

From: Alix Martin <alix.martin@alstonmoorparish.gov.uk>

Sent: 23 April 2026 12:19

To: Cllr Patricia Bell <patricia.bell@westmorlandandfurness.gov.uk>

Cc: Cllr Jonathan Brook <Jonathan.Brook@westmorlandandfurness.gov.uk>; Cath Whalley <Cath.Whalley@westmorlandandfurness.gov.uk>; Helene.Robinson <Helene.Robinson@WestmorlandandFurness.gov.uk>; Nikkie.phipps <Nikkie.phipps@westmorlandandfurness.gov.uk>; jane.scattergood@nhs.net; ed.tallis@nhs.net; Cllr Mary Robinson <Mary.Robinson@westmorlandandfurness.gov.uk>; Cllr Michael Hanley <Michael.Hanley@westmorlandandfurness.gov.uk>; Cllr Dyan Jones <Dyan.Jones@westmorlandandfurness.gov.uk>; markus.campbellsavours.mp@parliament.uk; clerk@alstonmoorparish.gov.uk; councillors@alstonmoorparish.gov.uk

Subject: Grisedale Croft Care Home consultation — formal objection from Alston Moor Parish Council

Dear Councillor Bell,

Please find attached a formal letter concerning the proposed consultation on Grisedale Croft Care Home, sent on behalf of Alston Moor Parish Council.

The central point is straightforward, and I would ask you to read the attached letter with this in mind: **Grisedale Croft is not a standalone 13-bed care home that can be assessed on occupancy, building condition and operating cost alone. It is the last surviving element of a joint NHS-and-Council replacement package promised to Alston Moor in 2017–2018, when this community's hospital in-patient beds were taken away.** Low occupancy is not evidence of declining demand — it is evidence that the integrated step-down pathway promised eight years ago was never built properly as agreed.

The attached letter sets out the full sequence: the beds closed in 2017–2018, the hospital itself has since been wound down rather than expanded, and the residential step-down commitment at Grisedale Croft was never properly commissioned. This consultation now proposes to close the last remaining piece of that 2017–2018 settlement, and a four- or five-bed relocation has also been floated — a cut of between 62% and 69% on current capacity. We are asking you not to proceed on either basis until a proper joint review with NHS partners has been conducted.

Alston Moor Parish Council has convened an emergency meeting on Tuesday 28 April 2026 to ratify its formal response and campaign. This letter is sent ahead of that meeting given the urgency of the consultation timetable.

In parallel, the Parish Council is submitting Freedom of Information requests to Westmorland and Furness Council, NHS North East and North Cumbria ICB, North Cumbria Integrated Care NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and NHS England, so that the documentary record of the 2017–2018 commitments — and of delivery against them — is placed in the public domain.

We would very much welcome the opportunity to meet with you and your officers to discuss this further, and to share any additional documentation that would be helpful.

Kind regards

Alix Martin

Vice Chair

Alston Moor Parish Council

23rd April 2026

Councillor Patricia Bell
Cabinet Member for Adult Care
Westmorland and Furness Council
County Offices
Busher Walk
Kendal LA9 4RQ

Dear Councillor Bell,

Re: Grisedale Croft Care Home consultation — the commitment that must not be broken

I am writing as a member of Alston Moor Parish Council to ask you to withdraw this consultation and commission instead a joint review with NHS partners of how to honour the commitments made to this community in 2017–2018.

Alston Moor Parish Council has convened an emergency meeting for Tuesday 28 April 2026 to ratify the Council's formal response and campaign. This letter is sent ahead of that meeting given the urgency, and reflects the substance of the position the Parish Council is expected to adopt.

Grisedale Croft is not a standalone 13-bed residential service. It is the last surviving element of a joint NHS-and-Council replacement package promised to Alston Moor in 2017–2018, when our community hospital in-patient beds were taken away.

The 2017–2018 bargain

Between 2017 and 2018, Alston Moor lost the in-patient beds at the Ruth Lancaster James Cottage Hospital under the NHS Success Regime. They have never been restored.

The closure was not imposed without promises. In March 2018, Cumbria Partnership NHS Foundation Trust committed publicly to a specific set of alternatives, central among them: **“using residential beds as intermediate beds for health purposes.”** On Alston Moor there is only one sizeable residential care provider — Grisedale Croft. No other provider exists that could meet that commitment.

The Alston Alliance Plan 2017–2020 was the formal expression of the bargain: enhanced community nursing, residential step-down, day services, rapid response, and retention of the hospital site as a wider integrated health-and-care centre.

In January 2019, North Cumbria CCG told the public: **“We have probably seen the most progress in Alston where enhanced community services have been up and running for some time.”**

What has actually been delivered

Eight years on, the bargain has been systematically dismantled:

- **The hospital in-patient beds remain closed** and have never been restored.
- **The hospital itself has been wound down rather than expanded.** The nurse-led treatment service has been discontinued; minor injuries are now dealt with at the GP surgery, not at the hospital; the NHS's own public listing for Alston Community Hospital today shows no departments, no services and no opening hours. As a community hospital in any meaningful sense, the Ruth Lancaster James has been shut.

- **The residential step-down model was never built.** Occupancy at Grisedale Croft has fallen from 9 in 2018 to 5 in 2020 to 3 in 2026. That is not evidence of declining demand. It is evidence that the integrated step-down pathway promised in 2017–2018 was never constructed properly. Alston Moor residents who should be recuperating locally after stays in Carlisle, Hexham or Newcastle are instead being placed in homes at least 20+ miles away.

By December 2020, Cumbria County Council’s own Health Scrutiny Committee was formally recording “**disappointment at the lack of progress**” on the 2017–2018 commitments, and noted that those challenges pre-dated COVID.

The sequence is this: first the in-patient beds closed; then the hospital itself was hollowed out; now the consultation proposes to close the residential element altogether. That is not reorganisation — it is the dismantling, piece by piece, of a bargain this community accepted in good faith.

Westmorland and Furness Council inherited these commitments

When WFC took over adult social care from Cumbria County Council on 1 April 2023, it inherited the 2017–2018 commitments. They did not lapse with local government reorganisation, and this community has continued to rely on them.

The consultation is fundamentally flawed

The consultation cannot proceed on a proper basis because it omits the most important contextual fact: the 2017–2018 bargain. Consultees cannot give an informed response when they are not told that Grisedale Croft exists as the residential element of a joint NHS-and-Council settlement.

The consultation cites building age, declining occupancy, workforce pressures and operating costs — but supplies no building survey, no analysis of where Alston discharges are actually being placed, no breakdown of recruitment effort, and no per-occupied-bed-day cost analysis that recognises unavoidable fixed overheads.

More fundamentally, it fails to ask: **how is any closure decision consistent with the 2017–2018 commitment that residential beds would serve as intermediate beds for health purposes?**

The proposed four/five-bed relocation

We understand the Council is also considering relocation to a smaller four- or five-bed facility in the town. We are asking you not to progress that option ahead of the joint review, for four reasons:

1. The appropriate future capacity of residential provision on Alston Moor is the central question the review exists to answer. Adopting a figure now forecloses it.
2. Four or five beds cannot deliver an integrated step-down model, which requires step-down capacity **on top of** permanent residential care, not **in place of** it.
3. If the four- or five-bed figure is derived from current suppressed occupancy, the reasoning is circular — it guarantees the replacement will be too small to honour the commitments it is meant to meet, and sets up a future “declining demand” argument for full closure.
4. A reduction from thirteen beds to four or five is a cut of between 62% and 69%. It cannot credibly be described as “preserving provision,” and its financial case has not

been made: smaller homes typically carry higher per-bed running costs, as management, registered-manager and night-cover costs do not scale down linearly.

We are not refusing to discuss changes to the building or configuration — only asking that no such decision be taken until the review has been conducted.

What we are asking you to do

5. **Withdraw this consultation** until a proper joint review has been conducted with NHS North East and North Cumbria ICB, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust.
6. **Publish the 2017–2018 commitment documents** — all versions of the Alston Alliance Plan, the NHS statement about residential beds for intermediate care, any joint commissioning agreements, and the Council's assessment of delivery against them.
7. **Honour your predecessor's promise** by working with NHS partners to build Grisedale Croft's occupancy through proper integration into hospital discharge pathways, as was always intended.
8. **Invest in the building and service** rather than running it down. If the fifty-year-old building needs replacement, replace it — on Alston Moor, with equivalent capacity, before closing the existing facility.
9. **Do not progress any reduced-capacity alternative ahead of the review.** Pre-committing to a figure — four beds, five beds or any other — would foreclose the question the review exists to answer.

Establishing the full public record

In parallel with this letter, Alston Moor Parish Council is submitting Freedom of Information requests to Westmorland and Furness Council, North East and North Cumbria Integrated Care Board, North Cumbria Integrated Care NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and NHS England. Their purpose is to establish on the public record the full documentary history of the 2017–2018 commitments and the record of delivery against them. The documentary position will therefore be on the public record whether or not the Cabinet chooses to address it in the consultation.

Why this matters beyond Alston

The decision on Grisedale Croft will set a precedent for how WFC treats remote rural communities. If services can be closed in England's most remote communities on grounds of "declining demand" the Council's own under-commissioning has produced, no rural service is safe.

You have acknowledged that "**in Alston and the surrounding area there is little alternative provision available.**" That admission should end the debate. The Council cannot credibly argue both that local provision is essential because alternatives are distant **and** that it is unnecessary because occupancy is low.

Alston Moor is a community of over 2,000 people, 1,000 feet above sea level, 20+ miles from the nearest sizeable town, routinely cut off in winter. 33.3% of this authority's population is projected to be over 65 by 2040. An ageing rural population needs more local provision, not less.

Conclusion

At its heart, this is about whether public bodies can be held to their word. If formal commitments made during major service changes can be abandoned by successor bodies without acknowledgment or replacement, public consultation becomes meaningless.

The people of Alston Moor already think that consultations are meaningless. With the hospital consultation the Parish Council held a referendum and 99.9 % of the electorate turned out and voted to keep the hospital open. Despite an incredibly high turnout and an emphatic no we were ignored. Please do not do the same again.

We are not asking you to ignore financial realities. We are asking you to honour a specific promise made to a community that gave up its hospital beds in good faith, and to acknowledge that Grisedale Croft is not a discretionary service but the residential element of that promise.

I would welcome the opportunity to meet with you and your officers to discuss this further.

Yours sincerely,



Alix Martin
Vic Chair
Alston Moor Parish Council

Cc:

- **Cath Whalley** — Director of Adult Social Care, Westmorland and Furness Council
- **Helene Robinson** — PA to the Director of Adult Social Care, Westmorland and Furness Council
- **Nikkie Phipps** — Assistant Director of Care Services, Westmorland and Furness Council
- **Jane Scattergood** — Director of Health and Care Integration for South Cumbria, NHS Lancashire and South Cumbria Integrated Care Board /*Acting Chief Nurse at LSC ICB*)
- **Ed Tallis** — Local Director for North Cumbria, NHS North East and North Cumbria Integrated Care Board
- **Cllr Mary Robinson** — Ward Councillor for Alston and Fellside, Westmorland and Furness Council
- **Cllr Michael Hanley** — Ward Councillor for Alston and Fellside, Westmorland and Furness Council
- **Cllr Dyan Jones** — Chair, Health and Adults Scrutiny Committee, Westmorland and Furness Council
- **Markus Campbell-Savours MP** — Member of Parliament for Penrith and Solway
- **Alston Moor Parish Council (Clerk)** — clerk@alstonmoorparish.gov.uk
- Chair and councillors - AMPC

Alston Moor Parish Council
Grisedale Croft Working Group

27 May 2026

Councillor Jonathan Brook

Council Leader

Westmorland and Furness Council

Councillor Patricia Bell

Cabinet member for Adults, Health and Care

Westmorland and Furness Council

Ms Nikkie Phipps

Assistant Director of Care Services

Westmorland and Furness Council

cc: Councillors Michael Hanley and Mary Robinson, representing Alston Moor and Fellside

By email

Re: Grisedale Croft consultation — deficient Equality Impact Assessment and breach of the Public Sector Equality Duty

Dear Ms Phipps,

The Grisedale Croft Working Group has now received and analysed the Equality Impact Assessment prepared by Westmorland and Furness Council in connection with the Cabinet decision of 21 April 2026 to proceed with the Grisedale Croft consultation. We write to put the Council on formal notice that the EIA, as produced, does not discharge the Council's obligations under the Public Sector Equality Duty, and that the consultation cannot proceed on a lawful basis until a compliant EIA has been completed and published.

I. The legal standard

Section 149 of the Equality Act 2010 requires the Council, in exercising its functions, to have due regard to the need to advance equality of opportunity and foster good relations between those with protected characteristics and those without. This duty must be exercised before a decision is made, not as an afterthought.

In *R (Bracking) v Secretary of State for Work and Pensions* [2013] EWCA Civ 1345 the Court of Appeal confirmed that the duty must be exercised "in substance, with rigour and with an open mind." The Court was explicit: "general awareness of equality issues is not enough."

An EIA that is drafted before any engagement with affected groups, that contains significant analytical gaps, that has never been published, and that has not been updated since Cabinet approved the consultation (despite stating that this would be done), does not meet that standard.

The consequences of failing to discharge the PSED properly are well established. In *R (Brown) v Secretary of State for Work and Pensions* [2008] EWHC 3158 the High Court set out that decision-makers must be properly informed before taking a decision. In *R (Kaur and Shah) v London Borough of Ealing* [2008] EWHC 2062 the Court quashed a decision where the EIA was inadequate. The common thread is that an EIA must be a genuine, evidence-based, assessment of impact — not a pro forma document completed to satisfy an administrative box.

2. Specific failures in the EIA produced

The table below sets out each specific failure we have identified, with the EIA reference, the nature of the failure, and what a compliant assessment should have addressed.

EIA ref	Failure identified	What should have been done
3.1	Consultation with affected groups: answer given is N/A. No residents, families, staff or community members were consulted at the EIA stage.	The PSED requires engagement with affected groups before a decision is made, not after. N/A is not an acceptable response to "Who have you consulted?"
General	The EIA was completed before Cabinet approval and has not been updated since Cabinet agreed to proceed. It is a pre-decisional draft, not a live document.	The EIA must be kept under review and updated as the process develops. An EIA that was never updated following Cabinet approval does not satisfy the Bracking duty.
General	The EIA has not been made public. It was only disclosed following a Freedom of Information request.	Public Sector Equality Duty guidance requires EIAs to be made publicly available so that affected groups can scrutinise and respond to the analysis.
7.2 — Age	Only current residents are referenced. No consideration is given to the broader population of older adults on Alston Moor who have assumed and hoped that	The age cohort affected is the entire older population of Alston Moor, not just the four current residents. The EIA must assess impact on potential users as well as existing ones.

EIA ref	Failure identified	What should have been done
8 — Disability	Grisedale Croft will be available to them. Only current residents are referenced. No consideration is given to disabled friends and family members who may find it significantly more difficult to visit a displaced resident due to the distance and absence of public transport.	Disabled visitors and carers are directly affected by the displacement of a resident from Alston Moor. The EIA must address their position explicitly.
10 — Marriage and civil partnership	Reference is made to keeping couples together, but not to the position of a non-resident partner who needs to visit their spouse or civil partner in care.	The practical ability of a frail or disabled partner to visit regularly — which depends entirely on the location of the placement — is a direct equality impact under this characteristic.
14 — Sex	The EIA states there is no negative impact on the protected characteristic of sex. This is demonstrably incorrect.	Women are statistically more likely to be carers — for children, elderly parents, and other dependants. A change of care location that imposes significant additional travel burden falls disproportionately on women. The EIA must engage with this reality and consider the ‘sex’ characteristic more widely.
18 — Rurality	The EIA acknowledges that visitors would face longer journey times and have to contend with a lack of public transport. No mitigation is proposed.	Acknowledging an impact without proposing any mitigation does not constitute due regard. The EIA must set out how these impacts will be addressed, or acknowledge that they cannot be.
19 — Socio-economic status	The EIA acknowledges that those disadvantaged by socio-economic status need mitigation. No mitigation is proposed or costed.	As with rurality, acknowledgement without mitigation is insufficient. The additional travel cost, and the effective impossibility of regular visits for families without private

EIA ref	Failure identified	What should have been done
22.1	The EIA stated it would be reviewed on 20 April 2026. No updated version has been produced or published.	transport, must be assessed and addressed. The review date has passed. The EIA must be updated to reflect the position as at the date the consultation opened, and kept under review throughout the consultation period.

3. The fundamental failure: no affected groups were consulted

The failures listed above are each significant individually. Taken together, they point to a single, fundamental problem: the EIA was prepared on the basis of internal senior management discussion only. At question 3.1 — “Who have you consulted with?” — the response given is “N/A.”

This is not a minor omission. The Public Sector Equality Duty exists precisely to ensure that decision-makers hear from the people who will be affected before they decide. An EIA that consults nobody from the affected community, that was prepared entirely by the organisation proposing the change, and that treats consultation with residents, families, staff, and the wider community as something that will happen “only if Cabinet approves” the consultation — and that has still not been updated now that Cabinet has done so — is not an EIA in any meaningful sense. It is a record of what officers already believed before they asked anyone.

The assessment has also never been made publicly available. The Council’s own EIA guidance, and the Equality and Human Rights Commission’s published statutory code of practice, both require EIAs to be accessible to the public and to affected groups. We received this document only because we submitted a Freedom of Information request for it. That is not compliant with the transparency obligation.

4. The sex characteristic failure — a specific concern

The Working Group draws particular attention to the assessment under section 14 of the EIA, which addresses the protected characteristic of sex. The EIA states that there is no negative impact on this characteristic. This conclusion is not merely incomplete — it is demonstrably wrong.

Women are, across all national datasets, significantly more likely than men to be unpaid carers — for elderly parents, for disabled relatives, and for children. A decision that imposes significant additional travel burdens on carers, or that places a relative in a care facility 20 to

30 miles away over roads that close in winter with no public transport, falls disproportionately on women. The failure to recognise this, in an EIA assessing the closure or reduction of the only residential care facility in a remote rural community, is a material analytical error that requires correction.

5. The consultation cannot proceed on its current basis

The Equality Impact Assessment as produced does not discharge the Council's obligations under section 149 of the Equality Act 2010. The Working Group therefore requires the Council to:

- **Halt the consultation immediately** pending completion of a compliant Equality Impact Assessment. A consultation that is conducted without a lawful EIA is itself unlawful. Proceeding is not a neutral course of action — it is a decision to continue a process that cannot withstand legal scrutiny.
- **Consult properly with affected groups** before completing the revised EIA — including current residents (or their advocates), families, staff, local GPs and district nurses, and the wider Alston Moor community — in accordance with the requirements of section 149 and the statutory code of practice.
- **Address each of the specific failures** identified in section 2 of this letter, including the sex characteristic assessment, the position of disabled visitors and carers, the rurality and public transport impacts with specific mitigation proposals, the socio-economic impact, and the impact on the broader population of older adults who reasonably expect the possibility of accessing Grisedale Croft if needed.
- **Publish the completed EIA** as soon as it is finalised and before the consultation is reopened. The current document must also be published immediately, so that the community can see what analysis was — and was not — done before the Cabinet decision of 21 April 2026.

6. The FOI default — a further concern

We note, as we have done in our letter of 22–23 May 2026, that four of the five Freedom of Information requests submitted to the Council on 23 April 2026 — including the request for this EIA — remained in statutory default when the EIA was finally disclosed. That this document was only provided in response to a FOI request, after the statutory deadline had passed, underscores the seriousness with which the Working Group views the Council's approach to transparency in this consultation.

If the Council is unable to produce a compliant EIA, or declines to halt the consultation pending one, the Working Group will consider making a formal complaint to the Equality and Human Rights Commission under section 31 of the Equality Act 2006, which empowers the Commission to conduct investigations and take enforcement action, and will place the matter before the Health and Adults Scrutiny Committee for consideration.

We look forward to the Council's written response within five working days.

Yours sincerely,

Alice Bondi

Councillor, Alston Moor Parish Council

On behalf of the Grisedale Croft Working Group

Alston Moor Parish Council — Grisedale Croft Working Group

alstonmoorhealth.org

From: AMPC <clerk@alstonmoorparish.gov.uk>

Sent: 03 June 2026 16:57

To: [REDACTED] Cllr Patricia Bell
<patricia.bell@westmorlandandfurness.gov.uk>

Cc: Alix Martin <alix.martin@alstonmoorparish.gov.uk>

Subject: Invitation to an open public meeting in Alston Moor

Good Afternoon [REDACTED] & Patricia,

I would firstly like to thank you for your attendance at Alston library today for the drop in session regarding Grisedale Croft Care Home.

I am sure you will agree, it was a well attended session, i expect each of the other sessions lined up will also be well attended by our local community.

There was lots of questions raised and not necessary answered in full, along with additional suggestions from the local community.

In light of this and with conversations between Cllr. Alix Martin, Cllr. Patricia Bell and yourself today, a feeling and a need for an open public meeting would be appropriate within the time scale of this consultation period.

I understand that your schedules will be filling up but i would like you to provide me with some dates that are suitable, for all those involved that they will be able to attend, so i can then make the arrangements locally to accommodate this public meeting.

May i make a suggestion, the last planned drop in session at Alston Library on 20th July, could this be changed to the open meeting at say 7pm in Alston Town Hall?

This would enable the whole community to hear what you have to say and also the local community voices be heard.

Alston Moor Parish Council are happy to take responsibility of this open public meeting but require dates from yourselves.

Please respond as soon as possible.

