Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

Departmental Briefing on Sustainable Development

7 January 2010

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Jim Wells (Chairperson)
Dr Kieran Deeny
Mr Alex Easton
Mr Sam Gardiner
Mrs Dolores Kelly
Mr John McCallister
Ms Sue Ramsey

Witnesses:
Mr John Cole)
Mr Andrew Elliott) Department of Health, Social Services and Public Safety
Mr Brian Godfrey)

The Chairperson (Mr Wells):

I welcome Mr John Cole, who is the deputy secretary and chief estates officer of health estates in the Department of Health, Social Services and Public Safety (DHSSPS). He is also the Department's sustainable development champion, which sounds like a very important position. I also welcome Mr Andrew Elliott, the Department's director of population health, and Mr Brian Godfrey, the head of the Department's sustainability and specialist engineering branch. Please make a 10-minute presentation, after which members will ask questions.

Mr John Cole (Department of Health, Social Services and Public Safety):
Thank you for your invitation to speak to the Committee today. We are here to give evidence on the Department's input into the Office of the First Minister and deputy First Minister's (OFMDFM) draft sustainable development strategy. All Executive Committees have been invited to respond formally to the consultation on that draft strategy. That consultation process ends on 15 January 2010, which does not give us too long.

The Committee's question is whether our Department has made any direct formal contribution to the development of the draft strategy: it has not. The process did not develop in that way. The Department will respond to the consultation at the same time as the Committee makes its response. The Department is finalising its response to the consultation, but it has not been engaged in the process to date.

The Department, however, expects to have much more proactive involvement in the next phase of the process, which will be the development of implementation plans to bring more detail to the draft strategy. The Department's general response to the draft strategy is that it supports the general thrust. The draft strategy is written in what can only be described as generic and high-level terms. It resonates well with the values, principles and objectives of the cross-departmental and multi-sectoral public health strategy, Investing for Health, which is a key departmental and Executive strategy. However, we do not feel that the draft strategy makes sufficient reference to Investing for Health; it could contain much more read-across. Andrew will say more about that in a moment.

It is clear that the more disadvantaged people's social, economic and environmental circumstances are, the worse their health status is likely to be. The Department is involved in a number of initiatives to improve the sustainability of local communities. The Public Health Agency, which was set up under the review of public administration, will, I hope, play a fundamental role in addressing health and social inequalities and in contributing to the development of more sustainable communities.

A second area of the draft strategy that we feel deserves greater weight is the importance of identifying and addressing the impacts of climate change — if it takes place despite the best intentions of the international community to prevent it. That is identified in the draft strategy as one of four subheadings under the five strategic objectives. Our Department is involved in a

series of significant exercises at national and local level to determine the risks to health that will emerge on the basis of future climate change. Andrew will be more specific about those risks. However, they involve new disease risks and risks associated with changing climate patterns. We feel that those risks could have serious consequences, and, accordingly, we consider that they should have greater prominence in the draft strategy.

More generally, it is positive that many of the Department's existing policy initiatives are fully consistent with the five priority areas for action that are outlined in the draft strategy, and those will inevitably be identified as key elements of the implementation plans that will emerge at the next stage.

Over recent years, our Department has sought to develop and implement improved models of care that are inherently more sustainable and aimed at improving the health, well-being and quality of life of the population. A key aspect of those policies has been what is commonly referred to as a "shift left" in seeking to strengthen the role of primary and community care through providing a more accessible and comprehensive range of services that are integrated and located closer to where people live. The focus of those services is on health promotion, illness prevention, encouraging changes in lifestyle and diet, earlier diagnosis and interventions, and better local management of chronic disease. A major objective of those initiatives is also to prevent unnecessary admissions to hospitals for many people who do not need to be there.

We also encourage the development of models that bring together health services, social services and a range of related public services that impact on health. The recently completed Grove Wellbeing Centre in Belfast is a good example of that. The centre co-locates GPs, a comprehensive range of health services, a library and resource centre, a leisure centre and a day centre, together with a pharmacy. That co-location facilitated the development of a range of synergistic activities, delivering considerable advantages to the local population and facilitating the development of new patterns of working between the different sectors. That creates a much more integrated approach and helps to build a much more sustainable community.

