

The 2016 community vote against the closure of in-patient beds at the Ruth Lancaster James Cottage Hospital — briefing for the Grisedale Croft Working Group

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For: Members of the Grisedale Croft Working Group

Purpose: To set out the documentary evidence we have for the December 2016 community vote on the closure of in-patient beds at the Ruth Lancaster James Cottage Hospital, the wider pattern of consultations on Alston Moor in which the community has voted against change and been overridden, and how this evidence should be used in the campaign to defend Grisedale Croft.

Summary

In December 2016, while the NHS Success Regime’s public consultation was still running, Alston Moor Parish Council organised a **community vote on the future of the in-patient beds at the Ruth Lancaster James Cottage Hospital**. The vote was **unanimous** against the closure, and according to the formal Parish Council record was “**well attended with a steady stream of people coming to vote all day**”. It was held the day after a meeting between Sir Neil McKay (Chair of the West, North and East Cumbria Success Regime), County Cllr Robinson and Alston Moor League of Friends — a meeting at which Sir Neil agreed the League’s alternative proposal could be put forward to the Cumbria Clinical Commissioning Group. The result of the vote is recorded in the publicly available Parish Council minutes of 9 January 2017.

The vote went ahead anyway. The in-patient beds were “temporarily” closed in April 2017 and then permanently closed in March 2018, on the basis of documented commitments that alternative provision — including residential step-down beds at Grisedale Croft — would replace what was being lost. WFC is now consulting on the future of Grisedale Croft.

This document is the contemporaneous record of community will against the original closure. It pairs with the Healthwatch Cumbria 2016 Eden findings, which also recorded strong opposition to the removal of beds from community hospitals. Together these two independent records are the evidence base that the post-2018 commitments — including Grisedale Croft as a step-down provider — were the conditions on which the community accepted what it had not consented to.

Recommendation: treat the 2016 vote as a documented evidence strand in its own right. Recover the two missing pieces (the exact date and the exact question wording) by checking the November and December 2016 Parish Council minutes and any League of Friends or Save Alston Hospital Beds campaign records. Cite the vote in the consultation response, in correspondence to Cllr Patricia Bell and Cllr Jonathan Brook, and in the wider campaign archive.

1. What is on the public record

The vote is recorded in the **Alston Moor Parish Council minutes of 9 January 2017** (publicly available on the Parish Council’s own website). Under agenda item 6, “Parish Council’s role in the possible integration of hospital and social care services”, the minutes record:

“Cllr Martin reported that the community vote was unanimous, and well attended with a steady stream of people coming to vote all day. An interesting side effect was extra sales for the shops. The day before the vote County Cllr Robinson organised a meeting with Sir Neil McKay from the Success Regime and the League of Friends. He agreed that the proposal from the League could go forward to Cumbria Commissioning Group to agree and progress. It was said that the ambulance had only been achieved through pressure from the community, and there were concerns that without someone to monitor progress, the NHS might allow these proposals to

fade. The parish council could have some input, as should the League of Friends who were the driving force behind it, as should the practitioners as they will have an understanding of how care can be integrated.”

That passage establishes seven things on the public record:

- A community vote was held.
- It was unanimous.
- It was well attended throughout the day.
- It was deliberately timed for the day after a high-level meeting with the Success Regime Chair.
- The Success Regime Chair had at that meeting agreed the League of Friends’ alternative proposal could go forward to the CCG.
- The community’s experience was already that NHS commitments needed sustained pressure to be honoured (“the ambulance had only been achieved through pressure from the community”).
- There was an explicit anticipation, in January 2017, that “without someone to monitor progress, the NHS might allow these proposals to fade”.

The October 2016 Parish Council minutes corroborate the timing. They record that the Success Regime’s public consultation was running until “just before Christmas 2016”, and that a small Parish Council working group was meeting to look at the future of healthcare on Alston Moor, with the explicit intention that “if the proposals do not meet the needs of the community alternative proposals will be considered”. The vote was therefore not an ad hoc event — it was the planned culmination of three months of organised parish-level work feeding into a live NHS decision-making process.

