Health Impact Assessment of the Draft North West Quarter Masterplan for Belfast City Centre

Commissioned by Belfast Healthy Cities

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Section 1: Introduction to health impact assessment of the draft North West Quarter Masterplan

1.1 What is health impact assessment?

Health impact assessment is:

"a combination of procedures or methods by which a policy, program or project may be judged as to the effects it may have on the health of a population". [1]

Potential impacts, or effects, on health and well-being can be identified in several ways, some of which are interactive with people involved in or affected by the proposal under consideration, known as stakeholders (participatory techniques), and some of which are not (desk-top appraisal).

These ways of identifying potential impacts on health and well-being can be categorised into two main depths of health impact assessment. If information that is readily available is used to identify health impacts – such as evidence in the published literature, and local sources of routine and non-routine data – this is known as rapid appraisal. However, if new data is collected, i.e. primary research is undertaken, this is known as comprehensive appraisal.

1.2 Why perform health impact assessment?

The main intention behind identifying potential impacts on health and well-being is to use this information as a basis for suggesting ways in which these impacts can be

[1] World Health Organization (WHO) European Centre for Health Policy. The Gothenburg Concensus.

addressed, and any negative effects reduced, minimised or avoided and any positive effects enhanced.

An important purpose of health impact assessment, therefore, is to support decision-makers by providing them with information about the ways in which health could be protected, promoted, improved, and health inequalities reduced, through the proposal under consideration.

1.3 Health impact assessment in the planning process

Although health impact assessment is not a statutory requirement in the UK, in recent years it has been used to advantage in the planning system in England, Scotland and Wales. In the first instance, health impact assessments were, and continue to be, conducted on planning applications submitted to local planning authorities. However, this means that any proposal in the planning system will have been through a well-structured, and often lengthy, process of design and development ***before*** health and potential impacts on health are considered.

For health gain to be achieved, it is important that health and a proposal's impacts on health are considered at earlier stages in the planning process. Examples of stages in the planning process where health impact assessment has been applied in other parts of the UK are as follows:

- Consultation draft of Mayoral Strategies for London;
- Consultation drafts of Sub-Regional Strategy;
- Consultation Draft of Supplementary Planning Guidance;
- Consultation Draft of Unitary Development Plans;[2]
- Consultation Draft of Planning and Development Briefs;
- Draft Scopes of Environmental Impact Assessments undertaken in support of planning applications.

Thus, health impact assessment can be used to introduce a concern for health into various stages of the planning process, which means that the likelihood of achieving added value for the community's health and well-being from the spatial planning process is increased and enhanced.

1.4 Health impact assessment of the Draft Masterplan for the North West Quarter of Belfast City Centre

The health impact assessment of the Draft Masterplan for the North West Quarter of Belfast City Centre has been commissioned by Belfast Healthy Cities.

Belfast Healthy Cities (BHC) have been developing a Community Health Impact Assessment Process over the last two years, supported by the Investing for Health Programme, and as part of the World Health Organization's (WHO) Healthy Cities Programme they are leading the Sub-Network in health impact assessment, which is one of three key themes for healthy cities in Phase IV (until 207).

Belfast Healthy Cities is currently working in partnership with Belfast City Council on the health impact assessment of the Draft Air Quality Action Plan.

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[2] The structure and terminology of the spatial planning system has been changed, such that Unitary Development Plans are now called Local Development Plans.

1.4.1 Method

A desk-top analysis has been conducted using readily available information (rapid appraisal) with the aim of highlighting the potential benefits to health of the proposal, and the potential disbenefits, and suggesting ways of addressing them. Three main sources of evidence from the literature have been used in this analysis:

- Barton, H, and Tsourou, C. (2000) Healthy Urban Planning. Spon Press;
- Cave, B. and Molyneux, P. (2004) Healthy sustainable communities. A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
- Cave, B. et al. (2004) Healthy, sustainable communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

Other references have also been used where relevant.

As the development of the North West Quarter will affect the surrounding communities, we have used routine data about those communities as a foundation to highlight ways of protecting and promoting their health, especially as these communities suffer from health and other inequalities (see Section 2).

Section 2: Snapshot of the communities affected by the development of the North West Quarter

This information is based on the work of Dr Angela Jordan, Specialist Registrar in Public Health. For more detailed information, see Appendix 1.

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The North West Quarter forms a small part of three wards:

1. Falls;
2. New Lodge;
3. Shankill.

Many of the statistics presented in this section are taken from Census data available through NISRA, and are recorded at ward level. The Falls, New Lodge and Shankill wards cover a wider area than that of the North West Quarter. The make-up of each ward is determined by population size (usually between 3,000 and 5,000 people) and not by geographical area.

Few people currently reside in the area covered by the North West Quarter at present, but as this proposal may affect people living in communities surrounding the North West Quarter, it is important to present a snapshot of the health and other inequalities experienced by these communities.

2.1 Population

- In the Falls ward, there are 5,046 people, of whom 45% are men, and 55% are women; 29% of people are under 16 years and 18% are aged 60 years or over.
- In the New Lodge ward, there are 5,224 people, of whom 47% are men, and 53% are women; 26% are under 16 years, and 18% are aged 60 years and over.
- In the Shankill ward, there are 3,784 people, of whom 46% are men, and 54% are women; 24% are under 16 years of age, and 24% are aged 60 years and over.
- The population for Northern Ireland is 1,685,267 people, of whom 49% are men and 51% are women; 24% are under 16 years, and 18% are aged 60 years and over.

Thus, when compared with Northern Ireland, there are proportionately more women than men in the community in all three wards. In the Falls and Shankill wards there are proportionately more young people in the community, and in the Shankill ward there are also proportionately more people aged 60 years and over.

2.1.1 Population density

Population density is highest in the New Lodge ward at 72.56 persons per hectare compared with 42.05 and 40.69 persons per hectare in the Falls and Shankill wards, respectively.

2.2 Community background

Residents in the Falls and New Lodge wards are predominantly Catholic (97% in each), whereas residents in the Shankill ward are predominantly Protestant and other Christian background (94%).

2.3 Ethnic group

More than 99.5% of the community in each of the wards is White.

2.4 Measures of deprivation

All three wards score highly against measures of multiple deprivation (Noble Indices), with the Falls ward ranking as the second most deprived, the New Lodge ward being the eighth most deprived, and the Shankill ward being the tenth most deprived.

In addition, all three wards are among the most deprived wards with respect to:

- Income;
- Employment;
- Health;
- Education.

For child poverty, the Falls ward is ranked the fourth most deprived and the New Lodge ward is ranked as the fifth most deprived.

However, access to services is good due to the proximity of these wards to Belfast.

2.5 Health status

2.5.1 Limiting long-term illness[3]

- In the Falls ward, 32% of people have a limiting long-term illness.
- In the New Lodge ward, 32% of people have a limiting long-term illness.
- In the Shankill ward, 36% of people have a limiting long-term illness.
- In Belfast, 24% of people have a limiting long-term illness.
- In Northern Ireland 20% of people have a limiting long-term illness.

Thus, about one third of people in each ward have a limiting long-term illness, with proportionately more people so affected than those in Northern Ireland where only one-fifth of people are affected by a limiting long-term illness.

2.5.2 General health[4]

- In the Falls ward, 21% of residents described their health as “not good”.
- In the New Lodge ward, 23% of residents described their health as “not good”.
- In the Shankill ward, 24% of residents described their health as “not good”.
- In Northern Ireland, 11% of residents described their health as “not good”.

Thus, there are proportionately more people in all three wards who describe their health as not good, from one-fifth to almost a quarter of residents, compared with just over a tenth of people in Northern Ireland.

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[3] Any long-term illness, health problem or disability that limits daily activities or work.
[4] Health over the 12 months prior to Census day (2001).

2.5.3 Disability Living Allowance

The Falls and New Lodge wards have high numbers of people who claim Disability Living Allowance, having, in 2004, the fourth and sixth highest number of claimants, respectively, of all wards (n=566 wards).

2.5.4 Births to Unmarried Mothers

In 2003, of all births the percentage to unmarried mothers was:

- 75% in the Falls ward;
- 90% in the New Lodge ward;
- 75% in the Shankill ward;
- 54% in Belfast;
- 34% in Northern Ireland.

Thus, three-quarters or more of all births in these three wards are to unmarried mothers, which is a considerably higher proportion that for Northern Ireland as a whole, where it is only a third of births.

2.5.5. Children 3-5 years old registered with a dentist

In 2002, the percentage of children 3-5 years old registered with a dentist was:

- 47% in the Falls ward;
- 54% in the New Lodge ward;
- 44% in the Shankill ward;
- 57% in Belfast;
- 62% for Northern Ireland.

Thus, the proportion of children 3-5 years old who are registered with a dentist is less in each of the three wards than in Northern Ireland.

