

**Democratic Services Section
Legal and Civic Services Department
Belfast City Council
City Hall
Belfast
BT1 5GS**



**Belfast
City Council**

3rd February, 2021

MEETING OF PEOPLE AND COMMUNITIES COMMITTEE

Dear Alderman/Councillor,

The above-named Committee will meet remotely via Teams on Tuesday, 9th February, 2021 at 5.15 pm, for the transaction of the business noted below.

You are requested to attend.

Yours faithfully,

SUZANNE WYLIE

Chief Executive

AGENDA:

1. Routine Matters

- (a) Apologies
- (b) Minutes
- (c) Declarations of Interest

2. Restricted

- (a) Revenue Estimates & District Rate 2021/22 (Pages 1 - 6)
- (b) Finance Update (Pages 7 - 10)
- (c) Wild Lights Show - Botanic Gardens 2020 - 2024 (Pages 11 - 16)
- (d) Request for Exhumation (Pages 17 - 18)
- (e) Southcity Resource and Development Centre: Bridging Support (Pages 19 - 84)

3. **Matters referred back from the Council/Motions**

- (a) Response from Department for Infrastructure - Provision of Lighting - Comber Greenway (Pages 85 - 88)
- (b) Urgent action to address invasive odour in Collin (Pages 89 - 90)

4. **Committee/Strategic Issues**

- (a) Affordable Warmth Scheme update (Pages 91 - 118)
- (b) Update on development of the Belfast City Air Quality Action Plan 2021-2026 (Pages 119 - 134)
- (c) DAERA - A Clean Air Strategy for Northern Ireland (Pages 135 - 192)
- (d) Belfast City Council response to the Department of Health's new "Mental Health Strategy, 2021-31, for Northern Ireland" (Pages 193 - 254)
- (e) Partnership Funding 2021/22 (Pages 255 - 258)

5. **Operational Issues**

- (a) Knockbreda Road entrance to Cherryfield Playing Fields (Pages 259 - 272)
- (b) Requests for the use of Lady Dixon Park by Bloomfield Gospel Hall (Pages 273 - 276)
- (c) Motion: BCA licence renewal - Victoria Park (Pages 277 - 296)
- (d) Update on Responsible Dog Ownership (Pages 297 - 304)

By virtue of paragraph(s) 3 of Part 1 of Schedule 6
of the Local Government Act (Northern Ireland) 2014.

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Subject:	Response from the Minister for Infrastructure re Provision of Lighting at Comber Greenway, Belfast
Date:	9th February, 2021
Reporting Officer:	Sara Steele, Democratic Services Officer
Contact Officer:	Sara Steele, Democratic Services Officer

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Sometime in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report/Summary of Main Issues
1.1	To consider a response from the Minister for Infrastructure in relation to the provision of lighting at the Comber Greenway, Belfast.
2.0	Recommendation
2.1	The Committee is asked to note the response.
3.0	Main Report
	<u>Key Issues</u>
3.1	The Committee will recall that at its meeting on 10th November it was agreed that the Council write to the Department for Infrastructure to request that it prioritises design, funding and completion of its public consultation regarding the installation of lighting on the Comber Greenway.

3.2	A response has now been received from Minister Mallon, a copy of which is attached.
3.3	<p>The Minister is keen to see more people choosing to walk, wheel and cycle on our Greenways and one of the ways to do that may be to provide lighting. There are however a number of factors to be considered before a decision can be taken in relation to lighting and this includes both financial and environmental considerations.</p> <p>The current position is that the Department has now completed a preliminary design for lighting of the Comber Greenway and it hopes to be in a position to carry out a public consultation on the proposed design in the spring.</p> <p>The Minister notes and welcomes the ongoing discussion between officials around the future development and management of Comber Greenway, as she realises that the Department and Belfast City Council need to work as a partnership, to seek to remove the barriers for people who want to walk, wheel and cycle more and to improve the attractiveness of our Greenways as a community facility.</p>
3.4	<p><u>Financial and Resource Implications</u></p> <p>None associated with this report.</p>
3.5	<p><u>Equality or Good Relations Implications</u></p> <p>None associated with this report.</p>
4.0	Appendices - Documents Attached
	Copy of response from the Minister for Infrastructure.

From the office of the Minister for Infrastructure
Nichola Mallon MLA



Department for
Infrastructure
An Roinn
Bonneagair

www.infrastructure-ni.gov.uk

Sara Steele
Democratic Services Officer

SteeleSara@BelfastCity.gov.uk

Room 708
Clarence Court
10-18 Adelaide Street
BELFAST
BT2 8GB
Telephone: (028) 9054 0540
Email: Private.office@infrastructure-ni.gov.uk

Your reference:
Our reference: CORR 3313-2020
Date: 15 January 2021

Dear Ms Steele,

PROVISION OF LIGHTING – COMBER GREENWAY, BELFAST

Thank you for your letter of 24 December 2020 in which you request information on the provision of lighting at Comber Greenway, Belfast.

I am keen to see more people choosing to walk, wheel and cycle on our Greenways and one of the ways to do that may be to provide lighting. There are however a number of factors to be considered before a decision can be taken in relation to lighting and this includes both financial and environmental considerations.

The current position is that my Department has now completed a preliminary design for lighting of the Comber Greenway and I hope to be in a position to carry out a public consultation on the proposed design in the spring.

I note and welcome the ongoing discussion between officials around the future development and management of Comber Greenway, as I realise that my Department and Belfast City Council need to work as a partnership, to seek to remove the barriers for people who want to walk, wheel and cycle more and to improve the attractiveness of our Greenways as a community facility.

NICHOLA MALLON MLA
Minister for Infrastructure

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Subject:	Motion – Urgent Action to Address Invasive Odour in Collin
Date:	9th February, 2021
Reporting Officer:	Sara Steele, Democratic Services Officer
Contact Officer:	Sara Steele, Democratic Services Officer

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report/Summary of Main Issues
1.1	To bring to the Committee's attention the Motion in respect of Urgent Action to Address Invasive Odour in Collin which was referred to the Committee by the Council on 1st February.
2.0	Recommendation
2.1	The Committee is requested to consider the motion and if the proposal is agreed write to the DAERA Minister, urging him to assess and allay any concerns about air quality residents have because of this odour, and to take immediate action to eradicate the invasive smell coming from the Mullaghglass site
3.0	Main Report
	<u>Key Issues</u>
3.1	The Council, at its meeting on 1st February, considered the following motion which had been moved by Councillor Michael Collins and seconded by Councillor Matt Collins.

3.2	<p><i>“Council notes with alarm the invasive odour which has pervaded in the Collin area of West Belfast for several years.</i></p> <p><i>This has caused extreme concern amongst residents, who have been expected to simply put up with this odour, with little or no action from the DAERA minister to address the issue.</i></p> <p><i>The odour has been traced to the Mullaghglass landfill site in Collin. Immediate action must be taken to ensure this odour does not persist, and a comprehensive study should be carried out by DAERA to ensure the air quality in Collin is of a safe standard.</i></p> <p><i>Council resolves to write to DAERA minister Edwin Poots to this end, urging him to assess and allay any concerns about air quality residents have because of this odour, and to take immediate action to eradicate this invasive smell coming from the Mullaghglass site.”</i></p> <p>In accordance with Standing Order 13(f), the Motion was referred without discussion to the People and Communities Committee.</p>
3.3	<p><u>Financial and Resource Implications</u></p> <p>None.</p>
3.4	<p><u>Equality or Good Relations Implications</u></p> <p>None.</p>
4.0	Appendices - Documents Attached
	None



Subject:	Affordable Warmth Scheme update
Date:	9 February 2021
Reporting Officer:	Siobhan Toland, Director of City Services
Contact Officer:	Ian Harper, Building Control Manager

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues
1.1	Belfast City Council has been engaged in a partnership with the Department for Communities (DfC) and the Northern Ireland Housing Executive (NIHE) in the delivery of the Affordable Warmth Scheme (AWS) since 2014.
1.2	The scheme aims to address fuel poverty for the most vulnerable households in the city by targeting those households that meet certain criteria, as identified by Ulster University to provide home improvement measures such as loft and cavity wall insulation, replacement boilers and new double glazed windows. While it is a targeted scheme, self-referrals are also considered. To qualify for the scheme occupant's income must be below £20,000 (gross).
1.3	The purpose of this report is to give Members an update on the AWS, including the ongoing engagement with DfC at SOLACE level, and outline a request from DfC regarding the Service Level Agreement for 2020-2021.

1.4	In September, Members confirmed their commitment to the scheme but also the need for adequate funding to be provided. The Director of Planning and Building Control wrote to DfC confirming the level of surveys that could be provided with the current staffing resource.
1.5	Members also agreed to write to the Department requesting a meeting with the Minister for Communities to discuss the scheme. Following written request, DfC have replied (Appendix 1) confirming the ministers diary commitments mean it is not possible to arrange a meeting, but that David Polley, Director of Housing Supply Policy can meet with Members to discuss the scheme.
1.6	There have been ongoing communications between DfC and councils, both at SOLACE and senior management level.
1.7	DfC have requested that councils sign the Service Level Agreement (SLA) for 2020-2021 and have confirmed that further engagement will take place to finalise the SLA for 2021-2022.
2.0	Recommendations
2.1	<p>The Committee is asked to consider:</p> <ol style="list-style-type: none"> 1. The offer from DfC for David Polley to address the Committee 2. The request from DfC to sign the Service Level Agreement for (in year) 2020-2021 and <ol style="list-style-type: none"> (a) – agree to sign the SLA with a caveat outlining the concerns around targeted ratio and funding or (b) - decline to sign the SLA and wait for a revised version for the next financial year 2021-2022 in which the outstanding issues are addressed to the satisfaction of the council, and 3. Note the ongoing work to agree a suitable Service Level Agreement for 2021-2022.
3.0	Main report
3.1	<p><u>Key Issues & current position</u></p> <p><u>Current position</u></p> <p>An update report was provided to Members in September, at which point the DfC had set the target number of referrals at 44. The Service continues to work with only one member of AWS staff, supported by Building Control Business support staff to help with the workload, in particular the customer contact. The BC Service is not in a position to continue to subsidise the scheme with its own Business support staff moving forward given the workload related to their normal duties.</p>

3.2	Approval was granted to recruit an AWS site officer post, although this will take a number of months to recruit and train. It is hoped that with two members of AWS staff, the suggested target of 30 referrals outlined by the DfC for 2021-2022 will be met.																								
3.3	Interviews with residents continue to be conducted remotely where possible by electronic means and on phones. Risk assessments have been carried out for any essential on-site work, including the requirement for PPE and maintaining social distancing. This is not easy with some of the most vulnerable and can mean additional engagement with family members or other contacts to establish if they meet the scheme criteria.																								
3.4	<p>Below are the referrals submitted to NIHE (urgent only being provided up to 1st August)</p> <table border="1"> <thead> <tr> <th>Month</th><th>Applications sent to NIHE</th></tr> </thead> <tbody> <tr> <td>April</td><td>1</td></tr> <tr> <td>May</td><td>9</td></tr> <tr> <td>June</td><td>8</td></tr> <tr> <td>July</td><td>6</td></tr> <tr> <td>August</td><td>11</td></tr> <tr> <td>September</td><td>26</td></tr> <tr> <td>October</td><td>24</td></tr> <tr> <td>November</td><td>24</td></tr> <tr> <td>December</td><td>17</td></tr> <tr> <td>January - up to 14/1/21</td><td>13</td></tr> <tr> <td>Total</td><td>139</td></tr> </tbody> </table>	Month	Applications sent to NIHE	April	1	May	9	June	8	July	6	August	11	September	26	October	24	November	24	December	17	January - up to 14/1/21	13	Total	139
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Total	139																								
3.5	<p>In addition, 127 onward referrals have been made to other agencies and an increasing number of emails and calls about the scheme at this time of year are being handled. The service will continue to provide as many referrals as possible up to the target of 32.</p> <p><u>Communications from DfC</u></p>																								
3.6	<p>On 11 December, DfC wrote to councils outlining a number of changes to the scheme (Appendix 2). This included:</p> <ul style="list-style-type: none"> • Scheme eligibility criteria is increasing from £20,000 to £23,000, which is welcomed. 																								

	<ul style="list-style-type: none"> Targeted approach: this is being discussed with DoF to look at a refreshed approach. The current 80/20 ratio is to be continue at this stage. Officers continue to inform DfC that this ratio is not achievable for BCC given the levels of self-referrals and needs identified, and needs to be altered in the future SLA. DfC and NIHE are accepting referrals provided within the current working arrangements and this will continue, pending further review work being carried out on the targeted approach. However, this is not reflected within the proposed SLA for 2020-2021. Referrals – the referral target has changed from the 44 confirmed in August, to 32 through to yearend. Continued in year changes to the referral targets make resourcing the scheme very difficult, and should be reconsidered as part of any future SLA. This new change would result in a reduction of income for councils on the payment per referral model. Following feedback from Councils DfC wrote a further letter on 22nd December (Appendix 3) outlining a method by which councils could request access for Covid related funding where their staffing costs were not met by the AWS funding. This does not affect BCC given the current resourcing level. While councils had requested additional flexibility in month-by-month referral provision, none was agreed. Budget for 2021-2022 – the planned budget is between £12m and £16m, with a suggested target referral rate of about 30. Again, stability in relation to referral targets is needed for resourcing. <p><u>SOLACE</u></p>
3.7	<p>Representatives of SOLACE met with the Deputy Permanent Secretary before Christmas to discuss the AWS and SOLACE discussed the matter further on 7th January 2021. As a result DfC have confirmed the following:</p> <ul style="list-style-type: none"> A review of the targeted methodology is being carried out with Department of Finance (DoF), commissioning a study and engaging with councils. DfC are to undertake a study with DoF to look at the funding model, evaluate the value for money and consider alternatives. The potential for a 50/50 referral and flat rate basis is being considered.

	<ul style="list-style-type: none"> Commitment to consult with Councils on the proposed SLA for 2021-2022, with a meeting set up for early February.
3.8	SOLACE have emphasised that the grant support is the greatest difficulty for councils and must be adequate to cover the staffing costs incurred. Given we are nearing the new financial year, they have asked for the work to be undertaken with urgency.
3.9	The DfC also requested that BCC sign a Service Level Agreement for the last quarter of 2020-2021, based on a target referral rate of 32 for January – March. They have confirmed that discussions would take place to finalise the revised version for 2021-2022. The AW team is working to provide as many referrals as possible to 31 st March 2021 in relation to the target. However, officers have concerns that the targeted ratio contained within the Agreement cannot be met, which has been communicated to DfC. The SLA does not deal with the funding issues previously raised. Given the work to be undertaken to revise the SLA for 2021-2022 it is suggested that, if members are minded to agree the 2020-2021 SLA, the response includes a caveat for those areas of concern. Alternatively, given this SLA is being proposed late in the financial year, consideration could be given to wait for the revised SLA for 2021-2022, which must ensure that the key areas outlined in the report are revised to the satisfaction of the Council.
3.10	The proposed SLA for 2021-2022 will be brought before members once it is provided by DfC, following the engagement with council officers and SOLACE.
	<u>Financial & Resource Implications</u>
3.11	The AWS continues to operate the payment per referral model, but we await the review of the funding model. The referrals sent since 1 st August are sufficient to cover the cost of the AWS Coordinator.
3.12	Confirmation of funding and referral rate for 2021-2022 is to be finalised, but officers will seek to ensure that the funding for 2021-2022 will be adequate to cover the staffing costs incurred, including the proposed new staff member.
	<u>Equality or Good Relations Implications/Rural Needs Assessment</u>
3.13	There are no equality, good relations or rural needs issues.
4.0	Appendices – Documents Attached
	Appendix 1 - Affordable Warmth Scheme - response from DfC to meeting request

	Appendix 2 - Letter to Councils AWS 11 December 2020 Appendix 3 - Letter to Councils AWS 22 December 2020 Appendix 4 - Service Level Agreement 2020-2021
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From: The Private Secretary

**Level 9
Causeway Exchange
1-7 Bedford Street
Belfast
BT2 7EG**

Telephone: (028) 9082 3320
e-mail: private.office@communities-ni.gov.uk
Our ref: INV-1857-2020
Date: 12 January 2021

Your ref: SS/JT

Sara Steele
Democratic Services Officer
Belfast City Council
Legal and Civic Services Department
City Hall
Belfast
BT1 5GS

Dear Mrs Steele

AFFORDABLE WARMTH SCHEME

Thank you for your letter dated 16 November seeking a meeting to discuss the levels of funding provided to councils and changes to the payment arrangements.

Regrettably diary commitments will not allow Minister to meet at this time however she looks forward to meeting you in the course of her duties.

David Polley, Director of Housing Supply Policy who has responsibility for Affordable Warmth would be happy to meet to discuss any issues relating to the funding and delivery of the Scheme.

To make the necessary arrangements, please contact David's office through Heather.Surgenor@communities-ni.gov.uk or Christine.Best@communities-ni.gov.uk

Yours sincerely



Louise Anderson
Private Secretary

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From: David Polley

David.Polley@communities-ni.gov.uk

**Level 3
Causeway Exchange
1-7 Bedford Street
Belfast
BT2 7EG**

Date: 11 December 2020

Dear Council Affordable Warmth Scheme Senior Managers

AFFORDABLE WARMTH SCHEME

I am writing to you to provide a progress update on changes to Affordable Warmth Scheme eligibility criteria and on some other issues recently raised by Councils.

Scheme Eligibility

The Minister recently approved changes to the eligibility criteria for the Affordable Warmth Scheme increasing the income threshold from £20,000 to £23,000 and removing Disability Living Allowance, Personal Independence Payment, Attendance Allowance and Carer's Allowance from the calculation of income for the Scheme. Work is now ongoing to amend the relevant Scheme Regulations. At this stage we are unable to provide an implementation date for the changes to eligibility criteria but we are working towards the beginning of the new financial year. I am writing to give you notice of this as I know you may be aware of potential Scheme applicants who will be able to apply once this change is made.

Targeting

As discussed in previous correspondence I have also been in discussion with Department of Finance (DoF) colleagues on a refreshed approach to targeting in the Scheme. DoF have asked for some research to support the new approach and we will engage with Councils on this early in 2021. In the meantime in order to meet the

conditions of the current approved business case you should continue to aim for 80% of your referrals to come from the targeted lists provided by the Department.

Referrals from Councils

In order to meet budgetary obligations and to manage applicants' expectations a maximum of 32 applications with full documentation can be processed per council per month until the 20/21 year end. Exceeding this requirement will result in a backlog of approvals not being issued this year and an increased financial commitment/starting position for the year 2021/22. Flexibility of +/- 3 referrals per month over the Christmas period, made up within that quarter, has been agreed with Housing Executive. I should be grateful if all Councils who have not returned their Service Level Agreements would now do so by 31 December 20 at the latest.

Budget 2021/2022

At this stage in the 21/22 budget process I cannot say exactly what the funding level will be for the Affordable Warmth Scheme next year however please be assured that there is business case approval for expenditure for the Scheme until March 2024. This should help with your resource planning for next year. It is our planning assumption that the budget next year will be between £12 and £16m which would require about 30 referrals per month from each Council.

Donna Knowles, as new head of Affordable Warmth and Energy team, (Previously known as Fuel Poverty Team) will arrange a meeting early in the New Year to discuss progress with the Scheme.

Thank you for your continued support.

Yours sincerely

David Polley

From: David Polley

David.Polley@communities-ni.gov.uk

**Level 3
Causeway Exchange
1-7 Bedford Street
Belfast
BT2 7EG**

Date: 22 December 2020

Dear Council Affordable Warmth Scheme Senior Managers

AFFORDABLE WARMTH SCHEME

I am writing to you as a group in response to several issues raised by Councils either collectively or individually following my recent correspondence dated 11 December.

Referrals from Councils

I understand the disappointment regarding the reduction in referral numbers from 44 per council area per month to 32 and the impact this could have on staffing. Some Councils have highlighted that they have incurred costs on the Scheme this year which this level of referral in the remaining months will not cover. However, as previously indicated this reduction in referral numbers is based on both budgetary obligations and our commitment to managing applicants' expectations. Making a referral to NIHE provides the householder with an anticipation that their application will be processed as soon as possible and when this is not the case the householder is understandably disappointed and the reputation of the scheme and its delivery partners is also impacted.

However I want to make you aware that there is potential to cover any difference between your (eligible) AWS expenditure costs and your income from referrals, given that this stems from the impact of COVID-19. When your Council is applying to my local government colleagues for Coronavirus assistance, you should set out these costs in delivering your Council's Affordable Warmth Scheme for quarter 3 and

quarter 4 on a separate line in your general COVID-19 lost income claim. Please note that you should submit this via the ALGFO representative Alfie Dallas in Derry City and Strabane District Council as this is being collated centrally via the ALFO representative, prior to submission to DfC Local Government Finance. Obviously this claim should exclude costs already met by the NIHE or the one off, additional payment earlier this year.

Flexibility for referral numbers for December

The issue of flexibility over the Christmas period was raised. This was discussed at a recent monitoring meeting with NIHE but the issue remains, as in previous years, that if December referrals are delayed until January or February it is highly unlikely that they will be approved in this financial year and thereby impact on the referral numbers for the new 20/21 financial year.

Targeting

As stated previously I am still in discussion with Department of Finance (DoF) colleagues on a refreshed approach to targeting in the Scheme. We are in the process of commissioning a study, which will include engaging with Councils, to help inform a way forward. I hope we will be in a position to update you on this at a senior officials meeting with the Department which will be scheduled towards the end of January. In order to meet the conditions of the current approved business case you should continue to aim for 80% of your referrals to come from the targeted lists provided by the Department.

Service Level Agreements (SLAs)

I have attached a Service Level Agreement to reflect the 32 referrals per month for the remainder of this current year. I should be grateful if each Council area would sign and return the SLA to awe@communities-ni.gov.uk before 15 January 2021.

We have committed to working in partnership with you to draft the service level agreement for 2021-22. Unfortunately other work pressures have meant that we have not been in a position to start this work, I would propose to add a discussion on the process and timescale for this as an Agenda item at our forthcoming meeting

Budget 2021/2022

As indicated in my previous correspondence the budget for 21/22 has not yet been agreed but our planning assumption remains that the budget next year will be between £12 and £16m which, at the upper end of the budget, would require approximately 30 referrals per month from each Council.

The Affordable Warmth and Energy team will be in contact soon with a proposed date for the next meeting with NIHE and Councils in the New Year.

Thank you for your feedback and for your continued support in these difficult and challenging times.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'David Polley', written in a cursive style.

David Polley
Director Housing Supply Policy

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Affordable Warmth Scheme

SERVICE LEVEL AGREEMENT

between

DEPARTMENT FOR COMMUNITIES

and

BELFAST CITY COUNCIL

Date: December 2020

1. Overview

The Department for Communities (DfC) is responsible for developing policy and implementing programmes to mitigate the effects of fuel poverty and improve the thermal comfort of low income households across Northern Ireland. The Affordable Warmth Scheme is DfC's primary scheme for tackling fuel poverty. DfC works in partnership with all local councils and the Northern Ireland Housing Executive (NIHE) to deliver the Affordable Warmth Scheme.

The Affordable Warmth Scheme targets low income households and delivers home energy efficiency improvement measures to qualifying households.

All parties will use opportunities during the life of this agreement to display a commitment to work together in support of Government aims to improve household energy efficiency.

2. Purpose of this Document

The purpose of this Service Level Agreement (SLA) is to provide clarity in terms of accountability, policy, operation and reporting procedures for each of the parties and in particular to:

- reaffirm the scope of the scheme;
- describe the roles and responsibilities of each party;
- set out the financial arrangements; and
- detail the arrangements for monitoring performance in relation to the scheme.

The measures available under this scheme are listed at **Annex 1**.

3. Scope

The Affordable Warmth Scheme aims to mitigate the effects of fuel poverty in targeted households living in severe or extreme fuel poverty. It is expected to reduce

energy consumption in eligible private housing through home energy efficiency interventions.

The NIHE will maintain a central record of all completed surveys referred to it and their progress. When local council officials have completed the survey and referred that survey to the NIHE, any query regarding the application should be directed to the NIHE to resolve.

DfC will provide agreed funding to each local council to administer the Affordable Warmth Scheme. The NIHE will transfer agreed funds to each local council on a quarterly basis.

4. Roles and Responsibilities

The Department for Communities

(a) The Department for Communities will:

- provide advice to the NIHE regarding the policy of the scheme as required;
- provide each local council with data detailing the households to be targeted where appropriate;
- set a target for referrals which local councils will deliver to the NIHE annually and monthly;
- continually monitor and evaluate the scheme through reporting arrangements with the NIHE and local councils;
- seek feedback from its Social Welfare Group regarding Benefit Entitlement Checks;
- consider changes that will improve process or impact as the scheme develops;
- on completion of the scheme complete a full evaluation;
- provide reporting templates for local councils monthly progress reports.

The Local Council's Role

(b) Each local council will be provided with details of households considered to potentially meet the conditions of the scheme. Each local council will:

- with the consent of the targeted householder, conduct a survey to collate and verify financial information to confirm eligibility for the scheme;
- have discretion regarding accepting self-referrals (as defined by DfC). Local councils **must** bear in mind that Affordable Warmth is primarily a targeted scheme;
- refer 96 completed surveys to their local NIHE Grant Office from January 2021 to March 2021. The number of self-referrals included in the 96 referrals should not exceed 20%. Any change to this ratio will be formally notified by the Department once agreement has been reached with Department of Finance. Additional referrals will not be accepted without prior agreement with DfC and NIHE.
- the number of referrals may be adjusted in year due to budget change or scheme performance.
- highlight urgent cases to the NIHE Grants Manager at the time of referral. An urgent case is defined as a household with no heating system, or central heating which is broken down beyond repair;
- ensure that when an application is received by Building Control that officials arrange for measures to be inspected. Building Control officials will confirm to the NIHE whether the installation is in compliance with the building regulations;
- provide householders participating in the scheme with information regarding energy advice;
- manage and respond to complaints concerning local council staff regarding the Affordable Warmth Scheme;
- meet with the NIHE and DfC at least quarterly to discuss the progress of the scheme and discuss any areas of concern;

- participate in both the established Senior Officer group and other ad hoc meetings as and when required;
- where the householder agrees, refer their details (name, address, contact number) to the Social Welfare Group for the purposes of conducting a Benefit Entitlement Check with them.
- Carry out additional duties such as handholding of householders and qualitative case studies of homes which have received assistance through the Scheme.

The Northern Ireland Housing Executive's Role

- (c) The NIHE is a non-departmental public body. Therefore it will not be a signatory to this SLA as the DfC and the NIHE has an established accountability process. This accountability process sets out the controls to be exercised over the different areas of the NIHE's activities by the DfC directly or by the NIHE itself. The prime purpose is to assist the Permanent Secretary of DfC in discharging his responsibilities in relation to NIHE systems and as such represents a formal statement by DfC of the standards it requires the NIHE to achieve in relation to the probity of activities.

5. Financial Arrangements

Local councils will be responsible and accountable for the management of the Affordable Warmth budget allocated to them. Each local council must ensure the Affordable Warmth budget is ring fenced for Affordable Warmth activities.

6. Monitoring & Reporting

Each local council will provide the DfC with monthly progress reports regarding the number of:

- surveys completed;
- the number of self referral surveys completed; and
- numbers and details of referrals to other schemes or services.

Local councils will share any Audit recommendations concerning Affordable Warmth and consider those to improve the management of the scheme. This will be done in consultation with DfC.

7. Accountability

Overall accountability for the delivery of the scheme rests with the Accounting Officer of DfC as the funding department. However, each receiving organisation is accountable for its own finances and ensuring that appropriate controls are in place in order to provide them with the necessary assurances regarding expenditure.

8. Limited Liability

The local council shall have no liability to the Department for any loss or damage sustained by the Department as a result of the Department relying on any information supplied to it by the local council under this agreement.

9. Termination of SLA

Once entered into, the SLA can be terminated within three months written notice from any Party. Any party may also terminate the Agreement without notice, for any of the following reasons:-

- a) any breach by the other of its obligations under this Agreement; and
- b) in the case of a breach capable of rectification, where such breach has not been rectified by the other party within 14 days of it being given notice of same.

10. Confidentiality and Data

All Parties are to take cognisance of the Data Protection, GDPR and Freedom of Information legislation. **Annex 2** sets out an agreement for the processing of personal data for the DfC and the NIHE.

Department for Communities
December 2020

FORMAL COMMITMENT

Signed
On behalf of the Department for Communities

Dated

Signed
On behalf of Belfast City Council

Dated

Affordable Warmth Measures

Prioritised list of measures available under the Affordable Warmth Scheme:

Priority rating	Conditions in existing property	Improvement measures available
Priority 1 - Insulation	No cavity wall insulation	Install cavity wall insulation
	Ineffective cavity wall insulation	Remove and replace cavity wall insulation
	No loft insulation or below minimum	Installation or top up of roof space insulation to 270mm
	No hot water jacket	Install hot water jacket
	Ineffective or no draught proofing	Draught proof windows/doors
Priority 2 - Heating	No heating system exists	Installation of natural gas or oil heating
	Conversion of existing LPG or solid fuel system	Installation of natural gas or oil heating
	Conversion of Economy 7	Conversion to natural gas (or oil where natural gas isn't available) or conversion to high efficiency storage system
	Householder 65 or over, or with child under 16, or receiving a disability benefit and with a boiler over 15 years old	Boiler replacement and new radiators where required
	Heating system exists without controls	Add heating controls
	Heating system exists but radiators defective	Replace radiators as needed
Priority 3 - Windows	Windows in disrepair	Repair/replace windows with double glazing if draught proofing is not possible
Priority 4 - Solid wall	Solid wall with no insulation	Internal/external insulation

Data Processing Agreement for the processing of personal data for the Department of Communities and Northern Ireland Housing Executive

1) Purpose

1. This agreement sets out the terms and conditions by which personal data will be processed by the Council's on behalf of the Department for Communities (DfC) and the Northern Ireland Housing Executive (NIHE).
2. This agreement is signed and agreed to ensure full compliance with the provisions of the Data Protection Act 2018 (DPA 2018) and is consistent with the original purpose for which the data is / was gathered and further processed.
3. The purpose of the disclosure is to facilitate the processing of personal data on behalf of the DfC and NIHE who are the Data Controllers and to fulfil the obligations with regard to: Improving domestic energy efficiency in the private sector across Northern Ireland via the Affordable Warmth Scheme. This scheme aims to target identified low income households and deliver energy efficiency improvement measures to qualifying households. The Affordable Warmth Scheme is DfC's primary scheme for tackling fuel poverty. DfC and NIHE work in partnership with all local councils and the NIHE to deliver the Affordable Warmth Scheme.
4. The terms Data, Data Controller, Data Processor, Personal Data, Sensitive Personal Data, Processing and Information Commissioner have the same meaning as defined within the Data Protection Act 2018.
5. "Agreement" – means this Data Processor agreement along with any associated documents attached or referred to as forming part of the agreement.
6. "Services" – means the services that will be provided by the Data Processor during the period of the agreement.
7. "Council Liaison officer" – means the person nominated by each Data Processor who will assume day to day management responsibility and liaison with the Data Controllers.

2) Use and Disclosure of Personal Data

1. Belfast City Council will receive specific targeted lists of referral addresses within their Council area of responsibility and also receive independent enquiries from individuals who are not on the target list.

2. Council officers will visit targeted and non-targeted addresses, where appropriate to assess eligibility for the scheme and collect the necessary documentation. When visiting an address, the Council officers will complete an electronic NIHE application form named '**Affordable Warmth Scheme**' application.
3. As part of the process, the applicant is required to provide documentation to verify eligibility including proof of ownership, occupancy and income. These eligibility documents will be photographed by Council staff on a Council issued electronic tablet at the time of the visit and in the home of the applicant. Eligibility documents will be shared with NIHE electronically and the eligibility document data is then deleted beyond recovery from the tablets.
4. The tablets have a security feature that secures all data being stored on and transmitted to a device and provides functionality to lock down and wipe data from a device if it is lost or stolen.
5. In certain cases the original hard copy eligibility documents are removed by the Council officers instead of photographing onto the electronic tablet in the home of the applicant. These documents will be photographed or scanned and checked that the copy is legible before sharing with NIHE electronically and the originals returned to the applicant by recorded delivery or collected in person by arrangement.
6. If the property is privately rented, the Council officers will send a consent form to the landlord.
7. Data gathered for this purpose will not be disclosed to any other person or organisation. The data is used to confirm the eligibility of the applicant to receive a grant.

3) Proportionality / Subject Access

1. The processing will be proportional for its purpose and a high level of security and confidentiality will be applied. The Council will additionally agree to notify the ICO if any changes are required to their Data Protection notification.
2. If a subject access request is made directly to the Council and it involves personal data controlled by DfC and NIHE, it is the responsibility of the relevant Council to immediately liaise with DfC and NIHE to process the request.
3. DfC and NIHE will give appropriate assistance as is necessary to the Council to enable it to:
 - Comply with a subject access request

- Respond to any information notice served upon the Council by the ICO
- Respond to any complaint from a data subject
- Investigate any breach or alleged breach of the Data Protection Act

4) Security

1. The Council will apply appropriate security measures equal with the requirements of the Data Protection Act 2018.
2. The Council must ensure that appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data. In particular, the Council shall ensure that measures are in place to:
 - Prevent accidental compromise or damage during storage, handling, use, processing, transmission or transport;
 - Deter deliberate compromise or opportunist attack;
 - Promote discretion in order to avoid unauthorised access; and
 - Provide suitable training to their staff on how to handle DfC and NIHE data.

3. Information Security Standards

Council	Information Security standard	Accreditation
Belfast City Council	Is working to the principles of ISO 270001	Accredited/Not accredited

4. The personal data is transferred to NIHE (on behalf of DfC) via -
Electronic forms are transferred to NIHE using XML files and FTPS site or using password protected xml files via e-mail.
Paper application forms and supporting documentation is hand delivered to NIHE grants office and signed in by case officers.
5. The services of any sub contractor will not be used by the Council in connection with the processing of DfC and NIHE data without prior approval.

5) Confidentiality

1. The Council will not disclose or communicate to any other individual or organisation the personal data gathered for DfC and NIHE. They shall treat any personal data provided strictly private and confidential.
2. The Council shall ensure that any of their staff listed within the agreement are aware of their responsibilities in connection with the use of that data.

3. The obligations of confidentiality in relation to this agreement by the Council will remain in force after the expiry of this agreement.
4. This obligation of confidentiality shall not apply where disclosure of DfC and NIHE data is ordered by a Court of law. There may also be occasions when disclosure is required by the Police or other law enforcement agencies for the investigation of a crime or is required for legal proceedings.
5. If this happens, and a request is received by the Council, it must inform DfC and NIHE as soon as possible in writing, stating the identity of the requesting body and nature of the data sought. This will allow DfC and NIHE to deliberate and decide on what can be released.

6) Retention and Review

1. The data should be retained for five years in line with DfC retention policies.

7) Data Processor Breach of Security

1. In the event of a data breach by the Council, which involves DfC and NIHE data, the Council Liaison Officer must immediately inform DfC and NIHE of the circumstances.
2. A data breach can take the form of the following:-
 - The loss or theft of data;
 - Equipment failure;
 - Professional hacking attempt;
 - Professional “blagging” whereby data is obtained by deceit; and
 - Human error by accidental disclosure. (An organisation mistakenly providing personal information to the wrong person, for example by sending details out to the wrong address).
3. Once it has been confirmed that DfC and NIHE personal data has been involved, the main DfC Data Breach procedure must be invoked. It must also be assumed that the Council will have a data breach procedure in place; however, DfC will lead on this matter.

8) Time Period of agreement and Termination

1. This agreement will remain in force until the SLA is reviewed. However if potential issues do emerge, this may require further consideration.
2. DfC may at any time by notice in writing, terminate this agreement if the Council is in breach of any obligation under this agreement.

3. DfC retains the final decision in any variation to the agreement. No variation will occur unless written directions are signed by both parties and included within this document.

This constitutes an agreement between the Council (acting as Data Processors) and DfC / NIHE who will abide by the content of this document.

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Subject:	Update on development of the Belfast City Air Quality Action Plan 2021-2026
Date:	9 February 2021
Reporting Officer:	Siobhan Toland, Director of City Services, City and Neighbourhood Services Department
Contact Officer:	Vivienne Donnelly, City Protection Manager, City and Neighbourhood Services Department.

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues.
1.1	The Committee will be aware that at its previous remote meeting of 12 th January 2021, the Director of City Services provided an update paper to the Committee concerning progress with a range of ambient air quality projects that City and Neighbourhood Services Department staff are progressing. Amongst those projects is the development of new Air Quality Action Plan for the city covering the period 2021-2026. The Committee is advised that Council's current Air Quality Action Plan concluded at the end of 2020.

1.2	During the meeting of 12 th January 2021, the Director of City Services advised the Committee that a subsequent paper would be brought forward at the next meeting of the Committee, further outlining the development process for the new Action Plan and providing to Members an overview of the various outline actions that have been proposed by the Council's competent or relevant authority partners and other organisations represented on the Air Quality Action Plan Steering Group.
1.3	This paper serves therefore to present this information to the Committee, by way of a further update, to enable Members to consider how the Plan will be developed and the various outline actions that have been proposed to comprise the new Air Quality Action Plan.
2.0	Recommendations.
2.1	The Committee is requested to <ul style="list-style-type: none"> Consider the proposed outline actions for inclusion within the new Air Quality Action Plan 2021-2026 for the city, provided at Appendix 1 to this report.
3.0	Main report.
	<u>Key Issues.</u>
3.1	The Committee will be aware that as a consequence of the various ambient air quality review and assessments, updating and screening assessments and progress report that have been completed for the Belfast City Council area, the Council has, to date, declared four Air Quality Management Areas (AQMA) across the city for exceedances of the air quality objectives for nitrogen dioxide, with a principal current focus on achieving and maintaining the annual mean objective for nitrogen dioxide of 40µgm ⁻³ . Source apportionment studies conducted for the city in general and specifically for the AQMAs have revealed that the exceedances of the nitrogen dioxide objectives are principally as a consequence of road transport emissions.
3.2	The 'ribbon' style AQMAs encompass arterial road transport routes into, and out of the city, and therefore include the M1 Motorway / A12 Westlink corridor, the Ormeau Road, the Upper Newtownards Road and the area from Cromac Street to the junction with East Bridge Street and from East Bridge Street to the junction with the Ravenhill and Albertbridge Roads and Short Strand.
3.3	In accordance with the provisions of Part III of the Environment (Northern Ireland) Order 2002, once an AQMA has been declared, a council is required to develop an Air Quality Action Plan in pursuit of the relevant air quality objectives. The Action Plan is required to draw upon those actions that the council itself can take, as well as those from Competent

	<p>Authority partners. Competent or Relevant Authorities are those defined in the Air Quality Regulations (Northern Ireland) 2003 and broadly include Northern Ireland Departments, the Northern Ireland Authority for Energy Regulation and the Northern Ireland Housing Executive.</p>
3.4	<p>Accordingly, in seeking to develop a new 5-year Air Quality Action Plan for the city to address road transport emissions, the remaining nitrogen dioxide 'hot spots' within the AQMAs, and nitrogen dioxide air pollution generally across the city, the Council has sought to engage with the Department for Infrastructure Roads, Translink, Northern Ireland Railways, Sustrans, Belfast Harbour, the Department for Agriculture, Environment and Rural Affairs (DAERA) and the Public Health Agency via the formation of an Air Quality Action Plan Steering Group. Steering Group Members have now provided a series of outline transport related actions that they are proposing to deliver over the anticipated 5-year lifespan of the new Action Plan.</p>
3.5	<p>The Committee is advised that the new Air Quality Action Plan will be developed by the Council's air quality staff in conjunction with our Steering Group partners. To that end, the Action Plan will be developed with regard to the requirements of the Department for Environment, Food and Rural Affairs (Defra) Local Air Quality Action Plan 2020 template. This template requires that an Action Plan should include a summary of ambient air quality within the local authority AQMA(s), along with an explanation of the public health and planning policy contexts, source apportionment studies for the AQMAs, an assessment of the required reductions and key priorities for the Action Plan. The Action Plan must also include an overview of the consultation and stakeholder engagement processes, together with details of the Air Quality Action Plan Steering Group.</p>
3.6	<p>With regard to the measures to be included within the new action plan, the plan must include a list of the actions that comprise the plan, the responsible individual and departments or organisations that will deliver each action, the estimated cost of implementing each action (overall cost and cost to the local authority), the expected benefit of each action in terms of pollutant emission and / or concentration reductions, the timescale for implementation and how progress will be monitored.</p>
3.7	<p>Finally, the plan must also include details of any formal consultation processes that have been undertaken, together with a summary of responses to consultation and stakeholder engagement and an explanation of the reasons for not pursuing Action Plan measures. It is noted that at the meeting of 7th September 2020, the Committee agreed that consultation on</p>

	the new action plan should include engagement with communities and the West Belfast Taxi Consortium.
3.8	Having received various outline action planning measures from our Competent Authority partners and other Steering Group members, the Committee is advised that the Council's air quality staff will now continue to work with these organisations and bodies to formalise the actions and to develop the new Action Plan in accordance with the requirements of the Defra Local Air Quality Action Plan 2020 template, to a point where the Action Plan can be consulted upon. It is proposed that in view of the continuing constraints imposed by the Covid 19 pandemic, community engagement around the new Action Plan might be delivered via the Council's Consultation Hub. This approach will however, be further explored with the Steering Group members so as to align to any public consultation exercises that individual organisations might wish to undertake on their actions. In addition, we have sought guidance from DAERA concerning any specific action plan consultation requirements.
3.9	The Committee is advised that a full list of outline actions has been provided at Appendix 1 to this report. By way of examples, however;
3.10	Translink have proposed introducing zero emission vehicles within Belfast, improving their bus fleet, decarbonising their rail network and vehicle fleet, promoting public transport, providing a Future Ticketing System and delivering the new Belfast Transport Hub.
3.11	Translink and the Department for Infrastructure have jointly proposed the second phase of the Belfast Rapid Transit system, bus and rail based park and ride interchanges, bus route improvements, further expansion of Park and Ride facilities and improved walking and cycling connectivity to public transport interchanges.
3.12	Sustrans and the Department for Infrastructure have jointly proposed a bicycle Strategy for Northern Ireland followed by a Bicycle Network Plan for Belfast, the construction of safe and protected cycling infrastructure and traffic management initiatives such as the introduction of 20mph speed limits, School Streets and low traffic neighbourhoods.
3.13	Sustrans, working with a range of partner organisations including the Public Health Agency, DfI, DAERA, Belfast City Council and Interreg, is proposing the delivery of a range of behavioural change and promoting travel alternatives programmes with schools, workplaces and communities.

3.14	The Department for Infrastructure have proposed blue and green infrastructure funding, measures to support a green recovery from the Covid 19 pandemic, development of a Multi-modal transport model, construction of a Lagan pedestrian and cycle bridge and further development of the ecarNI electric vehicle charging infrastructure.
3.15	Belfast Harbour have proposed ambient air quality monitoring and modelling initiatives within the Belfast Harbour area, publishing a Harbour Air Quality Strategy, introducing low or zero carbon fuels, electric vehicle changing infrastructure, a car sharing scheme, clean vehicle incentives, smart traffic control, integrated commuter plans, cycle lanes, green corridors decarbonising port infrastructure, providing shore side power, decarbonising work and pilot boats and space heating, introducing zero carbon vessels and ship planning.
3.16	Belfast City Council has proposed a range of initiatives to reduce the air quality impacts of its fleet operations, including vehicle emissions testing, driver eco training and promoting the uptake of cleaner vehicle technologies and introducing electric vehicles and electric adaptations for refuse collection vehicles. In addition, our Planners have confirmed that the Council's Local Development Plan, Draft Plan Strategy 2035 contains a range of policy interventions to improve ambient air quality. Similarly, the Belfast Open Spaces Strategy and associated Green and Blue Infrastructure Plan also contain policies and actions for improving ambient air quality for the city. The Council has also highlighted its 'Just Eat' Belfast Bikes public bike hire scheme.
3.17	<p>Financial & Resource Implications.</p> <p>None</p>
3.18	<p>Equality or Good Relations Implications / Rural Needs Assessments.</p> <p>None.</p>
4.0	Appendices – Documents Attached
	Appendix 1 – Belfast City Air Quality Action Plan 2021-2026 Action Plan Measures.

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Appendix 1 – Belfast City Air Quality Action Plan 2021-2026 Action Plan Measures.

