FORMAL CONSULTATION RESPONSE

The future of Grisedale Croft Care Home, Alston

Response of Alston Moor Parish Council to the Westmorland and Furness Council consultation

Approved by Alston Moor Parish Council on 3 August 2026; final version agreed by its working group on 14 August 2026 · Submitted to Westmorland and Furness Council before the consultation closes on 19 August 2026

AT A GLANCE

What this is. The formal response of Alston Moor Parish Council ('the Parish Council') to the consultation by Westmorland and Furness Council ('the Council') on the future of Grisedale Croft Care Home, the only residential care home on Alston Moor. This Council cannot select any of the five options offered; this is a substantive response, not an abstention, and section 1 explains why.

Three things that must be weighed.

- **A good home.** Grisedale Croft is rated Good by the Care Quality Commission — the Council says so itself — and has not had a full inspection under the Council's ownership.
- **A promise made.** In 2017–18 Grisedale Croft was promised to Alston Moor as the place where people with health needs would be cared for close to home, in return for the community accepting the loss of the hospital in-patient beds.
- **A decline through neglect — by both the Council and the NHS.** (a) After the NHS took over from the Clinical Commissioning Group, the arrangement promised was not honoured: the two step-down / intermediate-care beds designated for NHS use at Grisedale Croft — shown in the Council's own answers of 15 June 2026 — were never properly commissioned, and hospital teams could not even reach them. (b) Westmorland and Furness Council, having taken over from Cumbria County Council, continued to exclude local people with more complex needs from Grisedale Croft's care beds, so vulnerable residents had to travel far from home to find care — for permanent care, respite care, emergency short-break care and, since the closure of the hospital's in-patient beds in 2018, palliative care. This under-use created the

unnecessary ‘low occupancy’ and caused real distress in the community. To close the home because of this neglect would compound the failure, not remedy it.

What we ask. Do not close Grisedale Croft; with the NHS, restore the medical and nursing support the home was promised. If closure is not ruled out now, take no decision until four safeguards are in place (section 1).

1 What we are asking, and why no option can be selected

Alston Moor Parish Council has considered the consultation material, the Council’s published Questions and Answers of 15 June 2026, and the documents released under the Freedom of Information Act 2000. **This Council is unable to select any of the five options.** That is not a refusal to engage; it is the only honest response the material permits. The preferred option rests on a property the Council has confirmed is no longer available and a replacement it has not identified or costed; the refurbishment and rebuild options changed meaning during the consultation; and information this Council needs in order to respond has been refused, part-answered, or is due only after the close. The option this community actually asked for — retain the home and implement its role — is not on the list.

WE ARE ASKING WESTMORLAND AND FURNESS COUNCIL TO

- **Retain Grisedale Croft** as the residential care home for Alston Moor, and not to proceed to closure or to relocation into an unidentified building.
- **Restore the promised support.** With the North East and North Cumbria Integrated Care Board and North Cumbria Integrated Care NHS Foundation Trust, implement the community nursing, therapy and intermediate-care (‘step-down’) support Grisedale Croft was promised in 2017–18, open the referral route to hospital discharge teams, and assess occupancy again after twelve months of a working pathway.

IF CLOSURE IS NOT RULED OUT NOW, WE ASK THAT NO DECISION IS TAKEN UNTIL

- **(a) a current Care Quality Commission inspection** of Grisedale Croft, under the Westmorland and Furness Council registration, has been carried out and published;
- **(b) a lawful, published Equality Impact Assessment and a rural-proofing assessment** specific to Alston Moor are completed and open to comment;
- **(c) a properly costed, building-specific appraisal of refurbishment in place** has been produced, separating works required for regulatory compliance from discretionary improvement, and comparing options on a whole-life basis; and
- **(d) the Council has stated in writing,** jointly with its NHS partners, whether it considers itself bound — as successor authority to Cumbria County Council — by the 2017–18 Alston commitments.

We also ask that the outcome be referred to the Health and Adults Scrutiny Committee before any decision, treated as a key decision subject to call-in (which the Council accepts it is), and that the outstanding information requests and internal review be determined with time allowed for consultees to respond to what they disclose.

2 Grisedale Croft is the home Alston Moor was promised

The only home on the Moor. Grisedale Croft is the only residential care home serving Alston Moor — a parish of around 2,000 people centred on England's highest market town, and one of the most geographically isolated communities in mainland England. The nearest alternative homes rated Good by the Care Quality Commission are between 17 and 30 miles away, over roads that close in winter. For a family in Alston, a placement at that distance is the difference between visiting daily and visiting rarely.

Its reach extends beyond the parish. The Parish Council understands that older people from the Fellside parishes to the west — among them Melmerby, Langwathby, Ainstable, Croglin and Lazonby — have also used Grisedale Croft, and that families there would wish to keep that option. For some of those communities Alston is the nearer choice, and the alternatives open to them are themselves distant. We do not yet hold data on how many people from beyond

the parish have used the home, or been turned away from it, and we ask the Council to take this wider catchment into account. We record the point because it means the need Grisedale Croft meets is wider than its own parish, and wider than the occupancy figures suggest.