2.6 Housing

2.6.1 Owner-occupier households

From the 2001 Census, the percentage of households that are owner-occupier are:

- 23% in Falls ward;
- 25% in New Lodge ward;
- 18% in Shankill ward;
- 56% in Belfast;
- 70% in Northern Ireland.

Thus, the proportion or owner-occupiers in all three wards is very low, from less than a fifth to a quarter of households, when compared with Northern Ireland where the proportion of owner-occupier households is over two-thirds.

2.6.2 Overcrowding

From the 2001 Census, the percentage of households experiencing overcrowding is higher in all three wards when compared with that in Northern Ireland, and in both the Falls ward and the New Lodge ward the percentage is considerably higher than that in Northern Ireland (23% and 21%, respectively, versus 7.3%).

2.7 Access to private transport

The percentage of households that have access to a car or a van is:

- 25% in Falls ward;
- 25% in New Lodge ward;
- 27% in Shankill ward;
- 56% in Belfast;
- 74% in Northern Ireland.

Thus, access to private transport is considerably lower in all three wards, where about only one-quarter of households have access to a car or van, when compared with Northern Ireland, where almost three-quarters of households have access to a car or van.

2.8 Employment

2.8.1 Unemployment

From the 2001 Census, the percentage of people aged 16-74 years old who are unemployed was:

- 10% in the Falls ward;
- 10% in New Lodge ward;
- 9% in Shankill ward;
- 5% in Belfast;
- 4% in Northern Ireland.

Thus, a greater proportion of people in all three wards are unemployed when compared with that in Northern Ireland.

2.8.2 Job Seekers Allowance

The Falls and New Lodge wards have high numbers of people who claim Job Seekers Allowance, having, in 2004, the ninth and eleventh highest number of claimants, respectively, of all wards (n=566 wards).

2.8.3 Main industries of employment

The two main industries of employment within the three wards are:

1. Wholesale and retail;
2. Health and social work.

2.9 Recorded crime

In the Falls and New Lodge wards, high numbers of notifiable offences were recorded in 2003/2004, these wards having the third and fifth highest number, respectively, of all wards (n=566 wards).

2.10 Education

2.10.1 Qualifications

From the 2001 Census, the percentage of people educated to a degree level or higher is:

- 4% in the Falls ward;
- 3% in the New Lodge ward;
- 3% in the Shankill ward;
- 19% in Belfast;
- 16% for Northern Ireland.

Thus, the proportion of people who are educated to degree level of higher is much lower in all three wards than for Northern Ireland.

Also from the 2001 Census, the percentage of people who have no qualifications is:

- 64% in Falls ward;
- 69% in New Lodge;
- 71% in Shankill;
- 42% for Northern Ireland.

Thus, there are considerably more people in all three wards who have no qualifications, about two thirds, when compared with Northern Ireland, where less than half of people have no qualifications.

2.10.2 School leavers

Of those young people who left school in 2001, the percentage who gained 5 or more GCSEs graded A-C is:

- 26% in Falls ward;
- 49% in New Lodge ward;
- 5% in Shankill ward;
- 50% in Belfast;
- 58% for Northern Ireland.

Thus, in comparison with Northern Ireland, educational attainment is low in the Falls ward and Shankill ward.

2.10.3 Free school meals

Entitlement to free school meals is an indicator of deprivation, In 2002, the percentage of the school population entitled to free school meals was:

- 58% in Falls ward;
- 71% in New Lodge;
- 64% in Shankill ward;
- 33% in Belfast;
- 21% in Northern Ireland.

Thus, the proportion of school-age children entitled to free school meals is considerably greater in all three wards, from more than half to over two thirds, when compared with Northern Ireland, where one-fifth of school-age children are entitled to free school meals.

Section 3: Rapid appraisal of the draft Masterplan for the North West Quarter

3.1 Development Principles

Development principle	*Information relevant to healthy urban planning, and promoting health in the Masterplan*
Character – preservation and reinforcement of distinctiveness, enhance identity and create a richer experience	In a more aesthetically pleasing environment, people are more likely to walk for exercise or recreation,[5] which will benefit health not only in terms of physical activity but also by increasing public safety by increasing the number of people on the streets. Increased numbers of people on the street will also increase the potential for social contact, interaction and cohesion. A well-designed and well-maintained built environment helps to foster and reinforce a sense of community.[6] Neighbourhood aesthetic quality, including interesting features, may also be related to the experience of stress or the ability to recover after stressors.[7] Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[8] This will help to give residents a sense of local identity, which is important to mental well-being.
Urban structure – response to urban grain, building lines, creation of spatial variety. Hierarchy of networks, compatible scale and density	*See information presented above*
Public realm – create high-quality streetscapes and public squares as a backdrop for the development. Accommodate local events, cultural activity	The creation of places where it is natural for people to stop and look is important to the potential pleasure and social benefits of walking.[9] The design and provision of streets and places where people can meet (incidental spaces and squares) increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[10] Casual meetings between people increase and facilitate friendship networks and a sense of community.[11] As such, public open spaces play a role in safeguarding and promoting the health of the community.[12] Access to open spaces

[5] Paragraph 5.39 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[6] Paragraph 6.1 in Cave and Molyneux (2004) Healthy Sustainable communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[7] Paragraph 9.9 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[8] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[9] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[10] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[11] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[12] WHO Regional Office for Europe (1997) Green cities, blue cities. Local Authorities Health and Environment Briefing Pamphlet Series, No.18.

	can increase the amount of exercise undertaken, e.g. walking, contributing to reducing obesity, cardiovascular disease, and arthritis, and can increase the level of social contact and interaction, contributing to a reduction in stress-related problems.[13]
Ease of movement – create an accessible, safe, 24-hour environment that is easily navigable, maximise active frontage, permeability, choice of routes, pedestrian priority and exploit landmarks and vistas	There are potential negative impacts associated with a 24-hour environment - for evidence base, see Sections 4.10-4.12.
Market change – in the interests of sustainability and gradual evolution, create flexible, re-usable building structures to mitigate the need for future wholesale redevelopment	It is important when planning for mixed use to ensure sufficient space and flexibility in building in city centres to accommodate growth.[14]
Mixed use – incorporate a mix of uses, civic components and a variety of materials, spaces and places	Mixed-use development in town centres and commercial environments can help to widen social options by facilitating social cohesion through the creation of safe and permeable environments with natural foci where people can meet informally.[15]
Sustainable – work with natural features and strengths. Aim to enhance rather than compromise the future	Sustainable urban planning is healthy urban planning, and will help to promote health and well-being, n0ot only locally but also globally if sustainable issues are taken into consideration during the construction and operation of the North West Quarter, e.g. energy efficiency and reducing dependency on the car, as well as linking economic and social benefits to health benefits. The latter is important because sometimes the economic benefits of regeneration do no9t always trickle down to those who most need them.[16]
Add value – create value in the social and environmental sense, as well as economic	To create value in the social and environmental sense will bring benefits to health and well-being because social and environmental variables are determinants of health.
Inclusion – strive to create a thriving inclusive city destination, not just a gated community of shoppers enclosed and exclusive	The principle of inclusion is important for health and well-being, especially in view of the health and other inequalities experienced by the communities surrounding this quarter.
Promote sustainable economic and social regeneration of the North West Quarter – in line with DSD's regeneration objectives set out in the Regeneration Policy Statement	

[13] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review of the Mayor of London's Biodiversity Strategy.
[14] Page 100 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[15] Page 14 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[16] Glenn et al. (1998) Journal of Epidemiology and Community Health 52; 749-747.

3.2 Objectives in the development of the Concept Masterplan

3.2.1 Uses

Objectives concerning Uses in the Concept Masterplan for the North West Quarter	***Information relevant to healthy urban planning, and promoting health in the Masterplan***
To provide greater opportunities for active and passive use of streets and open spaces, e.g. sitting, watching, meeting, cafes, events	
To encourage a mix of uses that provides a more sustainable environment	
To encourage a mix of uses that encourages movement and activity throughout the day and evening	
To integrate the emerging new street pattern with a strong shopping plan, based on sound, established retail planning principles. This will be essential to ensure that “best practice” urban design principles are underpinned by a sustainable, evolving commercial strategy	
To attract at least one key “anchor” store to house a major retailer to help reinforce urban form and activity	

