Planning for HEALTHIER PEOPLE

HEALTHY CITIES Belfast
Working together for a healthier Belfast

Issue 1: Health Impacts of Regeneration

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There are more jobs than ever recorded before in Northern Ireland, and unemployment and economic inactivity are at the lowest levels recorded. Physical regeneration and redevelopment is evident everywhere. A healthy population is crucial for sustaining and building on this economic growth. Against this backdrop of increasing prosperity, the health of the most disadvantaged people is not improving significantly, and the gap between the most and least advantaged is growing. The question is, what impact does regeneration have on health?

This is a new series of briefing papers by Belfast Healthy Cities that take a health perspective on policy. This inaugural issue looks at the health impacts of regeneration, and sets the scene by providing a literature overview as well as a review of local regeneration initiatives to assess to what extent improving health is an explicit consideration within them. It concludes by making a series of recommendations for how regeneration initiatives could best realise their potential to improve health and wellbeing. The focus is on regeneration in the broad sense; it is recognised that housing and transport are important elements of regeneration but these fields have not been emphasised as they will become topics of future issues.

The aim of each paper will be to review the health implications of a specific area of public policy and will be developed in collaboration with academic experts in the topic being covered. Papers will review available evidence to help those working to shape, develop and implement policy at local level consider the health aspect of their daily work. Each paper will be targeted both at those in the public sector developing policy and implementing it, and those in the voluntary and community sector aiming to influence and develop policy. It is also aimed at administrative and political decision makers.

Regeneration and health

Regeneration is a vital activity in any city, ensuring that the city keeps pace with economic, demographic and social change and stays attractive to existing and new residents as well as potential investors. It has clear links to health, since it can significantly influence the living conditions and circumstances that determine people's health. The underlying assumption is that regeneration will bring health benefits and improve quality of life, but the actual health outcomes have been less well examined.

Improving health: the WHO context

The WHO European Healthy Cities Network has worked consistently for nearly 20 years to make health a central consideration in all local level policies, including regeneration. Tackling inequalities in health is one of the core elements of the Network, which has championed health as the outcome of a person's living conditions and circumstances. Some of the key determinants of health are poverty, low educational achievement and unemployment, but environmental factors such as poor housing and poor physical environment are also important, not least for mental health. These determinants tend to cluster among those at the lower end of the social scale, who are at considerably higher risk of poor health than those at the top.

The Healthy Cities approach emphasises intersectoral collaboration to tackle the determinants of health and narrow this health divide. It has helped cities to focus on equity by giving a clear rationale for prioritising it, and also by providing an effective, co-ordinated delivery mechanism. The approach shares its aim with neighbourhood renewal schemes in Northern Ireland and elsewhere, but highlights that the complex causes and interrelated consequences of inequalities and deprivation can only be solved in a joined up way.

Since the mid-1990s, the WHO Network has pioneered the concept of healthy urban planning, which aims to re-establish the link between health and planning, and highlight the impacts that planning has on health. For example, poor transport links and street layouts that do not connect key points within an area increase car dependence. On the other hand, access to green space and streets that connect key points in a residential area or city centre both improve opportunities to physical activity, with added health benefits. Well laid out and connected spaces also provide better opportunities for people to meet, strengthening social networks. Ultimately, the aim of healthy urban planning is to take this one step further, and ensure that health objectives are made explicit in spatial plans. Working across sectors is central to healthy urban planning, and the concept can also be used to tackle inequalities in health. It has clear application to regeneration schemes, and can offer a way of ensuring health improvement is considered from the outset.[1] It can also help link regeneration with planning, to ensure that schemes fit in with broader plans and priorities, a trend which is increasingly being adopted to secure sustainable development in a collaborative way.

Healthy urban planning is about focusing on the needs of people, for example improving green spaces and walkways

Better opportunities: the health potential of regeneration

Regeneration has significant potential to improve health, because it targets one or more determinants of health. Physical regeneration alone can improve housing stocks and the environment generally, making people living in the area feel better about it and improve their mental health. A more attractive, safer environment also helps people build social networks and become more physically active. Improved economic opportunities can allow people to access jobs and get a higher income, which can significantly boost the choices open to them2.