Kind Regards

Claire

Claire Thomson

Parish Clerk

Alston Moor Parish Council
Alston Town Hall
Front Street
Alston
CA9 3RF
Tel: 01434 382076

From: Cllr Patricia Bell <patricia.bell@westmorlandandfurness.gov.uk>

Sent: 03 June 2026 17:20

To: AMPC <clerk@alstonmoorparish.gov.uk>; Burden, Tom <Tom.Burden@cumbria.gov.uk>

Cc: Alix Martin <alix.martin@alstonmoorparish.gov.uk>

Subject: Re: Invitation to an open public meeting in Alston Moor

Thank you very much for your email and for all your efforts to spread the word and to encourage residents to come and share their views.

I know officers are going to go through all they heard today , the views expressed, the questions asked and the suggestions made.

One of the good things about a long consultation is that it gives time for the council to gather new information and for the conversation to evolve ready for the next opportunity for the council and the community to get together, in what ever form that may be.

Thank you again for your email and for the part you played today. I am confident officers will consider your request carefully.

Best wishes

Patricia

Patricia Bell | Cabinet Member for Adult Care

Westmorland and Furness Council

Tel: [REDACTED] | Email: patricia.bell@westmorlandandfurness.gov.uk

Website: www.westmorlandandfurness.gov.uk

From: Care Consultation
Sent: 09 June 2026 12:47
To: AMPC ; 'alix.martin@alstonmoorparish.gov.uk'
Cc: Cllr Patricia Bell
Subject: FW: Invitation to an open public meeting in Alston Moor

Hi Claire and Alix

Thank you for your message below.

After listening to the feedback from our drop in session we agree and we can commit to a public meeting.

At this point the team would like to keep the date of the 20th July as already planned, as a drop in session, so let us work on a date and we will confirm this with you as soon as we can.

Once again thank you for your co-operation in this process.

Yours sincerely.

A small black rectangular box used to redact the signature of the sender.

From: Alix Martin

Sent: 11 June 2026 11:23

To: Patricia Bell ; Phipps, Nikkie

Cc: Cllr Jonathan Brook ; miranda.cannon@westmorlandandfurnesscouncil.gov.uk; Mary.Robinson ; Michael.Hanley ; Care Consultation ; Markus CAMPBELL-SAVOURS ; AMPC

Subject: Grisedale Croft Care Home — the commitment now confirmed in the NHS's own records (and from Cumberland Council)

Dear Councillor Bell and Ms Phipps,

Please find attached a letter from the Grisedale Croft Working Group, further to our letter of 22 May 2026. It puts before you references to the documents the NHS and Cumberland Council have now disclosed under the Freedom of Information Act, which bear directly on the future of Grisedale Croft, and renews the requests we set out in May.

We would welcome a substantive written response asap and certainly before the consultation closes on 5 August, and we remain glad to meet at any time.

Yours sincerely,

Alix Martin

Vice Chair, Alston Moor Parish Council

On behalf of the Grisedale Croft Working Group



Alston Moor Parish Council

Grisedale Croft Working Group

11 June 2026

Councillor Patricia Bell
Cabinet Member for Adults, Health and Care
Westmorland and Furness Council

Ms Nikkie Phipps
Assistant Director of Care Services
Westmorland and Furness Council

By email

Re: Grisedale Croft Care Home — the documentary records now disclosed by the NHS and Cumberland Council

Dear Councillor Bell and Ms Phipps,

I am writing further to our letter of 22 May 2026 and our meeting in May, in which we set out our position in full. This letter is narrower: to put before you the documents that were missing from the Council's own records and which the NHS has now disclosed. We are grateful to Councillor Bell for acknowledging our 22 May letter.

At our meeting, Ms Phipps explained that a search of the Council's cabinet papers had found nothing from a County Council perspective, while acknowledging that maybe the health record would be more substantial. That health record has now arrived: in response to our freedom of information requests, North Cumbria Integrated Care NHS Foundation Trust (NCIC) has released the Alston Plan 2017–2020 and the 2017–2018 board papers behind it, which confirm, in the NHS's own words, the commitment this community has described throughout.

Summary

In short: Grisedale Croft is not a free-standing service that the Council is free to withdraw. Its residential and step-down beds were the formal, NHS-documented replacement for the Ruth Lancaster James in-patient beds that Alston Moor gave up in 2017–2018, together with clinical support the NHS promised and briefly delivered. The home's low occupancy and poor condition are the results of that support being allowed to lapse and of refurbishment that was funded in principle but never carried out — not

signs that this community no longer needs care in Alston. We ask the Council to pause and resolve this with us and the NHS, rather than close the only residential home on Alston Moor.

We make seven requests, and would welcome a written reply to each before the consultation closes on 5 August 2026:

1. Confirm in writing that “local area” means Alston itself — that Option 5 is provision in Alston, accessible for daily family visits, and not elsewhere on Alston Moor or in a wider administrative area.
2. Pause the consultation and conduct a joint review with the NHS partners, and provide the relevant section of the current Better Care Fund plan showing intermediate-care demand for the Alston Moor area.
3. Work with us to hold the NHS to the wrap-around support documented in its 29 March 2018 strategy; if that support were commissioned, the occupancy position on which this consultation rests would be transformed.
4. Frame all options honestly: remove the “preferred option” label, present the options on equal terms, disclose the proposed minimum bed count and the capital available for refurbishment or for new provision, and include the 2017–2018 context.
5. Provide the Equality Impact Assessment as it was put before Cabinet on 21 April 2026, and any version completed since. The draft before Cabinet stated, on its own face, that it would be completed once the consultation was agreed and Section 149 of the Equality Act 2010 requires due regard to equality before such a decision is taken, and an assessment finished afterwards cannot discharge that duty. Please also confirm whether an employment impact assessment has been carried out.
6. Confirm the deregistration plan and the reprovision commitment in writing, including how continuity of care will be protected across the regulatory gap between deregistration and any replacement opening, and what happens if a suitable property in Alston is not acquired.
7. Confirm in writing that the Council accepts it is the successor to the commitments Cumbria County Council made under the Alston Plan, including the commitment to provide the residential and step-down beds at Grisedale Croft; or, if it does not accept this, explain the basis on which it considers those commitments do not bind it.

1. The beds were the formal replacement for the in-patient beds — and the closure was accepted on the strength of them.

The Alston Plan’s own service model provides,

“Two step up/step down beds will be provided in Grisedale Croft residential home for patients where they have a need for frequent support and supervision where

home circumstances are not suitable or where there is a need to address a safe guarding concern. The care home staff will work as part of the wider integrated team, the beds would be for short term use and would be supported by health care professionals.”

The Plan records the benefit as one that “Retains the option of bed based care in Alston, for those patients who require it,” and states that “The beds would be free at the point of use for health care people.” This was not an informal local arrangement: the Trust’s board paper of 28 June 2018 records the Success Regime decision that “Additional beds would be provided within Cumbria County Council care homes at Wigton and Alston.” The Grisedale Croft beds were the formal replacement for the in-patient beds the community gave up.

The community accepted that loss because it was promised the replacement. The Trust’s business case of 30 November 2017 records that “The subsequent consultation process confirmed these proposals subject to assurances around the future of services in Maryport, Wigton and Alston,” and the confirmed minutes of 29 March 2018 record that the Alston beds had been “closed temporarily for around 1 year” and that “The proposals have had positive community feedback within Alston.” That is the structure the courts recognise as a legitimate expectation, to which we return below.

2. The clinical support was promised by the NHS, briefly delivered, and then allowed to lapse.

At our meeting, Ms Phipps explained that the clinical wrap-around these beds need — physiotherapy, occupational therapy, nursing — is not available, and that the Council can only work with what it has. We understand that, but the absence of that support is not a fixed fact: it was a commitment the NHS made and did not keep. The Trust’s Community Hospitals strategy of 29 March 2018 states:

“Provide enhanced nursing support to designated beds in the residential care home in Alston Moor. The beds will be supported by the residential care team for social care needs; nursing and therapy support will come from the community team.”

That support was not only promised; it was delivered, and reported as delivered to the council’s own democratic record. The Community Hospitals Update presented to the Cumbria Health Scrutiny Committee on 8 October 2018, disclosed by Cumberland Council, recorded:

“We have access to 2 beds at Grisedale Croft Residential Home for residents of Alston Moor whose care needs cannot be met at home, these beds are supported by the residential care team with nursing and therapy needs provided by community health team.”

So the two beds existed, at Grisedale Croft, with the nursing and therapy support the strategy had promised. That disposes of any suggestion that the model cannot work in Alston: it did, and the county’s own scrutiny record says so. What it raises is a failure of stewardship. A functioning service does not vanish of its own accord; it was allowed to

fall away. The failure is not the NHS's alone — Westmorland and Furness Council, and Cumbria County Council before it, has been the registered provider throughout, and a provider either sees a service ceasing to function and acts, or ought to have. Neither happened: the arrangement was left to lapse, the NHS income fell to nothing, and the beds went largely unused — and it is only now, with the home's viability in question, that the consequence is presented to this community as a reason to close it. Alston Moor was promised a settled, local, clinically supported alternative to the beds it gave up, and has been badly let down by both partners to that settlement. We ask each what it now intends to do to put that right.

For our part, the Parish Council says again what it has said throughout: we are ready to work together — the Parish Council, the Council and the NHS — to restore proper provision, not only the beds at Grisedale Croft but the medical and community health support that the Ruth Lancaster James Cottage Hospital site was always meant to anchor. We ask only that the work be done at a level at which decisions can actually be taken — with senior officers and the clinical and commissioning leaders who have the authority to commit — rather than through a channel that can only pass messages on.

3. The cost figure reflects a plan that was approved but only partly funded and delivered.

The consultation presents the home's low occupancy and poor condition as evidence that it is unviable. The board papers show both to be the predictable results of decisions taken in 2017–2018. The model was under-resourced from the outset: the business case assumed that for Alston only 40% of the resource would be reinvested locally, “with the remaining 60% savings included in this business case,” the Trust noting that if more than 40% were needed “the additional cost must be recognised in the relevant proposals.” Reinvestment was then cut further — the 29 March 2018 minutes record the figure revised down to £600,000 across the three hospitals. The refurbishment the Council now cites was an integral, capital-funded part of the plan: “The delivery of the proposal is dependent on extensive refurbishment work and the capital funding to deliver it.” Yet by June 2018 the Trust recorded that, at Alston, “No progress has been made on the works required.” The building's condition is not an external fact; it is the consequence of works that were promised and never carried out.

4. The beds were never properly commissioned — yet they were paid for, and the payments are traceable.

Our freedom of information requests have established why the commissioned route to these beds does not function. North East and North Cumbria Integrated Care Board (NENC ICB), following its internal review of 20 May 2026, holds no commissioning records for the beds. NCIC, for its part, states that it has “no involvement with the commissioning of these beds,” that such records should be sought from the Integrated Care Board, and that Grisedale Croft “was not included within the Trust's formal list of commissioned Pathway 2 bedded settings.” Each body directs us to the other; neither holds the record.

That is itself a serious failure. Beds set up with documented admission criteria, named clinical leads and a payment arrangement were run for years, yet no commissioner can now say who was responsible for them, and the route by which step-down and intermediate-care patients should reach them has lapsed. The beds have not gone wholly unused, but such use as they have had has come through ad hoc placements arranged by the local GP practice and, on the anecdotal evidence available to us, only for people who did not need the missing clinical support. The patients for whom the beds were created have had no working route to them at all. The limited use is evidence of a broken pathway, not of an absence of need, and cannot fairly be recast as the reason to close.

The arrangement also leaves a trail in the Council's own records. The operational protocol the Trust has disclosed describes the Grisedale Croft beds as "spot purchase beds" — and a spot-purchase arrangement is paid for, so payments for occupied health-bed nights would appear in the Council's financial and commissioning records, and those of its predecessor authority, rather than in its cabinet papers. We therefore ask the Council to search those records for payments received in respect of health beds at Grisedale Croft from 2017 onwards. The absence of a policy document in the cabinet papers does not mean the arrangement did not exist; the documents the NHS has disclosed show that it did.

5. The Council inherited Cumbria County Council's commitments — including this one.

This expectation does not run against the NHS alone. Cumbria County Council was itself a party to the Alston Plan — its adult social care and public health functions are named among the Plan's authors — and the board paper of 28 June 2018 placed the replacement beds "within Cumbria County Council care homes at Wigton and Alston." The Trust's own appraisal recorded that the Wigton and Alston proposals required further work, subject to discussions and agreement with the County Council. The commitment to provide those beds was the County Council's own, made as part of the same settlement.

On 1 April 2023, under the Cumbria (Structural Changes) Order 2022 (SI 2022/331), Cumbria County Council was wound up and the county abolished. Westmorland and Furness Council, the new unitary authority for the former districts of Barrow-in-Furness, Eden and South Lakeland — which include Alston Moor — assumed the County Council's functions, together with the "property, rights and liabilities" relating to its area. The Council is the registered provider of Grisedale Croft today precisely because it inherited that role. At our meeting, as we recall it, Councillor Bell acknowledged that the Council carries forward the County Council's commitments; we welcome that, and ask that it be confirmed in writing.

The consequence is straightforward. The Council cannot treat the beds as a discretionary service it is free to withdraw while attributing the difficulty to the NHS, when it inherited the County Council's own commitment to provide them and, as registered provider, responsibility for the building whose condition it now cites. The

legitimate expectation runs against the Council as the County Council's successor, and a decision to close would need to be justified as a proportionate departure from that commitment — which the financial case does not supply.

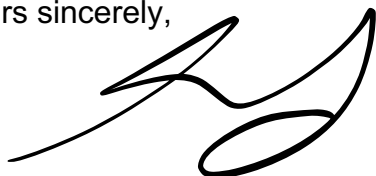
6. The legal position.

We set out the legal framework in full in our 22 May letter and will develop it in our formal consultation response. We make one point here. The documents now disclosed provide, in the NHS's own words, the specific and documented commitment, made to a defined community, on which that community relied in giving up its in-patient beds. That is the structure protected in English public law as a substantive legitimate expectation, and the parallel with *R v North and East Devon Health Authority, ex parte Coughlan* is now closer than ever. These are matters we are taking seriously and on which we are taking advice — said not to escalate, but as the honest statement of our position, and because our strong preference remains a resolution reached together rather than through the courts.

We recognise that what we ask carries cost and effort; the course the consultation is on carries more. It asks the people of Alston Moor to give up the last residential care in their community on the strength of a cost figure that reflects years of under-funding and a commissioning failure, and against a commitment the records now show was made, delivered, and then allowed to lapse. What is offered in return is a much smaller facility of four or five beds — and even that only if a suitable property can be found in Alston, for which the Council has disclosed no feasibility study, no site search and no costing. To close a working home on that basis, and to make this community pay with the loss of its last residential care for a failure that was not of its making, is not in our view defensible. We would far rather help the Council avoid it, and work with the Council and the NHS to restore what was promised, than pursue a legal challenge.

We would welcome a substantive written response to this letter and to our letter of 22 May 2026, rather than an acknowledgement alone. As the regulatory and legal matters were directed to officer level, a considered reply from Ms Phipps would be particularly helpful. The consultation closes on 5 August, and a reply before then would let us engage constructively while there is still time. We are available to meet at any time, and would gladly share the disclosed documents. We look forward to your response.

Yours sincerely,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, representing the name Alix Martin.

Alix Martin

Vice Chair, Alston Moor Parish Council
On behalf of the Grisedale Croft Working Group

cc: Councillor Jonathan Brook, Leader of the Council and Chair of the Health and Wellbeing Board; Miranda Cannon, Chief Executive; Tom Burden, Consultation Lead.

Mary Robinson, WFC Councillor; Michael Hanley, WFC Councillor; Claire Thomson, Clerk to the Parish Council.

Markus Campbell-Savours, MP for Penrith and Solway

Sources

The documents referred to in this letter are all in the public domain, published in full on WhatDoTheyKnow. https://www.whatdotheyknow.com/user/alix_m/requests

They are North Cumbria Integrated Care NHS Foundation Trust's disclosures under references FOI 0000 6812 and FOI 0000 6883 — which include the Alston Plan 2017–2020 and the Trust board papers and minutes of 30 November 2017, 29 March 2018 and 28 June 2018 — and Cumberland Council's disclosure under reference FOI-216974-2026, which includes the Cumbria Health Scrutiny Committee papers and the Community Hospitals Update of 8 October 2018 quoted above.

We have not attached them, both because they are publicly available and to keep this message within the Council's email limits, but we are glad to provide copies, or the direct links, on request.

From: Alix Martin <alix.martin@alstonmoorparish.gov.uk>

Sent: 13 June 2026 10:15

To: Cath Whalley <cath.whalley@westmorlandandfurness.gov.uk>

Cc: Patricia Bell <patricia.bell@eden.gov.uk>; David Hodgkinson <david.hodgkinson@westmorlandandfurness.gov.uk>; Mary.Robinson <Mary.Robinson@westmorlandandfurness.gov.uk>; michael hanley <michael.hanley@alstonmoorparish.gov.uk>; AMPC <clerk@alstonmoorparish.gov.uk>; Care Consultation <care.consultation@cumbria.gov.uk>

Subject: Consultation Building costs information

Dear Ms Whalley,

Please find attached a letter from Alston Moor Parish Council and the Grisedale Croft Working Group about the consultation on the future of Grisedale Croft Care Home.

It asks the Council, while the consultation is open, to place on the public record the evidence behind the cost figures presented to residents. We would be grateful for a reply in good time well before the consultation closes on 5 August 2026, and we are happy to discuss any of the points raised.

Yours sincerely,

Alix Martin

Grisedale Croft Working Group
Alston Moor Parish Council

Alston Town Hall
Front Street
Alston
Cumbria
CA9 3RF



Alston Moor Parish Council

Grisedale Croft Working Group
alstonmoorhealth.org

Alston Town Hall

13th June 2026

Cath Whalley
Director of Adult Social Care
Westmorland and Furness Council
South Lakeland House
Lowther Street
Kendal
Cumbria LA9 4DQ

Dear Ms Whalley,

The cost figures presented in the consultation on the future of Grisedale Croft Care Home

We are writing on behalf of Alston Moor Parish Council and the Grisedale Croft Working Group about the consultation on the future of Grisedale Croft Care Home in Alston, which runs from 14 May to 5 August 2026. Our subject is the financial case the consultation puts to residents, and we are asking the Council to place the evidence behind it on the public record while the consultation is open.

The consultation document states under Option 2 that the building requires very high levels of capital investment, “an estimated £2.5 million to £3.0 million”, “to meet modern regulatory standards”. Page 4 describes these as “indicative costs, based on similar council projects in Cumbria”, stated in April as within that range “or higher”, and adds that “a complete rebuild would cost more”. No figure is given for a rebuild, and none is given for the preferred option of providing alternative accommodation in a newly acquired property.

We have tried to reconcile the financial case with the Council’s own material and cannot, for four reasons.

- (a) By the document’s own words, the figure is indicative and based on similar council projects elsewhere in Cumbria. That is a benchmark borrowed from

other buildings, not a costing of the works Grisedale Croft itself needs, and the document cites no condition survey or schedule of works for the building. As we understand it, the same indicative range appears in the Council's material for Applethwaite Green in Windermere, a 27-bed home, which if correct reinforces that a general allowance has been applied rather than a building-specific estimate for this 13-bedroom home.

- (b) Only the refurbishment option is costed. The rebuild is said to cost more, with no figure, and the preferred option carries no figure at all. Residents are being invited to prefer an option whose cost is not stated over an option whose cost is, and the five options cannot be compared on cost as presented.
- (c) The statement that a rebuild would have a higher capital cost than refurbishment sits uneasily with published industry benchmarks, which put a new 13-bed care home at approximately £1.56 million to £2.34 million — below the range given for refurbishment. Both statements cannot hold without an explanation that has not been published.
- (d) The investment is said to be needed “to meet modern regulatory standards”, yet the works the document describes are “larger en-suite rooms and reduced capacity”, the home holds a current Good rating from the Care Quality Commission, and we are not aware of any works required by a regulator. How much of the range is required for compliance, rather than chosen as modernisation, is not stated.

The information disclosed so far does not resolve this. The Council's response to request FOI-208440-2026 stated that no building condition survey is held, while the Corporate Management Team report of 24 March 2026 refers to a Mechanical and Electrical Survey of December 2023, a Decarbonisation plan of May 2024 and, at Appendix 1, a per-bed refurbishment and rebuild cost comparison, none of which has been provided; an internal review is pending. On 2 June 2026 the Council refused request FOI-211351-2026 — for the building's capital and maintenance expenditure records, its condition and inspection reports, and its maintenance plans — under section 12 of the Act, on the basis that the information is not held centrally and would be too costly to assemble. We find it difficult to reconcile a closure case resting on the building's condition and the investment it is said to require with the position that the records of that condition and investment cannot be assembled. A refined request, and a further request seeking the basis of the published figures, are being submitted; given the consultation window, we would welcome disclosure without waiting for statutory deadlines to expire.

We also want to understand whether the options were appraised to the standard expected of a decision of this kind. The recognised framework is the HM Treasury

Green Book. It looks for options to be tested against a defined baseline, including a “do minimum” option — here, retaining the home while the NHS step-down referral pathway that bears on its occupancy is restored — for options to be compared on whole-life cost rather than a single capital figure, and for effects that cannot easily be priced to be weighed. The consultation itself acknowledges those effects under Option 4: an impact on residents’ wellbeing, a distance to alternative homes it describes as excessive, and a conflict with the Council’s priorities to support and strengthen local communities. We raise this not as an allegation but as a matter the Parish Council is taking seriously, and we would be grateful to understand how the appraisal dealt with these points.

These matters bear on the fairness of the consultation. Those responding need enough information to give the proposals intelligent consideration, and where a preferred option has been identified, the basis on which the alternatives have been set aside should be apparent. At present the central financial justification cannot be examined, and the options cannot be compared on a like basis.

