

**Department for Social Development  
Belfast City Centre Northside Urban Village  
Draft Regeneration Framework**

**Health Impact Assessment Report  
June 2008**

**Institute of Public Health in Ireland  
Forestview  
Purdy's Lane  
Belfast  
BT8 7XZ  
Tel: 028 90648494**



## **Contents**

<b>1. INTRODUCTION.....</b>	<b>3</b>
<b>2. HEALTH IMPACT ASSESSMENT OF THE PROPOSED NORTHSIDE URBAN VILLAGE.....</b>	<b>5</b>
<b>3. COMMUNITY PROFILE .....</b>	<b>6</b>
<b>4. POTENTIAL HEALTH IMPACTS OF THE DRAFT REGENERATION FRAMEWORK FOR THE NORTH WEST QUARTER PART 2.....</b>	<b>12</b>
<b>5. RECOMMENDATIONS.....</b>	<b>22</b>

## 1. Introduction

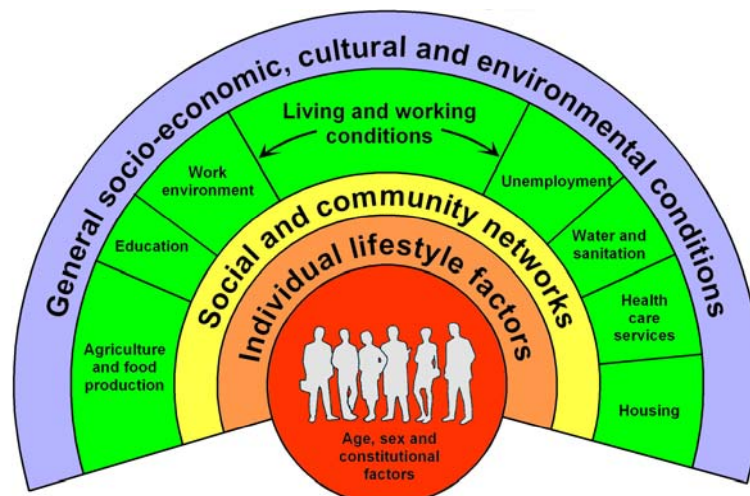
The Department for Social Development (DSD) has developed a Draft Regeneration Framework for the North West Quarter Part 2 area of Belfast City Centre, to be known as the Northside Urban Village. The Framework, which outlines the vision for the redevelopment of an inner city area of Belfast was released for public consultation in April 2008. In responding to this consultation, the Institute of Public Health in Ireland (IPH) conducted a Health Impact Assessment (HIA) in order to assess how the proposed Framework might impact on the health of those living in or close to the area as well as the wider Belfast population. The key recommendations which resulted from this process have been presented to the Department. This paper presents an overview of the HIA conducted.

### Institute of Public Health in Ireland

The Institute of Public Health in Ireland (IPH) works to promote cooperation for public health across the island of Ireland. IPH seeks to build capacity for HIA by providing training and support to those undertaking HIA and developing practical guidance, tools and evidence briefings. IPH also works closely with the Department of Health, Social Services and Public Safety to promote HIA across all government departments in Northern Ireland.

### Health Impact Assessment (HIA)

Health has been defined by the World Health Organisation as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'<sup>1</sup>. It is increasingly recognised that many factors outside the health care system influence health. These broad determinants of health<sup>2</sup> are demonstrated in the model below and illustrate how decisions made in areas of social, environment and economic policy can strongly influence health.



Source: Dahlgren and Whitehead, 1991

<sup>1</sup> World Health Organisation, Constitution of the World Health Organization, Geneva, 1946. Available at [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf), (accessed 5<sup>th</sup> June 2007).

<sup>2</sup> Dahlgren, G and Whitehead, M., (1991), Policies and strategies to promote social equity in health, Stockholm: Institute of Futures Studies.

HIA adopts a broad determinants of health model and is defined as ‘a combination of procedures, methods and tools by which a policy, programme or project may be judged in respect of its potential effects on the health of a population, and the distribution of those effects within the population’<sup>3</sup>. In Northern Ireland there are high levels of area based deprivation and as a result certain individuals are at a much greater risk of poor health<sup>4</sup>. HIA seeks to ensure the health inequalities gap does not widen due to a proposal being implemented and seeks to maximise potential positive health impacts and minimise potential negative health impacts, particularly for identified vulnerable groups. In short, HIA informs the decision making process and provides decision makers with an evidence base on which to make improved choices for health and well-being.

### ***Urban regeneration and health***

Urban regeneration includes not only physical redevelopment but also issues such as education, employment, environmental conditions, housing, welfare and healthcare. It is clear, from a broad determinants of health perspective, that all of these factors can influence health outcomes. Urban regeneration can also help to address health inequalities, as areas where regeneration is undertaken are usually marked by poor economic and social conditions.

---

<sup>3</sup> World Health Organisation European Centre for Health Policy (1999), Health Impact Assessment: main concepts and suggested approach. Gothenburg Consensus Paper.

<sup>4</sup> OFMDFM (2006), Lifetime Opportunities: Government’s anti-poverty and social inclusion strategy for Northern Ireland.

## **2. Health Impact Assessment of the proposed Northside Urban Village**

A HIA was conducted of the proposed Northside Urban Village in June 2008. This process included reviewing the proposal and related documents, collecting relevant available information on the populations of interest and desk based research on the links between identified aspects of the proposal and health outcomes.

### **The proposal**

The North West Quarter Part 2 area of Belfast is a historic part of the city. The identified area is one of the most socio-economically deprived areas of not only Belfast but Northern Ireland. The area is characterised by the large number of people who receive income and housing benefits, have low levels of educational qualifications, high rates of long-term illnesses and are more likely to be long term unemployed. This proposal seeks to redevelop the area into a Northside Urban Village to create new public realms, retail space, entertainment areas and education and employment opportunities.