Neighbourhood Renewal, is an increasingly prevalent policy direction in the UK that emphasises social regeneration, the importance of tackling deprivation and narrowing the health gap. It recognises that people's health, and their opportunities, may be affected by where they live, and aims to tackle the causes of deprivation. This is its main difference from more traditional regeneration, which emphasises physical and economic renewal. Neighbourhood Renewal schemes focus on specific geographical areas and the approach is therefore also known as an Area Based Initiative (ABI). It is not the first of this kind, but the novelty is that initiatives are expected to be integrated and work together to tackle the broad determinants of health.

A more attractive, safer environment also helps people build social networks and become more physically active.

Northern Ireland's Neighbourhood Renewal Strategy *People and Place* was launched in 2003 and focuses on 36 areas identified as the most deprived in Northern Ireland[3]. This strategy stresses that poverty is a major risk factor for poor health: it is linked to low educational achievement and poor job prospects, while anti social behaviour and poor physical environment are more common in deprived areas. It follows similar lines as the English regeneration flagship New Deal for Communities, which was launched as a pilot and is discussed later in this paper. In the Republic of Ireland, the major regeneration of Ballymun in Dublin has also taken an approach that emphasises social, economic and physical renewal, and is a flagship of Irish regeneration policy[4]. Such initiatives have the potential to improve participants' living conditions and improve their skills and self esteem, which supports health and improved quality of life. Health outcomes depend on how initiatives are carried out. Particularly at the very local level, many programmes aimed at building the confidence of local people or improving services in the area have been successful as they have met local need and allowed local people to shape the initiative. On the other hand, for example the Single Regeneration Budget in England has been criticised for lack of engagement with local communities, and very few partnerships funded under the programme were community led[5]. In some cases, local people have not benefited from newly created jobs. In others, jobs have been low paid such as retail, catering or call centre work, which does not necessarily lead to an improvement in people's income or health. There is some evidence that such jobs are unattractive to people within the benefit system, since taking the job might mean they would lose, for example, housing benefit and leave them financially worse off[6].

Dominic Harrison, Deputy Regional Director of Public Health in the north west of England also argues that over the past ten years, England has seen a rapid expansion of city centre regeneration initiatives based on a thriving 'night time economy'. As he puts it, whilst this does include a welcome increase in cultural and social venues at the heart of cities, it is apparent that the overwhelming 'success' of many, if not most, such regeneration models rests on income generated from alcohol and fast food. The 'externalised' human and economic costs of this 'dynamic economic growth' are hidden in the displaced economic burden borne by the public sector. This includes costs of increased policing, increased hospital admissions for alcohol related harm and an increase in overweight and obesity.

The creation of such social contexts in town and city centres, through planned regeneration also has significant impacts on community cohesion.
Mr Harrison notes that despite much regeneration across the north west of England over the past ten years, it is still difficult to describe a public space that is not defined by alcohol provision, where for instance a non alcohol drinking Muslim family would routinely meet a non Muslim family as part of normal social life. Similarly, there is little provision for young people age 15 -18 that is not alcohol or fast food focussed and adult orientated[7].

A well tended environment supports health, but is often not available in less well off areas

The health potential of regeneration: evidence from HIA

HIA – incorporating health into non health proposals

Health Impact Assessment (HIA) is a concept and methodology that aims to assess potential health benefits and risks of a policy, programme or project. It is intended to influence decision making, and usually results in a series of suggestions on how the proposal can best improve health. HIA is based on evidence from two sources: it has a firm foundation in academic studies, but significantly it also takes views from stakeholders, including local residents in the affected area. It is a relatively new concept, but is increasingly used as part of decision making for example in England, as a way of taking health into account in non health proposals. To date, regeneration schemes have been among the most common proposals on which HIAs have been conducted.[8] Long term evaluations of HIAs are, however, not yet widely available.

