ALISON GRIFFITHS MP

Member of Parliament for Bognor Regis and Littlehampton

The Rt Hon. Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

02nd March 2026

Ref: AG/TG/2603

Zachary Merton Hospital, Rustington – Formal Request for Intervention, Call-In and Immediate Pause on Disposal

Dear Secretary of State,

I write further to my oral question on Tuesday 24th February 2026 regarding access to care in the community, and my subsequent exchange with the Minister for Care, Stephen Kinnock MP.

In that exchange, I raised the case of Zachary Merton Hospital in Rustington, which was closed on what was described as a temporary basis, but has since been treated as permanently closed and is now being progressed for disposal. The Minister stated that he was "*not familiar with the details of that case*" and indicated that if I wrote, he would be happy to take the matter up.

I am therefore doing precisely that.

1) Constituents' Concerns and Local Accountability

I have been contacted by a substantial number of constituents regarding the permanent closure and proposed disposal of Zachary Merton Hospital. Rustington Parish Council has also written to you directly on 3rd February 2026 to register its extreme concern and to urge intervention and a pause in the sale of the site, copy attached.

The concerns raised with me are consistent and serious. They do not centre on nostalgia for a building. They centre on the loss of local intermediate and step-down capacity in a coastal constituency with a markedly older demographic profile.

You will be aware that Rustington and its immediate neighbour East Preston is the only neighbourhood where over-66s constitute more than half of the population.

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Many residents rely heavily on rehabilitation, respite, frailty support, end-of-life care, and structured discharge pathways.

My constituents have expressed deep frustration that what was presented as a temporary closure has, without meaningful local consultation on permanence, become a permanent loss. They are equally concerned that the site is now being moved through disposal mechanisms that may foreclose future health use altogether.

As their Member of Parliament, I share those concerns.

It is important to note that Sussex Community NHS Foundation Trust originally indicated that consultation would take place regarding the future use of the site. My understanding, based on correspondence shared with me, is that this commitment has not been honoured.

I recognise that briefing sessions have been offered and summary activity figures presented. However, briefing is not the same as lawful consultation, and headline figures are not a substitute for transparent publication of the evidential appraisal underpinning a permanent estate decision.

Instead, the Trust has proceeded on the basis that disposal represents the only economically viable option. If consultation on future use was promised and then set aside, that is not a marginal procedural issue. It goes directly to legitimate expectation and public trust.

2) From Temporary Closure to Permanent Loss – The Consultation Question

Zachary Merton Hospital was closed on 30 November 2023 following structural concerns, despite these not having been identified in a previous recently undertaken survey. Correspondence from Sussex Community NHS Foundation Trust refers to remedial works estimated at approximately £8 million and a lack of capital funding.

A temporary closure on estates safety grounds is one matter.

A decision not to reopen, and to dispose of the site, is quite another.

My constituents and the Parish Council contend that no full public consultation has taken place on the permanent closure decision, despite earlier assurances that engagement would occur. That allegation, if correct, is serious.

Under the *National Health Service Act 2006* and associated reconfiguration guidance, commissioners are required to consult where proposals amount to a substantial variation in NHS services. In addition, common law principles of consultation fairness – including the well-established Gunning principles – require that consultation be undertaken at a formative stage, with adequate information, sufficient time, and conscientious consideration of responses.

The removal of local intermediate and step-down capacity in an ageing population raises a legitimate question as to whether the statutory threshold for substantial variation has been met, and whether comparable geographies across Sussex have been assessed on a consistent basis.

The Trust has further contended that demand for the services previously delivered at Zachary Merton no longer exists, and that those services are now adequately delivered in the community.

While briefing materials and headline activity figures have been shared with local representatives, the ICB and Trust have not provided the underlying data, modelling, or comparative analysis said to support the conclusion that permanent removal of bed-based capacity is justified.

Given the well-documented older demographic profile of Rustington and the surrounding area, such an assertion cannot simply be advanced without transparent evidential backing.

Absent publication of the underlying evidential basis for those assurances, the claim remains unsubstantiated.

I am therefore concerned that there may have been a failure to discharge statutory consultation duties unless evidence demonstrates otherwise.

