



Response to Belfast Masterplan

About Belfast Healthy Cities

Belfast Healthy Cities (BHC) welcomes the opportunity to comment on the draft Belfast City Masterplan.

Belfast Healthy Cities is a partnership organisation working to improve the health and wellbeing of people in Belfast and beyond. The organisation acts as the link to the World Health Organization (WHO) European Healthy Cities Network on behalf of Belfast as a WHO Healthy City, and currently holds the WHO secretariat for the Network.

The role of Belfast Healthy Cities is to bring organisations and sectors together to consider how their work contributes to health and wellbeing; to share evidence and build capacity, and to introduce and pilot new concepts linked to core themes identified by the WHO European Healthy Cities Network. Healthy urban planning/environments have been a core theme for Healthy Cities for a number of years, and work in Belfast has recently focused in particular on exploring elements of child friendly cities. Belfast City Council is a core funder and key partner of Belfast Healthy Cities. Other key partners include Belfast Health and Social Care Trust, Bryson Group, DHSSPS, DOE, DSD, DRD, NIHE, Public Health Agency, QUB and UU.

Key points of Belfast Healthy Cities Response

- More consideration should be given to the ways in which increasingly complex social, economic and political factors are affecting health and wellbeing, re-enforcing health inequities and deprivation in the city, which in turn is limiting social and economic development.
- Poverty is a key factor in deprivation and disadvantage, its impacts are profound, and its influence on the health and wellbeing of the population is a barrier to the development of the city.
- There is a strong link between deprivation and worklessness. Creation of jobs is to be welcomed but the quality of jobs available has an impact on health. Job insecurity in particular can be damaging to health.

- It is positive that the Masterplan states an awareness of the many existing assets that Belfast has. More could be included about how these assets will be harnessed and put to use for the good of the city.
- Better spatial planning and good quality design are key to successful development and delivering better health and wellbeing to the city. Other environmental issues that impact on health and wellbeing, such as air quality and traffic congestion also need to be addressed.
- Belfast Healthy Cities has some concerns regarding the effectiveness of ‘the cities’ model such as the levels of connectivity between centre and the neighbourhoods.
- BHC also question sequential development, prioritising the centre first and then the neighbourhoods is the right approach.
- The main proposals regarding ‘green space’ in the city are made under the section relating to tourism. Tourism is important to the city; it generates a significant source of income, and promotes the city on a world stage. However, we would welcome a statement in the Masterplan that more green and open space is for the citizens of the city **and** visitors.

The response draws on two recent WHO documents, the Review of Social Determinants and the Health Divide in the WHO European Region and Health 2020, the recently adopted WHO European Health Strategy. Health 2020 is a dynamic framework that argues a strong social and economic case for improving health. It will also form the basis of Phase VI of the WHO European Healthy Cities Network (2014-18)

The potential of a Healthy City

We support the principle of preparing a Masterplan for Belfast in that it describes a vision for the city and begins the process of planning how that vision could be delivered. We particularly welcome that quality of life has been identified as a cross cutting theme. This provides an opportunity to consider how planning, design and regeneration of the city affect people’s lives and how this can contribute to improving health and wellbeing.

Health is a prerequisite of a successful and prosperous city. Healthy citizens are better able to participate in society, engage with decision making, and contribute to the labour market.

Good health is an asset and a source of economic and social stability. It is key to reducing poverty and contributes to and benefits from sustainable development.¹

While we welcome this positive focus on the importance of quality of life and wellbeing throughout the Masterplan, it is disappointing that mention has not been made of Belfast's status as a designated WHO European Healthy City and we believe there is an important opportunity to capitalise on the co benefits of health and the economy by incorporating Healthy city as a priority theme.

A number of concepts and initiatives have been introduced to Belfast through membership of the WHO European Healthy Cities Network. These include, among others, intersectoral planning; active travel, active living, healthy urban environments, age friendly cities and child friendly cities.