In the specific, more infrastructure-related aspects, such as the protection of the environment, energy efficiency and carbon reduction, our Department has been at the forefront in promoting best practice. We have done that through the development and implementation of exemplar standards and guidance in our capital infrastructure programme and the management of the

existing health and social care estate. Our current development of a new community facility in Portadown has attracted national interest, and it won a national award for its innovative and comprehensive approach to sustainability. Sam, you probably know the Portadown facility quite well.

Mr Gardiner:

Yes, it is in my constituency.

Mr Cole:

If members wish to hear more detail, Brian can expand on the Department's approach. Having given that brief overview, I ask my colleagues to elucidate on some of their work in the key areas. Perhaps members will guide us, because we are responding to how we have been involved in the draft strategy to date. Although we have not been involved as yet, we will be involved through a series of responses that we will make over the next week.

Mr Andrew Elliott (Department of Health, Social Services and Public Safety):

I will pick up on John's reference to Investing for Health: in addition to the contribution that the Health Service can make to creating a more sustainable way of life in Northern Ireland, it is important to realise that the population is a critical component of what we can do. If we have a healthy and more emotionally resilient population, we can achieve, through creativity and new approaches, more than would otherwise be possible. Moreover, society would have an increased resilience in dealing with any future changes. In that context, the Department would like to see greater reference to the Investing for Health strategy in the draft sustainable development strategy, because there are many synergies between the two.

I am sure that I do not need to remind members that Investing for Health is not solely a DHSSPS strategy; it is an Executive-wide strategy and has cross-governmental implications, as does the draft sustainable development strategy. A successful sustainable development strategy must fully embrace the need for improved health and well-being, and tackle health and social inequality, which will, in turn, create more sustainable communities. That is explicitly referenced in the document.

The document seeks to align Northern Ireland's strategy with the wider EU strategy, which places a focus on economic prosperity, social cohesion, environmental protection and meeting

national and international responsibilities. Under the theme of social cohesion, there is specific reference to promoting an equal, democratic, socially inclusive, cohesive, healthy, safe and just society, with a respect for fundamental rights and cultural diversity that creates equal opportunities and combats discrimination in all its forms. It has been recognised for some time that the more disadvantaged people's social, economic and environmental circumstances are, the worse their health status is likely to be. The Investing for Health strategy is explicit on that issue, and much effort has been made to find more successful ways to tackle health inequalities than we have been able to find to date. That is not only an issue in Northern Ireland but an issue throughout Europe and beyond.

Sir Michael Marmot, who chaired a World Health Organization commission into health inequalities at a global level, is now examining how best to tackle health inequalities in England. I had the opportunity to participate in the steering group that oversees the work, which has significant implications for our Investing for Health review and some relevance to the language used in the draft sustainable development strategy. That work, for example, suggests that there should be a focus across government to ensure a healthier and more resilient population, a greater focus on mental as well as physical health and well-being, and a focus on the early years of life from conception through to nursery school, particularly on mental well-being.

The Public Health Agency is also highly involved in the Department's work on reviewing its Investing for Health strategy. The agency has also focused on building relationships with local communities and on trying to establish a way forward that is based on community planning in conjunction with local government and others. There are great synergies in that area with what the draft sustainable development strategy seeks to achieve.

The Department is also working at a couple of different levels on a response to climate change, should it happen, and its chief environmental health officer is particularly focused on those issues at national and local level. The types of issues that must be considered are whether hotter summers will lead to an increase or change in the vectors of disease in Northern Ireland, or whether there could be changes in bacterial growth and insect and pest activity. Those have implications for issues such as surveillance, and, from time to time, the Department engages on those matters with the Department of Agriculture and Rural Development.

