Dear Sir / Madam

UK Faculty of Public Health response to the Consultation on draft plans to improve air quality: Tackling nitrogen dioxide in our towns and cities

About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is committed to improving and protecting people’s mental and physical health and wellbeing. FPH is a joint faculty of the three Royal Colleges of Public Health Physicians of the United Kingdom (London, Edinburgh and Glasgow). Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With 3,300 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

Introduction

The Faculty of Public Health is committed to promoting a vision of society in which governments, devolved and local, and public sector organisations actively invest in 100% renewables, and reduce the production of harmful emissions and waste. FPH welcomes this consultation and the Government’s commitment to address air quality. However, we are concerned that the proposals are too modest and narrow given the nature of the exposure sources and the scale of health impacts, and concentrate responsibilities for delivery too heavily on local authorities.

There is mounting evidence that nitrogen dioxide (NO₂) causes health effects at levels below the current EU air quality limit values and the focus on mortality in the overview document does not fully reflect the public health consequences of exposure. We consider that the draft plans miss an opportunity to reduce the health inequalities associated with the elevated exposures experienced by deprived communities, the very populations with risk factors that increase susceptibility. We are

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also concerned that the economic opportunities of reducing the enormous costs of treating NO$_2$
related morbidity and mortality will not be fully exploited given the apparently limited new investments
being proposed.

In terms of scale, the plan appears to be based on the minimum required to meet the most optimistic
assumptions. There is an inherent vulnerability in placing so much emphasis on a single intervention,
Clean Air Zones, and the plan should include a range of options and contingencies that should be
informed by effective monitoring and assessment. In particular it is clear that emissions from diesel
vehicles are the principal cause of NO$_2$ exceedences and that assumptions about the effectiveness of
current controls has been hugely compromised by the disparity between vehicle test and real-world
driving conditions, as well as the recent VW scandal. Central Government action to reverse the
increase in the proportion of diesels in our national fleet as part of a wide-ranging portfolio of actions is
fundamental to addressing mono-nitrogen oxides (NO$_x$) and other dangerous air pollutants such as
particulates. This should include incentives such as scrappage and retrofit schemes as well as
encouragement for drivers to change from diesel to petrol. Even more important, because of the wider
health benefits both to individuals and to residents of the communities through which they travel, is
enabling people to reduce the use of private vehicles for more efficient and healthier transport modes.
This requires investment in a package of measures including public transport, active travel, walking
and cycling strategies, which are also generally more cost-effective. For example, the Department for
Transport has reported that every pound invested in cycle-friendly cities yielded a benefit of £5.50.

The vocabulary also needs to change. The prevalent governmental attitude has been that spending
national resources on road transport is ‘investment’ while spend on railways and others is routinely
referred to as ‘subsidy’. However, when the health costs and benefits of different transport modes are
internalised, it is actually public transport that is cost-effective and private motor use that is a cost to
society, in terms of the wider health and economic impacts.

**Question 1: Do you consider that the proposed plan set out in the overview document strikes
the right balance between national and local roles?**

No. The plan places responsibility for virtually the entire delivery of the proposed actions onto local
government. Local authorities are key and powerful agents but without adequate funding or enabling
and supportive regional/national policies and interventions, achievement of the goals of ‘Tackling
nitrogen dioxide in our towns and cities’ is wholly unrealistic. Seriously addressing NO$_2$ requires
significant national as well as local action together with shared responsibility and accountability yet
there is little commitment to national actions or investments. It is especially unreasonable to expect
local authorities to bear the risk of failure when there is no timetable for implementation or assurance
of adequate support, particularly at a time of major funding cuts to local authorities.

**Question 2: Are you aware of any other action happening in your area which will improve air
quality and should be included in the plan? If yes, please identify as far as you are able:**

a. What the additional actions are;
b. The zone(s) in which they are being taken; and
c. What the impact of those actions might be (quantified
impacts would be particularly useful).

N/A

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Question 3: Within the zone plans there are a number of measures where we are unable to quantify the impact. They are included in the tables of measures. Do you have any evidence for the impact of these types of measures?

N/A

Question 4: Do you agree that a consistent framework for Clean Air Zones, outlined in section 4.3.6 of the UK overview document, is necessary? If so, do you think the criteria set out are appropriate?

While the FPH supports the concept of a consistent framework we have concerns about the plan’s reliance on such zones without a major package of other interventions to deliver significant improvement especially without a clear evidence base demonstrating their effectiveness. While we recognise that local circumstances will influence the size of Clean Air Zones, more guidance is required on the most effective scales.

The assumptions made about NOx emissions from diesel engines appear to be contrary to the independent evidence of real-world experience. In addition non-mobile diesel engines (e.g. those used on construction sites) are also important sources of NO\textsubscript{2} and should be included in Clean Air Zones.

Question 5: What do you consider to be the barriers that need to be overcome for local authorities to take up the measures set out in section 4 of the UK overview document? How might these be overcome? Are there alternative measures which avoid these barriers?

Local authorities will require evidence to underpin local public, political and professional acceptance and delivery. There are gaps in the evidence base which need to be addressed. Local authorities must be reassured that they have the partners and tools, including finance, to deliver the programme. Without meaningful national commitment to address this national issue, including serious action on the diesel vehicle fleet, there will be scepticism about the programme and concern about the local accountability for the consequences of failure. Highly visible commitment and a joined up approach between key agencies, including government agencies such as the Department for Transport and the Highways Agency, is required to address the issue as a whole. In addition, devolution could be a tool for diverting Vehicle Excise Duty to local authorities to use for funding effective local interventions. Local authorities also need to be given more powers than those currently available through planning powers to inspect and control the non-mobile sources of NO\textsubscript{2} referred to our response to Q4.

With the transfer of NHS Public Health responsibilities in 2013, local authorities have the prime responsibility for protecting and promoting the health and well being of their communities. Air quality is a core public health issue and local action could mobilise more effective working across professional and departmental boundaries within councils. These relationships will inform and enable further action in other public health areas which should be seen as a benefit by local authorities. To maximise this potential, the inter-relationships between emissions, exposures, effects and interventions should be emphasised e.g. NO\textsubscript{2} emissions are linked to climate change and the plan should consider how best to encourage joint initiatives addressing both; serious support is required to enable local authorities to invest in effective public transport, active travel, walking and cycling strategies.

For further information, please contact:

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