We are therefore asking the Council, during the consultation period, to:

- (a) publish the schedule of works and the cost estimate behind the £2.5 million to £3.0 million figure, identifying the “similar council projects in Cumbria” on which it is based and the assumptions on which it rests;
- (b) publish the estimated capital cost of a rebuild and of the preferred option, so that the five options can be compared on a like basis;
- (c) publish the options appraisal that supported the Cabinet decision of 21 April 2026, including how residents’ wellbeing, the distance to alternative provision and the rural nature of Alston Moor were weighed; and
- (d) where any of this cannot be produced, correct or withdraw the affected statements from the consultation material, so that residents are not asked to respond to figures that are not evidenced.

Given the consultation closes on 5 August 2026, we would be grateful for a reply in good time, so that any information provided can inform the responses people make. We are happy to discuss any of the matters raised in this letter.

Yours sincerely,

Alix Martin
Grisedale Croft Working Group
Alston Moor Parish Council

cc:

Cllr Patricia Bell, Cabinet Member for Adults, Health and Care, Westmorland and Furness Council
David Hodgkinson, Director of Resources (Section 151 Officer), Westmorland and Furness Council

On 25 Jun 2026, at 1:37 pm,

Care Consultation <care.consultation@westmorlandandfurness.gov.uk> wrote:

Dear Alix and Claire,

I hope you are both well and enjoying the sun while keeping cool.

On behalf of Westmorland and Furness Council Assistant Director of Care Services Nikkie Phipps, I am sharing with you in advance a media statement embargoed until tomorrow on an important update to the Grisedale Croft Care Home consultation.

In summary, we are clarifying that the “Refurbishment” Option 2 for Grisedale Croft (and Applethwaite Green in Windermere) would mean the care homes having to temporarily close for 12 to 24 months while extensive building work is carried out, and it would mean that current residents would have to move to different temporary or permanent accommodation during this time.

We are updating our consultation information in print and online from tomorrow and have extended the consultation period by two weeks to 19 August. We are directly contacting people who have already responded to the consultation to inform them of the change and to invite them to update or replace their response if they wish.

Grisedale Croft families and staff are being informed yesterday and today.

Please don't hesitate to contact us if you have any questions about these changes.

Kind regards



Communications Officer, Adult Social Care

Media statement: Friday 26 June, 2026

Care homes consultation period extended

Westmorland and Furness Council has been listening carefully to responses to our public consultations on the future of two residential care homes and has decided to extend the 12-week consultation period by a further two weeks.

The consultation has been extended to clarify to care home residents, families, staff and local communities that the option to “refurbish” Grisedale Croft in Alston and Applethwaite Green in Windermere would mean the homes would have to close for an estimated 12 to 24 months, with current residents having to move temporarily or permanently to an alternative home.

The consultation opened on 14 May and was to run for 12 weeks to 5 August. It will now run until 19 August.

The decision was made after listening to community views and concerns at information drop-in sessions and assessing the responses received so far to the consultation surveys for both homes. The survey responses indicated that some people were preferring the “refurbishment” option because they understood it would allow current residents to remain in the home during the work, and therefore it would be one of the least disruptive options for the residents.

The public consultation materials in print and online stated that Refurbishment would mean “extensive remodelling and refurbishment” and that the option would be “highly disruptive to current residents”, but did not spell out that the extent of structural work required for a complete remodelling of the home, which would include installing new plumbing and wiring, and updating mechanical and electrical installations, and would mean the home would have to close for an extended period.

We have also clarified that the option to rebuild care homes on their current sites would mean residents having to move temporarily or permanently to an alternative home for two to four years.

Consultation materials have been updated and people who have already responded to the consultation are being contacted with the new information and being invited to resubmit a new consultation response if they wish.

Nikkie Phipps, Assistant Director of Care Services, said: “The understanding of what the refurbishment option would mean for current residents of the two care homes is highly significant for residents and their families and important for the wider community to understand.

“It would not be safe or practical for residents to remain: in simple terms, the building would be stripped back and be a building site for an extended period.

“So that’s why we have updated our consultation information and extended the consultation period to allow time for the changes to be communicated and for anyone who wishes to review and resubmit their consultation response.”

As part of the consultation process and the update of information, the council has also clarified in answer to community questions and concerns about Grisedale Croft, that “Option 5: Provide alternative accommodation in a newly acquired property in the local area” was intended to refer to the town of Alston.

The council has also agreed to hold a public meeting at Alston Town Hall on Thursday 16 July.

[REDACTED]

Communications Officer | Adult Social Care – Promoting Independence and Wellbeing

Communications Team | Westmorland and Furness Council

Telephone | [REDACTED]

[westmorlandandfurness.gov.uk](https://www.westmorlandandfurness.gov.uk)

From: Alix

Sent: 26 June 2026 08:31

To: Care Consultation ; Phipps, Nikkie ; Patricia Bell

Cc: clerk@alstonmoorparish.gov.uk; Burden, Tom ; councillors@alstonmoorparish.gov.uk

Subject: Re: Important update to Grisedale Croft consultation information

Consultation on the future of Grisedale Croft Care Home — your consultation update of 26 June 2026, the extension, and the handling of responses received to date

Dear Councillor Bell, Ms Phipps, and the Care Consultation team,

Thank you for your message of 25 June and the advance sight of the media statement of 26 June 2026 on changes to the consultation on the future of Grisedale Croft Care Home. I am writing on behalf of the Grisedale Croft Working Group.

We welcome the public meeting now arranged at Alston Town Hall on 16 July, and the confirmation that "Option 5: Provide alternative accommodation in a newly acquired property in the local area" was intended to refer to the town of Alston. We note that the consultation period has been extended to 19 August.

The substance of the update is significant, and I want to record our response to it while the consultation is open. The Council has now confirmed that the refurbishment option, as presented in the consultation materials, would mean the home "would have to close for an estimated 12 to 24 months, with current residents having to move temporarily or permanently to an alternative home".

The Council has also stated, of the responses received so far, that "some people were preferring the 'refurbishment' option because they understood it would allow current residents to remain in the home during the work, and therefore it would be one of the least disruptive options for the residents", and that the published materials "did not spell out" that the home would have to close for an extended period. We will be seeking the recorded basis for the 12-to-24-month estimate separately, and address it no further in this letter.

That is an acknowledgement that the consultation materials conveyed a materially mistaken understanding of one of the central options, and that responses were given on the strength of it. We are grateful that the Council has identified this and is acting to correct it. But the correction itself raises a matter we are taking seriously, and one that goes to the fairness of the consultation: whether the steps now proposed are adequate to remedy responses already submitted on a premise the Council accepts was mistaken.

A two-week extension and an invitation to resubmit "if they wish" does not, on its own, cure that. Those who are not reached, or who do not happen to resubmit, will have their original responses stand, and the responses gathered since 14 May will sit within the Council's analysis. I should therefore be grateful if you would confirm, in writing:

1. How many responses concerning Grisedale Croft have been received to date, and how many expressed a preference for the refurbishment option, so that the scale of the matter can be understood.
2. Whether the Council will write individually to every respondent who expressed a preference for refurbishment, as it is plainly able to do, and seek a fresh and informed response from each, rather than relying on voluntary resubmission.
3. How the Council will identify, and what weight it will place on, responses given on the mistaken understanding it has acknowledged, when it analyses the consultation.

4. How this will be recorded and reported, so that the responses to the consultation can be seen to have been conscientiously considered.

These points concern the handling of the consultation from this point on. They are separate from, and do not displace, the substantive concerns set out in the Working Group's letters of 22, 26 and 27 May 2026; the extension and the clarification of Option 5 do not address those concerns, and we reserve our full position on the consultation for our formal response.

I should be grateful for a written reply. We remain willing to engage constructively, and look forward to the meeting on 16 July.

Yours sincerely,

Alix Martin

Grisedale Croft Working Group,

Alston Moor Parish Council

From: Care Consultation <care.consultation@cumbria.gov.uk>

Sent: 26 June 2026 14:19

To: Alix <alix.martin@alstonmoorparish.gov.uk>

Cc: clerk@alstonmoorparish.gov.uk; Phipps, Nikkie <Nikkie.Phipps@cumbria.gov.uk>; Care Consultation <care.consultation@cumbria.gov.uk>

Subject: RE: Important update to Grisedale Croft consultation information

Dear Alix,

Thanks for your email on the consultation update.

We are happy to answer your questions as below.

Yours sincerely,

 on behalf of Nikkie Phipps.

- 1. How many responses concerning Grisedale Croft have been received to date, and how many expressed a preference for the refurbishment option, so that the scale of the matter can be understood.**

We have received 62 responses to Thursday 25 June. 16 expressed a preference for Option 2: Refurbishment

- 2. Whether the Council will write individually to every respondent who expressed a preference for refurbishment, as it is plainly able to do, and seek a fresh and informed response from each, rather than relying on voluntary resubmission.**

On Thursday 25 June we emailed all 45 respondents to the survey who gave an email address to inform them of the update in detail, and invited them to resubmit a new or additional response. Respondents who only gave a phone number or address are being contacted directly in the following days.

It was correct to inform all respondents of the changes as there are other changes to information such as the confirmation that “in the local area” means Alston, and that a Rebuild on the same site would mean relocation of residents for two to four years.

Receivers of the communication will clearly understand that it is those who have chosen Refurbishment who are most directly affected. We will send follow-up/reminder communications to Option 2 respondents who do not update their response within two weeks.

We cannot advise, request or seek a new submission, but we have clearly laid out the issue and invited respondents to re-submit.

For any paper copies of the original document that we receive up to the end of the consultation, we will post out a new document and a Freepost envelope.

- 3. How the Council will identify, and what weight it will place on, responses given on the mistaken understanding it has acknowledged, when it analyses the consultation.**
- 4. How this will be recorded and reported, so that the responses to the consultation can be seen to have been conscientiously considered.**

Analysis of the survey responses, particularly of those who choose Option 2, will clearly distinguish between “part 1” responses and “part 2” responses.

We will closely examine the responses of those who chose Option 2 in part 1, but who did not then submit an updated response by the end of the consultation.

The final report will clearly record and consider the quantitative and qualitative implications of part 1, Option 2, responses that are not updated by the respondent.

Until we know the final number of total responses, and how many of the 16 part 1, Option 2, respondents do not update their response, we will not know the relative impact of the changes.

A report on all the consultation responses will be prepared following the consultation and the decision-maker will need to conscientiously take it into account.

From: Care Consultation

Sent: 15 July 2026 14:06

To: AMPC <clerk@alstonmoorparish.gov.uk>

Cc: Cath Whalley <cath.whalley@westmorlandandfurness.gov.uk>; Phipps, Nikkie <Nikkie.Phipps@cumbria.gov.uk>; Miranda.Cannon@westmorlandandfurness.gov.uk; alice.bondi@alstonmoorparish.gov.uk; Mary.Robinson <mary.robinson@westmorlandandfurness.gov.uk>; Michael.Hanley <michael.hanley@westmorlandandfurness.gov.uk>; Alix Martin <alix.martin@alstonmoorparish.gov.uk>; Raymond Miller <ray.miller@alstonmoorparish.gov.uk>; Cllr Patricia Bell <patricia.bell@westmorlandandfurness.gov.uk>

Subject: Outstanding replies to Alston Moor Parish Council ref Care Home Consultation.

Dear Claire

(Copied to all recipients included in the original email thread)

Thank you for your follow up email 29 June, and trust you received our email of the 9th July acknowledging that we had those pieces of correspondence, thanking you for your continued patience and were compiling answers as quickly as we could, we do apologise for the delayed response to your queries below which we have renumbered as Appendix 1, 2a, 2b, 3 and 4.

Appendix 1 - AMPC letter of 19 April 2026 to Cllr Patricia Bell, asking the Council not to proceed with the consultation.

Appendix 2a – AMPC of 22 May 2026 to Cllr Patricia Bell and Assistant Director Nikkie Phipps, setting out concerns about the consultation and the 2017–18 commitments to Alston Moor and putting six specific requests to the Council;

Appendix 2b – letter of 11th June asking the same questions as letter of 22th May. (We've included this even though it was not in your email regarding outstanding replies to ensure this is also understood as being answered.)

Appendix 3 – AMPC letter of 27 May 2026 to Cllr Patricia Bell and Nikkie Phipps, from Councillor Alice Bondi, concerning the Equality Impact Assessment and the Council's Public Sector Equality Duty; and

Appendix 4 – AMPC letter to Cath Whalley of 13 June 2026, "The cost figures presented in the consultation on the future of Grisedale Croft Care Home".

The AMPC letter of 19 April 2026 to Cllr Patricia Bell, asking the Council not to proceed with the consultation, raises points and requests the "opportunity to meet with you and your officers to discuss this further. " That meeting took place on Friday 15th May at Grisedale Croft.

Appendix 2a references this meeting "Grisedale Croft Care Home — follow-up to our meeting of 15 May 2026". The attached "Response to 22nd May and 11th June 2026 emails from AMPC answers the 7 questions raised both in the emails included at Appendix 2a and 2b.

The attached "Letter to Councillor Bondi from Nikkie Phipps" is our response to Appendix 3 "AMPC letter of 27 May 2026 to Cllr Patricia Bell and Nikkie Phipps, from Councillor Alice Bondi, concerning the Equality Impact Assessment and the Council's Public Sector Equality Duty"

In response to Appendix 4 AMPC letter to Cath Whalley of 13th June 2026 "The cost figures presented in the consultation on the future of Grisedale Croft Care Home". The response for this will be provided in conjunction with an FOI request that is currently being worked on in relation to the same questions.

We are also very grateful to you for wanting to work with us on this important consultation and we sincerely apologise that collating this information has taken longer than you hoped for.

Once again many thanks for taking so much time to raise questions on behalf of the community you serve.

Kind regards



Technical Lead Adult Social Care

Westmorland & Furness Council

South Lakeland House | Lowther Street | Kendal | LA9 4DQ

Please note I work consolidated hours Monday – Thursday

[Westmorlandandfurness.gov.uk](https://www.westmorlandandfurness.gov.uk)

From: Alix Martin <alix.martin@alstonmoorparish.gov.uk>

Sent: 15 July 2026 18:20

To: Care Consultation <care.consultation@cumbria.gov.uk>

Cc: AMPC <clerk@alstonmoorparish.gov.uk>; Cath Whalley <cath.whalley@westmorlandandfurness.gov.uk>; Phipps, Nikkie <Nikkie.Phipps@cumbria.gov.uk>; Miranda Cannon <Miranda.Cannon@westmorlandandfurness.gov.uk>; alice.bondi@alstonmoorparish.gov.uk; Mary.Robinson <Mary.Robinson@westmorlandandfurness.gov.uk>; Michael.Hanley <Michael.Hanley@westmorlandandfurness.gov.uk>; Raymond Miller <ray.miller@alstonmoorparish.gov.uk>; Patricia Bell <patricia.bell@eden.gov.uk>; Cllr Jonathan Brook <Jonathan.Brook@westmorlandandfurness.gov.uk>

Subject: Re: Outstanding replies to Alston Moor Parish Council ref Care Home Consultation.

Subject: Grisedale Croft Care Home consultation — our response to your reply, and a date for full answers

Dear Mr Burden, Councillor Bell and Ms Phipps,

Thank you for your reply this week to our letters of 22 May, 27 May and 11 June 2026. Please find attached the Working Group's formal response, which goes through each matter raised in those letters and states plainly what has been answered, what has been partially answered, and what has not been answered at all.

Of the eight matters raised, only one — the meaning of "local area" — has been answered in full. We have set out our reasoning on each of the others in the attached letter, including two points (questions 3 and 7) where your reply asks us for evidence we had already supplied. We have also raised two further matters arising since our last letter: the Council's record over the past three years as registered provider, and the reason given for extending the consultation on 26 June.

We ask for a full, written, itemised reply to every outstanding matter by Wednesday 29 July 2026 — two weeks from today, and three weeks before the consultation closes on 19 August. Given that four of our letters have already gone unanswered or inadequately answered for periods of between five weeks and three months, we will treat this date as firm.

A public meeting is taking place at Alston Town Hall tomorrow evening, 16 July, and we intend to raise each of these outstanding matters there.

Yours sincerely,

Alix Martin

Vice Chair, Alston Moor Parish Council

On behalf of the Grisedale Croft Working Group

cc: Councillor Jonathan Brook, Miranda Cannon, Cath Whalley, Nikkie Phipps, Councillor Mary Robinson, Councillor Michael Hanley, Claire Thomson, Markus Campbell-Savours, MP. Cllr Raymond Miller AMPC Chair, Cllr Alice Bondi

Alston Town Hall

Front Street

Alston

CA9 3RF

23rd April 2026

Councillor Patricia Bell
Cabinet Member for Adult Care
Westmorland and Furness Council
County Offices
Busher Walk
Kendal LA9 4RQ

Dear Councillor Bell,

Re: Grisedale Croft Care Home consultation — the commitment that must not be broken

I am writing as a member of Alston Moor Parish Council to ask you to withdraw this consultation and commission instead a joint review with NHS partners of how to honour the commitments made to this community in 2017–2018.

Alston Moor Parish Council has convened an emergency meeting for Tuesday 28 April 2026 to ratify the Council's formal response and campaign. This letter is sent ahead of that meeting given the urgency, and reflects the substance of the position the Parish Council is expected to adopt.

Grisedale Croft is not a standalone 13-bed residential service. It is the last surviving element of a joint NHS-and-Council replacement package promised to Alston Moor in 2017–2018, when our community hospital in-patient beds were taken away.

The 2017–2018 bargain

Between 2017 and 2018, Alston Moor lost the in-patient beds at the Ruth Lancaster James Cottage Hospital under the NHS Success Regime. They have never been restored.

The closure was not imposed without promises. In March 2018, Cumbria Partnership NHS Foundation Trust committed publicly to a specific set of alternatives, central among them: **“using residential beds as intermediate beds for health purposes.”** On Alston Moor there is only one sizeable residential care provider — Grisedale Croft. No other provider exists that could meet that commitment.

The Alston Alliance Plan 2017–2020 was the formal expression of the bargain: enhanced community nursing, residential step-down, day services, rapid response, and retention of the hospital site as a wider integrated health-and-care centre.

In January 2019, North Cumbria CCG told the public: **“We have probably seen the most progress in Alston where enhanced community services have been up and running for some time.”**

What has actually been delivered

Eight years on, the bargain has been systematically dismantled:

- **The hospital in-patient beds remain closed** and have never been restored.
- **The hospital itself has been wound down rather than expanded.** The nurse-led treatment service has been discontinued; minor injuries are now dealt with at the GP surgery, not at the hospital; the NHS's own public listing for Alston Community Hospital today shows no departments, no services and no opening hours. As a community hospital in any meaningful sense, the Ruth Lancaster James has been shut.

- **The residential step-down model was never built.** Occupancy at Grisedale Croft has fallen from 9 in 2018 to 5 in 2020 to 3 in 2026. That is not evidence of declining demand. It is evidence that the integrated step-down pathway promised in 2017–2018 was never constructed properly. Alston Moor residents who should be recuperating locally after stays in Carlisle, Hexham or Newcastle are instead being placed in homes at least 20+ miles away.

By December 2020, Cumbria County Council’s own Health Scrutiny Committee was formally recording “**disappointment at the lack of progress**” on the 2017–2018 commitments, and noted that those challenges pre-dated COVID.

The sequence is this: first the in-patient beds closed; then the hospital itself was hollowed out; now the consultation proposes to close the residential element altogether. That is not reorganisation — it is the dismantling, piece by piece, of a bargain this community accepted in good faith.

Westmorland and Furness Council inherited these commitments

When WFC took over adult social care from Cumbria County Council on 1 April 2023, it inherited the 2017–2018 commitments. They did not lapse with local government reorganisation, and this community has continued to rely on them.

The consultation is fundamentally flawed

The consultation cannot proceed on a proper basis because it omits the most important contextual fact: the 2017–2018 bargain. Consultees cannot give an informed response when they are not told that Grisedale Croft exists as the residential element of a joint NHS-and-Council settlement.

The consultation cites building age, declining occupancy, workforce pressures and operating costs — but supplies no building survey, no analysis of where Alston discharges are actually being placed, no breakdown of recruitment effort, and no per-occupied-bed-day cost analysis that recognises unavoidable fixed overheads.

More fundamentally, it fails to ask: **how is any closure decision consistent with the 2017–2018 commitment that residential beds would serve as intermediate beds for health purposes?**

The proposed four/five-bed relocation

We understand the Council is also considering relocation to a smaller four- or five-bed facility in the town. We are asking you not to progress that option ahead of the joint review, for four reasons:

1. The appropriate future capacity of residential provision on Alston Moor is the central question the review exists to answer. Adopting a figure now forecloses it.
2. Four or five beds cannot deliver an integrated step-down model, which requires step-down capacity **on top of** permanent residential care, not **in place of** it.
3. If the four- or five-bed figure is derived from current suppressed occupancy, the reasoning is circular — it guarantees the replacement will be too small to honour the commitments it is meant to meet, and sets up a future “declining demand” argument for full closure.
4. A reduction from thirteen beds to four or five is a cut of between 62% and 69%. It cannot credibly be described as “preserving provision,” and its financial case has not

been made: smaller homes typically carry higher per-bed running costs, as management, registered-manager and night-cover costs do not scale down linearly.

We are not refusing to discuss changes to the building or configuration — only asking that no such decision be taken until the review has been conducted.