No.	Measure	Lead authority	Description	Implementation date	Estimated completion date	Air Quality Benefits
1.	Zero Emission Public Transport	Translink	Introduce c.85 new zero emission buses to greater Belfast	Nov 2020 to April 2022	December 2022	Replaces 85 diesel buses with zero emission vehicles.
2.	Zero Emission Public Transport	Translink	Develop a programme to decarbonise the bus fleet in greater Belfast	November 2022 to December 2025	December 2030	To remove all diesel buses in the Belfast Metro and replace with a zero-emission fleet by 2030.
3.	Bus Fleet Improvement	Translink	Through vehicle modification, deliver minimum Euro 6 emission standards for all buses and coaches operating in Belfast	October 2020 to December 2022	December 2022	Significant reduction in NOx and PM emissions.
4.	Decarbonisation of the rail network	Translink	Work ongoing on a feasibility assessment to decarbonise the rail network including the potential roll out of electrification, battery traction and hydrogen technologies	October 2020	December 2023	Ultimately, zero emissions on rail network by 2040.
5.	Future Ticketing System	Translink	Contactless payment on Metro / Glider Account-based ticketing on all bus and rail services	2018	2022	Provide greater ease of use, improved integration and best value for customers, thereby encouraging modal shift to public transport and a reduction in emissions from cars.
6.	Belfast Transport Hub	Translink	Major new multi-modal transport hub for Belfast	2020 Procurement of the main works contractor is on-going and work on the new station is due to commence in Q1 2022.	2025	Provide a new integrated transport hub, including facilities for active travel to encourage and facilitate increased modal shift towards sustainable transport.
7.	Promote Public Transport	Translink	Undertake engagement across companies, organisations and agencies to incentivise	November 2020	Ongoing	Modal shift from car use to public transport/active

		All BCC stakeholders	<p>reduced use of the private car and greater use of public transport.</p> <p>Provide information at our stations, on Personalised Travel Planning, Corporate Commuter Initiatives (CCIs), providing best value fares information and promotional activity to attract modal switch onto public transport.</p> <p>Promote the use of low and zero emission buses with the development of new branding and messaging to highlight their benefits.</p>			travel will reduce emissions.
8.	Belfast Rapid Transit Phase 2	DfI Translink	Introduce Phase 2 BRT – bus priority measures, enhanced facilities & new vehicles	September 2022	September 2027	<p>The BRT route encompasses the City Centre and Ormeau Road AQMA.</p> <p>BRT will have a beneficial impact on modal shift, traffic movements and direct pollution levels along the route. For example, the Glider vehicles are demonstrating a 90% reduction in NO₂ and particulate matter emissions relative to the oldest vehicles in the Metro fleet.</p>
9.	Bus & Rail based Park & Ride / Interchange	DfI Translink	<p>1500 additional Bus & Rail P&R spaces by 2023 across NI</p> <p>Promotion of active travel links</p>	April 2018	March 2023	Modal shift from car use to Public Transport/Active travel will reduce GHG emissions.
10.	Bus Route Improvements	DfI Translink	<p>Bus priority on all key Metro corridors in Belfast equivalent to that provided on the BRT Glider corridors</p> <p>Bus stop rationalisation to reduce stop/start</p>	April 2020	March 2025	By converting general traffic lanes to bus lanes, journey times are reduced and consequently fuel consumption and emissions are reduced.

						By rationalising the number of bus stops, dwell times are reduced, reducing idling, stop/start and associated emissions.
11.	Park and Ride	DfI Translink	The current Park & Ride Strategic Delivery Programme aims to deliver approx. 5,000 additional spaces by 2025.	2013	2025	This extension to the programme will have positive impacts on reducing air quality in Belfast by providing alternative transport for commuters coming into the city rather than private car.
12.	Improved walking and cycling connectivity to public transport interchanges	DfI Translink	Enhance walking and cycling infrastructure to bus and rail stations, halts and P&R sites	2021	Ongoing	Improve infrastructure to make it easier and more attractive to walk and cycle to and from public transport interchanges, thereby reducing car usage and associated emissions.
13.	Bicycle Strategy for NI Belfast Bicycle network Plan	DfI Sustrans	The Bicycle Strategy will be followed with a Bicycle Network Plan for Belfast to guide the development & operation of bicycle infrastructure in the city for the next 10 years. A public consultation on the draft Belfast Bicycle Network was held in January 2017 and in early 2018, a consultation report was published. It is hoped that a final document will be produced towards the end of 2020.	2017	Report due in early 2021	Increased levels of cycling could reduce congestion, improved air quality, reduce noise pollution and contribute to a cleaner environment.
14.	Blue / Green Infrastructure Funding	DfI	Capital Grant funding for Councils to construction Greenways. Six greenway projects have been identified for a grant over the 2020/21 and 2021/22 period: - Lagan Gateway greenway (BCC) - Forth Meadow greenway (BCC)	2020-2022 depending on available Budget allocation	March 2022	Greenways have the potential to bring significant benefits to us all in terms of more physically active lifestyles, active travel, improved mental and physical health and

			<ul style="list-style-type: none"> - Strathfoyle greenway (DCSDC) - Strabane North greenway (DCSDC) - Banbridge Riverside lighting (ACBCBC) - North Down Coastal Path (short section) (ANDBC) 			wellbeing, social inclusion, tackling climate change, the strengthening of the local economy and tourism.
15.	Green Recovery	DfI	<p>Temporary reallocation of road space to aid social distancing and active travel</p> <ul style="list-style-type: none"> - Pedestrianisation of Hill Street/Gordon Street - Reallocation of parking spaces for extended footpath use - Pop-up cycle lanes to connect main hospitals for key workers – Dublin Road, Grosvenor Road and Crumlin Road 	2020/21	Ongoing	Increased levels of walking and cycling could reduce congestion, improved air quality, reduce noise pollution and contribute to a cleaner environment.
16.	Belfast Multi-Modal Transport Model	DfI	<p>It is expected that the Multi-Modal transport model will be enhanced and updated as part of the development of the Belfast Metropolitan Transport Plan in conjunction with the Belfast City Council Local Development Plan. However, this is currently 'in abeyance' in light of the COVID emergency and the programming of work for the Transport Plans. A key use of the model will be in transport and land-use option generation and testing. The transport model will provide forecasts of traffic flows and speeds to enable the estimation of air quality using separate detailed atmospheric dispersion modelling software held by Belfast City Council.</p>	2022	Ongoing	<p>This model will provide the capability to estimate the likely change in air quality arising from different transport investment options.</p> <p>Please note that the decision to develop this model is currently 'in abeyance' in light of the COVID emergency and the impact on travel patterns.</p>
17.	ecarNI	DfI	<p><i>"A network of 320 22kWh (fast) charge points at 160 locations and a further 17 50kWh DC rapid charge points across Northern Ireland is now in place and commercially operated by the Electricity Supply Board. A further 54 charge points have been installed in the public sector estate to facilitate workplace initiatives. The Utility Regulator recently published its decision to remove the Maximum Resale Price (MRP) of Electricity</i></p>	2015	Ongoing	There are significant benefits to both the environment and to the driver in the use of electric vehicles.

			<i>on the electricity cost of charge points following consultation, allowing commercial operators to charge above cost price for electricity supply. It is anticipated this will support the development and maintenance of ULEV public infrastructure (and therefore also the uptake of ULEV's). The Department continues to work with partners in the Office for Low Emission Vehicles and the private sector to build capacity for the Ultra-Low Emission Vehicle market."</i>			
18.	Lagan Pedestrian and Cycle Bridge	DfI	The proposed bridge will span the River Lagan from the Gasworks to the Ormeau Embankment aiming to improve accessibility to the city centre for residents and communities east of the River Lagan. The Bridge also aims to encourage both people from the city centre and local communities to use Ormeau Park for recreational use.	Ongoing depending on available Budget allocation	2023	Increased levels of walking and cycling could reduce congestion, improve air quality, reduce noise pollution and contribute to a cleaner environment.
19.	Promoting travel alternatives: Behaviour change programmes	PHA, DfI and DAERA, Belfast City Council, EU Interreg (delivered by Sustrans)	<p>Sustrans works in a range of settings:</p> <ul style="list-style-type: none"> • Schools with the Active School Travel Programme; • Workplaces with the Leading The Way Programme; • Communities – to promote walking and cycling as a mode of transport. <p>In addition:</p> <ul style="list-style-type: none"> • Active Travel Hub in CS Lewis Square, east Belfast and more recently Whiterock Community Centre in west Belfast – provides a base for range of interventions with community groups, individuals and workplaces. • Project to encourage walking and cycling in new Forthmeadow Greenway • Applied to run Active Travel Hub at Cathedral Gardens 	<p>2013</p> <p>2015</p> <p>2016</p> <p>2017</p>	Ongoing - Currently all these programmes are underway, with a review of extension.	<p>Changing people's travel habits – swapping the car for walking, cycling and public transport.</p> <p>Active Travel Hubs are visible in the community to provide info & encourage travel alternatives.</p>

		Cycling UK/ Sustrans/ European Cycling Federation Sustrans	Cycle-friendly Employer Accreditation Scheme – Cycling UK run this in N. Ireland with support from Sustrans Pedal Perks cycling discount scheme offered by range of businesses to encourage cycling to premises	2018 2017		Provide facilities to encourage active travel e.g. cycle parking; changing facilities; mileage incentives Incentivises active travel to shops and facilities.
20.	Transport planning and infrastructure: Build safe protected cycling infrastructure	DfI Sustrans	Belfast Bike Life report – produced every 2 years in collaboration with DfI. Provides evidence of support for cycling and progress to date, includes a public survey of attitudes to cycling. Belfast Bicycle Network plan – due to be published in 2021 which will set out government plans to develop cycle routes. The Bicycle Strategy will be followed with a Bicycle Network Plan for Belfast to guide the development & operation of bicycle infrastructure in the city for the next 10 years. A public consultation on the draft Belfast Bicycle Network was held in January 2017 and in early 2018, a consultation report was published. It is hoped that a final document will be produced towards the end of 2020. Safe Routes to School campaign – to enable children to walk and cycle rather than being driven. Strategic plan for Greenways – Paths for Everyone. Funding pot for Councils to develop greenways. Sustrans can assist with community consultation and feasibility plans.	2015 Latest Bike Life report published in March 2020 2017 2013 Part of Active School Travel Programme/ lobbying work 2016	Ongoing Next report due Spring 2022 Ongoing Report due early 2021 Ongoing Ongoing	Safety is biggest barrier to people cycling. Traffic-free greenways enable more people to walk or cycle. Urban greenways used by commuters as well as leisure trips.
21.	Traffic management	DfI Sustrans	20mph speed limits School Streets – closing area around schools to traffic. This is a proposed pilot scheme, which has proved successful and popular in GB.	2019	Ongoing	As above, as we saw in lockdown less traffic encourages people to walk or cycle. Traffic restraint measures necessary to reduce

			Low Traffic Neighbourhoods – implement car-free areas	TBC		volume of traffic and polluting vehicles.
22.	Dust monitoring	Belfast Harbour Commissioners	Monitor particulate matter from bulk cargoes in Port operational areas of Belfast Harbour Estate	Commenced	Ongoing	Identify areas of high concentration for action.
23.	AQ Modelling	Belfast Harbour Commissioners	Complete Baseline AQ modelling of Belfast Harbour Estate & publish results	Commenced	2021	Establish theoretical baseline & identify areas for attention.
24.	NO ₂ Monitoring	Belfast Harbour Commissioners	Conduct monthly diffusion tube monitoring of NO ₂ at 18 sites within Belfast Harbour Estate	Commenced	Ongoing	Establish baseline of NO ₂ levels & identify areas for attention.
25.	Real Time Air Quality Monitoring Stations	Belfast Harbour Commissioners	Implement real time AQ Monitoring for air pollution within Belfast Harbour Estate	2021	2022	Publically available AQ information/ potential link to SMART traffic controls.
26.	Air Quality Strategy	Belfast Harbour Commissioners	Publish Harbour AQ Strategy	2021	2021	Public commitment to improve AQ.
27.	Low/zero carbon fuels	Belfast Harbour Commissioners	Replace light vehicle fleet with electric/alternative fuels	2021	2023	Reduced air emissions from vehicles.
28.	Electric Vehicle Charging	Belfast Harbour Commissioners	Work with tenants to deploy EV charging points	2021	2025	Reduced air emissions from vehicles.
29.	Car sharing	Belfast Harbour Commissioners	Introduce Car Sharing Scheme for tenants	2021	2023	Reduced air emissions from vehicles.
30.	Clean vehicle incentive	Belfast Harbour Commissioners	Consider Clean Vehicle Incentive Scheme	2022	2024	Reduced air emissions from vehicles.
31.	SMART traffic control	Belfast Harbour Commissioners	Queens Road Mobility project/SMART traffic system	2021	2022	Reduced air emissions from vehicles.
32.	Integrated commuter plans	Belfast Harbour Commissioners	Integrated commuter plans to reduce private car use including first and last mile connectivity	2021	2025	Reduced air emissions from vehicles.
33.	Cycle lanes	Belfast Harbour Commissioners	Additional Cycle Lanes	2020	2025	Reduced air emissions from vehicles.
34.	Green corridors	Belfast Harbour Commissioners	Introduce Green Screening/corridors	2021	2025	Absorb vehicle emissions.
35.	Shore-side power	Belfast Harbour Commissioners	Assess feasibility of shore power – cruise/ferry vessels	2021	2025	Reduced air emissions from vessels.

36.	Decarbonise port cranes & HGV's	Belfast Harbour Commissioners	Substitute hydrocarbon fuels with low carbon alternatives – cranes/plant & HGV's	2021	2023	Reduced air emissions from port plant & equipment.
37.	Decarbonise work & pilot boats	Belfast Harbour Commissioners	Trial alternative marine fuels - Work and Pilot Boats	2022	2024	Reduced air emissions from vessels.
38.	Commercial incentive	Belfast Harbour Commissioners	Clean Vessel Incentive Scheme	2022	2023	Reduced air emissions from vessels.
39.	Ship planning	Belfast Harbour Commissioners	Optimise Vessel Passage Plans & Berth Utilisation	2020	Ongoing	Reduced air emissions from vessels.
40.	Zero carbon vessel	Belfast Harbour Commissioners	Introduce electric/hybrid patrol vessel	2023	2025	Reduced air emissions from vessels.
41.	Decarbonise space heating	Belfast Harbour Commissioners	Decarbonise premises heating systems	2023	2025	Reduce air emissions from premises.
42.	Driver ECO Skills	Belfast City Council	Driver ECO Training & Refresher Driver ECO Training & vehicle monitoring by GPS	From 2020/21 onward	Ongoing	Fuel consumption reduction.
43.	Promoting Cleaner commercial vehicles	Belfast City Council	Replacing older commercial EU3-4 vehicles above 3.5ton with EU6 cleaner standard	From 2020/21 onward	Ongoing	Emission level reduction.
44.	Vehicle Emission Testing	Belfast City Council	All fleet vehicles tested annually to manufacturers approved EU standard	From 2020/21 onward	Ongoing	Ensuring vehicles meet their EU approved Standard.
45.	Promoting Electric Commercial panel vans	Belfast City Council	Replacing older commercial panel vans up to 3.5ton with Electric	From 2020/21 onward	Ongoing	Reduction in the commercial panel van fleet carbon footprint.
46.	Promoting Vehicle Electric Bin-lifts	Belfast City Council	Replacing Refuse Collection Vehicles with rear electric bin-lifts	From 2020/21 onward	Ongoing	Refuse Collection Vehicle fuel consumption reduction.
47.	'Just Eat' Belfast Bikes public bike hire scheme	Belfast City Council	Public Bike Scheme in City Centre – 300 bikes and 30 docking sites originally in 2015 in public places, including Titanic Quarter, the Gasworks, Queen's University and York Street. This has now increased to 47 docking stations.	From 2015 onward	Ongoing	Cutting congestion and improving air quality.
48.	Local Development Plan	Belfast City Council	We will support an efficient integrated transport network offering travel choice that minimises congestion and pollution. The plan will encourage the expansion of green		Ongoing	

			infrastructure networks for walking and cycling to encourage active travel and improve air quality and promote increased use of public transport whilst retaining suitable provision for cars			
49.	Belfast Open Spaces Strategy (BOSS)	Belfast City Council	BOSS Strategic Principal 2 - Improve connectivity - as well as providing better opportunities for recreation, improved connectivity also helps to promote active travel by encouraging more people to walk and cycle to their destinations through our parks and open spaces. This helps reduce vehicular traffic congestion, air pollution and climate change inducing emissions.		Ongoing	
50.	Green and Blue Infrastructure Plan	Belfast City Council			Ongoing	

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Subject:	DAERA public discussion into a Clean Air Strategy for Northern Ireland.
Date:	9 th February 2021
Reporting Officer:	Siobhan Toland, Director of City Services, City and Neighbourhood Services Department
Contact Officer:	Vivienne Donnelly, City Protection Manger, City and Neighbourhood Services Department.

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues
1.1	The Committee is advised that the Department of Agriculture, Environment and Rural Affairs (DAERA) have recently commenced a consultation exercise, in the form of a public discussion document, into a new Clean Air Strategy for Northern Ireland.
1.2	DAERA have stated that the purpose of the public discussion document is to provoke discussion towards policy options that could contribute to meeting the challenges associated with achieving outcomes 2, 4 and 12 of the Northern Ireland Civil Service 'Outcomes Delivery Plan', ' <i>we live and work sustainably - protecting the environment</i> ', ' <i>we enjoy long, healthy, active lives</i> '; and ' <i>we give our children and young people the best start in life</i> ' respectively.

1.3	This report therefore serves to provide to Committee for consideration, proposed responses to the 29 questions that DAERA have posed throughout the seven thematic chapters of the Clean Air Strategy for Northern Ireland Public Discussion document.
2.0	Recommendations
2.1	<ul style="list-style-type: none"> • The Committee is requested to consider proposed responses to the 29 questions posed by DAERA as part of the public discussion process, summarised in Appendix 1 to this report and detailed in full within Appendix 2. • The Committee is further requested to recommend that Appendix 1 and 2 responses be both submitted to DAERA by the Belfast City Council consultation deadline of 15th March 2021.
3.0	Main report
	<u>Key Issues</u>
3.1	In commencing a public discussion exercise into options for a new Clean Air Strategy for Northern Ireland, DAERA have advised that clean air is vital for human health and for our natural environment but increasingly, research is showing that the effects of ambient air pollution on human health are more complex and widespread than previously thought.
3.2	To that end, DAERA have advised that within Northern Ireland, we face similar issues with ambient air pollution to the rest of the UK and Europe; most notably, concentrations of nitrogen dioxide (NO ₂) found in urban areas, arising principally from road traffic and particularly from diesel engined vehicles.
3.3	The Committee will be aware that the Council has declared four Air Quality Management Areas across the city encompassing major arterial road transport routes for exceedences of Air Quality Strategy objectives for nitrogen dioxide (NO ₂). The AQMAs cover the M1 Motorway / A12 Westlink corridor, the Ormeau Road, the Upper Newtownards Road and Cromac Street to the junction with East Bridge Street and then from East Bridge Street to the junction with the Ravenhill and Albertbridge Roads and Short Strand.
3.4	The Committee will also be aware that the Council has developed a series of Air Quality Action Plans for the city, in pursuit of the nitrogen dioxide air quality objectives, incorporating actions from our competent authority transport partners including the Department for Infrastructure, Translink, Northern Ireland Railways, Sustrans, the Road Haulage Association and the Freight Transport Association, etc. The Council has also included information on the actions that it can take to address transport emissions, including

	introduction of the Belfast Bikes public cycle hire scheme and 'greening' its own vehicle fleet, etc.
3.5	In addition to nitrogen dioxide issues in urban areas, DAERA have also highlighted that issues persist around emissions from household heating and from agriculture.
3.6	DAERA have advised that Northern Ireland has not had its own dedicated Clean Air Strategy before now and that the public discussion document has set forth a wide range of policy options that are based on research, examples of best practice elsewhere, and on the basis of the air quality problems that are facing Northern Ireland.
3.7	The public discussion document therefore incorporates a comprehensive review of current ambient air quality policy and legislation within Northern Ireland and invites views on possible solutions to take forward further improvements in ambient air quality.
3.8	Accordingly, the public discussion document incorporates 7 chapters and 29 specific questions covering the background to ambient air pollution issues, including; (i) the sources and effects of ambient air pollution; (ii) transport; (iii) household emissions; (iv) agriculture emissions; (v) industrial emissions; (vi) local air quality management and; (vii) communication.
3.9	The Committee is therefore advised that the public discussion document raises issues around the introduction of legally binding WHO targets for particulate matter, about further expanding the Northern Ireland air quality monitoring network, about discouraging the uptake of biomass and about linking noise, climate change and air quality action plans. In addition, the public discussion document asks about the introduction of low emission zones, vehicle charging cordons and the uptake of electric vehicles. With regard to domestic emissions, the discussion document asks about extending smoke control areas and controlling the fuels that can be supplied. The discussion document also asks about controlling ammonia emissions and emissions from industry. Finally, the public discussion document poses questions around revising the local air quality management regime for Northern Ireland and about the creation of a Northern Ireland Air Quality Forum and better raising awareness of ambient air quality issues.
3.10	In developing responses to the various questions posed throughout the public discussion document, the Committee is advised that the views of relevant Council Departments and

	Operational Units have been sought and where obtained, those views have been incorporated into the responses provided at Appendices 1 and 2 to this report.
3.11	The Committee is advised that Appendix 1 provides an overview of proposed responses to the public discussion document to assist in Committee consideration of this matter, whereas Appendix 2 provides detailed responses to the public discussion document.
3.12	Financial & Resource Implications. None
3.13	Equality or Good Relations Implications / Rural Needs Assessments. None.
4.0	Appendices – Documents Attached
	<p>Appendix 1 – Summary of proposed Belfast City Council responses to the Department of Agriculture, Environment and Rural Affairs Clean Air Strategy for Northern Ireland. A Public Discussion Document. November 2020.</p> <p>Appendix 2 – Proposed Belfast City Council detailed responses to the Department of Agriculture, Environment and Rural Affairs Clean Air Strategy for Northern Ireland. A Public Discussion Document. November 2020</p>

Appendix 1 – Summary of proposed Belfast City Council responses to the Department of Agriculture, Environment and Rural Affairs Clean Air Strategy for Northern Ireland. A Public Discussion Document. November 2020

Chapter 1 - Sources and Effects of Air Pollution

Q1. Should there be legally binding targets for particulate matter, which are based on WHO guidelines?

In its response the Council has advised that it is content that a compelling case exists of the reduction of anthropogenic sources of particulate matter (PM₁₀ and PM_{2.5}) in order to reduce public exposure as far as practically possible and that it would therefore welcome further research and discussion by the Department into the introduction of legally binding targets for particulate matter for Northern Ireland, based on WHO guidelines, informed by an appropriate timescale, and prioritised actions for achievement of the targets.

Q2. Should all automatic monitoring sites measure at least NOx and PM?

The Council has recommended that ambient air quality monitoring should continue to be located and undertaken in order to characterise ambient concentrations for specific pollutants of concern as per the pollutants and objectives of concern and the relevant exposure and other qualifying criteria as detailed in Chapter 7 of LAQM.TG(16). The Council has therefore advised that for those sources that are known to emit both nitrogen oxides and particulate matter, monitoring for both pollutants may be desirable.

In addition, the Council has acknowledged that if legally binding targets for particulate matter, based on WHO guideline values, are introduced for Northern Ireland, significant additional ambient monitoring for particulate matter (PM₁₀ and PM_{2.5}) would likely be required across Northern Ireland to better understand particulate matter concentrations and relevant public exposure in terms of these guideline values. This matter would need to be considered by all competent authorities.

The Council has advised that additional monitoring for nitrogen dioxide across Northern Ireland could assist government in better assessing progress with its Programme for Government, 'Indicator 37: Improve air quality', where the lead measure is nitrogen dioxide concentrations, measured at both urban background and urban roadside monitoring sites. The Council has added that this PfG indicator should be more widely supported across government, down to a regional level and that competent authorities such as the Department for Infrastructure could better contribute towards its achievement through the Department's management and monitoring of the road infrastructure network, and by measuring the air quality impacts of its actions relating to traffic management and encouraging a modal shift towards more sustainable forms of transport at regional, local and neighbourhood levels.

Q3. Should the current urban air quality monitoring network be expanded?

The Council has highlighted that LAQM.TG(16) states that most local authorities have progressively adapted their monitoring strategies in accordance to the air quality issues specific to their administrative area. Over the years, many local authorities have relocated kerbside monitoring sites to roadside or other sites relevant of public exposure. Monitoring networks have also been progressively extended to identify all potential hot spots, whilst a number of sites have been moved elsewhere or closed in areas where data showed continued compliance. The Council has also highlighted the Department's air quality forecasts for all of

Northern Ireland up to 4 days in advance and the associated Air Aware SMS service that alerts subscribers of moderate, high or very high pollution episodes across Northern Ireland, thereby allowing members of the public to take in advance informed actions concerning ambient air quality.

The Council has therefore concluded that the Department should continue to review and where necessary augment the ambient air quality monitoring network for Northern Ireland, recognising the value that such monitoring brings to understanding and measuring progress towards achieving the Programme for Government Indicator 37: Improve air quality, the strategic agenda to be established within the Clean Air Quality Strategy for Northern Ireland and the objectives of the UK Environment Bill.

Q4. Should a targeted approach to exposure, based on population, be used to expand the current monitoring network?

Q5. What are your views on using a population figure of 10,000 as a threshold that triggers the requirement to monitor air quality?

The Department has suggested a targeted monitoring approach based on human exposure of 10,000 people, which would mean that Cookstown, Dungannon, Limavady, Enniskillen, Banbridge, Larne, Omagh, Antrim, Coleraine, Carrickfergus and Newtownards would become part of Northern Ireland's air quality monitoring network. The Council has indicated that it considers a response to this question should be a matter for these towns in the first instance but it is noted that the proposed additional monitoring approach would provide greater ambient air quality monitoring data across Northern Ireland and within the additional population centres that have been identified by DAERA. The Council has indicated also that the local air quality management regime should already have caused monitoring in those locations, where objectives were exceeded and where there was relevant human health exposure.

Q6. Should biomass heating be discouraged in urban areas or in areas with poor air quality?

On the basis of the comments and conclusions within the UKCCC and AQEG reports about the disbenefits of biomass in terms of general ambient air pollution and specifically in terms of particulate matter emissions, the Council has indicated that it is content that biomass heating should be discouraged in what DAERA have described as 'urban areas' or in areas with 'poor air quality'. The Council would however, seek more information from the Department about the terms 'discouraged' or 'poor air quality'. In addition, the Council has highlighted that a substantial portion of Belfast City has already been declared as a series of smoke control areas and that biomass or wood fuels can be burned within smoke control areas within exempted appliances.

Q7. Should the connectivity between air quality and noise issues be improved through requiring consideration of each in Noise and Air Quality Action Plans?

The Department has highlighted that some sources of air pollution have little to no association with noise, for example smoke from chimneys, whilst others have much more of a distinct relationship, including for industrial locations or vehicle noise. The Council has responded that for road transport sources, there may be benefit in linking noise and air quality action plans but this may be on a site by site basis. In addition, the Council has advised that it has not declared any air quality management areas associated with industrial, airport or railway

emissions and so our Air Quality Action Plans have not needed to include mitigation measures designed to address these sources of ambient air pollution at relevant receptor locations.

Q8: Given that air pollution, carbon emissions, and noise often share the same sources, what are your views on including noise and carbon emissions as a consideration in Low Emissions Zones?

The Department has advised that low emission zones are more suited to addressing transport related NO₂ exceedances in city centre streets and are therefore not an obvious solution to exceedances along major trunk roads. On this basis, we have referred the Department to the Council's previous response concerning linking noise and air quality action plans and highlighted that whilst low emissions zones could contribute to addressing carbon emissions within the city centre, the Council's climate change objectives for the city are to be addressed via its Resilience Strategy and forthcoming Climate Adaptation and Mitigation Plan.

Chapter 2 - Transport Emissions

Q9: Are there any potential measures not included here that you believe could help encourage a shift away from private car use to walking, cycling, and public transport?

In responding to this question, the Council has referred to measures detailed within the Council's 2015-2020 Air Quality Action Plan. The Council's response has additionally referred to relevant policies within the Local Development Plan, the Belfast City Council Green and Blue Infrastructure Plan and the 'A Bolder Vision for Belfast - Reimagining the Centre' document. The Council has highlighted the successful 'Belfast Bikes' public bike hire scheme.

Q10: What would encourage you to consider buying an electric vehicle as your next car?

The Council has highlighted a range of issues to be overcome, including limited driving range and associated charging / recharging time, lack of charging infrastructure including residential, workplace and public charging, grid capacity for EV charging, limited current vehicle choices, vehicle purchase costs and residual vehicle values, maintenance and longevity concerns, issues around the recycling of vehicles and their components and concerns around the supply chain for certain constituent components used in electric vehicle manufacture.

Q11: Do you think that DAERA should develop a Low Emissions Zone Framework for dealing specifically with transport emissions in Northern Ireland?

Or

Would you be in favour of Low Emissions Zones for urban areas also covering other sources of pollution, for example, those from household heating?

The Council has noted that the Department has clarified that LEZs / CAZs are more suited to addressing nitrogen dioxide exceedances in city centre streets and are therefore may not be an obvious solution to exceedances along major trunk roads such as the A12 Westlink or the A2 Sydenham Bypass. In its response, the Council has therefore highlighted to the Department that exceedances of the nitrogen dioxide annual mean objective within Belfast have been limited to date to the existing air quality management areas and predominantly, the M1 Motorway / A12 Westlink corridor and at Stockmans Lane.

The Council has however, advised that designation of a low emission zone for transport emissions within the city centre area or elsewhere within Belfast would likely be a matter

principally for the Department for Infrastructure Roads. DfI have already implemented the '*Belfast on the Move*' traffic masterplan for Belfast City centre and have indicated future plans for further deployment of the Belfast Rapid Transit system and for Phase 2 of Belfast Streets Ahead, which will pedestrianise Donegall Place link it to the City Hall. Accordingly, the Council would recommend that the need for a low emission framework for dealing specifically with transport related emissions and the need for low emission zones for Belfast City centre, or indeed elsewhere within the city, should be determined through research by the Department for Infrastructure, in collaboration with Belfast City Council, and be based upon ambient monitoring data, traffic management requirements and any necessary transition from highly emitting road vehicles towards newer and more sustainable modes of transport.

In relation to household heating, the Council has highlighted that the majority of the city has been declared as a series of smoke controls areas, adding that it has not declared any air quality management areas for household emissions of sulphur dioxide or particulate matter. On this basis, the Council has advised that low emissions zones for urban areas covering other sources of pollution, including for example, those from household heating, would not likely be necessary at present for the Belfast City Council area. The Council has acknowledged however that this matter may have to be revisited in the event that WHO guideline values are adopted as standards for particulate matter (PM₁₀ and PM_{2.5}) across Northern Ireland.

The Council's response includes a recommendation that that the Department should consider undertaking further research and development of the Low Emission Zones for other sources of pollution such as household heating, and provide additional information to councils, other government Departments and Housing Associations, etc. for their consideration as to the anticipated administrative, human health and environmental advantages of this proposed combined Low Emissions Zone approach.

Q12: What are your views on vehicle charging cordons for entry to the most polluted parts of urban areas in Northern Ireland?

In its response, the Council has sought clarity as to what the Department means by the term, '*most polluted parts of urban areas*'. In addition, the Council has advised that similar to its response to Question 11, the introduction of a vehicle charging cordon for the city would be a matter principally for the Department for Infrastructure Roads. To that end, the Council has recommended that DfI should undertake research, in collaboration with Belfast City Council, into the need for a vehicle charging cordon for the city, based upon ambient monitoring data, traffic management requirements and any necessary transition towards more sustainable modes of transport.

In its response, the Council has added that an additional requirement for a low emission zone or clean air zone is that it should also take action as necessary to support growth and protect the economy of local high streets and town centres, whilst ensuring that clean air zone proposals do not simply result in the displacement of the most polluting vehicles away from town centre to the surrounding areas, thereby causing a deterioration in ambient air quality at those locations. The Council has highlighted that these additional obligations would have to be achieved in the event that a low emission zone or vehicle charging cordon was to be introduced for the Belfast City Council area.

Chapter 3 - Household Emissions

13: Should urban areas, in their entirety, be designated as Smoke Control Areas?

The Council's response highlights that the majority of Belfast City has already been declared as a series of smoke control areas with the exceptions of some areas of north Belfast adjacent to the Cavehill where there are no residential dwellings, the port area and areas of other Councils that were subsumed into the Belfast City Council area as part of the local government reform process and were not declared as smoke control areas by their former Councils. The Council has therefore highlighted that an extension of the existing smoke control areas to the city urban area, in entirety, would serve to incorporate those areas that were not previously declared as smoke control areas by Belfast City Council and those areas that were subsumed into the Belfast City Council area during the local government reform process and were not declared as smoke control areas by their former Councils.

The Council has highlighted that smoke control grant support was previously provided to the Council by the former Department of the Environment for Northern Ireland (DoENI) and that similar grant support would be necessary from DAERA at a regional level if urban areas were, in their entirety, to be designated as Smoke Control Areas.

Q14: Should the law should be changed so that non-smokeless fuels may not under any circumstances be sold in Smoke Control Areas?

The Council's response highlights that as the Belfast City Council area has substantially been designated as a series of smoke control areas, a ban on the sale of non-smokeless fuels within the smoke control areas would further assist in their operation and with compliance matters. It would not however, preclude householders from purchasing non-smokeless fuels in areas located outside of smoke control areas and inadvertently using them within the smoke control areas. In addition, the Department would have to consider the matter of the provision of unauthorised fuels for use in exempted appliances.

Q15: Should government ban the sale to the general public of smoky / bituminous / household coal in Northern Ireland?

The Council's response indicates that a ban on the sale to the general public of smoky / bituminous / household coal in Northern Ireland would lead to further improvements in ambient air quality, particularly within residential settings, and would also assist with compliance within the Council's smoke control areas and by reducing household emissions within the wider city boundary by preventing the use of smoky/bituminous/household coal fuels.

Q16: Should government ban the import, into Northern Ireland, of high-sulphur coal?

The Council's response highlights that the Sulphur Content of Solid Fuel Regulations (Northern Ireland) 1998 already preclude the sale by retail or delivery of any solid fuel having a total sulphur content greater than 2% but adds that the Regulations do not prohibit the delivery of any such fuels to premises other than a private dwelling; or the possession of any such fuel for the purposes of its use in the manufacture of solid fuel; or its export from Northern Ireland. The Council's response therefore advises that a ban on importation of high-sulphur coals may not have an appreciably additional beneficial impact on local ambient air quality as long as the solid fuels being placed in the marketplace are in compliance with the 2% sulphur content requirement of the above-mentioned Regulations. The Council has advised however that the Department may wish to introduce a ban on the importation of high sulphur coal as a general means of improving ambient air quality across Northern Ireland.

Q17: Should government ban the sale to the general public of unseasoned wood in Northern Ireland at retail outlets?

The Council's response indicates that it would be helpful if the sale of unseasoned wood to the general public in Northern Ireland at retail outlets could be restricted in order to reduce the potential for unseasoned wood to be used and excessive smoke and other air pollutants to be emitted, adding that the Defra 'Ready to Burn' scheme already establishes a benchmark for logs and other wood fuels to help consumers identify wood that has been carefully chosen and is 'Ready to Burn' for the benefit of their appliance and the environment.

Q18: Are there any further things you think that central and local government could be doing to address air pollution from burning solid fuels?

In its response, the Council has highlighted the need to update the Clean Air (Northern Ireland) Order 1981 to include, where necessary, additionally updating subordinate or supporting legislation. The Council has additionally highlighted that should urban areas, in their entirety, be designated as smoke control areas, DAERA will have to provide suitable grant support to enable appliance conversions.

Chapter 4 - Agricultural Emissions

Q19: Do you think that the process in place to address ammonia emissions in Northern Ireland is appropriate?

In its response, the Council has highlighted the need for gaps in knowledge concerning ammonia emissions from non-PPC regulated farms to be addressed, for further research into cross-boundary effects, for research into mitigation and pollutant reduction technologies, for improvements to the Proposed Development Assessment and for better public awareness.

Chapter 5 - Industrial Emissions

Q20: Are there any industrial sectors or air pollutants that require new or further investigation?

In its response, the Council has highlighted issues around controlling fugitive emissions associated with unloading of dusty cargoes from shipping that are not presently controlled under the PPC regime. The Council has also highlighted the need for Departmental guidance to assist with permitting of Medium Combustion Plant.

Chapter 6 - Local Air Quality Management

Q21: Should councils more widely adopt low-cost air quality monitoring systems, for screening purposes?

The Council's response indicates that Northern Ireland councils should more widely adopt low-cost air quality monitoring systems, for screening purposes but that the screening methodology to be employed should be appropriate and cost effective to the pollutant and averaging period of the air quality objective under consideration. Examples might include AQMesh, Zephyr, Aeroqual or Purple Air type small sensor air quality monitoring systems.

Q22: Should AQMAs should be discontinued and replaced instead with Low Emissions Zones, which cover all aspects of air quality, including Smoke Control?

The Council's response recommends that the Department should undertake further research and development of this recommendation and provide additional information to Councils, competent authorities and other bodies involved in local air quality management for their consideration as to the anticipated administrative, human health and environmental advantages of the Department's proposed approach that would see AQMAs discontinued and replaced with Low Emissions Zones.

Q23: Where applicable, should the entirety of urban districts should be declared as AQMAs (or Low Emissions Zones)?

The Council's response highlights that Part III of the Environment (Northern Ireland) Order 2002 already provides for district councils to designate as an air quality management area all or any part of its district in which it appears that ambient air quality standards or objectives are not being achieved, or are not likely to be achieved within the relevant period.

The Council's response additionally highlights that there may be benefits in declaring the entirety of urban districts as an AQMA or Low Emissions Zone as such an approach could encourage the development of mitigation measures across a wider urban area and population as opposed to focusing only within the AQMA, which may have been declared to address relatively minor or individual human health exposure. This approach would also ensure that any control measures applied within, for example, a transport related AQMA, do not simply encourage road vehicles to 'rat run' into adjacent areas with an associated disbenefit to ambient air quality in those locations. A district wide AQMA may also enable other ambient pollutants to be concomitantly proactively addressed. The Council would consider however, that DAERA and other government Departments / relevant authorities should, where necessary, be part of this decision making process as in many instances, it will fall to them to introduce the required strategies and actions, together with funding support, to create the necessary regional and local improvements in ambient air quality.

Finally, the Council response highlights that a significant portion of daily road traffic across Belfast is associated with commuters travelling into and out of the city. On that basis, the Council has recommended that the Department should give consideration, from an ambient air quality perspective, as to how road transport and road transport emissions can be more coherently and effectively; managed across the entire Belfast Metropolitan Urban area.

Q24: What are your views on having a traffic-light system for councils to report on?

In its consultation response, the Council has recommended that the Department should give consideration to aligning and streamlining central and local government local air quality management obligations and associated reporting requirements in order to create a more coherent and optimum ambient air quality outcome from both processes.

In addition, the Council has suggested that Air Quality Action Plans should include strategic and local actions from competent authorities that are proven to deliver relevant air quality objectives, as well as contributing towards PfG Indicator 37 for improving air quality and to community plans, i.e. the Belfast Agenda. The Council is therefore of the view that relevant authorities should also be required to monitor and report on their performance against

government guidance and in that way, effectively contribute to the various Air Quality Action Plans and to the achievement of the air quality objectives / limit values.

In relation to the proposed traffic light system, the Council has suggested that further engagement is required between DAERA, Northern Ireland Departments and local councils concerning the proposed traffic light system and various descriptors for Northern Ireland local air quality management reporting, where they are to apply to low emission zones.

Q25: What are your views on the proposals to change the LAQM process, in particular to grant funding for outcome-based measures as opposed to monitoring?

The Council has indicated in its response that LAQM grant funding should focus more on projects that deliver tangible improvements in ambient air quality, as opposed to just monitoring. The Council would consider however, that existing or additional monitoring may be necessary as a component of a specific project in order to ensure that it is delivering the anticipated ambient air quality benefits and in that regard, the monitoring should be supported through the LAQM grant process. The types of monitoring equipment that may be needed for future LAQM projects and that should be funded could include, for example, diffusion tubes, small sensor air quality monitoring systems or additional reference grade analysers for characterising particulate matter (PM₁₀ and PM_{2.5}) concentrations, should WHO guideline values be adopted as standards for Northern Ireland

Q26: Are there any further measures you would suggest to help achieve a significant reduction or revocation of all AQMAs by 2021?

The Council's response has highlighted the impact of the ongoing Covid 19 pandemic on ambient air quality across the city and further afield during 2020. Provisional 2020 automatic monitoring data for nitrogen dioxide shows a significant reduction in roadside and background concentrations across the city when compared to 2019 data. It should be noted that if nitrogen dioxide annual mean concentrations across the Council's various automatic monitoring sites and air quality management areas were to remain at 2020 levels, there would likely be no exceedances of the national objectives for nitrogen dioxide within the city and as a consequence, all of our AQMAs might be able to be revoked.

The Council has in its response confirmed however, that it will continue to operate its various ambient air quality monitoring stations and sites across the city in order to understand how ambient concentrations of nitrogen dioxide and other ambient pollutants are affected throughout the pandemic and recovery process.

Chapter 7 - Communication

Q27: Do you have any suggestions for the membership of the Air Quality Forum?

In its response, the Council has suggested that Forum membership might include representatives from relevant 'competent authority' partners, to include Translink / Northern Ireland Railways, together with representation from other organisations that can contribute views and actions to further reduce ambient air pollution, including for example, planners, industry and industry bodies, housing associations, airport and port operators, freight and road haulage associations, taxi and other transport providers, Sustrans, Shared Environmental Services and the Public Health Agency, etc.

Q28: Is increasing awareness of air quality impacts at a local level the best way of promoting behaviour change by individuals to reduce air pollution?

In its response, the Council has advised that whilst economic incentives may be the contributing factor for one individual, the same incentive may not engender an equivalent change for another individual. The Council has advised that it is therefore necessary to use communication and education on ambient air quality issues, alongside economic, health and environmental incentives, in order to encourage behavioural change from all socio-economic levels and provide a helping hand to those who are most affected by ambient air quality issues.

Q29: Do you have any further comments or suggestions on how the impacts of policy interventions can be tracked in Northern Ireland?

In its response, the Council has made reference to the Public Health England, '*Review of interventions to improve outdoor air quality and public health*' document and associated guidance. In addition, the Council has suggested that the Department should make better use of the various monitoring data, information and reports contained within the Northern Ireland Air website and develop further Northern Ireland specific policy guidance for local authorities and other air quality actors to utilise, based upon Northern Ireland local air quality management needs and priorities.

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Appendix 2 – Proposed Belfast City Council detailed responses to the Department of Agriculture, Environment and Rural Affairs Clean Air Strategy for Northern Ireland. A Public Discussion Document. November 2020

Chapter 1 - The Background: Sources and Effects of Air Pollution.

Q1: Should there be legally binding targets for particulate matter, which are based on WHO guidelines?

The Clean Air Strategy public discussion document highlights the WHO '*Health Risks of Air Pollution in Europe*', HRAPIE project, advising that the project concluded that the main findings of the survey were that the majority of respondents identified the general categories of 'road traffic', 'space heating and air conditioning' and 'shipping' as the top three emission source categories of concern associated with emerging issues for public health. In addition, respondents stated that fine and ultra-fine particles and their metal content were of greatest concern in relation to health effects.

The UK Air Quality Strategy has already established objectives for particulate matter (PM₁₀) of a 40 µgm⁻³ annual mean and a 24 hour mean of 50 µgm⁻³, not to be exceeded more than 35 times per annum. In addition, Directive 2008/50/EC of the European Parliament and of the Council of 21st May 2008 on ambient air quality and cleaner air for Europe has established a national exposure reduction target, an exposure concentration obligation, a target value and limit values for fine particulate matter (PM_{2.5}). Whilst these various standards for fine particulate matter are not in legislation for the purposes of local air quality management, they nevertheless apply at country level and the Air Quality Standards Regulations (Northern Ireland) 2010 place a duty on Northern Ireland departments to ensure that concentrations of particulate matter, including for PM_{2.5}, do not exceed the relevant limit values and that all necessary measures, not entailing disproportionate costs, are taken to ensure that concentrations of PM_{2.5} do not exceed the target values. Moreover, Northern Ireland Departments are to ensure that all necessary measures, not entailing disproportionate costs are taken with a view to ensuring that the average exposure indicator for 2015 does not exceed 20 µgm⁻³ and that the national exposure reduction target is achieved by 2020. No detailed discussion of, or reflections on the various actions being taken by government Departments in pursuit of these air quality standards for PM_{2.5} have been included within the Clean Air Strategy discussion document and similarly, no detailed discussion of current concentrations of particulate matter (PM₁₀ and PM_{2.5}) across Northern Ireland has been presented. It is however noted on page 7 of the discussion document that the Department has advised that no exceedances of the standards for PM₁₀ and PM_{2.5} have been observed in Northern Ireland since 2011.

The Department has asked whether legally binding targets for particulate matter, based on WHO guidelines should be introduced for Northern Ireland. As previously noted, no recent spatial ambient particulate matter concentration data, for either PM₁₀ or PM_{2.5}, have been provided by the Department to assist in developing and informing a response to this question. Nevertheless, the 2005 WHO '*Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide Global update*' publication provided an assessment of the health effects of air pollution and thresholds for health harmful pollution levels including for PM_{2.5}. The WHO report highlighted that the evidence on airborne particulate matter and its public health impact was consistent in showing adverse health effects at exposures currently experienced by urban populations in both developed and developing countries. Furthermore,

WHO advised that the range of health effects was broad, but impact was predominantly to the respiratory and cardiovascular systems, with all of the population affected and with susceptibility to air pollution varying with health or age. WHO added that the risk for various outcomes had been shown to increase with exposure and there was little evidence to suggest a threshold below which no adverse health effects would be anticipated.