### **Aim**

To identify the potential positive and negative health impacts of the proposed Northside Urban Village on the Super Output Areas of New Lodge 1, Shankill 2 and Falls 3.

### **Objectives:**

- To identify how vulnerable groups in particular may be affected by the proposal.
- To develop a set of recommendations to enhance the positive health impacts and mitigate the negative health impacts of the proposal.
- To prepare and submit a HIA report in response to the consultation on the proposed Northside Urban Village development.

### **Information reviewed**

The following information was reviewed as part of the HIA:

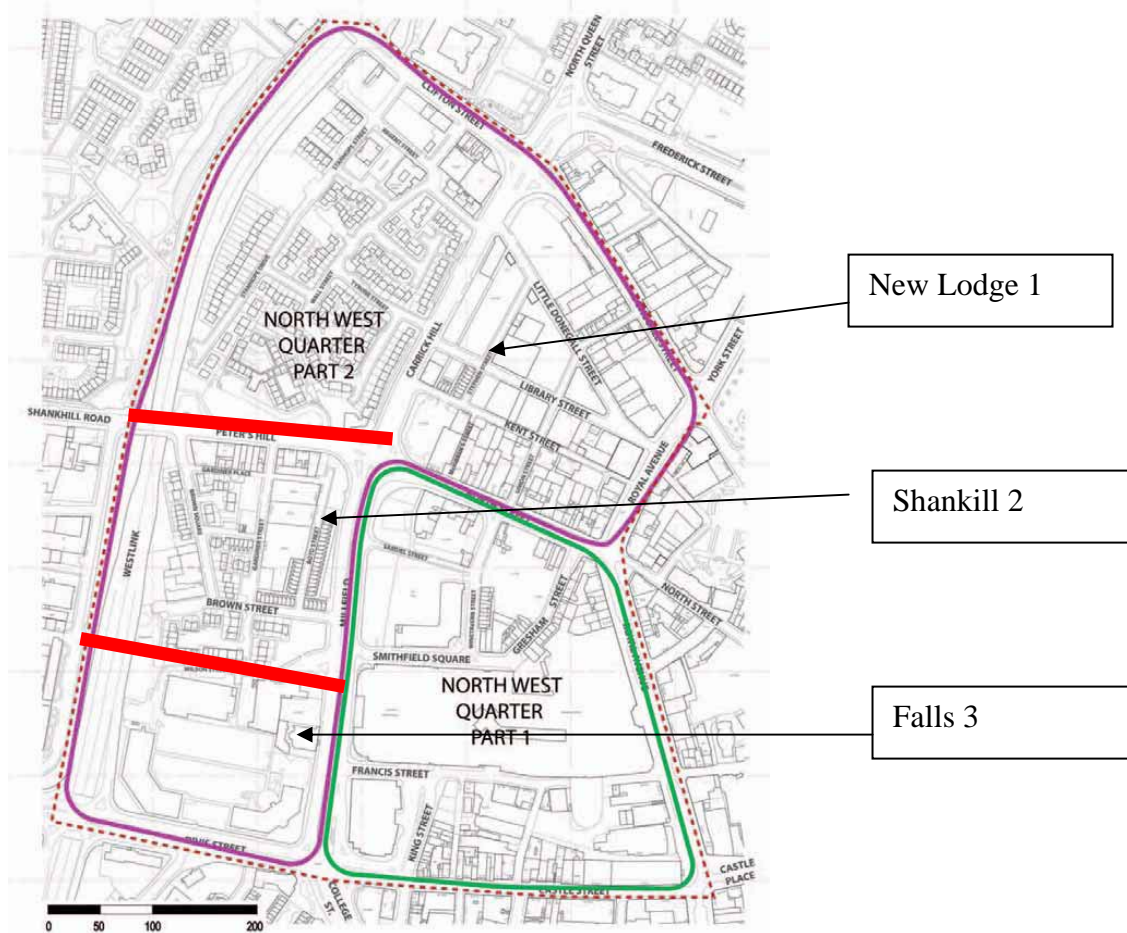
- 1 **Policy analysis.** The following policies have been considered:
  - Investing for Health, Department of Health, Social Services and Public Safety.
  - Belfast City Centre: Regeneration Policy Statement. Department for Social Development.
  - Belfast Metropolitan Area Plan, Department of the Environment.
- 2 **Community profile** of the North West Quarter. Two population groups have been identified:
  - The neighbourhoods which form the North West Quarter and surrounding areas.
  - The whole population of Belfast.

An overview of the population profile has been presented to show demography, education, housing, education and health status.

- 3 **Desk based research.** Evidence has been gathered from a range of literature to identify the health impacts of the proposal.

### 3. Community profile

The community profile presents an overview of the communities which live in or border the North West Quarter. The area comprises three Super Output Areas (SOAs<sup>5</sup>) of New Lodge 1, Shankill 2 and Falls 3 which are outlined and separated by the red line on the map below.



There are 890 SOAs in Northern Ireland with those scoring highest being most deprived, as measured by the Northern Ireland Multiple Deprivation Score<sup>6</sup>. All three SOAs affected by the proposal score highly as highlighted in the following table:

SOA	Multiple Deprivation Score
New Lodge 1	9
Shankill 2	2
Falls 3	6

<sup>5</sup> Super Output Areas report small area based statistics.

<sup>6</sup> The overall Multiple Deprivation Measure 2005 describes SOAs by combining information from all seven domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Proximity to Services Deprivation, Living Environment Deprivation, and Crime and Disorder.

The following statistics clearly show the extent of deprivation experienced in the three SOAs. In summary across all three SOAs:

- There is a proportionately higher percentage of births to unmarried mothers across all areas in comparison to overall Belfast rates.
- The unemployed and long-term unemployed levels are higher in comparison to the overall Belfast rate.
- There is a higher proportion of people than the Belfast average who have a limiting long-term illness. People in the three areas do not rate their own health as good when compared to Belfast self-rated health indicators.
- There is a much lower percentage of people in each area with access to a car or van compared to Belfast as a whole.

