, regular people, and established routines, which helps reduce anxiety and supports mental wellbeing

. Several highlighted the importance of individual rooms or quiet spaces where people can regulate, take time out, or avoid becoming overwhelmed

. Another common point was that the smaller-scale setting suits people who struggle in larger, noisier groups. Respondents said it allows for 1:1, 2:1, small group support, and flexibility for those with more complex needs or who cannot always access the community

. One response described the service as a last resort for people whose needs are not met elsewhere

. Social connection was another clear benefit. Families said the service helps build friendships, offers a genuine peer group, and gives service users a social life in a place where they feel accepted and listened to

. Activities and community access were viewed positively, including creative programmes, arts, gardening, allotment work, outdoor space and supported trips out

. Transport was also valued where mentioned

. A final recurring point was the benefit to families and carers: the service provides reassurance, respite, and confidence that loved ones are safe, supported and happy

4. Do you experience any challenges or difficulties with the current service?

21/23 - Multiple choice - choose one - optional

No 82.6% (19 choices)

Yes 8.7% (2 choices)

No answer

8.7% (2 choices)

5. If yes, please describe below:

3/23 - Short answer - optional

All responses (3)

The hours of care 10:30 - 3pm with no transport provided make it hard for me to return to work.

This service is well run and provides exemplary support and care for both Service users and those who care for them

Sometimes transport is very late arriving, and my son gets very agitated

6. Please tell us about the impact this day service has on your role as a carer?

-Respondents most often described Wellington House as essential respite for carers, giving them a few hours to rest, attend appointments, run errands, see family and friends, and in some cases work or consider returning to work

. Several said this break helps prevent exhaustion or burnout and makes caring at home manageable. A strong theme was reassurance: families trust that their relative is safe, well looked after, happy, and in a calm environment while attending

. This peace of mind was especially important where carers also support other relatives or have additional caring responsibilities

. Many also valued the benefits for the person attending: maintaining routine, staying calm, enjoying activities, mixing with peers, accessing the community, building independence, and improving wellbeing

. Respondents felt the service supports both mental health and stability at home. There was repeated concern about the impact if the service closed. People feared distress, loss of routine, increased pressure on carers, breakdown in home life, and worse outcomes for those with high or complex needs

Page 6: Views on the proposed change

. Overall, to what extent do you support or oppose the proposal?

23/23 - Multiple choice - choose one - required

Strongly oppose the proposal 95.7% (22 choices)

Tend to oppose the proposal 4.3% (1 choice)

Strongly support the proposal

0% (0 choices) Tend to support the proposal

0% (0 choices) Neither support **nor oppose the proposal**

8. What do you see as the potential benefits of re-providing support through external provider services?

Most respondents saw no benefits in re-providing support through external providers. This was by far the dominant view, with several giving very direct answers such as “none” or “I don’t”

. The main concern was that external providers would not be able to meet complex needs as well as Wellington House. Respondents stressed the importance of

experienced staff who know individuals well, 1:1 support, calm and quiet environments, structured person-centred programmes, and safe spaces for people to withdraw when needed

. One response argued that Wellington House is one of the last places for people who do not fit the “commercial model” of existing services

. There was also doubt about whether enough suitable external provision exists at all. Respondents said current options are very limited and already stretched, and some questioned whether the expected financial savings would actually happen

. A small number saw possible benefits only if there were major improvements: better surroundings, experienced staff, good resources, and opportunities for younger people, more activities, outings, drop-in support, and evening use of the building

. Even these comments tended to focus on developing Wellington House rather than replacing it with external provision.