What we are asking you to do

5. **Withdraw this consultation** until a proper joint review has been conducted with NHS North East and North Cumbria ICB, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust.
6. **Publish the 2017–2018 commitment documents** — all versions of the Alston Alliance Plan, the NHS statement about residential beds for intermediate care, any joint commissioning agreements, and the Council's assessment of delivery against them.
7. **Honour your predecessor's promise** by working with NHS partners to build Grisedale Croft's occupancy through proper integration into hospital discharge pathways, as was always intended.
8. **Invest in the building and service** rather than running it down. If the fifty-year-old building needs replacement, replace it — on Alston Moor, with equivalent capacity, before closing the existing facility.
9. **Do not progress any reduced-capacity alternative ahead of the review.** Pre-committing to a figure — four beds, five beds or any other — would foreclose the question the review exists to answer.

Establishing the full public record

In parallel with this letter, Alston Moor Parish Council is submitting Freedom of Information requests to Westmorland and Furness Council, North East and North Cumbria Integrated Care Board, North Cumbria Integrated Care NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and NHS England. Their purpose is to establish on the public record the full documentary history of the 2017–2018 commitments and the record of delivery against them. The documentary position will therefore be on the public record whether or not the Cabinet chooses to address it in the consultation.

Why this matters beyond Alston

The decision on Grisedale Croft will set a precedent for how WFC treats remote rural communities. If services can be closed in England's most remote communities on grounds of "declining demand" the Council's own under-commissioning has produced, no rural service is safe.

You have acknowledged that "**in Alston and the surrounding area there is little alternative provision available.**" That admission should end the debate. The Council cannot credibly argue both that local provision is essential because alternatives are distant **and** that it is unnecessary because occupancy is low.

Alston Moor is a community of over 2,000 people, 1,000 feet above sea level, 20+ miles from the nearest sizeable town, routinely cut off in winter. 33.3% of this authority's population is projected to be over 65 by 2040. An ageing rural population needs more local provision, not less.

Conclusion

At its heart, this is about whether public bodies can be held to their word. If formal commitments made during major service changes can be abandoned by successor bodies without acknowledgment or replacement, public consultation becomes meaningless.

The people of Alston Moor already think that consultations are meaningless. With the hospital consultation the Parish Council held a referendum and 99.9 % of the electorate turned out and voted to keep the hospital open. Despite an incredibly high turnout and an emphatic no we were ignored. Please do not do the same again.

We are not asking you to ignore financial realities. We are asking you to honour a specific promise made to a community that gave up its hospital beds in good faith, and to acknowledge that Grisedale Croft is not a discretionary service but the residential element of that promise.

I would welcome the opportunity to meet with you and your officers to discuss this further.

Yours sincerely,



Alix Martin
Vic Chair
Alston Moor Parish Council

Cc:

- **Cath Whalley** — Director of Adult Social Care, Westmorland and Furness Council
- **Helene Robinson** — PA to the Director of Adult Social Care, Westmorland and Furness Council
- **Nikkie Phipps** — Assistant Director of Care Services, Westmorland and Furness Council
- **Jane Scattergood** — Director of Health and Care Integration for South Cumbria, NHS Lancashire and South Cumbria Integrated Care Board /*Acting Chief Nurse at LSC ICB*)
- **Ed Tallis** — Local Director for North Cumbria, NHS North East and North Cumbria Integrated Care Board
- **Cllr Mary Robinson** — Ward Councillor for Alston and Fellside, Westmorland and Furness Council
- **Cllr Michael Hanley** — Ward Councillor for Alston and Fellside, Westmorland and Furness Council
- **Cllr Dyan Jones** — Chair, Health and Adults Scrutiny Committee, Westmorland and Furness Council
- **Markus Campbell-Savours MP** — Member of Parliament for Penrith and Solway
- **Alston Moor Parish Council (Clerk)** — clerk@alstonmoorparish.gov.uk
- Chair and councillors - AMPC

Alston Moor Parish Council
From Grisedale Croft Working Group

22nd May 2026

Councillor Patricia Bell

Cabinet Member for Adults, Health and Care
Westmorland and Furness Council

Ms Nikkie Phipps

Assistant Director of Care Services
Westmorland and Furness Council

By email

Re: Grisedale Croft Care Home — follow-up to our meeting of 15 May 2026

Dear Councillor Bell and Ms Phipps,

I am writing on behalf of the Grisedale Croft Working Group to thank you for meeting with our delegation on Friday 16 May. Now that the consultation document has been published, we are able to set out our position in full. This letter is detailed because the situation demands it. The documentary record, the regulatory framework, the legal principles, and the human evidence all point in the same direction. We have tried to present each strand as clearly as we can.

We address this letter to you both. We recognise that Councillor Bell carries a genuine personal commitment to the welfare of people in our community — that was apparent at the meeting. We address it equally to Ms Phipps because the regulatory and legal dimensions of what the Council is proposing require a direct and substantive response at officer level. Both matter: the human cost and the legal framework point to the same conclusion.

1. The Gunning Principles — a consultation that is not genuinely open

Having read the consultation document, the Working Group has concluded that this consultation does not meet the standard required by the Gunning Principles. We set out our analysis below.

Principle 1 — the consultation is not at a formative stage.

The survey form labels Option 5 as the “preferred option” on the very page where a respondent marks their choice. The legal standard requires the decision-maker to approach the consultation with a genuinely open mind. Labelling one option as preferred before a single response has been considered does not satisfy that standard.

Our concern is reinforced by something Councillor Bell said at the meeting on Friday, which we record as we recall it. In explaining the Council’s legal obligations, Councillor Bell compared this consultation to the annual council tax consultation, observing in terms to this effect that “everybody knows” what the outcome will be, and described the legal requirement to consult as “almost a ridiculous position.” She added that, had the Council been free to do so, it would simply have had a conversation about what reprovion would look like. We record this not to attribute bad faith but because the law requires a consultation to be genuinely open, and the comparison she drew is one where the outcome is understood by those conducting it before any response is received.

Principle 2 — insufficient information for an intelligent response.

The consultation document does not disclose the 2017–18 Alston Alliance settlement — the formal commitment by Cumbria Partnership NHS Foundation Trust and Cumbria County Council Adult Social Care that residential step-down beds at Grisedale Croft would form part of the integrated care replacement for the lost Ruth Lancaster James Cottage Hospital in-patient beds. Without that context, respondents cannot give an informed response. They are being asked to choose between five options for the future of a care home without being told that the home’s current role was the product of a specific commitment made in exchange for something the community gave up.

The treatment of the five options in the consultation document is not neutral. Options 2 (refurbishment) and 3 (rebuild) are presented with barriers-first, objections-led framing. Option 5 carries no equivalent list of risks or downsides. A respondent relying only on the document cannot form an equally informed view of all five options. Respondents who indicate support for Option 5 do not know they are endorsing a four-bed service.

The term “local area” in Option 5 is undefined. As we address in section 7, it must mean Alston itself. The consultation document does not make this clear to respondents. A replacement in Penrith, Appleby, or anywhere outside Alston town would not answer the purpose of the service.

The consultation document confirms, for the first time in writing, that Option 5 envisages a minimum of four bedrooms — a reduction of over 69 per cent from the current thirteen-bed registered capacity. Respondents who indicate support for Option 5 do not know they are endorsing a four-bed service. No evidence is presented that four beds would meet the current or projected future needs of a growing, ageing, isolated community.

Principle 3 — adequate time and the budget gap.

The community is actively engaging with the consultation and we are encouraging everyone to respond. Our concern under Principle 3 is the absence of the capital budget for property acquisition and renovation from the consultation materials. Without knowing what the Council is able to spend on Option 5, respondents cannot assess whether any alternative building in Alston town is genuinely viable, or compare the cost of that option with the cost of refurbishing the existing building.

Principle 4 — conscientious consideration.

We place on record that the Working Group will be watching carefully for evidence that the Director of Adult Social Care has engaged with the full historical record, the regulatory analysis, and the FOI evidence set out in this letter, and not only with the headline occupancy and cost figures. Under *R (Moseley) v London Borough of Haringey* [2014] UKSC 56 the Supreme Court confirmed that fairness may require a decision-maker to disclose options it has considered and rejected, so that consultees can make the case for them. Refurbishment has been presented as unjustifiable rather than as a genuine choice on equal terms.

2. The cost argument, the provider's responsibility, and the true picture

The consultation document states that Grisedale Croft's total operating cost in 2025/26 is approximately £4,072 per resident per week, based on an annual budget of £755,000 and a December 2025 occupancy of five residents (including two short-term residents). This figure is presented as evidence of unsustainability.

The Working Group asks the Council to consider what this figure actually demonstrates. The annual budget of £755,000 divided across the registered capacity of thirteen residents gives an equivalent figure of approximately £1,117 per resident per week — which the consultation document itself describes as comparable to the cost of a place at an independent provider or a fully occupied council-run home. The £4,072 figure is not evidence that Grisedale Croft is inherently expensive to run. It is evidence that it is operating at a fraction of its registered capacity. The cost crisis is a function of suppressed occupancy, and the suppression of that occupancy is itself the subject of our challenge.

There is a further dimension that the consultation document does not address. Westmorland and Furness Council is the registered provider of Grisedale Croft under

the Health and Social Care Act 2008. As the registered provider, the Council is legally responsible under Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for ensuring that the premises are suitable for the regulated activity. The building's current condition is not an external fact. It is the direct consequence of Cumbria County Council's failure to honour its 2008 commitment to replace the building, ratified by Westmorland and Furness Council's own failure to invest since April 2023. The Council cannot simultaneously be the registered provider whose deferred maintenance has contributed to the building's state, and the authority presenting that condition as the evidential basis for closure, without explaining why it did not act as provider in the intervening years.

3. The documentary record of the 2017–18 agreement

The consultation document proceeds as if no specific commitment was made to Alston Moor in 2017–18. One was. Ms Phipps confirmed at the meeting that she searched the Council's cabinet papers and found nothing from a county council perspective, while acknowledging that the record from a health perspective is more substantial. That asymmetry is significant. The community gave up its hospital in-patient beds on the strength of a commitment documented extensively on the NHS side but absent from the Council's records.

- **(a) The Alston Alliance Plan (Draft Summary, 2017–18).** Developed jointly by the League of Friends, Alston Moor Parish Council, Cumbria Partnership NHS Foundation Trust, Cumbria County Council Adult Social Care and Public Health, and Alston Medical Practice — and signed by Parish Council representatives, — this document sets out the formal bargain: residential step-down beds at Grisedale Croft would form part of the integrated care replacement package for the lost in-patient beds.
- **(b) Cumbria Partnership NHS Foundation Trust, March 2018.** CPFT's published commitment on permanent closure of the Ruth Lancaster James in-patient beds was that alternatives would include "using residential beds as intermediate beds for health purposes." On Alston Moor, only Grisedale Croft can answer that description.
- **(c) Care Quality Commission inspection report, 10 October 2018.** The regulator's own inspection record states that the registered manager confirmed Grisedale Croft would provide health beds as part of the Alston Plan. This is contemporaneous, independent corroboration in the regulator's own words.
- **(d) North Cumbria Clinical Commissioning Group, January 2019.** The CCG's published assessment was that the most progress of all Success Regime localities had been made in Alston — consistent with the step-down arrangement being operational at that time.
- **(e) Cumbria County Council Health Scrutiny Committee, December 2020.** The Committee formally recorded its disappointment at the lack of progress on the 2017–18 commitments. Those commitments were real enough to be the subject of formal scrutiny by a statutory body.

- **(f) The 2017 legal challenge.** The challenge brought by the League of Friends and the Parish Council, conducted through public-law solicitors Leigh Day and supported by a CrowdJustice campaign, was resolved before reaching court on the basis of NHS and council commitments about alternative provision. Those commitments became the Alston Alliance Plan. We address the significance of this further in section 8.
- **(g) WFC Annual Plan 2026/27, finalised 10–13 April 2026.** Finalised approximately nine days before the Cabinet decision of 21 April, the Plan commits to supporting people “in the place they call home,” identifies intermediate care and remaining connected to communities as priorities, and acknowledges that Government funding changes have removed rurality adjustments that previously recognised the additional cost of serving communities such as Alston Moor.

We are also able to confirm that we have spoken with people who have direct operational knowledge of how the intermediate-care beds at Grisedale Croft were used. They confirm the arrangement was active, criteria-documented, and subject to formal admission processes. The financial records of that arrangement — payments by NHS bodies for occupied health-bed nights — will exist in the Council’s own accounts and in the records of the commissioning body, and form part of the Freedom of Information response due from the Council on 22 May 2026.

4. What the Freedom of Information programme is already showing

The Working Group has submitted twenty-one Freedom of Information requests across nine public bodies. The full register is published at alstonmoorhealth.org/foi-register.

NHS North East and North Cumbria Integrated Care Board — no commissioning records held.

The ICB’s response, confirmed following an internal review on 20 May 2026, is that its All Age Continuing Care Team and Head of Commissioning for Secondary Care hold no records of any commissioning arrangement, service-level agreement, or referral pathway for the step-down beds at Grisedale Croft. Either those beds were never properly commissioned by the NHS — making low occupancy the direct consequence of institutional failure — or the records are held by the Council. We ask the Council to clarify which it is.

The Newcastle upon Tyne Hospitals NHS Foundation Trust — no referral pathway to Grisedale Croft.

The Trust confirms it holds no records of any referral pathway directing patients to Grisedale Croft. Across 340 discharges of patients with a CA9 postcode between 2020–21 and 2025–26, no formal pathway to Grisedale Croft was in use. Early data from the same returns suggests the number of Alston Moor residents discharged from those hospitals last year was approximately 65 — roughly double the typical

annual figure. Local demand is growing at precisely the moment the Council is proposing to reduce provision to a minimum of four beds.

The Better Care Fund — joint planning obligations.

The Better Care Fund policy frameworks for 2025–26 and 2026–27 require Westmorland and Furness Council and North East and North Cumbria Integrated Care Board, as partners in the Health and Wellbeing Board, to jointly plan intermediate care capacity for their area, including submitting plans that show projected demand for both step-up and step-down pathways. This obligation arises under the Health and Care Act 2022, which strengthened the statutory duty to collaborate — and explicitly extended that duty to local authorities. The decision to consult on closing Grisedale Croft without joint NHS engagement, and without any indication that the joint BCF intermediate care plan for the Alston Moor area has been reviewed, is on its face inconsistent with those obligations. We ask the Council to confirm what its current joint BCF plan shows for step-down capacity in the Alston Moor area, and how the proposed closure of the only available step-down facility in that area is consistent with that plan.

What Ms Phipps confirmed at the meeting.

Ms Phipps confirmed, in terms we recall from the meeting, that the clinical wrap-around support needed to make intermediate care function at Grisedale Croft — physiotherapy, occupational therapy, nursing — is not available, and that the Council can only work with what it has. The absence of wrap-around care is not a justification for closing the facility. It is the central failure the 2017–18 settlement was designed to prevent. The NHS committed in 2018 to provide that clinical support. It did not. The predictable result is the occupancy position now cited as the reason for change.

We ask the Council to reflect on the circularity of the argument being made. Grisedale Croft has been run down because the wrap-around care and referral pathway it was promised were never put in place. It is now being consulted on for closure or radical reduction because it has been run down. The community is being asked to respond to a consultation about the consequences of institutional failure without being told that the failure occurred, or that commissioning the promised support would transform the picture.

The NHS Constitution — what it is and why it matters.

The NHS Constitution was established under the Health Act 2009 and sets out the principles, values, rights, pledges and responsibilities that govern the NHS in England. It is not merely an aspirational document. The Health Act 2009 places a statutory duty on all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions, to take account of the Constitution in their decisions and actions. A decision-maker who ignores the Constitution, or who fails to demonstrate that they have had regard to it, acts unlawfully and that decision is open to judicial review.

The Constitution gives patients the right to expect the NHS to assess the health requirements of their community and to commission and put in place the services to meet those needs. It requires NHS services to reflect, and to be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. It places a specific duty on the NHS to pay particular attention to groups and communities where improvements in health and life expectancy are not keeping pace with the rest of the population. And it commits the NHS to working across organisational boundaries and in partnership with other public sector organisations in the interest of patients and local communities.

Alston Moor is precisely the kind of isolated, rural, ageing community the Constitution singles out. The absence of any commissioning record at the ICB, the absence of any referral pathway to Grisedale Croft, and the absence of the clinical wrap-around support committed to in 2017–18 are not administrative oversights. They are failures of obligations that every NHS body is required by law to take account of in its decisions and actions. The predictable consequence of those failures is the occupancy position now being used to justify closure.

5. Regulatory concerns the consultation does not address

Three years without a CQC inspection under the WFC registration.

The last full Care Quality Commission inspection of Grisedale Croft took place on 10 October 2018, under the Cumbria County Council registration. The home has never been inspected under the Westmorland and Furness Council registration, in force since 1 April 2023. That is over three years without a full regulatory inspection under the current provider. The entire evidence base for this consultation rests on a home that the regulator has not independently assessed under the Council's stewardship. A CQC inspection — or, at minimum, a Healthwatch Enter and View visit — would provide the independent factual foundation currently absent from the record.

The deregistration gap — Councillor Bell's commitment cannot be delivered as stated.

Councillor Bell confirmed at the meeting that Grisedale Croft will not close until alternative provision is in place in Alston. We welcome that commitment and ask that it be confirmed in writing. We must also draw the Council's attention to a regulatory reality that makes it difficult to honour in practice.

Closing Grisedale Croft requires CQC deregistration under Regulation 15 of the CQC Registration Regulations 2009. Once deregistered, the service cannot be "held" while a replacement is found. There is no regulatory mechanism for that. A replacement building would require a fresh CQC registration application, new Statement of Purpose, and evidence of premises suitability meeting all current Fundamental Standards from day one. CQC applications for care homes are complex and typically take several months, with no guarantee of approval. Total

timeline from a decision to proceed with Option 5 to the first resident being admitted to a replacement facility is 18 to 30 months or more. During that period, Grisedale Croft would be deregistered and its current residents displaced, with no regulatory mechanism to protect continuity of care during the gap. We ask the Council to set out in writing how it will protect continuity of care across that gap, and what it will do if a suitable replacement property is not acquired.

The Equality Impact Assessment and the Bracking duty.

Section 149 of the Equality Act 2010 requires the Council to have due regard to the need to advance equality of opportunity before making decisions. In *R (Bracking) v Secretary of State for Work and Pensions* [2013] EWCA Civ 1345 the Court of Appeal confirmed that this due regard must be exercised “in substance, with rigour and with an open mind” before the decision is made, not after; that decision-makers must be properly informed; and that an Equality Impact Assessment completed after a preferred option has been selected does not discharge the duty. The Court was explicit: “general awareness of equality issues is not enough.”

Our Freedom of Information request (FOI 5) specifically requested the Equality Impact Assessment prepared before the Cabinet decision of 21 April 2026. We expect it in the bundle due on 22 May. If no EIA was completed before that decision, or if the EIA does not specifically engage with the geographic circumstances of Alston Moor residents — the loss of daily family contact, the impossibility of regular visits from distances of 20 to 30 miles over roads that close in winter, and the absence of any meaningful public transport connection — the sole bus service into Alston currently runs on Saturdays only and is operating on a temporary basis with no confirmed continuation — then the Bracking duty has not been discharged, and that is a ground for legal challenge.

Individual needs assessments and market sufficiency.

Section 9 of the Care Act 2014 requires an individual needs assessment for every adult affected before any transfer is effected. Each current resident’s individual needs, circumstances, and preferences must be assessed, and a transfer that treats displacement from Alston as a comparable outcome to placement in Alston would not discharge the Council’s duty under section 1 of the Care Act to promote individual wellbeing, including domestic and family relationships.

Section 5 of the Care Act 2014 requires the Council to ensure that sufficient services are available to meet the care needs of adults in its area. Alston Moor is a market area where there is no private or voluntary residential care provider. If the Council closes Grisedale Croft while relying on the theoretical availability of homes 17 to 30 miles away over roads that close in winter, it faces a direct question under section 5(3) as to whether sufficient services remain available for meeting local needs.

6. Employment, social value, and the best value duty

The consultation document does not address the employment impact of closing Grisedale Croft. This is a significant omission.

Grisedale Croft provides direct employment to care staff, domestic staff, kitchen staff, and support workers. These are not peripheral jobs in a community of 2,000 people where employment opportunities are already severely limited. They are anchor jobs — roles that keep local people in the community, support local households, and generate economic activity in the local economy. Many of these workers have accumulated years of specialist experience caring for Alston Moor's elderly residents. That experience cannot simply be transferred to a four-bed replacement wherever it might eventually be built, and it cannot be replaced at all if the workers find employment elsewhere in the meantime.

The Public Services (Social Value) Act 2012 requires public authorities to consider how their commissioning activities can improve the economic, social and environmental wellbeing of their area. The Local Government Act 1999 requires best value authorities to secure continuous improvement “having regard to a combination of economy, efficiency and effectiveness,” and statutory guidance from the Ministry of Housing, Communities and Local Government makes clear that overall value — including social and economic value — must be considered. A true assessment of the economic impact of closing Grisedale Croft must include the loss of anchor employment in a community that, as the Council's own Annual Plan acknowledges, is already under-resourced and has already lost the rurality and remoteness adjustments that previously recognised the additional cost of providing services here. No such assessment appears in the consultation materials. We ask the Council to confirm whether an employment impact assessment has been carried out, and if so to publish it.

7. What the consultation is actually asking — the human cost

The Working Group is gathering evidence from families on Alston Moor who have been unable to obtain a placement at Grisedale Croft for a relative, or whose relative was discharged to a facility far from home. That evidence, gathered via a formal community evidence form, will be submitted as part of the Parish Council's consultation response.

We are already aware that at least one family has written directly to Councillor Bell, describing the personal impact of being unable to obtain a placement at Grisedale Croft for two close family members. The distress caused to those families — the journeys, the impossibility of regular visits, the sense that their loved ones had been displaced from the community that was their home — is the human reality behind the occupancy statistics. The people not in Grisedale Croft are not absent because the need was not there. They are absent because there is currently no functioning referral pathway to Grisedale Croft at all — a fact now confirmed in writing by the Newcastle upon Tyne Hospitals NHS Foundation Trust, and consistent with the ICB's confirmation that it holds no commissioning records for the step-down beds.