In proposing guideline values for PM₁₀ and PM_{2.5}, WHO acknowledged that as thresholds have not been identified, and given that there is substantial inter-individual variability in exposure and in the response in a given exposure, it is unlikely that any standard or guideline value would lead to complete protection for every individual against all possible adverse health effects of particulate matter. On that basis, WHO advised that the standard-setting process needed to aim at achieving the lowest concentrations possible in the context of local constraints, capabilities and public health priorities. WHO further advised that in developing their guideline values, they had assumed that PM_{2.5} guideline values would be converted to the corresponding PM₁₀ guideline values by the application of a ratio of 0.5; 0.5 being typical of developing country urban areas and at the bottom of the range for developed country urban areas (0.5 - 0.8).

Accordingly, the 2005 WHO global update document put forward annual mean guideline values of 20 µgm⁻³ and 10 µgm⁻³ and 24 hour mean guideline values of 50 µgm⁻³ and 25 µgm⁻³ for PM₁₀ and PM_{2.5} respectively. Both 24 hour mean guideline values are to be assessed as the 99th percentile. The European Commission and UK have already established a 24 hour mean for PM₁₀ of 50 µgm⁻³, assessed as the 90.4th percentile, allowing for 35 exceedances of the 24 hour mean per annum. It is noted however that the Department has referred only to the WHO annual mean guideline values within its discussion document (Table 1.3). It is unclear therefore why the WHO 24 hour mean guideline values have been omitted from consideration in the Department's discussion document. For clarity, WHO advised that when evaluating guideline values and interim targets, it was generally recommended that the annual average take precedence over the 24-hour average since, at low levels, there was less concern about episodic excursions. WHO added however, that meeting the guideline values for the 24-hour mean would protect against peaks of pollution that would otherwise lead to substantial excess morbidity or mortality. Accordingly, WHO recommended that countries, with areas not meeting the 24-hour guideline values, should undertake immediate action to achieve these levels in the shortest possible time.

It is noted in Fig 1-1 Particulate matter (PM_{2.5}), that the Department has specifically identified emission sources for primary particulate matter, highlighting principal sources of concern to be domestic coal and wood burning, industrial combustion, road transport and solvents and industrial processes. However, the 2012 Air Quality Expert Group (AQEG) '*Fine Particulate Matter (PM_{2.5}) in the United Kingdom*' report advised that evidence from urban sites and the limited number of rural background measurement sites indicated that regional (rural) background concentrations make a considerable contribution to the overall mass of PM_{2.5} in urban areas, accounting for around 60-80% of the background concentrations in the major urban areas of southern England. AQEG also advised that the regional background concentrations are dominated by secondary PM_{2.5}, primarily as ammonium nitrate and ammonium sulphate, but also as organic particles, adding that in the central and southern UK, around 60% of the urban background mass PM_{2.5} is made up of secondary particles, with

sulphate particles remaining important, despite the large reductions in sulphur dioxide emissions since the 1980s. When these data and considerations are resolved into urban and rural background annual mean PM_{2.5} data for the UK, AQEG noted that around 16% was estimated to be as a result of sea salt and residual natural sources, 38% from secondary inorganic aerosols, 8% from secondary organic aerosols, 11% from regional primary sources, 11% from rural and urban dusts, 10% from non-traffic local sources and 7% from traffic local sources (primary exhaust emissions and brake and tyre wear) (*Population-weighted mean contributions to urban and rural background annual mean PM_{2.5} in the UK in 2009 from the PCM model*). It is therefore considered that equivalent information should have been provided by the Department as part of the public discussion process in order to provide a comprehensive description of the mechanism of PM_{2.5} formation (both primary and secondary) for Northern Ireland and the likely abatement measures that will need to be prioritised locally, nationally and further afield in order to address Northern Ireland PM_{2.5} concentrations.

It should be noted that the 2019 UK Clean Air Strategy contains a commitment to progressively cut public exposure to particulate matter pollution as suggested by WHO by setting a new, ambitious, long-term target to reduce peoples' exposure to PM_{2.5}. In order to help inform this commitment, the UK government committed to the publication of evidence early in 2019 to examine what actions would be needed to meet the WHO annual mean guideline limit of 10 µgm⁻³. Analysis undertaken for the July 2019 Department for Environment, Food and Rural Affairs (Defra) publication entitled, '*Assessing progress towards WHO guideline levels of PM_{2.5} in the UK*' demonstrates that measures in the UK Clean Air Strategy, alongside complementary actions by EU Member States, are likely to take the UK a substantial way towards achieving the WHO guideline level for annual mean PM_{2.5}, including an anticipated 95% reduction in the population exceedance of WHO guideline levels of PM_{2.5} by 2030, when compared to a 2016 baseline. Accordingly, the authors of the publication have advised that on the basis of scientific modelling, which has not considered full economic viability and practical deliverability, it would be technically feasible to meet the WHO annual mean guideline level for PM_{2.5} across the UK in the future. The authors have added however, that substantive further analysis is needed to understand what would be an appropriate timescale and means of achievement.

It is again considered that the Department should have referred to this information or included equivalent information specifically for Northern Ireland within the public discussion document in order to help better inform the considerations on reducing exposure to particulate matter. Moreover, it is noted that Defra has recently initiated a 'call for evidence' on future PM_{2.5} concentrations for England, advising that the government has indicated its intention to set two air quality targets relating to fine particulate matter (PM_{2.5}). The government has proposed that one target will be based on the annual mean concentration of PM_{2.5}, as stated in Clause 2 of the Environment Bill, and the other will be on the basis of population exposure reduction. The development of these targets is to be informed by evidence and analysis, including input from independent experts. It is noted that the Air Quality Expert Group (AQEG), together with the Committee on the Medical Effects of Air Pollutants (COMEAP), are providing independent technical advice to Defra throughout the development of the air quality targets. It is considered that a similar informed advisory approach should have been applied for Northern Ireland by the Department in advance of consulting on whether legally binding targets for particulate matter, based on WHO guidelines, should be applied to Northern Ireland. Moreover, whilst the Department has asked about introducing legally binding targets for particulate matter, based

on WHO guidelines, it has not provided any information as to when such targets might be expected to be achieved across Northern Ireland.

Notwithstanding these issues, the Council would wish to emphasise the health benefits of reducing population exposure to particulate matter generally and with an emphasis on addressing fine particulate matter (PM_{2.5}). From a health perspective, the British Lung Foundation (BLF) have advised that exposure to PM_{2.5} can cause illnesses like asthma, COPD, coronary heart disease, stroke, and lung cancer. The BLF have also advised of evidence linking PM_{2.5} to low birth weight, diabetes and diseases such as Alzheimer's and Parkinson's.

From a financial perspective, the 2018 Public Health England (PHE) report entitled, '*Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report*' advises that between 2017 and 2025, the total cost to the NHS and social care of air pollution, where there is more robust evidence for an association, is estimated to be £1.60 billion for PM_{2.5} and NO₂ combined increasing to £5.56 billion where other diseases for which there is currently less robust evidence for an association are included. The Department has advised that for Northern Ireland, comparable annual estimates for Health and Social Care costs in Northern Ireland associated with diseases related to ambient air pollution (PM_{2.5} and NO₂) are in the range of £1.5m - £5.4m.

Given the above-mentioned acknowledged adverse health and financial impacts associated with exposure to fine particulate matter, the Council is content that a compelling case exists of the reduction of anthropogenic sources of particulate matter (PM₁₀ and PM_{2.5}) in order to reduce public exposure as far as practically possible, thereby reducing mortality and morbidity effects of air pollution and safeguarding public health and the environment. Accordingly, the Council would welcome further research and discussion by the Department into the introduction of legally binding targets for particulate matter for Northern Ireland, based on WHO guidelines, informed by an appropriate timescale, and prioritised actions for achievement of the targets.

Q2: Should all automatic monitoring sites measure at least NOx and PM?

The Department will be aware that the various European air quality directives have primarily established the basis for ambient monitoring and for the number of sampling points required throughout member states, through the designation of zones and agglomerations. These national monitoring requirements have been augmented through the years by local authorities as part of their local air quality management functions and duties. To that end, LAQM.TG(16) now advises that local monitoring and / or assessment should provide a detailed picture of the local pollution problem. LAQM.TG(16) further advises that in order to achieve this, detailed dispersion modelling may be required, and appropriate monitoring should also be considered. The monitoring and modelling evidence should be sufficient to enable key sources to be identified and to allow source apportionment to be carried out; the nature and extent of the exceedance to be fully understood; the number and location of relevant receptors to be clearly identified; and the degree of population exposure to be considered.

However, with specific regard to monitoring networks, LAQM.TG(16) states that most local authorities have progressively adapted their monitoring strategies in accordance to the air quality issues specific to their administrative area. Over the years, many local authorities have

relocated kerbside monitoring sites to roadside or other sites relevant of public exposure. Monitoring networks have also been progressively extended to identify all potential hot spots, whilst a number of sites have been moved elsewhere or closed in areas where data showed continued compliance. LAQM.TG(16) therefore advises that it is likely that the existing monitoring network for most local authorities is now adapted to respond to the requirements of their LAQM system. As a result, it is not expected that local authorities need extensive guidance in relation to air quality monitoring strategies, such as how to determine the best location, the number of monitoring sites required, etc.

Accordingly, screening assessments, such as the use of the DMRB for transport sources or other pollution sources, either detailed or referenced within LAQM.TG(16), should provide useful initial information on the likely locations where the air quality objective for a pollutant of concern may be exceeded. This information can be used to select a monitoring site for a detailed study using an automatic or passive monitor. Screening tools for the various pollutants currently of concern are detailed within Chapter 7 of LAQM.TG(16) and criteria have been provided for nitrogen dioxide (from transport, non-transport sources, airports, industrial sources, ports, railways and commercial and domestic combustion sources), sulphur dioxide (from industrial sources, railways, ports and commercial and domestic combustion sources), particulate matter (from roads, ports, non-road mobile machinery, poultry farms, industrial sources and commercial and domestic combustion sources) and benzene (from petrol storage depots and petrol stations). On this basis, it is considered that ambient monitoring should continue to be located and undertaken in order to characterise ambient concentrations for specific pollutants of concern as per the pollutants and objectives of concern and the relevant exposure and other qualifying criteria as detailed in Chapter 7 of LAQM.TG(16). Where a monitoring site is to be located, for example, to specifically measure particulate matter emissions associated with a poultry farm, it is unclear why that site should also monitor for nitrogen dioxide. Similarly, LAQM.TG(16) suggests that nitrogen dioxide is the pollutant of concern for bus and coach stations and for narrow congested streets with residential properties close to the kerb and for busy streets where people may spend 1 hour or more close to traffic but that particulate matter is a pollutant of concern for commercial and domestic biomass combustion combined installations, domestic solid fuel use and for fugitive or uncontrolled particulate matter sources.

It may however, be desirable to monitor for both nitrogen dioxide and particulate matter for those sources that are known to emit both significant quantities of nitrogen dioxide and particulate matter. Referring to table 7.1 Screening Assessment of Road Traffic Sources, the technical guidance, for example, suggests that nitrogen dioxide and particulate matter may be a concern for those junctions or new roads with a vehicle flow of 10,000 vehicles/day and exposure within 10m from kerb (20m in conurbations > 2m in habitants) and for roads with a high flow of HDVs, i.e. 2,500 HDVs/day - exposure within 10m from kerb (20m in conurbations > 2m inhabitants). It should be noted however, that following this guidance from LAQM.TG(16), Belfast City Council operates a roadside automatic monitoring site for nitrogen dioxide and particulate matter at Stockmans Lane, close to the M1 Motorway, in the vicinity of two major road junctions. The site was originally established to confirm modelled exceedances of short and longer term nitrogen dioxide and particulate matter objectives. Although the site has since been affiliated into the AURN network, and continues to monitor both nitrogen dioxide (NO₂) and particulate matter (PM₁₀), principally from road transport, whilst there have been recent continuing exceedances of the nitrogen dioxide annual mean objective, there

have been no recent exceedances of the particulate matter 24-hour or annual mean objectives. For clarity, the ratified 2019 annual mean for particulate matter (PM₁₀) was 18 µgm⁻³ or less than ½ of the current 40 µgm⁻³ annual mean objective. Accordingly, if this site were not part of the AURN network, it might be possible to conclude the particulate matter monitoring at this location, due to the consistently low reported annual and 24 hour mean concentrations and as a result, it would not be necessary to measure at least nitrogen oxides and particulate matter at this location.

It is acknowledged however, that if legally binding targets for particulate matter, based on WHO guideline values, were to be introduced for Northern Ireland, significant additional ambient monitoring for particulate matter (PM₁₀ and PM_{2.5}) would likely be required across Northern Ireland to better understand particulate matter concentrations and relevant public exposure in terms of those guideline values. This matter would need to be considered by all competent authorities. It should be noted however, that in 2019, the Stockman's Lane roadside site would have achieved the WHO annual mean guideline value of 20µgm⁻³ for PM₁₀.

DAERA will be aware that additional monitoring for nitrogen dioxide across Northern Ireland could assist government in better assessing progress with its Programme for Government Indicator 37: Improve air quality, where the lead measure is nitrogen dioxide concentrations, measured at both urban background and urban roadside monitoring sites. It is considered that this indicator should be more widely supported across government, down to a regional level and that competent authorities such as the Department for Infrastructure could better contribute towards its achievement through the Department's management and monitoring of the road infrastructure network. Moreover, it is considered that DfI could choose to introduce its own performance metrics, relating to nitrogen dioxide concentrations and directly measure the ambient air quality impacts of its actions relating to traffic management and encouraging a modal shift towards more sustainable forms of transport at regional, local and neighbourhood levels.

Q3: Should the current urban air quality monitoring network be expanded?

The governments' LAQM.TG(16) technical guidance document advises that screening assessments should provide useful initial information on the likely locations where the air quality objective for a pollutant of concern may be exceeded. This information can then be used to in turn select a monitoring site for detailed studies using automatic or other monitoring equipment.

The Department has however advised that the current approach for air quality monitoring was not set up to provide information to inform air quality alerts and thus, only specific pollutants are monitored at specific locations, where, according to predefined criteria, they are deemed to present a problem.

The Department has therefore stated that during a widespread air pollution episode, it is likely that sites measuring PM₁₀ could register 'high' levels, whilst sites measuring only NO_x could measure 'moderate' or even 'low' levels. The Department has stated that this presents a misleading picture to the public, since, looking at the DAQI map would suggest that air pollution levels are only a problem in particular locations and not others, while the overall extent of the problem is merely limited by available monitoring.

Moreover, the Department has advised that pollution episodes tend to occur in the colder months of the year, when cold, settled weather leads to the formation of temperature inversion layers in which pollutants are trapped near ground level and a lack of wind means that they are not dispersed. Coincidental with these cold weather conditions is an increased level of household heating, and where solid fuel is used as the heating source, emissions of particulate matter and PAHs then increase.

It is considered however, that in making this statement, the Department should acknowledge that ambient air quality monitoring, by its nature, is retrospective in nature in the sense that monitoring can only establish recent ambient air quality conditions and as advised, only at locations where monitoring is being undertaken. It is noted for example, that for PM₁₀ and indeed PM_{2.5} particles, the Daily Air Quality (1-10) Index is based on the daily mean concentration for historical data, i.e. the latest 24 hour running mean for the current day, whereas for nitrogen dioxide, the Daily Air Quality Index value is based on the most recent hourly mean concentrations. Comparisons between these two pollutants in a pollution episode are therefore never going to be readily achieved due to the differences in averaging periods of the objectives, pollution sources and monitoring locations. Moreover, it is noted that the majority of automatic nitrogen dioxide monitoring sites across Northern Ireland are situated at roadside locations, in order to characterise road transport emissions, with some urban background sites, whereas particulate matter monitoring sites tend to be located mostly at urban background locations and closer to residential accommodation in order to characterise emissions from solid and other fuel use within these premises. Moreover, fine particulate matter is well-known to function as a long-range transboundary pollutant, meaning that the UK can sometimes be affected by particulate matter emissions originating from without its shores, whereas transboundary nitrogen dioxide and nitrogen oxides typically have a lower air quality impact within Northern Ireland.

LAQM.TG(16) additionally advises that a monitoring programme should be designed to assist the authority in defining the geographical extent of any exceedance and that locations should be selected bearing in mind that results are likely to be used to help demonstrate the performance of dispersion modelling. Dispersion modelling can therefore be used to provide both spatial and temporal information on ambient pollutant levels at up to a country level. For this reason, the Department and indeed Defra also provide dispersion modelling based air pollution forecasting for all of Northern Ireland, in addition to ambient monitoring data, via their respective air quality websites. Defra's air quality forecasts are produced by the Met Office early in the morning for the current day as well as for the next 4 days. Accordingly, the Met Office weather forecast and climate prediction model have been developed to include air quality forecasting in a new model configuration called AQUM. This new Met Office model uses UK and European maps of annual average pollutant emissions to simulate the release of chemical species into the atmosphere. These emissions are then allowed to chemically react according to prescribed reaction rates, which depend on factors including the concentration of the species, the temperature and the amount of sunlight. Species are then transported and dispersed within the model boundary according to the winds and the concentrations are then re-evaluated. Using these concentrations, calculated in this way throughout the forecast period, the Daily Air Quality Index is calculated as an average over the prescribed time periods. It is noted that the forecast is improved by incorporating recent observations of air quality from across the UK from Automatic Urban and Rural Network (AURN) monitoring sites.

It is considered therefore that whilst the most recent Daily Air Quality Index values displayed on the various monitoring sites on the front page of the DAERA Northern Ireland Air website and accompanying mobile application are useful and informative to the public, the provision of accurate forward projections or forecasts is of significant benefit as they enable members of the public to take informed decisions in advance about their daily activities over the next four days, where predicted air pollution in the low (1-3) band means enjoy your usual outdoor activities; medium (4-6) means adults and children with lung problems, and adults with heart problems, who experience symptoms, should consider reducing strenuous physical activity, particularly outdoors; high (7-9) means adults and children with lung problems, and adults with heart problems, should reduce strenuous physical exertion, particularly outdoors, and particularly if they experience symptoms; people with asthma may find they need to use their reliever inhaler more often and older people should also reduce physical exertion and very high (10) means adults and children with lung problems, adults with heart problems, and older people, should avoid strenuous physical activity; people with asthma may find they need to use their reliever inhaler more often.

The Department will be aware that members of the public can also subscribe to a text message service '*Air Aware SMS*' via their mobile phone that informs them of moderate, high or very high pollution episodes across Northern Ireland. The text message also refers them to the NI Direct website for more detailed information. Further detailed air quality information, along with air pollution forecasts, are also now available via the Northern Ireland Air mobile phone application.

By way of conclusion, the Council considers it vital that the Department continues to review and where necessary augment the ambient air quality monitoring network for Northern Ireland, recognising the value that such monitoring brings to understanding and measuring progress towards achieving the Programme for Government Indicator 37: Improve air quality, the strategic agenda to be established within the Clean Air Quality Strategy for Northern Ireland and the objectives of the UK Environment Bill.

Q4: Should a targeted approach to exposure, based on population, be used to expand the current monitoring network?

&

Q5: What are your views on using a population figure of 10,000 as a threshold that triggers the requirement to monitor air quality?

The Department has suggested a targeted monitoring approach based on human exposure could set a population threshold, for example, 10,000 people and require that air quality monitoring is carried out in any settlement with a greater population than this. The Department has advised that if this approach were adopted, then the following towns and villages would become part of Northern Ireland's air quality monitoring network: Cookstown, Dungannon, Limavady, Enniskillen, Banbridge, Larne, Omagh, Antrim, Coleraine, Carrickfergus and Newtownards.

Belfast City Council considers that a response to this question should be a matter for these towns in the first instance but it is noted that the proposed additional monitoring approach would provide greater ambient air quality monitoring data across Northern Ireland and within the additional population centres that have been identified by DAERA.

It is however unclear from the public discussion document where monitoring would be undertaken within these towns, i.e. urban centre, urban background, suburban, kerbside, roadside, rural or other monitoring location and for which pollutants. Moreover, it is unclear from the discussion document whether the Department's proposal to expand the monitoring network is related principally to capturing more localised data during relatively infrequent and meteorologically dependent high pollution episodes, to assess local background concentrations or if it is to be used for the purposes of local air quality management, meaning that the monitoring equipment would therefore be sited at relevant receptor locations.

It is noted, however, from the LAQM section of the Northern Ireland Air website that Northern Ireland Councils, including those encompassing the towns mentioned above, have provided numerous Progress, Updating and Screening Assessment and Detailed Assessment reports over the years that would have been expected to identify on an ongoing basis any locations where any ambient air quality objectives were, or were predicted to be exceeded. Following these reports and where appropriate, Councils would likely have undertaken ambient monitoring and dispersion modelling to confirm the presence and extent of any exceedances and they would, where necessary, have then declared Air Quality Management Areas and developed Action Plans in pursuit of the objectives. In identifying the presence of exceedances of the objectives, the Councils would have considered both short and longer term objectives, ranging from 15 minutes for sulphur dioxide to 1 hour for nitrogen dioxide, to 24 hours for particulate matter and to annual means for nitrogen dioxide and particulate matter. These are the equivalent time periods on which the Daily Air Quality Index values are calculated and assessed.

In addition, it is noted that within Chapter 7 of the discussion document, the Department has made reference to revised options for the allocation of local air quality management grant funding. Accordingly, DAERA have proposed that the grant application process will change to allow Local Authorities and also non-governmental organisations or other similar bodies to bid for money to develop projects, which demonstrate outcomes where the activities, supported by the grant money, will have a direct impact on the improvement of air quality in the region or location. DAERA have added that in Northern Ireland, Automatic Urban and Rural Network (AURN) sites, which are part of the official UK-wide monitoring network will continue to be supported by central government, along with those district council monitoring sites that are used to inform the NICS Outcomes Delivery Plan air quality indicator. Aside from these, more emphasis may be given to allocation of grant monies to support measures that improve ambient air quality. It is therefore unclear how the additional monitoring sites that DAERA have proposed establishing across Northern Ireland are to be installed, operated and maintained.

Q6: Should biomass heating be discouraged in urban areas or in areas with poor air quality?

The Department has advised that the UK Committee on Climate Change (UKCCC) produced a report in February 2019, entitled '*Reducing Emissions in Northern Ireland*', which sets out how Northern Ireland can reduce its greenhouse gas emissions between now and 2030 in order to meet UK-wide climate change targets. Overall, Northern Ireland's contribution to the UK's fifth carbon budget requires emissions reductions of at least 35% against 1990 levels by 2030. The report examines carbon emissions from a range of sectors in Northern Ireland and identifies gaps and deficiencies in current policy, which are considered to be barriers to achieving sustained carbon reductions. The report does however recognise that there are

'wider benefits to climate action through reduced air pollution and other health benefits'. Specifically in relation to biomass, the report recommends that, *'biomass for heating in urban areas should not be supported due to air quality concerns'*. On this basis, it would appear that biomass heating should be discouraged in urban areas or in areas with poor air quality.

However, the report also states, in advance of the commentary on biomass, that the objective should be to provide support for *'low-regret'* heat technology in the early 2020s, meaning that Northern Ireland can support moves away from oil boilers and resistive electric heating through financial support for low-carbon alternatives in both residential and non-residential properties; i.e. heat pumps, including hybrid heat pumps, low-carbon district heating and biomethane gas-to-grid where technically feasible and anaerobic digestion (AD), where it can replace fossil-fuel space or process heating. The report adds that there is potential for a large expansion of *'low-regret'* low-carbon heating due to the high proportion of households off the gas grid that are currently fitted with oil boilers. Applying the average carbon savings per household of retrofits from our fifth carbon budget advice, the authors of the report calculated that retrofitting 25% of Northern Ireland's oil-heated homes to heat pumps by 2030 could bring additional savings of 0.5 MtCO₂. From a climate change perspective, it would seem therefore that biomass is not a preferred technology for addressing future greenhouse gas carbon dioxide emissions, with a recommended emphasis being placed on retrofitting heat pumps, installing district heating or developing biomethane gas-to-grid or anaerobic digestion.

The Air Quality Expert Group (AQEG) in its 2017 report entitled, *'The Potential Air Quality Impacts from Biomass Combustion Prepared for: Department for Environment, Food and Rural Affairs; Scottish Government; Welsh Government; and Department of the Environment in Northern Ireland'* advised that emissions from the combustion of wood within both power generation processes and residential heating appliances will comprise both gases and particles. These include particulate matter and gases such as carbon monoxide (CO), carbon dioxide (CO₂), oxides of nitrogen (NO_x), volatile organic compounds (VOCs), sulphur oxides (SO_x) and a range of trace species including polyaromatic hydrocarbons (PAHs). AQEG further advised that particulate matter emissions are perhaps of the greatest concern since, particularly for domestic appliances, wood may have replaced gas as a heating fuel leading to a net dis-benefit to air quality in terms of particulate matter. Of the particulate matter produced during wood combustion in an enclosed residential wood burner, 96% was suggested to be in the PM₁₀ size fraction and 93% in the PM_{2.5} fraction, thereby putting the majority of emissions into the respirable fraction and also of significance in terms of meeting air quality standards.

Accordingly, AQEG concluded that domestic emissions of wood smoke have an especially high impact on ground-level concentrations relative to those from elevated sources. If current trends in domestic biomass burning continue upwards, it is inevitable that there will be an increase in airborne concentrations of wood smoke, which will consequently lead to increased population exposures. Wood smoke is already a significant contributor to population weighted PM_{2.5} exposures and is liable to make an increasingly important contribution in the future for this reason, and as emissions from some other sources decline. In terms of the strength of measurement evidence in relationship to air pollution from biomass burning, AQEG advised that the current measurement evidence is insufficient to suggest any long term trends but that short term measurements suggest a significant contribution of biomass burning to particulate matter levels during the winter months in urban areas.

Whilst AQEG did not recommend that biomass should be discouraged, AQEG did acknowledge that emissions from newer biomass appliances are likely to be lower than for legacy devices (e.g. domestic stoves, boilers) due to developing and strengthening legislation. AQEG stated therefore that capturing information on device replacement and fuel switching would be critical to assessing net changes in emissions, and it recommended that data be sourced on this, through either surveys or collecting data via processes associated with the purchase or installation of newer appliances. AQEG stated however that the turnover of domestic combustion devices is likely to be much slower than for emissions sources in the domestic road transport sector, adding that incentives to encourage the replacement of older biomass devices with newer ones, which meet required regulatory constraints, would be beneficial, as would improving guidance on solid fuel stove operation. AQEG therefore recommended that consideration be given to the feasibility of supporting these actions.

It is noted that within the 2019 UK Clean Air Strategy document, government has committed to ensuring only the very cleanest stoves can be bought and installed, adding that in 2022, new EU Ecodesign regulations will come into force, which will mean that all new stoves will need to meet agreed emissions standards, regardless of where they are used, thereby raising the standard of appliances across the whole country. Defra have advised that these new emission limit requirements for solid fuel appliances will need to be coupled with an effective approach to testing and that measuring emissions of particulate matter from wood stoves is a recognised challenge. Defra have further advised however, that it is working with industry sectors and test houses to review different methods for testing stove emissions to determine what test methods are the most reliable. Accordingly, it would appear that the current government policy direction is not to ban biomass heating but to ensure that only the cleanest appliances can be placed in the marketplace.

The Department has asked if biomass heating should be discouraged in urban areas or in areas with poor air quality. It is unclear as to what the Department means by the terms 'discouraged' or 'poor air quality' and it is considered that further clarity is required on both of these terms before a fully informed response can be provided. It is also unclear whether the Department has given consideration to the need to address emissions from existing biomass installations. However, on the basis of the comments and conclusions within the UKCCC and AQEG reports about the disbenefits of biomass in terms of general ambient air pollution and specifically in terms of particulate matter emissions, the Council is content that biomass heating should be discouraged in what DAERA have described as urban areas or in areas with poor air quality.

It should however be noted that Belfast City has been substantially declared as a series of Smoke Control Areas, with the exception of the port area, some areas of north Belfast and those areas of neighbouring Councils that were amalgamated into the revised Belfast City Council boundary as part of the 2015 local government reform and were not designated as smoke control areas by their previous Councils.

Accordingly, the Clean Air (Northern Ireland) Order 1981 provides for the prohibition of dark smoke from chimneys and from industrial or trade premises, as well as providing for the designation of smoke control areas and the provision that subject to any exemptions and limitations for the time being in force if, on any day, smoke is emitted from a chimney of any building within a smoke control area, the occupier of that building shall be guilty of an offence.

In proceedings for an offence under this legislation, it shall be a defence to prove that the emission of smoke was not caused by the use of any fuel other than an authorised fuel.

A list of authorised fuels for use within Northern Ireland Smoke Control Areas is maintained by Defra via the below weblink and it should be noted that wood is not an authorised fuel, although some charcoals have been authorised. Moreover, only inherently smokeless fuels such as anthracite, semi-anthracite, electricity, gas, and low volatile steam coals are subject to generic authorisations. <https://smokecontrol.defra.gov.uk/fuels.php?country=northern-ireland>

In addition, the Clean Air (Northern Ireland) Order 1981 provides that where the Department is satisfied that any class of fireplace can be used for burning fuel other than authorised fuels, without producing any smoke or a substantial quantity of smoke, the Department may prescribe that fireplaces of that class shall, upon such conditions as may be prescribed, be exempted from the provisions of Article 17 in relation of the Order in relation to smoke emissions.

Defra maintains a list of exempted appliances for use within Northern Ireland Smoke Control Areas via the following weblink:

<https://smokecontrol.defra.gov.uk/appliances.php?country=northern-ireland>

It should be noted that the exempted appliances list includes numerous household and other appliances that are approved for use within Smoke Control Areas for burning biomass or wood fuels, including for example, wood logs, wood pellets, small untreated pieces of wood and wood chips, etc. From the requirements of the Clean Air (Northern Ireland) Order 1981, it is assumed that these appliances have been tested and confirmed to be able to operate without producing any smoke or a substantial quantity of smoke. It is therefore unclear whether the Department's initial comments on discouraging the use of biomass in urban areas or in areas with poor air quality extend to the use of exempted appliances using biomass fuels within smoke control areas.

It is additionally noted that in the 2017 AQEG report, '*The Potential Air Quality Impacts from Biomass Combustion*', the authors have advised that a straight comparison of the particulate matter limits for local space heaters within the proposed Ecodesign Directive with those specified by the current exemption criteria for smoke control areas within the UK Clean Air Act is not possible since they are based on different units. The report does advise however, that for domestic scale boilers the Ecodesign Directive will lead to quite a large reduction in emissions limits of approximately a factor of six in comparison to the Clean Air Act, and in fact, the Ecodesign Directive is slightly more stringent for small boilers than the limits imposed via the Renewable Heating Incentive.

Q7: Should the connectivity between air quality and noise issues be improved through requiring consideration of each in Noise and Air Quality Action Plans?

The Department has highlighted that some sources of air pollution have little to no association with noise, for example smoke from chimneys, whilst others have much more of a distinct relationship, including for example industrial or vehicle noise. Where air and noise pollution share some of the same sources, the Department has stated that improving the quality of air can have a subsequent impact on improving the quality of noise. The Department has cited

air and noise pollution synergies between industry, aircraft, railways and road vehicles by way of example.

The Department will be aware that Directive 2002/49/EC relating to assessment and management of environmental noise, more commonly referred to as the Environmental Noise Directive or 'END', was published in July 2002. The aim of the Directive was to avoid, prevent or reduce on a prioritised basis the harmful effects, including annoyance, due to exposure to environmental noise.

The three main actions that END requires Member States to undertake are to determine the noise exposure of the population through noise mapping; to make information on environmental noise and its effects available to the public; and to establish Action Plans based on the mapping results.

Within Northern Ireland, the competent authorities for END for noise sources located within the Belfast City Council boundary are the Department for Infrastructure for road transport noise, George Best Belfast City Airport for aircraft noise, Translink NI Railways for railway noise and the Department of Agriculture, Environment and Rural Affairs for industrial noise. To date, three Quiet Areas have been designated within the Belfast agglomeration, with the Lagan Meadows under consideration for designation as a further Quiet Area.

It should be noted that noise action plans have been published by each of the abovementioned competent authorities; i.e. round two action plans for roads, rail, George Best Belfast City Airport and industry, covering the period 2013-2018 and round 3 action plans for industry, roads, aircraft and rail covering the period up until 2024.

For the Department for Infrastructure Roads Environmental Noise Directive Round Three - Noise Action Plan 2018-2023, it should be noted that the action plan has considered major roads across Northern Ireland (major roads to be included in Round 3 noise mapping were trunk roads, motorways and classified roads with more than 3 million vehicle passages per year), as well as roads located within the Belfast agglomeration. The action planning process has led to the identification of 25 candidate noise management areas within the Belfast agglomeration and in terms of mitigation measures to reduce noise exposure, the plan in many instances proposes measures including the introduction of specific transport initiatives such as the creation of car pools, cycling to work schemes and encouraging the use of public transport. Where the candidate noise management areas are also situated close to Belfast Rapid Transport (BRT) network, the Department for Infrastructure has advised that such candidate noise management areas could potentially benefit from the BRT scheme, i.e. encourage a transition away from reliance on the private car to a more sustainable form, such as public transport. These actions are therefore consistent with those proposed as part of the various Air Quality Action Plans for Belfast City, as they have also been designed to encourage a modal shift away from private car usage, thereby reducing transport related ambient air pollution (nitrogen dioxide). For complementary actions such as these, it would be beneficial to encourage cross linkages between noise and air quality action plans. However, in some instances the Department has proposed noise specific engineering solutions such as the construction of acoustic barriers and the introduction of low noise surfacing, both of which are unlikely to deliver appreciable improvements in local ambient air quality.

Accordingly, it is considered that for road transport sources, there may be benefit in linking noise and air quality action plans but this may be on a site by site basis only. In addition, it should be noted that the majority of the Department for Infrastructure's proposed candidate noise management areas are not located within the Council's air quality management areas, with the exception of candidate noise management area number 4, located at Little George's Street, adjacent to the junction of the A12 Westlink with York Street. Moreover, in accordance with the government's intention that new cars and vans, powered wholly by petrol or diesel, will not be sold in the UK from 2030, it is anticipated that a fully electrified road vehicle fleet will be some 3 - 4 dB quieter as compared to the present internal combustion engine based road fleet, thereby further reducing the number of people severely annoyed by road traffic noise.

It should be noted that Belfast City Council has not declared any air quality management areas associated with industrial, airport or railway air emissions and so our Air Quality Action Plans have not needed to include mitigation measures designed to address these sources of ambient air pollution at relevant receptor locations.

Q8: Given that air pollution, carbon emissions, and noise often share the same sources, what are your views on including noise and carbon emissions as considerations in Low Emissions Zones?

It should be noted that within the Department's public discussion document, low emission zones are considered in detail within '*Chapter 2, Section 2.9 Clean Air Zones*' and '*Chapter 6 - Local Air Quality Management*', but are not mentioned or discussed in detail within '*Chapter 1 Background: Sources and Effects of Air Pollution*'. It is considered therefore that this question should have been posed as a component of either Chapter 2 or 6.

Nevertheless, the Department has advised that low emission zones are more suited to addressing transport related NO₂ exceedances in city centre streets and are therefore not an obvious solution to exceedances along major trunk roads such as the A12 Westlink or A2 Sydenham Bypass. It is anticipated therefore that low emission zones would be applied predominantly in city centres and address air pollution, noise and carbon emissions associated with road transport in those locations.

Belfast City Council would highlight that detailed comments have been provided concerning the anticipated applicability of Low Emission Zones / Clean Air Zones to the Belfast City Council area within our responses for Chapters 2 and 6. Moreover, the Department is encouraged to refer to the Council's preceding response to question 7, concerning connectivity between ambient air quality and noise action plans.

In specific relation to climate change and carbon emissions, the Department is advised that Belfast City Council declared a climate emergency for the city in October 2019 and in doing so, the Council has committed to becoming a carbon-neutral organisation as urgently as possible, producing an action plan setting out how we will become a carbon-neutral organisation and working with partners across Belfast and with central and devolved government to seek to ensure that Belfast district's net carbon emissions are reduced by 80% compared to 2005 levels as quickly as possible. The Council is therefore working towards publishing a climate adaptation and mitigation plan, which will aim to deliver the vision set out in the draft Belfast Resilience Strategy - to transition to a low-carbon economy in a generation.

<https://www.belfastcity.gov.uk/belfastresilience>. The Plan is being developed in consultation with a number of cities as part of Belfast's membership of the Resilient Cities Network and it will focus on actions that the Council can take in relation to climate adaptation and climate mitigation. It is considered therefore that whilst low emissions zones could contribute to addressing carbon emissions within the city centre, the Council's forthcoming climate mitigation and adaptation plan will develop and present authoritative, encompassing and prioritised mitigation and adaptation measures for the city.

Chapter 2 - Transport Emissions.

Q9: Are there any potential measures not included here that you believe could help encourage a shift away from private car use to walking, cycling, and public transport?

The Department has highlighted that an assessment of technology options to reduce road transport emissions (both greenhouse gases and air pollutants) by Policy Exchange shows modal shift to be an option with both high air quality potential and low consumer cost. The report contains a number of recommendations for government including the introduction of Clean Air Zones, vehicle scrappage schemes, and recommendations on other vehicle fuel technologies such as biodiesel, gas and electric vehicles. The recommendations on modal shift include investment in improved public transport and increasing the proportion of the overall transport budget that is spent on cycling and walking.

The Department has also highlighted that in 2018, just under one quarter (24%) of all journeys were taken by walking, cycling or public transport and that there has been no statistically significant change comparing the figure for 2018 to that for the baseline year (25% in 2015). Indeed, there has been no significant change in modal choice when comparing to the earliest available Travel Survey for Northern Ireland data.

The Department has stated that increasing the proportion of journeys undertaken by walking, cycling and public transport has the potential to reduce the number of private cars on our roads, and to decrease associated emissions of nitrogen oxides. It is also clear that a focus on short journeys - which are more suitable for walking or cycling - could deliver benefits. The *Belfast Active Travel Action Plan 2014-2020* stated that approximately 33% of all journeys within Northern Ireland are less than 2 miles long and a further 17.5% of all journeys are between 2-5 miles long. Currently, approximately 35% of trips less than 1 mile long; 69% of trips between 1-2 miles long; and 84% of trips between 2-5 miles are taken by private car. With this in mind, by increasing the proportion of short journeys undertaken by walking, cycling and/or public transport, this is likely to considerably reduce emissions.

In terms of the Belfast City Council area, the most recent Belfast Air Quality Action Plan 2015-2020 contained a range of measures proposed by the Department for Infrastructure to encourage modal shift including introduction of the Belfast Rapid Transit (BRT) system and developing the new the Belfast Transport Hub at Weavers' Cross. The Department also committed towards improving and extending the cycle network in Belfast City Centre with the introduction of a network of parallel routes including contra-flow cycle lanes, shared use bus and cycle lanes. The Department stated that it would provide secure cycle parking and promote cycle to work and public bike hire schemes. Finally, the Department committed to extending its bus and rail based park and ride schemes in order to reduce traffic travelling and

parking within the city centre by establishing an out of town car park and using buses (or trains) to travel into the city.

Within the Action Plan, Translink indicated that it would upgrade its current bus fleet by replacement and renewal to bring in a greater proportion of newer, lower polluting vehicles, thereby reducing the average age of its fleet. Translink also committed to an annual programme of publicity campaigns and events to encourage commuters to use public transport instead of private cars.

Belfast City Council Green and Blue Infrastructure Plan.

<https://www.belfastcity.gov.uk/gbip>

In terms of additional potential measures not included, that could help encourage a shift away from private car use to walking, cycling, and public transport, the Council would highlight that its Green and Blue Infrastructure Plan recognises that as the city grows, there is a risk that busy roads will become increasingly congested. Over half of commuters move through the city by private vehicle and, without an alternative, planned growth could add 100,000 vehicle trips in peak hours. In addition to the pressure that this would add to the road network capacity, the additional emissions would have climate change and air pollution impacts. As such, finding alternative routes through the city that accommodate more sustainable and healthy cycling and walking is imperative. The benefits of more active modes of movement extend beyond physical health such as reduced risk of cardiovascular or respiratory diseases, it also improves overall wellbeing, with those walking or cycling recognised as being some of the happiest commuters when compared with those driving or taking the bus.

Accordingly, the Green and Blue Infrastructure Plan proposes creating a strategic framework for green and blue infrastructure, i.e. a green space network and a blue infrastructure network interconnected by strategic connections. For example, Belfast has a growing number of greenways and community paths linking across the city. Greenways are dedicated movement corridors free of motor vehicles, which provide a safe environment for walkers, runners and cyclists to move around the city. Where segregation from other road users is impossible, the Council has developed community paths with a strong identity to help users navigate efficiently across the city. These links help connect our green spaces and often run parallel to our blue infrastructure. As well as helping develop a new sustainable approach to travel, they provide an excellent opportunity for urban greening to enhance the green space network.

Local Development Plan.

<https://www.belfastcity.gov.uk/ldp>

Moreover, the Council's Local Development Plan contains a range of policies to deliver sustainable patterns of development, which reduce the need for motorised transport and prioritise active travel and travel by public transport, to protect routes and land required for enhancing the existing transport network and delivering future transport schemes; and to facilitate active travel and a modal change to more sustainable modes of travel throughout the city.

In terms of facilitating active travel - walking and cycling, for example, Policy TRAN 1 commits that planning permission will be granted for development proposals providing major residential, jobs, shopping, leisure and services, including educational and community uses,

which takes account of the needs of walkers and cyclists. In such cases, provision of the following will be required:

- Safe and convenient walking and cycle access;
- Safe, convenient and secure cycle parking having regard to the DfI's published standards; and
- Safe, accessible and convenient walking and cycle links to existing or programmed networks and public transport services where they adjoin the development site.

In addition, major employment generating development will be required to make appropriate provision for shower and changing facilities.

Furthermore, Policy Tran 5, relating to new transport schemes, advises that the Council will safeguard land required to implement new transport proposals or planned improvements to the transportation network as identified in the DfI's extant transport plan. This includes new and improved walking and cycling routes, enhanced or new public transport services, park and ride proposals and road schemes. Policy Tran 5 advises that planning permission will not be granted for development that would prejudice the implementation of a transport scheme. The Council will also protect disused transport routes such as disused railway lines and canals. Planning permission will not be granted for development that would prejudice the future re-use of a disused transport route for transport or recreational purposes.

A Bolder Vision for Belfast - Reimagining the Centre.

<https://www.belfastcity.gov.uk/documents/a-bolder-vision-for-belfast>

The joint Belfast City Council, Department for Communities and Department for Infrastructure December 2019 publication entitled, '*A Bolder Vision for Belfast - Reimagining the Centre*' advises in its introductory section that, '*Like many coastal cities Belfast faces unprecedented challenges to build resilience and overcome the risks posed by climate change. At the same time, it must also tackle a range of other challenges including how to improve its air quality and adjust to the needs of an aging population*'. To that end, the document highlights that the dominance of the car in the centre of Belfast must end and that far too much space is devoted to an inefficient and unsustainable means of transporting people to and across the City, which we know significantly contributes to the problems of air quality, severance and inequality of access faced by those living, working and visiting the centre of Belfast.

The Bolder Vision for Belfast document therefore sets out how a green, walkable, cyclable network of streets and places will improve health for all, revitalise the City's economy and restore a sense of collective pride in the centre of the City by the communities within and around it, highlighting that too many journeys are made by car often with only one person in the car, even with significant investment in public transport, car journeys are forecast to grow by 2030 and as a consequence that bold change is required to make space for prioritising walking, cycling and public transport to halt significant congestion and improve air quality.

Belfast Bikes Scheme.

<https://www.belfastbikes.co.uk>

With regard to encouraging greater levels of cycling, Belfast City Council continues to operate its Belfast Bikes public bike hire scheme. At present, there are 47 docking stations and over 300 bikes located across Belfast, providing a low cost, convenient and sustainable way to

travel about the city. In terms of scheme patronage, there were 3,274 rentals in October and 3,462 rentals during November 2020.

However, in order to encourage greater levels of cycling across the city, the Council's City Regeneration and Development team have recommended the introduction of bike purchase schemes should be proactively encouraged amongst employers, including focused engagement with the public sector and larger private employers. They have recommended also that the uptake of such schemes amongst employees should be supported through the provision of quality showering and changing facilities at workplaces, secured cycle parking across the city centre and at key employment locations and segregated cycle lanes. In addition, the Team have highlighted the forthcoming implementation of the Belfast Bicycle Network Strategy (due to be launched in January 2021)

The City Regeneration and Development team have also highlighted the need for frequent and clear public awareness campaigns similar to the, '*Take 5 Steps to Wellbeing*' health and social wellbeing initiative, adding that initiatives of this type should be informed by behavioural change approaches and supported by practical schemes such as cycle to work incentives, etc.