9. What do you see as the potential risks or disadvantages of re-providing support through external provider services?

The main concern was that external providers would not be able to meet people’s complex needs as well as Wellington House, particularly for autistic people and those needing highly individualised or 2:1 support

. Respondents repeatedly said Wellington House staff know people extremely well, can recognise early signs of distress, de-escalate effectively, and understand personal routines, communication and care needs. There was strong worry that this knowledge would be lost with new providers, alongside concerns about staff experience, training and retention

. A very common theme was the harmful impact of change. Families said unfamiliar staff, buildings, routines, activities and transport could cause significant anxiety, stress and distress, and that for some people this is not something that can simply be managed

. Several feared increased challenging behaviours, deterioration in wellbeing, and even breakdown of home placements if support does not work

. Many also doubted whether alternative settings are suitable. Concerns included overcrowding, noisy or fast-paced environments, insufficient space for individual support, and loss of specialist facilities such as sensory rooms, gardens, kitchens and allotments

. Some said private sector options are too financially driven and not designed around this group’s needs. Another repeated issue was the loss of relationships and

continuity: familiar staff, peers, friendships and transport were seen as important parts of support, and respondents worried these would be broken up

. A few specifically highlighted that no other provider offers Autism Accreditation, making respondents question whether equivalent specialist provision exists at all

Page 9: Carer concerns and risks:

10. What concerns would you have if the day service closed? (tick all those that concern you)

23/23 - Multiple choice - choose many - required

Loss of routine or familiar environment 95.7% (22 choices)

Anxiety or distress for the person I care for 91.3% (21 choices)

Suitability of external providers 87% (20 choices)

Staff skills and understanding of complex needs 78.3% (18 choices)

Impact on friendships 69.6% (16 choices)

Travel or transport difficulties 43.5% (10 choices)

Impact on my ability to work or manage other responsibilities 43.5% (10 choices)

Loss of respite for carers 39.1% (9 choices)

Concerns about costs 34.8% (8 choices)

Other (please specify) 13% (3 choices)

11. Are there specific risks around the proposal that you are you are worried about in relation to the person you care for?

The main concern raised repeatedly is that changes to Wellington House would be very distressing for people who struggle with any disruption to routine. Respondents often said this could lead to heightened anxiety, poor sleep, self-harm, aggression or other challenging behaviour

. A common theme is that Wellington House provides stability, familiar staff, friendships and a trusted routine, and that losing these could seriously affect mental health, wellbeing and behaviour. Several respondents felt the people they care for would struggle to cope in a new setting, especially if it is noisier, busier or less suited to their needs

. Respondents also worried that specialist knowledge and experienced staff would be lost, and that replacement provision may not have enough staff, space or understanding to manage distress safely. Some said this could unfairly set people up to fail and would also have a negative impact on family life at home

. Other concerns mentioned were the loss of long-standing friendships, increased vulnerability in unfamiliar transport arrangements such as taxis, and communication difficulties making anxiety worse

. One response also warned that if the change caused a care placement to break down, any expected savings could be outweighed by the cost of alternative support

12. Are there specific impacts around the proposal that you are worried about for you as a carer?

The main concern was the effect on the person cared for becoming distressed, anxious or unsettled if Wellington House closes or changes. Several carers said they would then have to manage more challenging behaviour at home, including aggression, hitting or biting and that this could undo years of progress and stability

. A strong theme was the knock-on impact on carers' own wellbeing. Respondents described the situation as mentally exhausting and distressing, with worries about coping day to day, their own health, sleep, and their ability to continue caring at home long term

. One single parent said a reliable day service is essential to manage both caring and everyday responsibilities

. Some were also worried about wider effects on the whole family and other people they care for, as well as the risk of the person becoming isolated at home if an alternative placement fails

. A few highlighted practical concerns such as possible loss of transport

. There was also a clear lack of confidence that other providers could match the specialist support, understanding and consistency currently provided by Wellington House. One respondent felt families were not being listened to and that people with autism and learning disabilities were being treated as "numbers" rather than individuals

. A small number gave no concerns or no meaningful answer.