Furthermore, poor air quality can change the levels of respiratory-associated deaths, and

changes in weather patterns mean potentially fewer excess deaths in winter but more in summer. However, we must work through those issues, and, if the climate becomes increasingly unpredictable, we must establish whether that would result in more excess deaths all year round.

Therefore, many issues must be considered, but it is important to capture the points on ensuring a healthy and resilient population and allowing people to rise to the challenges that the sustainability agenda creates.

Mr Brian Godfrey (Department of Health, Social Services and Public Safety):
I will outline two of the main areas of focus in the development of the health estate: the procurement of health, social care and public safety facilities; and the assurance of effective management of the existing estate.

Through procurement, the Department is committed to delivering sustainable buildings in accordance with international, national and local sustainable development policies. As champion of sustainable development in the health, social care and public safety sector, the health estates investment group seeks to promote new standards of sustainable development and to advance best practice according to the highest standards of design, environmental sustainability and construction. The main tool used is the Department's sustainable development design brief for new capital projects, which incorporates the use of the Building Research Establishment's environmental assessment method for healthcare.

The recognition of sustainable principles is a key criterion in the selection of design teams and construction supply chains, and each is required to include appropriate resources and specialist skills to deliver on that critical area. The design brief requires an evaluation of options to ensure sustainable development, and a sustainable evaluation is undertaken for each project to determine the most suitable sustainable technology. That is then incorporated into the project design.

Some of the available options are illustrated in the briefing paper that we provided for the Committee: using the building's orientation for passive heating and the use of appropriate design features to minimise summer overheating; the use of extensive daylight penetration to reduce energy consumption through the reduction of the need for artificial lighting; the incorporation of natural ventilation to reduce the need for electrically driven ventilation plants; and the use of thermal mass. That technology was used in the Grove Wellbeing Centre, in which a concrete

superstructure was used to create a heat sink that modulated the internal thermal temperature. In addition to considering those hard construction or engineering aspects, the Department also considers aspects such as pedestrian access and making the use of public transport more attractive in a bid to reduce car use.

The existing estate must contribute to higher levels of energy performance and lower levels of energy use, and, preferably, more of that energy performance will be driven by sustainable sources. We must also strive for a continual reduction in energy demand through actions such as installing new efficient boiler plants and higher standards of insulation, and by replacing inefficient lighting with more energy-efficient lighting.

Although we have focused on energy efficiency for a number of years, we also need to consider areas of operation that contribute significantly to sustainable development. We are thinking of using water demand and waste, and we recently introduced a policy for non-touch taps, which significantly reduce waste of hot and cold water. The added advantage of that policy is that it helps the associated healthcare issue of infection prevention and control. We promote the greater use of collected rainwater or recycled grey water. We aim to reduce the use of private cars and enable greater use of public transport and more walking and cycling.

In support of healthier lifestyles, we work with Sustrans to encourage greater use of the Belfast greenways by staff and service users. Of particular focus is the greenway that runs from Comber to Belfast city centre, because the Ulster Hospital and the Arches community care and treatment centre are located on that main route. Recent consultation on the possibility of using the greenway for public transport — namely a tram system — found that GPs are hugely supportive of the continuation of that greenway. They can see the difference that access to the greenway can have on patients' physical and mental health. As for ecology and biodiversity, we are about to issue the trusts with further guidance on enhancing the environment — for example, habitats. Work has also been done on waste and the sustainable procurement of goods and services.

I confirm our general support for the draft sustainable development strategy, with the proviso that there should be stronger reference to the objectives of the Investing for Health strategy and the impacts of climate change. The implementation plans must be much more specific. There is sometimes concern that strategies make many general, apple-pie statements without providing

delivery. We want real targets, real measurements and a real review of the process, and we will comment to that effect in our response to the consultation. We are interested to hear any comments that the Committee may wish to make.

The Chairperson:

I heard similar presentations from other Departments when I was a member of the Committee for the Office of the First Minister and deputy First Minister. I will ask an obvious question, Mr Cole: what proportion of your role in the Department is taken up by your work as its sustainable development champion? Is it one day a week, one day a month, 10% or 20%?