Q10: What would encourage you to consider buying an electric vehicle as your next car?

The Department has advised that ultra-low emissions vehicles (ULEVs) are those vehicles powered purely by electricity, as well as 'plug-in hybrids' that run both on electricity as well as a conventional combustion engine; hydrogen and biogas low and zero emission vehicles are also being developed and demonstrated across the UK.

The Department has also advised that the Continuous Household Survey for 2015/16, based on a random sample of 4,500 domestic addresses, contained questions about e-cars and their uptake. The dataset from the survey contains responses for 3,340 survey respondents aged 16 and over, who answered the e-car question set. The survey found that of those questioned, 94% said that they were 'not at all likely' to buy an electric vehicle as their next car, with 6% saying that they would be 'quite likely' and 1% 'very likely' to buy an electric vehicle as their next car (percentages have been rounded to whole numbers and so do not sum to 100). Key factors that would encourage electric vehicle purchase were found to include no vehicle duty, grant towards purchase and low running costs and no vehicle duty.

The UKCCC Report chapter on Emissions from Transport noted that tax and vehicle standards are reserved matters, and therefore outside the competence of the NI government. However, the Committee proposed a number of actions that would further encourage the uptake of ULEVs:

- operating and promoting UK government-funded schemes, such as e-car NI;
- pursuing opportunities to secure UK government funding for ULEV infrastructure in Northern Ireland;
- providing leadership via public sector and bus fleets;
- using the infrastructure budget on electric vehicle charging infrastructure;
- setting targets for ULEV sales that go beyond those in the Road to Zero Strategy and;

- addressing non-financial barriers for ULEVs: parking, and access to priority lanes and bus lanes.

The Department has therefore asked what would encourage consideration of buying an electric vehicle as your next car. It is considered that there are a number of perceived issues with electric cars including the limited driving range and associated charging / recharging time, lack of charging infrastructure including residential, workplace and public charging, grid capacity for EV charging, limited current vehicle choices, vehicle purchase costs and residual vehicle values, maintenance and longevity concerns, issues around the recycling of vehicles and their components and concerns around the supply chain for certain constituent components used in electric vehicle manufacture including, for example, the supply of lithium and cobalt used within the vehicle's batteries. It is noted that during 2020, cobalt was added to the EU's 4th list of, '*Critical Raw Materials Resilience: Charting a Path towards greater Security and Sustainability*'. https://ec.europa.eu/growth/sectors/raw-materials/specific-interest/critical_en.

Moreover, if the source of the energy to power the electric vehicles does not come from sustainable sources then carbon dioxide and ambient air pollution emissions will be higher and may also be displaced if the electricity used to charge the vehicles comes from the burning of fossil fuels in a remote power station.

In addition, it should be noted that concerns have also recently been raised about some plugin type hybrids, with reports suggesting that they are rarely plugged in, meaning that these cars are routinely operated using their internal combustion engines, with associated tailpipe emissions dictated primarily by the owner's driving and operating behaviour, as opposed to the vehicle technology, and closer therefore to those of normal internal combustion engined vehicles.

These concerns about tailpipe emissions have been further exacerbated by recently highlighted differences between real-world and laboratory based emissions tests, where some manufacturers have been able to generate favourable tailpipe emissions data, as laboratory test cycles have not been required to take account of terrain, junctions and congestion, typically encountered in the real-world environment.

Furthermore, AQEG voiced concerns in its 2019 '*Non-Exhaust Emissions from Road Traffic*' report that data from the UK National Atmospheric Emissions Inventory indicates that particles from brake wear, tyre wear and road surface wear currently constitute 60% and 73% (by mass), respectively, of primary PM_{2.5} and PM₁₀ emissions from road transport, and will become more dominant in the future. They currently contribute around 7.4% and 8.5% of all UK primary PM_{2.5} and PM₁₀ emissions. Therefore, to achieve further gains in PM_{2.5} and PM₁₀ air quality in relation to road transport sources AQEG has stated that attention should also be focused on reducing non-exhaust emissions, not solely a focus on lowering exhaust emissions.

Accordingly, whilst a shift away from petrol and diesel fuelled vehicles is desirable in order to address greenhouse gas emissions and tailpipe emissions of the nitrogen oxides, nitrogen dioxide and particulate matter, etc. the preferred direction of transition should also take full account of and seek to mitigate other sources of air pollution including particulate matter associated with non-exhaust emissions. This may mean simply that the Department's focus

should not immediately be on encouraging people to consider transitioning to an electric vehicle but to encourage people to consider firstly whether their transport needs might be better served using more sustainable modes of transport including walking and cycling, as well as better utilisation of public transport. It is considered that all of these matters will have to be overcome for Northern Ireland in order for electric vehicles to become more acceptable and more prevalent within the local vehicle fleet.

Q11: Do you think that DAERA should develop a Low Emission Zone Framework for dealing specifically with transport emissions in Northern Ireland?

In May 2017, Defra published a document entitled, '*Clean Air Zone Framework - Principles for setting up Clean Air Zones in England*', setting forth principles, which local authorities had to follow when setting up Clean Air Zones in England. For clarity, a Clean Air Zone or Low Emission Zone is defined as an area where targeted action is taken to improve ambient air quality and resources are prioritised and coordinated in order to shape the urban environment in a way that delivers improved health benefits and supports economic growth.

Initially, government mandated the cities of Birmingham, Leeds, Derby, Nottingham and Southampton to introduce Clean Air Zones to combat concentrations of nitrogen dioxide. As part of the earlier 2015 Defra, '*Improving air quality in the UK. Tackling nitrogen dioxide in our towns and cities*' publication, government had already published detailed modelling for these cities for the class of clean air zone that would likely be required, together with various vehicle and Euro emission classes that the clean air zone would seek to control. London has separately introduced a congestion charge, Ultra Low Emission Zone and Low Emission Zone. Government also named 23 other local authorities where it expected pollution levels still to be reaching illegal levels by 2021. These local authorities were required to carry out feasibility studies to determine whether a clean air zone was required for their area. Therefore, the initial deployment of clean air zones in England was not a discretionary measure for those cities and local authorities involved.

It should be noted however, that not all of the cities mandated to introduce clean air zones by government have since done so; for example, Nottingham and Leeds City Councils have both indicated that measures underway have improved air quality to the extent that Clean Air Zones are not necessary.

The Department did not at the time extend clean air zone / low emission zone provisions and requirements to Northern Ireland but have asked whether the Department should now develop a Low Emissions Zone framework for dealing specifically with transport emissions in Northern Ireland.

The Department has clarified however that LEZs / CAZs are more suited to NO₂ exceedances in city centre streets and are therefore not an obvious solution to exceedances along major trunk roads such as the A12 Westlink corridor or the A2 Sydenham Bypass. In addition, DfI have advised that the A12 Westlink and A2 Sydenham Bypass are key transport corridors, forming part of the wider Regional Strategic Transport Network for Northern Ireland. It is assumed that the Department is referring principally to exceedances of the nitrogen dioxide annual mean objective or limit value and that the Department is aware that exceedances of the annual mean objective for nitrogen dioxide within Belfast have been limited to the existing air quality management areas and predominantly, the M1 Motorway / A12 Westlink corridor

and at Stockmans Lane. Belfast City Council has not declared Belfast City Centre area as an air quality management area, as ambient monitoring data confirms that the annual mean and hourly objectives for nitrogen dioxide are presently being achieved at relevant human health receptor locations.

In addition, Translink has recently advised that it has established a contract for 145 zero and low emission buses, as part of its commitment to net zero emissions transport. 100 of these zero emission buses, comprising 80 battery electric vehicles and 20 hydrogen fuel cell electric vehicles, are to be deployed through the Metro services in Belfast and Derry, thereby significantly reducing bus based tailpipe emissions across both of these locations, to include in Belfast City Centre, where a number of the Belfast Metro routes originate and terminate. Moreover, the UK government has recently indicated its intention to end the sale of new petrol and diesel cars by 2030, i.e. the phase-out date for the sale of new petrol and diesel cars and vans will be brought forward to 2030, and all new cars and vans will have to be fully zero emission at the tailpipe from 2035.

Nevertheless, it should be noted that the designation of a low emission zone for transport emissions within the city centre area of Belfast would likely be a matter principally for the Department for Infrastructure Roads. The Department has already implemented the 'Belfast on the Move' traffic masterplan for Belfast City centre and has indicated future plans for further deployment of the Belfast Rapid Transit system and for phase 2 of Belfast Streets Ahead, which will pedestrianise Donegall Place and link it to the City Hall. Accordingly, the Council would recommend that the need for a low emission framework for dealing specifically with transport emissions and the need for low emission zones for Belfast City centre, or indeed elsewhere within the city, should be determined through research by the Department for Infrastructure, in collaboration with Belfast City Council, and be based upon ambient monitoring data, traffic management requirements and any necessary transition from highly emitting vehicles towards newer and more sustainable modes of transport.

Q11: Would you be in favour of Low Emissions Zones for urban areas also covering other sources of pollution, for example, those from household heating?

The Department will be aware that the majority of Belfast City has already been declared as a series of smoke control areas and that financial support was provided to households across the city for the adaptation of fireplaces within private dwellings.

Accordingly, the initial detailed review and assessment of ambient air quality for the city, completed in 2004, concluded that no air quality management areas were required to be declared for exceedances of any of the sulphur dioxide (SO₂) objectives, associated with the use of solid fuel for household heating. Similarly, the detailed review and assessment also concluded that no air quality management areas were required to be declared for exceedances of any of the objectives for particulate matter (PM₁₀) associated with household, commercial or industrial heating and combustion. These conclusions were accepted by the government's technical assessors who appraised in detail the Council's various review and assessment documents at that time. This situation has continued since this first detailed review and assessment of ambient air quality was completed for the city, with the various subsequent progress, updating and screening and detailed assessment reports, together with ambient monitoring data, confirming that there have not been any exceedances of sulphur

dioxide or particulate matter air quality objectives associated with household heating emissions within Belfast.

On this basis, it is considered that low emissions zones for urban areas covering other sources of pollution, including for example, those from household heating, would not presently be necessary for the Belfast City Council area. The Council would acknowledge however, that this matter may have to be revisited in the event that WHO guideline values are adopted as standards for particulate matter (PM₁₀ and PM_{2.5}) across Northern Ireland.

It is noted that the Department appears to have posed a similar question to question 11 in Chapter 6 Local Air Quality Management, i.e. *Question 22 Should AQMAs should be discontinued and replaced instead with Low Emissions Zones, which cover all aspects of air quality, including Smoke Control?* It is considered that the Department should consider undertaking further research and development of this proposal and provide additional information to Councils, other government Departments and Housing Associations, etc. for their consideration as to the anticipated administrative, human health and environmental advantages of this proposed overall Low Emissions Zone approach.

Q12: What are your views on vehicle charging cordons for entry to the most polluted parts of urban areas in Northern Ireland?

As highlighted in previous comments, it remains unclear as to what the Department means by the term '*most polluted parts of urban areas in Northern Ireland*'. Are they for example, areas where levels of nitrogen dioxide associated with road transport are exceeding the relevant air quality objectives? It is considered that the Department should have more clearly defined what it is considers to be the criteria for determining the most polluted parts of urban areas in Northern Ireland in order to assist consultees in meaningfully responding to this particular question.

It should however be noted that vehicle charging cordons are more typically applied as part of a low emission or clean air zone framework. For example, the Defra, '*Clean Air Zone Framework - Principles for setting up Clean Air Zones in England*' advises that clean air zones typically fall into two categories;

- Non-charging Clean Air Zones – defined as geographic areas used as a focus for action to improve air quality. Actions can take a range of forms but they do not include the use of charge-based access restrictions and;
- Charging Clean Air Zones – zones where, in addition to the above, vehicle owners are required to pay a charge to enter, or move within, a zone if they are driving a vehicle that does not meet a particular standard for their vehicle type in that zone.

The Department has already stated in section 2.9 that Low Emission Zones LEZs / CAZs can incorporate many measures, such as might already be found in AQMA Action Plans, but at their most stringent they entail the restriction of certain vehicle types, or introduce monetary charging for vehicles to enter. The Department has added that LEZs are more suited to NO₂ exceedances in city centre streets and are therefore not an obvious solution to exceedances along major trunk roads such as the A12 Westlink corridor or the A2 Sydenham Bypass.

The Council has already explained in its response to question 11 that the designation of a low emission zone for transport emissions within the city centre area of Belfast would likely be a

matter principally for the Department for Infrastructure Roads. The Council would therefore consider that the introduction of a vehicle charging cordon for the city would similarly be a matter principally for the Department for Infrastructure Roads. To that end, the Council would recommend that the Department for Infrastructure should undertake research, in collaboration with Belfast City Council, into the need for a vehicle charging cordon for the city, based upon ambient monitoring data, traffic management requirements and any necessary transition towards more sustainable modes of transport.

Moreover, one of the additional requirements for a low emission zone or clean air zone is that it should also take action, as necessary, to support growth and protect the economy of local high streets and town centres, whilst ensuring that clean air zone proposals do not simply result in the displacement of the most polluting vehicles away from the town centre to the surrounding areas, thereby causing a deterioration in ambient air quality at those locations. These additional obligations would have to be carefully considered and addressed in the event that a low emission zone or vehicle charging cordon was to be introduced for the Belfast City Council area.

Chapter 3 Household Emissions.

Q13: Should urban areas, in their entirety, be designated as Smoke Control Areas?

As highlighted in the Council's response to question 11, the Department will be aware that the majority of Belfast City has already been declared as a series of smoke control areas and that financial support was provided to households across the city for the adaptation of fireplaces within private dwellings. The only areas of the city that have not been declared as smoke control areas are some areas of north Belfast adjacent to the Cavehill where there are no residential dwellings, the port area and areas of other Councils that were subsumed into the Belfast City Council area as part of the local government reform process and were not declared as smoke control areas by their former Councils. The Department will be aware that the Belfast City Council boundary was recast in 2015. The Department will also be aware that appliances installed in dwellings built after the 1st March 1969 should be capable of operating smokelessly and do not therefore require conversion.

Accordingly, it is considered that given the majority of Belfast City has already been declared as a series of smoke control areas and given also that financial support has been provided to households across the city for the adaptation of fireplaces within private dwellings, the Council has completed the designation of significant proportion of its area. The continuing effectiveness of the smoke control areas is confirmed by the various detailed review and assessments, updating and screening assessments and progress reports that have been submitted to the Department since the first detailed review and assessment was completed by the Council in 2004. Ambient monitoring data also confirms that there have been no exceedances of the various objectives for sulphur dioxide and particulate matter and indeed previously for polycyclic aromatic hydrocarbons across the city, associated with domestic emissions. An extension of the existing smoke control areas to the city urban area, in entirety, would therefore serve to incorporate those areas that were not previously declared as smoke control areas by Belfast City Council and those areas that were subsumed into the Belfast City Council area during the local government reform process and were not declared as smoke control areas by their former Councils.

The Department will be aware that designation of the Council's smoke control areas was facilitated by grant support from the former Department of the Environment (DoENI). It is therefore envisaged that similar grant support would be necessary from DAERA at a regional level if Council areas were, in their entirety, be designated as Smoke Control Areas. It is anticipated however, that costs associated with conversion works would not be extensive as only a small portion of dwellings would likely be eligible for grant support as those built after the 1st March 1969 or those with a primary smokeless means of heating would not attract grant support.

Q14: Should the law should be changed so that non-smokeless fuels may not under any circumstances be sold in Smoke Control Areas?

The Department will be aware that the Smoke Control Areas (Sale or Delivery of Unauthorised Fuel) Regulations (Northern Ireland) 1998 provide for the possession of an unauthorised fuel within a smoke control area for the purpose of its sale or delivery to any premises that are not located within a smoke control area. Moreover, the Regulations also provide for the delivery of any such fuel for use in a class of fireplace exempted from the provisions of Article 17 of the Clean Air (Northern Ireland) Order 1981 by regulations made under that Article. This exemption includes the use of wood and other unauthorised fuels in exempted fireplaces and appliances, subject to the specific details provided for by the exemption.

It is noted that in July 2020, Ireland banned the sale of 'smoky' coal in towns over 10,000 population and from the 1st September 2020, the burning, sale and marketing of smoky coal was prohibited in thirteen additional areas across the country. Powers underpinning the new ban include local authority staff undertaking inspections of premises and vehicles being used for the sale and distribution of solid fuel, bringing a prosecution under the Air Pollution Act for breaches of the Regulations and issuing a fixed payment notices for offences relating to the marketing, sale and distribution of prohibited fuels in low smoke zones with a penalty in the range €250 to €1000.

It is considered therefore that as the Belfast City Council area has substantially been designated as a series of smoke control areas, a ban on the sale of non-smokeless fuels within the smoke control areas would further assist in their operation and with compliance matters. It would not however, preclude householders from purchasing non-smokeless fuels in areas located outside of smoke control areas and inadvertently using them within the smoke control areas. In addition, the Department would have to consider the matter of the provision of unauthorised fuels for use in exempted appliances.

Q15: Should government ban the sale to the general public of smoky / bituminous / household coal in Northern Ireland?

As has been highlighted in previous responses, the Department will be aware that the Belfast City Council area has been substantially declared as a series of smoke control areas and as a consequence, the Smoke Control Areas (Sale or Delivery of Unauthorised Fuel) Regulations (Northern Ireland) 1998 already preclude the sale or delivery of unauthorised fuels such as smoky / bituminous / household coals for use within these smoke control areas.

However, the Department's public discussion document highlights that the strongest evidence for air pollution from household heating comes from levels of polycyclic aromatic hydrocarbons (PAHs) monitored at sites here in Northern Ireland, citing data from the three Northern Ireland

monitoring sites, Derry Brandywell, Ballymena Ballykeel and Kilmakee Leisure Centre. DAERA have advised that these sites have recorded the first, fifth and sixth highest annual mean concentrations of benzo (α) pyrene (BαP) in the UK in 2017 with the levels associated principally with domestic solid fuel use.

It should be noted that a further PAH monitoring site was previously located in east Belfast in order to characterise domestic solid fuel use emissions for Belfast. This site operated from 1/1/2001 but was discontinued in early 2007 as concentrations of PAHs for the city were substantially below the 0.25 ngm⁻³ UK Air quality Strategy objective for PAHs (using Benzo (α) Pyrene as an indicator), assessed as a calendar mean and to be achieved by 31st December 2010. By way of example, the monitored 2006 calendar mean for benzo (α) pyrene at the Clara Street monitoring site was 0.14 ngm⁻³.

Notwithstanding these issues, it should be noted that in July 2020, Ireland banned the sale of 'smoky' coal in towns over 10,000 population and from the 1st September 2020, the burning, sale and marketing of smoky coal was prohibited in thirteen additional areas across the country.

Accordingly, and from an air quality perspective, a ban on the sale to the general public of smoky / bituminous / household coal in Northern Ireland would lead to further improvements in ambient air quality, particularly within residential settings. It would also assist with compliance within the Council's smoke control areas and by reducing household emissions within the wider city boundary by preventing the use of smoky / bituminous / household coal fuels. Moreover, a ban on the sale to the general public of smoky / bituminous / household coal across Northern Ireland could reduce the need for designation of further smoke control areas.

Q16: Should government ban the import, into Northern Ireland, of high-sulphur coal?

It should be noted that the Sulphur Content of Solid Fuel Regulations (Northern Ireland) 1998 preclude the sale by retail or delivery of any solid fuel having a total sulphur content greater than 2% determined on a dry basis in accordance with British Standard BS 1016: Part 100: 1994 Methods for analysis and testing of coal and coke.

However, the Department will be aware that the Regulations do not prohibit the delivery of any such fuels to premises other than a private dwelling; or the possession of any such fuel for the purposes of its use in the manufacture of solid fuel; or its export from Northern Ireland.

Accordingly, it is considered that a ban on importation of high-sulphur coals may not have an appreciably additional beneficial impact on local ambient air quality as long as the solid fuels being placed in the marketplace are in compliance with the 2% sulphur content requirement of the above-mentioned Regulations. The Department may wish however to introduce a ban on the importation of high sulphur coal as a general means of improving ambient air quality across Northern Ireland.

It should be noted that no air quality management areas have been declared within Belfast for exceedances of any local air quality management objectives for sulphur dioxide and that over the past few years, annual mean sulphur dioxide concentrations measured at the Belfast

Centre AURN site have consistently been around $2 \mu\text{gm}^{-3}$, with the maximum 24 hour mean typically less than $10 \mu\text{gm}^{-3}$ and maximum hourly mean typically less than $40 \mu\text{gm}^{-3}$. By way of comparator, the 24 hour mean objective for sulphur dioxide has been established at $125 \mu\text{gm}^{-3}$ and the hourly mean objective has been set at $350 \mu\text{gm}^{-3}$.

Referring again to the Sulphur Content of Solid Fuel Regulations (Northern Ireland) 1998, it is noted that the Regulations advise that analysis of sulphur content has to be undertaken in accordance with the provisions of British Standard BS 1016: Part 100: 1994 Methods for analysis and testing of coal and coke. Whilst the British Standards website indicates that this Standard is confirmed as current, recent engagement with accredited analytical laboratories has revealed that the majority are unable to undertake this analysis to a recognised accredited analytical standard such as ISO 17025:2017, '*General requirements for the competence of testing and calibration laboratories*', which is likely to be necessary in the event of any formal enforcement action under the Regulations. For this reason, the Department is encouraged to review the provisions of these Regulations in a similar manner to that recommended for the Clean Air Order (Northern Ireland) 1981 (see the response to question 18), in order, where necessary, to bring the Regulations up to date and to ensure that they are reflective of commercially available laboratory analytical techniques and accreditations.

Q17: Should government ban the sale to the general public of unseasoned wood in Northern Ireland at retail outlets?

The Department is again reminded that the Belfast City Council area has substantially been declared as a series of smoke control areas and as a consequence, the Smoke Control Areas (Sale or Delivery of Unauthorised Fuel) Regulations (Northern Ireland) 1998 already preclude the sale or delivery of unauthorised fuels such as smoky / bituminous / household coals and wood within these smoke control areas.

However, the Department will be aware that Article 17 of the Clean Air (Northern Ireland) Order 1981 provides that where the Department is satisfied that any class of fireplace can be used for burning fuel other than authorised fuels without producing any smoke or a substantial quantity of smoke, the Department may prescribe that fireplaces of that class shall, upon such conditions as may be prescribed, be exempted from the provisions of this Article.

To this end, Defra maintains a list of exempted appliances and fireplaces via the following weblink: <https://smokecontrol.defra.gov.uk/appliances.php?country=northern-ireland>

Many of these exempted appliances or fireplaces are able to burn wood or biomass smokelessly or nearly smokelessly within smoke control areas as a consequence of the engineering of the appliance and due to the manner in which the exemption is specified, i.e. many will require that the appliance has to be operated and maintained in accordance with the manufacturer's instructions and operating manual. Manufacturer's operating instructions typically advise that although any type of wood is suitable, hardwood is preferred. The manual will also typically advise that the wood must be well-seasoned and have a moisture content below 20%. In many instances, the manufacturer will supply an electronic moisture meter in order to allow the householder to determine the moisture content of the wood. These seasoning and moisture requirements usually necessitate that wood has been suitably stored to allow the moisture to evaporate for at least 9 months in the case of soft wood, and at least

24 months in the case of hard wood. Manufacturers also typically recommend that for general household burning, wood should be cut into logs of a diameter of less than 10-15 cm.

Therefore, for those exempted appliances being correctly operating within smoke control areas, it would be anticipated that the wood fuel used should predominantly be correctly seasoned in order to comply with the exemption and to ensure that smoke or excess air pollution are not emitted. It would therefore be helpful in this regard, if the sale of unseasoned wood to the general public in Northern Ireland at retail outlets could be restricted in order to reduce the potential for unseasoned wood to be used and excessive smoke and other air pollutants to be emitted. It is acknowledged however that not all wood burned within Northern Ireland is obtained through retail outlets. Indeed, wood used in household settings may have been obtained from directly cutting trees, from fallen wood or from waste woods, the overwhelming majority of which will not have subject to any specific seasoning processes.

It should be noted that Defra met with fuel industry representatives in January 2017 in order to discuss and identify ways to reduce air pollution emissions from wood fuel. This led to the wood fuel industry launching the '*Ready to Burn*' scheme in September 2017 which aims to raise consumer awareness and educate wood-burning stove owners about the importance of burning clean, dry, quality logs to help reduce air pollution.

The scheme sets a benchmark for logs and other wood fuels in the UK to help consumers to identify wood that has been carefully chosen and is '*Ready to Burn*' for the benefit of their appliance and the environment. The initiative is being led by Woodsure, at present the UK's only wood fuel quality assurance scheme, and supported by Defra with suppliers signing up to the scheme providing a guarantee that the fuel they will sell as '*Ready to Burn*' has a moisture content of 20% or less, meaning that it can be burned without the need for further drying out. In addition, and from the 21st February 2021, Defra also plans to introduce a requirement that all wood sold in single units under 2m³ (loose stacked) must have a moisture content of 20% or less.

The Department may therefore wish to consider promoting such a '*Ready to Burn*' scheme more widely within Northern Ireland in order to foster engagement with Northern Ireland wood fuel suppliers and to ensure that only appropriately certified and seasoned wood fuels are placed on the market. The certification scheme could be supported by an appropriate public advertising campaign, delivered in partnership with stove manufacturers and retailers, explaining the disbenefits of burning unseasoned wood in terms of the efficiency and maintenance of their appliance and in relation to reducing the emission of excessive ambient air pollution.

Q18: Are there any further things you think that central and local government could be doing to address air pollution from burning solid fuels?

The Council would highlight to the Department that the Clean Air (Northern Ireland) Order was commenced from 1981, some 40 years ago, and substantially predates the recent English Clean Air Act of 1993. It is considered that the Clean Air (Northern Ireland) Order 1981 is in need of urgent and rigorous update to take formal account of the various advances in terms of fuels, combustion and energy technologies, and circumstances of ambient air pollution that have taken place across Northern Ireland since 1981. For example, the Act refers to the prohibition of dark smoke from chimneys or from trade or industrial premises, where such dark

smoke is defined and has to be measured as smoke which, if compared in the appropriate manner with a chart of the type known on the 9th June 1964 as the Ringelmann Chart, would appear to be as dark as or darker than shade 2 on that chart. The Act also refers to the need for assessment of the height of chimneys; i.e. the district council shall not approve plans submitted to that council pursuant to this Article unless it is satisfied that the height of the chimney as shown on the plans will be sufficient to prevent, so far as practicable, the smoke or grit and dust or gases from becoming a nuisance or prejudicial to health having regard to the purpose of the chimney; the position and description of buildings near to it; the levels of the neighbouring ground; and any other matters requiring consideration in the circumstances.

It is noted that the forthcoming UK Environment Bill will create a new framework for the government to set environmental targets for protection of the environment, including specifically for ambient air quality. It is however also noted from that an air quality perspective, the Bill presently focuses on fine particulate matter (PM_{2.5}) and further that only certain aspects of the Bill are given to apply within Northern Ireland. For example, Part II of the Bill provides for environmental governance arrangements in relation to improving the natural environment and for the role of the Office for Environmental Protection within Northern Ireland. Moreover, Part IV of the Bill addresses Air Quality and Environmental Recall but in specific relation to ambient air quality, it serves only to amend the Environment Act 1995 and the Clean Air Act 1993, neither of which apply to Northern Ireland. It is therefore considered, as a consequence, that the Department should prioritise an update to the Clean Air (Northern Ireland) Order 1981 to include, where necessary, subordinate or supporting legislation.

The Council would reiterate comments provided as part of its answer to question 13 that in the event that urban areas, in their entirety, are to be designated as smoke control areas, that the Department would have to provide grant support to facilitate appliance conversion works.

It is noted that within Chapter 3 Section 3.1 Legislation and Controls, DAERA have highlighted that smoke arising from bonfires in gardens of domestic properties, has the potential to cause pollution and become a statutory nuisance. DAERA have added that the provision of doorstep recycling where householders are encouraged to deposit their garden waste in their designated bin, the collection of larger items from householders by the Council and the provision of civic amenity sites should mitigate against the need for the burning of any waste in the garden of domestic properties. DAERA have noted however that garden waste bins are not provided to householders in all areas.

The Council's Waste Management Service have advised that where waste is referenced within this public discussion document, 'prevention' and 'reduction' should be promoted as more favourable applications of the waste hierarchy followed by increased 'reuse' and 'recycling', in preference to Energy from Waste, landfilling or bonfires, etc. Accordingly, the Service have stated that a Clean Air Strategy for Northern Ireland should be developed with regard to the provisions of the DAERA Waste Strategy to help drive the transition towards a resource efficient Circular Economy.

Chapter 4 - Agricultural Emissions.

Q19 Do you think that the process in place to address ammonia emissions in Northern Ireland is appropriate?

It should be noted that ammonia is not monitored or managed as a component of the UK local air quality management process. As a consequence, no air quality strategy objectives have been established for human health or for protection of vegetation and ecosystems. However, it should be noted that the protection of vegetation and ecosystems from new ammonia sources is regulated and monitored through the assessment of Site Relevant Critical Loads under the Conservation (Natural Habitats, etc.) Regulations (Northern Ireland) 1995 via the planning process. The Critical Load of a protected habitat is set at either $1\mu\text{gm}^{-3}$ or $3\mu\text{gm}^{-3}$, depending on site and species sensitivity.

In addition, it is well evidenced that both ammonia and its contribution to ambient particulate matter emissions can have significant negative impacts on human health. However, the proportion of ambient emissions from agriculture varies considerably over time and space. Whilst ammonia is not classed as a local air quality management pollutant, its contribution to ambient particulate matter emissions cannot be denied. Therefore, given the large scale and economic value of Northern Ireland's agriculture sector, it is vital that both ammonia and particulate matter are appropriately monitored and managed whilst the industry continues to grow, to ensure that measures can be put in place when required, in order to reduce human health risks, as well as provide environmental safeguards.

Reports have highlighted that reductions in agricultural emissions can have significant beneficial impacts on $\text{PM}_{2.5}$, which can in turn prevent mortality attributable to air pollution by 19% in Europe. Therefore, whilst the Department's discussion document focusses on the massive ecological implications of the agriculture industry, it is also essential that measures and actions put in place to mitigate impacts on the environment also provide protection to human health.

Some of the comments provided below have been briefly highlighted in the 2017 NIEA report entitled '*Making Ammonia Visible*', however, as shown in Figure 4.7 of the Department's discussion document, ammonia emissions are continuing to rise in NI and so it is considered that more focussed actions need to be implemented in order to remain in compliance with the Habitats Directive, as well as preventing degradation of human health within Northern Ireland.

Gaps in knowledge of emissions from non-PPC regulated farms:

It has been discussed that whilst large poultry and pig installations are regulated under the Pollution Prevention and Control Regulations (PPC), when they reach specific thresholds, smaller facilities including cattle, which account for 69% of ammonia emissions in NI, are not regulated at all for ambient air quality. It is therefore imperative to fill this knowledge gap and create a comprehensive database of all agricultural installations, both existing and proposed, including those that are non-IPPC regulated. This will ensure that every installation is taken account of and it will allow the database to aid Competent Authorities and Consultants in their obligations for fully assessing the operational impacts from any new proposed developments to ensure that there are no unacceptable adverse effects on human health and the environment.

Further research into cross-boundary effects:

Northern Ireland is in a unique position where individuals from the farming industry regularly own and use land that traverses the border. For example, slurry from agricultural activities in the north may be spread on land within Ireland. This is further exacerbated by the fact that ammonia is a long-range pollutant. Therefore, agricultural activities in Ireland may have adverse impacts on habitats and human health in Northern Ireland and vice-versa. Therefore, it will be necessary to collaborate with authorities in Ireland to address data and information gaps, thus ensuring that any databases that are to be created will be accurate for authorities operating on both sides of the border.

Research into mitigation and pollutant reduction technologies:

As previously mentioned, the cattle sector of the industry contributes to the majority of ammonia emissions within Northern Ireland. However, when comparing research into abatement technologies, cattle housing lags behind that in other sectors including poultry and pig. An abundance of research can be found on crude protein diets in pigs, whilst air 'scrubber' ventilation systems can potentially drastically reduce ammonia emissions from poultry units. Such new technologies and novel approaches will help to achieve a reduction in emissions from future activities and potentially help to reduce current impacts if retrofitting is applied or incentivised. Thus, it would help to make room for further development in order to reach goals within the DAERA '*Going for Growth Strategy*', (a strategic action plan in support of the Northern Ireland Agri-Food Industry), whilst adhering to air quality objectives.

Further to this, specific emission factors should be identified for such novel technologies in order to allow competent authorities to make appropriate calculations and assumptions during the planning process, thus ensuring that the Habitats Regulations are adhered to, which will in turn will ensure no further increases to existing background ammonia emissions that could have detrimental impacts on human health. Recent applications on the Northern Ireland Planning Portal suggest that farmers are willing to invest in novel technologies in order to reduce ambient air pollution impacts from operational activities and allow for the opportunity of future expansion and development on their lands. The development of specific guidance for planning authorities would remove any uncertainty about new technologies and would alleviate decision pressures from within the planning process, thus aiding in reducing the time it takes to make a decision on planning proposals.

Improvement of Proposed Development Assessment:

The National Atmospheric Emissions Inventory (NAEI) map (<https://naei.beis.gov.uk/emissionsapp/>) illustrates Northern Ireland's relatively high levels of ammonia emissions when compared to the rest of the United Kingdom. It is considered that information of this type serves to emphasise the need for Northern Ireland to lead the way in addressing ammonia emissions. However, it should be noted that at present, the rest of the United Kingdom is far ahead of Northern Ireland in providing a comprehensive approach in addressing ammonia impacts from development.

Natural Resource Wales has recently released its discussion document regarding updated guidance for the assessment of future agricultural development, to be published 2021. The document highlights, for example, a more specialised approach to appropriate screening distances to sensitive receptors, which is dependent on the size of the proposed installation in question. Such measures may allow scope for some growth in the sector, as smaller

proposals could be screened out, as they are unlikely to contribute significantly to background ammonia emissions, whilst larger proposed installations are subject to an appropriate assessment and critique. This case-by-case approach may alleviate planning pressures; whilst at the same time prevent increase in ammonia and particulate matter emissions from agriculture.

Another potential approach could be that where background levels are already exceeded, then no further development can take place, unless the applicant is able to provide evidence that any new proposed abatement technologies will reduce existing levels, thus allowing room for further development, provided that there is either a decrease, or no net increase in emissions from the facility. This recommendation accords with the above comments, whereby research into mitigation technologies may be able to provide room regarding emissions from the sector to enable further additional growth.

Public Awareness:

An overarching approach, which has been encompassed within the 2017 NIEA publication, *'Making Ammonia Visible'* is to educate and inform the agriculture sector and industry through every step of the way. It is considered that this educational approach should be applied with each of the above comments. Whilst it is understandable that confusion exists within the industry concerning the apparent contradictions between the requirements of the Habitats Directive and objectives of DAERA's, *'Going for Growth Strategy'*, these issues further highlight the need for a sustainable approach to ensure both can be achieved, and key to this is free and open information regarding approaches to tackling ambient air quality issues.

Chapter 5 - Industrial Emissions.

Q20: Are there any industrial sectors or air pollutants that require new or further investigation?

Under the Pollution Prevention Control (Industrial Emissions) Regulations (NI) 2013 regime, Belfast City Council is responsible for Part C permitted industrial processes that emit solely to air. The types and sizes of industrial processes are diverse, ranging from small dry cleaning processes to much larger metal coating processes. In our experience, there have been a number of larger activities primarily in the Port of Belfast area, which have given rise to legitimate air quality complaints and which are not directly controlled under the PPC regime. These activities include the discharging of animal feed and stone aggregates from large bulk shipping vessels. There can also be issues with the storage of these products, and whilst action could be taken using the Clean Neighbourhoods and Environment Act (Northern Ireland) 2011, Pollution Prevention Control legislation may be more suitable.

In January 2019, the Department for Transport published, *'Maritime 2050: Navigating the Future'*, a strategy setting out the Government's vision and ambitions for the future of the British maritime sector. The environment is a key theme of this strategy, which introduces the Clean Maritime Plan as the environmental route map.

<https://www.gov.uk/government/publications/clean-maritime-plan-maritime-2050-environment-route-map>.

This Plan sets out a number of domestic policies to reduce greenhouse gases and emissions from shipping, but it also focuses on opportunities to reduce emissions from domestic shipping

and from port activities. It is considered that port activities can be considered as an area where industrial activities that can cause air pollution, by way of fugitive dust emissions, may need to be better controlled using relevant legislation.

Medium Combustion Plant.

The Pollution Prevention and Control (Industrial Emissions) Regulations (Northern Ireland) 2013 were amended in February 2018 to transpose the requirements of the Medium Combustion Plant Directive ("MCPD" – Directive (EU) 2015/2193 of 25 November 2015 on the limitation of emissions of certain pollutants into the air from medium combustion plants).

Medium Combustion Plant (MCP) are used to generate heat and for power generation. All combustion plant between 1 and 50 MW (net rated thermal input) are required to obtain a permit or be registered. Since its introduction, Northern Ireland local authorities have experienced difficulties in applying the legislation due to a lack of guidance from the Department in relation to the regulation of MCPs under the PPC regime. A lack of Northern Ireland specific guidance notes means that it is difficult for local authorities to explain to operators why their generators now fall under the PPC permitting regime and concerning the permitting process. It is the Council's view that Northern Ireland specific guidance, developed and endorsed by the Department is necessary for supporting better implementation and operation of MCP permitting across Northern Ireland, particularly where the guidance applies to those operators that have never fallen under local authority regulation or the PPC regime before.

Chapter 6 - Local Air Quality Management.

Q21: Should councils more widely adopt low-cost air quality monitoring systems, for screening purposes?

The Department will be aware that the various European air quality Directives such as Directive 2008/50/EC of the European Parliament and of the Council of 21st May 2008 on ambient air quality and cleaner air for Europe contain detailed information on the various reference methods that are to be applied to monitor ambient air quality within member states. For example, the reference method of the measurement of nitrogen dioxide is described in EN 14211:2005 '*Ambient air quality — standard method for the measurement of the concentration of nitrogen dioxide and nitrogen monoxide by chemiluminescence*'. Accordingly, the overwhelming majority of historical monitors in operation across the UK for measuring nitrogen dioxide will have employed this methodology. Similar reference methods have been established for all other ambient air pollutants. As these are automated reference methods, the monitoring equipment is able to provide real time measurement of ambient pollution levels. They are therefore suitable for assessing exceedances over all of the objective averaging periods, including for short term objectives such as the 15 minute mean objective for sulphur dioxide, to the hourly mean objective for nitrogen dioxide, to the 24 hour mean objective for particulate matter and to the annual mean objectives for nitrogen dioxide and particulate matter. These types of equipment are routinely present in the various AURN sites located across the UK as well as in local authority monitoring sites. The monitoring equipment does however need regular calibration and maintenance, as well as regular data quality assurance and quality control processes in order to provide accurate and ratified results. The Department will be aware that data from AURN and local authority automatic monitoring sites is typically fully ratified by government on a six monthly basis in arrears. Moreover, the cost of purchasing

an analyser for an individual pollutant may be in excess of £10,000 with additional costs required to facilitate installation of an enclosure and further ongoing additional running costs required for calibration gases, servicing, maintenance, calibration and data quality assurance and quality control. In addition, due to the size of the monitoring enclosures and the need for sites to be powered from main electricity, sites cannot always be installed in locations where they are required to assess relevant human health exposure.

It should also be noted that for the purposes of undertaking screening exercises for nitrogen dioxide, local authorities are also able to utilise passive diffusion tubes. These are small plastic tubes containing a chemical that reacts with nitrogen dioxide in the air and that can be installed on lampposts, on house facades or at other locations where it is necessary to monitor human health exposure for nitrogen dioxide. The tubes are exposed for typical successive periods of 28 days and are then sent to an accredited laboratory for chemical analysis in order to determine the concentration of nitrogen dioxide present in local air over the 28 day period. Due to the 28 day exposure period, the resultant data is not suitable to assess compliance with the 1-hour mean objective for nitrogen dioxide; rather, the tubes are normally maintained at a monitoring location for a period of up to 1 year to enable comparison with the nitrogen dioxide annual mean objective. Belfast City Council currently operates 55 nitrogen dioxide diffusion tube sites across the city (7 kerbside, 45 roadside and 3 background). Diffusion tubes typically cost around £10 per month per tube to operate and analyse, and so provide a relatively cheap and effective alternative to reference grade analysers for the purposes of screening assessments.

Government has however indicated that nitrogen dioxide diffusion tubes are not as accurate (diffusion tubes are typically quoted as $\pm 25\%$) as the data from reference grade analysers and so government guidance is that diffusion tubes should be triplicate co-located with a reference grade analyser in order to derive a site-specific correction or bias adjustment factor. National bias adjustment factors are also published by Defra for the various diffusion tube analytical laboratories.

More recently, a number of what are referred to as small sensor air quality monitoring systems have started to appear on the market. These small sensor air quality monitoring systems are automatic mains or solar powered analysers, typically utilising optical, solid state and electrochemical analytical techniques. The analysers are small enough to be located on a lamppost or on a property and are virtually silent in operation, thereby enabling monitoring to be undertaken where it is required. In addition, a single unit is capable of measuring a range of ambient pollutants, including gases and particulate matter. Some are also able to measure other environmental parameters such as ambient noise and meteorological conditions. In addition to the siting benefits, the instruments do not typically require regular calibration, as is required for AURN equipment. These type of instruments do however generate real time data and so they can be used to screen for all objective averaging periods and for all air pollutants. Examples include AQMesh, Zephyr, Aeroqual and Purple Air type small sensor air quality monitoring systems.

The instruments also ideally need to have some form of colocation exercise with a local reference grade analyser in order to derive local specific correction factors for the scaling and ratification of the monitoring data. It should be noted that many manufacturers have already

undertaken such detailed colocation studies with reference grade analysers, with the data from these studies available via their websites.

It is therefore Belfast City Council's view that Northern Ireland Councils should more widely adopt low-cost air quality monitoring systems, for screening purposes but that the screening methodology to be employed should be appropriate and cost effective to the pollutant and averaging period of the air quality objective under consideration.

Q22: Should AQMAs be discontinued and replaced instead with Low Emissions Zones, which cover all aspects of air quality, including Smoke Control?

The Department has stated in its public discussion document that Low Emission Zones (LEZs / CAZs) can incorporate many measures, such as might already be found in AQMA Action Plans, but at their most stringent, they entail the restriction of certain vehicle types, or introduce monetary charging for vehicles to enter an area. The Department has therefore also stated that LEZs are more suited to NO₂ exceedances in city centre streets and are therefore not an obvious solution to exceedances along major trunk roads such as the A12 and A2 in Northern Ireland.

The Department has now asked whether AQMAs should be discontinued and replaced instead with Low Emissions Zones, which cover all aspects of ambient air quality, including smoke control. Since commencement of Part III of the Environment (Northern Ireland) Order 2002, local authorities have been carrying out periodic review and assessments of air quality within their areas. This has involved measuring air pollution and trying to predict how it will change over the coming next few years. The aim of the various review and assessments has been to ensure that the national air quality objectives are achieved within council areas by the relevant deadlines. Where a local authority has found any location within its area where the objectives are unlikely to be achieved, then it has declared an Air Quality Management Area. AQMAs normally encompass the geographic extent of the exceedance of the objective but there is discretion for local authorities to designate a much larger area or indeed their entire district where they deem it necessary.

Specifically, Article 12 of the Environment (Northern Ireland) Order 2002 states that, '*Where, as a result of an air quality review, it appears that any air quality standards or objectives are not being achieved, or are not likely within the relevant period to be achieved, within the district of a district council, the council shall by Order designate as an Air Quality Management Area all, or any part of its district in which it appears that those standards or objectives are not being achieved, or are not likely to be achieved within the relevant period*'.

It should be noted that Belfast City Council has declared four Air Quality Management Areas across the city that presently relate to exceedances of annual and hourly mean objectives for nitrogen dioxide, associated principally with road transport emissions. Exceedances of the hourly objective have been restricted to the M1 Motorway and A12 Westlink corridor AQMA. The AQMAs were declared as a consequence of conclusions and recommendations arising from the first detailed review and assessment of ambient air quality for the Belfast City Council area, completed in 2004. The extent and shape of the AQMAs were determined from the results of atmospheric dispersion modelling and ambient monitoring that was undertaken as part of the detailed assessment and their ribbon shape reflect the geographic extent of the

modelled exceedances of the annual mean objective for nitrogen dioxide at the time of the detailed assessment.

As a consequence of the declaration of the four air quality management areas, the Council has been required to develop a series of Air Quality Action Plans, with input from competent authority partners. As source apportionment studies have determined that the nitrogen dioxide exceedances within the AQMAs are related principally to road transport, the mitigation measures detailed within our various Action Plans have focused mostly on road transport and so have been provided predominantly by the Department for Infrastructure, Translink and Northern Ireland Railways.

No AQMAs have been declared within the city for exceedances of any air pollution objectives for particulate matter or sulphur dioxide, associated with domestic emissions.