As a leading member of the Healthy City network, Belfast is able to draw down and adapt learning from other member cities from across the European region and, in turn showcase tested and successful approaches from Belfast across Europe. For example, in November Dr Agis Tsouros, Director of the Division of Policy and Governance for Health and Well-being, Head of Healthy Cities at WHO Europe, will visit Belfast as the keynote speaker of the Belfast Healthy Cities 25th anniversary lecture.

Key Challenges

While the key challenges identified in the document are sound, and in the main reflect the current situation in the city, we would like to make a number of comments.

- **Social determinants of health** -There is significant statistical information in the Masterplan describing what is happening to people and communities within the city. More consideration should be given to understanding how complex social, economic and political factors are affecting health, re-enforcing health inequities and stifling social and economic development. A deeper understanding of these factors would help enhance the proposed actions to ensure they are addressing the real barriers.

There is a social gradient in health; health is progressively better the higher the socioeconomic position of people and communities. It is important to design policies that act across the whole gradient and to address the people at the bottom of the social gradient and the people who are most vulnerable. To achieve

¹ Health 2020 A European policy framework supporting action across government and society for health and well-being, 2013, WHO Regional Office for Europe.

both these objectives, policies are needed that are universal but are implemented at a level and intensity of action that is proportionate to need; an approach Professor Sir Michael Marmot terms 'proportionate universalism.'² <http://www.instituteofhealthequity.org/projects/who-european-review/executive-summary-in-english> A health equity framework will support this.

Poverty Persistent poverty is a major cause of ill health and inequalities. The level of income has a decisive influence on material living conditions. People on low incomes and in lower social groups are more likely to die young and suffer ill health, primarily because their physical and social living conditions are poorer.³

Poverty is also linked to increased vulnerability to high levels of economic stress, poor housing, and unemployment. People living in poverty often have limited access to essential services, while living conditions and social factors may discourage healthy lifestyles. This in turn accelerates and intensifies the negative impact on health.⁴

While we note that the completion of a poverty strategy for the city is a policy objective, we still feel the impacts of poverty need to be described more thoroughly in the Masterplan and a determined statement to tackle it made by the leaders and decision makers in the city.

- **Tackling deprivation through economic and population growth-** Belfast Healthy Cities would also express some caution about the emphasis on wealth creation and population growth as 'essential' to addressing deprivation. While financial sustainability is important to strengthen health and tackle deprivation, we would welcome a broader discussion on the effectiveness of growth to deliver this.

As the Masterplan itself notes 'many parts of Belfast unfortunately remain untouched by recent economic growth' and there is much evidence that this is because wealth tends to be unequally distributed. There will be considerable challenge in the future to ensure this does not remain the case and it is not clear in the Masterplan what steps will be taken to change the outcomes for lower income communities. While the plan mentions community solutions as a means of creating and keeping wealth in neighbourhoods, it would be helpful to have more detail on how this will be achieved and balanced against the demands of the centre city.

² Review of social determinants and the health divide in the WHO European Region: final report, 2013, WHO Regional Office for Europe.

³ Commission on the Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health WHO, Geneva 2008 www.who.int/social_determinants/en/

⁴ Dahlgren, G and Whitehead, M 2007 European strategies for tackling social inequities in health: Levelling up: Part 2 WHO Collaborating Centre for Policy Research on the social determinants of health, http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf

With this in mind, Belfast Healthy Cities welcomes that the Masterplan also states it is about more than creating monetary wealth, and proposes a 'holistic framework' that includes skills development, environmental improvement and support for social economy. This addition suggests the model intends to rely on more than a 'trickle down' economic model; however, more detail is needed on how this will work in practice and clarification on what this framework involves would be welcome.

- **Deprivation and economic inactivity-** The emphasis on deprivation and its link with economic inactivity is welcomed. In the Review of Social Determinants and the Health Divide in the WHO European Region, Michael Marmot noted **the issue of youth unemployment is a public health crisis in the making.**

His comments recognise the long established evidence that worklessness impacts directly on health. He observes that while the most immediate consequences are an increased risk of depression and suicide, there are longer term increased occurrences of chronic conditions such as cancer, heart disease and stroke.⁵ He warns that action to tackle the issue needs to be taken now if we are to avoid an epidemic of these conditions amongst today's young unemployed as they age.