The 2017–18 settlement. When the in-patient beds at the Ruth Lancaster James Cottage Hospital were permanently closed, the community accepted that loss in return for a documented package of alternatives — the Alston Alliance Plan, agreed between the former Cumbria County Council, the NHS and the Alston Moor community, to which the Parish Council was a party. At the centre of that package, Grisedale Croft would provide health beds, supported by community nursing and therapy, so that people who would otherwise be sent to acute hospitals or placed far from home could be cared for on the Moor.

THE PUBLIC RECORD — THE REGULATOR'S OWN WORDS, 2018

> *Grisedale Croft will continue to be part of The Alston Plan 'Working in Partnership' with the development of the Integrated Care Communities and NHS by providing health beds for the elderly residents of Alston Moor who otherwise would be admitted to acute hospitals.*
>
> Care Quality Commission, full inspection report for Grisedale Croft, inspected 10 October 2018, page 13.

THE PUBLIC RECORD — THE JUNE 2017 AGREEMENT

The service-level agreement for the Grisedale Croft health beds, signed in June 2017 and disclosed by the Council in 2026, records that under the arrangement:

> *patients will be expected to return back to their usual place of residence with the same or increased social support or other suitable care setting with an agreed expected date of discharge as agreed by health and social care team.*
>
> NHS service-level agreement for the Grisedale Croft health beds, June 2017, disclosed under FOI-211341-2026.

The Council's own answer records that discharge destinations 'have included: return home, residential bed in Grisedale Croft, hospital depending upon need'. The role the beds were meant to play is therefore documented in the Council's own hands; what is missing is the delivery of it.

A home rated Good, that has not been looked at. That 2018 inspection rated Grisedale Croft Good overall and Good in every domain, and the Council's own consultation page still describes the home as 'rated Good by the Care Quality Commission.' There has been no full inspection since. The home transferred to Westmorland and Furness Council on 1 April 2023, and in more than three years as the registered provider the Council has never had a full inspection carried out. The consultation asks the public to accept the Council's characterisation of a service the regulator has not assessed under its ownership.

3 The low-occupancy case does not stand up

What was promised was comprehensive support, not two beds on paper. The 2017–18 settlement was that Grisedale Croft would be supported by the NHS — community nursing, therapy and intermediate care — so that people with health needs could be looked after on the Moor. The Council's own published answers of 15 June 2026 now show how little of that was delivered, and how the shortfall produced the low occupancy on which the case for closure rests.

THE DECLINE, IN THE COUNCIL'S OWN 15 JUNE ANSWERS

- **The beds were never properly commissioned.** The two NHS beds are funded 'on a per-day basis and… not permanently commissioned by the NHS.' In 2025/26 'a total of 104 potential bed weeks were available, of which 20 weeks were occupied' — roughly four-fifths unused.
- **The people who most need the beds cannot reach them, and may have difficulty unless the local doctor is involved.** The Council's own Questions and Answers of 15 June 2026 state that 'transfer of care teams at the Cumberland Infirmary, Hexham General Hospital or any other hospital do not have access to this pathway,' which is GP-led. In other words, the hospital staff responsible for placing people leaving acute care are shut out of knowledge of it — and even where the local GP is involved, access can still be difficult in practice.
- **People are turned away for want of the support the settlement should have provided.** The Council states that referrals are declined where it is 'not being able to meet the particular care needs of the individual,' and that the home is 'unable to accommodate' those who need two carers on discharge because the rooms are 'too small.'
- **The Council commissioned the very thing elsewhere.** It has 'introduced intermediate care beds at council-run care homes in Barrow and Kendal, in partnership with the NHS' — but not in Alston — while

> some Alston patients may be placed in beds commissioned by Cumberland Council, nearer the hospital and further from home.

Two kinds of bed, two separate referral routes. Access to Grisedale Croft is split in a way that shuts out the people best placed to use it. On the Council's own account the NHS step-down beds are GP-led, and hospital transfer-of-care teams 'do not have access to this pathway.' The Parish Council understands that the social care beds work the other way, and can be reached only through a social worker from Westmorland and Furness Council, so a general practitioner cannot place a patient directly into one. If that is correct, neither the hospital clinician discharging a patient nor the GP who knows them can refer directly into both kinds of bed, and some who need care on the Moor will fall between the two routes.

A cross-authority barrier that bears hardest on Alston Moor. The difficulty is sharper here than almost anywhere, because the people of Alston Moor are treated mainly at hospitals outside the Council's area. Apart from Penrith, the hospitals residents are taken to — the Cumberland Infirmary in Carlisle, the Royal Victoria Infirmary and the Freeman in Newcastle, and Hexham General — all lie in other authorities, so the social worker on the ward will generally be employed by Cumberland Council, Newcastle City Council or Northumberland County Council, rather than by Westmorland and Furness Council. If, as the Parish Council understands, a Grisedale Croft social care bed can be referred only by a Westmorland and Furness Council social worker, then for most residents leaving hospital the ward social worker cannot make that referral at all: the case must first be passed to a Westmorland and Furness Council social worker, and the delay while two authorities' teams make contact is itself a reason people are placed elsewhere and the beds stay empty. We ask the Council to confirm, for each kind of bed, who may refer, whether a social worker from another authority can refer into a Grisedale Croft bed and, if not, what it does to bridge that gap for residents discharged from out-of-area hospitals.

