Asthma UK and British Lung Foundation consultation response:

Greater Manchester Clean Air Plan

Asthma UK and the British Lung Foundation are working to improve life for everyone affected by a lung condition. We support people to manage their lung condition and live well. We fund world-leading research to find new treatments and cures. We campaign for change and better lung health for all.

A central part of our prevention work is campaigning for improvements in air quality across the UK. We welcome the opportunity to respond to Greater Manchester's Clean Air Zone proposals. King's College London estimated that 1.6 million life years could be lost in Greater Manchester (GM) in the coming century due to its poisonous air and that polluted air contributes to 1,200 premature deaths across the region[1]. Across all Greater Manchester's ten local authorities there are unsafe and illegal levels of air pollution, with 152 stretches of road having levels of nitrogen dioxide in breach of legal limits[2]. Private cars are responsible for 80% of total miles driven[3].

Air pollution causes new lung conditions, worsens existing ones and stunts the growth of children's lungs. Its effects aren't felt equally - older people, people with existing lung conditions and children are more susceptible to harm. All ten Local Authority areas in the region have death rates of more than 4% each year that can be attributed to poor air quality[4]. From a lung disease perspective, the region has high rates of susceptibility to air pollution - in GM respiratory disease is second only to circulatory disease when it comes to unwarranted variation on total spend, bed occupancy and non-elective admissions[5]. Over 72,900 people are registered with chronic obstructive disease (COPD) and 217,230 people are registered with asthma.[6] GM has one of the highest rates in the country for emergency admissions in children with lower respiratory tract infections. [7] And as for adults with chronic obstructive disease, the picture is equally as stark. Some areas of GM have more than twice the national average emergency admissions and almost double the national mortality rate. [8]Additionally, the region has also been hit hard by Covid-19 as reflected by the additional restrictions imposed compared to the rest of the country. Air pollution costs GM up to £1.2 billion annually with every local authority area affected. Tackling air pollution in GM is therefore critical to not only

[1] Greater Manchester Health and Economic Impact Assessment study, IPPR North https://www.ippr.org/files/2018-06/greatermanchester-hia-060618-final.pdf
[2] GM Clean Air Plan technical papers https://cleanairgm.com/technical-documents/
[3] IPPR North (2018) Greater Manchester Health and Economic Impact Assessment study,https://www.ippr.org/files/2018-06/greatermanchester-hia-060618-final.pdf
[4] Ibid.
[5] NHS Right Care – North Region Right Care Respiratory Insight Pack for GM
[6] NHS Digital (2019) Asthma and COPD registrations
[7] PHE Fingertips
[8] British Lung Foundation (2016) The battle for breath - the impact of lung disease in the UK, https://www.blf.org.uk/policy/the-battle-for-breath-2016

protect the lungs of its residents but to build back better from Covid-19 and aid an equitable economic recovery[9]

Summary:

Asthma UK and British Lung Foundation want to see clean air plans across GM that go further and faster, including:

1. **A more ambitious clean air zone (CAZ)** that includes charging for all polluting non-compliant Euro 4/6 vehicles. It's unclear how the proposed zone will lower pollution as quickly as possible, given it doesn't include restrictions on private cars which are the largest source of illegal pollution on roads across GM.
2. **A speedier timeline for delivery and action.** Under these plans, the CAZ won't be up and running until Spring 2022, polluting vans and coaches would remain exempt until 2023 and compliance with legal ~~levels~~ limits of pollution ~~are~~ is not expected until 2024. This is unacceptable, every day that passes is a missed opportunity to protect people's health.
3. **Incentives for walking and cycling, as well as for public transport and cleaner vehicles.** We are pleased to see financial incentives to help taxis, bus companies and businesses change to cleaner vehicles. However, in the long run we need not just cleaner vehicles but fewer vehicles on our roads. These incentives should go much wider and enable access to alternative options such as membership of car and van clubs, use of e-bikes and cargo bikes, season ticket loans for public transport, and active travel.
4. **A commitment to reach WHO levels for particulate matter (PM2.5) by 2030.** PM2.5 is the most harmful type of pollutant for our health, yet these plans fail to set out how it is going to be lowered. We want to see a commitment to lower levels of these toxic particles to levels recommended by the WHO by 2030 at the latest
5. **Targeted action to reduce pollution outside schools, hospitals, and care homes** to protect those most at risk. Much more detail is needed on how those who are most at risk will be protected from all types of pollution.
6. **These clean air plans should be integrated with regional health plans** to improve respiratory care and take into the account the impact of Covid-19.