Mr Cole:

Brian heads up a section of the Department that focuses on the work of sustainability and specialist engineering, and he reports to me on that work formally at least twice a month. I work with all the other branches of the Department on general aspects of sustainability. I cannot give a specific number of days that account for my work as sustainable development champion, but, on average, it is probably about two days a month.

The Chairperson:

About 10% or less of your time is spent as the sustainable development champion for a Department that spends £4·2 billion a year. Is that an adequate reflection of the importance of the issue?

Mr Cole:

Brian works at grade 6 level in the Department and spends all his time working in the area of sustainability. Given the grade at which I operate, my work covers a wide range of activity. I hold the role as overall champion, but the real work is done by my staff in the Department. They support me fully, and sustainability is never far away from our discussions.

The Chairperson:

Am I right to think that some Departments do not have a champion?

Mr Cole:

That is for other Departments to answer, but you are probably correct.

The Chairperson:

How often do the champions meet to co-ordinate their strategies? When did they last meet?

Mr Cole:

I suggest that the number of times that the champions meet is insufficient.

The Chairperson:

When did they last meet, Mr Cole?

Mr Cole:

I think that they met within the last month.

Mr Godfrey:

I think that they met in either November or December 2009.

The Chairperson:

When did they meet before that?

Mr Cole:

They probably met a month or two before that. Their meetings are not terribly frequent.

The Chairperson:

They rarely met at all when I was a member of the Committee for the Office of the First Minister and deputy First Minister. Our representative on the Sustainable Development Commission has not even been appointed, which indicates that the Government do not regard the issue as particularly important. In January, I was at a conference in London that was also attended by the sustainable development officer for the NHS in GB. I discovered that you use more energy than some small countries.

Mr Cole:

That is correct.

The Chairperson:

That is absolutely vast. I will ask a difficult question: is there anybody in the Department whose

job it is to save energy now rather than to devise cunning new ways to save it in the future through extra plant, solar heaters, etc? Is there anybody whose job it is to tell people to switch things off?

Mr Cole:

That is one of the issues that Brian is addressing with all of the trusts. We are in constant communication with them. We have a sustainability group, which brings together sustainability representatives from each of the trusts. It works constantly on the management and the operational effectiveness of the existing estate. We have drawn up our list of 10 primary activities that would lead to the reduced use of energy in the existing estate.

We constantly examine those issues. I can show the Committee the brief document that we produced as an example. In fact, Queen's University and the University of Ulster have also adopted it as an exemplar on design guidance for the management of the estate. We produced a further document that sets down stringent guidance on how that should be used. Those processes are reviewed through various groups and structures in the Department and also through our link with the trusts, which are the operational users of the estate. It is an area of high focus, and I would not want members to think that we regard it as otherwise.

The Chairperson:

I was wearing my Department for Regional Development hat when I attended that conference, at which it was identified that over 20% of the energy used in the NHS was wasted. The low-hanging fruit, or the quick fix, is simply to stop wasting that energy.

Mr Cole:

The 10 issues that we identified were aimed at that low-hanging fruit.

The Chairperson:

When I go round various hospitals wearing my new hat, why do I see entire office blocks with their lights on at 2.00 am and experience heat in which tomatoes could be grown? The classic example of waste is having the air conditioning on and the doors open. In that instance, the room is not being air conditioned; Northern Ireland is. We are hypocrites because this Building is the worst in the world in that respect.

Mr Cole:

I was not going to say that.

The Chairperson:

We had to open the windows today to let out the heat.

The Committee Clerk:

We have turned off the radiators.

The Chairperson:

Good, but the nature of this Building makes its waste of energy appalling.

Dr Deeny:

We could melt the snow from in here.

The Chairperson:

Does anyone have specific responsibility?