Source: NINIS <sup>7</sup>	SOA Falls 3	SOA Shankill 2	SOA New Lodge 1	LG district Belfast
total population	1606	1978	1826	277391
% under 16 years	26.8	24.0	24.0	21.7
% over 60 years	22.7	25.0	22.9	19.7
average age of population	36.5	38.6	38.1 years	35.8 years
male	42.7	45.1	46.1	46.8
female	57.3	54.9	53.9	53.2
% persons aged 16 and over never married	49.3	39.5	45.6	41.3
% births to unmarried mothers	83.3	73.9	79.2	53.5
catholic community background	98.1	3.3	95.1	47.2
protestant and other community background	1.9	94.0	4.1	48.6
population density	32.52	32.20	37.41 persons per square hectare	24.15
% degree level or higher qualifications	4.4	2.3	2.7	19.2
% economically active	40.5	37.5	36.8	56.9
% economically inactive	59.5	62.5	63.2	43.1
% unemployed	9.8	8.1	8.4	5.4
% unemployed, who were long-term unemployed	48.5	55.0	55.7	42.6
% people with limiting long-term illness	34.2	36.8	35.4	24.2

<sup>7</sup> Northern Ireland Neighbourhood Information Service (NINIS), Available at <http://www.ninis.nisra.gov.uk/> (accessed 28<sup>th</sup> May).

% people stated their health was good	59.0	50.9	53.7	65.8
% owner occupied	27.4	14.1	25.0	56.1
% rented	72.6	85.9	75.0	43.9
% lone pensioner households	19.8	25.7	19.1	15.8
% lone parent households with dependent children	21.8	17.6	17.5	11.0
% households with access to a car or van	26.5	25.6	25.4	56.2

The following data is not collected at SOA level and therefore ward level data has been provided. Although ward level data provides information for a bigger area, it is useful to show the extent of deprivation in which the Northside Urban Village will be located in. The following table shows the corresponding SOA and ward level.

<b>SOA</b>	<b>Ward level</b>
New Lodge 1	New Lodge
Shankill 2	Shankill
Falls 3	Falls

In summary, the following table shows:

- Shankill and Falls wards have a low percentage of school leavers who have achieved 5 or more GCSE grade C or above.
- A higher percentage of children across all wards are entitled to free school meals.
- Significantly higher numbers than the Belfast average claiming housing benefit.
- Significantly higher standard mortality ration than overall Belfast rate.
- Lower life expectancy for males and females than Belfast average.

Source: NINIS <sup>8</sup>	Ward Falls	Ward Shankill	Ward New Lodge	Belfast
% school leavers gained 5 or more GCSEs at grade C and above	35.8	23.3	59.0	55.6
% of post primary school population entitled to free school meals	63.5	54.0	63.7	18.9
% of persons 18-59 claimed Income Support	48.6	41.5	44.2	10.8
% of persons 16+ claimed Housing Benefit	37.2	47.1	34.7	9.7
Standard Mortality Ratio for age 75 years and under	224	207	191	120

<sup>8</sup> Northern Ireland Neighbourhood Information Service (NINIS), Available at <http://www.ninis.nisra.gov.uk/> (accessed 28<sup>th</sup> May).



males - life expectancy <sup>9</sup>	Less than 70	Less than 70	Less than 70	73.7
males - life expectancy <sup>10</sup>	Greater than 75 but less than NI average	Less than 75	Less than 75	79.6
% of children aged 3-5 registered with a dentist	52.1	58.5	52.2	58.1

### Health statistics

The following statistics are again presented for ward level which covers an area bigger than the proposed Northside Urban Village but data is not available at a lower level. Main causes of death are similar to Belfast and Northern Ireland as a whole but there is a much higher rate of death in the 16-59 age group compared to the whole of Belfast.

#### A. Death rates (2006)<sup>11</sup>

Ward	All Deaths 2006	Deaths due to Malignant Neoplasms	Deaths due to Circulatory Diseases	Deaths due to Respiratory Diseases	Deaths due to other causes
Falls	74	21	29	10	14
New Lodge	74	18	24	7	25
Shankill	94	14	30	16	34

#### B. Causes of death for combined Falls/ New Lodge/ Shankill wards (2001-2006)<sup>12</sup>

Cancer	All circulatory diseases	Respiratory	Injury	Others	Total
318	450	181	85	276	1310

<sup>9</sup> Equality Monitoring System, Life Expectancy (2004 - 2006) based on 2001 Census data. Available at [http://www.ninis.nisra.gov.uk/mapxtreme/viewdata/Health\\_and\\_Care/Health/Life\\_Expectancy/Life\\_Expectancy\\_2004-2006.xls](http://www.ninis.nisra.gov.uk/mapxtreme/viewdata/Health_and_Care/Health/Life_Expectancy/Life_Expectancy_2004-2006.xls), (accessed 23<sup>rd</sup> June 2008).

<sup>10</sup> Equality Monitoring System, Life Expectancy (2004 - 2006) based on 2001 Census data. Available at [http://www.ninis.nisra.gov.uk/mapxtreme/viewdata/Health\\_and\\_Care/Health/Life\\_Expectancy/Life\\_Expectancy\\_2004-2006.xls](http://www.ninis.nisra.gov.uk/mapxtreme/viewdata/Health_and_Care/Health/Life_Expectancy/Life_Expectancy_2004-2006.xls), (accessed 23<sup>rd</sup> June 2008).

<sup>11</sup> Northern Ireland Statistics and Research Agency, <http://www.nisra.gov.uk/>

<sup>12</sup> 2006 Mortality Data, supplied by EHSSB.