And it is not only about leaving hospital. The more common route into residential care begins at home — an older person who can no longer manage where they live, whose family or general practitioner can see that the time has come. That route still runs through an adult social care assessment and, on the Parish Council's understanding, a Westmorland and Furness Council social worker, and against the Council's own 'Home First' presumption. In the Parish Council's experience it is just as hard to secure a place at Grisedale Croft this way as from a hospital ward: families are steered towards more care at home, or towards a home far from Alston, rather than the bed on their doorstep. We ask

the Council to give the same account of the route from home as of the route from hospital — how many Alston Moor residents sought residential care from home, how many were offered Grisedale Croft, and how many were placed elsewhere or received no place at all.

Need is being turned away and diverted, not falling. On the Council's own account, occupancy is low because the pathway agreed in 2017–18 was never built, the beds were never properly commissioned, and the people best placed to make referrals were excluded from the route. The Parish Council is gathering first-hand accounts from families whose relatives needed care and were not placed at Grisedale Croft.

This was neglect, and both the Council and the NHS share responsibility for it. This is not a home that was actively 'managed down.' After the North East and North Cumbria Integrated Care Board took over the commissioning role from the Clinical Commissioning Group, the arrangement promised in 2017–18 was not honoured: the two step-down beds were never properly commissioned and, on the Council's own account, hospital teams cannot reach them. And Westmorland and Furness Council, having inherited the home from Cumbria County Council, continued to exclude local people with more complex needs from its care beds — so residents needing permanent, respite and emergency short-break care, and, since the loss of the hospital's in-patient beds in 2018, palliative care, have had to travel far from home to find it. That under-use is what produced the low occupancy now relied on, at real cost to this community. To propose closing the home because of the consequences of that neglect is not a responsible basis for a decision of this gravity; it would compound the failure, not remedy it. The future of Grisedale Croft cannot properly be settled by the Council alone, and both bodies should be at the table.

The finances confirm it. The figures the Council disclosed show a home that is cheap to run and starved of referrals, not a home that is expensive by nature.

What the Council's own figures show	Detail
Occupancy (at 31 March)	Eight residents in 2024, four in 2025, four in 2026; the home now has four permanent residents, having fallen as low as three. It has 13 registered beds, 12 available.
Total running cost	About £910,000 a year — the **lowest of all eight council-run homes**.

What the Council’s own figures show	Detail
Cost ‘per resident’	About £4,072 per resident per week — high only because so few of the beds are filled. This is an artefact of low occupancy, not the cost of running the home.
NHS income for beds	About £25,000 in 2023/24, falling to nothing in 2025/26 — the financial trace of the promised arrangement being wound down.

Source: response to FOI-208440-2026 (disclosed 22 May 2026); the Council’s Questions and Answers of 15 June 2026; and its published consultation material.

On workforce and agency cost. The Council gives ‘workforce pressures’ and ‘high operating costs’ among its reasons, but its own figures are hard to reconcile. The response to FOI-208440-2026 recorded no staff vacancies at 31 March 2026; the 15 June answers state ‘13.5 FTE staff with 3.5 FTE vacancies.’ The same answers put the cost at ‘more than £1 million a year,’ while the disclosed data gives about £910,000, the lowest of the eight council-run homes. We ask the Council to reconcile these figures; to provide the recorded agency-staffing spend at Grisedale Croft for each year; and to set out what it did, as the home’s employer, to recruit on Alston Moor — where and when posts were advertised, and whether the community’s own employment networks and organisations were involved. A staffing shortfall that has not been met by local recruitment is a reason to recruit differently, not a reason to close the home.

> **IN THE COUNCIL’S OWN WORDS**
>
> The Council’s own statement of 21 April 2026 records that, for Grisedale Croft, ‘in Alston and the surrounding area there is little alternative provision available.’ The same Council has adopted a vision of people living ‘in a place they call home, with the people and things they love… doing the things that matter to them.’ Closing the only home on the Moor and moving residents 20 to 30 miles away is the opposite of that vision, not an expression of it.

4 The refurbishment figure, and a preferred option with nothing behind it

A generic estimate, not a costing of this building. The Council's 15 June answers explain the £2.5–3 million range as a historic average: 'approximately £1.5 million per home' from pre-Covid modernisation programmes, plus 'an additional £0.5 million… backlog maintenance,' uplifted to 'potentially exceeding £2.5 million to £3.0 million per home.' That is a per-home figure lifted from an average — not the output of a condition survey and a schedule of works for Grisedale Croft.

Building	Beds	Published range	Implied cost per bed
Grisedale Croft, Alston	13	£2.5m–£3.0m	£192,000–£231,000
Applethwaite Green, Windermere	27	£2.5m–£3.0m	£93,000–£111,000
New-build benchmark (13 beds)	13	£1.56m–£2.34m	£120,000–£180,000

Per-bed figures are the published range divided by registered beds. New-build benchmark from standard 2025 construction costs of £120,000–£180,000 per registered bed.