3.2.2 Urban form

Objectives concerning Urban Form in the Concept Masterplan for the North West Quarter	*Information relevant to healthy urban planning, and promoting health in the Masterplan*
To re-establish an urban grain that respects historic block sizes	Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[17] This will help to give residents a sense of local identity, which is important to mental well-being.
To form the edge of city blocks with buildings that provide strong enclosures to streets, through appropriate scale and massing	
To promote building frontages that positively address the street, with active uses at ground and first floors	To promote access every development should have direct, convenient and visible access for pedestrians, with shops and other facilities fronting onto a street or square.[18]
To re-establish a density of buildings appropriate to the City Centre whilst consistent with commercial aspirations	
To develop a network of connecting open spaces through the area and adjacent areas	The creation of places where it is natural for people to stop and look is important to the potential pleasure and social benefits of walking.[19] The design and provision of streets and places where people can meet (incidental spaces and squares) increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[20] Casual meetings between people increase and facilitate friendship networks and a sense of community.[21] As such, public open spaces play a role in safeguarding and promoting the health of the community.[22] Access to open spaces can increase the amount of exercise undertaken, e.g. walking, contributing to reducing obesity, cardiovascular disease, diabetes and arthritis, and can increase the level of social contact and interaction, contributing to a reduction in stress-related problems.[23]
To promote open streets and squares, rather	*See information given above*

[17] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[18] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[19] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[20] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[21] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[22] WHO Regional Office for Europe (1997) Green cities, blue cities. Local Authorities Health and Environment Briefing Pamphlet Series, No.18.
[23] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review of the Mayor of London's Biodiversity Strategy.

than covered malls, although the concept of shelter in urban space should be addressed	
To develop a sequence of focal spaces and focal points at key locations to encourage legibility and movement through the area, responding to key desire lines and commercial patterns of use	
To provide a sense of arrival at the City Centre along Millfield, through gateway features or focal spaces	

3.2.3 Circulation

Objectives concerning Circulation in the Concept Masterplan for the North West Quarter	*Information relevant to healthy urban planning, and promoting health in the Masterplan*
To generate a variety of routes linking activity clusters with the City Centre	Policies for promoting walking include a pattern of footpaths and pavements that allow permeability, i.e. a choice of routes filtering through an area and providing convenient routes from anywhere to anywhere.[24] The detailed design of all pedestrian routes needs to take into account directness (reducing distance to facilities and neighbourhoods) and convenience (avoiding steep hills, steps and kerbs that might inhibit physically less mobile people and people using wheelchairs or pushchairs).[25]
To generate links that reinstate north-south movement, currently obstructed by Castlecourt Shopping Centre	*See information given above*
To break the sense of Millfield as a barrier between the central core and adjacent areas by establishing better connections	Barton and Tsourou recommend that neighbourhoods should be seen as part of an urban continuum, in which one neighbourhood merges into another, with free cycling and pedestrian movement through them.[26]
To vary the type of routes to allow primary and secondary links, building on the historic hierarchy of streets and lanes	Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[27] This will help to give residents a sense of local identity, which is important to mental well-being. Varying the types of routes will also help to increase permeability.
To promote a pedestrian-friendly environment by giving prominence to pedestrians and cyclists over vehicles	Walking or cycling as physical activity or exercise has the capacity to diminish morbidity or mortality in the population for various diseases or conditions: coronary artery disease, stroke, systemic hypertension, obesity, emotional disorders, the incapacity associated with ageing, osteoporosis, diabetes mellitus, colon cancer, chronic back disease, and athletic injuries.[28] Physical exercise reduces the likelihood of developing, and dying from, many of these diseases, and can improve the control of some, e.g. hypertension and diabetes.[29] *Prominence for pedestrians*

[24] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[25] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[26] Page 134 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[27] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[28] Paragraph 6.31 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[29] Page 6.32 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

	Walking is the most common form of movement, open to almost everyone, it constitutes most trips for people who do not own cars (particularly women and children), and it involves minimal resources but it can be a healthy and pleasurable aesthetic and physical experience.[30] The World Health Organization (WHO) recommends that pedestrians have top priority in the movement system, and where there are conflicts with road traffic pedestrian routes should be given priority.[31] People's propensity to walk is significantly affected by the level of safety, convenience or pleasure experienced when walking.[32] The WHO recommends the creation of a dense network of footways to link all main activities and public transport facilities to ensure safety, directness, and ease of use, especially for people who are less mobile, and the provision of an attractive and secure pedestrian environment.[33] Barton and Tsourou recommend calmed traffic as a policy objective for healthy neighbourhood planning in order to promote safety,[34] which can be achieved by various methods including narrowing road widths, reducing sightlines and installing junction platforms and rough surfaces to generate a slow but constant traffic speed.[35] The speed of traffic is a prime factor in accidents, and the standard design speed in residential areas and shopping streets should be 20 mph.[36] *Prominence for cyclists* Cycling provides excellent exercise and improves accessibility, and the propensity to cycle is strongly affected by the safety and convenience of routes available.[37] The healthy planning challenge is to increase the amount of cycling while reducing the incidence of accidents to cyclists. The WHO recommends the development of a comprehensive network of cycle routes and a safer cycling environment, which may involve dedicated cycle routes (with good visual supervision) for school access and recreational

[30] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[31] World Health Organization (WHO) Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.
[32] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[33] World Health Organization (WHO) Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.
[34] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[35] Pages 138-9 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[36] Page 138 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[37] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[38] World Health Organization (WHO) Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.
[39] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

	purposes, but more generally means slowing traffic on normal roads to a more bicycle-friendly speeds and making good provision for cyclists at junctions.[38] Barton and Tsourou recommend that suitable criteria for designing cycle networks are access, safety, continuity, directness, comfort, and cycle racks or other parking.[39]
To rationalise service routes and car park access points, where possible, to downgrade their physical and visual impact	*Rationalisation of service routes* Reducing lorry penetration into neighbourhoods is one of the policy objectives for healthy neighbourhood planning recommended by Barton and Tsourou[40] – it will increase safety in the North West Quarter, especially for pedestrians and cyclists, and reduce the level of noise and air pollution in the area. *Rationalisation of car park access points* Reducing through traffic is one of the policy objectives for healthy neighbourhood planning recommended by Barton and Tsourou[41] – it will increase safety in the North West Quarter, especially for pedestrians and cyclists, and reduce the level of noise and air pollution in the area.
To analyse the circulation patterns through and around Castlecourt to examine possibilities for stronger links and penetrations through the existing built form	

[40] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[41] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.2.4 Character

Objectives concerning Character in the Concept Masterplan for the North West Quarter	***Information relevant to healthy urban planning, and promoting health in the Masterplan***
To ensure buildings have a plot size and rhythm that reflects historic precedent	*See information given below*
To promote a basic range of materials for buildings and open space that build on the dominant character of the area	Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[42] This will help to give residents a sense of local identity, which is important to mental well-being.
To encourage a hierarchy of façade detail to provide a richness of built form that respects the repeating themes already present in the area	*See information given above.*
To develop an integrated approach to signage and the provision of street furniture	

[42] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.3 Benefits of the Concept Masterplan

Benefits of the Masterplan	***Potential health impacts of the Masterplan***
A reinforced City Centre at the top of the retail hierarchy	
The expansion of the retail offer by a further 25%, approximately 60,000 square metres of additional floorspace – the optimum level that could be provided by this concept plan	
The strengthening of the shopping "dumbbell effect" between the South East (Victoria Square) and North West	
The creation of new opportunities for mixed use including an additional 20,000 square metres of residential floorspace	It is important when planning for mixed use to ensure sufficient space and flexibility in building in city centres to accommodate growth.[43]
The provision of 2,400 additional jobs	Employment does not necessarily lead to health improvement because the health consequences of employment are directly related to the quality of work,[44] e.g. pay, job security, job control, worker involvement, support at work, reward-to-effort ratio, prestige, physical working conditions, and equality opportunities, where the effects are positive for high-grade jobs and negative for low-grade jobs. However, for some vulnerable people, as employment is a source of income, it has the potential to increase the level of disposable income and provide a route out of poverty, and therefore there is the possibility of tackling health and other inequalities if planning for employment is accompanied by an economic development strategy that addresses social inequalities to reduce health inequalities.[45]
The development of a new tourism focus	
New public realm throughout, including revitalisation of Bank Square	The creation of places where it is natural for people to stop and look is important to the potential pleasure and social benefits of walking.[46] The design and provision of streets and places where people can meet (incidental spaces and squares) increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[47] Casual meetings between people

[43] Page 100 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[44] Graetz (1993) Soc. Sci. Med. 36; 715-724.
[45] Paragraphs 8.4 and 8.5 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[46] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[47] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

	increase and facilitate friendship networks and a sense of community.[48] As such, public open spaces play a role in safeguarding and promoting the health of the community.[49] Access to open spaces can increase the amount of exercise undertaken, e.g. walking, contributing to reducing obesity, cardiovascular disease, diabetes and arthritis, and can increase the level of social contact and interaction, contributing to a reduction in stress-related problems.[50]
A new square at the heart of the area	*See information given above*
The revitalisation of North Street and Castle Street by enabling north/south movement	
The enhancement of access and connectivity to the adjacent neighbourhoods at Peter's Hill and Carrick Hill	Barton and Tsourou recommend that neighbourhoods should be seen as part of an urban continuum, in which one neighbourhood merges into another, with free cycling and pedestrian movement through them.[51] This will increase the potential for social contact, interaction and cohesion between people living in various neighbourhoods.
The opening up of Berry Street and revitalisation of the streets to the south of Castlecourt	
A catalyst for the development of the area north of North Street, the Library Quarter	

[48] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[49] WHO Regional Office for Europe (1997) Green cities, blue cities. Local Authorities Health and Environment Briefing Pamphlet Series, No.18.
[50] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review of the Mayor of London's Biodiversity Strategy.
[51] Page 134 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Section 4: Suggestions to promote health and well-being in the redevelopment of the North West Quarter of Belfast City Centre

4.1 Sustainable construction and energy efficiency

We ask the Department for Social Development to consider requiring the developer(s) involved in redeveloping the North West Quarter of Belfast City Centre to adhere to standards of sustainable construction, such as the Building Research Establishment Environmental Assessment Method (BREEAM) for residential developments, known as EcoHomes, and National Home Energy Rating (NHER).

