



CIEH Air Quality Advisory Panel

Policy Statement on Air Quality 7 April 2017

About the Chartered Institute of Environmental Health (CIEH)

CIEH is the professional voice for environmental health representing over 7,000 members working in the public, private and non-profit sectors. It ensures the highest standards of professional competence in its members, in the belief that through environmental health action people's health can be improved. Environmental health has an important and unique contribution to make to improving public health and reducing health inequalities. CIEH campaigns to ensure that national policy addresses the needs of communities and business in achieving and maintaining improvements to health and health protection.

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1. Air quality in the UK – the scope and scale of the problem

Good air quality is a basic requirement and determinant of health. In the UK 814 Air Quality Management Areas¹ (AQMAs) exist where pollutant levels exceed legislative standards². With some of these standards set at twice the World Health Organisation acceptable levels³ it is clear that air quality is a significant public health issue.

In the UK, air pollution costs businesses and health care services in excess of £20 billion annually⁴ and, in 2010, the Department of Health's Committee on the Medical Effects of Air Pollutants (COMEAP) reported that long-term exposure to outdoor air pollution caused the equivalent of approximately 29,000 deaths in 2008 in the UK. Current work by the committee suggests that the effect might be even greater.

The failure of the UK to meet legislative and arguably more importantly WHO standards, has led to increased hospital admissions placing excess burden on the NHS. With air quality spanning a wide range of policy areas it is clear that everyone has a role to play in improving air quality.

2. The health implications of poor air quality (on the general population, communities and individuals, including the vulnerable)

Poor outdoor air quality results in around 40,000 premature deaths annually in the UK⁴. There is evidence of the contribution of poor air quality to illnesses such as cancer, stroke, asthma and heart disease and there are also strong associations with obesity, dementia and diabetes^{5,6,7}, all of which are chronic illnesses on the increase in the UK. The effects are especially evident in vulnerable people such as children, the elderly and those with existing cardiovascular and respiratory issues

Whilst higher socio-economic groups are also exposed to poor air quality, the impact on these groups is much less than on lower status groups, making air quality a matter of social injustice^{7,8}. Furthermore, the majority of vehicular journeys are undertaken by people in the top 20% of income groups, with the health impacts of these journeys adversely and disproportionately affecting those in the bottom 20% of income groups. It therefore follows that improvements in air quality can result in narrowing of inequalities in health.

3. The role of EH in delivering better air quality

The core work of Environmental Health Professionals is to intervene to seek to eliminate, mitigate or otherwise control the negative impacts on health of environmental stressors through a combination of legislative measures, the provision of direct advice and guidance, lobbying, campaigning and other political engagement. Although environmental professionals use enforcement-

based tools on a daily basis to deliver environmental improvements and controls, for example on emissions to air from fixed sources, the greatest impact in improving air can arise through our skills and competences in:

- Bringing together stakeholders to develop effective ways forward
- Providing air quality monitoring data to help highlight local concerns and improvements following actions
- Influencing local policies to ensure that air quality is considered on all relevant platforms including planning policy, Joint Strategic Needs Assessment, Health and Well-being Board strategies, Directors of Public Health annual reports and within the annual report of the Chief Medical Officer (CMO) etc.

4. The changes CIEH wishes to see

CIEH believes that the following need to be undertaken or achieved as a matter of some urgency:

- Government commitment to give this issue the highest priority and to recognise that air quality and climate change are inextricably linked
- A new Clean Air Act, which is fit for the future and which creates a comprehensive framework for delivering improvements in air quality in the UK
- Acknowledgement from all agencies that poor indoor air quality also needs to be addressed
- A new air quality strategy from DEFRA that recognises that air pollution is a national issue and is not merely a problem for urban areas
- The Government to commission further research into developing effective strategies to address the health and wider societal effects of poor air quality
- Public health and environmental health teams at the local level should work together to provide advice and guidance to planners, highway engineers, public and business to enable them to make informed choices and decisions with regards to their transport arrangements
- At the local level, tackling poor air quality should be a priority for local authorities. All local authority staff, including Town Planners, Environmental Health Professionals and Transport Planners/Engineers should work to ensure that all new development is sustainable and that good air quality is a key component in achieving sustainability
- That new guidance is issued to the Planning Inspectorate to ensure that due regard is given to the adverse impact large developments may have on air quality before they approve the development
- As a key component of a new Government air quality strategy, a commitment is given to a national transport strategy and infrastructure that seeks to reduce air pollution
- National regulation to achieve a modal shift towards zero emission vehicles e.g. setting national minimum standards for bus, truck and licensed taxi emissions; the use of financial tools, including a scrappage scheme, to remove more polluting vehicles from the roads and the development of a national infrastructure to support zero emission vehicles.