The same range is applied to a 13-bed home and a 27-bed home, implying roughly double the cost per bed at Grisedale Croft with no published explanation; and on standard benchmarks a complete 13-bed new build would cost less than the Council's claimed ceiling for refurbishing the existing home. The Council also confirms that refurbishment would require the home to close for 'an estimated 12 to 24 months,' with residents moved temporarily or permanently — a material fact its materials did not make clear at the outset.

The workings have not been disclosed, so the figure cannot be tested. The request for the basis of the published figure is long overdue; the request for the building's capital and maintenance expenditure was refused under section 12 (cost) and, when narrowed and resubmitted on 7 June 2026, remains unanswered. A building and construction cost professional advising the Parish Council visited Grisedale Croft and met Council officers on site. Shown round the home, the adviser was still refused both the methodology by which the refurbishment option was costed and the plans of the building — even though the Council had included two floor plans of the home in a recent presentation.

Without the assumptions or the plans, the £2.5 to £3 million figure cannot be tested by anyone outside the Council. The recognised standard for a decision of this kind is the HM Treasury Green Book (2022 edition), which expects every option to be tested against a defined baseline and compared on whole-life cost; a single range applied to two different buildings, presented apart from the home's running cost and the human cost of closure, does not read as an appraisal to that standard, and a clear departure from it bears on the Best Value duty under the Local Government Act 1999.

WHAT A REPLACEMENT WOULD ACTUALLY COST

The Council's preferred direction is a smaller replacement, and a figure as low as four beds has been discussed. On standard benchmark data — the RICS Building Cost Information Service and Care Home Builders — a new-built four-bed facility of that kind can be estimated at about **£864,000**: a gross internal floor area of about 300 square metres at £2,400 per square metre (£720,000), plus about 20 per cent for professional fees and furniture, fittings and equipment (£144,000).

The Parish Council does not accept that four beds would meet Alston Moor's needs — section 8 explains why — and offers this figure for one purpose only: to show that even building new, at the upper end of standard costs, the Council's own preferred option would come to well under £1 million, a fraction of the £2.5 to £3 million it attaches to Grisedale Croft. On the adviser's assessment there are several suitable sites in Alston, including the present site, so a new build on the Moor — which the Council appears to have excluded without published reasons — is a real option, whether at the four beds the Council has floated or at the larger number this community actually needs. Should the Council be unable to identify a suitable existing building, a costed new build should be considered as a further option rather than closure and displacement.

THE PREFERRED OPTION RESTS ON A BUILDING THE COUNCIL WILL NOT IDENTIFY

The Cabinet report of 21 April 2026 stated that 'a potentially suitable property has been identified.' The Council's response to FOI-211895-2026 shows that an officer 'visited the property on 17th April 2026' — four days before Cabinet — but that the property 'has now been sold subject to contract,' that any location will be introduced into the consultation only once a contract or option is entered, and that there is 'no set date scheduled for a decision,' with suitable accommodation still to be 'identified

and costed.’ When the Parish Council then asked, under FOI-216093-2026, for the records of the identified property, the Council’s response of 11 August 2026 disclosed only that officers ‘have located potentially suitable properties on Rightmove’ — a public property portal — and refused the specifics under section 43(2) (commercial interests) and section 22 (information intended for future publication). The Parish Council lodged an internal review on 12 August 2026. The Council’s own earlier answer confirms a site visit and a property ‘sold subject to contract’; recorded information about a specific identified property therefore exists, yet consultees are asked to prefer relocation to a building the Council will not identify, at a cost it has not calculated, to be settled after their views have been taken.

5 How the consultation has been run

CONCERNS ABOUT THE PROCESS

- **A preferred option chosen at the outset.** The Council says it indicated its preferred option for Grisedale Croft ‘from the outset.’ A consultation carries weight only if the decision-maker’s mind is genuinely open when it begins.
- **Two homes treated back to front.** Applethwaite Green, where the Council counts 12 alternative Good-rated homes within 16 miles, was consulted on with four neutral options. Grisedale Croft, where the Council accepts there is ‘little alternative provision,’ was given a preferred option pointing towards closure.
- **Responses taken on an incomplete picture, and not amendable.** The Council extended the consultation on 25 June 2026 because its materials had not made clear that refurbishment meant 12–24 months’ closure and displacement. Its own page confirms a submitted response ‘cannot be amended,’ so the responses given in the first weeks cannot be revised. We ask the Council to state how many responses it received before 25 June 2026 and how they have been treated.
- **Information needed to respond is missing, late, or due after the close.** The internal review of FOI-208440-2026, completed on 27 June 2026, forced the Council to release documents it had said were not held — the Mechanical and Electrical Condition Survey of December 2023 and the Decarbonisation Plan of May 2024 — together with the 2020–2023 occupancy series it had withheld. The workings behind the £2.5–3 million

figure remain undisclosed: the request for their basis is long overdue, and the capital-expenditure request is unanswered. Six further requests — including the Grisedale Croft and Applethwaite Green comparison and the methodology behind the published cost per resident — are not due until 24 August 2026, after the consultation closes on 19 August 2026. Consultees are being asked to respond while material the Council holds is still being extracted from it, and while other material will not be produced until after their deadline.