We also ask the Department for Social Development to consider requiring the developer(s) involved in redeveloping the North West Quarter of Belfast City Centre to use renewable or recycled building materials where possible.

Rationale for these suggestions

The use of standards will encourage greater quality in the design and construction of the domestic environment,[52] and improve the level of energy efficiency. Barton and Tsourou recommend that the first priority of an energy strategy in settlement planning is to increase energy efficiency of building.[53] Energy efficiency will reduce the level of health-damaging emissions, and of carbon dioxide, thereby reducing the potential for global climate change.[54]

Barton and Tsourou recommend the use of renewable and recycled building materials as a policy objective for healthy neighbourhood planning to conserve natural resources and to reduce energy consumption.[55]

4.2 Conservation of water resources

We ask the Department for Social Development to consider requiring the developer(s) involved in redeveloping the North West Quarter of Belfast City Centre to incorporate into the design of the development the reduction in consumption of "white water" by households and other land uses and the collection of rain and/or "grey water" (from washing) on site.

We also ask Department for Social Development to consider the need for the sustainable management of run-off from, and drainage for, the development not only to help conserve resources but also to reduce contamination of the water cycle.

Rationale for these suggestions

Clean water supply and the effective treatment of sewage are fundamental to healthy urban living, however, water supply and treatment use large amounts of energy, and both are major uses of land.[56]

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[52] Paragraph 6.6 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[53] Page 115 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[54] Page 113 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[55] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[56] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Planning has a role to play in determining how water is used and abused at each stage of its cycle. A healthy water strategy requires a programme of progressively reducing the unnecessary consumption of pure (or "white") water by households and businesses while encouraging the collection and use of rain and/or "grey" water from washing on site.[57]

Commercial effluent and surface water contaminated with oil from hard standing, such as car parks, needs to be treated effectively, preferably on site.[58]

All rainwater in built up areas should be allowed to percolate into the ground where subsoil permits to recharge aquifers, and porous materials are available for some surfaces.[59]

The health benefits comprise security and quality of water supply, avoiding pollution, and reducing hazards.[60]

4.3 Employment, training and skills development

We ask the Department for Social Development to consider providing appropriate training and skills development for unemployed people in the communities surrounding the North West Quarter such that they will be equipped to take advantage of the job opportunities as they arise during the redevelopment of the North West Quarter.

Rationale for these suggestions

Work on reducing worklessness in deprived neighbourhoods in turn helps to reduce child poverty.[61] This is important in both the Falls and New Lodge wards where both unemployment and childhood poverty is marked (see Section 2.8.1, and 2.4, respectively), the Falls ward being the fourth most deprived for childhood poverty, and New Lodge ward being the fifth most deprived for childhood poverty, of all 566 wards in Northern Ireland. Unemployment is also relatively high in the Shankill ward when compared with that for Northern Ireland (9% versus 4%).

4.4 The provision of affordable housing

If the number of dwellings provided within the North West Quarter is greater than 25, we ask the Department for Social Development to consider including in the Masterplan the need for a percentage of affordable housing to be built as part of the residential accommodation in the North West Quarter.

Rationale for this suggestion

The provision of public, social and low-cost housing is central to the interests of vulnerable groups in the population – low-income groups do not gain access to adequate housing simply through an ample overall supply but by removing the institutional and market barriers to provide for special needs and the movement of

[57] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[58] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[59] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[60] Page 117 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[61] Neighbourhood Renewal Unit (2003) Education and Skills and Neighbourhood Renewal. Factsheet 17. Office of the Deputy Prime Minister.

households between sectors.[62] For vulnerable groups in the population, improving people's housing may reduce health inequality.[63]

For key or essential workers, housing problems are a major factor in the recruitment crisis in both education and health.[64]

The provision of affordable housing in the North West Quarter is important given the level of overcrowding in the Falls ward and New Lodge ward, and the low percentage of owner-occupier households in both the Falls, New Lodge and Shankill wards (see Section 2.6).

4.5 The provision of community facilities in the North West Quarter

We ask the Department for Social Development to consider including in the Masterplan for the North West Quarter of Belfast City Centre the need for a community centre or community space for the new residents who will be introduced into the quarter as a result of the construction of new residences.

We also ask the Department of Social Development to consider including in the Development Briefs for the North West Quarter of Belfast City Centre the need for a community centre or community space for the new residents who will be introduced into the quarter as a result of the construction of new residences.

We also ask the Department for Social Development to consider the feasibility of making such community facilities or spaces accessible to the nearby surrounding communities to promote social contact, interaction and cohesion.

Rationale for these suggestions

A thriving localised community life needs appropriate facilities and meeting places – neighbourhood resources are important for building and sustaining networks, developing trust and economic participation, and have an impact on residential continuity, interaction and socialising with fellow residents; it also helps to facilitate identity, pride in an area, and can have a direct influence on some forms of antisocial behaviour.[65]

Community centres are part of the therapeutic landscape, quasi-public places where people can meet, greet and nurture social relations; they also provide venues where health-promoting activities can take place.[66] In the absence of safe places for opportunities for social interaction, people's sense of belonging to a particular community and places is diminished.[67] Community centres provide a material base on which social capital in a community can be built; for the development of social capital, greater participation and representation of the community is needed in the growth and development of facilities, which will help to meet changing social

[62] Adapted from page 101 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[63] Paragraph 5.3 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[64] Paragraph 6.3 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[65] Catell and Evans (1999) Neighbourhood images in East London: social capital and social networks on two East London Estates. YPS for the Joseph Rowntree Foundation.
[66] Witten et al (2001) Health and Place 7; 307-317.
[67] Warin et al. (2000) Soc. Sci. Med. 50; 1863-1875.

conditions and a range of needs.[68] Social capital is important for discouraging antisocial or criminal behaviour.[69] Communities characterised by anonymity, and limited acquaintances among residents, face increased violence and crime.[70]

The development of healthy communities that promote social capital will depend not only on the development of the physical fabric but also on a series of supportive social networks and associations, which encourage newcomers to get involved, the provision of a range of meeting places and interventions that work to reduce any tension between different groups.[71]

4.6 The provision of play areas

We ask the Department for Social Development to consider the need for play areas in the Masterplan for the North West Quarter of Belfast City Centre to serve new residents in the area.

Rationale for the suggestion

The provision of play areas that allow expression of independence and play mobility may have positive behavioural and mental health benefits for children[72] - children who have access to play areas have less behavioural problems and better health than children who do not.[73] Barton and Tsourou recommend toddlers play areas are within 100-200 metres of homes, and playgrounds are within 400-600 metres

4.6 Service provision for new residents in the North West Quarter

We ask the Department for Social Development to consider the need for services, facilities and amenities to be provided for the new community living in the North West Quarter in the Masterplan, and in subsequent development briefs.

Services, facilities, and amenities that need to be considered include:

- Health – access to primary, secondary and tertiary healthcare, and access to dental care;
- Education – pre-school, primary, secondary, tertiary, adult and continuing;
- Access to affordable, fresh, nutritious food;
- Banking;
- Post office.

We also ask the Department for Social Development to consider the improved access that could be offered to these services, facilities and amenities for existing communities in the surrounding area.