2. What we know about timing, format and result

Timing. The vote took place between the 5 December 2016 and 9 January 2017 Parish Council meetings, most likely in mid-to-late December 2016 given that the Success Regime consultation closed before Christmas and the result was reported as a recent event at the January meeting. The exact date should be recoverable from the November and December 2016 PC minutes and from any local press coverage of the time.

Format. The minutes describe it as “the community vote”, organised by the Parish Council. Voting took place in a single day at a polling location to which “a steady stream of people” came. The format was therefore an in-person community ballot — not a formal statutory parish poll under the Local Government Act 1972 (which would have been administered by Eden District Council with a returning officer) and not an online survey. This distinction matters: a community vote organised by the Parish Council is documentary evidence of community will, but it is not a binding administrative process. It carries political and procedural weight, not legal weight.

Result. “Unanimous” — meaning that of those who voted, every vote was against the closure. The minutes do not record the total number of ballots cast, the size of the electorate at the time, or the percentage turnout. Members may recall a turnout figure of around 99 per cent. That figure is plausible given the description of a steady stream all day and a parish electorate of roughly 1,600–1,700 in 2016 (the 2011 census records a parish population of 2,088, of whom some are under voting age), but it is not on the public record I have located. Until a numerical record is recovered, the safest external description is “**unanimous against, with strong attendance throughout the day**”.

3. The wider pattern: a community whose consultations have been consistently overridden

The Working Group already understands this from lived experience, but it is worth setting out the documentary thread because it is important to the legal and procedural arguments now available to the campaign.

The Alston Moor record over the last decade is of a community that has used the formal channels open to it — consultations, parish meetings, community votes, petitions, formal submissions, judicial review, statutory engagement processes — and has had the substantive outcome it asked for delivered in only one of those exchanges (the temporary preservation of an Alston ambulance, which itself required, in the words of the January 2017 PC minutes, that the ambulance “had only been achieved through pressure from the community”). The Parish Council itself recorded in 2024, eight years on from the vote, that “the range of services promised to be continued after bed closure are for the most part not available”. That is the Parish Council’s own published view of what happened to the post-2018 commitments — published on its website, in minutes that are still live.

The 2016 community vote sits inside this pattern. It is not just an isolated piece of evidence about what happened in December 2016; it is part of a documented sequence in which formal community consent has been sought, refused, and overridden. That has three concrete consequences for the current campaign:

- **It speaks directly to the credibility of WFC’s 2026 consultation.** A consultation that the community already has good reason to believe will be ignored is a consultation that has to work harder to be procedurally fair. The Gunning Principles require that consultation responses be conscientiously taken into account — not merely received. The community’s documented experience is evidence that, in this area, that requirement has not historically been met.
- **It strengthens the legitimate expectation argument.** When a community has expressed its formal opposition to a change, has had that change imposed nonetheless, and has been promised a specific set of alternatives in compensation, those alternatives become not merely promises but the conditions on which the original change was accepted. Withdrawing them later is a second imposition, not a free-standing decision.
- **It frames the consultation response.** The Working Group’s response to WFC should not begin from the assumption that the consultation is a neutral fact-finding exercise. It should begin from the documented record that this community has been here before and has, on each occasion, expressed its view and been overridden. That is not an adversarial position. It is a factual one.

4. Why this evidence matters now

Three specific uses, in increasing order of formality.

4.1 The consultation response. The 2016 community vote should be a paragraph of the Working Group’s consultation response under the section addressing the relationship between Grisedale Croft and the closure of the Ruth Lancaster James in-patient beds. The argument structure is: in 2016 the community voted unanimously against the closure of the beds; the closure went ahead in 2017–2018 anyway, on the basis of documented alternative commitments including step-down beds at Grisedale Croft; closing Grisedale Croft now would be the second unilateral withdrawal from the same settlement.

4.2 Correspondence to WFC and the NHS. The vote should be cited in any further letter to Cllr Patricia Bell, in any letter to Cllr Jonathan Brook in his capacity as Chair of the Health and Wellbeing Board, and in correspondence to NCIC and the NENC ICB. It is also material for the Healthwatch information request — the existence of a contemporaneous Parish Council-organised community vote against the closure is part of the evidence Healthwatch may hold and should be asked about.