- **The decision, and scrutiny.** The decision is delegated to the Director of Adult Social Care, and the Council is only 'exploring' involving scrutiny before it. We ask that the outcome go to the Health and Adults Scrutiny Committee before any decision, and be confirmed as a key decision subject to call-in.

The Council's own Consultation and Engagement Strategy. These concerns are not measured only against the case law; they are measured against the standard the Council has set for itself. The Council's own Consultation and Engagement Strategy commits it to consulting 'at a formative stage in the decision-making process when the options are still open' — its own statement of the Gunning principles, at page 8 — to 'engage at an early stage — before decisions are made' and to 'honesty and transparency — be clear about what's been decided, why and what's possible' (page 5), and to the principle that 'we do not make decisions in isolation' (page 11). The same strategy states that Members should be told of significant developments 'before other groups and always before the council makes public announcements' (page 6), and its glossary records that 'conducting a consultation incorrectly may lead to judicial review' (page 15). We ask the Council to explain, against its own strategy, how a consultation that began with a stated preferred option for Grisedale Croft — while an otherwise comparable home was consulted on with four neutral options — was at a 'formative stage… when the options are still open'.

A further concern about openness. A consultation depends on the Council hearing the fullest possible picture, including from those who know the home best. It has been drawn to our attention that staff have been asked to take care not to bring the Council into disrepute and, on some accounts, not to speak about the home's future at all. We put this to the Council in good faith and on the information available to us, and ask it to confirm whether any instruction, agreement or expectation has been placed on staff at Grisedale Croft as to what they may say about the home's future or this consultation, and to confirm that nothing in this process is intended to discourage staff, residents or families from taking part freely. We invite the Council to correct the record if it is able to.

6 The wider duties this decision engages

We ask the Council to satisfy itself — and to show the community — how it has had regard to the following before any decision is made. The fuller framework is at Annex A.

- **The Care Act 2014.** The proposal appears to engage the well-being duty (section 1); the prevention duty (section 2), to prevent or delay people deteriorating into needing ongoing care; the market-shaping and sufficiency duty (section 5), in a parish where Grisedale Croft is the only provider; the duty to integrate care with health (section 3); and the duties to assess each resident's needs (section 9) and ensure continuity of care (sections 46–50).
- **The Public Sector Equality Duty.** Every resident is an older person, and most live with disability, including dementia. Women are also disproportionately affected: women make up the majority of care home residents, the majority of unpaid carers whose capacity to continue caring depends on respite and short-break beds, and the majority of the care workforce. A closure that removes the only local bed base falls hardest on women. Section 149 of the Equality Act 2010 requires the Council to have due regard to the impact on them, with rigour and an open mind, before deciding. An Equality Impact Assessment that is incomplete, or that does not engage with Alston Moor's geography, would not meet that standard.
- **Consultation fairness.** The proposal raises questions under the well-established Gunning principles, endorsed by the Supreme Court in *R (Moseley) v Haringey London Borough Council* [2014] UKSC 56 — a genuinely open mind at the formative stage, enough information to respond intelligently, and sufficient information about alternatives the authority has discarded.
- **Legitimate expectation.** The 2017–18 commitments are the kind of clear, documented promise the courts considered in *R v North and East Devon Health Authority, ex parte Coughlan* [2001] QB 213. We note, in fairness, that the 2017 challenge was resolved before any court judgment, so the expectation rests on the force of the documented promises rather than on a court order.
- **Integration, and Article 8.** The integration duties in the Health and Care Act 2022 are engaged by the central question here — whether a home whose role was defined by a joint health-and-care settlement can be closed by one partner acting alone. Article 8 of the European Convention on Human Rights is engaged by displacing residents far from family, and requires a proper weighing of that impact against whatever case the Council advances.

7 What Alston Moor needs, and what we are not asking for

We are not asking for nothing to change. The Parish Council would welcome a properly evidenced, properly consulted plan for adult social care on Alston Moor — provided it keeps care available on the Moor and honours the 2017–18 commitments. The Council's own answers accept that 'intermediate care should be a key part of a future model' for Alston and that Neighbourhood Health Plans with the NHS are 'early in the development stage.' That is precisely the joint review we asked for, and it should have preceded this consultation, not followed it.

What the community needs is a small, flexible bed base — not its removal. A modern service on the Moor should provide five kinds of bed:

- ✓ **A permanent care bed** for people with more complex needs who cannot be supported safely at home.
- ✓ **A respite bed** for planned short breaks — which sustains the family carers who keep people out of permanent care, and is prevention, not a discretionary extra.
- ✓ **An emergency short-term bed** for when a crisis arises at home, such as a main carer being suddenly taken to hospital.
- ✓ **A local palliative care bed,** needed all the more since the Ruth Lancaster James Cottage Hospital beds closed in 2018, so that people can be cared for near family in their last days.
- ✓ **NHS step-down and intermediate-care beds** to bring people home from hospital.

> **'HOME FIRST' IS SENSIBLE — BUT IT DOES NOT REMOVE THE NEED FOR BEDS**
>
> The Parish Council does not dispute the Council's 'Home First' direction; roving care teams, technology and community support are normal and welcome. But however much is invested in mobile staff and technology, it does not make the need for care beds in the community disappear. People who cannot be kept safe at home, even with a full package and a carer present around the clock, will still need a bed. A strategy that shifts support towards home is a reason to keep a small, flexible bed base on the Moor, not to close the only one.