**C. Deaths by year of registration for combined Falls/ New Lodge/ Shankill wards<sup>13</sup>**

	<b>Under 16 years</b>	<b>16-59 years</b>	<b>60+</b>
<b>Deaths (2001-2006)</b>	1.45%	17.3%	81.23%
<b>Population (2001 census)</b>	24.8%	51.6%	23.6%

**D. Deaths by year of registration for Belfast local government district<sup>14</sup>**

	<b>Under 16 years</b>	<b>16-59 years</b>	<b>60+</b>
<b>Deaths (2001-2006)</b>	1.07%	13.1%	85.8%
<b>Population (2001 census)</b>	21.7%	58.6%	19.7%

**E. Obesity and overweight**

Information relating to obesity and overweight is only available at Eastern Health and Social Services Board (EHSSB) level. This data covers a geographic area much larger than the proposal covers and although it would be valuable to have health related information at ward level this is not available. The following figures indicate the levels of overweight and obesity.

**Obesity and overweight levels for children aged 4 in EHSSB area (2005-2006)**  
(Classified by BMI levels)<sup>15</sup>

<b>Boys</b>	<b>Girls</b>
12.5%	14.1%

<sup>13</sup> 2006 Mortality Data, supplied by EHSSB.

<sup>14</sup> 2006 Mortality Data, supplied by EHSSB.

<sup>15</sup> Child Health System, Northern Ireland – Obesity in Primary 1 Children (1997-2006). Available at <http://www.publichealthmatters.org/himajorillnessobesity.htm> (accessed 23rd June 2008).

**Obesity levels for adults in EHSSB according to income and qualification level (2002)**

		<b>Males (%)</b>	<b>Females (%)</b>
<b>BMI Levels of Obesity by Income within N Ireland ~ 2002<sup>16</sup></b>	<£200/wk	20.2	23.1
	£200-£399/wk	18.9	16.6
	£400-£719/wk	15.3	15.3
	>£720/wk	10.0	7.2
<b>BMI Levels of Obesity by qualifications within N Ireland ~ 2002<sup>17</sup></b>	No qualifications	20.1	22.7
	CSE/O level	17.5	19.3
	A level	11.9	12.5
	Third level	9.5	8.9

<sup>16</sup> Health Promotion Agency, Health and Lifestyle Survey (HALS) 2002, available at <http://www.publichealthmatters.org/charts/spreadsheets/Obesity3.xls> (accessed 23rd June 2008).

<sup>17</sup> Health Promotion Agency, Health and Lifestyle Survey (HALS) 2002, available at <http://www.publichealthmatters.org/charts/spreadsheets/Obesity2.xls> (accessed 23rd June 2008).

#### **4. Potential health impacts of the Draft Regeneration Framework for the North West Quarter Part 2**

Information gathered and reviewed for the HIA has identified four collective areas of the proposal which will impact on health. Evidence and recommendations will therefore be reviewed under the following categories:

- Connectivity and walkability
- Economy
- Housing
- Public spaces

The following tables highlight the areas that need to be addressed to ensure that this proposal will impact most positively on health and avoid any possibilities of impacting detrimentally on health or exacerbate the health inequalities which are clearly evident in the area.

This report has been set out to enable the reader to view the following information at a glance:

- Current situation of the North-West Quarter
- Proposed change by the Draft Regeneration Framework
- Potential impact on health identified by HIA
- Baseline health status including health of vulnerable groups
- Evidence from the literature
- Recommendation to mitigate negative health impact or accentuate positive impact

**Potential health impacts of the Draft Regeneration Framework for the North West Quarter Part 2**  
**Table 1: Connectivity and walkability**

<i>Current situation</i>	<i>Proposed change by the Framework</i>	<i>Potential impact on health identified by HIA</i>	<i>Baseline health status including health of vulnerable groups</i>	<i>Evidence from the literature</i>	<i>Recommendation to mitigate negative health impact or accentuate positive impact</i>
<b>Movement within and around the North West Quarter</b>					
<p>6. The north side of Belfast City Centre is an important area in regeneration terms connecting the communities of North and West Belfast to the city centre</p> <p>28. The Westlink is a regional road with high level of traffic and cut into the ground which reduces its visual impact but it creates a strong physical barrier.</p> <p>28. Main routes within the area are Clifton St, Peter’s Hill, Divis St and Carrick Hill/ Millfield. Heavily trafficked during peak hours and their physical size (4-5 lanes) characterises them as boundaries</p> <p>17. Millfield and Carrick Hill run north/ south through the area and create a natural edge to the city centre</p>	<p>Opportunities to create stronger links to the residential areas to the west of Westlink should be explored through improving the pedestrian and cycling environments on Clifton St, Peter’s Hill and Castle St. Alternatively new bridge links could be explored.</p> <p>Beneficial to introduce additional pedestrian crossings to improve connectivity between the east and west edges</p>	<p>Accessible developments and the provision of safe attractive routes for walking and cycling facilitates people in choosing active means of transport which leads to increased levels of physical activity and improved health.</p> <p>Stronger links between the residential and non residential areas will facilitate access to services</p> <p>The provision of additional pedestrian crossings would greatly enhance safety for pedestrians and cyclists.</p>	<p><b>Overweight and obesity:</b>  P1 aged children  Boys – 12.5%  Girls – 14.1%  Higher levels of adulthood obesity in EHSSB area amongst those with low levels of education and low incomes.</p> <p>High levels of CVD and cancers in identified wards.</p>	<p>WHO recommends adults partake in moderate physical activity for at least 30 mins every day for optimal health benefits. Incorporating exercise into everyday activities (such as travelling to work or school) helps to make activity sustainable<sup>18</sup>. Inadequate physical activity is one of the main causes of obesity, which has been shown to reduce life expectancy by up to 9 years. Obesity is a significant contributor to major causes of death in Northern Ireland including coronary heart disease and cancer. Being obese also greatly increases the risk of developing type 2 diabetes. WHO estimates that between 2% and 7% of health service expenditure is used to treat obesity and its consequences<sup>19</sup>.</p> <p>Poor urban environments and lack of community safety have been identified as barriers to adequate physical activity<sup>20</sup>.</p> <p>The development of new sustainable means of travel, through walking and cycling paths appears to encourage use<sup>21</sup>. Cycling and walking, promote</p>	<p>We strongly support the proposal to support active means of travel.</p> <p>Pedestrians and cyclists should be given the highest priority when developing or maintaining streets and roads. This can be achieved by introducing measures such as widening pavements and introducing cycle lanes.</p>

<sup>18</sup> WHO Europe, Cavill, N, Kahlmeier, S & Racioppi, F eds (2006) Physical Activity and Health in Europe: Evidence for Action, Copenhagen: WHO.