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[68] Campbell et al. (1999) Social capital and health. Health Education Authority, London.
[69] Organization for Economic Co-operation and Development (OECD) (2001) The wealth of nations: the role of human and social capital.
[70] Putnam (2000) Bowling alone: the collapse and revival of American community. Simon Schuster, New York.
[71] Paragraph 4.10 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[72] London Health Commission (2002) Culture & health: making the link. London Health Commission.
[73] Adapted from paragraph 6.12 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

Rationale for the suggestion

Contemporary principles for urban planning that take account of public health are rooted in an active intervention, whereby the aim is to establish basic standards of provision in any new development, using an approach that is based on estimating and providing for the future needs of communities with an awareness of the effect planning can have on all levels of factors that influence health.[74]

Good local services are essential for quality of life and the willingness of people to stay and invest in an area – they are central to sustainable communities.[75]

High-quality local health and social services provide people with vital sources of support, treatment and preventative services.[76] Education, training and learning play important roles in providing a basis for economic growth, social cohesion and personal development.[77] Education is positively correlated with employment earnings, and educational attainment in one generation has positive effects on educational attainment in the next – better-schooled parents have children with higher earning potential.[78] Educational attainment in children is linked to a range of improved adult health outcomes.[79] People with higher educational qualifications tend to be healthier and have a lower take on social benefits, and education is also associated with lower crime, helping young people to remain in school.[80] People who have had more schooling tend to be less overweight and engage in more exercise per week than those who are less educated b- they are also better able to identify health-related information and use it in a constructive manner, for instance, an additional year of schooling is associated with a reduced daily average cigarette consumption.[81]

The availability of services and amenities, such as pharmacies and grocery stores, may facilitate or constrain a person's ability to engage in health-promoting behaviours, such as obtaining medication or eating fresh fruit and vegetables.[82]

Although residents in the surrounding communities do currently have good access to services (see Section 2.4), it is important that an influx of new residents in the area does not compromise the quality of service provided to existing residents. Indeed, one way to help reduce health inequalities in the short to medium term is to improve access to health and other services.

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[74] Adapted from page 10 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[75] Paragraph 9.1 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[76] Paragraph 9.3 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[77] Organization for Economic Co-operation and Development (OECD) (2001) The wealth of nations: the role of human and social capital. OECD.
[78] Paragraph 8.2.8 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[79] Paragraph 8.29 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[80] Paragraph 8.34 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[81] Kenkel (1991) Journal of Political Economy 99; 287-305.
[82] Paragraph 8.25 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

4.8 Mix of uses in the North West Quarter

We ask the Department for Social Development to consider the explicit inclusion of the following uses in the Concept Masterplan for the North West Quarter:

- Residential;
- Offices and business accommodation;
- Cultural uses;
- Tourist-oriented uses, e.g. tourist information.

Rationale for this suggestion

These additional uses will promote social inclusion and social capital, and prevent the development from becoming an exclusive venue for people who have a relatively high level of disposable income that can be expended on retail goods. This is particularly important in view of the levels of deprivation experienced by people living in communities surrounding the North West Quarter (see Section 2.4). If the principle of social inclusion is not supported through the planning process, especially by encouraging a broad mix of uses, the surrounding communities may experience anger and resentment at their exclusion, which will affect their mental well-being.

4.9 Affordability of leisure, entertainment and cultural facilities

We ask the Department for Social Development to consider requiring the implementation of schemes to promote the affordability of leisure, entertainment and cultural facilities in the North West Quarter.

Rationale for the suggestion

Leisure is essential to an individual's psychological health,[83] and the lack of it has been equated with a diminished sense of well-being.[84] The level of deprivation in surrounding communities is high (see Section 2.4), and in order to promote access to leisure and cultural facilities in the redeveloped North West Quarter it will be necessary to consider methods of ensuring affordability for vulnerable groups on a low income (e.g. young people, older people, unemployed people and their families, and lone parents and their families). Otherwise there is a danger that the development of the North West Quarter becomes exclusive, being a destination only for those people who have a certain relatively high level of disposable income.

4.10 Designing out crime

We ask the Department for Social Development to consider the need to require the developers of the North West Quarter to design out crime, and to highlight this need in subsequent Development Briefs as well as in the Concept Masterplan.

Rationale for the suggestion

Although linking community safety entirely with the design of the built environment shifts the focus away from other causes of crime that are social and political,[85] it is possible to design out crime that is opportunistic whereby offenders respond to environmental stimuli. Improvements in street lighting reduce crime through means of precisely targeted increases and general increases, both during the day as well as

[83] London Health Commission (2002) Culture & health: making the link.
[84] Neulinger (1982) Leisure Studies 1; 53-63.
[85] Koskela and Koskela (2000) Geoforum 31; 269-280.

during the hours of darkness.[86] CCTV can be effective in deterring property crime.[87] The detailed design of residential and commercial areas can ensure a natural process of surveillance over public space that reduces both the fear of crime and the actual incidence of crime.[88]

This is particularly important in the North West Quarter as the surrounding communities in the Falls and New Lodge wards are subject to high levels of crimes with respect to the number of notifiable offences recorded (see Section 2.9).

4.11 Planning out alcohol-related crime and disorder in the North West Quarter

We ask the Department of Social Development to consider planning out alcohol-related crime and disorder in the redevelopment of the North West Quarter of Belfast City Centre by avoiding clusters of functional activities, e.g. pubs and nightclubs, related to this problem.

Rationale for this suggestion

The potential for alcohol-related crime and disorder in the North West Quarter of Belfast City Centre could be a source of nuisance for any new residents in the area (if residential uses are included in the final mix), and any visitors to the area, with problems ranging from environmental noise to being a victim of violence. Environmental noise can affect health and well-being in terms of annoyance and quality of life, sleep disturbance, cardiovascular disease and children's health.[89] Violent crime may result in temporary or permanent disability and in some cases death – people who have experienced crime-related trauma can also have a poorer perception of their physical health, greater limitations on physical functioning, and more chronic medical conditions, and victims of physical violence have higher rates of cigarette smoking, alcohol and drug abuse, risky sexual behaviours, and eating disorders.[90]

This is particularly important in the North West Quarter as the surrounding communities in the Falls and New Lodge wards are subject to high levels of crimes with respect to the number of notifiable offences recorded (see Section 2.9).

4.12 Managing alcohol-related crime and disorder in the North West Quarter

We ask the Department of Social Development to consider requiring the implementation of an appropriate and effective management strategy for the avoidance and/or minimisation of alcohol-related crime and disorder following the development of the North West Quarter of Belfast City Centre.

Rationale for this suggestion

The rationale for this suggestion is outlined in Section 4.10.

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[86] Pease (1999) in Painter and Tiller (eds) Surveillance of public space: CCTV, street lighting and crime prevention. Criminal Justice Press, Monsey, New York.
[87] Phillips (1999) in Painter and Tiller (eds) Surveillance of public space: CCTV, street lighting and crime prevention. Criminal Justice Press, Monsey, New York.
[88] Page 18-19 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[89] London Health Commission (2003) Noise & health: making the link.
[90] Robinson et al. (1998) Exploring the impacts of crime on health and health services: a feasibility study. Department of Sociology & Social Policy, University of Durham.

Again, this is particularly important in the North West Quarter as the surrounding communities in the Falls and New Lodge wards are subject to high levels of crimes with respect to the number of notifiable offences recorded (see Section 2.9).

4.13 Planning for public transport in the North West Quarter

Although public transport is discussed in Section 6.20 of the Public Consultation Document, it is not included in the Development Principles, the Objectives for the development of the Concept Masterplan, nor in the Benefits of the Concept Masterplan.

Therefore, we ask the DSD to consider the explicit inclusion of pubic transport provision in the Masterplan for the North West Quarter and in subsequent Development Briefs.

Rationale for the suggestion

Transport has several features that contribute positively to the determinants of health by providing access to a range of services, facilities and amenities, and by providing the opportunity for social contact and interaction.[91] In a review for the Department of the Environment, Transport and the Regions (DETR), transport was highlighted as providing access to, for example, work, food, and community and leisure facilities, and representing a symbolic expression of an area as being well connected with wider society in the city as a whole.[92]

Barton and Tsourou recommend that public transport should have general priority over other traffic along main routes and to the heart of areas of high demand.[93] A healthy transport strategy requires the taming of vehicular traffic, and one way of reducing road capacity is to plan positively for other modes of transport.[94]

Barton and Tsourou recommend that new development should be oriented towards public transport stops,[95] and that office, retail and leisure developments should be less than 300 metres actual walking distance from good public transport services, and housing should be within 400 metres of a good service.[96]

A good public transport service provides realistic competition to private transport by car in terms of availability, speed, and price,[97] and provides people with the opportunity to reduce the number of trips by car, thereby reducing not only the level of air and noise pollution, but also the volume of traffic, with a consequent decrease in the risk of congestion. Barton and Tsourou recommend that a good public transport bus service operates at a frequency of every 10 minutes.

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[91] Paragraph 6.1 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[92] Department of the Environment, Transport and the Regions (2000) Social exclusion and the provision and availability of public transport: a summary report. TraC at the University of London.
[93] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[94] Page 138 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[95] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[96] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[97] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Linearity is also a key feature of public transport routes affecting their viability,[98] and Barton and Tsourou recommend it is important to plan for the viability of public transport.[99]

Access to good public transport services facilitated by the redevelopment of the North East Quarter is important in both the Falls and the Duncairn wards where access to private transport is poor (see Section 2.7).