Page 12: What would need to be in place:

13. If changes went ahead, what would be most important to you? (Please tick all that apply)

22/23 - Multiple choice - choose many - optional

Continuity of staff 91.3% (21 choices)

Involvement of carers in planning 82.6% (19 choices)

Choice of provider 78.3% (18 choices)

A gradual, well-planned transition 73.9% (17 choices)

Small group or specialist provision 69.6% (16 choices)

Advocacy support 65.2% (15 choices)

Continued friendship groups 56.5% (13 choices)

Continued access to transport support 43.5% (10 choices)

No answer 4.3% (1 choice)

Other (please specify) 26.1% (6 choices)

14. What would make you feel more confident about external provision?

The strongest theme was lack of confidence in external provision, with several respondents saying plainly that nothing would reassure them, or that they would only feel confident if Wellington House stayed open

. Linked to this was distrust in the process, including a view that decisions may already have been made and that previous promises have been broken

. Where respondents did suggest what would help, the most common point was continuity: keeping familiar staff, keeping friendship groups together, and ideally moving current staff and peers with the person into any new arrangement

. Respondents also stressed the need for experienced, skilled staff who understand people's complex needs, rather than inexperienced staff learning on the job

. Other points mentioned were wanting a genuine choice of provider, opportunities to meet any new provider in advance, reassurance that support would continue if problems arise, and having a suitable local building if the site changes

. Overall, respondents were mainly concerned about disruption, loss of trusted relationships, and whether external services could safely meet complex needs.

Page 14: Support during change:

22/23 responses

15. What support would you need during any transition? (Please tick all that apply)

22/23 - Multiple choice - choose many - optional

Regular updates

91.3% (21 choices)

Face-to-face visits/meetings

73.9% (17 choices)

Carer support or advice

73.9% (17 choices)

Written information in accessible formats

65.2% (15 choices)

Advocacy

56.5% (13 choices)

No answer

4.3% (1 choice)

None

0% (0 choices)

Other (please specify)

17.4% (4 choices)

Page 15

23/23 responses

16. Is there anything else you would like the council to consider before a decision is made?

23/23 - Short answer – optional

Respondents most often asked the council to prioritise the wellbeing, safety and individual needs of current service users over cost-saving, stressing that these are vulnerable people “not numbers” who often cannot speak for themselves

. Many emphasised duty of care, and the importance of preserving the safety, support, routine and familiarity people currently get at Wellington House

. A strong theme was concern about the impact of change on people with complex needs, especially those who take a long time to settle or rely heavily on structure and trusted relationships

. Families worried that closure or transfers would cause distress, anxiety and instability for both service users and carers. Several responses questioned whether suitable alternative placements really exist. Concerns included limited capacity among other providers, lack of expertise to support complex needs, uncertainty about long-term provision, and what happens if placements break down

. People wanted reassurance about a proper safety net rather than being left with no realistic service option. There were also calls for clearer information and transparency about why the change is happening and what options are genuinely available

. One detailed response argued families have not been given enough time or information to assess alternatives properly before consultation ends

. A smaller number suggested keeping Wellington House open in some form, for example by transferring the building to a new provider and retaining staff under new management

17. Do you have any other alternative suggestions to this proposal that the council could deliver?

Most respondents wanted Wellington House to stay open, arguing that closing or changing it would cause unnecessary stress and harm for disabled people and families, for only a small financial saving

. A very common theme was that Wellington House is underused rather than unviable. Several respondents said the council should promote it better, improve referrals, and advertise it more widely to schools, colleges and families so more people know it exists and can access it

. Some also questioned whether people have been turned away or not referred despite spare capacity. Many suggested making fuller use of the building to reduce costs: renting space to other providers, leasing the building or parts of it, and hiring it out for evening/weekend activities, clubs, classes, events or social use

. Related to this, some proposed bringing in an outside provider to run the service while keeping the building and existing experienced staff

. There were also suggestions for a more flexible model rather than closure, such as shared use with other providers, dual placements, rotating activities across services, and using community venues for some sessions while keeping Wellington House for higher-support activities

. A smaller but notable point was that respondents want clearer, more detailed cost information, including whether current attendance levels, unused capacity and individual staffing arrangements have been properly assessed before decisions are made

Page 16: Final thoughts:

21/23 responses

18. Is there anything else you would like decision-makers to understand about how this proposal could affect you or the person you care for?