The Department will however be aware that the Belfast City Council area has been already substantially declared as a series of smoke control areas. Exceptions include an area of north Belfast, the port area and areas of other Councils that were incorporated into the Belfast City Council area during the local government reform process but were not declared as smoke control areas by their former Councils.

Given the differing nature and focus of the Air Quality Management Areas and Smoke Control Areas that have been declared for Belfast and the variations between the Clean Air (Northern Ireland) Order 1981 and Part III of the Environment (Northern Ireland) Order 2002, it is considered that the administrative, human health and wider environmental benefits of discontinuing Air Quality Management Areas at this stage and amalgamating them with all other aspects of ambient air quality, including smoke control, under an overall Low Emissions Zone approach are not immediately apparent at this time.

It is considered therefore that the Department should undertake further research and development of this recommendation and provide additional information to Councils, competent authorities and other bodies involved in local air quality management for their consideration as to the anticipated administrative, human health and environmental advantages of this proposed overall Low Emissions Zone approach.

Q23: Where applicable, should the entirety of urban districts should be declared as AQMAs (or Low Emissions Zones)?

The Department will be aware from Part III of the Environment (Northern Ireland) Order 2002 and the Council's response to question 22 that legislation already provides for district councils to designate as an air quality management area all, or any part of their districts in which it appears that ambient air quality standards or objectives are not being achieved, or are not likely to be achieved within the relevant period.

As indicated previously, Belfast City Council chose to designate ribbon type AQMAs encompassing the arterial routes where exceedances of the nitrogen dioxide annual mean objective were occurring. The extent and shape of the AQMAs were therefore determined from the results of atmospheric dispersion modelling and ambient monitoring that were undertaken as part of the detailed assessment process and the ribbon style reflects the geographic extent

of the modelled exceedances of the annual mean objective for nitrogen dioxide at the time of the detailed assessment.

Source apportionment studies have since indicated that the principal source of the nitrogen dioxide annual mean objective exceedances within the AQMAs is road transport emissions. Accordingly, in developing our various Air Quality Action Plans, we have referred principally to the transport providers for the city including NI Railways, Translink and the Department for Infrastructure Roads.

In terms of the various mitigation measures that have been provided, there have been location specific proposals such as the proposed York Street Interchange upgrade to address traffic congestion and excessive nitrogen dioxide concentrations along the A12 Westlink corridor but there have also been a range of complementary measures designed to improve ambient air quality generally across the city, such as the new Belfast Transport Hub to be located at Great Victoria Street, promotion of public transport, improvements to the bus fleet, a new Bicycle Strategy for Northern Ireland, eCarNI – electric vehicle charging infrastructure, and further development of park and ride sites at distance from the city. These measures would be expected to deliver air quality improvements within the AQMAs and also across the city generally.

Accordingly, it is the Council's view that there may be benefits in declaring the entirety of urban districts as an AQMA or Low Emissions Zone as such an approach could encourage the development of mitigation measures across a wider urban area and population as opposed to focusing only within the AQMA, which may have been declared to address relatively minor or individual human health exposure. This approach would also ensure that any control measures applied within, for example, a transport related AQMA, do not simply encourage road vehicles to 'rat run' into adjacent areas with an associated disbenefit to ambient air quality in those locations. A district wide AQMA may also enable other ambient pollutants to be concomitantly proactively addressed. The Council would consider however, that DAERA and other government Departments and competent authorities should, where necessary, be part of this decision making process as in many instances, it will fall to them to introduce the required strategies and actions, together with funding support, to create the necessary regional and local improvements in ambient air quality.

In practice however, Belfast City Council has found that in developing its various Air Quality Action Plans to address transport related emissions, competent authority partners have proactively brought forward welcome actions to improve ambient air quality both within the AQMAs and generally across the city without the entire Belfast City Council district needing to have been declared as an AQMA or low emission zone.

In addition, it should be noted that a significant portion of daily road traffic within Belfast is associated with commuters from neighbouring conurbations travelling into and out of the city in order to get to and from work. Accordingly, whilst it may be desirable to declare the entirety of an urban council district as an AQMA or low emissions zone, it is recommended that the Department should also give consideration, from an ambient air quality perspective, as to how road transport and road transport emissions can be more coherently and effectively managed across the wider Belfast Metropolitan Urban Area.

Q24: What are your views on having a traffic-light system for councils to report on?

The Department will be aware that a review of the local air quality management regime in England was conducted by Defra during 2013, 2014 and 2015. No such equivalent review or consultation has been undertaken for Northern Ireland. Accordingly, when referring to the government's LAQM.TG(16), readers will note that the document includes two approaches to local air quality management, i.e. an Annual Status Report, to be completed by local authorities in England, an Annual Progress Report to be completed by local authorities in Wales and Scotland and the various progress reports, updating and screening assessment reports and detailed assessment reports to be completed by local authorities in Northern Ireland.

It is now noted in the public discussion document that the Department has advised that where each Northern Ireland council previously participated in a three year cycle of Updating and Screening Assessment reports, followed by two progress reports, the system will change to reflect that of the other Devolved Administrations with an Annual Status Report being provided. It is further noted that there has been no consultation between the Department and Northern Ireland local councils concerning this revised approach or on the content and format of Northern Ireland Annual Status Reports, and despite the current consultation process functioning only as a public discussion document, the Department has indicated that the new reporting date will be moved to 30th September. The Department has further advised that once agreed, this new system could commence from September 2021.

It is further noted that the proposed new Annual Status Report requires an assessment of local air quality according to monitoring results and against Air Quality Standards and EU objectives. It is unclear if this terminology is referring to EU limit values but if so, it should be noted that there are significant differences between the local air quality management system and that applied to government Departments in respect of compliance with EU limit values. For example, the Air Quality Standards Regulations (Northern Ireland) 2010 place a duty on Northern Ireland Departments to ensure that levels of sulphur dioxide, nitrogen dioxide, benzene, carbon monoxide, lead and particulate matter do not exceed the various limit values set out in Schedule 2 of the Regulations.

Moreover, the Regulations require that in relation to EU target values, Northern Ireland departments shall ensure that all necessary measures not entailing disproportionate costs are taken to ensure that concentrations of PM_{2.5}, ozone, arsenic, cadmium, nickel and benzo(a)pyrene do not exceed the target values detailed in Schedule 3 of the Regulations.

In relation to the duty of Northern Ireland departments to limit exposure to PM_{2.5}, it is noted that the Regulations require that Northern Ireland departments shall ensure that all necessary measures not entailing disproportionate costs are taken in relation to Northern Ireland with a view to attaining the national exposure reduction target by 2020. In addition, Northern Ireland departments shall ensure that all appropriate measures are taken in Northern Ireland with a view to ensuring that the average exposure indicator for 2015 does not exceed 20 µgm⁻³.

It is recommended therefore that with the United Kingdom having formally left the European Union on 31st January 2020, and the requirements on government Departments to achieve and report on achieving limit values to the European Union having been rescinded or amended, the Department should give consideration to aligning and streamlining central and

local government local air quality management obligations and associated reporting requirements in order to create a more coherent and optimum ambient air quality outcome from both processes.

The Council would additionally highlight that for some ambient air pollutants, such as those related to road transport, Councils are functioning principally as co-ordinators of the various Air Quality Action Plans. Whilst Councils do bring forward actions to contribute to these Action Plans and to city and local agenda, Belfast City Council considers it essential that Action Plans should include strategic and local actions from competent authorities that are proven to contribute towards achieving the air quality objectives / limit values, as well as contributing towards PfG Indicator 37 for improving air quality and to community plans, i.e. the Belfast Agenda. The Council is therefore of the view that relevant authorities should also be required to monitor and report on their own performance against government guidance and in that way, effectively contribute to the various Air Quality Action Plans and to the achievement of the air quality objectives / limit values.

In relation to the proposed traffic light system, it is noted that the Department has proposed that Councils will be encouraged to attach a traffic light rating (green – red) to low emission zones. It is unclear however, at this stage whether low emission zones, encompassing smoke control areas, will ultimately be implemented. The Department is encouraged to refer again to the Council's responses to questions 11, 22 and 23 concerning low emission zones and the extent of LEZs / AQMAs. Moreover, it is considered that the Department should provide greater explanation and clarity as to some of the descriptors that are proposed to be applied within the traffic light system. For example, it is unclear how 'good', 'adequate' or 'poor' handling of smoke control could be administratively measured and demonstrated. Moreover, it may be difficult, on an annual basis, to adequately demonstrate that ambient air pollution is improving, not improving or deteriorating. Conclusions of this nature may need to be determined on the basis of longer term ambient monitoring and longer term air pollution trends. It is considered therefore that significant further engagement is required between DAERA, Northern Ireland departments and local Councils concerning the proposed traffic light system and descriptors for Northern Ireland local air quality management reporting, where they are to apply to low emission zones.

Q25: What are your views on the proposals to change the LAQM process, in particular to grant funding for outcome-based measures as opposed to monitoring?

It is noted in the public discussion document that monitoring locations will need to be kept under review and should be addressed as part of the proposed Annual Status Report. It is further noted that the Department has proposed that the LAQM grant application process will be changed to allow Local Authorities and also non-governmental organisations or other similar bodies to bid for money to develop projects which demonstrate outcomes where the activities, supported by the grant money, will have a direct impact on the improvement of air quality in the region or location. These projects could be designed to focus on tackling one or two sources of pollution or they may focus specifically on areas with exceedances.

It is unclear however, from the public discussion document proposals, whether projects to be delivered by non-governmental organisations or other similar bodies will have to be reflected in, and be in accordance with the respective local authority Air Quality Action Plan, and their progress and contributions to improving local air quality managed and monitored through the

Action Planning process or the new Annual Status Reports. It is noted that DAERA have proposed that they will take their lead from the Defra LAQM grant scheme operated in England. It should be noted however that governance arrangements for English Councils are in some instances markedly different to those within Northern Ireland. By way of example, the Department will be aware that responsibility for transport planning, the roads network and associated road infrastructure lies with the Department for Infrastructure as opposed to Northern Ireland Councils. It is also noted that projects will be expected to be completed within 12 months, which may be an insufficient time period to deliver meaningful longer term air quality improvement projects.

DAERA have proposed that Air Quality Action Plans should be fully revised by 30th April 2020 and every 5 years thereafter. The Department will appreciate that Belfast City Council has generally developed and renewed its Action Plans on a 5 year cycle, the most recent 2015 having concluded in 2020 and a new 5 years air quality action plan currently in development.

With further regard to the LAQM grant process and ambient monitoring, the Department has advised that in Northern Ireland, Automatic Urban and Rural Network (AURN) sites, which form part of the official UK-wide monitoring network, will continue to be supported by central government, along with those district council monitoring sites that are used to inform the NICS Outcomes Delivery Plan nitrogen dioxide air quality indicator. Aside from this, more emphasis may be given to the allocation of grant monies to support measures that improve air quality.

This position therefore seems to suggest that the operation of those monitoring sites that are not part of the AURN network, or whose data are not used to calculate the NICS Outcomes Delivery Plan air quality indicator, may no longer be supported through the LAQM process. It is however unclear how this position accords with the Department's proposal, within Chapter 1 of the discussion document, of requiring ambient air quality monitoring to be carried out in any settlement with a population greater than 10,000 persons.

Notwithstanding these matters, Belfast City Council would agree that LAQM grant funding should focus more on projects that deliver tangible improvements in ambient air quality, as opposed to just monitoring. The Council would consider however, that existing or additional monitoring may be necessary as a component of a specific project in order to ensure that it is delivering the anticipated ambient air quality benefits and in that regard, the monitoring should be supported through the LAQM grant process. The types of monitoring equipment that may be needed for future LAQM projects and that should be funded could include, for example, diffusion tubes, small sensor air quality monitoring systems or additional reference grade analysers for characterising particulate matter (PM₁₀ and PM_{2.5}) concentrations, should WHO guideline values be adopted as standards for Northern Ireland.

Q26: Are there any further measures you would suggest to help achieve a significant reduction or revocation of all AQMAs by 2021?

The Department will be aware of the impact of the Covid 19 pandemic and the associated lock-downs on ambient air quality across Belfast and further afield during 2020. Although monitoring data for 2020 has not yet been fully ratified, a review of the provisional annual summary statistics would suggest that concentrations of nitrogen dioxide measured at roadside and background sites across the city were appreciably reduced during 2020, when compared to preceding years. For example, the nitrogen dioxide annual mean, measured at

the Stockmans Lane roadside site in 2019, was $45 \mu\text{gm}^{-3}$ whereas during 2020, it reduced to a provisional annual mean of $33 \mu\text{gm}^{-3}$. Similarly, the nitrogen dioxide annual mean measured at the Westlink roadside site in 2019 was $34 \mu\text{gm}^{-3}$ whereas for 2020, the provisional annual mean was reduced to $24 \mu\text{gm}^{-3}$. For 2019, the nitrogen dioxide annual mean measured at the Belfast Centre urban background site, located at Lombard Street in the city centre, was $24 \mu\text{gm}^{-3}$ whereas during 2020, the provisional annual mean was reduced to $18 \mu\text{gm}^{-3}$ (68% data capture).

It should be noted that if nitrogen dioxide annual mean concentrations across the Council's various automatic monitoring sites and air quality management areas were to remain at these 2020 levels, there would likely be no exceedances of the national objectives for nitrogen dioxide within the city and as a consequence, all of the AQMAs might be able to be revoked.

It should be noted however, that not all ambient pollutants have been affected in the same manner as nitrogen dioxide. In 2019, for example, the annual mean concentration of particulate matter (PM_{10}), measured at the Stockmans Lane roadside monitoring site was $18 \mu\text{gm}^{-3}$, whereas the provisional annual mean for 2020 was $17 \mu\text{gm}^{-3}$. In 2019, the annual mean concentration of particulate matter (PM_{10}), measured at the Belfast Centre urban background site was $15 \mu\text{gm}^{-3}$, whereas the provisional annual mean for 2020 was $12 \mu\text{gm}^{-3}$. Similarly, the 2019 annual mean concentration for fine particulate matter ($\text{PM}_{2.5}$) measured at the Belfast Centre site was $11 \mu\text{gm}^{-3}$, whereas the provisional annual mean for 2020 was $7 \mu\text{gm}^{-3}$.

At present, it is unclear how the continuing Covid-19 pandemic and economic recovery by the city will impact upon road transport and associated concentrations of nitrogen dioxide but the Council will continue to operate its various ambient air quality monitoring stations and sites across the city in order to understand how ambient concentrations of nitrogen dioxide and other ambient pollutants are affected throughout the recovery process.

Chapter 7 – Communication.

Q27. Do you have any suggestions for the membership of the Air Quality Forum?

Whilst the intention of an Air Quality Forum, specific to Northern Ireland, is a welcome idea, it is worth noting that there is already an air quality information sharing platform in existence for the UK. The Air Quality Hub (<https://www.airqualityhub.co.uk/>) was launched in November 2020 and is Defra funded via multiple councils within England, in collaboration with the Low Emissions Partnership (LEP). The project seeks to '*deliver air quality benefits to Local Authorities throughout the country, by establishing an air quality knowledge sharing platform where experience and knowledge on air quality related issues can be readily shared, where a comprehensive library of air quality publications from a number of organisations can be collated and details of events or programmes can be disseminated*'.

The Air Quality Hub aims to support local authority officers and Defra with delivery of the national Clean Air Strategy, thereby ensuring the full range of helpful air quality improvement information is captured and shared from a single access point for the first time. In essence, this appears to be what DAERA's proposal for an Air Quality Forum also seeks to achieve. It may therefore be appropriate for DAERA to work alongside Defra within the framework of the

existing Hub, in order to focus on developing a solid database of best practice information, whilst encouraging further discussion around a NI Air Quality Forum.

However, as the Department will be aware, when it evaluates options for the creation of a NI Forum, consideration should be given to addressing the various differences between Great Britain governance arrangements and those within Northern Ireland. For example, responsibility for transport planning, the roads network and associated road infrastructure lies with the Department for Infrastructure as opposed to Northern Ireland Councils. Establishing clear communication links between relevant organisations and government Departments is considered therefore to be of the utmost importance when further developing this proposal. Regarding membership of the Air Quality Forum, the Council would advise that current regulations and Local Air Quality Management Policy Guidance require that Councils seek actions from 'competent authorities' in relation to AQMAs and subsequent Air Quality Action Plans. Competent Authorities were originally defined in the Air Quality Regulations (Northern Ireland) 2003 and broadly include all Northern Ireland government Departments and the Northern Ireland Housing Executive. Accordingly, it is recommended that Forum membership should consist of representatives from relevant 'competent authority' partners, to include Translink / Northern Ireland Railways, together with representation from other organisations that can contribute views and actions to further reduce ambient air pollution, including for example, planners, industry and industry bodies, housing associations, airport and port operators, freight and road haulage associations, taxi and other transport providers, Sustrans, Shared Environmental Services and the Public Health Agency, etc.

Furthermore, the Department will be aware that a joint unit was formed between the Department for Environment, Food and Rural Affairs (Defra) and the Department for Transport (DfT) in 2016, mainly to deliver the UK's national air quality plans to reduce levels of nitrogen dioxide, including proposals to establish Clean Air Zones.

As prescribed within UK Clean Air Strategy 2019, the Joint Air Quality Unit (JAQU) provides those local authorities taking action on NO₂ exceedances with comprehensive technical support and guidance specifically for the development and implementation of local plans and measures to improve ambient air quality. Each local authority has a dedicated account manager who supports co-ordination and communication with the relevant local authorities, keeps track of progress and provides guidance and workshop style support, with signposting to funding streams across government.

It is this Council's view that a similar approach to cross-departmental collaboration within Northern Ireland would help to tackle air pollution more effectively, especially as NO₂ exceedances for roads remain a pressing challenge for many Northern Ireland local authorities. Moreover, although collaboration with other local authorities, Departments and relevant organisations is already recommended as part of LAQM process (LAQM.TG(16)), it would be desirable that any new Air Quality Forum would not only oversee measures associated with improving air quality, and have appropriate vires to do so, but also serve to foster and co-ordinate better inter-disciplinary collaboration to ensure that ambient air quality matters are adequately considered throughout all relevant policies and initiatives. Moreover, the Forum should ensure that government Departments consider ambient air quality in policy development and throughout their various delivery programmes and projects.

Should DAERA choose to proceed with an individual Northern Ireland Air Quality Forum, separate and distinct from the Air Quality Hub, it may also be worthwhile maintaining existing connections with Defra and the UK Environment Agency in order to ensure that their inputs regarding AURN monitoring sites located within Northern Ireland continue to be taken into account, whilst also providing for links between the UK Clean Air Strategy and Northern Ireland's forthcoming Clean Air Strategy.

Furthermore, given Northern Ireland's unique status within the UK of having a land border with Ireland, DAERA should also give consideration to including air quality practitioners and competent authorities from Ireland. These linkages will ensure that cross-border issues of air quality are not over-looked and are coherently addressed.

Q28: Is increasing awareness of air quality impacts at a local level the best way of promoting behaviour change by individuals to reduce air pollution?

Whilst increasing awareness of air quality impacts at a local level is a major contributing factor to behavioural change, it cannot be relied upon alone to produce the required over-arching positive behavioural change within NI. A more comprehensive multi-faceted approach to this issue is likely to be necessary.

Northern Ireland, as with the rest of the UK, has been built on a foundation of inequalities, which are far from being rectified. For example, NIVCA have advised that the incomes of the bottom 30% of households in Northern Ireland account for just 14% of total income, whilst the top 30% account for 51%. The top 10% of Northern Ireland households alone receive 24% of all income. This economic disparity flows across other areas where inequality is prevalent, including health, and is highlighted in the Department of Health's *2020 Annual Report on Health Inequalities*, which has identified that '*for respiratory mortality among under 75s, the rate in the most deprived areas was almost three and a half times that seen in the least deprived*'. Although air quality issues are not solely to blame for this statistic, it remains a stark reminder that poor ambient air quality issues disproportionately affect those from lower income households, within deprived areas. In the case of fuel poverty, individuals living in more socially deprived areas may not have the resources available to adequately fund centralised home heating that is less damaging to the environment and themselves. Furthermore, whilst economic incentives may be the contributing factor for one individual, the same incentive may not engender an equivalent change for another individual. It is necessary therefore, to use communication and education on ambient air quality issues alongside economic, health and environmental incentives, in order to encourage behavioural change from all socio-economic levels and provide a helping hand to those who are most affected by ambient air quality issues.

It is also worthwhile noting that behavioural changes, especially those required to improve air quality throughout Northern Ireland, are likely to take a considerable amount of time to imprint in society, and the process should therefore be classed as a longer term goal. However, the Department chooses to promote this change, the project should be managed over years, in order to engender the kind of deep and meaningful behaviour change that is needed.

Belfast Health Development Unit colleagues have additionally advised that in relation to road transport, it is important to give the public information on how road-traffic-related air pollution affects their health and on how their transport choices (such as driving during episodes of high pollution) contribute to this, adding that it is reasonable to make businesses aware of the need

to reduce air pollution, by encouraging active travel and more energy-efficient driving, scheduling deliveries to avoid times when streets are congested might also reduce the contribution businesses make to congestion and the resulting pollution.

The Belfast Health Development Unit have further added that information provided by healthcare professionals is also likely to be important in highlighting the effects of ambient air pollution on health and so it is important to ensure that health professionals are aware of the issues about air pollution and communicate them to vulnerable groups. If healthcare professionals routinely raise air pollution as an issue affecting health, this could help to prevent health conditions escalating, particularly amongst the most vulnerable groups. If local authorities raise awareness about air pollution with businesses and the public, this could help reduce air pollution and resulting ill health, so meeting their duty to protect people's health and wellbeing. In both cases, this would also reduce the need for potentially more expensive and less effective remedial interventions at a later time. It is considered that changes in knowledge and behaviour that may lead to reduced exposure to air pollution, either for the person or for the wider community, are essential. Raising awareness of air pollution will therefore help people, particularly those who are most vulnerable, to reduce their exposure, especially when levels of pollution are high, help people to understand how to change their behaviour to reduce emissions, thereby further reducing population-level exposure and support the development of social networks (social capital) that can be built on for benefits in other areas.

Q29: Do you have any further comments or suggestions on how the impacts of policy interventions can be tracked in Northern Ireland?

Based on the most recent '*Review of interventions to improve outdoor air quality and public health*' 2019, produced by Public Health England, the original approach to quantifying impact was through the analysis of cost and health benefits arising from reductions in negative air quality impacts. Whilst this quantification process is not yet completed, it is still an idealistic solution to the track ambient air quality policy intervention impacts over the longer term.

<https://www.gov.uk/government/publications/improving-outdoor-air-quality-and-health-review-of-interventions>

The initial steps should set out a framework to aid in tracking the impact of policy interventions and include a baseline from which to work. Once this has been established, it may be possible to evaluate policies based on their short and long term impacts, with priority on policies that aim to reduce the impacts to air quality at source, rather than the mitigation of consequences, as noted in the Department's discussion document.

The related point of tracking short and long term air quality trends, rather than just impacts of policy interventions is an equally important consideration when moving forward. Northern Ireland provides all ambient air quality data openly via the Northern Ireland Air website, as well as through numerous annual reports and the various Council Air Quality Action Plans. It is considered that this repository is significant as it is the most comprehensive database for Northern Ireland ambient air quality data, research and reports. The Department should therefore seek to utilise the website to its fullest potential in relation to tracking and publicising air quality trends as well as the impacts of policy interventions. However, in order to further improve the usage and functionality of the website, it is considered that the Department should develop and include further Northern Ireland specific policy guidance for local authorities and other air quality actors to utilise, based upon Northern Ireland local air quality management

needs and priorities. This would ensure that all Northern Ireland Councils and their partners are able to tackle all air quality issues within their areas and to track impacts and interventions in a coherent and consistent manner, thus ensuring that ambient air quality data collected throughout Northern Ireland can be collated to provide a much more comprehensive and accurate overview of Northern Ireland's air quality issues and improvements over time.



Subject:	Belfast City Council response to the Department of Health's new "Mental Health Strategy, 2021-31, for Northern Ireland"
Date:	9 th February 2021
Reporting Officer:	Ryan Black, Director of Neighbourhood Services
Contact Officer:	Kelly Gilliland, Neighbourhood Services Manager, North

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of Main Issues
1.1	The Department of Health has developed its draft mental health strategy for Northern Ireland and is now consulting on this. The consultation closes on Friday 26th March 2021 at 5.00pm.
1.2	Addressing mental health is a key priority within the Belfast Agenda and indeed for members. Therefore as with the previous response prepared for the consultation on the new drug and alcohol strategy being produced by DoH and which members considered at the January P&C Committee meeting, Council is again making the case as part of their response that the new strategy, and the structures associated with it, need to integrate and

	align with community planning structures to ensure both regional and local impact can be maximised.
1.3	Officers have also highlighted the “Elephant in the Room” report jointly produced by the Belfast and NI Youth Forums and requested that the recommendations within it are fully considered and further developed as part of the implementation plan(s) for the strategy.
2.0	Recommendations
2.1	<p>The Committee is asked to</p> <ul style="list-style-type: none"> • Approve the draft consultation response at Appendix 1, which will then go to full Council for consideration in early March, in order that the final approved response can be submitted by the 26th March deadline.
3.0	Main Report
	<u>Financial & Resource Implications</u>
3.1	There are no financial and resource implications for Council at present.
	<u>Equality or Good Relations Implications/Rural Needs Assessment</u>
3.2	The consultation document confirms that the Department of Health has completed equality, good relations and rural needs screening (links to these provided).
4.0	Appendices – Documents Attached
	<p>Appendix 1 – Draft Council Response</p> <p>Appendix 2 – Consultation document: “Mental Health Strategy for Northern Ireland, 2021-2031” (DoH)</p>

Mental Health Strategy 2021-2031

Consultation Response Document

Personal details	
Name	Kelly Gilliland
Email address	gillilandk@belfastcity.gov.uk
Are you responding on behalf of an organisation?	Yes
Organisation (if applicable)	Belfast City Council
Vision and Founding Principles	
Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?	
Fully Agree	
Please add any further comments you may have	
Council agrees with all three elements of the vision as outlined in page 13.	
Do you agree the founding principles set out provide a solid foundation upon which to progress change?	
Fully Agree	
Please add any further comments you may have	
Council agrees with the 7 principles outlined. Principles 1 to 4 – also need to clearly identify the role of, and needs of, family members in relation to impact of trauma, service design and care options. Suggestion for an additional principle or expansion of principle 4 on choice to include ‘timeliness and appropriateness – that services will be available at the point of need/ presentation of need.’	
Theme 1: Promoting wellbeing and resilience through prevention and early intervention	

Do you agree with the ethos and direction of travel set out under this theme?

Mostly Agree

Please add any further comments you may have

Would like to have seen a clearer reference made to the Take 5 Steps to Wellbeing approach and the role of online supports such as those being provided through the Covid Wellbeing NI website and how these could both be built upon and further developed over the life of the strategy.

Do you agree with the actions and outcomes set out under this theme?

Mostly Agree

Please add any further comments you may have

As noted above – the majority of the actions listed under this theme whilst welcomed (especially the increased resources for talking therapy hubs and multi-disciplinary teams within GP surgeries) are still in the main service/provision of care focussed albeit at early intervention level.

Suggest need additional specific action(s) focussed on prevention and specifically the promotion of wellbeing and resilience and e.g. regional awareness-raising campaign underpinned by local actions – this could be supported by community planning structures at LGD level and further development of up to date, relevant, targeted and accessible information across a range of communication channels.

Action 1 – the proposed plan should build on the vast range of work already being undertaken, particularly within the community and voluntary sector in terms of prevention and early intervention projects, services and initiatives which are often innovative but under-resourced and subject to time-bound, short-term funding.

Council would like to draw attention to the 'Elephant in the Room' report, which was jointly produced by the Belfast and NI Youth Forums, particularly the recommendations, and request that these are considered in terms of implementation of the strategy.

<https://www.belfastcity.gov.uk/Documents/youth-forum/Elephant-in-the-room>

In relation to this theme the report noted that: *'A key issue for young people is that there is little to no positive mental health language; they told us that society frames mental health in a negative way and this makes young people associate it with negative thoughts.'*

As a result the report recommended the creation of a youth-led, government backed mental health campaign, challenging the culture of silence and negative stigma and that young people were engaged with to create and fund safe digital solutions to receive mental health information and support. These digital solutions should be designed by young people for young people.

Council is encouraged to note the additional focus on, and funding for, mental health in schools – again the Elephant in the Room report concluded that a compulsory curriculum programme for all schools and colleges on mental health and wellbeing should be established and appropriate training provided to teachers, support staff and youth workers.

Action 3 – should include reference to the role of Family Support Hubs and services such as Sure Start, etc. in terms of families accessing prevention and early intervention support.

Theme 2: Providing the right support at the right time

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

Please add any further comments you may have

Council very much welcomes the ethos and direction of travel as set out within this theme – particularly the wording at point 62/page 26 which states that:

Providing services at the right time means that support has to be available when people need it. That might be through appropriate crisis support, but it also means ensuring quicker access to appropriate services without multiple onward referral processes – a “no wrong door” approach. We also need to consider support for individuals with mental health needs holistically, to ensure that they do not fall between gaps in services if they have a dual diagnosis of mental ill health and an addiction, and to ensure they receive support for their physical health as well as mental health.

Elected members consistently raise concerns via Council structures and processes on behalf of their constituents about the need for better joined up, accessible and responsive services for those with mental health, substance misuse and homelessness needs (and more worryingly for those living complex lives where all three issues are impacting) where it is very apparent that they are falling between gaps.

Do you agree with the actions and outcomes set out under this theme?

Fully Agree

Please add any further comments you may have

Council welcomes the focus on children and young people, increased funding for and reorganisation of CAMHS, the focus on the needs of older people, the improved role of GPs and GP Federations and on in-patient mental health services.

Council agrees on the need for crisis services and that there should be equity of access across the region, however Council would welcome more detail on what a ‘regional crisis service’ would look like and how it would operate and would therefore anticipate that the findings of the ‘expert review’ referred to in point 142/page 42 are shared and the recommendations in terms of the way forward are widely consulted on. It will also be important that as well as staff within these services being able to offer immediate support on mental health/suicide prevention issues that they are also able to offer advice and support and access treatment pathways for substance misuse issues also.

Action 20 – Creation of a Managed Care Network – dual diagnosis staff supporting and building capacity in mental health and substance misuse services.

Whilst this action is welcome it does not go far enough to address the significant issues people with combined needs have in accessing support through these services currently – it also appears to be statutory focussed and aimed at high end/Tier 3 clients. There is a pressing need to support and build capacity at Tier 2 level and particularly with C&V sector service providers who are often the services providing help to such clients whilst they try to navigate or are waiting to access statutory services. There is also a need to build relationships and pathways between statutory and C&V providers across both mental health and addiction services – relates to Actions 11 and 12.

Clarity is needed, and should then be communicated, on whether drugs and alcohol/addictions falls under the umbrella of mental health within statutory HSC services or sits separately as it appears as if it the former structurally but the latter in practice.

Theme 3: New Ways of Working

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

Please add any further comments you may have

Belfast City Council welcomes the opportunity to consider the draft strategy 'Mental Health Strategy for NI, 2021-2031.'

Councillors continue to raise concerns about the impact of mental health on individuals, families and communities in Belfast on an ongoing basis.

It remains our position that there is a need for more effective coordination and collaboration at both service planning and service delivery levels and therefore that both the new strategy, and structures associated with it, need to integrate and align with community planning structures to ensure both regional and local impact can be maximised. Clear governance at both a regional and local level will facilitate flexible inter-agency action across organisations and also ensure collective accountability.

Given the prominence of related outcomes in the Belfast Agenda, Belfast City Council would like to emphasise that it wants to be an active participant and co-producer of any strategies and action plans seeking to address these issues in Belfast for the benefit of its citizens.

Do you agree with the actions and outcomes set out under this theme?

Fully Agree

Please add any further comments you may have

Action 26 – Workforce review and development – welcome the fact that staff need to be trauma-informed and trained in suicide prevention skills - relating to earlier points would also argue that drug and alcohol awareness/skills also needs to be built in to the training plan and/or that multi-disciplinary teams within mental health should have addictions specialists within them and vice versa in the addictions services.

Prioritisation

If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?

1

2

3

4

5

Finally, is there any one key action which you feel is missing from the draft Strategy?

It is very difficult to prioritise given the breadth and scope of the actions from prevention through to specialist services and the significant needs and gaps that have been

identified. As noted previously Council welcomes the focus on prevention and that Action 1 states that an action plan will be developed to promote positive mental health and wellbeing. We are also pleased to see the role of C&V service providers being acknowledged and welcome the aim outlined in Action 11 to fully integrate community and voluntary sector in mental health service delivery. Finally, Council welcomes the actions (7 & 19) re. ensuring timely and accessible crisis services are in place for both children and young people as well as the adult population and that these will be linked into wider stepped care network of services.

It will be important, as stated in the consultation guidance document, that the accompanying funding and delivery plans clearly outline the anticipated timeframes and targets for each of the actions identified and that there is a clear and transparent process in terms of how these plans are developed and signed off.

However, it will be important for the final version of the strategy and/or the accompanying implementation plan to outline anticipated timeframes for each of the actions identified and perhaps to prioritise under each theme.

It will also be important that clearer linkages are made across the Mental Health Strategy, the Mental Health Action Plan, Protect Life 2 and the new Drug and Alcohol Strategy (currently being consulted on) as there are obvious areas of duplication or similarities where structures and actions could and should be merged or expanded on to create better outcomes at commissioning, service delivery and at an individual level.

Impact Assessments/Screenings

Do you agree with the outcome of the Impact Assessment screening?

Fully Agree

Please add any further comments you may have

Thank you for taking the time to respond to the consultation.

Please submit your completed response by **5pm on 26 March 2021** using the details below:

E-mail:

mentalhealthstrategy@health-ni.gov.uk

Hard copy to:

Department of Health
Adult Mental Health Unit
Room D4.26
Castle Buildings
Stormont
Belfast
BT4 3SQ

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An Roinn Sláinte

Männystrie O Poustie

Mental Health Strategy 2021-2031

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Ministerial foreword

Mental ill health is a huge challenge for our society. Too many people struggle with being mentally unwell and too many people find it difficult to find the help and support they need when they need it. Mental illness and suicide are severely impacting our communities, limiting the life chances of our young people and constraining our potential across society.

I am determined to reduce the number of people across all sections of our society who wake up every morning and struggle with their own mental health challenges. As such I want to ensure that they have the mental capacity and support to enjoy richer, more fulfilled lives.

Since becoming Health Minister I have repeatedly noted that mental health is one of my top priorities. I have taken action by publishing a Mental Health Action Plan, including a Covid-19 Mental Health Response Plan, on 19 May 2020, by appointing Northern Ireland's first ever Mental Health Champion with cross-Departmental support, and by making new financial resources available. I am therefore very pleased to build on this by publishing this consultation version of a 10 year Mental Health Strategy. The draft Strategy intends to provide a clear direction of travel to support and promote good mental health, provide early intervention to prevent serious mental illness, and to provide the right response when a person needs specialist help and support.

To drive the strategic change needed, this draft Strategy sets out 29 key, high-level actions under three overarching themes. The first, Promoting Wellbeing and Resilience through Prevention and Early Intervention, is key to ensuring we put the right conditions in place to support our communities to stay mentally well throughout their lives. The second, Providing the Right Support at the Right Time, covers a range of service improvements that ensure better access to support when it is needed, putting the person's needs right at the centre. And the third theme, New Ways of Working, sets out the key changes that will support these improvements across the system, with the ultimate aim of improving outcomes for people.

Of the 29 actions, four stand out. Firstly, I am creating a year on year action plan for mental health promotion. This will entail ongoing work to identify and agree actions that can help to support positive mental health across our community, and prevent mental illness developing. Secondly, I am committing to significant improvements in primary care mental health services, with greater responsibility for our GPs, working through their GP Federations. This will involve completing the roll out of psychological therapies hubs and additional investment to increase availability and accessibility of talking therapies at a local level. This will help to ensure that the system focusses on people and their needs, rather than expecting individuals to conform to a rigid system.

Thirdly, I am proposing better integration between statutory and community and voluntary sectors; this is key to harnessing the huge experience, skills and expertise within the community and voluntary sector to complement and supplement statutory support. Fourthly, I will take forward the creation of a single mental health service. I will do this, not by changing organisational boundaries to create new silos, but by ensuring we have structures in place to deliver regional consistency, quality and access across Northern Ireland. Implementing these four core actions, together with the other 25 outlined in the draft Strategy, will fundamentally reform our approach to mental health in Northern Ireland and will create the foundation for a population with better mental health.

This Strategy is particularly important during these difficult times. I am well aware of the challenges faced by the population as result of the Covid-19 pandemic and the restrictions on everyday life. It is therefore more important than ever that we consider what we want our mental health services of the future to look like. We have an excellent opportunity to build our response to the mental health impact of the pandemic into a strategic vision and foundation for the future, building on our own specific context to drive significant change and improvement for the next decade, and beyond.

As I have previously noted, excellent work has been done in recent years to improve mental health services, to support positive mental health and to help those suffering from mental ill health. It is important to recognise we are not starting from zero; without the dedicated work and effort of those working in this field we would undoubtedly be in an even more difficult position than we are now. It is therefore important that we provide the right tools and support to allow those dedicated to supporting people with their mental health to continue to do so.

The publication of the consultation draft of the Strategy is an important step in this process. However, there remains important work to be done; we then have to work collaboratively to implement the Strategy over the next 10 years.

I would like to thank all those who have been involved in developing this draft Strategy. Your voice, your experience, your expertise and your input have been instrumental in getting us to this point, and this work could not have been done without you.

Robin Swann MLA
Health Minister

Summary of actions

Theme 1 – Promoting wellbeing and resilience through prevention and early intervention

Promotion, early intervention and prevention

ACTION 1. Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach. The action plan must consider groups disproportionately affected by mental ill health which often struggle to access early intervention services.

ACTION 2. Expand talking therapy hubs, which are resourced sustainably, to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider work on establishing mental health as an integral part of the primary care multi-disciplinary team. This will expand the delivery of psychological therapies across Northern Ireland to improve the mental wellbeing of the population and prevent the establishment of mental disorders.

Promoting children and their families' positive mental health

ACTION 3. Further promote positive social and emotional development throughout the period of childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

ACTION 4. Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for the disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families.

Theme 2: Providing the right support at the right time

Child and adolescent mental health

ACTION 5. Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people.

ACTION 6. We will meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.

ACTION 7. Create clear and regionally consistent urgent, emergency and crisis services to children and young people.

Mental health and older adults

ACTION 8. Ensure adult mental health services cater for older adults with mental ill health, provide adequate support and structures and are mindful of the particular challenges older people face. The artificial cut off in adult services at the age of 65 will stop and people will be supported by the right service based on their individual needs.

Community mental health

ACTION 9. Refocus and reorganise primary and secondary care mental health services around the GP Federations to ensure a person centred approach, working with statutory and community and voluntary partners to create local pathways within a regional system.

ACTION 10. Further develop recovery services, including Recovery Colleges, to ensure that a recovery focus and approach is embedded in the whole mental health system.

ACTION 11. Fully integrate community and voluntary sector in mental health service delivery across the lifespan including the development of a protocol to make maximum use of the sector's expertise.

Psychological therapies

ACTION 12. Embed psychological services into mainstream mental health services. Psychological therapies will be available across all steps of care.

ACTION 13. Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

Physical healthcare and mental illness

ACTION 14. Ensure that monitoring of the physical health of mental health patients becomes everyday practice in primary care.

ACTION 15. Ensure that all mental health patients are screened for physical health issues on admission. Across all mental health services, help and support should be provided to encourage positive physical health and healthy living.

In-patient mental health services

ACTION 16. Continue the capital works programme to ensure an up to date in-patient infrastructure. Also consider alternative options to hospital detentions in line with legislative changes to ensure the best outcomes for patients and to ensure that those who need in-patient care can receive the best care available.

ACTION 17. Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

ACTION 18. Develop regional low secure in-patient care for the patients who need it.

Crisis services

ACTION 19. Create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. The crisis service must be fully integrated in mental health services and be regional in nature.

Co-current mental health issues and substance use (dual diagnosis)

ACTION 20. Create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.

Specialist interventions

ACTION 21. Continue the rollout of specialist perinatal mental health services.

ACTION 22. Ensure access to evidence based treatments and interventions for people presenting with a first episode psychosis and develop a psychosis network.

ACTION 23. Create a personality disorder service and enhance the specialist interventions available for the treatment of personality disorder in Northern Ireland.

ACTION 24. Create a regional eating disorder service.

Theme 3: New ways of working

A regional mental health service

ACTION 25. Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development.

Workforce for the future

ACTION 26. Undertake a review of the mental health workforce, including consideration of increasing training places and training of the existing workforce.

ACTION 27. Create a peer support and advocacy model across mental health services.

Data and outcomes

ACTION 28. Develop a regional outcomes framework in collaboration with service users and professionals, to use as a method to underpin service development and delivery.

Innovation and research

ACTION 29. Create a centre of excellence for mental health research with dedicated funding.

The current state of mental health in Northern Ireland

Mental health problems

1. Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England.
2. Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. Low-income groups have higher rates of mental health conditions, particularly severe and enduring problems, than high-income groups.¹ People with mental ill health have a higher risk of economic hardship.
3. The legacy of the Troubles is also recognised as having a significant impact on mental health in Northern Ireland; in 2008, 39% of the population in Northern Ireland reported experiencing a traumatic event relating to the Troubles. Deprivation and high rates of mental and physical illness co-occur in the areas most impacted by the violence.²

39% OF THE POPULATION IN NORTHERN IRELAND HAS REPORTED EXPERIENCING A TRAUMATIC EVENT RELATING TO THE TROUBLES

4. According to the *Youth Wellbeing Child and Adolescent Prevalence Study*, among children and young people, one in ten (11.9%) experienced emotional problems, with significantly higher rates in deprived areas. One in six have a pattern of eating disorder, and almost one in ten of 11-19 year olds reported self-injurious behaviours. The prevalence study found that anxiety and depression is 25% more common in children and young people in Northern Ireland compared to other parts of the UK.³

1 IN 10 CHILDREN AND YOUNG PERSONS EXPERIENCED EMOTIONAL PROBLEMS AND 1 IN 6 HAVE A PATTERN OF EATING DISORDER

¹ Boardman et al, 2010, *Social exclusion and mental health - How people with mental health problems are disadvantaged: An overview*.

² Ulster University, 2019, *Review of Mental Health Policies in Northern Ireland: Making Parity a Reality*.

³ Bunting et al, 2020, *Youth Wellbeing Child and Adolescent Prevalence Study*.

5. The advent of the global Covid-19 pandemic has also significantly impacted mental health in Northern Ireland. Lockdown, shielding and social distancing, the closure of schools, working from home, increased deaths, reduction in face to face services, as well as the restrictions on funeral rites during the pandemic have had an impact on the emotional wellbeing of many, including those with existing mental health conditions. In addition, evidence has shown increased levels of acuity presenting to acute mental health services. It is highly likely that we will see increased levels of need for a number of years due to the ongoing impact of the pandemic on our society's mental health.

Strategic context

6. There has been a transformation in mental health services over the last 20 years. The *Bamford Review* was established by the Minister of Health, Social Services and Public Safety in October 2002. The Review provided a forward plan for mental health and learning disability policy and services and also focused on the existing provisions of the Mental Health (Northern Ireland) Order 1986, and directed that in future particular account be taken of issues relating to incapacity, human rights, discrimination and equality of opportunity.
7. The *Bamford Review* led to important improvements in care for people with mental health problems, including a significant reduction in long stays in mental health hospitals – meaning more people living well in our communities. We have also made significant improvements in the involvement of people with lived experience in the commissioning and delivery of services, and the establishment of Recovery Colleges has embedded a recovery-oriented practice in mental health services and ensured a greater number of peer support workers.
8. The *You in Mind – Regional Mental Health Care Pathway* launched in 2014 provides a care pathway for people who require mental health care and support. The pathway recognises that all treatment and care needs to be highly personalised and recovery orientated. The *Working Together: A Pathway for Children and Young People through CAMHS* launched in 2018 and provides a similar pathway for children and young people who require mental health care and support.
9. Other recent drivers, including Lord Crisp's report on acute psychiatric care and the Bengoa review *Systems not Structures*, have driven further improvement and additional investment. The Department of Health's 2016 response to the Bengoa review, *Health and Wellbeing 2026: Delivering Together*, set out a ten year plan to transform health and social care in Northern Ireland. Delivering Together promotes a model of person centred care focused on early intervention, prevention and supporting independence and wellbeing. It identified mental health as a priority area and committed to building capacity in communities,

developing services to deal with trauma, and achieving parity of esteem with physical health.

