



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 safeguarding 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, appearing to be 'Alix Martin', with a stylized, flowing script.

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.