Respondents overwhelmingly describe the proposal as highly distressing and potentially devastating for people who use Wellington House and for their families and carers. The strongest recurring theme is that service users have complex, severe needs which respondents do not believe other services could safely or appropriately meet

. Many say Wellington House is not just a day service but a vital, stable part of people's lives: a safe environment, a main reason to leave the house, a place for friendship, routine, social contact and being understood

. A repeated concern is that removing this routine would increase anxiety, worsen health and behaviour, and "turn lives upside down"

. Carers also frequently stress the knock-on impact on themselves: more stress, poorer mental health, major disruption at home, and the burden of trying to manage increased anxiety and change

. Several frame this as a matter of dignity, rights and how society treats its most vulnerable members

. Another recurring issue is doubt about the practicality of the proposal, especially whether all current users could actually be placed successfully elsewhere

. Overall, respondents want decision-makers to recognise that these are individuals with complex needs, not numbers on a spreadsheet, and that keeping Wellington House open is seen as essential to their safety, wellbeing and quality of life

Stakeholder Feedback Wellington House - Your Voice

Questions

Total 56 responses

Page 1: About you

56/56 responses

1. Which of the following best describes your relationship to the service? (Select all that apply)

56/56 - Multiple choice - choose many - required

Member of staff based at Wellington House (SCDS)58.9% (33 choices)

Member of staff at Wellington House Day Options Service 17.9% (10 choices)

External care provider / voluntary or community organisation 8.9% (5 choices)

Health partner 3.6% (2 choices)

Advocate 0% (0 choices)

Other (please specify) 14.3% (8 choices)

2. Are you responding as:

56/56 - Multiple choice - choose many - required

An individual 85.7% (48 choices)

On behalf of an organisation (please name) 14.3% (8 choices)

Other responses (8)

Page 3: Views on the proposal:

56/56 responses

3. Overall, to what extent do you support or oppose the proposal?

56/56 - Multiple choice - choose one - required

Strongly oppose the proposal 53.6% (30 choices)

Tend to oppose the proposal 26.8% (15 choices)

Neither support nor oppose the proposal 14.3% (8 choices)

Strongly support the proposal 3.6% (2 choices)

Tend to support the proposal 1.8% (1 choice)

4. Please explain the reasons for your answer:

56/56 - Short answer - required

Most respondents expressed strong concerns about the proposed closure of Wellington House Day Centre, emphasising its vital role for people with learning disabilities (LD) and the wider community

A recurring theme was the lack of alternative provision and limited capacity elsewhere, with several highlighting that other providers cannot meet current needs

Respondents also noted the importance of the centre as a safety net for those who do not fit with private providers

Many stressed the negative impact on service users, particularly those with complex needs who may struggle with transitions and require a calm, familiar environment

The integrated nature of the service, with day centre and SCDS office together, was seen as beneficial for cohesive, multidisciplinary support

Concerns were also raised about the potential loss of employment and the broader impact on the whole building and integrated team

Some respondents questioned whether closure would deliver the intended savings for the council

Overall, the dominant view was that Wellington House provides essential, accessible support that cannot easily be replaced, and closure would have significant negative consequences for service users, staff, and the community.

5. What do you see as the potential benefits of re-providing support through external provider services?

Most respondents expressed significant concerns about re-providing support through external provider services, with many stating there are no benefits or that the change would be detrimental, especially due to a lack of suitable provision in the city for those with complex needs.

Several highlighted the importance of consistency and established relationships for service users, warning that disruption could lead to increased challenging behaviour and poorer mental health.

A few respondents acknowledged potential benefits, such as the possibility of more choice, new opportunities, or a refresh of services, but these were often caveated with concerns about losing current service quality or continuity.

Some noted that benefits might only arise if a skilled alternative provider could replicate or improve on current provision.