<sup>19</sup> Investing for Health (2006). Fit Futures: Focus on Food, Activity and Young People. Belfast: DHSSPSNI.

<sup>20</sup> Investing for Health (2006). Fit Futures: Focus on Food, Activity and Young People. Belfast: DHSSPSNI.

<sup>21</sup> National Institute for Health and Clinical Excellence (NICE), (2006) Interventions that use the environment to encourage physical activity – evidence review. Available at [http://www.nice.org.uk/niceMedia/pdf/Physical\\_activity\\_Evidence\\_Review\\_FINAL.pdf](http://www.nice.org.uk/niceMedia/pdf/Physical_activity_Evidence_Review_FINAL.pdf) (accessed 23rd May).

		May also encourage more people to use these routes		<p>health directly by increased physical activity and reduction of obesity and sedentary lifestyles<sup>22</sup></p> <p>Well-designed streets and public spaces which reduce vehicle speeds and use encourage walking and cycling and have the power to make the environment safer<sup>23</sup>.</p> <p>Disadvantaged urban areas tend to be characterized by high traffic volume, leading to increased levels of air and noise pollution and higher rates of road traffic accidents without the benefits of access to private transport. Significant and sustained reductions in levels of traffic will alter patterns of morbidity and mortality associated with air pollution and road traffic injuries<sup>24</sup>. Road accidents are a leading cause of years of life lost and the elderly and children are both identified as vulnerable groups<sup>25</sup> and children from the poorest households are over four times more likely to be killed as pedestrians than those from the richest households<sup>26</sup>.</p>	
Millfield and Carrick Hill run north/south through the area and create a natural edge to the city centre	Carrick Hill/ Millfield should be improved through street tree-planting combined with public art and improved surface treatments.	<p>Providing a more aesthetically pleasing environment will present further encouragement for people to walk in the area.</p> <p>Increased pedestrian</p>	<b>Overweight and obesity:</b> P1 aged children Boys – 12.5% Girls – 14.1% Higher levels of adulthood obesity in	<p>Open spaces and leisure can lead to an increase in physical activity<sup>27</sup>.</p> <p>Crime and the fear of crime are closely related to the use of public spaces. Outdoor space is more likely to be used if the area is perceived as safe<sup>28</sup>. Street lighting and closed-circuit television make different positive contributions towards reducing crime and the fear of crime<sup>29</sup>. Urban design</p>	The improvement of streets through the use of vegetation which will assist to contribute to improved air quality.

<sup>22</sup> Cave, B & Molyneux, P., (2004) Healthy Sustainable Communities: A spatial planning checklist, Milton Keynes South Midlands Health and Social Care Group.

<sup>23</sup> CABE Space, (ND) The Value of Public Space, Available at <http://www.cabe.org.uk/AssetLibrary/2021.pdf> (accessed 23rd May 2008).

<sup>24</sup> Greater London Authority (2007) Health Issues in Planning: Best Practice Guidance, London: Greater London Authority.

<sup>25</sup> Lavin, T et al (2006) Health Impacts of the Built Environment: A Review, Dublin: Institute of Public Health in Ireland.

<sup>26</sup> CABE Space, (ND) The Value of Public Space, Available at <http://www.cabe.org.uk/AssetLibrary/2021.pdf> (accessed 23rd May 2008).

<sup>27</sup> Lavin, T et al (2006) Health Impacts of the Built Environment: A Review, Dublin: Institute of Public Health in Ireland.

<sup>28</sup> Lavin, T et al (2006) Health Impacts of the Built Environment: A Review, Dublin: Institute of Public Health in Ireland.

<sup>29</sup> Greater London Authority (2007) Health Issues in Planning: Best Practice Guidance, London: Greater London Authority.

		<p>presence can reduce crime rates</p> <p>Tree planting can improve air quality with subsequent benefits to cardiac and respiratory health</p>	<p>EHSSB area amongst those with low levels of education and low incomes.</p> <p>Air quality in the North-West Quarter is within EU acceptable standards.</p> <p>High levels of CVD and respiratory disease in identified wards.</p>	<p>features such as lighting, the installation of CCTV and certain architectural designs are positively associated with reducing the fear of crime levels<sup>30</sup>. However physical changes to, and the better management of, public space can help to allay fears about crime. Access to good-quality, well-maintained public spaces can help to improve physical and mental health by encouraging walking and enjoyment of a green and natural environment<sup>31</sup>.</p> <p>There is increasing evidence that ‘nature’ in the urban environment is good for both physical and mental health. Safe, clean spaces encourage people to walk more and offer significant health benefits. Tree-lined streets can enhance a sense of community and help people live longer. Natural views of elements such as trees can promote a drop in blood pressure and are shown to reduce feelings of stress. Improvement in people’s mental well-being is one of the benefits of a better physical environment<sup>32</sup>.</p> <p>Children and young people are particularly vulnerable to poor air quality. Vegetation can reduce pollutants relating to traffic pollution<sup>33</sup> and cool the air<sup>34</sup>. Care should be taken to avoid varieties that produce large amounts of pollen which can have impacts for allergy sufferers<sup>35</sup>.</p>	<p>Incorporating principles of urban design which are known to improve safety and reduce fear of crime.</p>
<p>20. Two distinct character areas that are separated by the north/south route of Millfield and Carrick Hill. These</p>	<p>Creation of a ‘Northside Urban Village’</p>	<p>Creation of a new urban area has the potential to create more</p>	<p><b>Overweight and obesity:</b> P1 aged</p>	<p>A well thought out environment is critical to the development of sustainable communities<sup>36</sup>. Neighbourhood aesthetic qualities (e.g. interesting</p>	<p>Giving full consideration to the current character of</p>

<sup>30</sup> Cave, B, et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<sup>31</sup> CABE Space, (ND) The Value of Public Space, Available at <http://www.cabe.org.uk/AssetLibrary/2021.pdf> (accessed 23rd May 2008).