Mr Cole:

Yes. Each trust has a nominated sustainability officer whose responsibility it is to carry out those activities. We are in constant contact with them to bring together and share best practice from the various trusts as it emerges. In fact, we have a workshop planned for later in January at which representative of all the trusts will join specialists in the Department.

The Chairperson:

The Assembly has such a person too, but nobody switches off anything. In each trust, who actually goes round to tell the relevant staff that office blocks do not need to be fully lit on a Sunday afternoon?

Mr Cole:

I am not directly responsible for that level of operation in the trusts. We can only direct the trusts and their officers who come to the Department for advice.

The Chairperson:

Do you have any idea of the total expenditure on energy in the Health Service in Northern Ireland?

Mr Cole:

I think that we can give you that figure.

The Chairperson:

A 20% saving could be a significant amount of money.

Mr Cole:

There is no doubt about that. The figures are significant and have increased in tandem with the increasing costs of fuel. That is a matter of a concern for us. Recently, we carried out a programme of swapping over to gas, which is the kind of largely carbon-based efficiency that we seek to achieve.

Mr Godfrey:

Cost is an important consideration. Anything that we can save through energy efficiency feeds directly in to patient services. We have been working on our energy efficiency schemes for a number of years. Chairperson, you referred to low-hanging fruit, and some exists, but unfortunately we have already picked most of it. We are now trying to move into the more difficult areas for energy efficiency. Following the introduction of the Climate Change Act 2008, we are seeking to reduce our carbon footprint.

Energy is an important area, but it is not the only one. For example, 60% of the carbon footprint of the NHS is created through the energy used in the production and procurement of goods and services. Therefore, we must work effectively. For instance, pharmaceuticals make up some 50% of that amount, and the pharmaceutical budget for the NHS is about 40% of the total budget. It is, therefore, a huge area for us to address. We are not just talking about bricks and mortar; we are talking about energy usage in the production of the goods and services that we use.

In answer to your question about energy costs, the latest figure that we have is £29 million for 2006-07.

The Chairperson:

Is that for all the trusts?

Mr Godfrey:

Yes, that is the total.

The Chairperson:

That is lower than I expected.

Mr Godfrey:

In 2005-06, the figure was £23 million, so the cost has increased. Do not forget that there has been a huge hike in fuel costs. We assess the energy performance of buildings by the number of joules used. If we were to use cost as a measurement for energy performance, we would not arrive at the correct figure for benchmarking. Based on energy usage, we have improved our performance by 7·1% since the base year of 1999-2000, which is also the base year for the entire NHS throughout the UK. We are, therefore, making headway, but much more work remains to be done. My job in the Department is to push that work forward with the trusts. We monitor closely what the trusts do, or do not, achieve.

The Chairperson:

I notice that Antrim Area Hospital has a massive wind turbine. Has that alternative green technology worked? Does the Department have any plans to install turbines in any of the other hospitals with suitable landscaped areas?

Mr Cole:

We carried out a specific study on that. The turbine at Antrim Area Hospital has paid for itself, and, as a result, we instructed all trusts to test existing sites, as well as every new development, for their suitability. One of the major problems is planning objections. For example, local residents objected to and prevented the installation of a wind turbine on the site of the Causeway Hospital. At inner city sites, such as the Royal Victoria Hospital and the Belfast City Hospital, it is simply not feasible to install wind turbines.

We have started to investigate whether we could support the development of a wind farm that

feeds into the system, but that is at an early stage. Given the significant demand for energy, the Department has the opportunity to create a wind farm system that feeds into the sites rather than trying to find locations for wind turbines on every site. However, major planning issues have been raised as we attempt to identify suitable sites.

In many of the topographies in which our facilities are located, the wind strength is not sufficiently high or frequent to justify the payback that we require to invest. However, the process remains active, and we are carrying out a study to find out whether a wind turbine can be installed at the new Erne Hospital. However, there is a planning issue there too, because the turbine would be visible from the area of scenic beauty overlooking Devenish.