There were also comments about the lack of evidence that external providers would offer better or more cost-effective services, and that council resources should be optimised rather than outsourced.

One response mentioned the potential for the council to sell the building but flagged the risk of service users being left without appropriate day care.

Overall, the dominant trend is scepticism and concern about the adequacy and suitability of external providers, with only limited and conditional support for potential benefits.

6. What do you see as the potential risks or disadvantages of re-providing support through external provider services?

Respondents most frequently raised concerns about the loss of specialist knowledge and experienced staff, with several highlighting that Wellington House staff have many years of experience and that external providers often have high staff turnover

There is a strong emphasis on the risk that external provision will not meet the complex and individual needs of service users, leading to distress, trauma, and disruption for both users and their families/carers

Many respondents are concerned about the lack of suitable alternative provision, with some warning that this could result in more people entering full-time care or costly specialist accommodation, and increased risk of family breakdown

There is also concern about the loss of Wellington House as a valuable resource and safety net, especially as other in-house services have already closed

Additional risks suggested included negative impacts on users' mental health, and the likelihood that some users will refuse to engage with new providers

Overall, the main themes are the risk of unmet needs, loss of expertise, disruption to vulnerable individuals, and insufficient alternative provision.

7. What risks or opportunities do you see in relation to market readiness and sustainability?

The most common concern raised by respondents is the lack of capacity among existing providers to accommodate additional service users, especially those with complex needs

Several respondents question whether the 21 spaces referenced in the consultation exist and highlight that most providers are already at or near capacity, without plans to expand. There is also concern that the needs of those leaving college and requiring day services each year have not been accounted for. Another recurring theme is the risk that the anticipated financial

savings from changing provision may not materialise, especially when considering the potential increased costs of care, support, and bespoke packages

Some respondents also raise ethical concerns about treating learning disability provision as a market and warn of the risk of corporate providers exploiting staff and delivering substandard services

There are worries about the suitability of alternative services, particularly for those coming from Shared Lives placements and the stress and challenging behaviour that could result from service users having to adapt to new environments and staff

A few respondents note potential opportunities, such as greater choice for service users and the possibility of more responsive services, but these are generally seen as theoretical or outweighed by the risks

Overall, the dominant trend is scepticism about market readiness and sustainability, with significant doubts about capacity, cost-effectiveness, and the impact on service users.

Page 7: Impact and quality of support

56/56 responses

8. What impact do you think this proposal could have on people who currently use the service? (Select all that apply)

56/56 - Multiple choice - choose many - required

Reduced quality of support 75% (42 choices)

Reduced choice and flexibility 58.9% (33 choices)

Reduced community inclusion 55.4% (31 choices)

Improved community inclusion 7.1% (4 choices)

Improved choice and flexibility 5.4% (3 choices)

Improved quality of support 3.6% (2 choices)

No significant change 3.6% (2 choices)

Other (please specify) 32.1% (18 choices)

Respondents most often expect negative impacts on current users, especially reduced community inclusion, reduced choice and flexibility, and reduced quality of support. Many describe Wellington House as a familiar, safe and structured environment, and think losing it would be very distressing. A strong recurring theme is emotional harm: anxiety, grief, rejection, confusion, loss and difficulty coping with change were mentioned repeatedly

Several responses say disruption to long-established routines and relationships could lead to serious distress, dysregulation and lasting trauma

Another major concern is the loss of trusted staff, personalised support and a specialist base. Respondents worry that alternative or private provision would be more stretched, less tailored, and less able to meet complex needs, with people becoming “just another number”

Some also raised concerns about poorer joined-up working if health staff are no longer based with council staff

Loss of friendships, peer groups and social contact was also mentioned often. Respondents fear people would become more isolated, lose bonds built over years, and see worse health outcomes as a result

Several responses also highlight knock-on effects for carers and families, including increased caring responsibilities, stress, and possible breakdown in support at home

