



Belfast

A World Health Organization

Healthy City

POLICY RESPONSE

September 2014
Draft Planning Policy Statement 22
Affordable Housing

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Belfast Healthy Cities (BHC) response to the Draft Planning Policy Statement 22.

Belfast is a designated Healthy City, and a leading member of the World Health Organization (WHO) European Healthy Cities Network, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities is a partnership organisation working to create healthy living conditions for all and generate health equity as a strong value in decision making, and responsible to WHO for the implementation of requirements for designated WHO European Healthy Cities. Our focus is on facilitating intersectoral collaboration for health and equity and providing evidence, capacity building and innovative approaches that support this. Key partners include Belfast City Council, Belfast Health and Social Care Trust, Bryson Group, Department of Health, Social Services and Public Safety, East Belfast Partnership, Northern Ireland Housing Executive, PLACE, Public Health Agency, Queen's University of Belfast and University of Ulster. Planning and Local Government Group is also represented on Belfast Healthy Cities' Board of Directors.

Healthy urban environment (HUE) is a core area of our work and focuses on highlighting and demonstrating how a high quality, people focused physical environment can support and improve people's lives, health and wellbeing, while also contributing to environmental protection and economic stability. Our work involves sharing evidence and building capacity among planners and other built environment professionals, and increasingly also demonstrating benefits of a people centred approach to physical and spatial planning.

Housing & Health

Belfast Healthy Cities recognises the need for affordable housing in Northern Ireland. Adequate housing means safe, secure and affordable shelter. While there is a complex relationship between housing and health, poor housing is frequently associated with poorer health. Housing also provides the place where people connect with the wider community through education, employment and community networks.

Housing issues that can impact on health can arise for five main reasons these are:

- Housing is not appropriately designed
- Housing is poorly located
- Housing is not secure
- Housing is not affordable
- Housing cannot be accessed at allⁱ

Housing supports health and wellbeing by providing physical shelter and a safe space for recreation and self-expression. Warm and secure accommodation is a prerequisite for good health, while a supportive physical and social neighbourhood can underpin mental wellbeing and social cohesion.

Developer contributions

BHC supports the principle of developer contributions however, it is important to ensure the community benefits from development. Regeneration and development typically increases land values. It would be equitable that the public benefit from this increase. A levy system could create greater certainty for all stakeholders. However, Belfast Healthy Cities would prioritise inclusion of affordable housing units within developments.

BHC also highlights the opportunity for mixed tenure which can contribute to more balanced communities and also to revival of less sought after areas. This can be an important tool for improving social cohesion, which is a central healthy urban planning objective. Mixed tenure has also been shown to have a positive impact on health, by reducing isolation, improving job prospects, and improving the physical environment.

Belfast Healthy Cities suggest that contributions should be regulated and strict criteria for the form of contributions should be developed. In particular, regulation should ensure that contributions made go into a fund that is used for community benefit. The local authority budget can constitute this fund, but it should be stipulated that contributions must go to specific aims, and not be used to fund statutory council activity. There should also be protocols in place to ensure that developer contributions cannot be used as an 'exchange' to ensure planning consent.

Belfast Healthy Cities emphasises that contributions wherever appropriate should be reinvested to benefit the local community in which the given development is taking place. Alternatively, developer contributions could be used to augment funding underpinning the forthcoming community plans; in this case, priorities set in the plan would help target use of contributions. The building of housing should be eligible for funding through developer contributions, while the usage would be informed by needs identified in the development plan and community plan.

Belfast Healthy Cities recommends that developer contributions should be considered as a means of funding relevant ancillary works associated with a development. For example, affordable housing should be supported with appropriate public transport infrastructure, active travel infrastructure, schools, medical facilities, open space, water and sewerage, flood defences, community facilities and recreational facilities.

It is important that developer contributions are regulated at regional level. This is essential to ensure consistency and avoid a post code lottery situation, where Councils would compete for development.

Relevant thresholds and scales should be developed, with contributions proportionate to development size. A lower threshold based on development size, but not type, would appear appropriate.

ⁱ Wilkinson, R and Marmot, M (2003) *Social Determinants of Health: The Solid Facts*. 2nd edition, World Health Organization, Denmark