ALSTON MOOR PARISH COUNCIL

From Grisedale Croft Working Group

22nd May 2026

RECIPIENTS

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 — 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 reprovision 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 — SUFFICIENT INFORMATION

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 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 Working Group asks the Council to consider what this figure actually demonstrates. 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

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

Each element of the 2017–18 settlement and what the community of Alston Moor has actually received.

WHAT WAS PROMISED IN 2017–18	DELIVERED?	CURRENT POSITION
Residential and step-down beds at Grisedale Croft with NHS clinical support	✘	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	✘	Never delivered. Reablement teams operate from Penrith only.

WHAT WAS PROMISED IN 2017–18	DELIVERED?	CURRENT POSITION
Community and district nursing retained on Alston Moor	✘	Progressively withdrawn. Staff redeployed during pandemic; did not return.
Video-conferencing access to specialist NHS services	✘	Not implemented.
Local community clinics on Alston Moor	✘	Not implemented.
Enhanced rapid-response services	✘	Not implemented.
Retention of the RLJ site as an outpatient and clinic centre	✘	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	✘	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.

1. **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.

2. **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.

3 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.

4 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.

5 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.

6 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,

Alix Martin

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

Alston Moor Parish Council — Grisedale Croft Working Group
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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.