I ask you to confirm:

- Whether the permanent closure of Zachary Merton Hospital was treated as a notifiable reconfiguration under Schedule 10A.
- Whether as Secretary of State you were formally notified of the decision.
- What consultation steps were undertaken in respect of permanence and disposal, and on what dates.
- How equality and health impact assessments were conducted and published.

If those steps were not taken, the issue is not simply one of local disagreement. It is one of due process.

I am also concerned that previously proposed options for alternative health provision on the site – including repurposing for intermediate, rehabilitation, or broader neighbourhood health use – have not been meaningfully considered or publicly assessed.

If disposal is being advanced on the premise that it is the only economically viable option, the evidential basis for that conclusion must be transparent. A decision to foreclose alternative health use without published appraisal would represent a serious narrowing of options before lawful process has run its course.

3) Disposal – The Irreversibility Risk

The most urgent concern now relates to the disposal trajectory. It is difficult to reconcile progression toward disposal with the fact that infrastructure requirements under the 10-year health plan and neighbourhood health centre model are not yet fully defined for Eastern Arun. Permanent estate decisions should follow, not precede, clarity about future service configuration and capacity need.

I understand that the site has entered a formal process involving registration for public sector partner interest, with potential progression to open market sale. Once transferred, that public asset is lost to the NHS permanently. That is the point of no return.

With local elections approaching, it would be wholly inappropriate for disposal of this magnitude to proceed during a period when democratic scrutiny is constrained. Previous reconfiguration cases have demonstrated the importance of pausing contested decisions during election periods to preserve public confidence.

This case warrants the same discipline.

I therefore request a clear and unequivocal guarantee that:

- All actions relating to disposal of the Zachary Merton site are immediately paused.
- No further steps are taken – including marketing, heads of terms, internal asset transfer, change-of-use preparation, or any preparatory legal or commercial arrangements – that would limit, pre-empt, or render impracticable any future health use of the site.
- No irreversible decision is taken pending ministerial review.

4) Call-In and Independent Scrutiny

In the House, I asked whether you would consider exercising call-in powers before the site is irreversibly sold.

I now formally request that you:

I. Call in the relevant decisions relating to permanent closure and disposal.
II. Examine whether statutory and common law consultation duties were properly observed.
III. Determine whether this constitutes a substantial variation in NHS services.
IV. Require NHS Sussex Integrated Care Board to produce and publish a clear, place-based plan for intermediate and neighbourhood-level care in Eastern Arun before any disposal proceeds.

The Minister stated that Government does not "micromanage" local decisions. That is correct.

However, where statutory duties, transparency, and the integrity of public consultation are in question, ministerial oversight is not micromanagement. It is accountability.

5) Cumulative Local Impact

Constituents have also raised concerns about cumulative loss of local healthcare infrastructure, including the earlier closure of Littlehampton Community Hospital and broader service changes across Eastern Arun. I am verifying the specific chronology and decision trail in those cases.

What is beyond dispute is the perception locally that neighbourhood-level capacity has been steadily reduced.

If the Government's stated ambition is a shift from hospital to community, then disposing of a former community hospital site in an ageing coastal constituency – absent a clearly articulated and consulted alternative – risks undermining that strategic coherence.

Trust in reform depends on visible local delivery.

6) Response and Transparency

This letter will be published in the interests of transparency. My constituents expect clarity.

I should be grateful for a substantive written response addressing:

- The consultation record and statutory footing.
- The Schedule 10A position and any notifiable reconfiguration trail.
- The current disposal status and timetable.
- Whether you will issue an immediate pause and consider formal call-in.

I am also writing separately to the Chair and Chief Executive of NHS Sussex ICB, the Chair and Chief Executive of Sussex Community NHS Foundation Trust, NHS England South East, and the Chair of the West Sussex Health and Adult Social Care Scrutiny Committee, to ensure that governance, consultation, and disposal processes are examined at every relevant level.

The future of Zachary Merton Hospital must not be determined by administrative drift or asset disposal conducted without demonstrable public legitimacy.

I look forward to your urgent response.

Yours sincerely,

Alison Griffiths MP
Member of Parliament for Bognor Regis and Littlehampton

Att: Letter from Rustington Parish Council to Secretary of State 03 Feb 2026