

**From the Permanent Secretary  
and HSC Chief Executive**



**To: Chief Executives of Arms Length Bodies**

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Dear Colleagues

## **CHANGE OR WITHDRAWAL OF SERVICES – REVISED GUIDANCE ON ROLES AND RESPONSIBILITIES**

I refer to the Department's extant guidance, 'Change or Withdrawal of Services – Guidance on Roles and Responsibilities', that was issued under cover of a letter from Andrew McCormick dated 29 November 2012.

The Department has decided to strengthen the sections on consultation in the extant guidance by providing advice on consultation in circumstances where consultation has not been possible in advance of a change or withdrawal of service (both temporary and permanent). I have attached the revised guidance circular which includes a new paragraph, No.11, which you should implement immediately in conjunction with the overall guidance in the revised circular which remains unchanged from the previous extant guidance. The new paragraph 11 states:

“In circumstances where consultation has not been possible in advance of a change or withdrawal of service, it is recommended that consultation should be carried out following the event with the clear intention of re-opening or reinstating the service if an alternative viable means of preventing the change or withdrawal is identified by the consultation. In such circumstances a consultation timescale of 8 weeks is recommended. Also, in such circumstances the consultation process should be reasonable and proportionate; however, the organisation must be satisfied that the process is in compliance with statutory requirements, its PPI Scheme and the overall guidance in this circular”.

All Health and Social Care Trusts should give immediate consideration to the impact of paragraph 11 in conjunction with paragraphs 12 to 16 on their Contingency Plans for 2014/15 and decide whether immediate public consultation is required in relation to proposals to temporarily change or withdraw services.

I have also attached a copy of the Public Health Agency's good practice guidance on Personal and Public Involvement (PPI) which I am bringing to your attention as an essential tool that ALBs should draw upon in implementing their PPI schemes.

Yours sincerely



**RICHARD PENGELLY**