In Northern Ireland, HIA has been endorsed in the public health strategy Investing for Health[9] and it is increasingly being embraced by the non health sector as a way of incorporating health considerations into policies and programmes.

Belfast Healthy Cities has pioneered HIA in Belfast. These include assessments on the proposed redevelopment of the North East and North West Quarters of Belfast City Centre. Belfast Healthy Cities asked the Department of Social Development to take account of public health in the masterplan areas to provide a foundation for sustainable communities and to enhance health.

Social regeneration provides opportunities and facilities for young people

Findings from regeneration HIAs

The evidence from completed HIAs suggests that regeneration has the potential to improve health considerably, particularly when the scheme addresses social, physical and economic regeneration. The main benefits reported come from improving opportunities for and access to training and jobs; improving housing; reducing crime and fear of crime and strengthening social relations within the community and between it and other communities.

Focus on training and employment

A HIA of the New Cross Gate New Deal for Communities in Lewisham, east London, found – for example - that a community development plan including training and small grants has the potential to increase social networks and improve mental health, while training, after school provision and work with drug users can help reduce crime. Widening access to training can boost participants' self esteem and could also help them get a job and higher income.[10]
Training programmes for local communities is emphasised in virtually all HIAs conducted on regeneration initiatives.
The HIA of the Belfast City Centre North West Quarter identified that employment prospects in poor neighbourhoods will be significantly improved by action to improve the infrastructure, resources and opportunities available to the community. It also emphasised that neighbourhoods require local work opportunities to develop the bridging ties necessary to generate social capital and better health.

Benefits and concerns for local people

Similar results were reported in a HIA of the Single Regeneration Budget programme in Hemsworth coalfield area (near Wakefield in England), which stressed the importance of local facilities.[12]
An HIA of the Enler site in the Ballybeen Estate in Belfast stressed the benefits of an improved image of the estate leading to increased social cohesion. It also emphasised a number of concerns in relation to the loss of green space and devaluation of properties.[13]

An advantage of HIA is that it can highlight benefits that are important for health, although they may not directly influence physical health status or high level indicators such as mortality. A HIA that studied the health impacts of five regeneration related, non health projects in Merseyside and London found precisely this. For example, a 'target hardening' project that provided safety measures to stop victims of burglary from falling victim to further crime reduced feelings of anxiety and fear. A project aimed at building the confidence and self esteem of young women at risk of engaging in criminal behaviour had the added benefits of improving mental health, improving uptake of training and jobs and reducing risk taking behaviour such as drinking and unsafe sex.[14]

Engaging local people and social regeneration crucial

A central message from the HIAs carried out on regeneration projects is that they can have longer term health benefits, although there may be short term health risks, for example from ongoing construction works. However, a clear message is that local people need to have a say in the process; feel that their needs are recognised within regeneration schemes and see concrete benefits of a project. Several HIAs recorded scepticism that things would change and a feeling among local people that the projects did not build on existing resources within local communities. The latter was a particular concern in the Hemsworth HIA. A HIA carried out as part of a bid for New Deal for Communities status for the Aylesbury estate in London, in turn, highlighted concerns that all outcomes set for the scheme must be achieved, since 'partial success' may mean that inequalities increase. Those whose fortunes improve may even move out, leaving the area with a higher concentration of inequalities than before.[15]

A central message from the HIAs carried out on regeneration projects is that they can have longer term health benefits

An alternative, that may result particularly from physical and economic regeneration alone, is gentrification: a process where more disadvantaged groups are forced out of the area due to rising prices, which can result in problems of homelessness, overcrowding in hidden households and also resentment among those who previously lived in the area. The reverse is also possible; those who benefit most from improvement move out of the area, while new disadvantage people move in.

Health Impact Assessments highlight how regeneration schemes impact differently upon different groups

The health impacts of regeneration: evaluated evidence

Although there has been a wealth of studies on regeneration, few academic studies have looked at the health impacts of regeneration. The evidence is, therefore, drawn primarily from evaluations of major regeneration programmes. This field has also been a research interest primarily within the UK rather than internationally. It should be noted that the evaluations presented cover time periods of no more than five years, which means that only limited change can be expected.