10. In recent years, public attitudes towards mental health have improved, an ethos of co-production and co-design has been promoted, and a greater focus on human rights has improved the lives of many suffering from mental ill health. The cross-Departmental policies Making Life Better and Protect Life 2 have driven extensive work on health promotion and suicide prevention by addressing health inequalities and risk factors for suicide and self-harm. We have also seen additional investment in mental health through the establishment of, for example, Multi-Disciplinary Teams and mental health primary care workers in some areas, as well as mental health liaison services in Emergency Departments. The mental health response to the Covid-19 pandemic has also helped to promote and encourage the use of digital resources to support mental wellbeing and mental health.
11. However, gaps in provision remain, services are coming under increasing pressure due to increasing demand and staffing issues, and there remains a stigma attached to mental health. Mental health is still not viewed or treated in the same way as physical health, and despite the injection of additional resources is still underfunded when compared with other UK jurisdictions: in 2018/19 approximately £300m was allocated to mental health, representing around £160 per person in Northern Ireland. During the same period spend in England was £12.2bn, representing around £220 per person, and in Ireland investment equated to over £200 per person.⁴

MENTAL HEALTH SPEND IN NORTHERN IRELAND IS 27% LESS THAN ENGLAND AND 20% LESS THAN IRELAND

12. In addition, barriers to access mental health services remain, particularly for some marginalised groups who are considered to be at higher risk of mental ill health. This may be due to social exclusion or isolation, communication barriers, or they may be in some way stigmatised by society.
13. To tackle some of these issues in the short to medium term, and set the foundations in place for longer term strategic change, in May 2020 the Department of Health published a new Mental Health Action Plan. The 38 actions in the Action Plan fall into three broad categories: immediate service developments; longer term strategic objectives; and preparatory work for future

⁴ There are differences in how mental health spend is calculated. However, even considering such factors there is a significant under investment in Northern Ireland.

strategic decisions. Work is continuing to implement the Action Plan, and improvements are already being realised that will directly benefit people using mental health services. Other actions being taken forward will directly influence, complement and contribute to strategic decision making in the years to come.

What needs to change

14. Despite the improvements we have seen in mental health services in recent years and the positive experiences of many people accessing support, there remains much to be done to achieve real, meaningful and lasting change for all.
15. We consistently hear the same messages from people using mental health services: waiting lists are too long for psychological therapies, crisis support is not available when it is needed, those with specific needs often find themselves outside of service criteria and therefore unable to access the right type of help and support, and that earlier intervention is needed to prevent or delay the onset of more serious mental health problems.
16. Across Northern Ireland targets for access to services are regularly missed, with almost 2,000 people waiting more than 9 weeks for access to adult mental health services, 240 children and young people waiting more than 9 weeks for core CAMHS services and more than 900 people waiting more than 13 weeks for psychological therapies.⁵
17. We know that if we can provide effective mental health interventions early, the outcomes for individuals and their families are much better. Care and treatment must therefore be available when and where they are needed. We must create systems that work together to reduce waiting lists, that support people at their time of crisis so people do not end up in Emergency Departments, that help people in their recovery to and promote full participation in society. Our mental health system needs to be family focused in its practice to ensure that individual recovery also supports family recovery.
18. It is clear, therefore, that in the same way as there must be a continued strategic focus on parity of esteem between mental and physical health. Attention must also be given to parity within it to ensure equality and equity of access to mental health services for all, with a focus on recognising and meeting the individual's specific needs.

⁵ Correct as of 31 October 2020.

19. It is vital that we use the learning from the impact of Covid-19 to ensure we have a system that works to prevent or delay the onset of mental health problems, and that truly meets the needs of its users.
20. Leaders across the system must take decisive steps to break down barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, and improve outcomes. This requires a culture change with better outcomes as the core focus and accountable leadership embedded in our workforce. This will mean regionality of services to ensure consistency of delivery. This will avoid unwarranted variation for patients and ensure better treatment outcomes.
21. And we need to focus on putting the right foundations in place to support our workforce to meet the needs of the people using services, by increasing training numbers, having well trained staff and ensuring we are using the workforce in the best way possible.
22. By learning from our experience to date, by listening to the views and suggestions of people with lived experience, carers and other experts across organisations and sectors, we can ensure that the future for mental health in Northern Ireland is brighter, more positive and reflective of the needs of our population.
23. The changes proposed in this Strategy are the result of co-design and co-production with people with lived experience, carers, professionals, managers and academics. The work started in 2018 through 2019 with the development of the Mental Health Action Plan, and has continued throughout 2020 during the Strategy development process. A large number of people with wide experience have told us that much good has been done over the last decade, but that much more needs to be done.
24. During the process people have told us we need to focus on promotion, early intervention, prevention and family focussed recovery. We have been told that this should include ensuring a good start in life, providing effective support early through primary care and accessible treatment and ensuring that people who are usually difficult to reach are targeted.
25. We have also been told that we need to focus on putting the person and the family at the centre and model services around their needs; that we need to ensure that the same services are available across Northern Ireland; and that services and interventions need to be evidence based.

Vision for the future

26. We have listened to stakeholders through the process of co-producing this draft Strategy, and we recognise the key issues that matter to them: consistency and equity of access to services, support across the lifespan, choice, a focus on quality of life, and the need to put the person right at the centre of every decision. We have also heard how co-production and co-design must become the standard at every stage of policy and service design, and individual care planning.
27. We have translated the views shared with us into a vision and 7 founding principles, which set out what we want to achieve for mental health in Northern Ireland over the next decade. The 7 principles must be the foundations upon which each of the actions set out in this Strategy are based – they are core threads which must feature in all work to take forward the implementation of the Strategy.

Our vision for Northern Ireland is a society which promotes emotional wellbeing and positive mental health for everyone across the lifespan, which supports recovery, and seeks to reduce stigma. We want a system that ensures consistency and equity of access to services, regardless of where a person lives, and that offers real choice.

We want a mental health system that breaks down barriers to put the individual and their needs right at the centre, respecting diversity, equality and human rights, to ensure people have access to the right help and treatment at the right time, and in the right place.

And we aspire to have mental health services that are compassionate and able to recognise and address the effect of trauma, that are built on real evidence of what works, and which focus on improving quality of life and enabling people to achieve their potential.

28. To achieve this vision, we need to invigorate and energise our communities and organisations, to promote a culture change that will bring about real improvements for the population in Northern Ireland. We need to focus on

learning from our experiences and supporting each other. We need to stop people falling through gaps in services by putting the foundations in place for true collaboration and integration, working together with and supporting our partners in the voluntary and community sector to provide high quality support and services on the ground.

29. The work to implement this vision and the actions made in this draft Strategy must be based on the same core, founding principles:

- I. Meaningful and effective co-production and co-design at every stage.*
- II. Person centred care and a whole life approach – a system that meets the needs of the person, rather than expecting the person to fit into a rigid system.*
- III. Care that considers and acknowledges the impact of trauma – where staff have the appropriate knowledge and skills and are aware of the impact of trauma, particularly in the context of Northern Ireland.*
- IV. Choice – meaning choice in treatment to fit the needs and preferences of the person.*
- V. Early intervention, prevention and recovery as a key focus – all decisions should be made with this in mind.*
- VI. Evidence informed decisions - services and interventions built upon sound evidence of what works.*
- VII. The specific needs of particularly at risk groups of people, and the barriers they face in accessing mental health services, should be recognised and addressed.*

30. This draft Strategy builds upon this vision and founding principles to set out 29 key actions to bring about change to mental health in Northern Ireland. The actions are set out under 3 overarching themes:

- **Promoting wellbeing and resilience through prevention and early intervention**
- **Providing the right support at the right time**
- **New ways of working**

Theme 1 – Promoting wellbeing and resilience through prevention and early intervention

31. Health is closely linked to the conditions in which people are born, grow, live, work and age, and inequities in power, money and resources – the social determinants of health.⁶ The mental health and wellbeing of the population in Northern Ireland is therefore not just a health and social care issue, it is societal. The Northern Ireland Executive has recognised that promoting and maintaining good mental health cuts across all Departments and all aspects of life. The establishment of the Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention, and the appointment of the NI Mental Health Champion, demonstrates the clear commitment across the Northern Ireland Executive to joint working to improve society's mental health and wellbeing.

Mental Health Champion

In April 2020, cross-Departmental support was secured, through the Northern Ireland Executive, to formally establish a Northern Ireland Mental Health Champion role. The creation of such a role was in response to wide ranging calls from across the mental health sector for the creation of a strong, effective and independent voice to advocate on their behalf. The Mental Health Champion is therefore a joint initiative across the NI Executive and fully supported by all Executive Ministers. As a signal of the collaborative will for the role to succeed, funding for the role is shared across Departments.

The purpose of the Mental Health Champion is to integrate a mental health friendly ethos into all policies and services developed and delivered by the NI Executive and to enhance the level of collaborative working on, and awareness of, psychological wellbeing, mental health, suicide and recovery in Government Departments. The role is also to be a voice for people with lived experience, who are often not heard in the public debate.

32. When considering what impacts on our population's mental health, and how to improve it, we must consider this wider context. If we want to achieve our vision of a system that promotes positive mental health and seeks to enable people to achieve their potential, it is hugely important to invest in measures to promote and support emotional wellbeing and resilience, to raise awareness of mental health and reduce the stigma associated with it, and prevent and delay the onset of mental health problems as far as possible.

⁶ World Health Organization *Social determinants of health* https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

33. Outcomes:

- Better mental health among the wider population, evidenced by a reduction of % of population with GHQ12 scores ≥ 4 (signifying possible mental health problem).
- Better interagency cooperation to promote wellbeing and resilience.
- Wider awareness of mental health within the health and social care sector outside the mental health profession.
- Wider awareness of how mental health can be impacted by every day decisions and strategic policy directions outside the health and social care sector.

34. Good mental health is linked to good physical health and positive relations with families, friends, and colleagues. It enables us to fulfil our potential, engage in community life, and lead full and rewarding lives. The natural and built environments in which we live, work, visit and play can impact profoundly on our wellbeing. Surroundings that are well-planned, designed and maintained may help prevent, and support recovery from, mental illness.

35. Prevention of mental health problems and early intervention when they occur is both possible and cost-effective. People's mental health is shaped by a number of social, economic, cultural and environmental factors, which can make people more or less likely to develop a mental health problem. Evidence shows that poverty and mental ill-health are closely associated, and disadvantage can have long-term consequences.⁷ We also know that the Troubles has had a lasting impact on both social deprivation and levels of mental ill health. In Northern Ireland we need to continue to work together across government, sectors and the whole of society to implement existing policies designed to address deprivation, poverty and social cohesion issues, and other social determinants of mental ill health. The four new social inclusion strategies (Disability; Anti-Poverty; Gender; and Sexual Orientation) currently being developed are also likely to include interventions from across government Departments that will contribute to improving our population's mental health and wellbeing.

Case Study: Urban Villages

This headline action of the Executive's Together: Building a United Community strategy is a good relations programme in places with a history of deprivation and social tension. Mental Health has been prioritised by local communities in Strategic Framework documents covering five Urban Village areas across

⁷ Mental health and poverty in the UK – time for change? ([Jed Boardman](#) et al, May 2015)

Belfast and Derry/Londonderry, and is the focus of many community-led projects supported by the Urban Villages Initiative.

The strategic focus on this issue by local communities demonstrates that poor mental health is a barrier preventing communities from thriving in a post-conflict society. This also reflects intergenerational trauma arising from a legacy of division. To support local efforts, a €6.1m EU PEACE IV funded project called 'Our Generation' was launched in September 2020. This three year programme will work in Urban Village areas and border counties and co-design local approaches to build emotional resilience and improve the mental health of young people.

36. As part of this, as a society we need to continue to provide opportunities for individuals and communities to look after their own emotional wellbeing and mental health, for example, by providing access to green and blue spaces, opportunities for exercise, leisure activity and social interaction, including volunteering opportunities, as well as access to housing and employment, all of which are proven to have an impact on emotional and mental wellbeing.

Case Study: Connswater Community Greenway

This £40 million project in East Belfast was developed by EastSide Partnership and delivered by Belfast City Council. Funded by the Big Lottery Fund, Belfast City Council, the Department for Communities and the Department for Infrastructure, the Connswater Community Greenway opened in September 2017. It provides vibrant, attractive, safe and accessible green and blue spaces for leisure, recreation, community events and activities.

Among the wide range of facilities it has created are a 9km linear park making provision for walking, wheeling and cycling along the course of three rivers; 16km of foot and cycle paths, hubs for education, interpretation points and tourism and heritage trails, a wildlife corridor from Belfast Lough to the Castlereagh Hills, and C.S. Lewis Square – an events and activities space.

The route links with the Comber Greenway which is also improving the quality of life for the people of east Belfast, including the 40,000 residents and pupils and students attending 23 local schools and colleges. A whole new greener environment has emerged to link local residents to parks, leisure facilities, businesses, shopping centres, schools and colleges.

Greenways promote active travel, connect people and communities, create green safe spaces, and encourage community members to volunteer to keep them clear and looking great for everyone to enjoy. In all of these ways, they help to enhance both our physical and mental health.

37. We also need to address public and individual knowledge, awareness and understanding of mental health. By doing this we can make mental health part of everyday conversation, and reduce the stigma still associated with mental ill health. We can raise awareness of the steps individuals, families, friends and carers can take to look after their own mental health, and support others. And we can also seek to ensure there is a clear message around when and how to seek help and support. This could be achieved through public awareness campaigns that increase people's mental health literacy, and may also include targeting specific groups of people who may be vulnerable to mental ill health, for example, peer support programmes for LGBT+ young people, debt advice for people on low incomes, or outreach programmes for ethnic minorities, refugees and asylum-seekers.

Case Study: Sport Wellbeing Hub

The Sport Wellbeing Hub is an online resource which Sport NI launched in April 2020. It offers the sports sector and communities wellbeing support during the Covid-19 pandemic. The Hub was developed in partnership with the PHA and Inspire to help sports users to create their own wellbeing care-plan, as well as giving guidance on support through a guided self-assessment. The hub is for everyone across the sporting community, those who are involved in sport, at all levels and all abilities. The Sport Wellbeing Hub provides a range of innovative tools and resources including a guided self-assessment via 'chatbot'; self-help programmes and digital intervention tools; a searchable '5 ways to wellbeing' map; a wellbeing information library; and video content featuring some of our sporting heroes talking about mental health.

38. It is important to focus on the promotion of wellbeing, prevention and early intervention throughout the whole life of the person, incorporating initiatives from perinatal and early years through childhood and early adulthood, working life and into later life.
39. As adverse childhood experiences (ACEs) have been found to account for 29.8% of mental disorders,⁸ prevention of ACEs is key to preventing mental ill health among children and in later life. For children, a key focal point for prevention is in connection with schools. Evidence shows that school-based programmes for children and adolescents have achieved a reduction in depressive symptom levels of 50% or more a year after the intervention; and anxiety disorders can

⁸ Kessler et al, 2010, *Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys*, British Journal of Psychiatry 197(5).

successfully be prevented by strengthening emotional resilience, self-confidence and cognitive problem-solving skills in schools.⁹

Case study: mental health in schools

The Department for Education recognises the importance of embedding mental health and wellbeing into all educational settings, and has been working collaboratively with other agencies to develop a Framework for Children & Young People's Emotional Health and Wellbeing in Education.

The main emphasis of this work is to support schools to promote emotional health and wellbeing at a universal level, through a holistic, multi-disciplinary approach, providing early and enhanced support for those children and young people who may be at risk or showing signs of needing further help. £5m has been made available by Department for Education to enable the implementation of this Framework in 2020/21 and subsequent years, and Department of Health has agreed to provide an additional £1.5m from 2021/22 onward. A range of proposals are currently being considered – all of which have a focus on promotion, prevention and early intervention, through which Education, Health and Community services can work together in an integrated way.

40. Prevention of mental health problems in the workplace is of particular importance, both in terms of its impact on economic productivity, but also given the impact of the Covid-19 pandemic on working practices. Increased isolation due to home working coupled with increased stress, particularly for those working on the front line or in public facing roles, means that it is more important than ever to invest in strategies and measures to support the wider workforce in staying mentally well. This involves demonstrating commitment at the highest levels of the organisation to mental wellbeing, reducing stigmatising attitudes and discrimination, tackling the causes of workplace stress, providing training and support to managers, and providing early intervention supports for employees.

Case Study: Buy Social – mental health in procurement

Buy Social works to maximise the social benefits delivered through public investment. This includes social considerations on public contracts, which require Public Sector Contractors to deliver certain initiatives as part of the contract. Work is ongoing by the Department of Finance to consider the possibility of including Buy Social on relevant public sector contracts to benefit the mental health of employees working on these contracts, through for example,

⁹ Scott, S. (2005). *Do parenting programmes for severe child antisocial behaviour work over the longer term, and for whom? 1 year follow up of a multicenter controlled trial*. Behavioural and Cognitive Psychotherapy, 33(4), 403–421. <https://doi.org/10.1017/S135246580500233X>

employment opportunities for those that are disadvantaged from the labour market, work experience and business in education opportunities, digital skills training for people at risk of digital exclusion and a requirement that contractors have a health and well-being policy in place in for staff.

41. The mental health impact of unemployment is also widely recognised. Again, action across government to provide financial and emotional support to those who have become unemployed, and to help people back into work where possible, plays an essential role in preventing the occurrence of mental health problems.

Case Study: Employment Support

Through Work Coaches the Department for Communities (DfC) works in collaboration with contracted and specialist local providers to support people with physical and mental health conditions. Support is provided through the Workable (NI), Access to Work (NI), European Social Fund projects and the Condition Management Programme (CMP) to help people realise the ambition to work and achieve mental health improvement and stability. DfC delivers CMP in collaboration with the Department of Health. It is a work-focused, rehabilitation programme, aimed at improving the employability of our people by supporting them to understand and manage their health condition(s), including mental health, to enable them to progress towards, move into and stay in employment.

DfC is in the process of standing up a suite of new programmes to improve the employment prospects of those impacted by the Covid-19 pandemic. This will include a specific focus on our youth and those with health and disability support needs who are particularly vulnerable in the labour market and subsequently at risk for longer term health and wellbeing issues. The Department also has a team of Work Psychologists who are responsible for leading on the work and health agenda and developing the capacity of our front line teams to support people with mental ill-health.

42. For certain sectors, for example, the rural and farming community, mental health is a particular concern. This can be due to physical isolation from communities, worries about livelihood, or anxiety regarding personal and family safety. Research by the Farm Safety Foundation revealed that 84 per cent of farmers under the age of 40 believe that mental health is the biggest hidden problem facing farmers (up from 81 per cent in 2018).¹⁰ It is important to reach out to harder to reach groups to intervene early and prevent the onset of mental health problems.

¹⁰ Farm Safety Foundation *Mental Health in Agriculture*, <https://www.yellowwellies.org/mind-your-head/>.

Case Study: Tackling Rural Poverty and Social Isolation Framework

The Tackling Rural Poverty and Social Isolation (TRPSI) Framework supports the development and delivery of initiatives to address the Framework's three priority areas of financial poverty, access poverty and social isolation. Through this Framework, DAERA supports a range of initiatives to promote better mental health and wellbeing amongst farmers.

The Rural Support charity operates a telephone Helpline and signposting service for farmers and rural dwellers in stress. Their volunteers support clients with a range of issues pertaining to farming matters and stress. Rural Support are currently delivering mental health awareness training workshops entitled 'Coping With The Pressures of Farming', covering mental wellbeing and suicide awareness and prevention funded by Farm Family Key Skills Programme.

Through the Farm Families Health Checks Programme, on an annual basis, 2,600 rural dwellers avail of a comprehensive physical and mental health screening service.

43. Mental health among students is also an area that has come into increasing focus, particularly in the context of the Covid-19 pandemic. Anxiety and stress about exams, money worries, housing and social interactions can all contribute to poor mental health among students. It is important that we continue to work across government and sectors to intervene early to provide support to help students stay emotionally well and build resilience to support them in their learning journeys and lives beyond.

Case Study: Mood Matters for Students

The Mood Matters for Students programme is a free online Student Mental Health Programme which has been designed especially for students to deal with the impact on mental health arising from the Covid-19 pandemic. The programme, which is delivered by Aware NI, is based on the Mood Matters for Adults programme commissioned by PHA and gives participants knowledge and skills which can be used to maintain or regain good mental health and build resilience to deal with life's challenges.

The programme is based on cognitive behavioural concepts and introduces the 'Five Areas Approach' which participants use to challenge and change unhelpful thinking and behaviour in order to make a positive difference to their lives. It also features the 'Take5 for Your Emotional Wellbeing' which focuses on the five most evidenced ways of looking after our mental health i.e. Connect, Be Active, Take

Notice, Keep Learning and Give and teaches us how we can build these into our everyday lives.

44. Prevention actions in later life should focus on promoting active and healthy ageing as well as addressing the living conditions and environments that support wellbeing and allow people to lead a healthy life.¹¹ For many older adults, social contact is key to building emotional resilience and staying mentally well. For others, staying active, both physically and mentally, contributes to their mental wellbeing. As a society we must continue to value the contribution older adults make to our communities, and continue to provide opportunities and support for them to look after their mental health whether through social groups or befriending schemes, access to physical activity, or other advice and support. The Executive's Active Ageing Strategy, which has been extended to May 2022, includes a number of actions which contribute to positive mental health among our older population.

Case Study: Arts Council and NI Screen

There has been much research into the powerful contribution that engaging with arts and creativity can make to mental health. The Arts Council plan to reopen its Arts and Older People programme in 2021, which funds projects addressing social and mental health issues in older people. This is particularly welcome given the impact that lockdown and other aspects of the Covid-19 pandemic may have had on older people.

Northern Ireland Screen's Digital Film Archive outreach programme delivers free themed presentations based on the content of the archive to audiences across NI including community groups, charities and care homes. Recent collaborative projects include PLACE EE, a transnational inter-generational project, which works with older people in sparsely populated rural areas to improve wellbeing.

45. In Northern Ireland, for those with a recognised mental disorder mental health promotion, prevention and early intervention is often secondary to the delivery of specific mental health services. Often, this is not in the patient's best interests. To improve this we need to ensure that promotion, prevention and early intervention is mainstreamed in service delivery and across different sectors. This will require a renewed focus to ensure that mental health promotion meets the needs of those who need early intervention. This can include targeted approaches to groups more likely to be adversely affected by mental ill health, such as BAME groups, refugees and asylum seekers, people with a specific

¹¹ Policy direction for aging and older people can be found in the Department for Communities' *Active Ageing Strategy*. <https://www.communities-ni.gov.uk/publications/active-ageing-strategy-2016-2022>

trauma exposure, LGBT+ people, people with a physical or sensory disability and persons with an intellectual disability.

ACTION 1. Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach. The action plan must consider groups disproportionately affected by mental ill health which often struggle to access early intervention services.

46. Early intervention can prevent the escalation of mental health problems. This can, for example, be through providing therapy in primary care to prevent depression and ensuring fast access to psychological therapies. This means providing primary care with the tools to provide mental health early intervention services. In Northern Ireland, the roll out of primary care multi-disciplinary teams, including mental health workers, provides better access to mental health support in an easily accessible format where people need it. This support is now available for an increasing part of the population.
47. The then Department of Health, Social Services and Public Safety's 2010 *Psychological Therapies Strategy* recommended integration of psychological therapies across all steps of mental health services. In practice this has led to the establishment of talking therapy hubs, managed by Trusts. Effective talking therapy hubs can provide early intervention and prevent a worsening of mental ill health of the population. However, the availability of talking therapy hubs varies across Northern Ireland, with services unavailable to significant parts of the population.
48. By expanding the availability of talking therapy through local hubs to ensure complete coverage across Northern Ireland, we can ensure early intervention services are available to the whole population. This needs to happen together with primary care. The hubs should therefore become part of primary care services and be developed in conjunction with the development of mental health in primary care multi-disciplinary teams.
49. In practice that means ownership of the talking therapy hubs will be transferred to primary care, with further integration with the multi-disciplinary teams and with the community and voluntary sector. This will ensure greater and easier access to early intervention in the form of psychological therapies.
50. Expansion of talking therapy hubs with involvement from the community and voluntary sector will increase the availability of psychological intervention which means waiting times will be reduced and people will have easier access to talking therapies when they need it.

ACTION 2. Expand talking therapy hubs, which are resourced sustainably, to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider work on establishing mental health as an integral part of the primary care multi-disciplinary team. This will expand the delivery of psychological therapies across Northern Ireland to improve the mental wellbeing of the population and prevent the establishment of mental disorders.

Promoting children and their families' positive mental health

51. We have already noted the importance of focusing on the promotion of prevention, early intervention and wellbeing throughout a person's whole life. However, if we can give every child born a good start in life, and support them and their families throughout their childhood, we can significantly reduce the likelihood of future mental health problems occurring.
52. Outcomes:
 - Improved mental health among children and young people using key indicators from the 2020 Youth Wellbeing Child and Adolescent Prevalence Study.
53. Positive social and emotional development in infancy helps children feel safe and better able to develop cognitively and prepares them more fully for transitions into education. Children and young people who have strong attachments with parents and caregivers have an increased likelihood of experiencing good mental health throughout their lifetime.
54. Children's mental health and emotional wellbeing is nurtured primarily in the family. Therefore a key priority for all services is to support parents and carers. A secure parent/child relationship is a key building block for the development of positive attachment and helps to build emotional resilience in children. This support needs to continue into childhood and adolescence. Like cognitive capabilities, resilience, social and emotional skills are malleable. They can be taught and developed throughout childhood, adolescence and beyond.
55. Work needs to continue across sectors to promote positive social and emotional development throughout the period of childhood and adolescence. In practice this means building on existing good practice and areas of collaboration, such as between the health and education sectors, and seek out new, innovative ways of working to ensure children have the best start to improve their chances of a happy, healthy life.

ACTION 3. Further promote positive social and emotional development throughout the period of childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

56. Children with global developmental delay or neurodevelopmental disorders can present with particular behavioural challenges which require specialist support for the child and their parents. Seven out of ten people with autism also have a condition such as anxiety, depression, Attention Deficit Hyperactivity Disorder or Obsessive Compulsive Disorder. The best way to support children and young people with an intellectual disability is to provide specialised parenting education and support programmes.
57. In Northern Ireland the approach to children with developmental delays or neurodevelopmental disorders is often characterised by approaches where the education and support needed is not always provided. In addition, mental health services are not always accessible due the setting of thresholds which often don't allow services to be based around the individual.
58. We need to ensure that the needs of these children and young people are considered as part of a whole system approach, where their needs come first. This means working across service boundaries.
59. It also means providing dedicated programmes to help parents understand the function of their child's behaviours of concern and teach the child new skills that can be used to replace behaviours of concern, as well as teaching the parents strategies to promote positive behaviour and positive mental health. It is vital that specialist mental health and well-being services are available for families caring for children and young people with neurodevelopmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD), intellectual disability or Autism Spectrum Disorder (ASD) and for the young people themselves. These services should work in partnership with other child health services including paediatrics and health visiting.

ACTION 4. Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for the disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families.

Theme 2: Providing the right support at the right time

60. In Theme 1 we have set out the importance of promoting positive mental health and resilience, and of intervening early to prevent the onset of mental health problems. However, for some individuals more targeted mental health support may be required.
61. Our vision for mental health services is about putting the person and their needs at the centre and ensuring people have access to the support that they need, at the right time and in the right place.
62. This theme therefore focuses on ensuring access to a broad range of services across the lifespan and covering the spectrum of need, from Children and Adolescent Mental Health Services through to support for older people with mental ill health, and covering the range of services provided from community to inpatient and specialist services. Providing services at the right time means that support has to be available when people need it. That might be through appropriate crisis support, but it also means ensuring quicker access to appropriate services without multiple onward referral processes – a “no wrong door” approach. We also need to consider support for individuals with mental health needs holistically, to ensure that they do not fall between gaps in services if they have a dual diagnosis of mental ill health and an addiction, and to ensure they receive support for their physical health as well as mental health.

Child and adolescent mental health

63. Outcomes:
 - Children and young people should receive the care and treatment they need, when they need it, without barriers or limitations. This should be evident through shorter waiting lists.
 - Reduction in difficult transitions for children and young people, by improved outcomes in 10,000 more voices and similar user surveys.
 - A regional approach to the delivery of child and adolescent mental health services.
64. The 2020 *Youth Wellbeing Child and Adolescent Prevalence Study*¹² provides estimates of common mental health problems in children and young people in Northern Ireland. At any time one in ten children and young people are experiencing anxiety or depression, which is roughly 25% higher in the child and youth population in comparison to other UK nations. One in twenty young people aged 11-19 years display symptoms of post-traumatic stress disorder. One in six

¹² Bunting et al, 2020, *Youth Wellbeing Child and Adolescent Prevalence Study*.

children and young people in Northern Ireland engaged in a pattern of disordered eating and associated behaviours. About one in ten of 11-19 year olds reported self-injurious behaviour with nearly one in eight reporting thinking about or attempting suicide.

1 IN 20 – POST-TRAUMATIC STRESS DISORDER

1 IN 10 – ANXIETY OR DEPRESSION

1 IN 6 – PATTERNS OF EATING DISORDER

1 IN 10 – SELF-INJUROUS BEHAVIOUR

65. Child and Adolescent Mental Health Services (CAMHS) provide services to children and young people and are organised according to a stepped care model. This is aimed at delivering the appropriate level of care, at the earliest point, that best meets the assessed needs of the child or young person. This is delivered through the CAMHS Integrated Care Pathway which sets out quality service standards across the different steps of care.
66. The stepped care model with its recovery ethos has provided a foundation which has facilitated improvements to the delivery of CAMHS. However, our model has become a system which tends to define itself in terms of services, meaning that young people with complex needs, or who do not meet narrow criteria for a particular service, may have difficulty accessing treatment. Combined with resource limitations this has led to long waiting times with 240 children and young people waiting longer than 9 weeks for core step 3 CAMHS, with over 120 waiting longer than 26 weeks.¹³

OVER 120 CHILDREN AND YOUNG PEOPLE WAIT MORE THAN 6 MONTHS FOR STEP 3 CAMHS

67. To help overcome this we need to focus on the needs of the young person and see them as individuals with a unique set of needs. This must involve improving our system so that service users and families can navigate it easily and it is adaptable to the way that symptoms and needs fluctuate. In practice this means improving the flexibility in the system.
68. Currently CAMHS funding is approximately £20-25m per year, which is between 6.5% and 8.5% of the total mental health budget. This must increase to 10% of

¹³ Correct as of October 2020.

the overall mental health budget. This will allow meaningful investment to ensure the stepped care model can be flexible and meet the needs of young people.

69. The structures of CAMHS will change to ensure that the needs of young people are met. CAMHS will need to move away from working focussed solely on the steps of the stepped care model, towards a model where the steps provide indication of level of care modelled on the individual child or young person's needs.

ACTION 5. Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people.

70. Improved delivery of the stepped care model in CAMHS should incorporate an inclusion health approach. This acknowledges that some groups are disadvantaged when it comes to access to services, or more likely to experience mental ill health. These groups include looked after children, children in immigrant or ethnic minority populations, substance use populations, children with physical health problems and physical and sensory disabilities, children of parents with mental health problems or with parents in prison, young people in the LGBT+ population, travellers, those at the transition juncture to adult services and children and young people with intellectual disabilities.

Case study: co-located mental health services for young people in contact with the justice system

As part of the review of CAMHS and the introduction of the new Stepped Care Model in the Southern Health and Social Care Trust it was identified that young people within the justice system, although they appeared to have considerable levels of mental health needs, struggled to engage with CAMHS. From this, the concept of a pilot mental health worker co-located within CAMHS and the Youth Justice Agency (YJA) was developed.

Commencing in March 2019, a Senior Mental Health Practitioner worked collaboratively across the CAMHS and the YJA teams in Banbridge and Portadown respectively. The service was established and sought to determine more clearly the level of mental health need within the youth justice population.

The service has enabled children coming into contact with the YJA to be assessed and supported directly, with referrals made to CAMHS where appropriate, including the promotion of services available within their multi-disciplinary team. Mental health assessment tools have also been developed for use by YJA to support early intervention with children and their families. The co-location of these services is delivering improved outcomes for children involved

with the youth justice system and has been positively received from the children involved, their families, CAMHS and YJA alike. The pilot has resulted in more children having better access to mental health services, which in turn, contributes to their desistance from offending. This pilot has been co-funded by SHSCT and YJA in 2020 and, such has been its success to date, consideration is now being given to rolling it out across Northern Ireland.

71. Whilst policy direction in Northern Ireland has been set towards equality of access, CAMHS services vary from Trust to Trust in terms of their organisation and remit and there is potential, particularly for vulnerable children, to be 'bounced around' or to 'fall through gaps' and to face barriers to accessing CAMHS.

Case Study: Equal Access to services

In 2014 the Southern Health and Social Care Trust reorganised their services to ensure children and young people with an intellectual disability had equal access specialist CAMHS. A 'no wrong front door' approach, with timely access to specialist assessment and therapeutic intervention, has led to improved outcomes for children and young people. The Trust have fewer children and young people with an intellectual disability prescribed psychotropic medication and have reduced the need for, and duration of, inpatient assessment and treatment. This service has been recognised for its innovation, child-centred approaches and clinical excellence across the UK and Ireland.

72. Going forward, particular consideration of these vulnerable groups must be had when developing and improving services for children and young people. This will incorporate a 'no wrong front door' approach meaning that children and young people from vulnerable groups will no longer be passed from service to service and should mean fewer hospitalisations and less use of medication.

ACTION 6. We will meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.

73. The regional care pathway and stepped care model has brought improvement and more consistency in acute and crisis care for children and young people across Trust services in recent years. There are, however, still significant variations across Trusts with reports of some young people waiting too long in Emergency Departments.
74. A quarter of CAMHS referrals in Northern Ireland are emergency or urgent compared to the average for the UK of just over one in ten. On average 40% of

children assessed in crisis do not need CAMHS treatment, so having highly skilled staff at crisis points is essential to ensure that children and families get the best and most appropriate care including within the community and voluntary sector.

1 IN 4 CAMHS REFERRALS ARE EMERGENCY OR URGENT EVEN THOUGH 4 IN 10 OF THE REFFERED ARE NOT IN NEED OF CAMHS TREATMENT

- 75. The recently established CAMHS managed care network and partnership board provides a platform for improving urgent, emergency and crisis CAMHS services in Northern Ireland. We will, through this network, develop regionally consistent urgent, emergency and crisis services to children and young people.
- 76. This means we will have a better response to children and young people in crisis, with the right provisions at the right time to prevent further escalation and provide timely interventions.

ACTION 7. Create clear and regionally consistent urgent, emergency and crisis services to children and young people.

- 77. Currently young people who continue to need mental health treatment and care transition from CAMHS to adult mental health services with the aim for the transition to be completed around their 18th birthday. There is no regional protocol in Northern Ireland for the transition of young people from CAMHS to adult mental health services and transition pathways vary across the five health and social care trusts.
- 78. Whilst Trusts have worked to establish and improve transition pathways there is a persistent reality of poor service user experience. The IMPACT study on transitions in Northern Ireland, found that none of the young people transitioning experienced an “optimum transition”. The study also identified inequities with those prescribed medication and those with psychotic disorders most likely to transfer, whereas service users with autism/ASD are generally transferred back to primary care.
- 79. We need to improve transitions. An expert review is currently ongoing and will inform the policy direction and a way forward.

80. Outcomes:

- All older adults who need mental health services will receive the care and treatment they need.
- Old age psychiatry services are no longer based on an age threshold but on the needs of the person.

81. The world's population has been growing exponentially in the past century and correspondingly, the proportion of older adults is increasing rapidly. Mental ill health is common among older adults and in Northern Ireland it is estimated that a mental health problem is present in 40% of older adults seeing their GP, 50% of older adults in general hospitals and 60% of care home residents. Under-diagnosis is reported as a chronic problem. Older adults with mental illness are more likely to require domiciliary or institutional care. They are more prone to physical co-morbidity and have higher rates of frailty and vulnerability.

**40% OF OLDER ADULTS ATTENDING GP
50% OF OLDER ADULTS IN GENERAL HOSPITAL
60% OF CARE HOME RESIDENTS
HAVE MENTAL HEALTH PROBLEMS**

82. Older adults are vulnerable to the full spectrum of mental illness seen in younger adults, with anxiety disorders particularly prevalent. In addition they have predictably higher rates of mental illness associated with physical illness, frailty and dementia. Social challenges include isolation, bereavement and economic poverty. Even so, evidence suggests older adults receive proportionally less help than other age groups. Depression affects around 22% of men and 28% of women aged 65 years and over, yet it is estimated that 85% of older adults with depression receive no help at all from statutory services.

**22% OF MEN AND 28% WOMEN OVER 65
SUFFER FROM DEPRESSION**

83. The legacy of trauma related to the Troubles poses a particular challenge in Northern Ireland. A person who was 18 at the beginning of the conflict will be 68 years old in 2020 and may present to older adults' services where there is an under provision of psychologically informed, recovery strengths focused interventions.

18 YEAR OLDS AT THE START OF THE TROUBLES TURNED 68 IN 2020

84. Mental health services for older adults in Northern Ireland have not kept up with the changing demand. Old age psychiatry still largely operates on an outmoded concept of health and aging with a cut-off at the age of 65. The increasing number of relatively physically well over 65s may have their needs met by working-age services. However the physically frail older adult (including those under the age of 65 with chronic illness and the elderly older adult) may have needs that result from the physical effects of ageing, needs which are better addressed in specialist old age services.
85. Safeguarding the rights of the frail and older adults will require identification of needs and planning of systems that deliver the right service, in the right way at the right time. Going forward we will recognise that chronological age alone is not sufficient to determine what services are needed and how they are best delivered.
86. In Northern Ireland that means we need to plan services based on the needs of the person, rather than their age.

ACTION 8. Ensure adult mental health services cater for older adults with mental ill health, provide adequate support and structures and are mindful of the particular challenges older people face. The artificial cut off in adult services at the age of 65 will stop and people will be supported by the right service based on their individual needs.

Community mental health

87. Outcomes:
 - A mental health system that is person centred, where the system adapts to the need of the person.
 - Reduction in waiting lists.
 - Increase in service user satisfaction through methods such as 10,000 voices.
88. According to the Mental Health Foundation it is estimated that just 40% of those with mental health problems in Northern Ireland were able to access effective mental healthcare. 79% of those with a mental disorder who sought treatment felt they had not received the service they need.

ONLY 40% OF THOSE WITH MENTAL ILL HEALTH WERE ABLE TO ACCESS MENTAL HEALTHCARE

89. Community based services will be evidence based, organised on a stepped care model, the core principle of which is that people are matched to interventions that are appropriate to their level of needs and preferences. However, at all times the services must be adaptable to people and their needs. This includes understanding the underlying factors for the needs, such as social factors, trauma and addictions, including gaming and gambling addiction.
90. In Northern Ireland that will see secondary and community mental health services in a population area focused and integrated around GPs with primary care as the hub for mental health care. This will involve a fundamental change in the operation of secondary mental health, moving away from current service structures which can seem fragmented towards joined-up locality based approaches centred upon populations in GP Federation areas. Services will be organised to work collectively in responding to the spectrum of need of the population, including those with more severe mental health problems, through collaborative and consultative models of care across primary, secondary and community care. This will put professionals where the people are to ensure the system fits the needs of the people.

GOING FORWARD MENTAL HEALTH SERVICES WILL BE FOCUSSED AROUND THE GP TO ENABLE EASY ACCESS FOR THOSE WHO NEED HELP

91. In practice this means co-design of local pathways of care across primary and secondary care and across the range of available community resources in each Federation area. It will mean involvement of all actors in the delivery of mental health; GPs, Health and Social Care Trusts and the community and voluntary sector. It will also mean including people with lived experience, their family and carers in the co-design process.
92. At the heart of this is the primary care multi-disciplinary team which will include mental health workers. We already have 44 mental health practitioners in primary care covering five GP Federation areas. Over the next few years we will spend over £1m per year to improve access to mental health in the primary care multi-disciplinary team.
93. The GP with the primary care multi-disciplinary team will be the first port of call in the newly structured mental health system. In combination with an increase in

the accessibility of talking therapies through new talking therapy hubs overseen by GPs (see action 2) many people will have their needs met without needing further escalation. This will lead to quicker access to services, less referrals and better outcomes for people.

94. The effect of this will be noticeable for all. It is expected that this will reduce waiting times, that it will ensure timely access to services from primary and secondary care and the community and voluntary sector and that it will improve the user satisfaction with access to services.

ACTION 9. Refocus and reorganise primary and secondary care mental health services around the GP Federations to ensure a person centred approach, working with statutory and community and voluntary partners to create local pathways within a regional system.

95. The new models of service delivery across mental health will be founded on an ethos of recovery based care. This will ensure that all those with mental ill health receive the support they need.
96. The Recovery College model represents a valuable resource that could be better used and valued – however a more comprehensive roll out of the recovery and wellness agenda will require time and resources. Currently staff engagement in co-production activities through Recovery Colleges has largely been optional. A truly recovery-focused service will view involvement with Recovery Colleges as integral to practitioners’ professional development. Existing expertise in the region within the voluntary and community sector will be part of this, in particular their valuable experience in training and pathways to employment.
97. In practice that means cementing the role of Recovery Colleges and ensuring accessibility of Recovery Colleges to those who need it wherever they are in Northern Ireland.

ACTION 10. Further develop recovery services, including Recovery Colleges, to ensure that a recovery focus and approach is embedded in the whole mental health system.

98. The effective delivery of a community based model of mental health is not possible without the full integration of the community and voluntary sector.
99. Historically, work with the community and voluntary sector has developed incrementally and whilst essential their availability, focus and configuration is uneven across Northern Ireland. It is important that these supports are available to those who need them, wherever they are. We must harness the skills and

experience that exist in the community and voluntary sector to ensure that this is used to benefit people with mental ill health.

100. In practice this means seeing the community and voluntary sector as partners who are fully integrated in ensuring improved outcomes for the population. This means fully including the sector in the planning, development and delivery of mental health services. Going forward all service delivery mechanisms must include consideration of the role of the community and voluntary sector.
101. This will mean the development of protocols for formal involvement and integration of the sector in the development of mental health services, in order to harness their expertise.

ACTION 11. Fully integrate community and voluntary sector in mental health service delivery across the lifespan including the development of a protocol to make maximum use of the sector's expertise.

Psychological therapies

102. Outcomes:

- Availability of psychological services at the time when people need it.
- Reduction in waiting times to access psychological services.
- Integrated psychological therapies in mainstream mental health services.
- Use of all available methods and technology to meet the needs of the people.

103. An important part of community mental health services is the use of psychological therapies. However, across Northern Ireland there are inequalities in provision of and access to these services. Waiting lists for psychological therapies are long with over 2,400 adults and 269 children and young people waiting longer than 13 weeks and over 750 adults and 81 children and young people waiting longer than a year.¹⁴

**750 ADULTS AND 80 CHILDREN AND YOUNG
PEOPLE HAVE WAITED OVER A YEAR FOR
PSYCHOLOGICAL THERAPIES**

104. Improving access to effective psychological therapies is therefore a fundamental component to improving the mental health of the population.

¹⁴ Correct as of October 2020.

105. In practice, to ensure improved access to effective psychological interventions, it is essential to match the right level of intervention to the individual seeking support, at the right time. This will require having a sufficient workforce with the right knowledge, skills and competencies to meet demand and deliver psychologically informed interventions to a high quality.
106. Improving access must encompass a whole life approach, be evidence based and trauma informed, placing the service user at the centre such that they are equal partners in their own self defined and self-directed care. Beyond increasing access to high quality interventions, there is also a need to fully integrate psychological therapies pathways within mental health services. Existing regional variations in service delivery means that in some areas people have to wait excessively long for psychological therapies.
107. This means embedding psychological services into mainstream mental health services, both in primary and secondary care. In primary care this means further rollout of talking therapy hubs (see action 2). In secondary care this mean integrated community mental health teams where psychology is one of the tools for the successful outcomes for the patients. This will ensure that psychological therapies are available across all steps in the stepped care model.
108. This will reduce the time people have to wait for psychological therapies and no one should ever wait longer than a year to access these services.

ACTION 12. Embed psychological services into mainstream mental health services. Psychological therapies will be available across all steps of care.

109. Since the Covid-19 outbreak, individuals attending mental health services have received support in innovative, alternative ways using digital technology (e.g. tele-therapy sessions). While these supports should not be viewed as replacements or proxy versions of traditional psychological therapies modalities, they represent an important new avenue of support by providing additional stand-alone treatment models.
110. In Northern Ireland new initiatives have been developed rapidly throughout 2020, including an Apps Library, on-line Stress Control classes and the usage of virtual platforms to deliver group and individual psychological interventions.

THE PANDEMIC HAS HELPED US FIND NEW WAYS OF DELIVERING SERVICES

111. Going forward we must build on the experiences from the pandemic and bring in the good new practices into the delivery of services. This means developing and

providing digital delivery of mental health services. This will help people to self-help, meaning less people need to access traditional methods and that those who are in traditional methods can have positive outcomes quicker.

ACTION 13. Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

Physical healthcare and mental illness

112. Outcomes:

- People with mental health difficulties will enjoy the same quality of life as the general population and have the same life expectancy.
- People with Serious Mental Illness will be offered, and encouraged to participate in, an annual health check.
- Reduction in % of patients who are smoking.

113. In Northern Ireland people with severe and enduring mental illness have a reduced life expectancy of 15 to 20 years because of poor physical health. Addressing this requires a cultural change and systematic approach across our communities, primary care, secondary care and specialist acute services. Every part of the mental health system, at every opportunity, should be asking about smoking, weight, alcohol intake and exercise and supporting change – the physical healthcare of mental health patients is everybody's responsibility.

