HEALTHY CITIES
Belfast

Working together for a healthier Belfast

Response to Belfast on the Move - Transport Masterplan for Belfast City Centre

November 2010

Belfast Healthy Cities welcome the opportunity to comment on the proposals for transport and traffic management in Belfast city centre.

Belfast Healthy Cities is a citywide partnership working to improve health equity and wellbeing for people living and working in Belfast. Our focus is on improving social living conditions and prosperity in a healthy way, through intersectoral collaboration and a health in all policies approach. Key partners include Belfast City Council, Belfast Health and Social Care Trust, Bryson Group, Department of Health, Social Services and Public Safety, East Belfast Partnership, Northern Ireland Housing Executive, Planning Service, Public Health Agency and Queen's University of Belfast.

Belfast is also a leading member of the World Health Organization European Healthy Cities Network, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities' office has a staff team dedicated to working with partner organisations to facilitate and support change. The office also acts as the link between the city and WHO, and Belfast currently provides the secretariat to the Network.

Healthy urban environments and design (HUED) is a core area of our work and this response is written on behalf of the intersectoral group that advises work in this field. Our work has focused on building capacity among planners and other built environment professionals, as well as health professionals, on how the built environment affects health and wellbeing. We also work to support partner organisations to achieve their goals, in a way that also supports health. Belfast Healthy Cities participates in the Active Travel Forum set up by the Sustainable Travel Unit at DRD, and has supported the development of the Active Travel Strategy with evidence and examples of good practice.

Our comments take a whole city viewpoint, considering potential impacts of the proposals in particular for people living in the inner city, but outside the immediate city centre. They are intended to raise key issues to consider and address, in order to ensure that the proposals contribute to strengthening wellbeing, health and opportunities for all people in Belfast.

We enclose our recent report Healthy Places: Strong Foundations, which provides an introduction to the links between health and the built environment, and includes a chapter on transport. We would also be happy to expand on any points made below, should that be helpful.

Advantages

Belfast Healthy Cities welcomes in particular the opportunity to comment at a very early stage of developing the proposals. The approach supports an inclusive and transparent process, and also allows a range of issues to be raised at a stage when solutions and alternatives can still be developed.

We welcome and support the focus on enabling more sustainable transport in and to the city centre, which we understand as a means to achieving the core aim of the proposals, ie reducing in particular private car traffic in the area. Reducing reliance on the private car is a key measure to improve air quality, cut greenhouse gas emissions, and also tackle congestion, which harms productivity through creating stress as well as direct lost worktime. In addition, however, increased levels of walking, cycling and public transport use can help people to be more physically active. Therefore, this is a key way to tackle the rising levels of obesity that not only threaten health but also the economy.

It may be important to note that public transport can be a particularly effective way to increase physical activity levels, since the journey typically involves some walking at either end. It also offers opportunities for social interaction, which can both support mental wellbeing for individuals and social cohesion for society as a whole. Physical activity also supports mental wellbeing, and has been shown to reduce symptoms of depression, which is another major health and economic issue.

The proposed measures for improving walkability and introducing new controlled crossing points in the city centre appear particularly promising for encouraging walking. At present, crossing roads safely in desired locations is often difficult, and evidence shows that perceived unsafe conditions, in particular lack of safe crossing points, is a major barrier to walking for transport. Conversely, good connectivity and a choice of routes incentivises walking. It would also be helpful to utilise this opportunity to reduce street clutter, which is a specific barrier for people with disabilities and makes the environment less pleasant for others.

The proposals for expanding cycling facilities and bus priority lanes also have potential to encourage more sustainable travel. However, we would stress that these measures should be developed in the context of a citywide, and indeed regional, transport system. In order to encourage city centre workers, visitors and shoppers to leave the car, public transport must be accessible from where they live at an affordable cost; improving city centre facilities alone is likely to have limited impact on modal shift, and thus traffic movements in and around the city

centre. We appreciate that the measures will facilitate introduction of the Rapid Transit system, but to maximise its potential it is also important to also consider the need for orbital routes and connections to Rapid Transit.

Similarly, to support new and potential cyclists, cycling lanes must connect to the wider cycling infrastructure in the city, which also needs to be given attention. We would also suggest that on carriageway cycle lanes not be treated as core provision for cycling in the city centre. Such shared facilities can be helpful for experienced cyclists, but safety concerns are likely to make them less appealing to others, and again reduce the potential for modal shift. There may also be concerns around exposure to a high level of pollutants for cyclists, in particular if traffic displacement around City Hall is limited and congestion increases. This would also be a general concern, and it would be helpful to get clarification on other proposed initiatives and incentives to discourage through traffic.

Concerns

Overall, Belfast Healthy Cities would recommend that the proposals for transport and traffic management in the city centre are developed in a citywide context, also taking into account forthcoming developments such as the Royal Exchange and the enlargement of the University of Ulster Belfast campus. Our key concern is that the proposals as currently outlined focus on the city centre in isolation, and are likely to result in displacing problems and creating negative impacts particularly in the inner city. As all of the residential areas surrounding the city centre are among the most deprived in Belfast and Northern Ireland, we are particularly concerned that this may compound the inequalities experienced by people in these areas, and lead to poorer health and wellbeing.