Differing definitions of health

Until quite recently, a lack of systematic monitoring within regeneration programmes hampered evaluations: baseline and progress information was not collected, which made it difficult to determine their success. Evaluations have also taken different approaches to measuring health outcomes, which means that any comparisons between evaluations are difficult. For example the evaluation of the Single Regeneration Budget in England[16] used self reported health as a broad health outcome, but also considered outcomes in relation to employment, training, community development and crime as related to wellbeing.

Meanwhile, the evaluation of New Deal for Communities[17] discussed health along the lines of national targets, in the physical terms of reduced mortality and improved life expectancy. It also made some connection between outcomes on crime, employment and education to health.

Too often regeneration initiatives miss opportunities to improve the health of local communities

Health impacts of regeneration: MRC systematic review

The only academic study identified in the literature review for this paper is a review of studies in the period 1980-2004, by a team of researchers from the Medical Research Council (MRC). It found in total 19 evaluations of the impacts of regeneration, but many of these only reported on stakeholders' perceptions of impacts. Only 10 evaluations assessed the actual impacts on health or socio-economic determinants of health, but the authors note that even these provided a relatively weak evidence base due to the poor quality of data available. One of the study's conclusions is, consequently, that due to a lack of data, the impacts and health outcomes of these large regeneration programmes remain largely unknown.

The results of the systematic review by the MRC show some small positive,impacts on the determinants of health:

- The most significant change was demonstrated for educational achievement, which improved in all studied programmes, although improvement compared to national trends was not significant.
- Employment improved in seven programmes, but several evaluations showed that improvement was not significantly different from the national trend, which implies limited added value.

Two studies reported a reduction in mortality rates, while one evaluation found mixed results in self reported health. However, the evaluated programmes were too short to have any significant impact on such health outcomes, which occur slowly and with a time lag.

The study concludes that while small health improvements were recorded, it is possible that the programmes in some cases had little or no impact on health. It recommends that better evaluations, designed to assess the health impacts of regeneration programmes, and better monitoring of data are required to ensure that health benefits are maximised. However, it makes no practical recommendations for how health could be improved as an integral part of regeneration.

Still need to turn areas around: Single Regeneration Budget

The evaluation of the English Single Regeneration Budget (SRB, 1994-2001) echoes the systematic review and concludes that the challenge remains to turn deprived communities around, although it also argues that the funded initiatives made a small, but valuable contribution to the wellbeing of people affected. The SRB brought together a number of governmental spending programmes to simplify regeneration funding, and promote partnership models of working. Its aim was to reduce the gap in quality of life between deprived areas and the average. Health was included within a broader quality of life objective.[18]

This evaluation was based on a survey of a small number of SRB areas, which were those that had implemented a holistic regeneration package.

Neighbourhood Renewal can revitalise communities

Beginning to show a change: New Deal for Communities

The interim evaluation of the current neighbourhood renewal flagship initiative in England, New Deal for Communities (NDC), reports similar trends as the SRB evaluation, although this evaluation covers all NDC areas and uses a wider range of data collection methods. NDC concentrates on 88 areas identified as being among the most deprived in England and has a total budget of £2 billion over ten years (1998-2008). Its focus is on tackling multiple deprivation. The programme explicitly prioritises tackling health and its determinants, including poor job prospects, poor housing and physical environment and poor educational attainment within the NDC areas.[19]

The interim evaluation (2005) shows that :

- People in the NDC areas were more likely than people in comparator areas to exit benefits over the first five years, while incomes increased more in the NDC areas.
- Fear of crime, as well as recorded crime, dropped, while there is no evidence that crime has been displaced into neighbouring areas.
- However, only slight change was detected in educational attainment, uptake of adult training and attitudes to training.