A smaller number said they could not judge the impact without more detail about the replacement provision, though even these responses noted that service users are likely to prefer stability and may not respond well initially to change

9. What would good support look like under the proposed new arrangements?

Many respondents emphasised the importance of continuity and consistency in support, particularly maintaining existing communities and relationships among service users

Several highlighted concerns about disruption and the negative impact of breaking up established groups. A recurring theme was the need for experienced, well-trained, and consistent staff, with some suggesting that support staff known to service users should remain with them

Respondents also stressed the importance of person-centred, tailored support, including flexibility in hours and activities, and a focus on individual needs

Concerns were raised about the lack of clarity and transparency in the proposals, particularly regarding provider capacity and the future of Wellington House

Some felt the options did not adequately address the needs of those with complex requirements

There was support for maintaining or increasing building-based day services, with suggestions for expanding capacity and offering additional drop-in or short break options

Community access and strong links to local services and families were also seen as important

Overall, respondents prioritised continuity, experienced staff, tailored support, and minimal disruption, while expressing concerns about capacity, transparency, and the adequacy of the proposed arrangements for those with higher needs.

10. What should the council consider in promoting equality and inclusion?

37/56 - Short answer - optional

Respondents most frequently emphasised the importance of understanding and meeting the individual needs of service users, particularly those with learning disabilities (LD), autism spectrum conditions (ASC), and other complex needs

There was a strong call for the council to ensure that both service users and staff are actively included in decision-making processes, with an emphasis on listening to those who know the users well and not overlooking staff perspectives

Several responses highlighted the need for good accessibility, skilled communication, and cultural sensitivity, with attention to both individual and group needs

The importance of continuity of care and support, to avoid loss of knowledge about individuals, was also mentioned

Some respondents suggested making better use of the available space to bring the community together and to provide for a wider range of groups, including young people aged 16–25 and other community groups during evenings and holidays

Equity, health inequalities, and the need to reflect the voices of those affected were also noted as important considerations

11. Is there anything else you would like the council to consider before a decision is made?

Respondents most frequently emphasised the importance of considering the wishes and needs of current service users and their carers, as well as the potential negative impact on these individuals if the centre were to close or change significantly

Several responses highlighted the value of the relationships and specialist knowledge built up by staff over many years, warning that these should not be sacrificed for perceived financial savings

Concerns were also raised about the risks to families, carers, and staff, and the need to assess whether external providers have sufficient capacity to meet needs if changes are made

The potential for increased costs in the future, should individuals need to be placed in more expensive services due to the loss of Wellington House, was mentioned

Some respondents suggested creative thinking to maximise the use and efficiency of the space, including reorganising services to offer more capacity

There was also a call for a safety net for service users who may not thrive with private providers and a suggestion to improve the consultation process itself

12. Do you have any other alternative suggestions to this proposal that the council could deliver?

Most respondents strongly oppose the closure of Wellington House Day Options, with repeated suggestions to keep the service open and seek savings elsewhere within the council rather than targeting services for vulnerable people

Several recommend reorganising or reducing the service instead of shutting it down entirely

There is a call for increased marketing to boost attendance and revenue, aiming to restore the service to pre-pandemic levels

Some responses highlight the need for genuine consultation and for the council to listen to experienced staff and stakeholders, rather than conducting what is perceived as a token exercise

A few respondents mention that alternative office spaces may not meet the needs of the SCDS team

Overall, the main trend is a strong preference for maintaining the service and finding alternative cost-saving measures that do not impact the most vulnerable.

Appendix 11- Information for the benefit of Councillor's

Wellington House Day Opportunities Service: Council response to Wellington House Consultation feedback:

Maintaining friendships, relationships and support networks

The importance of friendships, relationships and established support networks was a consistent theme throughout the consultation process. Information regarding significant friendships and social connections has been captured through individual Care Act reviews. Commissioners and social work managers are aware of individuals who have expressed a preference to remain together should alternative provision be required. This information will inform any future transition planning. Should the proposal proceed, any alternative provider would be required to demonstrate how it will maintain and support social inclusion and community participation. Providers would also be expected to deliver meaningful, person-centred activities that reflect the interests, aspirations, and support needs of those attending the service.