The key area we believe should be considered in detail is the potential impact of the proposed new north-south traffic management system, involving completing the city centre ring, opening Hope Street to two way traffic, and routing north bound traffic away from Great Victoria Street. At present, the streets around Durham Street, including College Square North, are one lane, in some cases narrow streets, which can easily become congested and worsen air quality and noise problems in Sandy Row and the Barrack Street area. Congestion can also lead people to seek new ‘rat runs’ on residential streets; it would also appear possible that traffic increases on Sandy Row and Donegall Pass, which would substantially affect the still residential character of the areas. Meanwhile, completing the city centre ring may inadvertently reduce the disincentive for through traffic, and compound existing traffic related difficulties in the lower Ormeau Road area.

The impact of increased traffic on safety can be significant, and have additional spin off effects. UK wide, people in more deprived areas, and in particular children, are most likely to be injured in road crashes, and heavy traffic is a key contributory factor. Increased traffic may also restrict the mobility of older people

and children, and reduce children's opportunities for active outdoor play. Reduced mobility increases the risk of isolation for older people, and harms the healthy development of children. This is a major issue, as all of the inner city neighbourhoods have comparatively high child populations (see eg. Census data on NINIS, the Northern Ireland Neighbourhood Information Service at www.ninis.nisra.gov.uk).

Increased levels of traffic can also inadvertently lead to cutting people off from the city centre and its services. The mental impact of this can be particularly significant, and it is worth noting that mental wellbeing has been identified as a key issue for most inner city neighbourhoods. It is important to note that as the employment rate in the inner city is lower than average, many people spend more time at home. They would therefore be more exposed to any negative impacts than people in the city centre, which at present is predominantly occupied during office hours only.

Opportunities

We would welcome clarification as to what models of traffic displacement, and modal switch, have been developed to support the proposals. This would help assess the potential impacts on areas surrounding the city centre, and could support development of solutions that remove or mitigate negative impacts. Examples of such solutions would be incorporating traffic calming measures in areas where particular safety problems may arise and working with residents to ensure safe crossing points in key locations.

We would suggest that limited signage and complex alternative routing may be some reasons for the high levels of through traffic in Belfast city centre; it is currently the most straightforward route, and often also quickest in particular for east-west journeys. One way to reduce traffic, and minimise traffic increases in the inner city neighbourhoods, might therefore be to improve signage on current arterial routes, in ways that enable and encourage through traffic to avoid the city centre completely. A key example might be signage on Lisburn, Stranmillis and Malone Road northbound to highlight access to M1, as this could reduce pressure on the key areas of concern. Signage on M3 and the Sydenham bypass indicating routes to the south and west might also help.

Exploring travel patterns and preferences among both commuters and people using the city centre as a through route could help devise solutions, by providing knowledge about people's motivations and potentially effective incentives for change. For example, this can provide information on barriers to public transport use, which can be significant especially for rural dwellers.

This may also be an opportunity to explore new traffic management solutions in the city. For example, use of 20 mph zones in the city centre could discourage

through traffic while also improving conditions for pedestrians and cyclists in the city centre. In York, a successful model has been creating a hierarchy of road users, which prioritises pedestrians, cyclists and public transport, and aims to route private car traffic to high capacity roads outside the inner city. We appreciate that DRD is working to increase park and ride capacity and encourage its use, and fully support this. However, it is important that the cost of this is affordable, in particular in light of the fact that many city centre employers offer staff free parking. We explore this in some more detail below.

To get an objective view of the potential impacts and options, we would suggest conducting a Health Impact Assessment (HIA) on the proposals. A HIA is a systematic, evidence based approach to assessing potential health impacts of a proposal – positive and negative – and making recommendations for how positive impacts can be strengthened, and negative and inequitable impacts reduced. It is intended to support decision making, and can help develop solutions that meet the objectives of a proposal more effectively.

Finally, we would like to stress the importance of working in partnership with other transport professionals and sectors to achieve the aim of reducing motorised traffic in and through Belfast city centre. For example, there may be opportunities in incentivising public transport use, not only for individuals but also employers. At present, many city centre employers offer paid parking spaces to employees, which is likely to reduce motivation for modal switch, in particular as public transport is often perceived as expensive and inconvenient. Working with stakeholders to address this may be more beneficial than simply removing parking or raising the cost, as this could easily lead to problem parking in the same areas likely to be affected by potential traffic displacement.

It would also be important to collaborate with land use planning, as planning has a major impact on people's transport and life choices. The recent trend towards increasing suburbanisation, for example, has been a major contributor to the increasing levels of traffic in Belfast, as people either choose or are forced to commute ever longer distances to work. Similarly, the growing number of out of town and edge of town shopping complexes has increased traffic, and possibly created journeys and routes that previously would not have been made. The negative impacts of this go beyond traffic and environmental impacts, and also include a tendency towards lower physical activity, as well as reduced social cohesion, through less frequent social interaction within local neighbourhoods and also polarisation by income level.