LIFE EXPECTANCY OF PEOPLE WITH SEVERE AND ENDURING MENTAL ILLNESS IS 15 – 20 YEARS LESS THAN THE GENERAL POPULATION

114. The main responsibility for the physical monitoring of mental health patients receiving treatment in secondary care rests with secondary care. However, often patients with severe and enduring mental health issues see their GP more frequently than secondary care teams. Given the poor physical health outcomes of those with a long term mental illness, we believe there is a need to increase the focus on monitoring the physical health of those with a mental illness. That will mean using every interaction with patients to monitor and seek to improve their physical health.

115. The physical health of mental health patients must become every day practice during routine interactions with mental health patients in primary care, whether

or not the main responsibility for their treatment rests with secondary care services.

116. People with mental ill health will see the effects of this by being asked questions about their physical health when seeing their GP. This will lead to a quicker identification of physical healthcare needs which will improve outcomes for people.

ACTION 14. Ensure that monitoring of the physical health of mental health patients becomes everyday practice in primary care.

117. The physical wellbeing of mental health patients continues in secondary care mental health services, and in particular of those who are cared for in acute settings.
118. In practice this means that all mental health patients should be subject to physical health screening. All patients should also have a combined healthy eating and physical activity programme as part of medication initiation and as part of their recovery plan.

ACTION 15. Ensure that all mental health patients are screened for physical health issues on admission. Across all mental health services, help and support should be provided to encourage positive physical health and healthy living.

In-patient mental health services

119. Outcomes:

- Acute in-patient bed occupancy levels in line with the Royal College of Psychiatrists recommendations.
- Regional consistency in length of stay.
- Better life outcomes for patients with a long term intensive mental health need.

120. Whilst community mental health services provide the best outcomes for most people who are mentally ill, inpatient services are required for those where an effective community intervention is not possible.

121. In Northern Ireland the acute inpatient care system has for many years been under extreme pressures. Bed occupancy has consistently been around 100%, even though the Royal College of Psychiatrist's recommended occupancy level is 85%.

AVERAGE ADULT ACUTE MENTAL HEALTH IN-PATIENT BED OCCUPANCY BETWEEN 1 JUNE AND 30 NOVEMBER 2020 WAS 101.2%

122. This has led to an in-patient system that operates in crisis mode, where it is not possible to provide therapeutic intervention as required and due to the pressures the focus is often on patient maintenance rather than recovery.
123. The difficulties of providing therapeutic improvements in in-patient settings is further hampered by the old in-patient infrastructure. About half the acute in-patient beds are in facilities which do not routinely have single bed bedrooms, that have not seen significant upgrades for decades and that do not meet recognised best practice standards.
124. Over the last decade we have invested £57m on building new mental health units across Northern Ireland. This has provided state of the art, single bed bedroom units where the physical infrastructure is helping in the recovery journey of the patient.

WE HAVE SPENT £57M ON NEW MENTAL HEALTH UNITS AND WILL SPEND A FURTHER £170M

125. The capital works programme to replace the existing in-patient units will continue over the next decade, with a further £170m to invest in a further three new units. When continuing this programme, it is important that new inpatient developments meet the changing needs of the population. This means including consideration of integrated learning disability wards in mental health units, consideration of a specialist perinatal mother and baby unit and a specialist eating disorder unit.
126. Across Northern Ireland there are also significant variations in average patient length of stay (varying from 12 days in one Trust to 42 days in another). Whilst there are demographic and geographic differences between the Trusts, we must get a better understanding of the regional variations to ensure consistent quality services will be provided.
127. Mental health patients will notice that the new units have single bed bedrooms, where the units will be built to help deliver state of the art therapeutic options. We expect this to lead to a reduction in in-patient stay length with less incidents and problems on the wards.
128. For the small cohort of detained patients, the recent first phase commencement of the Mental Capacity Act provides for a framework for deprivation of liberty in

the community. This allows us to consider new ways of dealing with patients who require detention. Going forward we will use this change in legislation to consider if these patients can be cared for safely in the community. This will allow for greater community integration and a more normal life for patients.

ACTION 16. Continue the capital works programme to ensure an up to date in-patient infrastructure. Also consider alternative options to hospital detentions in line with legislative changes to ensure the best outcomes for patients and to ensure that those who need in-patient care can receive the best care available.

129. Across the in-patient units in Northern Ireland there are a number of patients who have a high level of needs who require a longer period of time to respond to treatment. This patient group are often detained under the Mental Health Order and are often in hospital for a very long time, measured in months and years.
130. This patient group, usually consisting of people with complex psychosis who are at risk of being unable to achieve or sustain successful community living, are not in need of acute mental health inpatient beds, but still form up to 20% of the acute in-patient population.
131. Acute in-patient services do not provide the best outcomes for this patient group and are often less effective. A better approach to meet their needs would be a dedicated rehabilitation service based on a recovery model. Rehabilitation services form part of a pathway to recovery for people with schizophrenia and related psychoses. Rehabilitation can be provided in a variety of settings, accepting referrals from acute wards and delivered through inpatient rehabilitation, community based rehabilitation services and various levels of care and support in the community, including supported living, nursing and residential care home options.
132. In Northern Ireland we will create a sustainable rehabilitation service that meets the needs of the patients. In practice that means creating a regional structure for mental health rehabilitation, with specialist community teams and a recovery ethos.
133. This will lead to better outcomes with fewer readmissions and fewer hospital stays for this patient group. This will give them the opportunity to enjoy better lives fully integrated in society.

ACTION 17. Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

134. A number of mental health patients in hospital have needs which are higher than what can ordinarily be provided in mental health in-patient units across Northern Ireland. Low secure services are for people detained within a legislative framework that cannot be treated in other settings because of the level of risk or challenge they present. They do not require the provisions of medium secure care as provided by the Shannon Clinic. Such patients may have been in contact with the criminal justice system but others may present other risks.
135. The mixing of patients who have low secure needs with the general mental health population, including those detained under the Mental Health Order but not deemed low secure risk, increases the risk of conflict and reduces recovery times for both patients groups. Specialist low secure services will help in the provision of the accurate assessment and management of risk.

WE WILL PROVIDE LOW SECURE SERVICES

136. We will therefore provide regional specialist in-patient services for patients with a higher need in dedicated low secure settings. This will support patients with severe presentations that are gravitating towards the criminal justice system resulting in loss of the potential for recovery and potentially family breakdown. This will also lead to less conflict on existing mental health wards and overall shorter patient stay in hospital.

ACTION 18. Develop regional low secure in-patient care for the patients who need it.

Crisis services

137. Outcome:
- A regional mental health crisis service.
 - Effective help and support for people in crisis, through a regional crisis service, with a resultant reduction in Emergency Department attendance for mental health patients.
138. A recent report by the Royal College of Psychiatrists found that 40% of mental health patients have been forced to resort to emergency or crisis services and one in ten people in distress end up in Emergency Departments. People in crisis require help and support and no-one should have to wait for that help.
139. Crisis services exist to provide support to some of the most vulnerable patients in a very difficult time of their lives. Over recent years a number of pilots of new crisis services have been tried in Northern Ireland, including cooperation between the PSNI, the ambulance service and HSC Trusts (Multi Agency Triage

Team), community crisis intervention service in Derry/Londonderry and others. Other improvements to crisis and urgent care services include the creation of mental health liaison in Emergency Departments.

Case study: Multi Agency Triage Team

The Multi Agency Triage Team (MATT) pilot commenced its service in July 2018, as a collaborative project which involved two Police Officers, a Community Mental Health Practitioner and a paramedic working together to respond to people experiencing a mental health crisis, aged 18 and over, who have accessed the 999 or 101 system. The pilot was initially established as a 2 year initiative, in the South Eastern Health and Social Care Trust, however following positive feedback from service users and MATT staff the service was extended to cover Belfast Health and Social Care Trust in August 2019.

MATT has successfully assisted in the de-escalation of crisis with signposting to appropriate services and through reducing presentations at Emergency Departments.

140. While the pilots have been providing good results, it is important that the development of crisis response services are an integrated part of the wider mental health system.
141. Effective crisis services will mean fewer people with mental health problems attending Emergency Departments. It will also mean that people with existing mental illness who find themselves in crisis have clear contact pathways and access to the right service when they need it.
142. We need to improve the mental health crisis response. An expert review is currently ongoing and will inform the policy direction and a way forward.

ACTION 19. Create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. The crisis service must be fully integrated in mental health services and be regional in nature.

Co-current mental health issues and substance use (dual diagnosis)

143. Outcomes:

- A reduction of patients with a co-current mental health and substance use issue that are non-compliant with mental health treatment
- A person centred approach to care that focusses on the person, rather than expecting the person to fit the system.

- Better health and social outcomes for those with co-current mental health and substance use issues.
144. Access to services for people who have a co-occurring mental health and substance use problem, often called “dual diagnosis”, has been an ongoing concern. For some individuals, their drug use and mental health is inter-related. Both general mental health difficulties and symptoms associated with psychological trauma can lead people to “self-medicate” with alcohol and drugs to manage these aversive feelings. However, this heightened level of alcohol and drug use can, in turn, result in an exacerbation of these mental health issues.
145. Guidelines are clear; no matter where the individual with co-occurring issues is first referred to, whether mental health or substance use services, clinicians and services users must work collectively together to address the issues and people should not be referred back and forward between different services unnecessarily.

DUAL DIAGNOSIS GUIDELINES ARE CLEAR – SERVICES SHOULD WORK COLLECTIVELY TO ADDRESS THE NEEDS OF THE PERSON

146. However, service users often report difficulties in accessing services and unclear lines of referral. The response must ensure that mental health services and substance use services consider the patient first, and adjust the systems to fit the patient, rather than expect the patient to fit the system.
147. The creation of a dedicated dual diagnosis service is not the answer. Such a service would be at risk of receiving “difficult” referrals that mental health and substance use services do not feel able to treat. Instead, the most effective approach is likely to be mental health and substance use services that work together.
148. In practice, to achieve this vision support will be provided to ensure services work collaboratively and that existing pathways are followed. This will take the form of a managed care network with experts in dual diagnosis to ensure capacity building and appropriate pathways.

ACTION 20. Create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.

Specialist interventions

149. Mental health services in Northern Ireland are normally provided in generalist services. Such a system allows a wide angle approach to mental health to capture a large group of people without unnecessary referrals. However, generalist services do not always cater for the needs of specific groups.
150. The evidence from other countries is clear. Specialist interventions set up correctly within a wider generalist mental health system works and provides better outcomes for patients and shorter recovery times. Going forward we will address the shortfall in Northern Ireland and will provide specialist interventions where they are needed.
151. When developing specialist interventions we must remember that we have a relatively small population. Some specialist interventions will not be available in Northern Ireland as they cannot be provided safely.
152. Currently we send approximately 12 to 15 patients detained under the Mental Health Order per year to specialist treatment in England and Scotland. These patients often stay away from family and friends for a very long time. We will, where possible, develop specialist in-patient provisions to avoid sending these people to England and Scotland.
153. Outcome:
 - Effective specialist interventions that meet the needs of the people, when they need it.
 - A person centred service that avoids silos and where persons are treated as individuals.
 - The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.
154. Perinatal mental health is a priority for prevention and early intervention with poor perinatal mental health affecting not only mothers but also increasing the risk of poorer outcomes in health, educational and social outcomes for children. This potentially creates a cycle of poorer mental health in subsequent generations.
155. Northern Ireland is behind the rest of the UK with regards to specialist perinatal mental health care, with only a specialist consultant-led perinatal mental health service within the Belfast Trust. For mothers requiring inpatient mental health care there is no mother and baby unit in Northern Ireland, and mothers requiring admission are cared for on general adult mental health wards with no opportunity for their child to be accommodated alongside them.

156. We have started the work to develop a regional specialist perinatal community mental health service. This will help expectant and new mothers experiencing mental ill health, reduce in-patient care and promote strong, secure, attachments with their children. We will continue to roll out specialist perinatal mental health services, including in-patient services.

ACTION 21. Continue the rollout of specialist perinatal mental health services.

157. An early intervention in psychosis approach has been shown to reduce the severity of symptoms, improve relapse rates and significantly decrease the use of inpatient care, in comparison to standard care. A recent meta- analysis of outcomes at 6 to 24 months concluded an early intervention in psychosis approach was associated with superior outcomes compared with treatment as usual regarding all outcomes, including hospitalisation risk, bed-days, symptoms, and global functioning.
158. In Northern Ireland psychosis interventions are provided within community mental health teams, home treatment and throughout in-patient services. They are not as integrated as they could be and do not always help patient recovery. To overcome this we will create a psychosis network to ensure early intervention psychosis care, access to evidence based treatments and interventions for people with psychosis.

ACTION 22. Ensure access to evidence based treatments and interventions for people presenting with a first episode psychosis and develop a psychosis network.

159. It is estimated that up to 50% of those attending psychiatric outpatient clinics, 50% of those in psychiatric inpatient services and 80% of the prison population meet the criteria for a personality disorder. 45% of those presenting to Emergency Departments with self-harm have a personality disorder, with 9-10% of those with a personality disorder dying by suicide and with 45-77% of those who die by suicide potentially having a personality disorder. It is estimated that the total cost to the UK economy is £35bn.
160. Specialist interventions are often needed for people with personality disorder. We will therefore create a personality disorder service, with a tiered approach. This will provide a clear model across mental health services where personality disorder specialists can provide services across regionally agreed pathways which will ensure that people get the care they need when they need it.
161. This will reduce the number of detained patients with emotionally unstable personality disorder that have to be transferred to England and Scotland for specialist treatment. It will also reduce the number of in-patients with personality

disorders. It is also expected that it will further the life satisfaction of those with personality disorder through getting effective specialist care and treatment when they need it.

ACTION 23. Create a personality disorder service and enhance the specialist interventions available for the treatment of personality disorder in Northern Ireland.

162. Northern Ireland has a regional network for the provision of services for people with an eating disorder. However, the outcomes for patients with eating disorders in Northern Ireland are lower than in other close jurisdictions and some of our service provisions do not currently meet National Institute for Health and Care Excellence (NICE) guidelines.
163. To improve the outcomes for patients with an eating disorder, we will provide further investment so that eating disorder services can achieve optimum staffing levels and skill mix to deliver effective care across the pathways. In practice this includes additional nursing and dietetic staff to support the treatment and safe supervision of patients with an eating disorder in local mental health in-patient units, including the regional CAMHS unit and paediatric wards.
164. Additional support will allow all eating disorder presentations to be subject to immediate referrals and such referrals to be considered without delay. Treatment support should include normal day activities and intensive day treatment should be further developed in line with NICE guidance.
165. We will also decide the future of eating disorder in-patient services. Currently a number of patients travel to England and Scotland for specialist treatment, keeping them away from family and friends who can often help recovery.

ACTION 24. Create a regional eating disorder service.

Theme 3: New ways of working

166. We have set out in this Strategy the strategic changes to mental health services to support individuals throughout their lives. But we need to ensure we have the right framework, structures and support in place to make these changes happen and improve outcomes for individuals.
167. Our vision sets out our desire to ensure consistency and equity of access across Northern Ireland, and to provide a choice of services that are based on evidence of what works. And we need to find a way of measuring how these changes are positively impacting people on an individual level.
168. Having a skilled, compassionate and trauma informed workforce is key to achieving the change required. Our mental health workforce is dedicated and committed to supporting the people they work with, but the system too often hampers their best efforts. It is important to provide the right environment to support staff to do their utmost to recognise and meet the needs of the people they work with.
169. We also need to build on existing and new evidence to allow us to be ambitious and innovative as we seek to bring about lasting change.

A regional mental health service

170. Outcomes:
 - A regional approach to mental health with regional consistency in service delivery.
 - Less confusion for patients using services across Trusts measured through service user satisfaction surveys.
 - Improved experience for those transitioning between Trusts.
171. In Northern Ireland mental health services are delivered through integrated health and social care trusts. This is different than in other close jurisdictions. The integrated structures have significant advantages. Our approach creates an integrated system with a single employer and budgets, integrated management (which fosters inter-professional working) and integrated approaches to hospital discharges.
172. However, the Lord Crisp report into mental health services in Northern Ireland noted that whilst there are significant strengths in the Northern Irish system, there are also weaknesses around commissioning arrangements and that the organisational boundaries get in the way of improving quality and efficiency. Mental health does not always get the same attention as physical health in HSC

Board and Trust decision making. This negates the positive impacts an integrated health and social care system across physical and mental health can have.

173. To overcome the current challenges, we will create regional structures where there is regional oversight of service development and delivery. This will ensure greater consistency, overcoming the sometimes confusing range of different types of service provision in different Trust areas. The regionality that is needed will extend to service models, service delivery and service structures, including service names and language.
174. In practice that means we will create a regional mental health service network which will include professional leadership responsible for regionality in service models and development. This includes ensuring consistency in the services offered across Northern Ireland. The Encompass programme offers us a significant opportunity to start to build this regional consistency. As we roll out new, digitally enabled ways of working this will drive regional discussions on consistent care pathways, data collection, nomenclature and standards.

A REGIONAL MENTAL HEALTH SERVICE WILL ENSURE REGIONALITY IN SERVICE PROVISIONS

175. Trusts will still be responsible for service delivery and patients will interact with the Trusts. Even so, a regional mental health service will directly benefit patients by removing variations in service availability. It will improve the movement of patients across Trust boundaries and will aid understanding of the system among users.

ACTION 25. Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development.

Workforce for the future

176. Outcomes:

- A well supported workforce that is fit for the future and meets the needs of those who are mentally ill.
- An increase in the number of training places for mental health professionals.
- An increase in the number of staff employed in mental health services.
- A workforce who have training in meeting the needs of particular high risk groups, suicide prevention skills and trauma informed practice.

177. The significant and enduring mental health needs of Northern Ireland's population have been repeatedly demonstrated and have clear links to well-established socioeconomic determinants of health and the legacy of the troubles. For staff in mental health services, there appears to be an ever increasing demand, more complexity in presentation, and recruitment and retention challenges.
178. Across Northern Ireland mental health services are struggling with high vacancy rates, with some Trusts reporting mental health nurse vacancy rates of over 20%. Over the last few years we have increased training places at local universities for mental health nurses by 85%. Going forward we will continue to train more mental health nurses.

OVER 20% OF MENTAL HEALTH NURSING POSTS IN HSC TRUSTS ARE VACANT

179. Whilst the number of vacant psychiatry posts are not higher than the rest of the UK, the use of locums to fill vacant posts is very high with a combined locum and vacant posts rates at 22%. Whilst locums can fulfil the duties of a permanent psychiatrist, the effectiveness is often reduced due to lack of stability and lack of patient knowledge. We will work with the relevant bodies to ensure that the psychiatry workforce is sufficient to meet the demand.

22% OF PSYCHIATRIST POSTS ARE EITHER VACANT OR FILLED BY LOCUM STAFF

180. The number of approved social workers in Northern Ireland has increased over the last few years. However, there is still an estimated gap in the number of approved social workers required and it is estimated that at least a further 25% are required.
181. We have significantly increased the training places in clinical psychology, but there is still a shortfall in the availability of clinical psychologists and fewer training places per head than other parts of the UK.
182. Going forward, multidisciplinary working – with a skilled, supported workforce that is equipped to meet the demands – is central to the future provision of mental health services as it provides the strength of the biopsychosocial approach and creates an effective working environment that enables each professional and group of professionals to use their own unique skills, knowledge, and abilities. Teams with wide skill sets can better meet the individual's needs by creating a tailored blend of personalised interventions that provide consistency, cohesion,

and choice. Strong, well trained multidisciplinary teams therefore can deliver safer, more effective services that can meet the depth and breadth of the challenges faced during the individual's recovery journey by developing and implementing a shared intervention plan from each profession's unique perspective.

183. In practice this means considering the existing workforce and new models of working in a comprehensive workforce review. This will allow informed decision making as to where the focus on training, recruitment and retention needs to be and help us create a workforce for the future. This may include bringing in new professions and skill sets to the mental health workforce and normalising new care and treatment options.

ACTION 26. Undertake a review of the mental health workforce, including consideration of increasing training places and training of the existing workforce.

184. Critical to the development of mental health services now and into the future must also be greater engagement and support for the peer support worker role and advocacy. Peer support workers and advocates use their own lived experience and knowledge to help and support individuals in their recovery journey. In Northern Ireland peer support workers have been partially rolled out, with uneven coverage across the Trusts. Clearer regional guidance, a consistent approach and job descriptions across Trusts will help improve the impact that peer support and advocates can have and improve outcomes for patients.

185. Going forward we will create clear roles and guidance for peer support workers and advocates and integrate peer support fully in the multi-disciplinary team.

ACTION 27. Create a peer support and advocacy model across mental health services.

Data and outcomes

186. Outcomes:

- A clear, evidence based outcome framework which allows evidence to be the foundation for decision making.
- A robust data set which is comparable across Trusts to measure performance and to determine what works.

187. To ensure we have the right services that meet the needs of the population we must have data to measure outcomes. In Northern Ireland, only a small number

of individual mental health services have adopted successful outcomes frameworks.

188. Going forward, we will create a new regional outcomes framework together with professionals and service users. Broadly, this framework should include areas such as patient safety, accessibility (timely access, appropriate demand, demographics), acceptability (person centred, service-user views on intervention), efficiency, equitability (geographical parity), and integration (inter-service interfaces). This will help us in evaluating what works and ensuring we are providing services that deliver good outcomes for people while providing value for money. The Encompass programme, which will be replacing a number of existing software systems, provides us with the opportunity to access a much richer pool of data and information to help inform and improve practice. We will need to work together regionally to exploit this opportunity.

ACTION 28. Develop a regional outcomes framework in collaboration with service users and professionals, to use as a method to underpin service development and delivery.

Innovation and research

189. Outcomes:

- A regional approach to mental health research which produces quality outcomes.

190. In Northern Ireland research is coordinated through the Public Health Agency Research and Development office. However, there is only one dedicated mental health research nurse, with a stronger focus on physical healthcare issues. To ensure that mental health in Northern Ireland benefits from innovation and research we will seek to create a more innovative and research focussed culture. This will allow us to shape research to include our specific needs, including the legacy of the Troubles on the population's mental health, and the use of technology, particularly given the recent experience during the Covid-19 pandemic.

191. In practice there will be a renewed emphasis on mental health research and innovation through increased research funding and by the establishment of a centre of excellence which supports research and innovation, acting as an exemplar and a point of contact for clinical staff and voluntary and community sector providers seeking to innovate, test ideas, or implement emerging knowledge.

-
192. When we do this, it is important that we avoid duplication of research effort, and we learn from other places rather than seeking to answer questions locally which have already been answered across other nations. A central centre of excellence will ensure effective working and tangible outcomes. This will also ensure that mental health patients in Northern Ireland are the first to experience innovative ideas.

ACTION 29. Create a centre of excellence for mental health research with dedicated funding.

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Subject:	Partnership Funding 21/22
Date:	9 February 2021
Reporting Officer:	Ryan Black, Director of Neighbourhood Services
Contact Officer:	Alison Allen, Neighbourhood Services Manager

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues
1.1	The purpose of this report is to update members on funding provided from within the departmental revenue budgets to partner organisations to support their work in the 21/22 financial year.
2.0	Recommendations
2.1	That Committee is asked to : <ul style="list-style-type: none"> - Consider and agree the funding allocations based on the recommended levels provided in this report at point 3.5 - Consider the recommendations of the review of partnership funding arrangements at a future committee meeting
3.0	Main report
	<u>Key Issues</u>
3.1	Members are advised that City and Neighbourhood Services works in partnership with a number of organisations which share common objectives and some of this work has

	developed through the provision of annual financial support to deliver against agreed outcomes.														
3.2	Many of the partnership funding arrangements are historical and have been rolled on from year to year and not as part of a mainstreamed open call or other funding process.														
3.3	Members will recall agreeing that a formal review of these partnership funding should be conducted to include their alignment to the Belfast Agenda, their value for money and their overall contribution to the Council's corporate priorities. Completion of this review was delayed due to COVID-19 but a final report is expected in February 2021 and further engagement with Members on the recommendations of the review will take place in due course.														
3.4	However to ensure continuity of service delivery for these organisations, it is recommended that funding support remains the same for 21/22 as in 20/21. This will give sufficient time for Members consideration of the review recommendations as well as planning and implementation time (subject to Members decisions).														
3.5	<p>The recommended partnership funding for 21/22 is detailed below:</p> <table border="1"> <thead> <tr> <th>Project</th><th>Funding</th></tr> </thead> <tbody> <tr> <td>Belfast Hills Partnership</td><td>£36,900</td></tr> <tr> <td>Lagan Valley Regional Park</td><td>£67,000</td></tr> <tr> <td>Outdoor Recreation NI (promotion of mountain bike trails)</td><td>£5,000</td></tr> <tr> <td>Keep NI Beautiful (Live Here Love Here campaign and Eco Schools Project)</td><td>£55,000</td></tr> <tr> <td>Mary Peters Trust</td><td>£5,000</td></tr> <tr> <td>TOTAL</td><td>£168,900</td></tr> </tbody> </table> <p><u>Financial implications</u></p>	Project	Funding	Belfast Hills Partnership	£36,900	Lagan Valley Regional Park	£67,000	Outdoor Recreation NI (promotion of mountain bike trails)	£5,000	Keep NI Beautiful (Live Here Love Here campaign and Eco Schools Project)	£55,000	Mary Peters Trust	£5,000	TOTAL	£168,900
Project	Funding														
Belfast Hills Partnership	£36,900														
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Outdoor Recreation NI (promotion of mountain bike trails)	£5,000														
Keep NI Beautiful (Live Here Love Here campaign and Eco Schools Project)	£55,000														
Mary Peters Trust	£5,000														
TOTAL	£168,900														
3.6	<p>Based on the above proposal, grant funding of £168,900 has been provided for in City and Neighbourhood Services revenue budgets for 21/22.</p> <p><u>Equality or Good Relations Implications</u></p>														
3.7	None identified at this stage but kept under continuous review														

4.0	Appendices – Documents Attached
	None

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Subject:	Knockbreda Road entrance to Cherryfield Playing Fields
Date:	9 th February 2021
Reporting Officer:	Ryan Black, Director Neighbourhood Services
Contact Officer:	Cate Taggart, Neighbourhood Services Manager (East)

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues
1.1	The purpose of this report is to update Members on the results of the resident survey carried out amongst households surrounding the currently closed Knockbreda Park pedestrian entrance to Cherryvale Playing Fields and to present options as to next steps.
2.0	Recommendations
2.1	The Committee is asked to: <ul style="list-style-type: none"> i. Note the results of the residents' survey ii. Consider options and agree next steps.
3.0	Main report
	<i>Background</i>
3.1	Following a request from Councillor Long, at People and Communities Committee on 3 rd March 2020, the Committee agreed to commence a consultation process with the immediate

	neighbours and stakeholders regarding the potential re-opening of an entrance gate into Cherryvale Playing Fields from Knockbreda Park. An initial 100 surveys were posted to households within the immediate vicinity of the gate. (See Appendix 1 Survey Questions)
3.2	This existing gate has been closed for 20+ years. It is Council Officers' understanding the gate was previously closed due to concern from residents regarding anti-social behaviour in the vicinity of the gate at the time. A recent report concerning ASB in the Playing Fields now shows a record of 12 incidents over a 24 month period.
3.3	At the People and Communities Committee meeting on 11 August 2020, Councillor De Faoite requested that officers arrange a site meeting to allow Elected Members the opportunity to meet with various user groups to discuss any relevant issues regarding the Playing Fields. A site meeting was held on the 3 rd September 2020 and involved Elected Members, representatives from Friends of Cherryvale and various sports users of the facility. Belfast City Council Officers provided an update on works that were taking place within the Playing Fields. Officers also provided an update that 100 households within the immediate vicinity of the gate had been sent a questionnaire asking for their views concerning the potential re-opening of the gate.
3.4	At a further People and Communities Committee meeting, on 8th September 2020, Councillor Kelly requested the survey be widened to incorporate additional residents. Following discussion it was subsequently decided to extend the survey scope to a 400 metre radius (i.e. approximately within a 5 minute walk) from the gate. This is the distance Fields in Trust set as a standard to access a local park on foot. Extending the survey to include all households within a 400m radius of the gate resulted in a total of 1378 households being sent a survey to complete (see Appendix 2 Map showing households). Of those issued, 509 surveys were returned (36.9%).
	<i>Survey Results</i>
3.5	<p>An analysis of the responses was undertaken and a summary of the findings is attached (see Appendix 3). Key findings from the survey responses include:</p> <ul style="list-style-type: none"> 459 or 90.2% of all respondents stated that they use the playing fields with 50 respondents, or 9.8%, stating they do not use the facility.

	<ul style="list-style-type: none"> • The survey asked: 'Would you be in favour of the gate being opened during regular park opening times?' Over 89% of respondents who expressed a preference were in favour. • Respondents were offered the opportunity to comment on their answer. <ul style="list-style-type: none"> ○ Concerns were raised in relation to traffic management and parking issues and around potential ASB and noise/disturbance. ○ The positive comments in relation to the reopening of the gate related to improving access. • It should be noted that 21 respondents who were in favour of reopening the gate also expressed concerns. Traffic management and parking were mentioned in 17 and 15 responses respectively. Concern around ASB issues was mentioned in five responses and potential for noise and disturbance was also mentioned five times. The suggestion for a trial period was mentioned twice. • Of the houses closest to the playing fields who were in favour of reopening the gate (14 out of 21 houses), three made comments: one mentioned concerns around traffic management and parking; the other two referenced the benefits of easier access. • Of those respondents who use the playing fields (459 people) 83% are in favour of the gate being reopened, with 9% not being in favour. • Of those respondents who do not use the playing fields (50 people) 36% are in favour of the gate being reopened, with 12% not being in favour. The largest percentage of responses indicated no preference (44%). • Two thirds of the responses from the houses closest to the gate are in favour of the reopening of the gate but as outlined in the summary document there are concerns expressed in the comments.
3.6	<p><i>Options/Next steps</i></p> <p>Considering the survey results, officers have identified two potential options for Members consideration:</p> <p>Option 1: Gate remains closed: the survey results overwhelmingly supported the re-opening of the gate. However, concerns have been expressed by both those in favour and those against reopening the additional pedestrian access. Respondents have cited issues in relation to traffic management and parking and the potential for increased ASB/noise and disturbance complaints.</p>

Option 2: Gate is re-opened: the majority of survey returns (89% of those indicating a preference) would support this option. However there are several factors to note:

- a. Although there is overwhelming support for the gate re-opening there were also concerns raised, in particular regarding traffic management, parking and concern for attracting ASB and noise/disturbance (due to accessing of the playing fields).

Officers have met with Road Service officials to discuss any implications on traffic, parking and crossings in regards to the gate. The Road Service have stated that no additional lighting is required. Parking restrictions lines would not be added prior to the gate opening; however, this would be monitored and if lines are required there would be no cost to the council. It may also be that a traffic island is required to assist in crossings; traffic lights have previously been requested by the residents and an assessment completed by the Road Service, however, the installation of traffic lights is on a waiting list. At present DfI see no immediate works required to be completed if the gate is opened for pedestrians but are of the opinion that regular assessments of the area would be required.

- b. To allow the re-opening, a new gate and path would need to be installed at an approximate cost of £7,500. This does not include any measures outside the playing fields' boundary and would be subject to a more detailed assessment.

It is likely these essential works ie installation of a new gate (replacing the old one in existence) and upgrading of the existing footpath (which may require clearing of vegetation in the area) will be considered as permitted development in line with the council carrying out its functions. However, if appropriate, a formal opinion can be obtained through a Certificate of Lawful Use or Development (CLUD).

If additional works were required in the future, such as the addition of new lighting to the footpath or widening of the footpath (to improve accessibility), it is likely that a full planning application would need to be submitted.

	<p>c. Operational considerations: Officers suggest that any additional access gate would follow the current arrangements in place with our Park Warden team, who are responsible for opening and closing our parks. This team currently work on an annualised-hours basis which provides us with the flexibility to have these officers working for longer periods in the summer months. While this work pattern facilitates longer opening during the summer period, it means that shorter operating hours in the winter months leads to earlier closure times for parks linked to dark nights. Our current staffing resource cannot facilitate extending the opening times of the city parks, however, in a recent committee report councillors were advised that officers are investigating this issue as part of our wider Parks Improvement Programme. In doing so, we are progressing two key initiatives to help inform future park management and opening arrangements namely:</p> <ul style="list-style-type: none"> • 24 hour pilot opening hours at Woodvale, Falls & Ormeau parks in Spring 2021 • A feasibility study to consider options, concept and pricing for the lighting of parks. <p>Until these works have been completed, and subsequently considered by Committee, it would be difficult for us to deviate from current Council policy in relation to park winter opening hours. Continuing this may help address ASB concerns, however they would also restrict access to the Playing Fields and there may be demand from clubs using the 3G pitch to open this gate outside normal hours.</p>
3.7	<p><u>Financial & Resource Implications</u></p> <p>If the gate were to be re-opened, the capital cost to install a new gate and path has been approximated as £7,500. This cost has not been currently budgeted for.</p> <p>Operational arrangements can be accommodated within existing budgets. Additional opening hours would incur additional costs.</p>

3.8	<u>Equality or Good Relations Implications/Rural Needs Assessment</u> An equality and rural proofing screening is underway, in line with council's equality, good relations and rural needs requirements, to identify positive or adverse impacts of any decision to re-open the gate.
4.0	Appendices – Documents Attached
	Appendix 1 – Survey questions. Appendix 2 – Map of surveyed households Appendix 3 – Summary of survey responses

APPENDIX 1 SURVEY QUESTIONNAIRE

Community consultation questionnaire regarding potential reopening of a pedestrian gate to Cherryvale Playing Fields, from Rosetta Park / Knockbreda Road.

Background info.	<p>Belfast City Council is reviewing public access of Cherryvale Playing Fields through the pedestrian gate leading from Rosetta Park / Knockbreda Road. If reinstated the gate would be open during regular park opening times.</p> <p>Please complete this short questionnaire and return to us by 1st September 2020, using the stamped addressed envelope provided.</p>		
Name			
Address			
Age	18-30:	31-54:	55 & over:
Do you use Cherryvale Playing Fields?	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If no, why not?</p>		
What do you use Cherryvale Playing Fields for?	<p>Sport: <input type="checkbox"/> Playground: <input type="checkbox"/></p> <p>Exercise: <input type="checkbox"/> Dog walking: <input type="checkbox"/></p> <p>Events: <input type="checkbox"/> Other: <input type="checkbox"/></p> <p>Comment:</p>		
Would you be in favour of the gate being opened during regular park opening times?	<p>Yes: <input type="checkbox"/> Don't mind: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p> <p>Comment:</p>		

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You are consensually providing your personal data to the Council, whose lawful basis for processing is for the performance of a task carried out in the public interest.

The Council is a public service provider under the Northern Ireland Ombudsman's Jurisdiction (Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act), and values your involvement in seeking continuous service improvement. We use your feedback, whether positive or negative to monitor and improve our service for the benefit of all our customers.

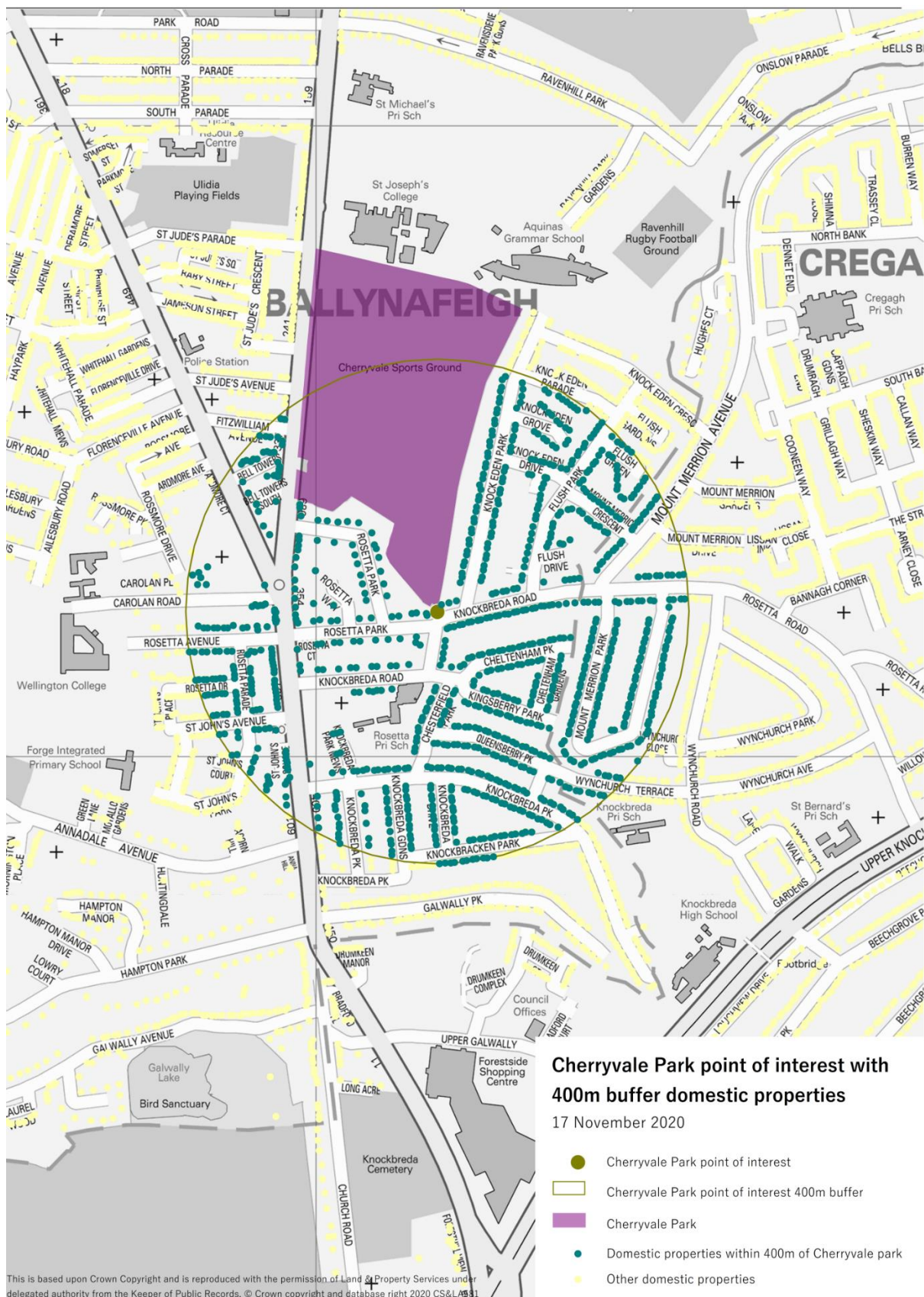
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If you have any queries regarding the processing of your personal data, please contact complaints@belfastcity.gov.uk

If you wish to contact the Council's Data Protection Officer, please write to Belfast City Council, City Hall Belfast, BT1 5GS or send an email to dataprotection@belfastcity.gov.uk

Appendix 2 Map showing properties surveyed



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Reopening of Gate at Cherryvale Playing Fields Residents Survey – 2020

Summary of findings

1.0 Overview

- 1.1 The survey was sent to a total of 1378 households and 509 were returned; this is a response rate of 36.9%.
- 1.2 The age profile of the respondents is broken down in the table below:

Age	No of respondents	% of total responses
18 -30	24	4.7
31- 54	203	39.9
55 & over	260	51.1
Not answered	22	4.3

2.0 Use of Cherryvale Playing Fields

- 2.1 459 or 90.2% respondent stated that they use the playing fields with 50 or 9.8% stating that they do not use the facility.
- 2.2 As the table below demonstrates, 459 respondents use Cherryvale Playing Fields for a variety of reasons. Please note that respondents may have given more than one reason why they use the facility.

Activity	No of respondents
Sport	101
Exercise	421
Events	1
Playground	152
Dog walking	149
To meet friends	20
Relaxing in a greenspace	37
Running	6
Walking	58

- 2.3 The reasons that 50 respondents gave for not using Cherryvale Playing Fields are outlined in the table below. Please note that respondents may have given more than one reason why they do not use the facility.

Activity	No of respondents
Issue with dogs	9
No reason to use	7
Housebound/too old/not mobile	11
Use other facilities	1
Issue with access	4
Issue with ASB	1
Thought of as a park for kids	2

Used previously but no longer	3
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3.0 Views on reopening the gate

- 3.1 The survey asked: 'Would you be in favour of the gate being opened during regular park opening times?' As the table below, shows over 78% of respondents are in favour of this.

Response	No of respondents	% of total responses	% of respondents who expressed a preference
Yes	399	78.4	89.5
No	47	9.2	10.5
Don't mind	50	9.8	-
Not answered	13	2.6	-

- 3.2 Respondents were offered the opportunity to comment on their answer. To allow for analysis the comments were tagged under a number of headings as outlined in the table below. The main concerns are in relation to traffic management and parking issues and concerns around ASB and noise/disturbance. The positive comments in relation to the reopening of the gate related to improving access. It should be noted that some respondents who were in favour of reopening the gate did express concerns around the traffic/parking and ASB issues.

Reasons included within comment	No of respondents (all responses)
<i>Concerns</i>	-
Traffic management issues	38
Parking issues	38
ASB concerns	30
Concerns re noise/disturbance	26
<i>Benefits</i>	-
Will make access easier - general	137
Will make access easier – children	25
Will make access easier – older persons	12
Will make access easier – people with a disability	10
<i>Other comments</i>	-
Need a trial period	3
Not needed	12

- 3.3 An analysis was undertaken of the comments of those people who responded that they were not in favour of the reopening of the gate; these are outlined in the table below.

Reasons included within comment	No of respondents (those not in favour of reopening gate)
<i>Concerns</i>	-
Traffic management issues	20
Parking issues	21
ASB concerns	23
Concerns re noise/disturbance	19
<i>Other comments</i>	-
Need a trial period	1
Not needed	12

- 3.4 Further analysis was undertaken to show the correlation between wish for the reopening of the gate and use of Cherryvale Playing Fields.

Responses from those people who use the playing fields (total 459)

Response on reopening of the gate	No of respondents	% of responses (those who use playing fields)¹
Yes	380	82.8
No	41	8.9
Don't mind	27	5.9
Not answered	9	2.0

Responses from those people who do not use the park (total 50)

Response on reopening of the gate	No of respondents	% of responses (those who don't use playing fields)
Yes	18	36
No	6	12
Don't mind	22	44
Not answered	4	8

- 3.5 An analysis was undertaken of the responses from those addresses that are closest to the gate. This was a total of 21 houses and all are users of the park. Their responses and comments in relation to whether the gate should be reopened is outlined in the tables below.

Response on reopening of the gate	No of respondents	% of responses (those who live close to the gate)²
Yes	14	66.6
No	4	19.0
Don't mind	3	14.3

Reasons included within comment	No of respondents
<i>Concerns</i>	-
Traffic management issues	4
Parking issues	4
ASB concerns	4
Concerns re noise/disturbance	5
<i>Benefits</i>	-
Will make access easier - general	3
Will make access easier – children	1
Will make access easier – older persons	1
Will make access easier – people with a disability	1
<i>Other comments</i>	-
Not needed	2

¹ Does not add to 100 due to rounding

² Does not add to 100 due to rounding

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Subject:	Requests for the use of Dixon Park by Bloomfield Gospel Hall.
Date:	9 th February 2021
Reporting Officer:	Ryan Black, Director of Neighbourhood Services
Contact Officer:	Cate Taggart, Neighbourhood Services Manager, East

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues
1.1	<p>The Committee is asked to note that the Council has received a request from:</p> <p>Bloomfield Gospel Hall to deliver their weekly Sunday evening services as a series of “Gospel Drive-Ins” at Dixon Park between Monday 28 March and the 29 August 2021.</p> <p>Further to that Bloomfield Gospel Hall are also seeking permission to host their annual Gospel Outreach month at Dixon Park during the month of June 2021.</p> <ul style="list-style-type: none"> The event will set up on the tarmac area at the rear end of the main carpark and will cause little to no disruption to other park users. The front carpark will remain open to members of the public.