We are aware — without identifying details — of a person currently being asked to consider a placement outside Alston who has lived in Alston for over forty years. Their social network, the people who form the texture of their daily life, is in Alston.

There is a case that a newer facility elsewhere would provide a better physical environment. We do not dismiss those material considerations. But the choice for a frail elderly person with forty years of roots in Alston is not between a better room far away and a worse room nearby. It is between a room where friends and family can walk through the door on an ordinary afternoon, and a room where those same people face a two-hour round trip over roads that close in winter, with no public transport to fall back on. The sole bus service into Alston currently runs on Saturdays only and is itself on a temporary basis. Proximity to the people you love is not a secondary consideration. For most people at the end of their lives, it is the primary one.

Displacement of an elderly person from a community this isolated is not a neutral administrative act. The damage it does — to daily family contact, to end-of-life care, to the settled contentment that also reduces the burden on care workers — is real, foreseeable, and preventable. It bears directly on the Council's duty under section 1 of the Care Act to promote individual wellbeing, on Article 8 of the European Convention on Human Rights, and on the Council's own Annual Plan commitment to support people "in the place they call home."

8. The legal weight of the 2017–18 settlement — and why this community will not accept informal assurances

The Working Group wishes to be direct about the legal position, because it is better stated clearly than implied.

The doctrine of substantive legitimate expectation in English public law protects communities from public authorities that break clear, unambiguous promises on which those communities have relied to their detriment. The leading case is *R v North and East Devon Health Authority, ex parte Coughlan* [2001] QB 213, in which the Court of Appeal held that the Health Authority's closure of a facility — citing running costs — was unlawful because it broke a specific promise that the facility would be the residents' home. Lord Woolf MR said the failure to keep the promise was "equivalent to a breach of contract in private law." The Court found the breach of the legitimate expectation was "so unfair that it amounted to an abuse of power." The justification offered by the Health Authority — financial cost — was held insufficient. There was no overriding public interest that warranted departing from the promise.

The test, as elaborated by Laws LJ in *R (Nadarajah) v Secretary of State for the Home Department* [2005] EWCA Civ 1363, is that a public authority may only depart from a promise if it is "a proportionate response ... having regard to a legitimate aim

pursued by the public body in the public interest.” The Working Group invites the Council to identify, in writing, what legitimate aim of sufficient weight justifies a proportionate departure from the specific, documented, multi-party commitment made to Alston Moor in 2017–18. The financial case collapses when occupancy is assessed at registered capacity. No other justification has been advanced.

The NHS Constitution reinforces this analysis. All NHS bodies — including the ICB and NCIC as successors to the 2018 commitments — are required by law to take account of the Constitution in their decisions and actions. The Constitution gives patients the right to expect their NHS to assess community health needs and commission services to meet them, and requires services to be coordinated around the needs and preferences of individual patients. A decision to proceed without honouring the 2017–18 commitments is not only inconsistent with the doctrine of substantive legitimate expectation — it is inconsistent with obligations the NHS carries independently of that doctrine, and which it cannot discharge by pointing to its own failure to commission the services it promised.

The parallel with Coughlan is not superficial. In that case: the promise was specific; it was made to a small group of people; it was given in exchange for something they gave up; it was expressly reaffirmed; and there was no alternative accommodation offered. In the case of Alston Moor: the promise was specific and documented; it was made to a defined community; the community gave up its hospital in-patient beds on the strength of it; it was reaffirmed by the CCG in January 2019; and the step-down beds were formally recorded in the CQC inspection report. The differences between Coughlan and this situation favour the Alston Moor community, not the Council.

The legitimate expectation extends beyond Grisedale Croft.

The Working Group also wishes to place on record something of broader significance. The legitimate expectation created by the 2017–18 settlement was not confined to the step-down beds at Grisedale Croft. The community accepted the permanent closure of the Ruth Lancaster James Cottage Hospital in-patient beds in exchange for a comprehensive package of alternative provision: step-down and intermediate-care beds at Grisedale Croft; wrap-around NHS clinical support including physiotherapy, occupational therapy and community nursing; video-conferencing access to specialist services; local community clinics; enhanced rapid response; and retention of the hospital site for outpatient and clinic use. Grisedale Croft is the last surviving element of a settlement from which the community has received almost nothing else. The NHS commitments on the clinical and hospital side of the bargain were not honoured. Of the full package promised, the community received none of the following: video-conferencing access to specialist services; local community clinics; physiotherapy and occupational therapy provided on Alston Moor; enhanced rapid-response services; or meaningful retention of the Ruth Lancaster James site as an outpatient and clinic centre. The hospital site today has no departments, no services listed, and no opening hours on the NHS’s own public register. The community nursing provision that existed before the closures was progressively withdrawn, particularly during the pandemic period when staff were

redeployed to Penrith and, in the main, did not return. The two designated step-down beds at Grisedale Croft — the sole surviving element of the settlement — were never properly commissioned. That is the totality of what was delivered from a comprehensive package of commitments made in exchange for the permanent closure of the hospital in-patient beds.

The Parish Council intends to pursue the legitimate expectation argument in relation to the whole of the unfulfilled 2017–18 settlement — including the wrap-around clinical services and the future of the Ruth Lancaster James site — and not only in relation to Grisedale Croft. North East and North Cumbria Integrated Care Board and North Cumbria Integrated Care NHS Foundation Trust, as successor to Cumbria Partnership NHS Foundation Trust which made the 2018 commitments, are on notice accordingly. We say this not to escalate but because it is the honest statement of our legal position. We also say it to make the constructive ask more concrete: if the Council were to join with this community in holding the NHS to the whole of the 2017–18 settlement — wrap-around services, clinical support, neighbourhood health — rather than treating the NHS’s failure as a fixed constraint, the result would be a properly resourced Grisedale Croft operating as it was always meant to, and a community that finally received what it was promised. That is a better outcome than a legal challenge. We invite the Council to pursue it with us.

What we were promised in 2017–18 — and what was delivered

The table below sets out, in plain terms, each element of the 2017–18 settlement and what the community of Alston Moor has actually received against each commitment.

What was promised in 2017–18	Delivered?	Current position
Residential and step-down beds at Grisedale Croft with NHS clinical support	X	Beds exist but were never properly commissioned. No NHS referral pathway. ICB holds no commissioning records.
Wrap-around physiotherapy and occupational therapy on Alston Moor	X	Never delivered. Reablement teams operate from Penrith only.
Community and district nursing retained on Alston Moor	X	Progressively withdrawn. Staff redeployed during pandemic; did not return.

What was promised in 2017–18	Delivered?	Current position
Video-conferencing access to specialist NHS services	X	Not implemented.
Local community clinics on Alston Moor	X	Not implemented.
Enhanced rapid-response services	X	Not implemented.
Retention of the RLJ site as an outpatient and clinic centre	X	Site retained by Northumbria Healthcare but currently shows no departments, services, or opening hours on the NHS public register.
Refurbishment of Grisedale Croft as part of the residential element	X	Not carried out. Building condition now cited as a reason for closure.

We have been here before — and we will not make the same mistake again.

In 2017, the League of Friends and the Parish Council mounted a legal challenge to the bed closures at the Ruth Lancaster James Cottage Hospital, represented by public-law solicitors Leigh Day and funded through a CrowdJustice campaign. That challenge was resolved before it reached court. It was resolved because senior NHS and council leaders gave their word that the alternative provision package would be delivered. That commitment became the Alston Alliance Plan. The community accepted the permanent loss of its hospital in-patient beds on the strength of those promises.

Those promises were not kept. As Cumbria County Council's own Health Scrutiny Committee formally recorded in December 2020, the 2017–18 obligations were not delivered. The community accepted the loss of something irreplaceable in exchange for commitments that were honoured only in part, and which have now been eroded to the point where the final surviving element is itself under threat.

The Working Group will not make the same mistake again. We will not withdraw from a challenge, or moderate our opposition, on the basis of verbal assurances or informal commitments, however sincerely given. Everything the Council offers must be in writing, specific, and legally binding. That is not an adversarial stance. It is the only rational response of a community that has been in this position before.

We do not want a legal challenge. Legal proceedings are costly, time-consuming, and damaging to all parties. We say this sincerely. But the Working Group and the Parish Council have the documentary record, the regulatory analysis, the case law, and the community's full support. We will use all of it if we have to. And we would do so in full public view — with the scrutiny of the local and national media that a challenge of this kind would inevitably draw, for all those involved in making the decisions.

9. What we are asking

The Working Group asks for six things, each of which we would like a written response to before the consultation closes.

- **Define “local area” as Alston itself.** Confirm in writing that Option 5 means provision in Alston itself — accessible for daily family visits without a significant journey — and not elsewhere on Alston Moor or in any wider administrative area.
- **Pause the consultation and conduct a joint review with NHS partners.** Pause the consultation pending a joint review with North East and North Cumbria Integrated Care Board and North Cumbria Integrated Care NHS Foundation Trust as successor to the 2018 commitment, and confirm what the current joint Better Care Fund plan shows for intermediate care demand in the Alston Moor area.
- **Work with us to hold the NHS to its obligations.** The Parish Council and the League of Friends would welcome the Council's partnership in presenting a united case to the ICB and NCIC that the wrap-around clinical support committed to in 2017–18 must now be delivered. If that support were properly commissioned, the occupancy picture on which this consultation rests would be transformed. We invite the Council to pursue that route alongside us.
- **Honest framing of all options and publication of the capital budget.** Remove the “preferred option” label from the survey form, present all options on equal terms, define “local area” explicitly as Alston itself, disclose the proposed minimum bed count and the full capital budget available for either Option 2 (refurbishment) or Option 5 (new provision), and include the 2017–18 historical context in the consultation document.
- **Publish the Equality Impact Assessment, the employment impact assessment, and the BCF plan.** Publish the EIA completed before the Cabinet decision of 21 April 2026, or confirm that it has not yet been completed. Confirm whether an employment impact assessment has been carried out. Provide the relevant section of the current Better Care Fund plan showing intermediate care demand for the Alston Moor area.
- **Confirm the deregistration plan and the reprovision commitment in writing.** Confirm in writing Councillor Bell's commitment that Grisedale Croft will not close until alternative provision is in place in Alston itself; set out how the Council will protect continuity of care for current residents across the

regulatory gap between deregistration and any replacement opening; and confirm what happens if a suitable replacement property in Alston is not acquired.

We recognise that these asks carry cost and complexity. We believe the alternative — proceeding on the basis of a consultation that cannot survive legal scrutiny, built on a cost figure that reflects institutional failure rather than inherent unviability, in breach of the legitimate expectations of a community that has been let down twice before — carries greater cost and greater risk for all parties.

If the Council is willing to pause, to engage the NHS as a partner, to commit in writing to provision in Alston itself, and to put refurbishment on the table as a genuine equal option, the Working Group will engage constructively and in good faith. We want to solve this problem. We want Grisedale Croft to be invested in, upgraded, and made into the residential and step-down facility it was always meant to be. That is a better outcome for the residents of Alston Moor, for the staff of Grisedale Croft, and for the Council. We invite you to pursue it with us.

We are available to meet at any time and to provide any further documentation that would be helpful.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Alix Martin', with a stylized, flowing script.

Alix Martin

Vice Chair,

Alston Moor Parish Council

On behalf of the Grisedale Croft Working Group

Alston Moor Parish Council — Grisedale Croft Working Group

alstonmoorhealth.org

Postscript — 23 May 2026: Statutory breach of the Freedom of Information Act 2000

Since completing this letter, we have been notified by WhatDoTheyKnow that Westmorland and Furness Council has failed to respond to four of the five Freedom of Information requests submitted on 23 April 2026, within the statutory deadline required by law.

The four requests now in default — all part of the bundle under reference FOI-208440-2026 — are:

- FOI 2: Operational data for Grisedale Croft Care Home (2020 onwards) — occupancy, referrals, and vacancy patterns
- FOI 3: Building condition of Grisedale Croft and the Council's "alternative building in the local area" preferred option
- FOI 4: Discharge to Assess / Pathway 2 step-down placements and projected local need
- FOI 5: Equality Impact Assessment and Public Sector Equality Duty compliance

Under section 10 of the Freedom of Information Act 2000, a public authority must comply with a request promptly and in any event not later than the twentieth working day following the date of receipt. The statutory deadline for this bundle, accounting for the May Day bank holiday on 4 May 2026, was 22 May 2026. That deadline has now passed without response. This is a breach of the Act.

The significance of this breach should not be understated. Three of the four overdue requests — occupancy and referral data, building condition, and Discharge to Assess pathway data — go directly to the factual case the Council has advanced for closure. The fourth — the Equality Impact Assessment — is the document we have asked the Council to produce throughout this letter as evidence that its Public Sector Equality Duty was discharged before the Cabinet decision of 21 April 2026. The Council is running a twelve-week consultation on the basis of evidence it has declined to put on the public record within the time the law requires.

The Working Group requires the Council to provide substantive responses to all four overdue requests without further delay. If substantive responses are not received within five working days of the date of this letter, the Parish Council will submit requests for internal review under section 17 of the Act to all four, and will thereafter refer the matter to the Information Commissioner's Office. The ICO has power under section 50 of the Act to issue a Decision Notice requiring disclosure, and under section 54 to certify non-compliance to the High Court as a contempt.

We note, finally, that a public authority conducting a formal public consultation whilst simultaneously declining to disclose, within the statutory time allowed, the very evidence that underpins that consultation, raises further questions about the good faith with which the consultation is being conducted — questions that bear directly on the Gunning Principle 2 analysis set out in section 1 of this letter.



Alston Moor Parish Council

Grisedale Croft Working Group

11 June 2026

Councillor Patricia Bell
Cabinet Member for Adults, Health and Care
Westmorland and Furness Council

Ms Nikkie Phipps
Assistant Director of Care Services
Westmorland and Furness Council

By email

Re: Grisedale Croft Care Home — the documentary records now disclosed by the NHS and Cumberland Council

Dear Councillor Bell and Ms Phipps,

I am writing further to our letter of 22 May 2026 and our meeting in May, in which we set out our position in full. This letter is narrower: to put before you the documents that were missing from the Council's own records and which the NHS has now disclosed. We are grateful to Councillor Bell for acknowledging our 22 May letter.

At our meeting, Ms Phipps explained that a search of the Council's cabinet papers had found nothing from a County Council perspective, while acknowledging that maybe the health record would be more substantial. That health record has now arrived: in response to our freedom of information requests, North Cumbria Integrated Care NHS Foundation Trust (NCIC) has released the Alston Plan 2017–2020 and the 2017–2018 board papers behind it, which confirm, in the NHS's own words, the commitment this community has described throughout.

Summary

In short: Grisedale Croft is not a free-standing service that the Council is free to withdraw. Its residential and step-down beds were the formal, NHS-documented replacement for the Ruth Lancaster James in-patient beds that Alston Moor gave up in 2017–2018, together with clinical support the NHS promised and briefly delivered. The home's low occupancy and poor condition are the results of that support being allowed to lapse and of refurbishment that was funded in principle but never carried out — not

signs that this community no longer needs care in Alston. We ask the Council to pause and resolve this with us and the NHS, rather than close the only residential home on Alston Moor.

We make seven requests, and would welcome a written reply to each before the consultation closes on 5 August 2026:

1. Confirm in writing that “local area” means Alston itself — that Option 5 is provision in Alston, accessible for daily family visits, and not elsewhere on Alston Moor or in a wider administrative area.
2. Pause the consultation and conduct a joint review with the NHS partners, and provide the relevant section of the current Better Care Fund plan showing intermediate-care demand for the Alston Moor area.
3. Work with us to hold the NHS to the wrap-around support documented in its 29 March 2018 strategy; if that support were commissioned, the occupancy position on which this consultation rests would be transformed.
4. Frame all options honestly: remove the “preferred option” label, present the options on equal terms, disclose the proposed minimum bed count and the capital available for refurbishment or for new provision, and include the 2017–2018 context.
5. Provide the Equality Impact Assessment as it was put before Cabinet on 21 April 2026, and any version completed since. The draft before Cabinet stated, on its own face, that it would be completed once the consultation was agreed and Section 149 of the Equality Act 2010 requires due regard to equality before such a decision is taken, and an assessment finished afterwards cannot discharge that duty. Please also confirm whether an employment impact assessment has been carried out.
6. Confirm the deregistration plan and the reprovision commitment in writing, including how continuity of care will be protected across the regulatory gap between deregistration and any replacement opening, and what happens if a suitable property in Alston is not acquired.
7. Confirm in writing that the Council accepts it is the successor to the commitments Cumbria County Council made under the Alston Plan, including the commitment to provide the residential and step-down beds at Grisedale Croft; or, if it does not accept this, explain the basis on which it considers those commitments do not bind it.

1. The beds were the formal replacement for the in-patient beds — and the closure was accepted on the strength of them.

The Alston Plan’s own service model provides,

“Two step up/step down beds will be provided in Grisedale Croft residential home for patients where they have a need for frequent support and supervision where

home circumstances are not suitable or where there is a need to address a safe guarding concern. The care home staff will work as part of the wider integrated team, the beds would be for short term use and would be supported by health care professionals.”

The Plan records the benefit as one that “Retains the option of bed based care in Alston, for those patients who require it,” and states that “The beds would be free at the point of use for health care people.” This was not an informal local arrangement: the Trust’s board paper of 28 June 2018 records the Success Regime decision that “Additional beds would be provided within Cumbria County Council care homes at Wigton and Alston.” The Grisedale Croft beds were the formal replacement for the in-patient beds the community gave up.

The community accepted that loss because it was promised the replacement. The Trust’s business case of 30 November 2017 records that “The subsequent consultation process confirmed these proposals subject to assurances around the future of services in Maryport, Wigton and Alston,” and the confirmed minutes of 29 March 2018 record that the Alston beds had been “closed temporarily for around 1 year” and that “The proposals have had positive community feedback within Alston.” That is the structure the courts recognise as a legitimate expectation, to which we return below.

2. The clinical support was promised by the NHS, briefly delivered, and then allowed to lapse.

At our meeting, Ms Phipps explained that the clinical wrap-around these beds need — physiotherapy, occupational therapy, nursing — is not available, and that the Council can only work with what it has. We understand that, but the absence of that support is not a fixed fact: it was a commitment the NHS made and did not keep. The Trust’s Community Hospitals strategy of 29 March 2018 states:

“Provide enhanced nursing support to designated beds in the residential care home in Alston Moor. The beds will be supported by the residential care team for social care needs; nursing and therapy support will come from the community team.”

That support was not only promised; it was delivered, and reported as delivered to the council’s own democratic record. The Community Hospitals Update presented to the Cumbria Health Scrutiny Committee on 8 October 2018, disclosed by Cumberland Council, recorded:

“We have access to 2 beds at Grisedale Croft Residential Home for residents of Alston Moor whose care needs cannot be met at home, these beds are supported by the residential care team with nursing and therapy needs provided by community health team.”

So the two beds existed, at Grisedale Croft, with the nursing and therapy support the strategy had promised. That disposes of any suggestion that the model cannot work in Alston: it did, and the county’s own scrutiny record says so. What it raises is a failure of stewardship. A functioning service does not vanish of its own accord; it was allowed to

fall away. The failure is not the NHS's alone — Westmorland and Furness Council, and Cumbria County Council before it, has been the registered provider throughout, and a provider either sees a service ceasing to function and acts, or ought to have. Neither happened: the arrangement was left to lapse, the NHS income fell to nothing, and the beds went largely unused — and it is only now, with the home's viability in question, that the consequence is presented to this community as a reason to close it. Alston Moor was promised a settled, local, clinically supported alternative to the beds it gave up, and has been badly let down by both partners to that settlement. We ask each what it now intends to do to put that right.

For our part, the Parish Council says again what it has said throughout: we are ready to work together — the Parish Council, the Council and the NHS — to restore proper provision, not only the beds at Grisedale Croft but the medical and community health support that the Ruth Lancaster James Cottage Hospital site was always meant to anchor. We ask only that the work be done at a level at which decisions can actually be taken — with senior officers and the clinical and commissioning leaders who have the authority to commit — rather than through a channel that can only pass messages on.

3. The cost figure reflects a plan that was approved but only partly funded and delivered.

The consultation presents the home's low occupancy and poor condition as evidence that it is unviable. The board papers show both to be the predictable results of decisions taken in 2017–2018. The model was under-resourced from the outset: the business case assumed that for Alston only 40% of the resource would be reinvested locally, “with the remaining 60% savings included in this business case,” the Trust noting that if more than 40% were needed “the additional cost must be recognised in the relevant proposals.” Reinvestment was then cut further — the 29 March 2018 minutes record the figure revised down to £600,000 across the three hospitals. The refurbishment the Council now cites was an integral, capital-funded part of the plan: “The delivery of the proposal is dependent on extensive refurbishment work and the capital funding to deliver it.” Yet by June 2018 the Trust recorded that, at Alston, “No progress has been made on the works required.” The building's condition is not an external fact; it is the consequence of works that were promised and never carried out.

4. The beds were never properly commissioned — yet they were paid for, and the payments are traceable.

Our freedom of information requests have established why the commissioned route to these beds does not function. North East and North Cumbria Integrated Care Board (NENC ICB), following its internal review of 20 May 2026, holds no commissioning records for the beds. NCIC, for its part, states that it has “no involvement with the commissioning of these beds,” that such records should be sought from the Integrated Care Board, and that Grisedale Croft “was not included within the Trust's formal list of commissioned Pathway 2 bedded settings.” Each body directs us to the other; neither holds the record.

