



## Alston Moor Parish Council Grisedale Croft Working Group

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10 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 record now disclosed by the NHS**

Dear Councillor Bell and Ms Phipps,

I am writing further to our letter of 22 May 2026 and to our meeting in May. In that letter we set out our position in full. This letter is narrower in purpose: 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 the record from a health perspective was 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 that sit behind it. They confirm, in the NHS's own words, the commitment this community has described throughout.

#### **1. The commitment was specific, and it named Grisedale Croft.**

The Alston Plan's own service model provides, in terms:

*“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 lists, as the benefit of those beds, that the arrangement “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 plainly: “Additional beds would be provided within Cumbria County Council care homes at Wigton and Alston.” The beds at Grisedale Croft were the formal replacement for the in-patient beds the community gave up.

## **2. The clinical support was promised by the NHS — and not delivered.**

At our meeting, Ms Phipps explained that the clinical wrap-around needed to make these beds function — 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.”*

The nursing and therapy support was promised, in writing, by the body responsible for providing it.

It was not only promised; it was delivered, and reported as delivered to the council’s own democratic record. A progress report to the Cumbria Health Scrutiny Committee in 2018, now disclosed by Cumberland Council under the Freedom of Information Act, described the position in Alston Moor in these words:

*“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.”*

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

clinical support it had undertaken to provide — but the failure is not the NHS's alone. Westmorland and Furness Council, and Cumbria County Council before it, has been the registered provider of these beds throughout. A provider responsible for a service either sees when it is ceasing to function and acts, or does not see and ought to have. On the evidence now before us, neither happened: over the years that followed, 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. It has been badly let down by both partners to that settlement. We say so plainly, and we ask each of them what they now intend to do to put it right.

For our part, Alston Moor 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 for Alston Moor. Not only the residential and step-down beds at Grisedale Croft, but the dedicated medical and community health support that the Ruth Lancaster James Cottage Hospital site was always intended to anchor. If that support were restored, the occupancy on which this consultation rests would be transformed. 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. That route remains open, and we would welcome it.

### **3. The closure was temporary, conditional, and accepted on the strength of the replacement.**

The community did not simply lose its beds. 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." The closure was approved on the strength of assurances about Alston's future provision. The confirmed minutes of 29 March 2018 record that the beds at Alston had been "closed temporarily for around 1 year" before the closure was formalised, and that "The proposals have had positive community feedback within Alston." The community accepted the loss of its in-patient beds because it was promised a replacement. That is the structure the courts recognise as a legitimate expectation, to which we return below.

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

The consultation presents Grisedale Croft's low occupancy and the building's condition as evidence that the home 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 itself noting that if more than 40% were needed “the additional cost must be recognised in the relevant proposals.” Reinvestment was then reduced further — the 29 March 2018 minutes record the figure being 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.” 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.

#### **5. The beds were promised and operated, but never properly commissioned.**

Our freedom of information programme has established why no patients are reaching these beds. North East and North Cumbria Integrated Care Board (NENC ICB) confirmed, following its internal review of 20 May 2026, that it holds no commissioning records for the beds. NCIC, in a further response, has stated that it has “no involvement with the commissioning of these beds” and that such records should be sought from the Integrated Care Board, while confirming that Grisedale Croft “was not included within the Trust’s formal list of commissioned Pathway 2 bedded settings.” Each NHS body points to the other; neither holds the record. An operational arrangement that the Trust’s own protocol says remains in place was never formally commissioned — which is precisely why the referral pathway does not function and the beds stand largely unused.

#### **6. The arrangement leaves a trail in the Council’s own financial records.**

The operational protocol the Trust has disclosed describes the Grisedale Croft beds as “spot purchase beds.” A spot-purchase arrangement is paid for, and 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 its financial and commissioning 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 now disclosed show that it did.

#### **7. The Council inherited Cumbria County Council’s commitments — including this one.**

The legitimate expectation we describe 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 records that the replacement beds were to be provided “within Cumbria County Council care homes at Wigton and Alston.” The commitment to provide those

beds was the County Council's own, made as part of the same settlement, and not only the NHS's.

On 1 April 2023, under the Cumbria (Structural Changes) Order 2022 (SI 2022/331), Cumbria County Council was wound up and the county of Cumbria abolished as a local government area. 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, in the words of that Order. The Council is the registered provider of Grisedale Croft today precisely because it inherited that role from the County Council. At our meeting, as we recall it, Councillor Bell acknowledged that the Council carries forward the commitments made by Cumbria County Council. We welcome that, and we ask that it be confirmed in writing.

The consequence is straightforward. The Council cannot treat the residential and step-down beds at Grisedale Croft as a discretionary service it is free to withdraw while attributing the difficulty to the NHS's failure to provide clinical support. It inherited the County Council's own commitment to provide those beds as part of the 2017–2018 replacement, and it inherited, as registered provider, responsibility for the building whose condition it now cites. The legitimate expectation therefore 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 — a justification the financial case does not supply.

## **8. The legal position.**

We set out the legal framework in full in our 22 May letter, and we 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. We say so not to escalate, but because it is the honest statement of our position — and because our strong preference remains a resolution reached together rather than through the courts.

## **9. What we are asking.**

We renew the six requests made in our 22 May letter and add a seventh in light of the above, and would welcome a written response to each before the consultation closes:

1. Define “local area” as Alston itself. The Plan ties the beds to bed-based care in Alston itself. Please confirm in writing that Option 5 means 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 confirm what the current joint Better Care Fund plan shows for intermediate-care demand in the Alston Moor area.
3. Work with us to hold the NHS to the wrap-around support now 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 and publish the capital budget. 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 in the form it was put before Cabinet on 21 April 2026, and any completed version produced 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, and provide the relevant section of the current Better Care Fund plan.
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 the inherited commitment. 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.

We recognise that these asks carry cost and complexity. We believe the alternative — proceeding on a consultation built on a cost figure that reflects institutional under-funding rather than a lack of need, in the face of a documented commitment the NHS has now confirmed in its own records — carries greater cost and greater risk. We would far rather work with the Council to invest in Grisedale Croft as the residential and step-down facility it was always meant to be, and to hold the NHS to the whole of the 2017–2018 settlement, than pursue a legal challenge.

We would welcome a substantive written response to the questions and observations raised in this letter and in 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 we would be glad to share the disclosed documents with you. We look forward to your response.

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. Mary Robinson and Michael Hanley, Ward Councillors, Tom Burden, Consultation lead and Claire Thomson, Clerk to the Parish Council

**Sources and enclosures**

The Trust documents referred to in this letter are North Cumbria Integrated Care NHS Foundation Trust's disclosures under freedom of information references FOI 0000 6812 and FOI 0000 6883, all published on WhatDoTheyKnow at [https://www.whatdotheyknow.com/user/alix\\_m/requests](https://www.whatdotheyknow.com/user/alix_m/requests). FOI 0000 6812] and FOI 0000 6883 also at the same address. The progress report quoted at section 2 is from the Cumbria Health Scrutiny Committee papers, disclosed by Cumberland Council under reference FOI-216974-2026 [https://www.whatdotheyknow.com/user/alix\\_m/requests](https://www.whatdotheyknow.com/user/alix_m/requests)

For ease of reference:

- The Alston Plan 2017–2020 (Working in Partnership Implementation Plan).
- The Trust board papers and confirmed minutes of 30 November 2017, 29 March 2018 and 28 June 2018.
- The relevant extract from the Cumbria Health Scrutiny Committee papers (Cumberland Council, FOI-216974-2026).