The Edinburgh Guarantee is one model that could be considered to address youth inactivity. The plan brings together all sectors of the city under a single identity working in a strategic way with the intention that every school leaver has the choice of a job, training opportunity or further education placement. Commercial partners contribute a mixture of finance, technical support and work placements; O₂ for example donate the proceeds from mobile phone recycling to support the plan, JP Morgan organise an early intervention work skills programme in secondary schools, while Sainsbury's works in partnership with the charity MENCAP to provide supported employment opportunities.

<http://theedinburghguarantee.co.uk/>

- **A total place agenda-** Developing a total place agenda is also welcomed as an approach that has the potential to bring key agencies and residents together to inform and implement the design of integrated systems that meet the needs of the centre and neighbourhoods. It is right to identify lead agencies that are best placed to deliver effective approaches for the city. However, it will also be important to keep an open mind about who those organisations are, for example, there is a need to look beyond the cheapest option and also to ensure that voluntary and community organisations are fully included where they possess appropriate skills.

⁵ Review of social determinants and the health divide in the WHO European Region: final report, 2013, WHO Regional Office for Europe.

- **Engaging Stakeholders** It is essential that all stakeholders are genuinely included in planning and implementation. Significant opportunities exist to strengthen relationships and a partnership approach through community planning initiatives. It would be very helpful to clarify how community planning can link to and support further development and in particular delivery of the Masterplan.

Belfast Healthy Cities would also suggest consideration of the Good for Regeneration, Good for Health, Good for Belfast indicator set which was developed by Belfast Healthy Cities, in partnership with NIHE, Belfast City Council, PHA, Belfast HSC Trust and the five Belfast Area Partnerships. The model was developed to support agencies monitor how regeneration affects health and especially inequalities.

<http://www.belfasthealthycities.com/PDFs/9074%20URBACT%20Web.pdf>

It includes indicators under four headings economy; social; environmental and access, and emphasises pairing traditional indicators with ones that highlight the impact on inequalities. Developed in line with international thinking about what needs to happen to address health inequalities, it also focuses on achieving synergies and highlighting how action that supports health also helps underpin successful regeneration, in turn maximising the return on investment⁶

- **Accessible and active travel-** Promoting accessible and active travel is a priority for members of the World Health Organization (WHO) European Healthy Cities Network. A quality transport system is a key feature of a flourishing and confident city and can help tackle deprivation for example by increasing the relevant area for job search for people without access to a car.

The Masterplan states that two thirds of jobseekers in Belfast do not have access to their own transport highlighting the very necessary role of a good transport system in supporting people to gain and remain in employment. If transport is unreliable or too expensive, the viability of taking employment may be compromised and result in higher levels of dependency on benefits.

WHO suggests that travel plans can deliver multiple benefits by promoting healthy modes of transport and help to change travel patterns of citizens and visitors. They also present an opportunity for planners to think more strategically about systems and introduce new approaches.

In New York the Streets Renaissance Campaign was founded to help bring about changes to the city's streets and sidewalks and achieve a better balance between motor vehicles, pedestrians, bicycles, and transit. At Times Square, evaluation of existing pedestrian and vehicle movement patterns, surveys of pedestrians, and

⁶ Good for Regeneration, Good for Health, Good for Belfast
<http://www.belfasthealthycities.com/PDFs/9074%20URBACT%20Web.pdf>

comparison with relevant international benchmarks informed short term changes that demonstrated the square as a “public space”, including closing some of the vehicle lanes to traffic and converting the space to pedestrian use — with places for people to sit, wait, and meet each other. The key features of this approach involved forming an evidence base and making small, incremental changes that could be scaled up if successful.

As a result, New York City took 49 acres of road space, traffic lanes and parking spots away from cars and gave it back to communities for bike lanes, pedestrian areas and public plazas.⁷ Encouraging active travel can contribute towards reducing the city’s carbon footprint and deliver multiple public health benefits including better fitness as a product of more frequent and higher levels of physical activity.