Mrs D Kelly:

Thank you for your presentation. In common with the Chairperson, I am a former member of the OFMDFM Committee, and I was disappointed at the delay in publishing the draft sustainable development strategy and its implementation. I have heard people say that the draft strategy is not terribly challenging, too generic and weak. You are nodding in agreement, but I did not hear you say that.

Mr Cole:

In my opening remarks, I said that the draft strategy was written in rather generic and high-level terms.

Mrs D Kelly:

I did hear you say that, but that is vey much Civil Service speak. I was slightly more blunt. The findings indicate that it is a weak document. I was interested in how you were able to take the action plans and priorities of the document and show how they have an impact on health and on economic and social well-being.

I refer to priority areas 3, 4 and 5 and cite an example by way of illustration. A couple of years ago, in my trust area, one of the centres from which patients could collect supplies in Craigavon was moved to the Carn depot, which is further away from the population centre. That meant that people had to travel by car — and we all know that cars have a hugely adverse impact. As the Chairman said, there is a great deal of low-hanging fruit, and it makes sense to target that. The issue is not just about switching off lights; it is about the location of services. What guidance

do you give to trusts to help them make those sorts of decisions?

Mr Cole:

Our document contains exactly that type of guidance, and the first section refers to the selection and location of sites. We are keen on the re-use of brownfield sites as opposed to greeenfield sites and on locating them at natural hubs to which people come for other services. The community care and treatment centre at the Holywood Arches is located at a travel hub. People already come there for shopping, and so forth, and now they can access health services at the same central place.

We try to create such facilities in centres that are easily accessible to people and on public transport routes, and we also have green transport plans that are produced alongside the development of the schemes to encourage staff. The difficulty is that one cannot impose change on people; a change in mindset is required. It is difficult to control the individual who opens the window and leaves the heat on.

Mrs D Kelly:

Unfortunately, the culture is still one of "the cost comes off a broad back", whereas the money comes out of all our pockets. I am interested in the guidance, but there is no enforceability forthcoming from the Department. Do you give excellence awards for good practice in certain areas? What recognition can be given to promote good practice?

Mr Godfrey:

A while ago, we gave an award for an energy efficiency scheme. It has waned somewhat because one trust kept winning, which annoyed the other trusts. I would have thought that it might have geed them up a bit.

Mrs D Kelly:

Which trust kept winning?

Mr Godfrey:

It was the Antrim Area Hospital when it was part of the United Hospitals Trust.

Mrs D Kelly:

I suppose that was because it was a newer hospital?

Mr Godfrey:

It was proactive through building the wind turbine amongst other things. It comes down to what the Chairperson said earlier. It is a matter of having the right people in place to drive progress at trust level, such as the sustainability manager, the environmental manager or the energy manager.

Mr Cole:

A range of other initiatives is ongoing. We use biomass in several of our hospitals. Across Northern Ireland, we are moving away from coal-fired heating towards gas. In Portadown, we use geothermal piles to extract heat from the ground, and we also use air-cooled labyrinths. We are to the forefront in that respect. However, the issue is how, in a huge organisation, we control the individuals across the site. That requires on-site management, which is difficult to provide from a central Department.

Mrs D Kelly:

What is not currently in the draft strategy that you would like to see included?

Mr Cole:

I agree with you that the draft strategy does not focus on particular issues on which immediate action can be taken. We thought it read more like a general or strategic objective, which is, to some extent, a restatement of what has been said before. I do not want to be critical of it: we agree with everything in it. However, we would like to see more specifics, more reference to the impact of health on sustainability and some detail of how good health contributes towards sustainability. The draft strategy does not properly address those areas.

The Chairperson:

There is much evidence of global warming all around us today, and we would like to get home to enjoy it.

Mr Cole:

It is more like global freezing.

The Chairperson:

As Dr Deeny has furthest to travel, he may ask the next question.

Dr Deeny:

Thank you, gentlemen, for your interesting presentation.