That is itself a serious failure. Beds set up with documented admission criteria, named clinical leads and a payment arrangement were run for years, yet no commissioner can now say who was responsible for them, and the route by which step-down and intermediate-care patients should reach them has lapsed. The beds have not gone wholly unused, but such use as they have had has come through ad hoc placements arranged by the local GP practice and, on the anecdotal evidence available to us, only for people who did not need the missing clinical support. The patients for whom the beds were created have had no working route to them at all. The limited use is evidence of a broken pathway, not of an absence of need, and cannot fairly be recast as the reason to close.

The arrangement also leaves a trail in the Council's own records. The operational protocol the Trust has disclosed describes the Grisedale Croft beds as "spot purchase beds" — and a spot-purchase arrangement is paid for, so payments for occupied health-bed nights would appear in the Council's financial and commissioning records, and those of its predecessor authority, rather than in its cabinet papers. We therefore ask the Council to search those records for payments received in respect of health beds at Grisedale Croft from 2017 onwards. The absence of a policy document in the cabinet papers does not mean the arrangement did not exist; the documents the NHS has disclosed show that it did.

5. The Council inherited Cumbria County Council's commitments — including this one.

This expectation does not run against the NHS alone. Cumbria County Council was itself a party to the Alston Plan — its adult social care and public health functions are named among the Plan's authors — and the board paper of 28 June 2018 placed the replacement beds "within Cumbria County Council care homes at Wigton and Alston." The Trust's own appraisal recorded that the Wigton and Alston proposals required further work, subject to discussions and agreement with the County Council. The commitment to provide those beds was the County Council's own, made as part of the same settlement.

On 1 April 2023, under the Cumbria (Structural Changes) Order 2022 (SI 2022/331), Cumbria County Council was wound up and the county abolished. Westmorland and Furness Council, the new unitary authority for the former districts of Barrow-in-Furness, Eden and South Lakeland — which include Alston Moor — assumed the County Council's functions, together with the "property, rights and liabilities" relating to its area. The Council is the registered provider of Grisedale Croft today precisely because it inherited that role. At our meeting, as we recall it, Councillor Bell acknowledged that the Council carries forward the County Council's commitments; we welcome that, and ask that it be confirmed in writing.

The consequence is straightforward. The Council cannot treat the beds as a discretionary service it is free to withdraw while attributing the difficulty to the NHS, when it inherited the County Council's own commitment to provide them and, as registered provider, responsibility for the building whose condition it now cites. The

legitimate expectation runs against the Council as the County Council's successor, and a decision to close would need to be justified as a proportionate departure from that commitment — which the financial case does not supply.

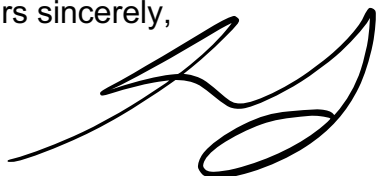
6. The legal position.

We set out the legal framework in full in our 22 May letter and will develop it in our formal consultation response. We make one point here. The documents now disclosed provide, in the NHS's own words, the specific and documented commitment, made to a defined community, on which that community relied in giving up its in-patient beds. That is the structure protected in English public law as a substantive legitimate expectation, and the parallel with *R v North and East Devon Health Authority, ex parte Coughlan* is now closer than ever. These are matters we are taking seriously and on which we are taking advice — said not to escalate, but as the honest statement of our position, and because our strong preference remains a resolution reached together rather than through the courts.

We recognise that what we ask carries cost and effort; the course the consultation is on carries more. It asks the people of Alston Moor to give up the last residential care in their community on the strength of a cost figure that reflects years of under-funding and a commissioning failure, and against a commitment the records now show was made, delivered, and then allowed to lapse. What is offered in return is a much smaller facility of four or five beds — and even that only if a suitable property can be found in Alston, for which the Council has disclosed no feasibility study, no site search and no costing. To close a working home on that basis, and to make this community pay with the loss of its last residential care for a failure that was not of its making, is not in our view defensible. We would far rather help the Council avoid it, and work with the Council and the NHS to restore what was promised, than pursue a legal challenge.

We would welcome a substantive written response to this letter and to our letter of 22 May 2026, rather than an acknowledgement alone. As the regulatory and legal matters were directed to officer level, a considered reply from Ms Phipps would be particularly helpful. The consultation closes on 5 August, and a reply before then would let us engage constructively while there is still time. We are available to meet at any time, and would gladly share the disclosed documents. We look forward to your response.

Yours sincerely,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, representing the name Alix Martin.

Alix Martin

Vice Chair, Alston Moor Parish Council
On behalf of the Grisedale Croft Working Group

cc: Councillor Jonathan Brook, Leader of the Council and Chair of the Health and Wellbeing Board; Miranda Cannon, Chief Executive; [REDACTED], Consultation Lead.

Mary Robinson, WFC Councillor; Michael Hanley, WFC Councillor; Claire Thomson, Clerk to the Parish Council.

Markus Campbell-Savours, MP for Penrith and Solway

Sources

The documents referred to in this letter are all in the public domain, published in full on WhatDoTheyKnow. https://www.whatdotheyknow.com/user/alix_m/requests

They are North Cumbria Integrated Care NHS Foundation Trust's disclosures under references FOI 0000 6812 and FOI 0000 6883 — which include the Alston Plan 2017–2020 and the Trust board papers and minutes of 30 November 2017, 29 March 2018 and 28 June 2018 — and Cumberland Council's disclosure under reference FOI-216974-2026, which includes the Cumbria Health Scrutiny Committee papers and the Community Hospitals Update of 8 October 2018 quoted above.

We have not attached them, both because they are publicly available and to keep this message within the Council's email limits, but we are glad to provide copies, or the direct links, on request.

Alston Moor Parish Council
Grisedale Croft Working Group

27 May 2026

Councillor Jonathan Brook

Council Leader

Westmorland and Furness Council

Councillor Patricia Bell

Cabinet member for Adults, Health and Care

Westmorland and Furness Council

Ms Nikkie Phipps

Assistant Director of Care Services

Westmorland and Furness Council

cc: Councillors Michael Hanley and Mary Robinson, representing Alston Moor and Fellside

By email

Re: Grisedale Croft consultation — deficient Equality Impact Assessment and breach of the Public Sector Equality Duty

Dear Ms Phipps,

The Grisedale Croft Working Group has now received and analysed the Equality Impact Assessment prepared by Westmorland and Furness Council in connection with the Cabinet decision of 21 April 2026 to proceed with the Grisedale Croft consultation. We write to put the Council on formal notice that the EIA, as produced, does not discharge the Council's obligations under the Public Sector Equality Duty, and that the consultation cannot proceed on a lawful basis until a compliant EIA has been completed and published.

I. The legal standard

Section 149 of the Equality Act 2010 requires the Council, in exercising its functions, to have due regard to the need to advance equality of opportunity and foster good relations between those with protected characteristics and those without. This duty must be exercised before a decision is made, not as an afterthought.

In *R (Bracking) v Secretary of State for Work and Pensions* [2013] EWCA Civ 1345 the Court of Appeal confirmed that the duty must be exercised "in substance, with rigour and with an open mind." The Court was explicit: "general awareness of equality issues is not enough."

An EIA that is drafted before any engagement with affected groups, that contains significant analytical gaps, that has never been published, and that has not been updated since Cabinet approved the consultation (despite stating that this would be done), does not meet that standard.

The consequences of failing to discharge the PSED properly are well established. In *R (Brown) v Secretary of State for Work and Pensions* [2008] EWHC 3158 the High Court set out that decision-makers must be properly informed before taking a decision. In *R (Kaur and Shah) v London Borough of Ealing* [2008] EWHC 2062 the Court quashed a decision where the EIA was inadequate. The common thread is that an EIA must be a genuine, evidence-based, assessment of impact — not a pro forma document completed to satisfy an administrative box.

2. Specific failures in the EIA produced

The table below sets out each specific failure we have identified, with the EIA reference, the nature of the failure, and what a compliant assessment should have addressed.

EIA ref	Failure identified	What should have been done
3.1	Consultation with affected groups: answer given is N/A. No residents, families, staff or community members were consulted at the EIA stage.	The PSED requires engagement with affected groups before a decision is made, not after. N/A is not an acceptable response to "Who have you consulted?"
General	The EIA was completed before Cabinet approval and has not been updated since Cabinet agreed to proceed. It is a pre-decisional draft, not a live document.	The EIA must be kept under review and updated as the process develops. An EIA that was never updated following Cabinet approval does not satisfy the Bracking duty.
General	The EIA has not been made public. It was only disclosed following a Freedom of Information request.	Public Sector Equality Duty guidance requires EIAs to be made publicly available so that affected groups can scrutinise and respond to the analysis.
7.2 — Age	Only current residents are referenced. No consideration is given to the broader population of older adults on Alston Moor who have assumed and hoped that	The age cohort affected is the entire older population of Alston Moor, not just the four current residents. The EIA must assess impact on potential users as well as existing ones.

EIA ref	Failure identified	What should have been done
8 — Disability	Grisedale Croft will be available to them. Only current residents are referenced. No consideration is given to disabled friends and family members who may find it significantly more difficult to visit a displaced resident due to the distance and absence of public transport.	Disabled visitors and carers are directly affected by the displacement of a resident from Alston Moor. The EIA must address their position explicitly.
10 — Marriage and civil partnership	Reference is made to keeping couples together, but not to the position of a non-resident partner who needs to visit their spouse or civil partner in care.	The practical ability of a frail or disabled partner to visit regularly — which depends entirely on the location of the placement — is a direct equality impact under this characteristic.
14 — Sex	The EIA states there is no negative impact on the protected characteristic of sex. This is demonstrably incorrect.	Women are statistically more likely to be carers — for children, elderly parents, and other dependants. A change of care location that imposes significant additional travel burden falls disproportionately on women. The EIA must engage with this reality and consider the ‘sex’ characteristic more widely.
18 — Rurality	The EIA acknowledges that visitors would face longer journey times and have to contend with a lack of public transport. No mitigation is proposed.	Acknowledging an impact without proposing any mitigation does not constitute due regard. The EIA must set out how these impacts will be addressed, or acknowledge that they cannot be.
19 — Socio-economic status	The EIA acknowledges that those disadvantaged by socio-economic status need mitigation. No mitigation is proposed or costed.	As with rurality, acknowledgement without mitigation is insufficient. The additional travel cost, and the effective impossibility of regular visits for families without private

EIA ref	Failure identified	What should have been done
22.1	The EIA stated it would be reviewed on 20 April 2026. No updated version has been produced or published.	transport, must be assessed and addressed. The review date has passed. The EIA must be updated to reflect the position as at the date the consultation opened, and kept under review throughout the consultation period.

3. The fundamental failure: no affected groups were consulted

The failures listed above are each significant individually. Taken together, they point to a single, fundamental problem: the EIA was prepared on the basis of internal senior management discussion only. At question 3.1 — “Who have you consulted with?” — the response given is “N/A.”

This is not a minor omission. The Public Sector Equality Duty exists precisely to ensure that decision-makers hear from the people who will be affected before they decide. An EIA that consults nobody from the affected community, that was prepared entirely by the organisation proposing the change, and that treats consultation with residents, families, staff, and the wider community as something that will happen “only if Cabinet approves” the consultation — and that has still not been updated now that Cabinet has done so — is not an EIA in any meaningful sense. It is a record of what officers already believed before they asked anyone.

The assessment has also never been made publicly available. The Council’s own EIA guidance, and the Equality and Human Rights Commission’s published statutory code of practice, both require EIAs to be accessible to the public and to affected groups. We received this document only because we submitted a Freedom of Information request for it. That is not compliant with the transparency obligation.

4. The sex characteristic failure — a specific concern

The Working Group draws particular attention to the assessment under section 14 of the EIA, which addresses the protected characteristic of sex. The EIA states that there is no negative impact on this characteristic. This conclusion is not merely incomplete — it is demonstrably wrong.

Women are, across all national datasets, significantly more likely than men to be unpaid carers — for elderly parents, for disabled relatives, and for children. A decision that imposes significant additional travel burdens on carers, or that places a relative in a care facility 20 to

30 miles away over roads that close in winter with no public transport, falls disproportionately on women. The failure to recognise this, in an EIA assessing the closure or reduction of the only residential care facility in a remote rural community, is a material analytical error that requires correction.

5. The consultation cannot proceed on its current basis

The Equality Impact Assessment as produced does not discharge the Council's obligations under section 149 of the Equality Act 2010. The Working Group therefore requires the Council to:

- **Halt the consultation immediately** pending completion of a compliant Equality Impact Assessment. A consultation that is conducted without a lawful EIA is itself unlawful. Proceeding is not a neutral course of action — it is a decision to continue a process that cannot withstand legal scrutiny.
- **Consult properly with affected groups** before completing the revised EIA — including current residents (or their advocates), families, staff, local GPs and district nurses, and the wider Alston Moor community — in accordance with the requirements of section 149 and the statutory code of practice.
- **Address each of the specific failures** identified in section 2 of this letter, including the sex characteristic assessment, the position of disabled visitors and carers, the rurality and public transport impacts with specific mitigation proposals, the socio-economic impact, and the impact on the broader population of older adults who reasonably expect the possibility of accessing Grisedale Croft if needed.
- **Publish the completed EIA** as soon as it is finalised and before the consultation is reopened. The current document must also be published immediately, so that the community can see what analysis was — and was not — done before the Cabinet decision of 21 April 2026.

6. The FOI default — a further concern

We note, as we have done in our letter of 22–23 May 2026, that four of the five Freedom of Information requests submitted to the Council on 23 April 2026 — including the request for this EIA — remained in statutory default when the EIA was finally disclosed. That this document was only provided in response to a FOI request, after the statutory deadline had passed, underscores the seriousness with which the Working Group views the Council's approach to transparency in this consultation.

If the Council is unable to produce a compliant EIA, or declines to halt the consultation pending one, the Working Group will consider making a formal complaint to the Equality and Human Rights Commission under section 31 of the Equality Act 2006, which empowers the Commission to conduct investigations and take enforcement action, and will place the matter before the Health and Adults Scrutiny Committee for consideration.

We look forward to the Council's written response within five working days.

Yours sincerely,

Alice Bondi

Councillor, Alston Moor Parish Council

On behalf of the Grisedale Croft Working Group

Alston Moor Parish Council — Grisedale Croft Working Group

alstonmoorhealth.org



Alston Moor Parish Council

Grisedale Croft Working Group
alstonmoorhealth.org

Alston Town Hall

13th June 2026

Cath Whalley
Director of Adult Social Care
Westmorland and Furness Council
South Lakeland House
Lowther Street
Kendal
Cumbria LA9 4DQ

Dear Ms Whalley,

The cost figures presented in the consultation on the future of Grisedale Croft Care Home

We are writing on behalf of Alston Moor Parish Council and the Grisedale Croft Working Group about the consultation on the future of Grisedale Croft Care Home in Alston, which runs from 14 May to 5 August 2026. Our subject is the financial case the consultation puts to residents, and we are asking the Council to place the evidence behind it on the public record while the consultation is open.

The consultation document states under Option 2 that the building requires very high levels of capital investment, “an estimated £2.5 million to £3.0 million”, “to meet modern regulatory standards”. Page 4 describes these as “indicative costs, based on similar council projects in Cumbria”, stated in April as within that range “or higher”, and adds that “a complete rebuild would cost more”. No figure is given for a rebuild, and none is given for the preferred option of providing alternative accommodation in a newly acquired property.

We have tried to reconcile the financial case with the Council’s own material and cannot, for four reasons.

- (a) By the document’s own words, the figure is indicative and based on similar council projects elsewhere in Cumbria. That is a benchmark borrowed from

other buildings, not a costing of the works Grisedale Croft itself needs, and the document cites no condition survey or schedule of works for the building. As we understand it, the same indicative range appears in the Council's material for Applethwaite Green in Windermere, a 27-bed home, which if correct reinforces that a general allowance has been applied rather than a building-specific estimate for this 13-bedroom home.

- (b) Only the refurbishment option is costed. The rebuild is said to cost more, with no figure, and the preferred option carries no figure at all. Residents are being invited to prefer an option whose cost is not stated over an option whose cost is, and the five options cannot be compared on cost as presented.
- (c) The statement that a rebuild would have a higher capital cost than refurbishment sits uneasily with published industry benchmarks, which put a new 13-bed care home at approximately £1.56 million to £2.34 million — below the range given for refurbishment. Both statements cannot hold without an explanation that has not been published.
- (d) The investment is said to be needed “to meet modern regulatory standards”, yet the works the document describes are “larger en-suite rooms and reduced capacity”, the home holds a current Good rating from the Care Quality Commission, and we are not aware of any works required by a regulator. How much of the range is required for compliance, rather than chosen as modernisation, is not stated.

The information disclosed so far does not resolve this. The Council's response to request FOI-208440-2026 stated that no building condition survey is held, while the Corporate Management Team report of 24 March 2026 refers to a Mechanical and Electrical Survey of December 2023, a Decarbonisation plan of May 2024 and, at Appendix 1, a per-bed refurbishment and rebuild cost comparison, none of which has been provided; an internal review is pending. On 2 June 2026 the Council refused request FOI-211351-2026 — for the building's capital and maintenance expenditure records, its condition and inspection reports, and its maintenance plans — under section 12 of the Act, on the basis that the information is not held centrally and would be too costly to assemble. We find it difficult to reconcile a closure case resting on the building's condition and the investment it is said to require with the position that the records of that condition and investment cannot be assembled. A refined request, and a further request seeking the basis of the published figures, are being submitted; given the consultation window, we would welcome disclosure without waiting for statutory deadlines to expire.

We also want to understand whether the options were appraised to the standard expected of a decision of this kind. The recognised framework is the HM Treasury

Green Book. It looks for options to be tested against a defined baseline, including a “do minimum” option — here, retaining the home while the NHS step-down referral pathway that bears on its occupancy is restored — for options to be compared on whole-life cost rather than a single capital figure, and for effects that cannot easily be priced to be weighed. The consultation itself acknowledges those effects under Option 4: an impact on residents’ wellbeing, a distance to alternative homes it describes as excessive, and a conflict with the Council’s priorities to support and strengthen local communities. We raise this not as an allegation but as a matter the Parish Council is taking seriously, and we would be grateful to understand how the appraisal dealt with these points.

These matters bear on the fairness of the consultation. Those responding need enough information to give the proposals intelligent consideration, and where a preferred option has been identified, the basis on which the alternatives have been set aside should be apparent. At present the central financial justification cannot be examined, and the options cannot be compared on a like basis.

We are therefore asking the Council, during the consultation period, to:

- (a) publish the schedule of works and the cost estimate behind the £2.5 million to £3.0 million figure, identifying the “similar council projects in Cumbria” on which it is based and the assumptions on which it rests;
- (b) publish the estimated capital cost of a rebuild and of the preferred option, so that the five options can be compared on a like basis;
- (c) publish the options appraisal that supported the Cabinet decision of 21 April 2026, including how residents’ wellbeing, the distance to alternative provision and the rural nature of Alston Moor were weighed; and
- (d) where any of this cannot be produced, correct or withdraw the affected statements from the consultation material, so that residents are not asked to respond to figures that are not evidenced.

Given the consultation closes on 5 August 2026, we would be grateful for a reply in good time, so that any information provided can inform the responses people make. We are happy to discuss any of the matters raised in this letter.

Yours sincerely,

Alix Martin
Grisedale Croft Working Group
Alston Moor Parish Council

cc:

Cllr Patricia Bell, Cabinet Member for Adults, Health and Care, Westmorland and Furness Council
David Hodgkinson, Director of Resources (Section 151 Officer), Westmorland and Furness Council

Dear Ms Bondi

Thank you for your Working Group review of the initial EIA on Grisedale Croft. You raise some interesting points that will be considered in the next iteration of the EIA. However we do not support your view that the initial EIA was lacking and that therefore means that the decision to start a consultation process is defective. The consultation process will inform the decision that the Council will take in due course at which point there will be an updated EIA to accompany that decision, whatever that decision will be. At this stage a preference has been put forward for re-provision in Alston, if a suitable alternative can be found, but no decision has yet been made on the future of Grisedale Croft.

As you point out the EIA will be updated as the consultation progresses, so that by the time any decision on the future of the home is taken the decision-maker will be fully aware of the implications. This was clearly set out in the report as follows:

“12.3 An initial Equality Impact Assessment (EIA) will be developed to support the options and to ensure that potential impacts on the residents affected are identified at an early stage. The EIA will be treated as a live document and will be reviewed, updated and evaluated throughout the consultation period as feedback is received from those affected, their families, medical advisors and others. This iterative approach will ensure that any emerging impacts are fully considered and that appropriate mitigating actions are identified and implemented, consistent with the Council’s commitment to fair and inclusive decision-making.”

The report also recognised that:

“12.1 An Equality Impact Assessment (EIA) is essential because closing a care home disproportionately affects groups with protected characteristics—including older adults, disabled people, people with dementia, those with sensory or cognitive impairments, and their carers. These groups are legally protected under the Equality Act 2010, and the Council has a statutory Public Sector Equality Duty (PSED) to identify, understand and minimise any negative impacts on them before taking action.

12.2 A care home closure can affect residents’ health, wellbeing, stability, safety, and access to essential care, meaning the risk of adverse impact is higher than in most service changes. Completing an EIA ensures the Council demonstrates due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations, and that the consultation process itself is inclusive, accessible and aligned with the Council’s Consultation & Engagement Strategy—which requires reaching seldom heard groups, making information accessible, and enabling meaningful

involvement. An EIA also provides an essential safeguard against legal challenge, ensuring the consultation and final decision are robust, fair, transparent, and compliant with statutory duties.”