4.14 Planning for cyclists in the North West Quarter

Planning for, or the provision of, infrastructure for cyclists is not included in the Development Principles nor in the Benefits of the Concept Masterplan. There is mention of giving cyclists "prominence over vehicles" in the Objectives for Circulation in the Concept Masterplan.

Therefore, we ask the Department for Social Development to consider the explicit inclusion of planning and provision for cyclists in the Masterplan for the North West Quarter and in subsequent development briefs.

Rationale for this suggestion

Physical activity, such as cycling, has the capacity to reduce morbidity and mortality from various diseases and conditions, e.g. coronary artery disease, stroke, systemic hypertension, obesity, emotional disorders, the incapacity associated with ageing, osteoporosis, diabetes mellitus, colon cancer, chronic back disease, and athletic injuries.[100] Physical exercise reduces the likelihood of developing, and dying from, many of these diseases, and can improve the control of some, such as hypertension and diabetes.[101] It can also improve the management of mild-to-moderate mental health problems, such as depression and anxiety, particularly acute anxiety.[102]

Safety is a key factor in encouraging people to cycle.[103]

Access to good infrastructure for cyclists facilitated by the development of the North West Quarter is important in the Falls, New Lodge and Shankill wards where access to private transport is low (see Section 2.7). Cycling as a form of active travel is relatively cheap and open to most people apart from those who have mobility problems.

4.15 Planting in the North West Quarter

We ask the Department of Social Development to include mention of the need for planting in the North West Quarter Masterplan, and subsequent development briefs.

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[98] Page 137 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[99] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[100] Paragraph 6.31 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[101] Paragraph 6.32 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[102] Paragraph 6.33 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[103] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Rationale for the suggestion
Suburban areas can be 6-8 degrees Fahrenheit warmer than surrounding areas, an effect known as a heat island, which has two main causes including the lack of vegetation, including trees, in urban areas; the effects on health include heat syncope or fainting and heat oedema or swelling,[104] which would be of concern in some vulnerable people especially those who are older. Planting can benefit health by improving air quality (trees break up and counteract the concentration of pollution in cities[105]), by reducing wind speed, by contributing to a supportive microclimate, by providing shelter, by increasing the level of carbon fixing, and by providing a supportive environment for some types of wildlife.[106] In addition, people who can see trees or green space from their dwelling report higher levels of health and well-being.[107] Moreover, the presence of enjoyable scenery in a neighbourhood is associated with an increased likelihood of meeting physical activity recommendations.[108]

4.16 Community participation

We ask the Department for Social Development to consider continuing its policy of community participation in the development of the North East Quarter.

We also ask the Department for Social Development to consider requiring the developer(s) of the North East Quarter to have a community consultation and participation strategy not only in the design of the North East Quarter and its facilities, but also in the management of those facilities when the redeveloped quarter is in operation.

Rationale for this suggestion
Some forms of democratic participation may be beneficial for the health and well-being of those who take part, by enhancing a person's sense of empowerment and self-efficacy – people are more likely to take control of their health if they feel in control of other aspects of their lives.[109] Participation may also contribute to health by building social capital in a community – socially isolated individuals living in less cohesive communities are more likely to experience poor health than those living in cohesive communities.[110]

Community participation in the design and development of the North East Quarter could help to reduce the likelihood of the development becoming an exclusive environment for people who have a certain level of disposable income that allows them to enjoy the benefits of the Preferred Concept Masterplan (see Rationale under Section 4.8).

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[104] Paragraph 5.58 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[105] Page 139 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[106] Adapted from Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[107] Paragraph 6.12 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[108] Paragraph 5.39 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[109] Paragraph 4.8 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[110] Paragraph 4.9 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

Section 5: Key Issues for Consultation

The question posed by the Department for Social Development is:

> "Has the Draft Masterplan identified the right Development Principles to underpin any future development within the North East Quarter that may receive DSD support?"

The potential impacts on health and well-being of some of the Development Principles are outlined in Section 3.1. From this analysis, it can be seen that some of these Development Principles will promote health and well-being and, therefore, we suggest it is appropriate for them to be supported by DSD (see Table 5.1). For some principles, it is important for them to be supported by others (see Section 5.1.1), and for one principle it is important

We believe the following Development Principles could promote health and well-being:

- Character;
- Urban Structure;
- Public Realm;
- Market Change;
- Sustainable;
- Add value, although this needs to linked to the complementary principle of Inclusion;
- Inclusion;
- Promote Sustainable Economic and Social Regeneration

We suggest supporting the following Development Principles with complementary principles, as follows:

- *Mixed use* to be supported by *social inclusion*, ensuring a mix of uses that are not simply commercially attractive but also socially inclusive, particularly for the surrounding communities;
- *Ease of movement* to be supported by *improvement to public transport, provision for cyclists*, and *reducing dependence on the car*.

We suggest that care needs to be taken over encouraging a 24-hour economy. Whilst we appreciate the benefits of "evening economy", these two economies are not the same thing, and will have different impacts, a 24-hour economy tending to the negative and an evening economy tending to the positive.

5.2 Land uses and Boundary

The question posed by the Department for Social Development is:

> "Has the Draft Masterplan identified the correct mix and scale of uses and drawn an appropriate boundary for achieving the Department's Regeneration objectives for the Quarter?"

We support the inclusion of the following uses in the North West Quarter because we believe they need to be included in order to promote health and well-being:

- Shops;
- Housing;
- Offices – business accommodation, studios and workshops;
- Educational uses;
- Cultural uses;
- Public transport solutions;
- Cycle facilities;
- Tourist information.

It is not possible to comment on the correct mix and scale of uses because the total amount of floor space in the North West Quarter has not been provided in the Public Consultation Document, nor has the amount of floor space available for any other uses other than retail uses. Therefore, it is not possible to assess the balance of uses in terms of the proportion of the development each of the uses will take up.

5.3 Concept Plan

The question posed by the Department for Social Development is:

> "The concept plan is an illustration of how the development principles might best be delivered. Do you consider that the concept plan is appropriate for the area?"

For the concept plan to be appropriate for the area in terms of health and well-being, it is important to consider the circumstances of the communities surrounding the North West Quarter, and to incorporate elements into the concept plan that will promote social inclusion and social cohesion (see Suggestions in Section 4).

5.4 Further Observations

5.4.1 Air quality

The provision of car parking, and the lack of definite commitment to public transport and ***priority*** (as opposed to "prominence")for pedestrians and cyclists in the North West Quarter Draft Masterplan, does not support Belfast City Council in its attempts to deliver better air quality in Belfast City, especially in the four air quality management areas (AQMAs).

We ask the Department for Social Development to take into account the impact on both air quality and health of generating car trips to the North West Quarter, and to consider changing the Draft Masterplan in the light of Belfast City Council's need to comply with European air quality standards.

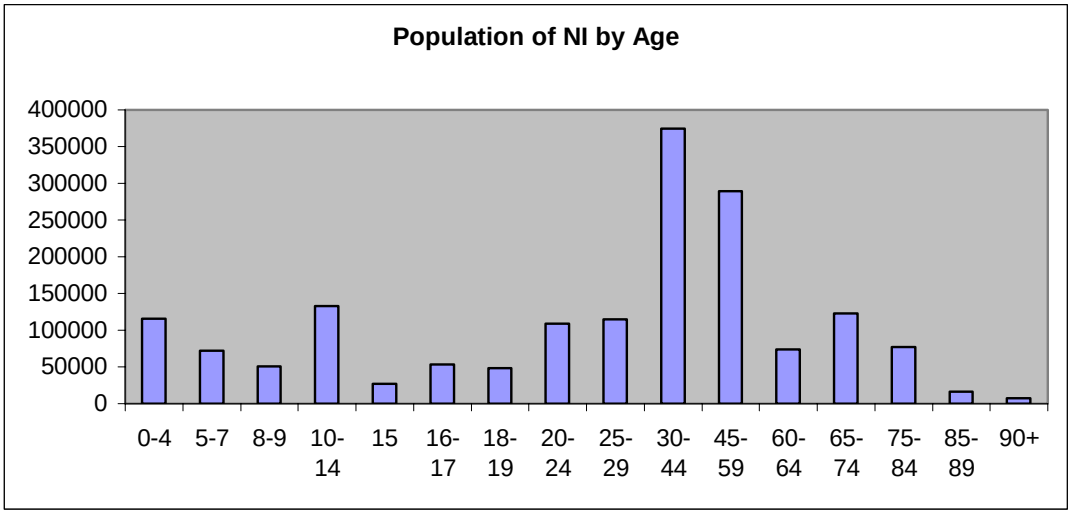
Appendix 1: Statistics on Deprivation for HIA on North West Quarter