Much of this evidence can also be seen in reports by individual NDCs, but these show greater variation. For example, the proportion of students achieving 5 A*-C GCSEs in the Bradford Trident NDC area has been reported to have improved significantly.[20]

A report on household surveys across the NDC areas shows, however, that by 2006 residents were more positive about the NDC areas, and identified fewer problems for example with the environment and car crime.[21] These outcomes are similar to those reported in change data based on household surveys in 2002, 2004 and 2006. The evaluation also concludes that financially more wealthy and more educated young people were most likely to leave the areas, while they tended to be replaced by young lower income people, often from large households, who nevertheless had relatively high level qualifications.

Summary: small positive impacts

Due to the limited evidence available, it is only possible to draw some tentative conclusions about how regeneration initiatives in fact have impacted on health. It appears that they have made small positive changes that support health, which in the case of the NDC evaluation are larger than elsewhere, thus narrowing the gap with society on average. However, this evaluation notes that change bears no direct relation to programme spend, which highlights the difficulty in attributing change to any given programme. There is as yet no evidence of whether change is sustainable, although it is important to note that significant change on many indicators is likely to be slow.

Overall, both the SRB and NDC evaluations emphasise the partnership approach to regeneration, and find it a strength of each programme. However, they do not explicitly emphasise how initiatives have linked to other areas, for example how training and education projects have related to crime reduction or drug use. This makes it difficult to assess a broader picture of impacts. Here the evaluations differ from HIAs, which focus on such an assessment.

Physical regeneration is changing Belfast city centre

Belfast: how does health fit into regeneration?

Belfast is a city in transition. Significant redevelopment is evident across the city, and several major regeneration programmes are either underway or about to begin. In April 2007, it was announced that masterplanning was to begin for five areas in inner city Belfast, to deal with the run down character of these areas and encourage private inward investment.[22] Economic development is a key priority for the city, as stated by Belfast City Council's Development Department.[23] At present there is no overall clear, co-ordinated framework for regeneration within the city, but rather a variety of initiatives. These include the Belfast City Centre Regeneration Statement and the linked North East and North West Quarter Masterplans and Neighbourhood Renewal within DSD; regeneration plans by NIHE; Area Partnerships and the Belfast Development Agenda by Belfast City Council. A more joined up, coherent approach would improve opportunities to tackle inequalities.

There is limited evidence of the impact regeneration initiatives in Belfast might have had on health. However, a review of some key initiatives suggests that health is a stated priority in one, the Neighbourhood Renewal Strategy *People and Place*.[24] The overarching strategy emphasises tackling several determinants of health, including educational achievement, job prospects and skills and community relations. The performance monitoring framework also includes health targets, which are the same as set in the public health strategy *Investing for Health*: to halve the gap in life expectancy between those living in the most deprived areas and Northern Ireland as a whole, and to reduce the standardised mortality ratio in the most deprived areas to Northern Ireland level. The timescales are, nevertheless, different as People and Place runs over a ten year period beginning in 2003 and *Investing for Health* concentrates on the period 2002-2010.

However, most local Neighbourhood Renewal Partnerships are only beginning to deliver their locally agreed action plans in 2007. Therefore, there is as yet no formal evidence of how the scheme has impacted on local areas and these targets.

There is life on the Lagan again as a result of the Langanside Corporation's work

Most regeneration policies for Belfast focus on inward investment and economic growth

The Laganside Corporation (1989-2007), was tasked with the physical, economic and social regeneration of the river and an area surrounding it. Its achievements have improved both the image of Belfast and quality of life in the city. It also implemented a community and an Employment and Employability strategy, but the focus appears to have been economic opportunities rather than explicitly improving wellbeing or quality of life. The community strategy focused on engaging with local community groups, and the community sector was represented on the Laganside Corporation's Board. It also stated that social housing would be ensured.[25] Belfast Improved Housing developed 120 units of social housing in the May's Meadow site in two schemes.[26] In total over 700 units of housing were completed.[27]

The Employment and Employability strategy centred on working with the public, private, voluntary and community sectors to deliver employability schemes, which were intended to help local people access some of the over 14,000 jobs created in the area. Both were commended in a review of the Corporation carried out by the Organisation for Economic Co-Operation and Development (OECD) as examples of good integration of social aims with physical regeneration.[28] More publicly available information would be useful to make a better assessment of the Corporation's contribution to increasing local employment levels, providing a route out of poverty and creating the possibility of tackling health and other inequalities.