- **Prioritising, developing strategic partnerships and delivery-** Belfast Healthy Cities agrees that prioritising actions, developing effective strategic partnership and formulating an accountable programme for delivery is needed to lift the vision of the Masterplan and its intended implementation above the aspirational. We welcome the use of SMART objectives but urge that targets and timescales are ambitious to build momentum that capitalises on opportunities to refresh planning for the city’s wellbeing.

Strategic Objectives

- **Accessible and Connected City:**

The challenge for Belfast is that making the city accessible and connected is not just about building more roads but looking at ways in which other in which to develop a fit for purpose traffic network, integrated with alternative methods of transport can be improved or developed.

Good accessible and connecting public transport links, alongside active travel networks are essential to support a healthy, sustainable and liveable city, in particular to support the mobility of younger and older people and allow everyone to make full use of the city.

The Masterplan, drawing on information from transport providers and other relevant agencies, should assess the type and frequency of inter neighbourhood and cross city journeys and make proposals on how public transport and active travel could, for example, be used to support people to access health services, and reduce reliance on cars for parents’ school transport.

⁷ <http://www.pps.org/reference/lighter-quicker-cheaper-a-low-cost-high-impact-approach/>

A reasonably priced integrated public transport system is a key enabler to promote free movement through the city for all citizens, and the investment in accessible fares is likely to create savings for example in the benefits budget.

Although the Masterplan contains a number of proposals, including the roll out of Rapid Transit it is not clear how integrated this is with other modes of transport. There is still the need for a conversation as to what extent the Masterplan is aligned to regional transport strategy and to what extent it can influence the review and implementation of these strategies, which fall outside the local government remit.

Examples of International Models

The WHO Healthy City of Kuopio in Finland has developed and implemented the 'three urban fabrics model' which includes a walkable city, transit city and car city. It aims to create sustainable, healthy and liveable places, which support people to live physically and socially active lives. The Kuopio model supports active travel and public transport as the main methods of travel, but also facilitates car travel for people living further away from the urban centre. It has influenced planning across Finland, and is used in a number of cities and towns which are seeking to create better environments for residents.

<http://www.belfasthealthycities.com/PDFs/LEO%20KOSONEN%20presentation%2017%20Oct%20pmc.pdf>

The city of Portland, Oregon observed that there were many competing road and street users and that the combination of traffic and urban design features that prioritised traffic limited the desirability of travel on foot, or by bicycle. Over a period of fifteen years the city has taken a long term strategic approach to integrating transport by developing masterplans and producing companion design guides intended to inform coherent planning and regeneration in relation to transport. In 1998 the Portland Pedestrian Design Guide⁸ was produced, followed in 2003 by a similar guide for cycling⁹

As well as improving infrastructure, Portland's success is, in part, due to social interventions such as 'Create a Commuter'¹⁰, which provides bicycles, equipment and training to those on low incomes, it has worked with community partners to deliver training to more than 1200 people since 2001.

⁸ <http://www.portlandonline.com/shared/cfm/image.cfm?id=84048>

⁹ <http://www.portlandonline.com/shared/cfm/image.cfm?id=84048>

¹⁰ <http://www.communitycyclingcenter.org/index.php/programs-for-adults/create-a-commuter/>

The benefits of taking this approach have been shown by annual 'bike counts', the 2012 report showed the overall trend in bicycle traffic increased by 211%, since 2001, more than a tripling in use.¹¹

It was also recommended as the second most bicycle friendly tourist destination in the world by Virgin Vacations and in the top ten of a number of tourist guides demonstrating that the approach has also delivered commercial benefits.

Walking City

Belfast Healthy Cities believes in particular, Belfast has excellent potential as a Walking City. Walking is available to most people, regardless of income, and is also a relevant option for many older people and people with disabilities. In addition, evidence shows regular walking is perhaps the best way to improve overall health, while it, reduces demand for transport at peak times and promotes an increased level of engagement within the city.