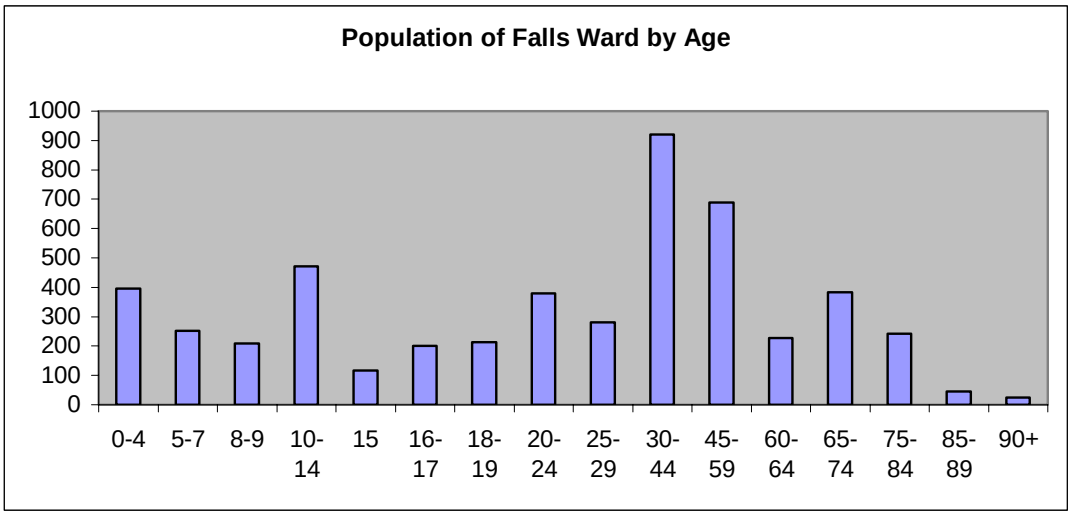
The North West Quarter covers three wards – New Lodge, Shankill and Falls.

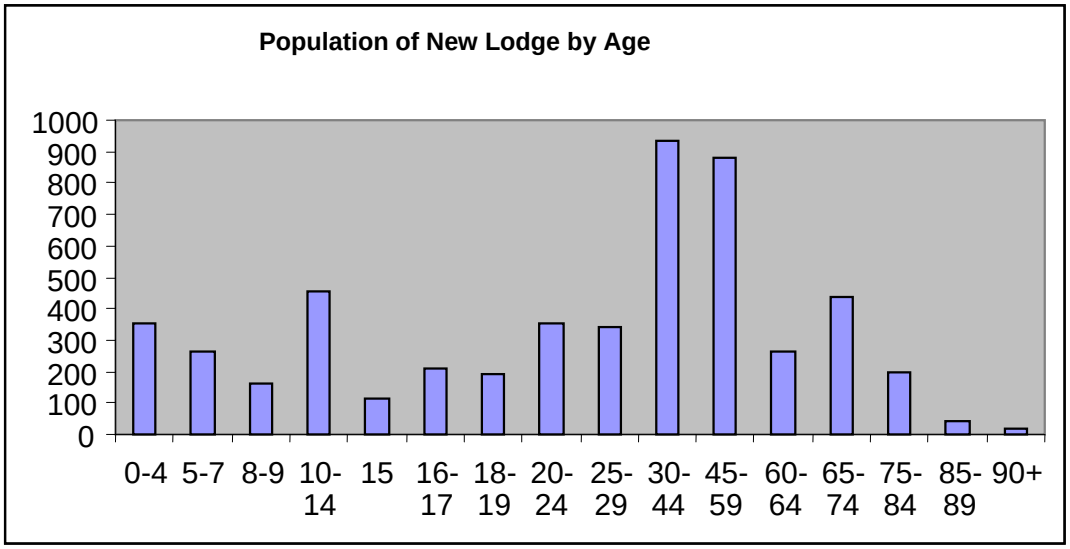
1. Demography

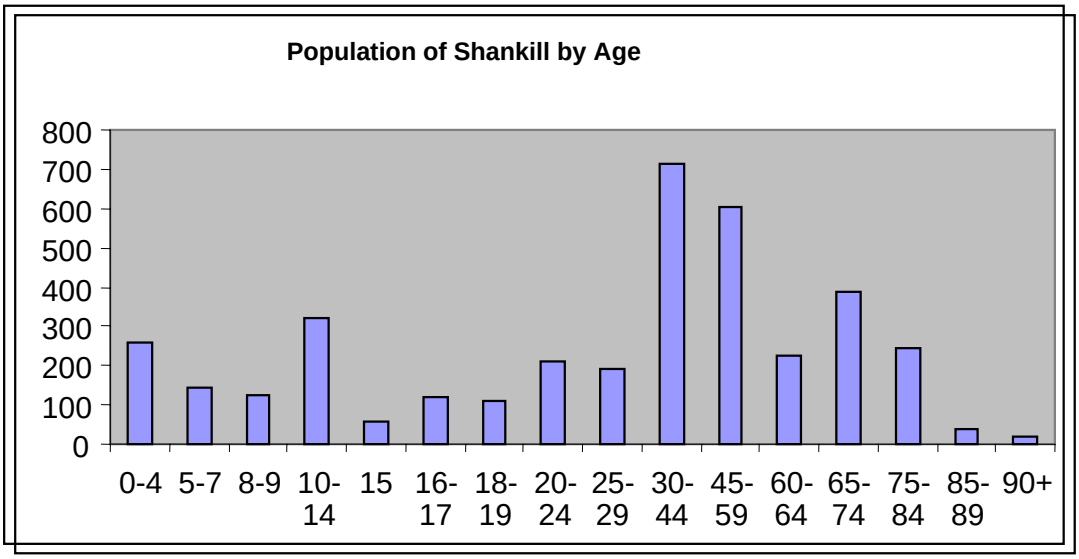
Population by age and sex

Falls ward has a total population of 5046. Of this 45% are male and 55% female. 29% are under 16 years and 18% are aged 60 or over.
New Lodge ward has a total population of 5224. Of this 47% are male and 53% female. 26% are under 16 years and 18% aged 60 or over.
Shankill ward has a total population of 3784. Of this 46% are male and 54% female. 24% are under 16 years and 24% aged 60 or over.
Northern Ireland has a population of 1685267. Of this 49% are male and 51% female. 24% are under 16 years and 18% aged 60 or over.




Population of Falls Ward by Age
1000
900
800
700
600
500
400
300
200
100
0
0-4
5-7
8-9
10-14
15
16-17
18-19
20-24
25-29
30-44
45-59
60-64
65-74
75-84
85-89
90+


Population of New Lodge by Age
1000
900
800
700
600
500
400
300
200
100
0
0-4
5-7
8-9
10-14
15
16-17
18-19
20-24
25-29
30-44
45-59
60-64
65-74
75-84
85-89
90+



Source: 2001 Census, NISRA Crown copyright.

Community Background

44% of people in NI are from a Catholic background with 53% from Protestant and other Christian background.

Residents in the Falls ward and New Lodge are from a predominately Catholic background (97% in each) whilst those in Shankill are from a predominately Protestant and other Christian background (94%).

Source: 2001 Census, NISRA Crown copyright.

Ethnic Group

Numbers of residents within these wards from ethnic groups other than white are very small.

	All persons	White	Irish traveller	Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other ethnic group
NI	1685267	1670988	1710	3319	1567	666	252	194	255	494	387	4145	1290
Falls	5047	5025	5	9	0	0	0	0	0	0	0	5	3
New Lodge	5226	5209	7	7	0	0	0	0	3	0	0	0	0
Shankill	3780	3770	0	7	0	3	0	0	0	0	0	0	0

Source: 2001 Census, NISRA Crown copyright.

Population Density

	All persons	Area (hectares)	Population density (number of persons per hectare)
Falls	5046	120	42.05
New Lodge	5224	72	72.56
Shankill	3784	93	40.69

Source: 2001 Census, NISRA Crown copyright.

2. Measures of Deprivation

2.1 Noble Indices

All three wards score highly in terms of multiple deprivation as measured by the Noble Indices. All are in the most deprived decile and Falls is ranked 2nd most deprived ward in Northern Ireland in terms of multiple deprivation.

Multiple deprivation measure	Ward score	Ward rank	Ward decile
Falls	75.65	2	1
New Lodge	67.73	8	1
Shankill	64.52	10	1

Source: Measures of Deprivation, NISRA

Scores and ranks on each of the domains are shown below for each ward. All three wards are amongst the most deprived in terms of income, employment, health and education. Access to services is good due to their proximity to Belfast.