The enhanced built environment and green space with the provision of walk and cycle paths along the river have provided opportunities for increased physical activity and improved physical and mental health.

Other initiatives, including the ***Belfast City Centre Regeneration Policy Statement***[29] and the ***Belfast City Development Agenda***[30] focus on economic regeneration. The Regeneration Policy Statement is the basis for all regeneration plans for the city centre, including the Masterplans for Belfast City Centre North East and North West Quarter[31,32] and emphasises revitalising the shopping district. Tackling social exclusion, a key action in addressing inequalities in health, is stated as one objective. Belfast Healthy Cities submitted HIAs on the Masterplans at consultation stage, to ask DSD to strengthen consideration of health and inequalities in health as outlined earlier.

The *Belfast City Development Agenda* is an 18 point 'To Do' list of priority actions aimed at promoting the city's competitiveness. It identifies tackling deprivation as a key need, and the list includes actions to improve access to healthcare and improved transport systems. A review survey with stakeholders in 2006 highlighted implementing Belfast Healthy Cities as one of the health outcomes.[33]

Locally, there is a regeneration framework for inner east Belfast, which focuses on physical regeneration, viewed as the structure required for economic and social renewal. This framework explicitly prioritises improving health and quality of life as one of seven key themes, derived from the mission statement for the East Belfast Neighbourhood Partnership. Issues include improving walking links, encouraging sustainable transport to reduce pollution and ensuring access to key facilities.[34]

Area Partnerships are facilitating regeneration by building community capacity

Health within and impact of Belfast Area Partnerships

In Belfast, five Area Partnerships were established in the late 1990s, with a core remit to co-ordinate regeneration in their local areas. They have brought together public sector agencies with local community organisations and developed regeneration strategies centred around local need. No formal evaluation has been carried out for any of the Partnerships, but within an analysis of regeneration and health it was felt important to gain a picture of the priority given to health and the impact that the Partnerships have had on people's health. The information was collected through informal discussion with each of the five Partnerships and is based on their own assessment.

There are a number of common themes across the five Partnerships. All are working closely with the community, and also have some form of health and wellbeing forum. However, the role of the forum varies, from relatively strategic guidance within East Belfast Partnership to a looser information sharing structure for West Belfast and Greater Shankill Partnerships. Health is currently on the agenda of all Partnerships, and has been from the beginning in several Partnerships. North Belfast Partnership has had a health worker in post from the early stages, and the model influenced West and Greater Shankill Partnerships, which have had health workers since 2004. South Belfast Partnership is working closely with South Belfast Highway to Health, and was instrumental in developing the proposal for it when funding for Healthy Living Centres was announced. East Belfast Partnership is reviewing its structures for tackling health issues following the completion of East Belfast Community Health Information Project (EBCHIP), which was a Healthy Living Centre set up on the Partnership's initiative.

The Partnerships' approach to health has been both strategic and practical, involving the delivery of health related programmes, but with a focus on building capacity in local communities. However, there has been limited systematic integration of health issues into other aspects of the Partnerships' work, although West Belfast Partnership currently has health objectives within the education and neighbourhood renewal programmes. All Partnerships have a formal role in supporting the Neighbourhood Renewal Partnerships and see health as a key issue within this. However there is limited evidence of explicit health outcomes, which would be required for ensuring change.

The approaches taken and impacts identified depend largely on local circumstances. The following presents a brief overview for each Partnership.

East Belfast Partnership: The Partnership has incorporated health into initiatives wherever an opportunity has been identified and aimed for multi dimensional projects. Reported impacts have often been indirect; improving people's living environment and mental health through improving public open spaces and raising awareness through the training of lay health workers to provide health information to friends, family and local communities. They have had some success with influencing out of hours provision and developing joint working between lay workers and health professionals. A future objective is to more directly influence service delivery.