Due to the protected characteristics of the residents (and others affected) it would not be possible to update the first EIA without having direct conversations with those affected during the consultation process, which we plan to take place in a supported environment along with advocacy support. That consultation process has now commenced. It is the consultation process that will enable the Council to prepare a more complete EIA before any decision is taken, as mentioned above. Your suggested complaint to the EHRC is therefore premature as would be any approach to the Health and Adults Scrutiny Committee.

Kind regards

Nikkie Phipps

AMPC email 22nd May and 11th June 2026 response:

Please find answers below to the 7 questions that you ask:

1. Confirm in writing that “local area” means Alston itself — that Option 5 is provision in Alston, accessible for daily family visits, and not elsewhere on Alston Moor or in a wider administrative area.

We can confirm that the area that we are looking in, is Alston itself.

2. Pause the consultation and conduct a joint review with the NHS partners, and provide the relevant section of the current Better Care Fund plan showing intermediate-care demand for the Alston Moor area.

As an Authority we have an ongoing dialogue with the ICB and NHS partners, at the next Joint Commissioning Board meeting, next week, this Consultation is on the agenda.

3. Work with us to hold the NHS to the wrap-around support documented in its 29 March 2018 strategy; if that support were commissioned, the occupancy position on which this consultation rests would be transformed.

Please could you provide more details about the 29 March 2018 strategy? We will also be requesting this from the NHS too.

4. Frame all options honestly: remove the “preferred option” label, present the options on equal terms, disclose the proposed minimum bed count and the capital available for refurbishment or for new provision, and include the 2017–2018 context.

All options are still on the table and being looked at. At present ASC has no additional capital allocated, there is a circa £1m budget line. Capital will need to be made available for refurbishment, purchase or rebuild. The costs involved would be a relevant consideration in each case.

5. Provide the Equality Impact Assessment as it was put before Cabinet on 21 April 2026, and any version completed since. The draft before Cabinet stated, on its own face, that it would be completed once the consultation was agreed and Section 149 of the Equality Act 2010 requires due regard to equality before such a decision is taken, and an assessment finished afterwards cannot discharge that duty. Please also confirm whether an employment impact assessment has been carried out.

The Equality Impact Assessment (EIA) shared with Cabinet on 21st April 2026 was primarily focused on the methods of the consultation on the future of the care homes. In this EIA it was outlined that further EIAs would be completed based on

the feedback from the consultation. Section 149 of the Equality Act 2010 requires due regard to equality before decisions are taken, as such, further EIAs will be published for all options across both care homes. These must be kept as live documents because it is vital that the impact assessments are based on the consultation. An EIA focussed on care home staff members will also be completed.

6. Confirm the deregistration plan and the reprovion commitment in writing, including how continuity of care will be protected across the regulatory gap between deregistration and any replacement opening, and what happens if a suitable property in Alston is not acquired.

There is no plan for deregistration currently as we are in a consultation process and all options remain open, and a decision has not been made. The Authority recognises its duty of care to residents and if the decision, when made, is for reprovion into another property in Alston, then the search will continue until a property is identified.

7. Confirm in writing that the Council accepts it is the successor to the commitments Cumbria County Council made under the Alston Plan, including the commitment to provide the residential and step-down beds at Grisedale Croft; or, if it does not accept this, explain the basis on which it considers those commitments do not bind it.

Westmorland and Furness Council is the successor to Cumbria County Council, and although there is some evidence of commitments, as discussed previously both in terms of documentary evidence and organisational memory, this isn't complete. Without evidence Westmorland and Furness Council would not be able to say what it could commit to. The 2017 – 2018 commitment from Cumbria County Council is also from 8 / 9 years ago and again in that time these commitments could potentially have changed.

Alston Town Hall
15 July 2026


Consultation Lead

Councillor Patricia Bell
Cabinet Member for Adults, Health and Care

Ms Nikkie Phipps
Assistant Director of Care Services
Westmorland and Furness Council

By email

Re: Grisedale Croft Care Home consultation — your reply this week: what has and has not been answered

Dear Mr Burden, Councillor Bell and Ms Phipps,

Thank you for your reply to our letters of 22 May, 27 May and 11 June 2026, received this week. We recognise the work that has gone into preparing it. Having read it against what was actually asked, we think it necessary to be precise about what has been answered and what has not, item by item, before further time passes. The consultation now closes on 19 August 2026, so roughly five weeks remain in which these gaps can still be closed.

We set out our assessment below. Where we conclude a question has not been answered, we say so plainly; we do not think anything is served by softening that.

1. “Local area” means Alston itself — ANSWERED IN FULL.

You confirm: “We can confirm that the area that we are looking in, is Alston itself.” This is consistent with the clarification your own consultation update gave the public in late June, that “Option 5” refers to the town of Alston. We take this point as settled and will treat it as such in our consultation response.

2. Pause the consultation and hold a joint review with NHS partners — NOT ANSWERED.

You state there is “ongoing dialogue” with the ICB and NHS partners and that this consultation is on the agenda for “the next Joint Commissioning Board meeting, next week”. We cannot find this body among the Council's published committees, so we are not able to check the date ourselves. Please confirm: the date of that meeting; whether it has now taken place; and, if it has, what was discussed and what was decided.

An item on a meeting agenda is not a pause, and it is not a joint review. The consultation continues to run to 19 August. You have not provided the section of the current Better Care Fund plan showing intermediate-care demand for Alston Moor that we asked for. We ask again for that document, and for the outcome of the Joint Commissioning Board's discussion in writing.

3. Hold the NHS to the wrap-around clinical support committed to in 2018 — **NOT ANSWERED.**

You ask us to “provide more details about the 29 March 2018 strategy”. We already have. Our letter of 11 June quoted it verbatim: the Trust's Community Hospitals strategy of 29 March 2018 states it would “Provide enhanced nursing support to designated beds in the residential care home in Alston Moor”, disclosed under North Cumbria Integrated Care NHS Foundation Trust's FOI references FOI 0000 6812 and FOI 0000 6883. The same letter quoted the Cumbria Health Scrutiny Committee's own record of 8 October 2018, disclosed by Cumberland Council, confirming that “We have access to 2 beds at Grisedale Croft Residential Home for residents of Alston Moor... supported by the residential care team with nursing and therapy needs provided by community health team.”

We repeat the citation here so there is no remaining basis for saying the detail has not been provided, and we ask for a substantive answer to the question actually put: will the Council work with us to hold the NHS to this commitment.

4. Honest framing of the options: labelling, bed count and capital budget — **PARTIALLY ANSWERED.**

You disclose that “at present ASC has no additional capital allocated” beyond “a circa £1m budget line”, and that capital would need to be found for whichever option is chosen. This is short of what we asked for — a stated capital figure for Option 5 that can be compared with the £2.5m–£3m range given for refurbishment — and it does not say whether the £1m line is available now or aspirational.

You have not confirmed that the 2017–18 historical context will be added to the consultation material. That remains outstanding.

The “preferred option” label is a separate point and, in our view, a more serious one than a matter of presentation. Gunning Principle 1 — set out in full in our letter of 22 May — requires a consultation to be conducted with a genuinely open mind, before a preference has settled. The consultation document labels Option 5 as the “preferred option” on the same page where a respondent records their choice; that labelling is precisely what our letter asked you to remove. Your reply does not engage with this at all — not to dispute it, not to agree to it. We ask directly: will the “preferred option” label be removed so that all five options are presented on equal terms, as our letter requested?

5. The Equality Impact Assessment — **NOT ANSWERED, AND YOUR DESCRIPTION DOES NOT MATCH THE DOCUMENT ALREADY DISCLOSED.**

You describe the EIA before Cabinet on 21 April 2026 as “primarily focused on the methods of the consultation”. That does not match the document itself, which we already hold: it was disclosed under our FOI 5 request by around 22 May and analysed in detail in Cllr Bondi's letter of 27 May, which cites the EIA's own numbered sections on age (7.2),

disability (8), marriage and civil partnership (10), sex (14), rurality (18), socio-economic status (19) and its own stated review date (22.1). This was a substantive equality assessment across specific protected characteristics, not a methods document, and it reached a stated conclusion of “no negative impact” on the protected characteristic of sex which Cllr Bondi's letter shows, on the Council's own reasoning, to be wrong.

The point of substance is not that a document is missing. It is that the document you produced before the decision was inadequate on its face — nobody from the affected community was consulted at the EIA stage (question 3.1: “N/A”), the sex characteristic conclusion is demonstrably incorrect, and the stated review date of 20 April 2026 passed without any update — and that a proper assessment, by your own account, will only exist once “further EIAs” are “published for all options... based on the feedback from the consultation”. Due regard under section 149 of the Equality Act 2010 is required before a decision is taken, not assembled afterwards from consultation responses; your own reply states the former principle and then describes the latter process, without explaining how the two sit together.

Neither your letter nor Ms Phipps' reply to Cllr Bondi engages with a single one of the four specific failures identified in her letter of 27 May: the “N/A” answer at question 3.1, the section 14 conclusion on sex, the missed 20 April review date, or the fact that the document has still not been published. We ask again for a substantive answer to each of these four points, and for the document to be published, as requested.

We also note that on 28 May 2026, replying to a resident who had separately asked for the same document, Councillor Bell wrote: “No decision on the future of Grisedale Croft has been taken, so the law does not require an equality impact assessment.” That was the day after Cllr Bondi's letter had already analysed the EIA that was, in fact, prepared for the 21 April Cabinet decision. We ask you to clarify which position is correct: that no EIA was needed or produced, as Councillor Bell told that resident, or that one was produced and is “primarily focused on the methods of the consultation”, as your reply to us states.

6. Deregistration plan and continuity of care — NOT ANSWERED.

You confirm there is “no plan for deregistration currently” and that, if reprovision is the decision, “the search will continue until a property is identified”. Neither part of the question we asked has been addressed: how continuity of care will be protected for current residents across the regulatory gap between deregistration and a replacement opening, and what happens to those residents if no suitable property in Alston is found. We ask for both in writing.

7. Successor commitments under the 2017–18 Alston Plan — NOT ANSWERED ON ITS OWN TERMS.

You say the evidence “isn't complete” and that a commitment from “8/9 years ago” could “potentially have changed”. Our letter of 11 June supplied the documents that make the record complete: North Cumbria Integrated Care NHS Foundation Trust's disclosure of the Alston Plan 2017–2020 and the Trust's board papers of 30 November 2017, 29 March 2018 and 28 June 2018, together with Cumberland Council's disclosure of the Cumbria Health Scrutiny Committee's Community Hospitals Update of 8 October 2018. These are

the Council's and the NHS's own contemporaneous records, not our characterisation of them.

We ask the Council to review them and answer the question we actually put: does the Council accept that it is bound, as successor to Cumbria County Council, by the commitments recorded in these documents — or, if not, on what basis it considers itself not to be.

8. Cost figures for Grisedale Croft (letter to Ms Whalley, 13 June) — **NOT ANSWERED.**

You have told us a substantive reply will follow an FOI response “currently being worked on”, without a reference number or a date. Given the consultation closes on 19 August, we ask you to confirm which FOI request this is and when a response is expected.

A further matter — three years without investment or the promised NHS support

Westmorland and Furness Council has been the registered provider of Grisedale Croft, and successor to Cumbria County Council's 2017–18 commitments, since 1 April 2023 — over three years. Your reply above shows what has and has not happened in that time. On question 3, the wrap-around clinical support promised in 2018, and confirmed as delivered in 2018, is still not in place, and your answer asks us for detail on a commitment we have already evidenced twice. On question 4, no capital has actually been allocated to any option; there is only “a circa £1m budget line”, with capital still to be found. On question 6, there is no plan yet for how continuity of care would be protected if deregistration goes ahead. Three years is long enough to have secured the promised clinical support, assessed the building properly, and set a capital position; the record your own letter provides shows that none of this has been done.

We also continue to hear, through our community evidence process, from families who have been unable to secure a placement at Grisedale Croft or who have struggled to get a clear answer from the Council when they ask. We are gathering that evidence systematically rather than setting out individual cases here, and it will form part of our formal consultation response.

A further matter — the mid-consultation change on refurbishment

This does not arise from our earlier letters, but from your own public statement of 26 June 2026 announcing the extension of the consultation to 19 August. You said the extension was needed because “survey responses indicated that some people were preferring the refurbishment option” under the mistaken impression that it would let residents stay in the home during the works, and that consultation materials had not made clear this option would mean the home closing for 12 to 24 months.

We ask you to confirm, in writing: whether the decision to issue that clarification followed from your own analysis showing refurbishment gaining support relative to Option 5; and whether every respondent who had already indicated a preference for refurbishment before the clarification was individually invited to reconsider their response, or only some. A consultation that changes its own information partway through, in direct response to which way opinion is moving, needs to be able to show that the correction was applied evenly to everyone who had already responded — not only to the answer the Council did

not want to see gaining ground. We ask this as a straight question, and would welcome a straight answer.

Summary

Of the eight matters raised across our recent letters, one — the meaning of “local area” — has been answered in full. One has been partially answered. The remaining six have not been answered in the terms asked, in two cases (questions 3 and 7) despite our having already supplied the specific documents your reply asks us to provide. We also raise, separately above, two further matters: the record of the last three years as registered provider, and the reason given for extending the consultation on 26 June. We do not raise any of this to score a point. Respondents to this consultation, and the residents and families directly affected by it, are entitled to complete answers before the consultation closes, not after it.

We ask for a full, written, itemised reply to every outstanding matter above by Wednesday 29 July 2026 — two weeks from the date of this letter, and three weeks before the consultation closes. Four of our letters have already gone unanswered or inadequately answered for periods ranging from five weeks to three months; on that record, we do not think a further extension of the same pattern is reasonable, and we will treat the date above as firm. If a full reply has not been received by then, we will say so, and set out this pattern of non-response, in our formal consultation submission.

A public meeting is taking place at Alston Town Hall tomorrow, 16 July, and we intend to raise each of the outstanding items there.

Yours sincerely,



Alix Martin
Vice Chair, Alston Moor Parish Council
On behalf of the Grisedale Croft Working Group

cc:

Councillor Jonathan Brook, Leader of the Council and Chair of the Health and Wellbeing Board
Miranda Cannon, Chief Executive
Cath Whalley, Director of Adult Social Care
Councillor Mary Robinson, Alston and Fellside ward
Councillor Michael Hanley, Alston and Fellside ward
Claire Thomson, Clerk to the Parish Council
Markus Campbell-Savours MP, Penrith and Solway



Questions and concerns raised at the public meeting on Grisedale Croft

Alston Town Hall, 16 July 2026 — submitted to Westmorland and Furness Council for the written record

To: Westmorland and Furness Council (WFC)

The Grisedale Croft Working Group, on behalf of Alston Moor Parish Council, sets out below the questions and concerns raised by residents at the public meeting held at Alston Town Hall on 16 July 2026. This document is submitted so that these matters form part of the written record of the consultation on the future of Grisedale Croft Care Home, and so that they are conscientiously taken into account before any final decision, consistent with the Council's consultation obligations.

The Working Group requests a full, written, itemised response to every question below by 30 July 2026, to allow sufficient time for the Council's answers to be considered before the consultation closes on 19 August 2026. This request stands alongside, and does not replace, the four earlier letters that remain without a considered reply: to Cllr Patricia Bell of 19 April 2026; to Cllr Bell and Assistant Director Nikkie Phipps of 22 May 2026; the Equality Impact Assessment letter of 27 May 2026; and to Cath Whalley, Director of Adult Social Care, of 5 June 2026.

A. Correspondence

A1. Four substantive letters from the Working Group and the Parish Council, raising concerns about the fairness and evidential basis of this consultation, remain without a considered reply, in one case for almost three months. Why?

A2. The Council's reply of 9 July 2026 did not address the substance of the matters raised. Will the Council now provide a full, itemised, written response to each of the four letters?

A3. Have these letters been logged as formal correspondence requiring a substantive reply, separately from the general consultation response process?

B. The 2017–2018 settlement

B1. Does the Council accept that Grisedale Croft is the residential element of the 2017–2018 Alston Alliance Plan, agreed when this community accepted the permanent closure of in-patient beds at the Ruth Lancaster James Cottage Hospital?

B2. As the CQC-registered provider for Grisedale Croft since April 2023, what steps has the Council taken to work with NHS commissioners to restore the referral pathway into the designated step-down and re-ablement beds?

B3. The Council's Annual Plan 2026/27 commits to supporting people "in the place they call home, with the people and things that matter most to them", and to co-producing an Adult Social Care Strategy in 2026/27. How does the proposal to close the only care home on Alston Moor sit with those published commitments?

Annual Plan 2026/27, Care (Adults), p.15.



C. Occupancy and the NHS referral pathway

C1. Occupancy at Grisedale Croft fell from nine residents in 2018, to five in 2020, to three by April 2026. What analysis has the Council carried out into how much of that fall is attributable to reduced NHS referrals, as against reduced local need?

C2. The Council's Freedom of Information response provided three years of occupancy data, while the Council's own internal report holds six years. Will the Council now provide the full six-year series?

C3. NHS income for beds at Grisedale Croft fell from approximately £25,000 in 2023/24 to nil in 2025/26. Does the Council accept that this reflects the referral pathway being wound down, rather than a fall in local need?

D. The relocation property and the cost figures

D1. The Cabinet report of 21 April 2026 states that a potentially suitable property has been identified for relocation. The Council's Freedom of Information response states that no site-search records, correspondence with property owners, or capital-funding correspondence are held. Please clarify which is correct, and provide the underlying record.

D2. The consultation gives a single range of £2.5 million to £3 million to "refurbish or rebuild" Grisedale Croft, without distinguishing the two options, and applies the same range to Applethwaite Green, a 27-bed home, as to Grisedale Croft, a 13-bed home. Please provide the separate costings and the basis on which the range was calculated for each home.

D3. The Council's own internal report refers to a Mechanical and Electrical Survey of December 2023 and a Decarbonisation plan of May 2024, while the Council's Freedom of Information response states that no building survey is held. Please clarify and provide both documents.

E. Regulatory record and quality of care

E1. Grisedale Croft was last fully inspected by the CQC in October 2018, rated Good in every domain, and has never been inspected under the Council's own registration, in force since April 2023. On what evidence does the Council base any assessment of the home's current quality or suitability? Will the Council commission an independent CQC inspection or a Healthwatch Enter and View visit before any final decision?

E2. Please confirm the specific CQC regulation or statutory standard said to require en-suite bathroom provision in an existing, already-registered care home. If none applies, will the Council correct any public statement to that effect?

E3. The Council's July 2026 consultation leaflet states that people are currently being turned away from Grisedale Croft. Please provide the number of people affected, the period concerned, and whether this reflects a lack of suitable beds, a lack of referrals reaching the home, or a lack of wrap-around care.



F. Fairness of the consultation process

F1. The Council named a preferred option for Grisedale Croft before the consultation opened, while offering four neutral options for Applethwaite Green. Please explain the basis for this difference in treatment.

F2. The Council has extended the consultation closing date after concerns were raised that its materials were misleading on the refurbishment option. What steps has the Council taken to ensure that respondents who submitted before the correction are able to revise or resubmit their responses?

F3. How will the Council record and demonstrate that every response to this consultation, including the matters raised in this document and in the Working Group's earlier letters, has been conscientiously taken into account before any final decision?

G. Financial position

G1. Does Grisedale Croft appear as a named saving in the Council's published savings register? If not, please confirm what saving this consultation is intended to deliver, and by when.

G2. If Grisedale Croft is closed and no replacement building is secured, what does the Council project the net saving or net cost to be, taking into account relocation, deregistration, re-registration and any transitional care costs?

H. Requests

H1. That the Council pause its decision on Grisedale Croft pending written responses to the questions above and a joint meeting with WFC, NHS partners and the League of Friends.

H2. That the Council commit to an independent inspection or Enter and View visit at Grisedale Croft before any final decision is taken.

H3. That the Council provide a full, written, itemised response to every point in this document, and to the four outstanding letters referred to above, by 30 July 2026.

Submitted on behalf of the Grisedale Croft Working Group, Alston Moor Parish Council, following the public meeting of 16 July 2026.

From: Alix Martin <alixnotes@gmail.com>

Sent: 17 July 2026 13:43

To: Phipps, Nikkie <Nikkie.Phipps@cumbria.gov.uk>; Patricia Bell <patricia.bell@eden.gov.uk>

Cc: Robinson, Michael <Michael.Robinson4@cumbria.gov.uk>;

markus.campbellsavours.mp@parliament.uk; AMPC <clerk@alstonmoorparish.gov.uk>; MITCHESON, Rachel (NHS NORTH EAST AND NORTH CUMBRIA ICB - 00P) <r.mitcheson@nhs.net>; ALLEN, Sam (NHS NORTH EAST AND NORTH CUMBRIA ICB - 00P) <s.allen24@nhs.net>; Mary.Robinson

<Mary.Robinson@westmorlandandfurness.gov.uk>; Raymond Miller [REDACTED]

Cath Whalley <cath.whalley@westmorlandandfurness.gov.uk>; Michael.Hanley

<Michael.Hanley@westmorlandandfurness.gov.uk>; [REDACTED]

Sheila Hodgson <sheilahodgson@hotmail.com>; Cllr Jonathan Brook

<Jonathan.Brook@westmorlandandfurness.gov.uk>; Stephen.Prince@ncic.nhs.uk; Care Consultation <care.consultation@cumbria.gov.uk>

Subject: Re: Proposed Closure of Grisedale Croft Care Home, Alston, Cumbria - Town Hall Meeting 16 Jul 26

Subject: Alston Moor: what has already been lost, and the meeting we are asking for

Dear Nikkie, Patricia and Michael,

In 2014, Alston Moor had a six-bed community hospital, a minor injuries unit, a 13-bed care home and a community ambulance service, serving a population of 2,400 people recognised by the government's own indices of deprivation as the most isolated community in mainland England. A midwife and a health visitor lived on the Moor, and a nursing team cared for both the inpatients and the minor injuries unit between them. The people delivering care here knew this community, house by house. The ambulance never got lost; it knew exactly where to go.