A much smaller replacement would be far from adequate. The Council accepts a replacement could have ‘fewer beds than Grisedale Croft,’ and a figure as low as four has been discussed — roughly a two-thirds cut from the thirteen beds registered today. Four beds cannot meet the five distinct needs set out above at the same time, still less take back the demand that has been sent away from the Moor for years. Nor does it reckon with an ageing population: the Council’s own answers accept that Westmorland and Furness has ‘an above average proportion of older residents,’ yet its plan for Alston Moor is fewer beds, not more. A home run down to low occupancy by exclusion is not evidence that four beds will do; it is evidence of demand suppressed.

Our objection is to closure by default: on thin evidence, with a preferred option that has no building behind it, and without the safeguards a decision of this kind requires.

8 Conclusion

Alston Moor accepted the loss of its hospital beds because it was promised something in return: that its care home would take health beds so its older people would not have to leave the Moor to be looked after. That promise was recorded by the regulator and then allowed to lapse. The home emptied because the referrals stopped, and the empty home is now the reason given for closing it. This Council is not asking the Council to spend £3 million on a building. It is asking it to stop treating the consequences of inaction — inaction that it and its NHS partners share — as evidence of falling need, to sit down with the NHS and this community as it agreed to do in 2017, and to decide the future of care on Alston Moor, together, on the basis of what Alston Moor actually needs. We would welcome the opportunity to discuss this response, and ask that it be reproduced in full in the report to the Director of Adult Social Care.

ADOPTION AND SUBMISSION

The Parish Council considered this response and approved its submission at its meeting on 3 August 2026. As the Parish Council does not meet again before the consultation closes, the final version was agreed by its working group on 14 August 2026, under the authority the Council delegated to it. It is submitted to Westmorland and Furness Council, in response to the consultation on the future of Grisedale Croft Care Home, before the consultation closes on 19 August 2026. It reflects the Council's disclosures up to 12 August 2026. It is sent to care.consultation@westmorlandandfurness.gov.uk.

Claire Thomson
Clerk to Alston Moor Parish Council

Date:15th August 2026

Raymond Miller
Chair of Alston Moor Parish Council

Date: 15th August 2026

A Annex A — Legal and regulatory framework

A reference summary of the duties and principles the Parish Council asks the Council to have regard to. It is not itself legal advice.

Duty or principle	Source	Why it is engaged here
Well-being duty	Care Act 2014, s.1	Dignity, family relationships and suitable accommodation are part of well-being; displacement 20–30 miles from family cuts across them.
Integration with health	Care Act 2014, s.3; Health and Care Act 2022	Grisedale Croft is a jointly-promised NHS-and-Council service; its future is being decided without the NHS co-commissioner.
Market shaping and sufficiency	Care Act 2014, s.5	Grisedale Croft is the only provider on Alston Moor; the Council accepts there is 'little alternative provision' locally.
Needs assessment; continuity of care	Care Act 2014, s.9; ss.46–50	Each resident's needs must be assessed and continuity ensured before any move.

Duty or principle	Source	Why it is engaged here
Public Sector Equality Duty	Equality Act 2010, s.149; *R (Hotak) v Southwark LBC* [2015] UKSC 30	Residents share the protected characteristics of age and disability; women are disproportionately affected as residents, unpaid carers and workforce; the duty must be met with rigour and before the decision.
Consultation fairness	Gunning principles; *R (Moseley) v Haringey LBC* [2014] UKSC 56	Formative-stage openness, sufficient information, and information about discarded alternatives.
Best Value and appraisal standard	Local Government Act 1999; HM Treasury Green Book (2022)	The cost case should be appraised against a defined baseline on a whole-life basis; a single range applied to two different buildings falls short of that standard.
Legitimate expectation	*R v North and East Devon HA, ex p Coughlan* [2001] QB 213	A clear, documented promise of a home; note there is no court judgment, so the claim rests on the promises themselves.
Private and family life	Human Rights Act 1998; Article 8 ECHR	Relocation at distance engages Article 8 and requires a proper proportionality assessment.
Regulated-provider duties	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Visiting (reg. 9A), suitability of premises (reg. 15) — the Council cannot rely on deterioration it allowed as the reason to close.

B Annex B — Chronology and the state of engagement

Date	Event
2008	Cumbria County Council commits to replace Grisedale Croft with a new facility by 2013. Never built; the building’s condition today is the consequence.