Falls ward

Domain	Ward score	Ward rank	Ward decile
Income	66.45	2	1
Employment	23.18	11	1
Health	2.18	5	1
Education	2.06	8	1
Access	-1.71	555	10
Social Environment	1.44	20	1
Housing	0.3	152	3

New Lodge ward

Domain	Ward score	Ward rank	Ward decile
Income	63.85	7	1
Employment	21.28	19	1
Health	2.21	3	1
Education	1.71	23	1
Access	-1.77	561	10
Social Environment	1.25	45	1
Housing	0.27	234	5

Shankill

Domain	Ward score	Ward rank	Ward decile
Income	49.57	38	1
Employment	23.78	7	1
Health	1.69	15	1
Education	2.02	9	1
Access	-1.72	557	10
Social Environment	1.03	64	2
Housing	0.31	99	2

Wards ranks range from 1(most deprived) to 566 (least deprived). Decile 1 is the most deprived.

These measures of deprivation (Noble indices) also include a child poverty domain. Falls is ranked 4th and New Lodge 5th out of 566 wards in terms of child poverty.

Source: Measures of Deprivation, NINIS – NISRA Crown copyright.

2.2 Other Measures of Deprivation

The following information is additional indicators of deprivation which also highlight that the three wards in question represent one of the most deprived areas within Belfast.

Health and Disability

Limiting Long-Term Illness

A greater percentage of residents within all three wards had a limiting long-term illness compared to Belfast District Council and Northern Ireland as a whole.

	With a limiting long-term illness	Without a limiting long-term illness
NI	20%	80%
Belfast DC	24%	76%
Falls	32%	68%
New Lodge	32%	68%
Shankill	36%	64%

Limiting long-term illness covers any long-term illness, health problem or disability which limits daily activities or work.

Source: 2001 Census, NISRA Crown copyright.

General Health

A lower percentage of residents within all three wards rated their general health as good compared to within Northern Ireland as a whole.

	Good health	Fairly good health	Not good health
NI	70%	19%	11%
Falls	60%	19%	21%
New Lodge	57%	20%	23%
Shankill	52%	24%	24%

General health refers to health over the 12 months prior to Census day (2001)

Source: 2001 Census, NISRA Crown copyright.

Claimants of Disability Living Allowance

In 2004 there were 1179 claimants for Disability Living Allowance in New Lodge, 838 in Shankill and 1241 in Falls ward. Out of 566 wards Falls and New Lodge wards had the fourth and sixth highest number of claimants in 2004.

Source: Social Security Benefits, NINIS – NISRA Crown copyright.

Births to Unmarried Mothers

In 2003 75% of births in Falls ward, 90% in New Lodge and 75% in Shankill were to unmarried mothers. The corresponding figure for Belfast District Council was 54% and for Northern Ireland was 34%.

Source: NINIS – NISRA Crown copyright.

Providing Unpaid Care

11% of the population in Falls ward, 10% in New Lodge and 11% in Shankill were providing unpaid care to family, friends, neighbours or others on census day in 2001. The corresponding figure for Belfast Distinct Council was 12% and for Northern Ireland was 11%.

Source: NINIS – NISRA Crown copyright.

3-5 year olds Registered with a Dentist

In 2002 47% of children aged 3-5 in Falls ward, 54% in New Lodge and 44% in Shankill were registered with a dentist. The corresponding figures for Belfast District Council was 57% and for Northern Ireland was 62%.

Source: NINIS – NISRA Crown copyright.

Housing

Households Owner Occupied

23% of households in Falls ward, 25% in New Lodge and 18% in Shankill are owner occupied. The corresponding figure for Belfast District Council is 56% and for Northern Ireland is 70%.

Source: 2001 Census, NINIS- NISRA Crown copyright.

Households with Central Heating

	All households	With central heating	%	Without central heating	%
NI	626718	596099	95%	30619	5%
Falls	1873	1821	97%	52	3%
New Lodge	2183	2081	95%	102	5%
Shankill	1899	1842	97%	57	3%

Source: 2001 Census, NISRA Crown copyright.

Overcrowding/under occupancy

	All households	Average household size	Average number of rooms per household	Households with an occupancy rating of -1 or less	% Households with an occupancy rating of -1 or less
NI	626718	2.65	5.71	45757	7.3%
Falls	1873	2.62	4.53	437	23%
New Lodge	2183	2.39	4.44	468	21%
Shankill	1901	1.99	4.39	225	12%

The occupancy rating provides a measure of under occupancy and over crowding. For example a value of -1 implies there is one room too few and that there is over crowding in the household.

Source: 2001 Census, NISRA Crown copyright.

Transport

Access to car or van

Within the Falls ward 25% of households had access to a car or van. The corresponding figures for New Lodge and Shankill respectively were 25% and 27% and for Belfast District Council 56% and Northern Ireland 74%.

Source: NINIS – NISRA Crown copyright.

Employment

Rates of Unemployment

In 2001 10% of people aged 16 to 74 in Falls ward, 10% in New Lodge and 9% in Shankill were unemployed. The corresponding figures for Belfast District Council were 5% and for Northern Ireland 4%.

Source: 2001 Census, NINIS. – NISRA Crown copyright.

Economic Activity

The economic activity of people of working age within the three wards is shown in the following table.

Table UV101: ECONOMIC ACTIVITY (WORKING AGE)																			
Table population: All persons aged 16 to pensionable age																			
Geographical level : Electoral Wards																			
	All persons	Economically active	Employee			Self-employed with employees			Self-employed without employees			Unemployed	Full-time students	Economically inactive	Retired	Student	Looking after home/family	Permanently sick/disabled	Other
			Total	Part-time	Full-time	Total	Part-time	Full-time	Total	Part-time	Full-time								
SUMMARY	7905	3665	2445	718	1727	38	4	34	71	20	51	916	195	4240	107	489	1222	1596	826
Falls	2781	1254	795	245	550	11	0	11	22	9	13	332	94	1527	40	223	451	538	275
New Lodge	3065	1419	939	288	651	18	4	14	29	7	22	363	70	1646	41	190	469	622	324
Shankill	2059	992	711	185	526	9	0	9	20	4	16	221	31	1067	26	76	302	436	227
Notes:																			
(1) For the Census, part-time is defined as working 30 hours or less a week. Full-time is defined as working 31 or more hours a week.																			
(2) Pensionable age at the time of the Census (29 April 2001) was 65 for men and 60 for women.																			

Source: 2001 Census, NISRA Crown copyright.

Industry of Employment

The two main industries of employment within the three wards are wholesale and retail and health and social work.

Table KS11a: Industry of Employment - All Persons														
Geographical level : Electoral Wards														
	All persons aged 16-74 in employment	Persons aged 16-74 in employment working in:												
		Agriculture, hunting, forestry and fishing	Manufacturing	Electricity, gas and water supply	Mining & quarrying and construction	Wholesale and retail trade, repair of motor vehicles	Hotels and catering	Transport, storage and communication	Financial intermediation	Real estate, renting and business activities	Public administration and defence	Education	Health and social work	Other [1]
Northern Ireland	686644	20724	97365	4776	64321	114721	31033	37206	20386	53842	64025	60490	87502	30253
Falls	924	0	73	4	57	164	75	60	26	93	48	70	171	83
New Lodge	1059	3	93	8	79	201	106	99	21	113	33	83	155	65
Shankill	793	3	146	3	52	126	54	63	17	66	64	49	104	46
Notes:														
(1) Other includes: other community, social and personal service activities, private households with employed persons and extra-territorial organisations and bodies.														

Source: 2001 Census, NISRA Crown copyright.

Job Seekers Allowance
In 2004 there were 220 claimants of job seekers allowance in Falls ward, 226 in New Lodge and 205 in Shankill. Out of 566 wards New Lodge and Falls wards were the ninth and eleventh highest in terms of numbers of claimants.

Source: Social Security Benefits, NINIS - NISRA Crown copyright.

Crime

Recorded crime
Total notifiable offences recorded in 2003/2004 were 2057 in Falls ward, 1386 in New Lodge and 586 in Shankill. Out of 566 wards Falls and New Lodge were the third and fifth highest respectively in terms of numbers of total notifiable offences recorded.

Source: Police Service of Northern Ireland, NINIS- NISRA Crown copyright.

Education

Qualifications
On census day in 2001 4% of the population in Falls ward aged 16 to 74 had degree level or higher qualifications. The corresponding figures for New Lodge and Shankill were both 3%. The figure for Belfast District Council was 19% and for Northern Ireland as a whole was 16%.

64% in Falls ward, 69% in New Lodge and 71% in Shankill had no qualifications compared to 42% within Northern Ireland as a whole.

Source: 2001 Census, NISRA Crown copyright.

School Leavers
Of those who left school in 2001 26% in Falls ward, 49% in New Lodge and 5% in Shankill gained 5 or more GCSEs at grade C and above. The corresponding figure for Belfast District Council was 50% and for Northern Ireland as a whole was 58%.

Source: NINIS – NISRA Crown copyright.

Free School Meal Entitlement

In 2002 58% of the school population in Falls ward, 71%% in New Lodge and 64% in Shankill were entitled to free school meals. The corresponding figure for Belfast District Council was 33% and for Northern Ireland was 21%

Source: NINIS – NISRA Crown copyright