Further evidence from the Healthy City of Kuopio, suggests that walkability could also be a powerful asset for developing city centre living. The city has transformed a declining area of 9000 inhabitants into desirable and developing district with 13 000 residents. Old narrow streets have been turned into a network of pedestrian alleys with a total length of 10 km. Streets have been freed from the excessive through traffic, and one-way streets have been returned to a two-way traffic system. The new pedestrian-friendly centre has a good level of services and good accessibility by all modes of transport, even by car, because of underground parking facilities.

Increased pedestrian provision has also been shown to boost retail turnover. Research in London shows that, when people walk to local shops, they shop more frequently; carrying smaller amounts and ultimately spend more money in their local centres. People who drive to shop may spend more per trip, but come to the city less often and overall they spend less time and money in their local community.¹²

However, as the Masterplan states, while many areas of Belfast are 'walkable', it also recognises there is poor connectivity between areas. We believe that this should be addressed as a priority and take into consideration how all the ways in which people travel through the city.

¹¹ <http://www.portlandoregon.gov/transportation/article/448401>

¹² Making Walking Count: an international survey tool to understand walkers' needs in their local neighbourhoods Bronwen Thornton, Walk21, UK ,Daniel Sauter, ,Urban Mobility Research, Zurich Martin Wedderburn, Transport Consultant, London UK http://www.eltis.org/docs/tools/Thornton_Sauter_Wedderburn_Making_Walking_Count_f65_84.pdf

Explaining and demonstrating how ‘walkability’ can be improved in the city is a specific area of interest for Belfast Healthy Cities. Along with other local stakeholders, including Belfast City Council, we funded a Queens University Belfast programme Knowledge Exchange, Spatial Analysis and Healthy Urban Environments: *Integrating Walkability Models into Practice*. This study, led by Professor Geraint Ellis, created a *Real Walkable Network* – a GIS (Geographic Information System) based database of pedestrian networks across Belfast; it is a tool can be used to inform both policy and practice.

Belfast Healthy Cities is currently using the model practically to work with older people in the east Belfast and primary schools in the north of the city. We would be happy to share our results about the issues they identify as barriers to walking when the work is complete and the suggestions they have to improve the current situation.

Learning City

Belfast Healthy Cities welcomes the focus within the Masterplan on education and skills development in the further and higher education sectors as a means of making the city attractive to new employers and developing a workforce that is able to avail of new opportunities. The opportunity to develop skills has been suggested by some commentators as ‘the best way to solve the problems of economic and social inequalities’¹³ Fair access to education, jobs and income all benefit health and wellbeing and allows people to reach their full potential.

We would also note that the quality of jobs available has an impact on health and that job insecurity in particular can be damaging to health¹⁴. It is important that employment where it is created is of a high quality, as secure as possible, and that job creation strategies also focus on the long term sustainability of jobs.¹⁵

The concept of a learning city could be strengthened with the inclusion of the importance of development and learning at all stages in life. In particular investment in early years interventions including education has been proven to provide the best return on financial commitment and delivers the best results for health and wellbeing. It has been argued that early years development is as important as education in promoting wages, employment and health.¹⁶

Similarly, there is no mention of life long learning and the contribution that older people make to the city by using existing skills, or developing new skills after

¹³ Heckman, J, The Economic Case for Investing in Young Children, Presentation to National Business Leader Summit on Early Years Investment September 22, 2013.

¹⁴ British Medical Journal 2012 Vol 345 e5183, Job insecurity contributes to poor health.

¹⁵ Belfast Healthy Cities 2013 Economic Inactivity Strategy: Evidence base to support inclusion of health impacts

¹⁶ Heckman, J, The Economic Case for Investing in Young Children, Presentation to National Business Leader Summit on Early Years Investment September 22, 2013.

retirement from paid employment. While we are aware that Early Years interventions and Lifelong Learning are priorities of Belfast Strategic Partnership, inclusion in this area of the Masterplan would provide a more rounded description of Belfast as a 'Learning City'

Digital City

We welcome initiatives that improve digital communication in the city as 'digital divides affect access to a broad range of public services including education, health and other social services,¹⁷ However, it is important that new technology is widely available, free if possible, and of a high quality to assist learning and community interaction as well as business. We note that there is an intention to create employment in this sector and would reiterate our welcome to this so long as jobs are of a high quality and a 'good fit' for potential applicants in the city.