<sup>32</sup> CABE Space, (ND) The Value of Public Space, Available at <http://www.cabe.org.uk/AssetLibrary/2021.pdf> (accessed 23rd May 2008).

<sup>33</sup> Lavin, T et al (2006) Health Impacts of the Built Environment: A Review, Dublin: Institute of Public Health in Ireland.

<sup>34</sup> CABE Space, (ND) The Value of Public Space, Available at <http://www.cabe.org.uk/AssetLibrary/2021.pdf> (accessed 23rd May 2008).

<sup>35</sup> Greater London Authority (2007) Health Issues in Planning: Best Practice Guidance, London: Greater London Authority.

<sup>36</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<p>character areas are defined by a combination of uses, street layouts, building mass and scale and landmark buildings or spaces</p>		<p>opportunities for physical activity and social interaction with subsequent benefits to health</p>	<p>children Boys – 12.5% Girls – 14.1% Higher levels of adulthood obesity in EHSSB area amongst those with low levels of education and low incomes.</p>	<p>features and pleasant surroundings) may be related to the experience of stress<sup>37</sup>. Features of street design connectivity and urban design may enhance or detract from social interactions among neighbours<sup>38</sup>.</p> <p>There is a link between neighbourhood deprivation and individual health. The overall area effect may impact directly on ill-health.</p>	<p>the Northside Urban Village to create a more sustainable community to enhance social interaction and create a pleasant environment.</p>
<p><b>Movement within and around the West City Fringe</b></p>					
<p>18. Little of the historic grain remains to the west of Millfield/ Carrick Hill. While there are some remnants of Victorian terraces it has mostly been replaced with a less legible street arrangement</p> <p>31. The streets within the Carrick Hill and Brown’s Square area are residential and include cul-de-sacs, loop roads and in places the backs of houses face out. Compared to the Press/ Library Quarter they have fewer connections to the city route</p>	<p>‘City edge’ living is proposed in the Brown’s Square and Carrick Hill residential areas. The proximity to the city centre (10 minute walk) means that these areas can be considered part of a ‘walkable neighbourhood’.</p>	<p>Proximity to services is an important determinant in choosing active means of transport but other issues including attractiveness, safety and perceived safety (from crime and from road traffic accidents), topography and street layout all contribute to the ‘walkability’ of a neighbourhood</p> <p>Increase in levels of physical activity</p> <p>Walkable neighbourhoods</p>	<p><b>Overweight and obesity:</b> P1 aged children Boys – 12.5% Girls – 14.1% Higher levels of adulthood obesity in EHSSB area amongst those with low levels of education and low incomes.</p>	<p>Cycling and walking, promote health directly by increased physical activity and reduction of obesity<sup>39</sup>. High walkability neighbourhoods are classed as those possessing mixed land use, high density, street connectivity, and safety – particularly important for older people who may otherwise become socially isolated. Residents of highly walkable neighbourhoods have been found to do 70 minutes more physical activity and have lower obesity prevalence than residents of low walkability neighbourhoods. Neighbourhood designs can encourage community connections. Areas of mixed use and pedestrian orientated enable residents to perform daily activities without the use of a car and residential streets with light traffic use have more social networks than those with heavy traffic<sup>40</sup>.</p> <p>Street lighting has been found to positively impact on preventing crime and residents are less fearful of</p>	<p>Ensuring the walkable neighbourhood concept is fully utilised for the benefit of health, by considering the street layout, design and safety features to enhance physical activity and social capital.</p>

<sup>37</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<sup>38</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<sup>39</sup> Greater London Authority (2007) Health Issues in Planning: Best Practice Guidance, London: Greater London Authority.

<sup>40</sup> Lavin, T et al (2006) Health Impacts of the Built Environment: A Review, Dublin: Institute of Public Health in Ireland.



		enhance social capital which impact on mental and physical health.		<p>crime or more confident of their own safety at night<sup>41</sup>.</p> <p>Persons who are socially engaged with others and actively involved in their communities tend to live longer and be healthier physically and mentally. Poor social networks can be associated with a number of health outcomes including, obesity, cardiovascular disease, mental health problems and increased mortality rates. Some neighbourhoods enable or encourage social ties or community connections whilst others do not. Density, street widths, block size and traffic speed all impact on the walkability of a neighbourhood which impacts on social capital<sup>42</sup>.</p>	
--	--	--	--	---	--

---

<sup>41</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<sup>42</sup> Leyden, K.M. (2003) Social Capital and the Built Environment: The Importance of Walkable Neighbourhoods, American Journal of Public Health, 93(9): pp 1546-1551.

