From: **Alix Martin** alix.martin@alstonmoorparish.gov.uk
Subject: The postcode that can prove Andy's programme can work, cheaply and measurably — CA9
Date: 20 July 2026 at 1:51 pm
To: andy.burnham.mp@parliament.uk
Cc: Markus CAMPBELL-SAVOURS markus.campbellsavours.mp@parliament.uk, AMPC clerk@alstonmoorparish.gov.uk

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The postcode that can prove Andy's programme can work, cheaply and measurably — CA9

Dear Prime Minister, (Or whoever reads this email. Please share it with Andy)

Congratulations on your appointment as Prime Minister.

Today, on the steps of Downing Street, you promised to take power out of Westminster and carry it into every postcode in the land, to build a more preventative state that invests in people's success rather than paying for failure, and to put the care of people at the heart of everything you do. We are writing on your first day from the place where those promises will be tested — because here, promises like them have been made before, in writing, and broken.

You may not have had reason to know Alston Moor. It is England's highest market town and the villages around it, high in the North Pennines — a mining community that has lost industry after industry — lead, then coal, a foundry, a factory employing 80 people, the last of them only around 15 years ago — and, like the places you spoke of this afternoon, has never been given the means to turn things around. In 2014, Alston Moor had a six-bed community hospital, a minor injuries unit, a 13-bed care home and a community ambulance service, serving 2,400 people recognised by the government's own indices as the most isolated community in mainland England. Most of that is gone. The hospital's inpatient beds closed in 2018. The minor injuries unit and X-ray department are gone; the nursing team and resident midwife were moved 20 miles to Penrith in the pandemic and never came back. The few buses that remain cannot get people to college, to work, or to the shops and back; there is no direct route to college — at best a student leaves in the early hours and returns late at night by a chain of buses and trains — so parents drive instead, and some have given up work to keep a child in the education the law requires. For anyone without a car, reaching hospital depends on a volunteer social car scheme, and only for Carlisle or Hexham; to Newcastle, where many of our patients are sent, there is no provision at all beyond the same punishing chain of early buses and trains. Even a Category 1 ambulance call — a cardiac arrest — can wait around an hour here, against a national average-response standard of seven minutes; less urgent calls commonly wait three to six hours, and the nearest A&E is over 30 miles away, through a major city. Reorganisation has compounded the disjointedness: we now sit in Westmorland and Furness, whose services are organised towards the south of the county, while our hospital care flows north and into Northumberland — so no part of the system plans for this place as a whole. Only three/four of the care home's 13 beds are occupied, and Westmorland and Furness Council is now consulting on closing Grisedale Croft altogether, or cutting it to as few as four beds.

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

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

But we are not writing only to ask for help. We are writing to make you an offer. You have promised to carry power into every postcode in the land.

Nowhere in England can prove that promise more cheaply, or more clearly, than here. Alston Moor is remote, but it is quantifiable precisely because it is isolated: one defined population, one practice, one care home, one former hospital building, and hard geographic boundaries that no patient flow blurs. Whatever is spent here can be counted. Whatever changes here can be measured. Whatever works here cannot be explained away. Most pilots struggle to prove anything because their boundaries leak; ours cannot. The buildings already exist, so this is a low-cost test with a high-value answer. And intermediate care close to home is your preventative state in its plainest form: investment in people's recovery, instead of payment for failure 30 miles away. Make Alston Moor the national test site for what the Neighbourhood Health programme means in remote rural England, and within this Parliament you would have numbers no critic could argue with. If it can be made to work here, it can work anywhere. When you bring forward your 10-year plan for Britain later this year, let this be one of the places that proves it.

So we ask four things of you.

- First, direct that the North East and North Cumbria Integrated Care Board and Westmorland and Furness Council convene a joint meeting with this community — with people in the room who have the authority to decide something. This is the thing that is most urgent. Not another consultation event; a meeting that produces a decision. This is the most urgent as the consolation is happening

- Second, include the re-provisioning of in-patient community hospital capacity on Alston Moor in the next wave of Neighbourhood Health Centres, as a rural test site.

- Third, honour the 2018 undertaking in the meantime: no closure or reduction of Grisedale Croft until genuine replacement provision actually exists.

- Fourth, make Alston Moor your test site for regeneration as well as for health. The broadband here is now good; what we lack is everything that would let people use it — council homes, which you promised today to build; workshops where people can relocate or start a business; buses that bring people in and out; and the health and social care that lets a growing and beautiful community stay. Prove in one place, cheaply and measurably, that these strands joined together turn decline around — then take the proof everywhere.

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

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

Yours sincerely,

Alix Martin
Vice Chair, Alston Moor Parish Council

cc: Markus Campbell-Savours MP;

Alix Martin
alix.martin@alstonmoorparish.gov.uk

Alston Town Hall
Front Street
Alston
Cumbria
CA9 3RF