Low Carbon City

Belfast Healthy Cities facilitates the regional Climate Change and Health partnership which brings representatives from the public, health, academic and voluntary and communities sectors together to consider issues that include climate change and the development of sustainable energy. We welcome the intention to work towards more efficient use of resources.

Spatial Objectives

Belfast, almost uniquely amongst European capital cities has to deal with issues of segregation, in housing, in education and, to some extent in employment that have had a negative impact on the city's development over decades. We recognise that the spatial proposals in the plan may be intended to support the process of more effective sharing of space and resources in the city centre and between neighbourhoods in the city.

The 'Cities' Model

However, we are unconvinced that the 'cities' model, as presented is a good fit to deliver effectively what is what is proposed in the Masterplan. In general, we are not sure that it describes how people use the city. For example, while most people do travel to the city centre, a smaller, but significant number live, work and spend their time between different neighbourhoods.

¹⁷ Best practices from around the world: Smart policies to close the digital divide A report from the Economist Intelligence Unit, <http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan049753.pdf>

While the Masterplan expresses the intention to develop city centre living, as this is to be welcomed as it makes good use of space and reduces journeys to places of work it should be noted, at this stage neighbourhoods and brownfield new build sites are the primary living environment and developing in these areas are more desirable to residents and developers alike.

Development of new living spaces in the (very centre of) city centre will take considerable effort and needs a placemaking approach, that is a clear determination to 'improve public space..., engender civic pride, connect neighbourhoods, support community health and safety, grow social justice, catalyse economic, promote environmental sustainability and of nurture an authentic 'sense of place'¹⁸.

At a city and neighbourhood level, there is a need to employ a model of mixed use of businesses; residential living; recreational spaces; older and younger residents living alongside each other; services available and they equally need to be sited in new city centre living spaces as they need to be in communities.

Quality of Place Benefits Health and Enterprise

We agree that it is important that Belfast retains a vibrant and individual identity and suggest that this could be an asset to promote business and generate jobs.

The DUMBO (*Down Under* the Manhattan Bridge Overpass) Brooklyn, New York is a business improvement district that has successfully attracted creative arts and technology entrepreneurs. Where Brooklyn once accounted for a low number of business start-ups, it now accounts of 85% of new enterprises in Manhattan. It is not because it is the cheapest place to do business, it isn't, it is because it has made the most of its character to attract people who have contributed to the unique identity of the area. Investing in quality of place is important to delivering genuine and lasting changes in an area.

Neighbourhoods

Neighbourhoods are the heart of the city, in that they define communities and shape people's everyday lives. To develop a liveable and optimally functioning city, focus must be given to developing supportive and resilient neighbourhoods that have good services, meeting places and green spaces that are accessible to its residents. WHO Europe believes that 'resilient communities respond

¹⁸ Places in the Making: How placemaking builds places and communities. 2012 Massachusetts Institute of Technology (MIT)

proactively to new or adverse situations, prepare for economic change and deal better with crisis and hardship.¹⁹

We also note the statement that development at neighbourhood level should be sequential, that is the centre takes priority. It should be noted that neighbourhoods are people's primary living environment, and also that the city centre is of limited relevance to many residents. Enhancing neighbourhoods offers a strong opportunity to improve both the liveability of neighbourhoods and the health and wellbeing of residents.

¹⁹ Health 2020 A European policy framework supporting action across government and society for health and well-being, 2013, WHO Regional Office for Europe.

It is proposed that this should be based on robust evidence on the needs, assets, and wishes of neighbourhoods, and that the Masterplan should outline how this will be done.