Date	Event
2016–17	Following the Healthcare for the Future consultation, the closure of the Ruth Lancaster James Cottage Hospital in-patient beds is decided (NHS Cumbria Clinical Commissioning Group, 8 March 2017).
2017	Legal challenge by the community, represented by Leigh Day, resolved before court on the basis of NHS commitments about alternative provision.
2017–18	The Alston Alliance Plan sets out the replacement package, including health beds at Grisedale Croft with community nursing and therapy.
10 Oct 2018	Last full Care Quality Commission inspection: Good in every domain; the report records the ‘health beds’ commitment (page 13).
Dec 2020	Cumbria County Council Health Scrutiny Committee records concern at the lack of progress on the Alston commitments.
1 Apr 2023	Grisedale Croft transfers to Westmorland and Furness Council. No full inspection has taken place since.
17 Apr 2026	A Council officer visits the ‘potentially suitable property’ — four days before Cabinet (per FOI-211895-2026).
21 Apr 2026	Cabinet agrees, in closed session, to consult — with a preferred option of relocation for Grisedale Croft.
14 May 2026	Consultation opens.
22 May 2026	The Council’s response to FOI-208440-2026 discloses the occupancy, cost and staffing figures relied on above.
2 Jun 2026	FOI-211351-2026 (capital and maintenance expenditure) refused under section 12; a narrowed request is resubmitted on 7 June 2026.
15 Jun 2026	The Council publishes its Questions and Answers no. 1, containing the admissions quoted above.
17 Jun 2026	The Council publishes its response to FOI-211895-2026 on the consultation process.

Date	Event
25 Jun 2026	Consultation extended by two weeks, to 19 August 2026, because the materials had not made clear that refurbishment would mean 12–24 months' closure and displacement.
27 Jun 2026	Internal review of FOI-208440-2026 completed; the Council discloses the December 2023 Mechanical and Electrical Condition Survey, the May 2024 Decarbonisation Plan and the 2020–2023 occupancy series it had earlier withheld or said were not held.
Jul 2026	FOI-214232-2026 discloses the 2017–18 Alston Plan documents and the Grisedale Croft service-level agreement.
16 Jul 2026	Public meeting at Alston Town Hall.
3 Aug 2026	Alston Moor Parish Council considers this response and approves its submission at its meeting; the Parish Council does not meet again before the consultation closes.
11 Aug 2026	The Council responds to FOI-216093-2026 on the identified property, disclosing only a Rightmove search and refusing the specifics under sections 43(2) and 22.
12 Aug 2026	The Parish Council lodges an internal review of that response.
14 Aug 2026	The Parish Council's working group agrees the final version for submission, under the authority the Parish Council delegated to it.
19 Aug 2026	Consultation closes.

THE STATE OF THE COUNCIL'S ENGAGEMENT

- Letters from the Parish Council to the Council seeking a joint review with NHS partners remain without substantive reply.
- The internal review of the main information bundle (FOI-208440-2026) has been completed and forced further disclosure; a fresh internal review, on the identified property (FOI-216093-2026), was lodged on 12 August 2026.
- The workings behind the £2.5–3 million cost figure — the basis of the published range and the building's capital and maintenance expenditure

— remain undisclosed and are overdue, and six further requests fall due only after the consultation closes.

C Annex C — Evidence relied on

Most of the documents below are the Council's own, published on its consultation page or released under the Freedom of Information Act 2000 and available on the WhatDoTheyKnow website. Individual claims in the response above are cited to these documents at the point they are made.

Document	Date	What it evidences here
Cabinet decision and press statement	21 Apr 2026	The decision to consult; the preferred option; the Council's vision; the Applethwaite Green comparison; 'little alternative provision.'
Cabinet report, paragraph 9.5	21 Apr 2026	'A potentially suitable property has been identified… the Council has not had a conditional offer accepted.'
Response to FOI-208440-2026	22 May 2026	Occupancy, staffing and running-cost data; the Equality Impact Assessment; the March 2026 internal options appraisal.
Internal review of FOI-208440-2026	27 Jun 2026	Released the December 2023 Mechanical and Electrical Condition Survey, the May 2024 Decarbonisation Plan, and the 2020–2023 occupancy series.
Questions and Answers no. 1	15 Jun 2026	104 bed-weeks available and 20 used; hospital teams have no pathway access; the reasons referrals are declined; Barrow and Kendal beds; the 'per home' refurbishment estimate; 3.5 FTE vacancies.
Response to FOI-211895-2026	17 Jun 2026	The 17 April property visit; 'sold subject to contract'; no scheduled decision date; scrutiny only 'explored'; call-in available.

Document	Date	What it evidences here
Response to FOI-211341-2026	2026	The June 2017 NHS service-level agreement and the health-beds flow chart; the intended discharge pathway, quoted verbatim in section 2.
Response to FOI-214232-2026	Jul 2026	The 2017–18 Alston Plan documents and the Grisedale Croft service-level agreement — the documentary basis of the commitment.
Response to FOI-216093-2026	11 Aug 2026	The identified-property answer: ‘potentially suitable properties on Rightmove’; refusal under sections 43(2) and 22.
Consultation page (Citizen Space)	2026	‘Rated Good’; the preferred option stated ‘from the outset’; a submitted response ‘cannot be amended.’
Care Quality Commission full inspection report	10 Oct 2018	Good in every domain; the ‘health beds’ commitment recorded at page 13.
Care Quality Commission infection-control review	5 Nov 2020	The only later CQC visit; not a full inspection.
Cumbria County Council Health Scrutiny Committee	2018; Dec 2020	Delivery of enhanced nursing support into the beds; later, concern at the lack of progress on the Alston commitments.
Parish Council correspondence to the Council	19 Apr – 5 Jun 2026	The requests for a joint review with NHS partners, unanswered.
The Parish Council’s Freedom of Information programme	2026	The wider set of requests to the Council, the NHS and the regulator, on the public record via WhatDoTheyKnow (see Annex D).