Most of that has since gone. The hospital's inpatient beds were formally closed in 2018. During the pandemic, the nursing team and the midwife were moved to Penrith, 20 miles away, and never came back. The minor injuries unit is gone. The X ray dept gone. General practice here is now covered by locums and registrars, and it is rare for a resident to see the same clinician twice. Only three of Grisedale Croft's 13 beds are occupied, and Westmorland and Furness Council (WFC) is now consulting on whether to close it altogether, or cut it down to as few as four beds — hardly room for the two step-down beds the NHS already promised, let alone a growing and ageing population. The ambulance service no longer exists in any meaningful sense. What is left are community first responders, capable of starting CPR and recording basic observations. A fully crewed ambulance, when one is needed, more often than not takes three to six hours to reach us.

There is a human cost here that no options appraisal will capture: loneliness, isolation, and fear. None of that shows up in a spreadsheet, but it is every bit as real as the figures you have put in front of us, and it is time it was weighed as such.

People from this Moor are already being placed in care homes many miles away, where visits from friends and family become rare instead of routine. There is no respite care here at all, so unpaid carers already exhausted by round-the-clock caring have nowhere nearby to turn. And when someone is dying, they are too often sent to a bed miles from home, where the people who love them cannot reach them in their final hours. We used to know that, when our time came, we would die in Alston Hospital, surrounded by the people who mattered to us. My own mother did. I was able to be with her at the end because Alston Hospital existed. That is no longer something anyone on this Moor can rely on. And the fear is not abstract: it is what it feels like to know that if something goes wrong tonight, help is three to six hours away.

None of this happened by accident, and none of it happened without warning. When the NHS closed Alston's hospital beds in 2018, it did so only after giving a formal, written undertaking that alternatives would be put in place — in its own words, "including... using residential beds as intermediate beds for health purposes." That undertaking is the reason Grisedale Croft still has step-down beds at all, and it is the reason this community accepted the loss of its hospital without pursuing its legal challenge further. Closing Grisedale Croft, or reducing it to a token handful of beds, would not be one more difficult decision about one more care home. It would be the final piece of a promise, broken.

The pattern is already familiar. In a five-month snapshot in 2016, before the hospital closure was even confirmed, Alston's minor injuries unit recorded at least 194 patient contacts — a figure the NHS's own data pack acknowledged was likely an undercount. That same August, a staffing crisis had already forced bed closures here, a warning given in real time, in writing. The argument now being made against Grisedale Croft — that a small rural service is a service that can reasonably be let go — was not true of Alston's hospital then, and low occupancy produced by years of under-resourcing is not evidence that it is true of Grisedale Croft now.

Last night, asked directly whether NHS commissioners could be brought into the room to help resolve this, Nikkie, you told the meeting honestly that you could not guarantee it — that it was not within your gift to promise. You are right. It is not within WFC's gift alone. We recognise that much of what has gone wrong here sits with the NHS, and beyond the reach of WFC's Adult Social Care remit on its own. We are also conscious that many of the people now dealing with this may not have been in post when these commitments were first made, and may not have known, until now, how badly things have gone wrong here. We are not writing to lay this at any single door, and we are not writing to blame anyone for what they did not know. But you know now. Jointly, WFC and the NHS can put this right, and only jointly can it be put right. That is exactly why the response has to involve both organisations, in the same room, at the same time, with the authority to act — and that is precisely what has not happened.

Every name on this email holds some share of responsibility for what happens next. A decision deferred in an office in Kendal, Carlisle or Newcastle lands, eventually, on this Moor, in a house at the end of an unlit road, three to six hours from the nearest ambulance. 30 miles from the nearest A&E on rural roads that are often blocked or weather restricts. That is not a hypothetical. It happens here, and it could happen tonight.

Alston Moor Parish Council is asking, formally, for a joint meeting: WFC, the North East and North Cumbria Integrated Care Board, the Parish Council and the League of Friends, in one room, with people present who have the authority to decide something. Not another consultation event. Not another drop-in. A meeting that produces a decision, so that this community has the same safety, and the same access to basic care, that people anywhere else in this country can take for granted. Every person copied into this email can take that for granted. We cannot. We cannot take it for granted if we cut a finger, if we have an accident, or if we simply need an ambulance. We cannot take it for granted if we need step-down care, respite care, or end-of-life care. And increasingly, because of what is happening to Grisedale Croft, we cannot even take basic residential care for granted.

We are not asking you to imagine the consequences of further delay. We are telling you plainly: for a community with ambulance response measured in hours rather than minutes, delay is never neutral. It costs the thing that cannot be recovered afterwards. We were promised a NHS community hub by the Success Regime with clinics and video consultations, by Cumbria County Council for step down beds, and by the North West Ambulance Service for a full ambulance service. All of those promises have been broken, and our fight to keep our basic services has been dismissed and ignored. People left the meeting last night believing WFC intends to do exactly the same. Our two ward councillors spoke up for us knowing only too well the truth of what I'm saying.

Please hear us.

So we would be grateful for a date, one where all the organisations can be in the room together. And we want to be equally plain about this: Alston Moor Parish Council will not let this matter rest. We will keep

writing, keep asking, and keep returning to this case for as long as it takes to see it properly answered — not because we take any pleasure in the correspondence, or indeed the fight, but because in 2018 this community took the NHS at its word and stepped back, and that word was not kept. This time, we intend to stay on this until something is actually delivered, not just promised.

Yours sincerely,

Alix Martin

Vice Chair, Alston Moor Parish Council

From: Alix Martin <alixnotes@gmail.com>

Sent: 20 July 2026 13:05

To: Phipps, Nikkie <Nikkie.Phipps@cumbria.gov.uk>; Patricia Bell <patricia.bell@eden.gov.uk>

Cc: Robinson, Michael <Michael.Robinson4@cumbria.gov.uk>;

markus.campbellsavours.mp@parliament.uk; AMPC <clerk@alstonmoorparish.gov.uk>; MITCHESON,

Rachel (NHS NORTH EAST AND NORTH CUMBRIA ICB - 00P) <r.mitcheson@nhs.net>; ALLEN, Sam (NHS

NORTH EAST AND NORTH CUMBRIA ICB - 00P) <s.allen24@nhs.net>; Mary.Robinson

<Mary.Robinson@westmorlandandfurness.gov.uk>; Raymond Miller [REDACTED]

Cath Whalley <cath.whalley@westmorlandandfurness.gov.uk>; Michael.Hanley

<Michael.Hanley@westmorlandandfurness.gov.uk>; [REDACTED]

[REDACTED] Cllr Jonathan Brook

<Jonathan.Brook@westmorlandandfurness.gov.uk>; Stephen.Prince@ncic.nhs.uk; Care Consultation

<care.consultation@cumbria.gov.uk>

Subject: Re: Proposed Closure of Grisedale Croft Care Home, Alston, Cumbria - Town Hall Meeting 16 Jul 26

Dear All

I want to correct something in my email below and apologise for it directly.

I wrote that "general practice here is now covered by locums and registrars, and it is rare for a resident to see the same clinician twice." Read back, that blames the clinicians covering our surgery for a situation they didn't create and are working hard against. That wasn't my intention, but it's a fair reading of what I wrote, and it was wrong of me to put it that way.

The point I was trying to make — that recruitment and retention in rural general practice has become harder here, as part of the wider pattern of under-investment in services on Alston Moor — is a real one, and part of the case I'm making. It should never have come at the expense of the individual doctors, locums and registrars who keep our surgery running, often under real strain, and who deserve better than to be used as an illustration in an argument that isn't about them.

I've apologised to the surgery directly, by phone and in writing, and posted a correction publicly. I wanted you to see that this has been corrected, and to be clear it doesn't change anything else in my email below — the wider case about Alston Moor's health provision stands, and I hope we can still get the joint meeting we've asked for.

Best wishes,

Alix

From: Care Consultation <care.consultation@cumbria.gov.uk>

Sent: 28 July 2026 10:48

To: alix.martin@alstonmoorparish.gov.uk

Cc: Care Consultation <care.consultation@cumbria.gov.uk>

Subject: Response to Further Matter, changes to the consultation information

Dear Alix,

I am writing separately with regard to your letter of 15 July, *“Re: Grisedale Croft Care Home consultation — your reply this week: what has and has not been answered”*, to answer and reassure you regarding the “further matter” raised about the mid-consultation change on refurbishment.

The decision to clarify the information for both Westmorland and Furness care homes under consultation was not made with any regard to any changes in support for Grisedale Croft options.

The idea that the council would change crucial consultation information that would cause particular additional concern to care home residents and their families because it “did not want to see” a particular option “gaining ground” is a suggestion that needs clearly refuting.

The proportion of total responses in favour of Option 2 Refurbishment in fact fell from 30% to 25% in the two weeks prior to the consultation update at the end of June. The responses at that point were:

Option 1: 5

Option 2: 16

Option 3: 1

Option 4: 0

Option 5: 41

In any case, a rising response rate for Option 2 would have made the need to correct the information even more pertinent, but not for the reason you impute.

The primary driver of the change to the consultation information for both care homes was the emerging responses to the Applethwaite Green consultation which were overwhelmingly in favour of refurbishment and, crucially, contained frequent direct comments that this would be the least disruptive option for residents, while also improving the home for the future.

In addition, it was clear in conversations and questions at drop-ins about the refurbishment of both homes, which questioned the overall cost, and suggested for example that “local tradespeople” could do it quickly and more cheaply, that it was not appreciated that refurbishment of a 1960s/1970s property to be fit for future decades involves complete structural remodelling, and not piecemeal upgrading.

There were far fewer “Refurbish” responses for Grisedale Croft than Applethwaite Green and less direct evidence of a possible misunderstanding, but given the similarities in the consultation information for both homes, it was clear that there was evidence of a serious risk of people responding to either consultation based on incomplete information and that it was reasonable to assume some Alston residents would interpret the information in the same way as South Lakeland residents.

For Grisedale Croft in particular, the level of concern about isolation and loss of services, and concerns about the effect on current residents and their families if they had to move if the home were to close without new provision, also suggested on a common sense basis that some people would be unlikely to choose Refurbishment if they understood that it would mean the current residents having to move far away for 12 to 24 months.

After consideration of the issue and its potential risk to a fair consultation we made the decision to update the consultation information for both homes as soon as possible and to extend the consultation by two

weeks. We took care to obtain internal professional advice on the likely length of temporary closures for both Refurbishment and Rebuild.

Of particular concern to us was the need to inform residents of both homes and their families, who would be most affected by this new understanding. They were informed directly, in advance of public communications which covered both homes.

The council clearly recognised in its public statement and communications that its consultation information should have been clearer and should have spelled out more fully its meaning of “Refurbishment” and its implications, in particular for current residents of the homes.

With respect to informing respondents of the changes, we emailed all respondents to all options who gave a valid email address, within days of the update, and all respondents who only gave a home address or phone number have been contacted. Old forms that are in the community continue to be received and processed, and respondents are being contacted in the same way.

I trust this provides you with the information and reassurance you requested.

Yours sincerely,

A solid black rectangular box used to redact the signature of the sender.

Care Homes Consultation Team

From: Alix Martin <alix.martin@alstonmoorparish.gov.uk>
Sent: 29 July 2026 11:23
To: Care Consultation <care.consultation@cumbria.gov.uk>
Cc: AMPC <clerk@alstonmoorparish.gov.uk>; Ray Miller <ray.miller@alstonmoorparish.gov.uk>
Subject: Re: Response to Further Matter, changes to the consultation information

Dear [REDACTED]

Thank you for your letter of 28 July. We accept your account of why the consultation information on refurbishment was changed, and we do not pursue the suggestion that it was altered in response to shifting support. That matter is closed so far as we are concerned.

What remains is whether the correction achieved what it needed to achieve, and whether consultees are now able to answer the question the Council is asking them. We would ask you to consider six points.

1. The remedy reached respondents, but may not have reopened their choice

You say respondents were emailed or contacted. We note that the consultation page states that a submitted response cannot be amended, but that a respondent who wishes to withdraw an earlier response and submit a new one may do so by contacting the Council.

A standing sentence on a web page is not the same thing as actively inviting a respondent to revisit a choice made on information the Council now accepts was incomplete. On the Council's own analysis, a person who chose Option 2 before the update may have done so on an understanding that was not full, and that response remains in the count. We therefore ask for the wording of what was sent to respondents after the update, whether it drew attention to the withdrawal route, and the number of respondents who have since amended or withdrawn.

2. Those who never responded cannot be reached

Anyone who read the original material, formed a view and decided not to complete a form is invisible to a remedy that operates by contacting respondents. We accept there is no easy answer to this, but it bears on the weight the final figures can carry.

3. The correction was applied to some options and not to the Council's own

The Council's published information states that refurbishment would require temporary closure of the home for an estimated 12 to 24 months, and that demolition and rebuild would mean losing the facility for a period of years. For the preferred option — a new care home in Alston — no period is given anywhere.

Your letter states that the Council “took care to obtain internal professional advice on the likely length of temporary closures for both Refurbishment and Rebuild”. Advice was therefore obtained, and published, for two options. Nothing equivalent has been published for the option the Council prefers and which consultees are most likely to choose.

We anticipate the response that Option 5 involves no interval, because residents would transfer directly from one service to another. The Questions and Answers of 15 June puts it in those terms. But we asked the Council this question directly on 22 May, in the following words: to confirm the deregistration plan and the reprovision commitment in writing, including how continuity of care would be protected across the regulatory gap between deregistration and any replacement opening. The Council's answer was:

“There is no plan for deregistration currently as we are in a consultation process and all options remain open, and a decision has not been made.”

That does not answer the question. Nothing published by the Council holds Grisedale Croft in being until a replacement property has been purchased, adapted, registered with the Care Quality Commission for a new location, and opened. Consultees are being asked to compare options where the disruption attaching

to two of them has been quantified and published, and the disruption attaching to the third has not been assessed on the public record at all.

We therefore ask: was equivalent professional advice obtained on the period between the closure of Grisedale Croft and the opening of a replacement, and if so, why has it not been published alongside the figures given for refurbishment and rebuild?

4. The Council has told us it does not have the money for any option

On 22 May we asked the Council to disclose the capital available for refurbishment or for new provision. The Council answered:

“At present ASC has no additional capital allocated, there is a circa £1m budget line. Capital will need to be made available for refurbishment, purchase or rebuild. The costs involved would be a relevant consideration in each case.”

This has not been put before consultees. The consultation presents refurbishment and rebuild as carrying a cost of £2.5 million to £3.0 million, against an allocation of approximately £1 million. It presents a new home in Alston as the preferred option, with no capital allocated to it either, and no published cost for the purchase or the adaptation.

A consultee reading the published material would reasonably infer that the Council can afford the option it prefers and cannot afford the others. On the Council's own answer to us, no option is currently funded. That is a material fact bearing directly on the choice consultees are being asked to make, and it is not in front of them.

5. The comparison the Council asks people to make cannot be made on the information given

It may help to put this in ordinary terms. Imagine a family deciding what to do about an elderly relative's home. They are given five choices: leave things as they are; renovate the house; demolish it and rebuild on the same plot; sell up and move her away altogether; or buy a different property nearby.

No family could answer that without figures. What does the renovation actually involve, and what does it cost? What would it cost to clear the plot and build again? What is the asking price of the alternative property, what would it cost to adapt, and when could she actually move in? A family handed a single figure of “somewhere between £2.5 million and £3 million” covering both renovating and rebuilding, with no breakdown, no schedule of works, no price for the alternative and no date, would not treat that as a basis for deciding anything. They would ask for the numbers first.

We acknowledge that the Questions and Answers of 15 June set out a derivation for the range: a pre-Covid comparator of approximately £1.5 million per home for former Cumbria County Council modernisation programmes, plus £0.5 million for backlog maintenance, uplifted by inflation assumptions and BCIS estimates. We do not dispute that this was published. We say it does not do the work required of it.

A generic pre-Covid comparator, uplifted by an index, is not a costing of Grisedale Croft. No condition survey, schedule of works, elemental breakdown or options appraisal has been published for this building. The derivation given produces a figure expressed, in the Council's own words, as “per home” — the same range applied without distinction to a 13-bedroom home in Alston and to a substantially larger home in Windermere, and without distinction between refurbishing a building and rebuilding it. And there remains no published cost of any kind for the preferred option: neither the purchase of a building nor the work needed to bring it to the standard the Council says the present one fails to meet.

6. The Council has told households that a material fact will be added after they have answered

The Council's household leaflet states that it is actively seeking to purchase a suitable property, that details cannot be shared while negotiations continue, and that once a location is identified and a conditional contract or option entered into, the Council will introduce that location into the consultation process. The Questions and Answers of 15 June put the same point in these terms:

“Yes, this is the aim, providing suitable property is available, which would be confirmed once a decision to conditionally acquire a suitable property can be taken.”

We do not ask the Council to identify a property while it is negotiating, and we accept that commercial confidentiality is a genuine constraint. But the Council has told every household that the location is material enough to be introduced into the consultation, while the consultation closes on 19 August. Consultees are therefore being asked to express a preference for a new home in Alston without knowing where it would be, how large it would be beyond a stated minimum, what it would cost, what adaptation it would need, or when it could open. This appears to us to engage the same principle of fairness the Council itself acted on in June, and it is a matter we are taking seriously.

We would add that four statements by the Council on this subject do not sit easily together. Paragraph 9.5 of the Cabinet report of 21 April 2026 states that a potentially suitable property has been identified. The household leaflet states that the Council is still seeking one. The Council's answer to our letters states that “if the decision, when made, is for reprovion into another property in Alston, then the search will continue until a property is identified”. And the Council's responses to our information requests state that no site-search report, no correspondence with owners and no capital-funding correspondence is held. We would be grateful for an explanation of how those four statements stand together.

What we ask

That the Council publish, in time for consultees to consider before responding: the condition survey, schedule of works and elemental breakdown underlying the £2.5 million to £3.0 million range as it applies to Grisedale Croft specifically; the estimated cost of the preferred option, including any adaptation to provide the rooms and facilities described; the capital position for each option; and any professional advice on how long Alston Moor would be without residential care under the preferred option.

That, if the location is to be introduced into the consultation process as the Council has told households it will be, the consultation should remain open until it has been, and consultees should be able to respond in light of it.

The correspondence record

We record that our letter of 23 April 2026 to Councillor Bell remains unanswered, and that our letter of 13 June 2026 to Ms Whalley on the basis of the refurbishment cost figures — the subject of point 5 above — also remains unanswered.

We acknowledge that the Council has replied to our letters of 22 May and 11 June 2026, and that Ms Phipps replied to our letter of 27 May 2026 on the Equality Impact Assessment. Our concern with those replies is not that they were not sent but that several of the answers are not responsive to the questions asked, as point 3 above illustrates.

We further record that our internal review on FOI-208440-2026 remains undetermined.

We raise these matters now, while the consultation is open, so that they can be addressed while it remains open to the Council to address them.

Yours sincerely,

Alix Martin

Vice Chair, Alston Moor Parish Council

Grisedale Croft Working Group

From: AMPC <clerk@alstonmoorparish.gov.uk>

Sent: 16 August 2026 17:51

To: Care Consultation <care.consultation@cumbria.gov.uk>; Patricia Bell <patricia.bell@eden.gov.uk>; Cath Whalley <cath.whalley@westmorlandandfurness.gov.uk>; Dyan Jones <dyan.jones@eden.gov.uk>; Miranda Cannon <Miranda.Cannon@westmorlandandfurness.gov.uk>; Cllr Jonathan Brook <Jonathan.Brook@westmorlandandfurness.gov.uk>; Michael.Hanley <Michael.Hanley@westmorlandandfurness.gov.uk>; Mary.Robinson <Mary.Robinson@westmorlandandfurness.gov.uk>; markus CAMPBELL-SAVOURS MP <markus.campbellsavours.mp@parliament.uk>

Cc: Raymond Miller <ray.miller@alstonmoorparish.gov.uk>; Alix Martin <alix.martin@alstonmoorparish.gov.uk>

Subject: Grisedale Croft Care Home consultation - response from Alston Moor Parish Council

Dear Sir or Madam,

I attach the formal response of Alston Moor Parish Council to the consultation on the future of Grisedale Croft Care Home. It was considered and approved by the Parish Council at its meeting on 3 August 2026, and its final version was agreed by the Parish Council's working group on 14 August 2026 under delegated authority. It is submitted before the consultation closes on 19 August 2026.

The Council has offered the Parish Council a later date for its response, to allow for a meeting with health partners arranged for 21 August 2026. Having considered that offer, the Parish Council has decided to submit by the published closing date of 19 August 2026 in any event, for two reasons.

First, a number of questions and observations we have raised — including the outstanding information requests summarised at Annex D to our response — remain unanswered, despite our asking for clarity on them. Welcome though the meeting on 21 August will be, it would not put answers to those questions on the record, and an extension would leave us responding after the public deadline for answers that have not come.

Second, we understand that this later date has not been offered to all consultees. The Parish Council does not think it right for its response to rest on an extension the wider community has not been given, and would not wish to respond outside the window within which everyone else is being asked to reply.

The Parish Council very much looks forward to the meeting on 21 August 2026 and to a continuing dialogue on the future of care on Alston Moor. We would still welcome written answers to our outstanding questions, and ask that they be provided and placed on the record. As set out in the response, we also ask that it be reproduced in full in the report to the Director of Adult Social Care and conscientiously taken into account before any decision is made.

Please acknowledge safe receipt.

Yours faithfully,

Claire Thomson

Clerk to Alston Moor Parish Council