Greater Shankill Partnership: For many years, health was seen as an implicit objective within the priority areas of early years and sports development, which focus on preventing future health problems. Current work particularly through the Health and Wellbeing Forum has helped local groups begin to make the broader links to health. The Partnership is also working closely with the former North and West Belfast Trust Health Action Zone. Measuring the impact of existing health projects is an objective within the Neighbourhood Renewal Action Plan.

North Belfast Partnership: The Partnership has worked closely with the former North and West Belfast Trust Health Action Zone and also delivered projects to meet identified local need, for example around mental health, drugs and alcohol and physical activity. The Partnership's local work on suicide was instrumental for the regional strategy. The engagement process has helped communities begin to develop working relationships across divides, but influencing service delivery for the area is a continuing challenge.

West Belfast Partnership: Current work focuses on building capacity, while focus before a health worker was employed in 2004 was working through the former North and West Belfast Trust Health Action Zone. The Partnership has influenced and changed service delivery in the area, for example in relation to suicide, and had a role in improving health overall by including health issues into other programmes.

South Belfast Partnership: The Partnership has focused on health through working with South Belfast Highway to Health, which has delivered a range of health related and health promotion projects in inner south Belfast, including improving activities for older people and drugs and alcohol programmes. The Partnership's most important contribution has been to create a meeting space for all communities in the area and develop broadly acceptable, collaborative methods of working. It has also influenced service delivery.

Regeneration initiatives should set out clear health objectives and outcomes

Recommendations

Available evidence on regeneration and health indicate that health and the determinants of health are broadly recognised as a key issue. However, not all initiatives make the connection between health and its determinants, and it appears that limited links are made between different types of projects within a regeneration initiative. From a healthy urban planning perspective, which aims to embed health within all plans, this limits the opportunities to consistently work towards health improvement across regeneration initiatives.

Healthy urban planning also aims to consider how planning initiatives impact on health. While Health Impact Assessments have been carried out on many regeneration schemes, including some NDCs in England, it appears a consistent approach to identify how initiatives might support health is required. This appears to be the case also in Northern Ireland. Similarly, an agreed approach to evaluation, would strenghten the potential to add to the evidence base to identify models that work best in tackling social and health inequalities. There are significant opportunities within emerging regeneration initiatives in Belfast, involving the development of the Titanic Quarter that could strengthen health improvement and tackle inequalities in health.

Taking the WHO principles of health improvement and healthy urban planning as a starting point, the following recommendations can be made in relation to regeneration and health in Belfast:

1. Regeneration initiatives within the city should **set out clear health objectives and outcomes, linked to the main determinants of health** and tackling inequalities in health. Attached to these should be targets and indicators by which progress can be measured.

2. Regeneration policies, schemes and initiatives should at an early stage of development **engage health and other sectors that understand the cause of inequalities in health**, and are able to assist in setting realistic targets for reducing the health gap. This would also provide an opportunity to work towards joint regeneration objectives within the city.

3. Local people should be engaged in planning and implementing initiatives from the earliest stages. The **existing skill base in the area should be mapped, to ensure that local expertise can be built upon and developed**, and considered when establishing key regeneration objectives for local areas. This is in line with the approach taken by the WHO European Office for Investment and Health Development, which emphasises building on such human and social capital as key to tackling inequalities.[35]

4. Given the potential for health improvements to be achieved through regeneration, each **major project should conduct a Health Impact Assessment** during the planning phase to ensure the health potential is maximised.

5. Regeneration offers a **major opportunity to re-establish the link between health and planning** as well as an opportunity to develop a more sustainable infrastructure. This includes ensuring good street connections and public transport links between key points and siting services and amenities close to residential areas, which encourages people to be physically active; the aim should be to **develop a walkable city.**

6. Robust, **high quality small area data needs to be available to baseline the health status of the population** before the regeneration scheme commences, and to measure progress. This should include data on deprivation and inequalities in health.

7. There should be **a single, intersectoral approach to monitoring and evaluation within regeneration initiatives**, which can help establish what works, where and for whom. Such an approach would also help establish **models of regeneration practice that are effective in reducing inequalities.** Academics and universities should be engaged in this process.

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