D Annex D — Freedom of Information position as at 12 August 2026

This annex sets out what Westmorland and Furness Council has, and has not, disclosed under the Freedom of Information Act 2000 about Grisedale Croft Care Home. Every outcome was taken from the Council's own responses and attachments published on the WhatDoTheyKnow website, read only, as at 12 August 2026. The reference numbers are the Council's own; section references (for example s.12) are to the Act.

Answered in part — what was disclosed and withheld

- **The five-part bundle (FOI-208440-2026).** Partial disclosure on 22 May 2026 — the Cabinet report, the Equality Impact Assessment, the Corporate Management Team report of 24 March 2026, occupancy and staffing tables and a running-costs spreadsheet. The internal review, completed on 27 June 2026, then released the December 2023 Mechanical and Electrical Condition Survey and the May 2024 Decarbonisation Plan — the documents the Council had said, at question 12, were not held — together with the 2020–2023 occupancy series and the budgeted establishment and bed-cost data. Still withheld: internal management minutes (s.36), detailed referral and outcome data (s.12), and small-number resident data (s.40(2)).
- **Consultation process and Gunning compliance (FOI-211895-2026).** Partial, 17 June 2026. The May 2026 consultation pack was disclosed, and the officer visit of 17 April 2026 and the 'sold subject to contract' status confirmed.
- **The 2017–18 Alston commitments (FOI-214232-2026).** Partial, July 2026, and a substantial disclosure — the Alston Plan documents, the Grisedale Croft service-level agreement and the health-beds flow chart, which together are the documentary foundation of the 2017–18 commitment.
- **NHS-designated re-ablement / intermediate-care beds (FOI-211341-2026).** Partial. The June 2017 NHS service-level agreement and the eligibility flow chart were disclosed, with some usage figures; the detailed admissions and financial records were withheld (s.40(2)) and the NHS correspondence refused (s.12).
- **Capital and maintenance expenditure and building condition (FOI-211351-2026).** Refused under s.12 (cost) on 2 June 2026; a narrowed request was resubmitted on 7 June 2026.
- **Health and Wellbeing Board records (FOI-212846-2026).** Information not held, 17 June 2026.

Overdue — past the statutory deadline, no substantive reply

- The basis of the published refurbishment and rebuild cost figures — the request testing the £2.5 million to £3 million figure.
- The building's capital, condition and maintenance expenditure — the resubmission of 7 June 2026.

The cost case for closure therefore remains unevidenced by any disclosed workings.

Acknowledged, with answers promised only after the consultation closes

Six requests have been acknowledged only, with answers promised by 24 August 2026 (28 August 2026 for the flats) — all after the close on 19 August 2026:

- the evidence relied on at the public meeting of 16 July 2026 (FOI-217134-2026);
- the methodology behind the published cost per resident per week (FOI-217258-2026);
- the decision to amend and extend the consultations (FOI-217256-2026);
- the staffing model and the use of agency and bank staff (FOI-217260-2026);
- the Grisedale Croft and Applethwaite Green comparative data, and the decision to consult on them differently (FOI-217259-2026); and
- the adjoining flats formerly leased to Eden Housing Association (FOI-217354-2026, due 28 August 2026).

Under internal review

- **Records of the identified replacement property (FOI-216093-2026).** The Council responded on 11 August 2026, disclosing only that officers 'have located potentially suitable properties on Rightmove' and refusing the specifics under s.43(2) (commercial interests) and s.22 (intended for future publication). The Parish Council lodged an internal review on 12 August 2026, on the ground that the Council's own earlier answer confirms a site visit on 17 April 2026 and a property 'sold subject to contract' — so recorded information about a specific identified property plainly exists.

The contradictions on the record

- **Building survey 'not held' — now disproved.** The Council said no condition survey or engineers' assessment was held; its internal review then released the Mechanical and Electrical Condition Survey and the Decarbonisation Plan.
- **The identified property.** Cabinet was told a property 'has been identified'; the information answer offers only a Rightmove search and an s.43(2)/s.22

refusal, while the Council has separately confirmed a site visit and a ‘sold subject to contract’ status.

- **Occupancy data.** Three years were disclosed against a six-year public argument for closure; the full 2020–2023 series was produced only at internal review, though the data existed throughout.
- **The cost case is unevidenced.** The £2.5 million to £3 million range is applied to both a 13-bed home and a 27-bed home; the request for its basis is long overdue and the capital-expenditure request was refused under s.12. No disclosed workings support the figure.
- **Health beds ‘not held’ by the NHS, but held by the Council.** The North East and North Cumbria Integrated Care Board said it held no commissioning records for the step-down beds; the Council has now disclosed the June 2017 service-level agreement and the health-beds flow chart.

All outcomes, references and dates in this annex were taken from the Council’s responses and attachments on WhatDoTheyKnow, read only, as at 12 August 2026. Where a figure sits inside a large disclosed file — the survey, the decarbonisation plan, or the occupancy and bed-cost spreadsheets — it should be quoted from the source file before it is relied on in any further submission.