The Masterplan recognise the assets that exist in neighbourhoods and does mention bringing derelict assets and unused land back into use. It would be helpful to clarify how this aligns with Department for Social Development asset transfer proposals and other neighbourhood community development strategies.

The centre does have many assets and performs very particular functions in the health of the city. Aside from business concerns, it is a place for people to meet and an opportunity to bring people from different areas together and Belfast Healthy Cities strongly supports actions that support the city to become a genuinely shared space. Ways to do this include making the city more physically attractive; promote a shared sense of pride in the city

Increasing green and open space in the city

Strengthening connectivity and increasing green space are particularly important in creating a city that is people centred and welcoming for all ages. Belfast Healthy Cities believes that the Masterplan could effectively begin to identify how green space can become an integral part of development, under the forthcoming new local government structures.

Green spaces offer multiple benefits, including health benefits such as stress relief and physical activity, but also offer important meeting places for people. There is also evidence that proximity to green space increases property values and can enhance productivity among workers. They can also present the opportunity to consider culture, tradition and identity in the city.

The Healthy City of Łódź, Poland has developed an programme 'the green ring of tradition and culture' that addresses environmental issues and promotes healthy planning needs, but also goes further encouraging people to think about their history and engendering a sense of pride in the city. A further aspect is a range of merchandise; bags, keyrings, publications celebrating the city's 'greenness'; branding it as a resource and a potential profitmaking enterprise in itself.

We note that many of the proposals regarding developing 'green space' in the city are made under the section relating to tourism. While we agree that that green space attracts tourism and tourism is important to the city we would welcome a statement in the masterplan that these developments are for the citizens of the city **and** visitors.

A City for All Ages

The city centre city should be welcoming to young and old alike. Belfast Healthy Cities has explored, through testing the Kid's Space concept in a number of city centre locations (including the City Hall in October 2012) that by providing creative, playable space, families are attracted to the city centre and then stay in the city to do business, shop and socialise.²⁰

Children have also emphasised the need for slower traffic – indeed less traffic and more space for pedestrians – and green space. Formal play areas were mentioned but children stressed that they preferred open space. The reason given for this was that the informal nature of such space lets them come up with their own ideas for play, and also allows them to just 'hang out' with friends in a safe environment.²¹

Similarly work undertaken in 2012 with older people, concluded that they wanted to use the city centre more regularly but identified barriers such as poor transport, lack of facilities in the city centre and the need for more seating. Both these examples suggest that people at both ends of the life course want to use the centre, know what they need from the centre and could be attracted to the centre with the provision of the right services. Belfast Healthy Cities will be happy to share the results of this work when completed if it is helpful.

Planning the City

Planning fundamentally shapes people's lives and we are pleased the importance of good planning and high quality design is highlighted in the Masterplan. At this time in Belfast, we believe there is an opportunity to put in place systems that put health considerations at the core of planning. Ongoing planning reform, including the eventual devolvement to councils represents an opportunity to refresh approaches and incorporate a greater role for public health in planning procedures.

²⁰ <http://www.belfasthealthycities.com/PDFs/Kids%20Square%20Report.pdf>

²¹ <http://www.belfasthealthycities.com/PDFs/Healthier%20Neighbourhoods%20Report.pdf>

It has been estimated that poor planning costs the NHS in the UK at least £600 million per year.²² We would agree with the recently launched position statement from the Landscape Institute that health places are restorative, uplifting and healing for both physical and mental health conditions²³ and that can lessen the burden on scarce public services.

The introduction and expansions of community planning has the potential to put people at the heart of decision making about how the city is designed, making full use of its individual character, culture and history, seeing the potential of a place and valuing its uniqueness as an asset for those who live, visit and do business there.²⁴

²² Parliamentary Office of Science and Technology 2011 cited in Planning Out Poverty 2013 TPCA/Webb Memorial Trust

²³ Public Health and Landscape: Creating healthy places 2013 Landscape Institute

²⁴ Living Places An Urban Stewardship and Design Guide for Northern Ireland (Draft) 2013