4.3 Any preliminary legal advice the Parish Council seeks. Resolution 8 of the 28 April 2026 emergency meeting authorised the Parish Council to seek preliminary legal advice on legitimate expectation, the Care Act, the Public Sector Equality Duty, the Gunning Principles and Article 8. The 2016 community vote is directly material to a legitimate expectation argument and to the procedural fairness limb of any Gunning analysis. It should be in the legal briefing pack from the outset.

5. What we still need to recover

Five outstanding items, in order of priority for the consultation response:

- **The exact date of the vote.** Likely December 2016. Recoverable from the November and December 2016 Parish Council minutes (the January 2017 minutes are at alstonmoorparish.gov.uk/wp-content/uploads/2024/04/AMPC-Jan-17-final.pdf; the surrounding months should be on the same site). If not online, available from the Parish Clerk on request.
- **The exact wording of the question put to voters.** The Parish Council’s formal records of the vote organisation should include this. Wording matters — a vote on “the closure of beds” is materially different from a vote on “the proposed Success Regime changes to Alston hospital”.
- **The total ballot count and any turnout estimate.** If the original count sheets were preserved, this is the figure that will most strengthen any external use of the evidence.
- **Local press coverage.** Cumberland & Westmorland Herald, Hexham Courant, Cumbria Crack, Carlisle News & Star, ITV Border. A community vote of this size and visibility on Alston Moor will almost certainly have been reported at the time.
- **Confirmation that the result was formally communicated to the Success Regime, the CCG and the Health Scrutiny Committee** — and any record of how those bodies responded. This question can be added to the existing FOI 15 to NHS England (which inherited the Success Regime archive) and to the Healthwatch information request.

6. Recommendations

The Working Group should:

1. **Endorse the use of the 2016 community vote as a distinct evidence strand** in the campaign archive and in the consultation response.
2. **Ask the Parish Clerk to recover the November and December 2016 Parish Council minutes and any contemporaneous papers** (vote organisation, ballot wording, count sheets, press releases) and to add them to the campaign archive.
3. **Add the community vote to the questions put to Healthwatch** in the information request — specifically whether Healthwatch Cumbria, the Success Regime work streams, or the CCG received any communication about the result of the vote at the time.
4. **Add the community vote to FOI 15 to NHS England** as a specific item — whether NHS England’s inherited Success Regime archive contains any record of the December 2016 community vote being communicated to or considered by the Success Regime Programme Board, the Executive Group, or the relevant work streams.
5. **Include a section on the 2016 vote in the consultation response shell**, with placeholder text drafted as soon as the date and question wording are recovered, and the unanimous result already on the record.
6. **Include the 2016 vote in any preliminary legal advice instructions** authorised under Resolution 8 of the 28 April 2026 emergency meeting, as material to legitimate expectation and procedural fairness arguments.

Sources

- Alston Moor Parish Council, **Minutes of the meeting of 9 January 2017**, agenda item 6. Publicly available at alstonmoorparish.gov.uk/wp-content/uploads/2024/04/AMPC-Jan-17-final.pdf. The source of the direct quotation in section 1 above.
- Alston Moor Parish Council, **Minutes of the meeting of 3 October 2016**, agenda item 9a. Publicly available at alstonmoorparish.gov.uk/wp-content/uploads/2024/04/AMPC-Oct-16-final-1.pdf. Establishes that the Success Regime consultation ran until “just before Christmas 2016” and that the Parish Council had a working group on the future of healthcare on Alston Moor.
- Alston Moor Parish Council, **Minutes of the meeting of 9 September 2024** (Local Plan response). Publicly available at alstonmoorparish.gov.uk/wp-content/uploads/2024/09/1AMPCM-Minutes-2024-0209.pdf. Establishes that the Parish

Council's published view, eight years after the bed closure, is that "the range of services promised to be continued after bed closure are for the most part not available".

- Local Government Act 1972, Schedule 12 Part III, and the Parish and Community Meetings (Polls) Rules 1987 — for the distinction between a Parish Council-organised community vote and a formal statutory parish poll.
- Healthwatch Cumbria, *Engaging people in the NHS success regime*, April 2016. Eden locality findings record that "community hospitals were the concern of the majority of respondents in Eden, with many referring to how such services allowed treatment closer to home, and the benefits this provided. Removal of beds from community hospitals was strongly opposed."