ALSTON MOOR PARISH COUNCIL

Alston Town Hall, Front Street, Alston, Cumbria CA9 3RF · Tel: 01434 382076

The Rt Hon Yvette Cooper MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

21 July 2026

Dear Secretary of State,

Health and social care on Alston Moor, Cumbria — a promise to keep, and an offer

Congratulations on your appointment as Secretary of State for Health and Social Care. We wrote to the Prime Minister on 20 July, his first day in office; a copy is enclosed. On the steps of Downing Street that day he promised to build a more preventative state that invests in people's success rather than paying for failure, and to put the care of people at the heart of everything he does. This letter asks for what only your Department can now deliver — because in this community, many, many promises about health and care have been made before, in writing, and broken.

You may not have had reason to know Alston Moor. It comprises England's highest market town and the villages around it, high in the North Pennines — a mining community that has lost industry after industry — lead, then zinc, a foundry, a factory employing 80 people, the last of these lost only around 10 years ago — and, like the places the Prime Minister spoke of on the steps of Downing Street, has never been given the means to turn things around. 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 2,400 people recognised by the government's own indices as the most isolated community in mainland England. Most of that is gone. The hospital's inpatient beds closed in 2018. The minor injuries unit and X-ray department are gone; the nursing team and resident midwife were moved 20 miles to Penrith in the pandemic and never came back. The few buses that remain cannot get people to college, to work, or to the shops and back; there is no direct route to college — at best a student leaves in the early hours and returns late at night by a chain of buses and trains — so parents drive instead, and some have given up work to keep a child in the education the law requires. For anyone without a car, reaching hospital depends on a volunteer social car scheme, and only for Carlisle or Hexham; to Newcastle, where many of our patients are sent, there is no provision at all beyond the same punishing chain of early buses and trains. Even a Category 1 ambulance call — a cardiac arrest — can wait around an hour here, against a national average-response standard of seven minutes; less urgent calls commonly wait three to six hours, and the nearest A&E is over 30 miles away, through a major city. Reorganisation has compounded the disjointedness: we now sit in Westmorland and Furness, whose services are organised towards the south of the county, while our hospital

care flows north and into Northumberland — so no part of the system plans for this place as a whole. Only three or four of the care home's 13 beds are occupied, and Westmorland and Furness Council is now consulting on closing Grisedale Croft altogether, or cutting it to as few as four beds.

None of this happened without warning. The NHS closed our hospital beds in 2018 only after 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." On the strength of that undertaking this community stood down its legal challenge. The promised NHS community hub never came; the promised ambulance service never came; and the intermediate beds the undertaking created are the very beds now being consulted on for closure. Closing Grisedale Croft would not be one more difficult decision about one more care home. It would be the final piece of a promise, broken.

The cost is human and it is specific. There is no respite care here at all. People are placed in homes many miles away, where visits from family become rare instead of routine. 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. No one on this Moor can rely on that now. And recovery needs homes: we desperately need more housing, yet house after house here has been bought for short-term holiday lets, whose earnings leave the Moor — while families who would settle and work here cannot find a home they can afford.

There is a further piece to this pattern, and part of it deserves thanks rather than complaint. Project Gigabit, delivered under the last government — in which you served — has brought gigabit-capable broadband to around 90 per cent of homes on Alston Moor, and this community is glad to acknowledge it. That connectivity is an opportunity not yet taken: an ideal foundation for telemedicine, in the home and from the hospital, proven here at a fraction of what it would cost to build elsewhere. But video consultation is itself an old promise on this Moor, and an unmet one. This community has bought and installed the equipment for it more than once over the years, and it sits unused today in the empty cottage hospital in Alston.

But we are not writing only to ask for help. We are writing to make you an offer. The Government's reported £18 billion plan for a National Care Service, with social care free at the point of use, will now be yours to carry — and a National Care Service will not be judged in the places where care is easiest to deliver but in the communities where it is difficult. Your Department is the one place where both halves of this divided system answer to the same desk. You have represented former coalfield towns for nearly 30 years, so you will recognise this story: industry gone, and the services that held the community together following it out of the door. And you began your ministerial career in public health, so you will recognise what it means when prevention is withdrawn from a place entirely. Nowhere in England can prove the plan more cheaply, or more clearly, than here. Alston Moor is remote, but it is quantifiable precisely because it is isolated: one defined population, one practice, one care home, one former hospital building, and hard geographic boundaries that no patient flow blurs. Whatever is spent here can be counted. Whatever changes here can be measured. Whatever works here cannot be explained away. Most pilots struggle to prove anything because their boundaries leak; ours cannot. The buildings already exist, and now so does the connectivity to fill them with modern care, so this is a low-cost test with a high-value answer. And intermediate care close to home is the preventative state in its plainest form: investment in people's recovery, instead of payment for failure 30 miles away. Make Alston Moor the national test site for what the Neighbourhood Health programme — and in time a National Care Service — means in remote rural England, and within this Parliament you would have numbers no critic could argue with. If it can be made to work here, it can work anywhere.

So we ask four things of you.

- First, with NHS England, direct that the North East and North Cumbria Integrated Care Board and Westmorland and Furness Council convene a joint meeting with this community — with people in the room who have the authority to decide something. This is the thing that is most urgent, because the consultation is happening now. Not another consultation event; a meeting that produces a decision.
- Second, include the re-provisioning of in-patient community hospital capacity on Alston Moor in the next wave of Neighbourhood Health Centres, as a rural test site — with the video-consultation equipment this community has already bought brought back into use as part of it.
- Third, honour the 2018 undertaking in the meantime: no closure or reduction of Grisedale Croft until genuine replacement provision actually exists. We need to be sure we can live near our friends and family if residential care is needed, not far away.
- Fourth, meet a small delegation from this community, at your convenience, so that we can put the full documentary record in front of you. It is a record of promises given in writing and not kept, and it is very long.

And come and see for yourself — CA9 is a postcode too.

The full record of what was promised and what was delivered is at alstonmoorhealth.org. In 2018 this community took the NHS at its word and stepped back, and that word was not kept. We have said this to the Prime Minister and we say it to you: we will keep writing and keep returning to this case until something is actually delivered, not just promised. Please hear us.

Yours sincerely,

Alix Martin
Vice Chair, Alston Moor Parish Council

Enc: letter to the Prime Minister, 20 July 2026

cc: The Rt Hon Andy Burnham MP, Prime Minister; Markus Campbell-Savours MP