Just over two years ago, I went to Scotland on a fact-finding trip with other health professionals. We were shown a new community care and treatment centre. I could not believe how good it was, and I was most impressed. It was highly energy efficient, used sustainable technologies and was very much a green facility. The area lies further north than the one in which I work, yet I am aware of quotations for the cost of such a centre here that were five or six times higher than the cost of that centre in Scotland.

You said that you support the draft OFMDFM strategy and that it reinforces policies that you have brought forward. Much of care here centres not on doctors and nurses, but on community health and well-being. As we all know, that will, undoubtedly, be increasingly the case in the future.

You mentioned nine community care and treatment centres. A number of people have asked me why the rest have been delayed. Is that delay purely because of insufficient finance?

Mr Cole:

Yes.

Dr Deeny:

I saw four such centres in action in Scotland. Four different practices provide health and social services to the community. All the staff create a bright environment, and it is wonderful. Why do we not set up a similar service at a fraction of the cost of some of the quotes that I have heard?

Mr Cole:

It might sound a wee bit pompous, but much of the work in Scotland was based on the work that we did in 1998 to set out a strategy in which we identified locations for 42 community treatment and care centres across Northern Ireland. The remaining shift centred on the movement towards more responsible healthcare in the community, through which people should take more

responsibility and services be made more amenable, accessible and integrated. However, we are struggling to find the capital to deliver those schemes.

Dr Deeny:

Some years ago, such schemes were, rightly, prioritised. They have now been de-prioritised.

Mr Cole:

The problem is that a series of other priorities fight against them. Every acute hospital in Northern Ireland — the hospitals in Omagh and Enniskillen, Altnagelvin Area Hospital, Craigavon Area Hospital — seek different types of investment. Also, MLAs write to us time after time to ask when the women and children's hospital will be established. Over the 10 years, our capital budget, if it is ever delivered under the investment strategy for Northern Ireland (ISNI), should be £3·3 billion. We estimate that we need £7·8 billion to carry out the programme.

In light of the current cuts, we do not imagine that we will receive even the £3·3 billion. Dr Deeny mentioned prioritisation; another four community care and treatment centres are due to open next year. However, we are anxious about what might happen during the CSR period that begins in 2011-12. If we commence a scheme next year, we may not have the money to finish it. That depends on the cut from the centre against the Northern Ireland block grant. Therefore, there is real concern about whether the capital will be available to deliver the scheme.

Dr Deeny:

We are continually told that an increasing percentage of services will continue to be provided in the community, outside of hospitals. However, you are saying that once again primary and community care will take second place to secondary care.

Mr Cole:

I did not say that.

Dr Deeny:

That is what is happening. Secondary care has been prioritised, and community services have been de-prioritised.

Mr Cole:

We are working on both at the moment. However, for example, if we do not create extra capacity in the radiotherapy service, we will not be able to meet the demands of cancer patients. As the point of last call, some matters become a must in hospital environments, whereas one cannot argue that we should build three or four community centres instead of that radiotherapy service. At the same time, we are trying to spread the money to do both.

Therefore, there are separate budgets within our total budget to try to protect the money for the primary and community care infrastructure programme (PCCI). We do not have enough money for that programme, IT or emergency services. Funding is insufficient in all those areas to enable us to deliver the necessary services. That is a big message; Northern Ireland does not really understand how unsustainable the Health Service infrastructure is unless it receives much more significant investment, which is unlikely to happen.

Dr Deeny:

The plans may be written down, but they do not mean much. When will the rest of the work be completed?

Mr Cole:

That is not true at all. We have built seven facilities to date. The centre in Portadown will open in about two months, there is one in Kilkeel, and work on five more will begin next year. It is a rolling programme, and, unfortunately, we cannot roll it out faster without sufficient money. If the Committee can obtain extra money for us, we will be able to roll out the centres more quickly.

Mr Easton:

We could have a whip-round.

The Chairperson:

When you mentioned Kilkeel, I suddenly shot to attention. We will, undoubtedly, return to this matter after 15 January. Thank you for your time. I am sure that we will meet again to discuss the issue.

Mr Cole:

Thank you. I look forward to it.