**Table 2: Economy**  
**Potential health impacts of the Draft Regeneration Framework for the North West Quarter Part 2**

<i>Current situation</i>	<i>Proposed change by the Framework</i>	<i>Potential impact on health identified by HIA</i>	<i>Baseline health status including health of vulnerable groups</i>	<i>Evidence from the literature</i>	<i>Recommendation to mitigate negative health impact or accentuate positive impact</i>
<b>Economy</b>					
36. Developing evening economy based on pubs, bars and clubs.	Develop mixed use economy providing employment opportunities in retail/ leisure/ restaurant	Employment opportunities can increase household incomes and enhance individual mental and social health.	Higher than Belfast average for unemployment including long-term unemployment and economically active rates.	Work promotes self-esteem, structure and status and income. Unemployment is associated with poverty. People who are unemployed are likely to have higher rates of smoking, alcohol consumption, weight gain, use of illicit drugs and reduced physical activity <sup>43</sup>	The mixed-use development is used to provide opportunities to ensure local people can avail of local employment opportunities.
38. High number of vacant sites suitable for economic development	Creation of estimated 170 jobs	Employment opportunities in the retail/ leisure/ catering industries are more likely to be low paid, and insecure compared to other areas of employment	The SOAs suffer low education attainment for GCSE pass rates and significantly lower than the Belfast average for attaining a degree.	Not all employment is beneficial to health. The type of work needs to be considered as physical employment can result in accidents, back pain and stress <sup>44</sup> Low paid employment can be detrimental to health. Reemployment in low quality work may be actually worse for psychological health than the experience of unemployment <sup>45</sup> . Mental health (suicide) issues have been related to the rise and fall of employment <sup>46</sup> .	That the creation of employment opportunities through the redevelopment of the area needs to be considered alongside a range of factors such as the type of employment available and the skills match.
44. Close proximity to University of Ulster, Belfast campus	Develop evening economy to attract creative industries, social economy enterprise, tourism, cultural and arts development.			An increase in employment prospects is not beneficial for all e.g. workers lone mothers where they may be conflict between demands of employment and other roles and responsibilities <sup>47</sup> .	
51. Belfast Metropolitan College identified as location for education and employment.	Conversion of smaller warehouses for employment uses in the creative industries			Local economic development can leave long term area residents poorer and less healthy which can be masked by an increase in healthier, wealthier inward	Every effort must
	Area appealing to younger people due to		High levels of		

<sup>43</sup> Mayor of London., (2007) Health Issues in Planning: Best practice guidance, London: Greater London Authority.

<sup>44</sup> Doyle, C et al (2005) Health Impacts of Employment, Dublin: Institute of Public Health in Ireland.

<sup>45</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<sup>46</sup> Cave, B et al (2001) Health impact assessment for regeneration projects: Volume II: Selected Evidence Base, East London and d the City Health Action Zone.

<sup>47</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

	<p>attending close educational facilities.</p> <p>New development should encourage employment opportunities in business sectors supportive of the educational facilities.</p> <p>Offer training and placement opportunities for students attending BMC.</p>		<p>unemployed and particularly long-term unemployed</p>	<p>inhabitants. Economic development needs to be targeted to ensure that it reduces and does not exacerbate social inequalities<sup>48</sup>.</p>	<p>be made to match the skills to the local pool of resources.</p> <p>Specific attention be given to the needs of various groups, such as long-term unemployed and lone parents, as job creation does not mean job opportunities.</p>
--	---	--	---	---	---

---

<sup>48</sup> Cave, B & Molyneux, P., (2004) Healthy Sustainable Communities: A spatial planning checklist, Milton Keynes South Midlands Health and Social Care Group.

**Table 3: Housing**  
**Potential health impacts of the Draft Regeneration Framework for the North West Quarter Part 2**

<i>Current situation</i>	<i>Proposed change by the Framework</i>	<i>Potential impact on health identified by HIA</i>	<i>Baseline health status including health of vulnerable groups</i>	<i>Evidence from the literature</i>	<i>Recommendation to mitigate negative health impact or accentuate positive impact</i>
<b>Housing</b>					
<p>Carrickhill/Millfield predominantly residential area of two-storey housing. Residential areas vary in style and age from Victorian terraces through 'Radburn' estates and 1980-90s houses.</p> <p>Brown's Square area has terraced house and other late twentieth-century housing.</p>	<p>827 residential units, with 20% designated for affordable housing.</p>	<p>New housing developments for both private and public tenure can create social divisions especially if there is segregation between private and public tenure.</p>	<p>Across all 3 SOAs, less than half the Belfast average own their own home.</p> <p>High percentage of persons aged 18-59 on income support and housing benefit.</p> <p>High percentage people with limiting long-term illness</p>	<p>Poor design and layout housing may lead to increased stress and depression among residents, prompting violent behaviours and contributing to longer term mental health problems. Poor design and layout may also inhibit child development<sup>49</sup>.</p> <p>Planning frameworks for large residential developments should identify the potential impacts on surrounding areas and how these should be dealt with<sup>50</sup>.</p>	<p>New developments should be designed to complement the current housing developments and character of the area. Additional support services such as residents associations need to be considered to ensure community integration.</p>

<sup>49</sup> Cave, B et al. (2004) Healthy Sustainable Communities: What works?, Milton Keynes South Midlands Health and Social Care Group.

<sup>50</sup> Greater London Authority (2007) Health Issues in Planning: Best Practice Guidance, London: Greater London Authority.

**Table 4: Public spaces**  
**Potential health impacts of the Draft Regeneration Framework for the North West Quarter Part 2**