- Nationally set parameters for new houses to ensure they are fit for the future e.g. the provision of electric vehicle charging points and the provision of ultra-low NOx emission boilers
- National campaigns and advertising to encourage sustainable and active transport, dissuade people from travelling by car and promoting walking and cycling in congested areas.

5. Priorities and timescales

The following are key priorities for CIEH to action in order to support its members working to achieve air quality improvements in the field:

- A commitment by CIEH to ensure that an adequate supply of suitably qualified members are available to represent environmental health and CIEH at all relevant discussions on air pollution that take place at both the national and local levels (timescale – immediate and ongoing)
- Provide air quality information to the public via CIEH website (to be achieved by June 2017)
- Develop a strong evidence-based voice with which to lobby for and promote the development of appropriate, national air quality objectives designed to deliver air quality improvements in the short to medium terms (to be achieved by the end of 2017 and then ongoing)
- Gather case studies demonstrating those things that are evidenced as being particularly effective in delivering local air quality improvements or air quality information to enable people to make informed choices (to be achieved by the end of 2017 and then ongoing)
- Develop guidance and tools to enable environmental health professionals to more effectively communicate the case for local planning and transport policies to place air quality improvement at the forefront (to be achieved by the end of 2017 and then ongoing)
- To bring to the attention of the Chief Executives and Directors of Environmental Health, in those local authorities that have AQMA's within their boundaries the obligations contained within the statutory guidance on Local Air Quality Management on the need to establish Steering Groups⁹
- Work with key partners to establish a multi-disciplinary task force to produce and promote an Air Quality Action Plan for the UK
- Provide a focus for Air Quality Day each year and to promote activity that raises awareness and ensures that CIEH is seen as the source of reliable information on air quality (to be achieved by June 2017 and then ongoing)

6. The CIEH's ongoing commitment

- We recognise the contribution to air quality made by all environmental health professionals and will support their work
- We will continue to research and advise the public and professionals on matters concerning air quality.
- We will provide information and support to members to help them work better with other parts of the public health workforce, transport planners,

local development officers and others to enable them to prioritise good air quality as part of their role

- We will collaborate with partners (including Public Health England, the Local Government Association, the Environment Agency, Environmental Protection UK, the Royal Society of Public Health and the British Medical Association etc to further our objectives.
- We will lobby for ring fenced funding for local authorities to tackle air quality
- We will lobby to ensure that at least equivalent standards to EU limit values are embodied in UK legislation post Brexit
- We will develop guidance for citizens, workplaces and groups within local communities, to enable all to effect behaviour change for the benefit of their health and that of the wider community.
- We will take our expertise to government to highlight the importance of these issues, and we will lobby and campaign to address outdated legislation and guidance.
- We will seek to influence the priorities of elected members, transport planners, local development officers and others to enable them to prioritise good air quality as part of their role.
- We will develop a toolkit highlighting how air quality can be addressed through better development management.

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¹Taken from Defra web pages "List of local authorities with AQMAs" on 27/2/2017.

² PM10 annual average concentration set at 40µg/m³ in the Air Quality (England) Regulations 2000 (SI 928), The Air Quality (England) (Amendment) Regulations 2002 (SI 3043).

³ PM10 annual average concentration set at 20µg/m³ in "WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide; Global update 2005: Summary of risk assessment".

⁴ Every breath we take: the lifelong impact of air pollution, Royal College of Physicians, Feb 2016

⁵ Janghorbani. M., et al. (2014). Systematic review and meta-analysis of air pollution exposure and risk of diabetes. *European Journal of Epidemiology*: Apr; 29(4):231-42.

⁶ Raaschou-Nielsen. O., et al. (2013). Long term exposure to traffic-related air pollution and diabetes-associated mortality: a cohort study. *Diabetologia* 2013; 56:36-46.

⁷ Brook, R. D., et al. (2013). Long-term fine particulate matter exposure and mortality from diabetes in Canada. *Diabetes Care*: Oct 2013; 36(10): 3313-20.

⁸ Richardson. E. A., et al. (2013). Particulate air pollution and health inequalities: a European-wide ecological analysis. *International Journal of Health Geographics* 2013: 12:34.

⁹ P.9, Local Air Quality Management Policy Guidance (PG16), DEFRA, 2016.