Transition arrangements and individual support

No final decision has been made regarding the future of Wellington House. Should Cabinet approve the proposal, a comprehensive and person-centred transition process would be implemented for each individual currently attending the service. This process would involve families, carers, social workers, health professionals, and providers to ensure that individual needs and preferences are fully considered. Transition planning would include consideration of friendship groups, communication needs, health requirements, and personal outcomes. Where appropriate, Mental capacity assessments and best-interest decision-making processes would be undertaken in accordance with the Mental Capacity Act 2005. Independent advocacy support would be available where indicated.

Alternative Day opportunity provision

The proposal would involve reprovisioning support through independent sector day opportunity providers operating within the city. Currently, approximately 86% of day opportunities for adults with learning disabilities are provided through the independent sector. Should the proposal proceed, all individuals currently attending Wellington House would continue to receive equitable Day opportunity provision. Any alternative provision would be required to demonstrate that it can meet the assessed needs of individuals currently attending Wellington House, including those with complex support requirements, communication needs, behavioural needs, and health conditions. A six-week placement review would be completed for each person, to include feedback from the individual where they have the capacity to contribute along with families' carers, providers and other professionals involved in the person's care. An annual social care review will be in place which would be sooner if there is a change in need or concerns are raised. Carers assessments would be reviewed as part of the review process. Updated contract specification requirements and contract reviews would provide additional ongoing monitoring and assurance.

Current and future demand
Demand for Wellington house has reduced over recent years. There have been declining attendance and declining referrals to Wellington House in 2024 and 2025.

A review of day opportunity needs has established that there are no projected required placements at Wellington House Day options for current 16 and 17 yr olds.

Most day opportunity placements in the city continue to be for young adults aged 25-34 with an increasing number of placements also being commissioned in the 19-24 age range and above 34 years of age. We will need a flexible, responsive, cost-effective day opportunity market going forward to be able to respond to this need. Due to the increased unit costs Wellington house is no longer a viable option.

Wellington House Building
The building is no longer considered fit for purpose as a contemporary day opportunities facility. A substantial Victorian era building, it was not designed to support the range and complexity of needs seen today and would require significant investment to adapt it to modern standards. The ageing infrastructure also requires increasing levels of maintenance, reducing the flexibility and efficiency of service delivery and limiting the building's capacity to meet future requirements.

Provider engagement and market capacity
As part of the review process, Commissioners have engaged with Day opportunity providers currently operating within the city. Discussions have focused on current occupancy levels, capacity, capability, and the potential to expand provision should additional demand arise. Market engagement has confirmed sufficient capacity to meet these individuals' assessed needs. Through current capacity for 16 individuals and creation of additional capacity for 2 individuals with an existing provider newly commissioned to support specialist high care needs for people in the city. This work forms part of the Council’s wider commissioning and market sufficiency responsibilities.
3 further individuals will be moving to alternative care arrangements due to 2 changes in need and 1 preference to arrange support through a higher Direct Payment rather than attend a commissioned day opportunity service.

Consultation process
Families, carers, and stakeholders were informed that savings are required across Adult Social Care services and that Wellington House was identified for review due to cost and falling demand considerations. Officers emphasised throughout the consultation that no final decision has been made and that all consultation responses, survey feedback, and stakeholder representations will be considered before Cabinet reaches a decision.
There has been a robust 12-week Consultation and engagement process for Families carers and stakeholders.
Wellington House staff have had the opportunity to engage with Managers and

Councillor Mitchie Alexander. Staff have also been provided with opportunities to participate in the consultation process through online and paper-based feedback mechanisms. Should the Wellington House service be agreed to proceed to closure a Staff Consultation would inform next steps for staff members. SCDS staff and the Cherish manager would also require a Staff Consultation process.