<i>Current situation</i>	<i>Proposed change by the Framework</i>	<i>Potential impact on health identified by HIA</i>	<i>Baseline health status including health of vulnerable groups</i>	<i>Evidence from the literature</i>	<i>Recommendation to mitigate negative health impact or accentuate positive impact</i>
<p>19. There is a lack of open space within the city centre and the North West Quarter in particular</p> <p>27. Public open space which has a defined use is limited. Two play areas in Regent St and Brown St (both residential areas). Large green space on Peter's Hill with no defined use. Two large urban spaces adjacent to the Press/Library Quarter – Writer's Square and the Cathedral Gardens</p> <p>25. The junction of Library Street and Little Donegall Street is well contained and has a strong sense of enclosure and place</p>	<p>The opportunity exists to provide high-quality streetscape and public realm that could act as a catalyst for regeneration in the area and strengthen its integration with the city centre</p> <p>Opportunity to create high-quality public space at the junction of Little Donegall Street and Library Street</p>	<p>Improved social networks in residential areas.</p> <p>Improving the public realm can contribute to social inclusion</p>	<p>Poor level of self-reported health in all 3 SOAs.</p>	<p>Substantial health benefits are associated with access to, and use of, open spaces and good quality public realm, including better physical and mental health and increased social interaction<sup>51</sup>.</p> <p>Public spaces should be safe, attractive and welcoming to everyone regardless of ethnic origin, age or gender, and as such they represent a democratic forum for citizens and society. When properly designed and cared for, they bring communities together, provide meeting places and foster social ties of a kind that have been disappearing in many urban areas. These spaces shape the cultural identity of an area, are part of its unique character and provide a sense of place for local communities<sup>52</sup>.</p> <p>Poor social networks can be associated with a number of health outcomes including, obesity, cardiovascular disease, mental health problems and increased mortality rates. The availability of parks and civic spaces increase the potential for social interaction and community activities<sup>53</sup>.</p>	<p>The development of quality public space to enhance physical and mental health and wellbeing for residents and broader community. This will also create an opportunity for increased social interaction.</p>

<sup>51</sup> Greater London Authority (2007) Health Issues in Planning: Best Practice Guidance, London: Greater London Authority.

<sup>52</sup> CABE Space, (ND) The Value of Public Space, Available at <http://www.cabe.org.uk/AssetLibrary/2021.pdf>

<sup>53</sup> Lavin, T et al (2006) Health Impacts of the Built Environment: A Review, Dublin: Institute of Public Health in Ireland.

## 5. Recommendations

IPH welcome the draft framework for the Draft Regeneration Framework for the North West Quarter Part 2 area of Belfast City Centre, to be known as the Northside Urban Village and acknowledge that the implementation of the plan will adhere to key regeneration principles which include:

- Improved connections
- To maximise the physical, social and sustainable economic regeneration of the area
- Respect the historic character of the area
- Tackle social exclusion through physical development which will include housing need, unemployment, ill-health, benefit-dependency and educational under-achievement
- Proposal will give due regard to environmental sustainability.

The HIA has identified a number of areas where the positive health impacts for the Draft Regeneration Framework for the North West Quarter Part 2 framework could be enhanced and potential negative health impacts could be mitigated. Recommendations have been developed in relation to four key areas; connectivity and walkability; public spaces; economy and housing. Recommendations relating to each of these areas are listed below.

<b>Four key areas</b>	<b>Recommendations</b>
<b>Connectivity and walkability</b>	<ul style="list-style-type: none"> <li>• Pedestrians and cyclists should be given the highest priority when developing or maintaining streets and roads. This can be achieved by introducing measures such as widening pavements and introducing cycle lanes.</li> <li>• The improvement of streets through the use of vegetation which will assist to contribute to improved air quality.</li> <li>• Incorporating principles of urban design which are known to improve safety and reduce fear of crime.</li> <li>• Giving full consideration to the current character of the Northside Urban Village to create a more sustainable community to enhance social interaction and create a pleasant environment.</li> <li>• Ensuring the walkable neighbourhood concept is fully utilised for the benefit of health, by considering the street layout, design and safety features to enhance physical activity and social capital.</li> </ul>
<b>Economy</b>	<ul style="list-style-type: none"> <li>• The mixed-use development is used to provide opportunities to ensure local people can avail of local employment opportunities.</li> <li>• That the creation of employment opportunities through the redevelopment of the area needs to be considered alongside a range of factors such as the type of employment available and the skills match. Every effort must be made to match the skills to the local pool of resources.</li> <li>• Specific attention be given to the needs of various groups, such as long-term unemployed and lone parents, as job creation does not mean job opportunities.</li> </ul>

<b>Housing</b>	<ul style="list-style-type: none"> <li>• New developments should be designed to complement the current housing developments and character of the area. Additional support services such as residents associations need to be considered to ensure community integration.</li> </ul>
<b>Public spaces</b>	<ul style="list-style-type: none"> <li>• The development of quality public space to enhance physical and mental health and wellbeing for residents and broader community. This will also create an opportunity for increased social interaction.</li> </ul>

Recommendation outlined above were submitted to DSD for consideration in the development of the Northside Urban Village.

**Recommendation for further action**

- IPH request that DSD consider these recommendations in the development of the Northside Urban Village Regeneration Framework final plan and welcome the opportunity to discuss in further detail.
- IPH recommend a comprehensive HIA is conducted on the final plan. This is in keeping with the request from Department of Health, Social Services and Public Safety, Ministerial Group for Public Health for all government departments to identify strategies which HIA should be conducted on. IPH would welcome the opportunity to work with DSD to conduct a comprehensive HIA on this proposal. A comprehensive HIA could be conducted as follows:
  - A basic community profile has been developed for the rapid HIA and a full profile would provide more extensive information in relation to specific health outcomes, crime statistics and other local area profiles could be included. This would provide a baseline of health indicators to measure the impact on health in the longer-term e.g. five or ten years after the regeneration.
  - A comprehensive literature review would be conducted to provide further information on the health impacts of regeneration.
  - There is a recognition that renewal starts from a proper understanding of communities and therefore stakeholders should be invited to identify the potential health impacts of the Regeneration Framework. These would include residents, people currently working and studying in the area.

**Monitoring and evaluation**

IPH look forward to the release of the final plan for the North West Quarter Part 2. IPH will review the recommendations presented to DSD and determine if these have been incorporated into the final plan.

For further information please contact Claire Higgins:  
 Institute of Public Health in Ireland  
 Forestview, Purdy's Lane, Belfast  
 Tel: 028 90648494  
 Email: [claire.higgins@publichealth.ie](mailto:claire.higgins@publichealth.ie)