2.0	Recommendations
2.1	<p>The Committee is asked to approve the Bloomfield Gospel Hall's weekly Sunday evening services and a series of "Gospel Drive-Ins" at Dixon Park at subject to the completion of the appropriate Event Management Plans and satisfactory terms being agreed by the Director of City & Neighbourhood Services and on the condition that the Event Organisers:</p> <ul style="list-style-type: none"> i. resolves all operational issues to the Council's satisfaction; ii. meets all statutory requirements including Public Liability Insurance cover, Health and Safety, and licensing responsibilities; and iii. shall consult with adjoining public bodies and local communities as necessary. iv. adhere to Government Covid19 Regulations in place at the time of the event.
3.0	Main report
	<u>Key Issues</u>
3.1	<p>Bloomfield Gospel Hall are a small church with 45 members who meet in Bloomfield Gospel Hall. As part of their community work, they have held a number of gospel outreach events in Dixon Park in recent years. The organisers wish to use the tarmac area between the car park and pitches. This area is considered an overflow area of the park that has been identified as a suitable location for this event with little disruption to other park users. The park will remain open to the public and a further marked car park area remains available to the football fraternity and other park users not attending the event.</p>
3.2	<p>This year because of COVID-19, Bloomfield Gospel Hall wish to hold weekly Sunday evening drive-in services in place of their normal community gospel service which they have been unable to hold since March 2020 due to restrictions.</p> <ul style="list-style-type: none"> • Each Sunday from 28 March to 29 August, 6.45pm – 7.45pm.
3.3	<p>The event organiser has also requested permission to hold their annual gospel outreach event during the month of June. They would like to organise a gospel drive-in with local people attending in cars each day for a period of 4 weeks.</p> <ul style="list-style-type: none"> • 31 May to 25 June 2021, 7.45pm – 8.45pm (Monday to Friday) Sunday 6.45pm 7.45pm <p>Note: No gospel drive-ins on Saturdays during this period.</p>

3.4	This event albeit in a different format has been taking place in the park since 2010. This event brings together the congregation of Bloomfield Gospel Hall, friends, family and local community for the purpose of worship attracting approximately 60 worshipers daily.
3.5	In previous years, this event takes place outside of the football season and therefore has been easy to manage. This year, if restrictions on sport are lifted, there may be a summer programme of soccer to encourage a safe return to sport. If this is the case, the event organiser will work closely with the resident soccer club to ensure that all user needs are considered and met.
3.6	A small curtain-sided van or enclosed trailer will be used as a platform for the event speaker. Communication will be by low volume battery powered portable loudspeakers to enable the person speaking to be heard within the carpark.
3.7	Trained marshals will wear high visibility jackets and will direct the attendees to the parking area. The marshals will ensure compliance with current COVID-19 legislation and NI Executive guidance. The attendees will remain in the cars during the event. There is no registration or charity collection. <u>Financial & Resource Implications</u>
3.8	OSSS Manager has no operational issues with these events and no additional staff are required. <u>Equality or Good Relations Implications/Rural Needs Assessment</u>
3.9	There are no known implications.
4.0	Appendices – Documents Attached
	None

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Subject:	Belfast City Airport (BCA) request to gain access to Victoria Park to facilitate ongoing bird control management measures
Date:	9 th February 2021
Reporting Officer:	Ryan Black, Director of Neighbourhood Services
Contact Officer:	Cate Taggart, Neighbourhood Services Manager (East)

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report
1.1	<p>The purpose of the report is for Members to consider a report by the Belfast City Airport outlining its ongoing bird control management and to consider a request from Belfast City Airport (BCA) to gain access to Victoria Park to carry out pricking of greylag geese eggs. This is part of an ongoing control programme in line with their Wildlife Hazzard Assessment and the Civil Aviation Authority licensing requirements.</p>

2.0	Recommendations															
2.1	<p>Members are asked to:</p> <ul style="list-style-type: none">i. Note the report from Belfast City Airport on Bird Control Measures at Victoria Park;ii. Consider permissions requested to enter Victoria Park to facilitate the continuation of pricking of un-hatched greylag goose eggs under licence issued by the Northern Ireland Environment Agency (NIEA). This intervention to control birds in the flight path to the airport is a requirement of the airport’s Civil Aviation Authority licence; andiii. Instruct officers to work with legal services to issue a relevant licence for a period of 3 years which will be subject to annual review in advance of renewal.															
3.0	Main report															
3.1	At the 6 th of October meeting, the Committee considered a Notice of Motion and agreed to review permission to BCA to enter Victoria Park for the management of un-hatched eggs under licence from the NIEA.															
3.2	It was noted that the ongoing control programme had significantly reduced the greylag goose population in the park and that the decision to grant permission was taken a number of years ago.															
3.3	As such, officers were instructed to review the decision and produce a report for Councillors to consider options before the next confirmation of the permission is granted.															
3.4	In response to officer request for detailed supporting information, the Airport has prepared a report which outlines their bird control programme over a number of years (Appendix 1).															
3.5	Table 1 presents an overview of ongoing bird control measures at Victoria Park: Source BCA report.															
	<table><tr><th>Species</th><th>Risk assessment</th><th>Existing management</th><th>Actions requested from BCC</th><th>Permissions sought from BCC</th></tr><tr><td>Greylag Goose</td><td>Medium</td><td>Use of signage at Victoria Park to reduce supplementary feeding. Control of population by egg “pricking”.</td><td>Maintenance of signs in Victoria Park</td><td>Permission to continue “pricking” eggs in Victoria Park under permit from NIEA (applied for and reviewed annually)</td></tr><tr><td>Mute Swan</td><td>Medium</td><td>Use of signage at</td><td>Maintenance of</td><td>None</td></tr></table>	Species	Risk assessment	Existing management	Actions requested from BCC	Permissions sought from BCC	Greylag Goose	Medium	Use of signage at Victoria Park to reduce supplementary feeding. Control of population by egg “pricking”.	Maintenance of signs in Victoria Park	Permission to continue “pricking” eggs in Victoria Park under permit from NIEA (applied for and reviewed annually)	Mute Swan	Medium	Use of signage at	Maintenance of	None
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Black-headed Gull	Low	Monitoring of breeding population. Surveys of feeding sites and flightlines (BCA)	None	None
Grey Heron	Medium	Monitoring of the impact of structural pruning in 2018 on nesting	None	None
Rook	Low	Control of new Rookery to prevent the formation of a large colony. Monitoring of recent pruning and some nest removal on nesting.	None	None

3.6

Key Species

Greylag Geese:

Committee is reminded that at its meetings in January 2010 and August 2011, the committee agreed a range of measures to control greylag geese numbers within Victoria Park including

- the erection of fencing to prevent access for the geese to safe breeding areas and easy access to and from the water.
- the planting of shrubs along parts of the lake to prevent the geese having easy access to and from the water.
- undertaking an awareness raising campaign to dissuade members of the public from feeding the geese/birds.
- the continuation of annual egg pricking of greylag geese under licence
- the monitoring of these measures to assess their effectiveness.

3.7	<p>The control programme, aimed at making the site less attractive to geese, has been effective with a steady decline in numbers. It is worth noting that although the reduction in greylag overwintering, breeding and moulting at Victoria Park has been successful it has taken almost 15 years to achieve. The Airport note this situation could easily be reversed if greylag geese were allowed once again to rear young and reassert a lifelong association with the site. The control programme should also be considered within the context of significant local greylag geese increases, for example in North Down numbers increased from 150 in 2008 to almost 600 in 2019 (BCA Report).</p>
3.8	<p>Rooks:</p> <p>Committee is reminded that at its meeting in January 2021 it acceded to a request from BCA to carry out works under licence, to remove old rook nests and habitat alterations at the North East corner of the park. After careful monitoring this season, if required, permission will be sought under delegated authority to undertake further work to discourage the rookery from establishing.</p>
3.9	<p><u>Overview</u></p> <p>This Belfast City Airport bird control programme has been underway for a number of years and is underpinned by scientific surveys and research. Egg pricking is completed under licence from the Northern Ireland Environment Agency and reviewed on an annual basis. The Airport continues to monitor the effectiveness of the programme and bird strike risk, further details are provided in the full report (Appendix 1).</p>
3.10	<p>Members are advised that the BCA control programme and associated interventions are a matter between the airport and the NIEA as the regulator and competent authority for the relevant licences. BCA must provide supporting documentation to outline their plans and provide the necessary evidence to demonstrate they have weighed all options and their preferred approach is measured (ie not extreme). It will then be the responsibility of the regulator to assess the application and grant any agreed licence.</p>
3.11	<p>The Belfast City Airport approach to Belfast City Council is to request continued access to Victoria Park to facilitate the ongoing control programme including the continuation of pricking of un-hatched greylag goose eggs under the NIEA granted licence.</p>
3.12	<p>If members are content, officers will work with legal services to issue a relevant licence for a period of 3 years which will be subject to annual review in advance of renewal.</p>

3.13	To support the review, BCA will be required to submit an annual report outlining their Wildlife Control Management Plan (WCMP) noting recommendations based on the risk assessment made in the annual Wildlife Hazard Assessment (WHA) and incorporating any new control methods as they become available.
3.14	Officers will review the submitted risk assessment and insurance certificates in line with procedure. The licence will include relevant conditions to ensure that health and safety measures are implemented, essential signage is assembled, one-way systems are established where necessary and other necessary arrangements are put in place.
	<u>Financial & Resource Implications</u>
3.15	BCA will be responsible for all costs associated with the request.
	<u>Equality or Good Relations Implications/Rural Needs Assessment</u>
3.16	None
4.0	Appendices
	Appendix 1: Bird Control at Victoria Park – BCA Report to BCC

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Bird Control for Air Safety in Belfast

Prepared by Dr Roy Armstrong (www.ArmstrongMcCaul.com) and Kerry Mackie
on behalf of George Best Belfast City Airport

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Introduction

Aerodromes subject to the UK Civil Aviation Authority's (CAA) national aerodrome licencing requirements use the guidance material presented in CAP772: Wildlife Hazard Management at Aerodromes (CAA 2017) to demonstrate a means of compliance to requirements stated in CAP 168: Licensing of Aerodromes (CAA 2019). The content of CAP772 is provided as information, specialist advice and supplementary guidance material in support of EC Regulation 139/2014 and associated (EASA) Acceptable Means of Compliance and Guidance Material.

All sites chosen for airfields have associated air safety risks due to local bird populations and their movements. The area occupied by the airfield will attract a range of bird species, depending on the habitat types present both on the airfield and nearby. On-airfield conditions will determine which species use the immediate areas around the runways and are carefully managed. Birdstrike risks in the airspace above and the flightlines around the airfield are affected by the distribution of habitats on a broader scale. On-airfield, birds can be controlled by a range of methods including habitat management and disturbance. The measures employed at George Best Belfast City Airport (BCA) to control birds visiting the airfield are presented in the Wildlife Control Management Plan (WCMP). The plan is reviewed annually to include recommendations made in the annual Wildlife Hazard Assessment (WHA) and to incorporate new control methods as they become available.

The aim of the WHA is to identify sources of risk and to assess the relative severity of those risks. Risk assessment is difficult with low frequency events and, for birdstrike risk, factors such as size and flocking behaviour may be more significant than simple frequency of occurrence. The acceptability of an individual risk is therefore assessed using the probability/severity matrix in fig.1 (reproduced from CAP 772) which takes into account the likelihood of a Birdstrike involving any particular species ("Probability") and the likely damage that would result ("Severity").

Figure 1: Risk Assessment Matrix

		PROBABILITY				
		Very High	High	Moderate	Low	Very Low
SEVERITY	Very High					
	High					
	Moderate					
	Low					
	Very Low					

Red: high risk – additional management actions should be implemented for this species as soon as possible.

Yellow/amber: medium risk – current risk management strategies for this species should be reviewed and additional steps taken if appropriate.

Green: low risk – no additional action above that already being implemented for this species is currently necessary.

Each likelihood is scaled numerically (see figs 2 & 3 below) with severity ratings drawn from an extensive national databank.

Figure 2: Probability Ratings (Birdstrikes over a 5-year period)

	Very High	High	Moderate	Low	Very Low
Number of strikes	>10	3.0 - 10	1.0 - 2.9	0.3 - 0.9	0 - 0.2

Figure 3: Severity (probability of damage to aircraft engines)

	Very High	High	Moderate	Low	Very Low
Number of strikes	>20%	10 - 20%	6.0 - 9.9	2.0 - 5.9	0 - 1.9

Severity rates are not published for all species. However, some example species are listed in CAP772 (Fig. 4) and many of the species involved in Birdstrikes at BCA were covered in an assessment of Cliffe Marshes (Bell *et al.* 2003) in which the severity ranks for each species are presented. Where species were not listed in that study, severity is estimated by calculation of mean mass for the species x 0.014 (Allan 2006).

Figure 4: Examples of species and their damage probabilities percentages

Species	Damage Percentage	Species	Damage Percentage
Mute swan	42.5%	Feral pigeon	6.5%
Canada goose	26.7%	Black-headed gull	4.6%
Herring gull	13.0%	Kestrel	2.6%
Buzzard	11.4%	Starling	2.6%
Lapwing	8.3%	Swift	1.2%
Woodpigeon	6.6%	Skylark	0.7%

Apart from the risk presented by individuals of each bird species, the likelihood and actual frequency of multiple Birdstrikes (where more than 2 birds are struck and more than 10 birds are seen, or when more than 10 birds are struck) must also be taken into account. CAP772 recommends that where a multiple strike occurs in a species in the “High” severity category, this should be increased to “Very High”. For species in the “Moderate” or “Low” severity categories, they should be increased one level if 3 or more multiple strikes occurred.

The individual risk presented by all bird species at BCA, and recommended actions for each species, are assessed and reviewed annually. The results for the species discussed in this document are presented in Figure 5.

Figure 5: Species of significance to air safety at Belfast City Airport (as identified by the most recent Wildlife Hazard Assessment).

Species	Risk assessment	Existing management	Actions requested from BCC	Permissions sought from BCC
Greylag Goose	Medium	Use of signage at Victoria Park to reduce supplementary feeding. Control of population by egg “pricking”.	Maintenance of signs in Victoria Park	Permission to continue “pricking” eggs in Victoria Park
Mute Swan	Medium	Use of signage at Victoria Park to reduce supplementary feeding.	Maintenance of signs in Victoria Park	None
Mallard	Medium	Use of signage at Victoria Park to reduce supplementary feeding.	Maintenance of signs in Victoria Park	None
Lesser Black-backed Gull	High	Monitoring of breeding population. Surveys of feeding sites and flightlines (BCA)	BCC should investigate options to manage urban gulls within the planning system	None
Herring Gull	Medium	Monitoring of breeding population. Surveys of feeding sites and flightlines (BCA)	BCC should investigate options to manage urban gulls within the planning system	None
Black-headed Gull	Low	Monitoring of breeding population. Surveys of feeding sites and flightlines (BCA)	None	None
Grey Heron	Medium	Monitoring of the impact of structural pruning in 2018 on nesting	None	None
Rook	Low	Control of new Rookery to prevent the formation of a large colony. Monitoring of the impact of recent pruning and some nest removal on nesting	None	None

The following are made by the airport's highly-experienced consultant and take into account potential biodiversity impacts, likelihood of success, public sensitivity and legal constraints.

Species

1. Greylag Goose

Geese present a serious risk to aircraft as a result of their large size, high mobility and habit of flying in (often large) groups (presenting a risk of a multiple collision). Greylag geese using Victoria Park are from an introduced, feral population and so do not contribute to the native biodiversity of the park or the wider area. Apart from being a threat to air safety, geese can cause fouling, damage to lawns/pitches, reduction in native flora and the spread of disease. Control measures have been employed in Victoria Park for several years and the reduction in numbers in the park is reflected in the numbers observed flying across the airfield (Fig. 2)

Figure 2: Numbers of Greylag Goose observed on-airfield 2014-19

Year	No. of individuals	No. of records
2014	2,426	179
2015	1,530	117
2016	5,786	234
2017	957	85
2018	318	49
2019	474	47

The steady decline in numbers is the result of a staged control strategy aimed at making the site less attractive to geese. The use of fencing has reduced the impact of supplementary feeding by the public, especially in the car park area. This fencing has been extended and replaced with permanent fences that further reduce the feeding opportunities for geese on adjoining lawns etc. The fencing has also been supported by signage dissuading the public from feeding the wildfowl in Victoria Park and this, combined with the general public perception that feeding wildfowl with bread is bad for them, appears to have had the desired effect. Egg "pricking" has taken place since 2007 and involves making a small hole in the shell which renders it non-viable. It should be noted that this success in controlling numbers is set against a backdrop of a recent rapid increase in numbers in this introduced, feral, problematic population.

Impact of Egg Control at Victoria Park – a long-term strategy of reducing bird strike risk to aircraft.

Most of Ireland's resident greylag population originates from captive breeding and release of birds during the twentieth century. There is little data to support a remnant breeding population in Ireland hence this population is usually regarded as "feral". The population is thought to be in excess of 2,000 (Bird Watch Ireland 2017) and from a small number of original release sites, is now widespread throughout the country. The present overall status of feral Greylags in Northern Ireland is poorly understood. However, it is clear that in some areas they have increased significantly since the last national census undertaken by Boland et al in 2008. The numbers of greylag in the North Down area for example have increased from 150 geese in 2008 to almost 600 in 2019. (BCA Report, K.Mackie)

Greylag management was initiated in 2007 at Victoria Park when monthly goose counts averaged over 80 geese. Egg control was a preferred alternative to the less palatable measure of culling, complemented with other measures to reduce easy access to - and frequency of - supplementary feeding by park users . This combination of actions initially led to a 60% reduction to the annual average

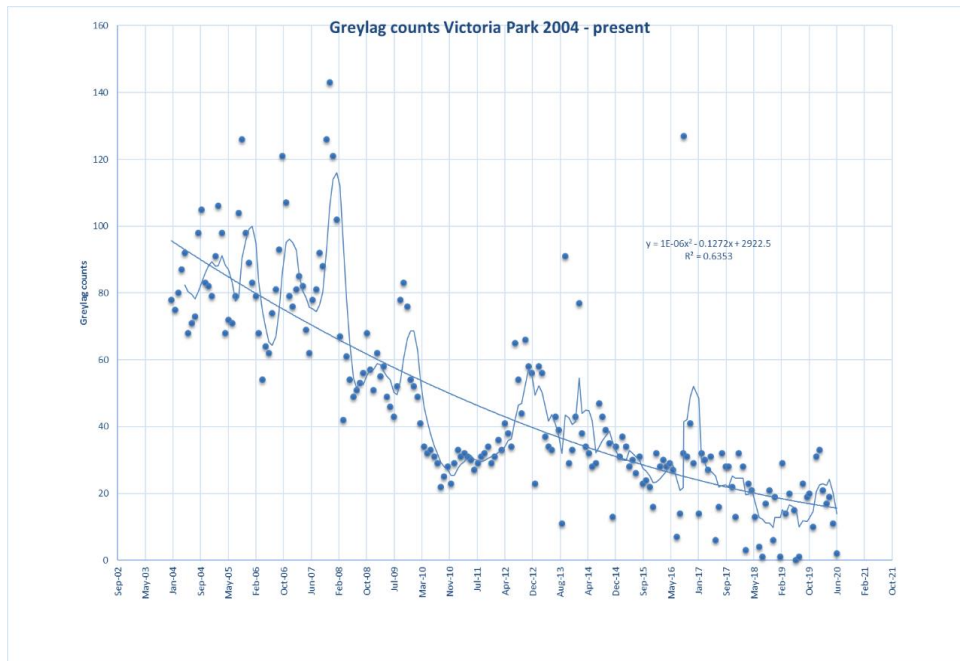
count (March-February) over the the first 3 years. The 50% drop in the number of eggs controlled between the first year and the second year of intervention is indicative of breeding relocation - a response to a change in breeding/food security and the availability of alternative breeding/feeding sites elsewhere. The number of eggs controlled annually was relatively constant between 2008 and 2016 (av.113 pa) from which point there has been a further reduction to a low of 64 in 2020 (Fig 6). BCA funded a research project in 2015 to capture and tag a sample from the Victoria Park flock and verified links with other sites in the Greater Belfast area and a strong site fidelity among individual geese using the Park. It is likely the combination of both site fidelity and the species' longevity, that we are only now starting to see the benefit of a long-term egg control program as the age profile of the resident flock reaches a level of senescence and minimal recruitment has eventually reduced the breeding flock size.

The number of goose days per annum at Victoria Park have been reduced substantially from a three year average of **34,000** goose days in 2007 to **2200** in 2019 representing a reduction of over 90 % of goose use - and associated risk to aircraft (Fig. 7). Short term influxes of geese in the area are still being observed during the Autumn season as flocks from other locations redistribute to seasonal feeding locations. The reduced probability of "Victoria Park" reared or "Victoria Park" acquainted geese within these transient flocks, as well as a smaller flock on the ground to decoy in geese, both help reduce short term influxes of larger flocks within the airspace of the airport's western approach.

Fig 6. Numbers of Greylag Goose and eggs controlled in Victoria Park 2005-present



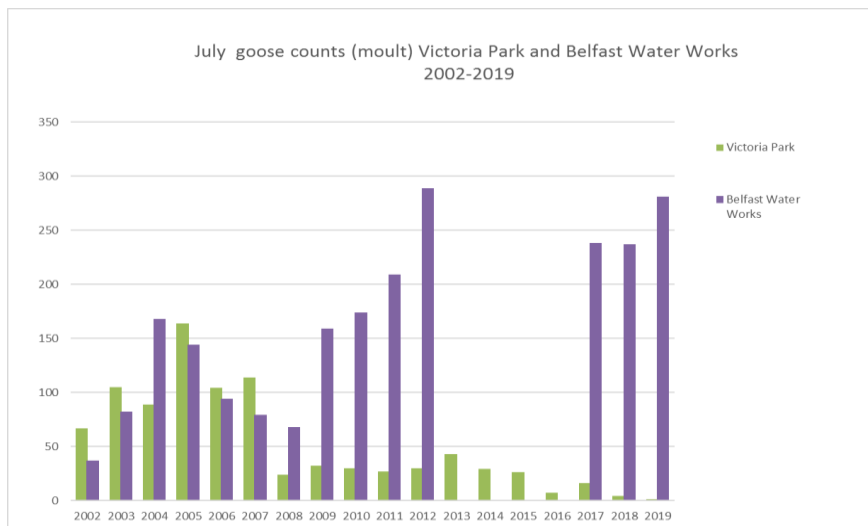
Fig.7. Greylag Goose counts for Victoria Park 2004-present



Moulting Geese within the 13km airport safety exclusion zone.

Greylag go into a 3-week flightless moulting period between early June and early August (depending on age and breeding success) and moulting locations provide both easy access to food and close proximity to a water body for refuge. As can be seen in Fig 8. below both Victoria Park and Belfast Water Works provided these goose essentials until 2007 at which point the implementation of control measures made Victoria Park less attractive. Although some geese changed allegiance to Belfast Water Works, a remnant flock of c. 30 geese continued to moult at Victoria park indicative of a strong tie to the site and a trait which has – like the number of active breeding pairs - only recently been reduced to a marginal level in the last few years. If the status of other sites such as Belfast Water works were to change in any way that might increase the mobility of geese from those sites, it will be necessary to assess any potential impact from this dispersal on other sites such as Victoria Park and flight safety.

Fig 8. Greylag Goose moult counts 2002-2019



Reducing geese by way of egg control is known to be a slow process. Although the reduction of greylag overwintering, breeding and moulting at Victoria park has been successful it has taken the average lifespan of a feral goose, to achieve. It is envisaged that this situation could easily be reversed if greylag were allowed once again to rear young and reassert a lifelong association with this site (clutches range from 5-7 eggs which could result in the population trebling in size in a single season).

Are there any alternative methods to those currently practised? Although supplementary feeding has been reduced at the park through signage and well-positioned fencing, geese can always resort to the sports fields (maintained at an ideal sward height), as a food source. There are few alternative ways to curb nesting success unless access to natural predators such as foxes could somehow be facilitated as a more natural intervention. However, even if this was feasible, there would be no guarantee of absolute control and if partial, options to rectify the situation humanely, might be limited.

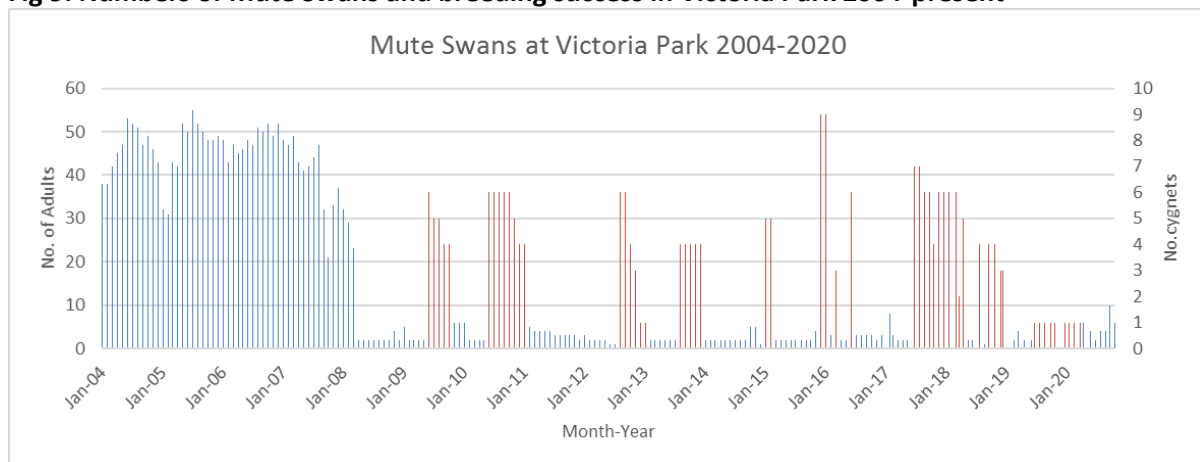
2. Mute Swan

Long-term monitoring in Victoria Park showed that around 40-50 Mute swans (NI's heaviest bird) were usually present and on-airfield observations showed that they regularly flew across the airfield. As part of the revisions to BCA's Bird Control Management Plan, changes to the management of swans were made in 2008. Breeding by swans was previously controlled (by the humane method of coating the eggs in paraffin oil to prevent their development), so breeding pairs abandoned their territories when nesting efforts were unsuccessful. Breeding birds are fiercely territorial and exclude all other swans. Because there were no territorial birds, non-territorial birds were attracted in large numbers to Victoria Park. By allowing a small number of swans to breed, the numbers of birds using the park decreased significantly.

Counts between 2004 and 2008 record an average flock of 40 non-breeding mute swans at Victoria Park after which there was a sudden drop to one or two breeding pairs (Fig.9.). Whereas geese can move on to playing fields to forage, swans tend to feed predominantly from the water. As supplementary feeding was curtailed swans were therefore more likely to disperse from the site. Alternatively, the establishment of a dominant pair of swans at the site was coincidental to management intervention and was the main driver for dispersal of both non-breeding swans and a portion of the greylag flock. With a breeding pair now established any swans that attempted to return would have been dissuaded. Mute swans have bred at Victoria Park ever since rearing up to 6 cygnets most

years. The number of cygnets produced has reduced gradually over the last few years, possibly due to senescence and in 2020 the regular pair were replaced by two new pairs. Both pairs attempted to nest but were unsuccessful - a common occurrence with new (less experienced) breeding pairs as they become established.

Fig 9. Numbers of Mute Swans and breeding success in Victoria Park 2004-present



The presence of one or two established breeding pairs of Mute swans at Victoria park is to be encouraged as they are regarded as low risk, they prevent the re-establishment of a non-breeding swan flock and are an additional deterrent to greylag geese during the breeding season.

3. Mallard

Mallards is a widespread and common species and is the duck most often associated with feeding by the public. This supplementary feeding supports a larger population in Victoria Park than would be expected if the only food available was natural. To reduce this excess population, signs have been placed around the park to dissuade the public from feeding wild birds. While there is some evidence that this has worked, the effectiveness of this approach and the existing signage should be assessed and monitored.

4. Gulls

The need for control

Numbers of urban-nesting gulls have increased rapidly since roof-nesting was first recorded around 50 years ago. Limited numbers of predators and the availability of inaccessible breeding areas (roof-tops, chimneys etc.) have led to high levels of breeding success, as has the gulls' ability to exploit a wide range of feeding opportunities over a wide area (usually up to 40km from the nest site) and within the urban environment (Huig et al. 2016).

Gulls around airports present a significant problem to air safety through the risk of birdstrikes. The large size of some gulls and their habit of flying in flocks (presenting a multiple strike risk) is reflected in their hazard rating ("High") in the "Wildlife hazard management at aerodromes" guidelines document CAP772 (CAA2017). This also recommends that no developments likely to cause an increase in numbers of gulls (e.g. landfills and large waterbodies) within the 13km safeguarding zone around airports, should be approved. For existing problem species, it stipulates "priority should be given to reducing the presence of large and/or flocking birds and, where practicable, to managing other congregations of birds that present a threat to aircraft safety whether on or off-aerodrome".

Following recent increases in the numbers of gulls observed at George Best Belfast City Airport (BCA), numbers of strikes have also increased, leading to the risk assessment for one species (Lesser

Black-backed Gull) being classed as “high”. This means that “additional management actions should be implemented for this species as soon as possible” (CAA2017). Although neither has been involved in a collision in the past 5 years (the review period used to form the risk assessment), two other species (Herring and Great Black-backed Gull) are assessed as “medium” risk, requiring “current risk management strategies for this species should be reviewed and additional steps taken if appropriate”. Of these, only Herring Gull nests in the vicinity of BCA and so is included in this plan.

The current situation

Lesser Black-backed Gull

Numbers of breeding pairs are increasing rapidly in Belfast. The Seabird 2000 surveys in 1998-2000 recorded 63 nests on rooftops in Belfast city centre and harbour area (Mitchell et al. 2004) “In 2018 and 2019, vantage-point surveys provided updated figures.....at least 221 nests were observed” (Booth Jones et al 2019). The authors state that this count is limited and that the true population is likely to be larger (“Due to the complexity of the roof-scape and the limited number of vantages, observed Lesser Black-backed Gull AON (Apparently Occupied Nests) are likely to be a distinct underestimate of the total number present in central Belfast”).

Annual surveys commissioned by BCA have also recorded an increase. The most recent Wildlife Hazard Assessment states “Breeding season visits (July) in 2019 and 2020 revealed apparently increasing numbers of breeding birds (adults alarm calling and appearing to feed chicks) and actual breeding (chicks or recent fledglings observed) at a number of sites around the harbour estate

While accurately assessing the true population size is not currently possible, it is clear that the Belfast population of this species is rapidly expanding. Observations in July 2019 and 2020 suggest that breeding productivity is high, with many broods of 3 chicks observed (the maximum brood size). High productivity leads to rapid population growth not only through recruitment of those chicks in subsequent years, but also through immigration of adults. The presence of a successful breeding population with established “core” areas and apparently unlimited breeding sites is likely to produce further, perhaps rapid, population growth in Belfast.

Large breeding populations are present away from Belfast but within the regular foraging distance for this species (usually around 40km – Figure 11).

Figure 11: Numbers of breeding Lesser black-backed gulls in the vicinity of Belfast (reproduced from Booth Jones et al. 2019)

	2015	2016	2017	2018	2019
Belfast Harbour	*	*	*	1	1
Belfast City Centre	*	*	*	101	221
Copeland Islands	*	*	*	365	547
Strangford Lough	433	298	343	310	316
Antrim town	*	600	*	*	*

* No counts available

Herring Gull

Herring gulls are very similar to Lesser black-backed gulls and present the same risk to aircraft (“high” severity). Numbers of urban-breeding Herring gulls have also increased around the same time as Lesser black-backed gulls and numbers breeding in Belfast have mirrored the trend seen in that species (Figure 12).

Away from Belfast, significant breeding populations are found on the Copeland Islands, Strangford Lough and Outer Ards (Table 2). This species also uses the flightline between Belfast and areas to the North-East which could indicate the movement of birds breeding on the Copeland Islands into Belfast to feed, or birds breeding in Belfast moving to feeding areas.

Figure 12: Numbers of breeding herring gulls in the vicinity of Belfast (reproduced from Booth Jones et al. 2019)

	2015	2016	2017	2018	2019
Outer Ards	*	*	*	187	199
Belfast City Centre	*	*	*	16	39
Copeland Islands	*	*	*	483	483
Strangford Lough	679	1177	1070	1061	1273

* No counts available

Observations of Herring gulls around BCA have shown a very similar pattern of movements and nesting distribution albeit involving smaller numbers.

Likely future conditions

It appears very likely that populations of both Herring and Lesser Black-backed gull will continue to increase (especially as a “nucleus” breeding population is now well-established) unless remedial action is taken. Colony growth can be very rapid as result of both breeding productivity and immigration to successful colonies. Over the past 3 breeding seasons, many of the broods observed had 3 chicks (the maximum possible). This clearly indicates that breeding conditions are very good and are likely to attract further breeding adults as well as returning chicks (after 3-4 years).

Recommended management

The true level of nesting and feeding in the city needs to be established both to assess the scale of the problem.

Survey nesting gulls

Surveying urban gulls is difficult as nests are often highly dispersed and difficult to see from ground level. Existing monitoring programmes should be supplemented by records from BCA annual monitoring.

Survey feeding gulls

A survey of the use of different feeding areas in the breeding season should identify key food sources that have fuelled the rapid population growth.

Analysis of flightlines

As it has been demonstrated that gulls foraging in urban areas can comprise both urban-nesting gulls and birds “commuting” from colonies up to 60km away, it is important to establish which populations are using the Belfast area. Analysis of movements along flightlines may allow some assessment of this as breeding birds will usually return to the nest at dusk in the early stages of the breeding season and depart for feeding areas at the start of the following day. For example, if most gulls are moving from the city at dawn and heading North-East, this would indicate that they are foraging to the North-East of Belfast but breeding in the city. If the opposite is observed, it would suggest that birds breeding on the Copeland Islands etc. are commuting into the city to forage but not to breed. Control measures for these birds would depend on preventing access to food sources rather than prevention of breeding.

Planning control

BCC should investigate options to manage urban gulls within the planning system.

5. Grey Heron

Grey Herons nest, roost and loaf in trees on islands in Victoria Park. Structural pruning and some ivy control was carried out during routine tree surgery in 2018 as an experimental prescription to restrict any expansion of the heronry directly under the landing approach. The efficacy of this work is currently being monitored.

6. Rook

In the most recent Wildlife Hazard Assessment, the risk presented by Rooks was calculated as “low” and no birdstrikes involving this species were reported in the 5-year review period. However, this species is of concern as a small colony has formed in trees in Victoria Park (at least 11 nests in 2020) and numbers observed at BCA have increased rapidly over the past 5 years (Figure 8).

Figure 8: Numbers of Rooks observed at BCA 2014-19

Year	No. of individuals	No. of records
2014	9,903	1,402
2015	6,770	1,030
2016	6,082	1,011
2017	8,798	1,149
2018	18,589	1,998
2019	24,484	2,762

Rooks nest colonially, often in large numbers. They are highly social and colonies (Rookeries) are the focus of many aerial displays both during the breeding season (March-June) and during the autumn when they rebuild their nests for the following spring. When foraging away from the nest, Rooks often travel in loose groups along regular flightlines. Where these lines cross areas used by aircraft there can be a risk of a multiple strike and remedial action may be required. Suitable feeding areas (pasture and arable land) are located close by to the East and this may result in flightlines crossing the Southern end of the airport. Rooks are known to avoid nesting in areas where they are persecuted (they are widely controlled on farmland) and Victoria Park may prove a safe, attractive nesting site for Rooks in the absence of control measures.

Under Committee approval, some old nests and some vegetation thought to be attractive to nesting Rooks (Ivy etc.) were recently removed. The effect of this on nesting behaviour and the size of the nesting population will be closely monitored.

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Subject:	Update on Responsible Dog Ownership
Date:	9 February 2021
Reporting Officer:	Siobhan Toland, Director, City and Neighbourhood Services
Contact Officer:	Claire O'Neill, City Protection Manager

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of main Issues
1.1	The outcome of irresponsible behaviours of some dog owners has an impact on the presence of dog fouling in some of our public spaces in the City. The purpose of this report is to provide the update requested by Members on the work that is carried out by the Community Awareness Team and the Dog Warden Service to tackle the issue of dog fouling and responsible dog ownership since the last update in August 2019.
1.2	This report also updates members on the Notice of Motion of discussed at People and Communities Committee on 3 March 2020 which detailed that: <i>"This Council notes:</i>

	<ul style="list-style-type: none"> • <i>the high number of complaints and the frustration of residents regarding dog fouling;</i> • <i>that cleansing, signage and bins to address the issues come at considerable cost to ratepayers, as well as being a public health risk; and</i> • <i>that other councils have piloted and adopted new methods for tackling persistent problems, notably DNA testing on dog fouling;</i> <p><i>The Council agrees, therefore, to undertake its own scoping exercise of DNA testing and to bring back recommendations on whether it is something that could be adopted for Belfast.”</i></p>
2.0	Recommendations
2.1	<p>The Committee is asked to</p> <ul style="list-style-type: none"> • Note the contents of the report.
3.0	Main report
3.1	<p>Dog fouling and irresponsible dog ownership go hand in hand and can impact the quality and amenity of our neighbourhoods. Clearly, whilst the majority of dog owners exercise responsible dog management, there are a small number of owners who have less regard for this and this can have an impact on areas in the city. This requires on going re direction of our resources to address in terms of its removal from the streets, as well as providing a wide range of education and awareness programmes together with the use of fines where infringements are detected.</p>
3.2	<p>Councils are required to provide the Department of Agriculture, Environment and Rural Affairs (DAERA) with statistical information on a wide range of dog control service areas for example: dog licences, complaints regarding stray dogs, dog attacks and dog warden enforcement actions. This information is provided by Councils on a quarterly basis, collated and held by DAERA. It is then referred to by Councils and DAERA when providing responses to dog related information requests from the media, the public and animal welfare stakeholders. https://www.daera-ni.gov.uk/publications/council-dog-summary-statistics</p>
3.3	<p>The Dog Warden Service as part of their role deploy routine monitoring patrols, to detect dog fouling incidents, however, it is widely recognised that the problem of dog fouling cannot be addressed solely by enforcement intervention. Members will also be aware that an important role of the Dog wardens is carrying out other statutory investigative work related to attacks and complaints around this. Our dog wardens also respond to complaints for</p>

	<p>example straying, licencing issues, noise issues and how dogs are managed in open spaces. To encourage a change in behaviour, a wider programme supporting responsible dog ownership is an essential element of the Council's approach to reducing levels of dog fouling throughout the city. This report summarises the activities undertaken by the Community Awareness Team and the Dog Warden Service to address the issue of dog fouling.</p> <p>Community Awareness</p>
3.4	<p>The Community Awareness Team have a project plan detailing a range of activities through educational, promotional and community based programmes scheduled throughout the course of each year, which aims to highlight the problems of dog fouling, unfortunately due to COVID 19 restrictions, these programmes were curtailed.</p> <p>Dog Fouling Advertising Campaign</p>
3.5	<p>The latest advertising associated with the dog-fouling element of the council's Anti-Litter campaign ran in specific cycles from the w/c 9th June 2019 – 16 March 2020. A budget of £58,000 was allocated to marketing the anti-dog fouling message. The campaign utilises general activity throughout the whole of the council area, e.g bus T sides, commuter cards and radio. In addition, a targeted blitz was undertaken four geographical areas; North, South, East and West. This consists of newspaper advert, adshels, 48 sheets static and advan with the message "Dog Wardens are patrolling in (e.g south) Belfast". In addition, all cleansing vehicles are branded with the current campaign graphic reinforcing the fine for dog fouling, this allows for a consistent campaign message being delivered into our neighbourhoods throughout the year.</p> <p>Dog Fouling Campaign evaluation</p>
3.6	<p>Independent research undertaken by Cognisense in 2019 to evaluate the impact and awareness of the dog fouling campaign reported a very low incidence of individuals admitting to have allowed their dog to foul in the last six months. 70% of those asked said they had seen the campaign. The most prevalent area of recalled advertising was "£80 fine". This level of ad recognition is well in excess of the relevant UK awareness norm predicated with the media deployed during this most recent campaign. Overall prompted awareness was greater than seen in 2017. The side of buses execution was particularly prominently recalled (85%) as the place the advertising was seen. Younger respondents were most likely to recognise the dog fouling campaign advertising.</p>

	Community Awareness
3.7	The Community Awareness Team have a project plan detailing a range of activities through educational, promotional and community based programmes scheduled throughout the course of each year, which aims to highlight the problems of dog fouling, unfortunately due to COVID 19 restrictions, these programmes were curtailed
3.8	In late 2019 the Community Awareness Team launched the Green Dog Walkers project, which is a non-confrontational, voluntary, UK wide scheme to change attitudes towards dog fouling. On signing, individuals pledge to commit to the principles of good dog ownership. The team has worked with Dog Warden Service to ensure compliance with licensing requirements this has resulted in a number of unlicensed dogs being identified. This team will continue to promote this scheme in the work plan for 2021/22.
3.9	The Community Awareness Team attend a number of events and supported community fun days , 46 (2019-2020) in our parks and open spaces, reinforcing the anti-fouling message, this has included the use of our animated character Scoop Dog which have been very successful at engaging the community and encouraging responsible dog ownership. The Team have worked with the Dog Trust supporting them at their microchipping promotion sessions throughout the city, and provide our community centres with a supply of dog bags for members of the public, to further broaden the reach of our support our Responsible Dog Ownership Campaign.
3.10	In summer 2019 we offered 'litter game' sessions to community centre based summer schemes, this included dog fouling games to reinforce the dog fouling message and the consequence of noncompliance, 16 summer schemes participated in the project. We will continue to support the delivery of summer schemes in our community centres in 21/22. The Community Awareness Team provide our community centres with a supply of dog bags for members of the public to support our Responsible Dog Ownership Campaign.
	Education provision
3.11	The risks and consequences of dog fouling is included in all our school's workshops and specific projects. Covid 19 restrictions have hugely impacted on the delivery of our school programme but in 2019-20 the Team undertook 267 school visits. We are developing new ways of delivering our schools offer and have recently delivered our Christmas Elf story, which includes the issue of dog fouling, digitally to all Belfast's Nursery and Preschools.

3.12	<p>We will also be commencing a dog fouling advertising campaign in conjunction with Corporate Communications on 18th January 2021. The service is also liaising with Legal Services to look at the potential for using stencils on the footpath as an awareness raising exercise.</p> <p>Dog Fouling Signage</p>
3.13	<p>We have continued the use of signage in areas where there appears to be an increase in the incidence of dog fouling in partnership with Open Spaces and Streetscene teams. The Community Awareness team are also working with local school communities to design banners to highlight the issue.</p> <p>Community Outreach Activities</p>
3.14	<p>These activities were impacted by COVID 19, but it is anticipated that they re-commence in 2021.</p> <p>Targeted Enforcement by The Dog Warden Service</p>
3.15	<p>This service was impacted by COVID 19 restrictions, but it was able to provide a presence in the City during lockdown and was fully recovered by August 2020.</p>
3.16	<p>The Dog Warden Service operates from 08.00 hours to 20.00 hours seven days a week and undertakes a range of legislative duties relating to dog control including stray dogs, dog attack investigations, dangerous dogs and dog fouling. The Team is organised on a geographical area basis to ensure that resources are targeted efficiently and effectively. This approach enhances Dog Wardens' local geographical knowledge of hot spot and problematic areas that can be targeted on a proactive basis, thus increasing opportunities to issue fixed penalty notices for dog fouling.</p>
3.17	<p>In order to enhance the patrols undertaken by the Dog Wardens, the following operational arrangements have been introduced:</p> <ul style="list-style-type: none"> • The Dog Control Manager and the Dog Wardens will liaise with the Area Cleansing management teams and other enforcement staff in their respective areas to discuss priority areas and hotspots. • A structured area-working plan has recently been implemented to optimise resources to assist in improving targeted performance management. We are scheduling patrols most days and will undertake patrols at particular times, including early mornings and

evenings when resources permit in response to complaints and/or information that identifies a 'hot spot'.

- There has been an increased focus on signage throughout the city with all of the signage being updated and located in areas where dog-fouling hotspots are identified by the Cleansing Management teams.

3.18

Table showing Dog Enforcement statistics:

Year	15/16	16/17	17/18	18/19	19/20	1.4.20- 15.12.20
Fixed Penalties issued- Fouling	140	162	82	54	101	2
Summons issued Fouling	33	30	17	13	4	0
Fixed Penalties issued- Straying	581	599	384	387	328	13
Summons issued- Straying	201	212	120	126	81	0
Fixed Penalties issued- No licence	383	399	338	341	244	14
Summons issued- no licence	120	215	180	175	116	0
Total Dog Licenses issued	13,229	12,474	11,872	11,819	11,519	7,290

3.19

Use of DNA to assist dog fouling detections

Members have requested that officers consider the potential use of DNA testing of dog foul to determine ownership of dogs involved in cases of dog fouling. There is currently no legal requirement for dogs to be DNA tested, which costs approximately £50 per dog. The cost of testing DNA is in excess of £70 per sample and in the absence of any statutory requirement for all dogs to be DNA tested, this would be ineffective without a comprehensive data

	<p>base. DNA testing has been used successfully in private gated communities but is deemed impracticable and expensive unless it became a statutory requirement.</p> <p>The Council have the option of writing to DAERA in respect of this approach as it would require a NI approach, the adoption of the necessary legislative framework and additional resource allocation to implement a system for management and monitoring that would need to be a cost not passed onto the rate payer.</p> <p>Financial & Resource Implications</p>
3.20	<p>There are no additional financial implications associated with the programme of work already planned in the revenue budget aimed at reducing levels of dog fouling through behavioural change and enforcement as it is delivered within existing budgets.</p>
3.21	<p>Equality or Good Relations Implications/Rural Needs Assessment</p> <p>There are no implications associated with this report</p>
4.0	Appendices – Documents Attached
	None

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