Full response:

1. The scope of the clean air zone doesn't go far enough and should include private cars.

We have reviewed the consultation document and the outline business case (OBC) for the Greater Manchester CAZ and would like to submit the following comments for consideration before the final version of the business case is submitted to DEFRA.

Greater Manchester Combined Authority (GMCA) have chosen to take a regional approach and include all ten of the Local Authorities, acknowledging that polluted air doesn't recognise political boundaries. We strongly welcome this approach and acknowledge the ambition and leadership this has taken.

However, we are disappointed that the GMCA have not gone further and set out plans for charging for private vehicles. It is unclear from the plan how legal compliance can be met in the shortest time possible with the exclusion of private vehicles. Private vehicles account for 80% of road traffic miles on motorways and A and B roads in GM, so we remain very concerned that GM's leaders aren't doing enough to protect people's health and tackle the problem as quickly as possible.

[9] IPPR North (2018) Greater Manchester Health and Economic Impact Assessment study,https://www.ippr.org/files/2018-06/greatermanchester-hia-060618-final.pdf

Indeed in 2016 TfGM presented a business case to demonstrate that compliance would only be achieved by 2024 with the introduction of a category D CAZ. We would like confirmation of what has changed to result in downgrading to a category C. Likewise, earlier in 2020 at a full Manchester City Council meeting, unanimous cross-party support was given for implementation of a category D CAZ Manchester City Centre and a proportion Salford City centre. This appears not have been taken into consideration.

2. Timelines for delivery are inadequate and will put people at risk of harm

The consultation states that a category C CAZ is proposed to be implemented in 2022. However, the detail reveals that light goods vehicles are not included until 2023, which means a category B CAZ applies in the first instance. The established and discretionary exemptions that are outlined in the plans are likely to further dilute the effectiveness in the CAZ in reducing levels of pollution.

In reality this means a category C CAZ won't be up a running for another four years in GM. This is four more years of people's health being put at unnecessary risk.

3. Incentives for walking and cycling and more focus needed on modal shift

The focus of the proposed CAZ appears to be not to reduce the volume of traffic on GM's roads and move people towards cleaner travel but to use significant financial incentives to encourage drivers to change to vehicles that have lower NO2 emissions. While we absolutely agree that cleaner and newer vehicles are needed to tackle air pollution, we need not just newer vehicles on the road but also fewer vehicles.

We welcome GM's investment in walking and cycling, particularly the Bee Network. However, the current proposals don't complement the promotion of active travel given that private vehicles compromise road safety and air quality, which will all act as disincentives to active travel. We are calling on GM to accelerate the delivery of the Bee Network to compliment the CAZ measures and to deliver a comprehensive active travel package that encourages uptake of walking and cycling. Examples of this could include, the expansion of low traffic neighbourhoods, creation of safe cycle storage and the roll out of the cycle loan schemes. Additionally, the current proposal will likely result in levels of congestion not being addressed and high levels of driving being maintained.

4. A commitment to reach WHO levels for PM2.5 by 2030

Currently the focus for GM's clean air zone is reaching legal compliance for NO2. While this focus is critical it should also be accompanied by a wider, holistic approach to tackle all sources of pollution. This holistic approach should be integrated with GM's climate change plans, regional respiratory plans, infrastructure, and covid-19 recovery plans. We particularly want to see a commitment from city regions to drive down levels of fine particulate matter to levels recommended by the WHO by 2030 at the latest, in line with the commitment made by the Mayor of London as well as the Mayors of Paris, Tokyo and Los Angeles.[10]

This type of pollution is the most worrying for our health so it's essential that a robust clean air plan looks to drive down the sources of PM. $PM_{2.5}$ refers to particles with a diameter smaller than 2.5µm: 30 times smaller than the average human hair. $PM_{2.5}$ is particularly harmful as the small particles can easily and quickly penetrate deep into the lungs and enter the bloodstream. Our legal limits for $PM_{2.5}$ are poor, and reduction of this pollutant has stalled over recent years. Additionally, the WHO state there is no safe level of $PM_{2.5}$ to breathe in, so it's critical that local and national policy leaders go further than legal limits and seek to eradicate all types of harmful pollution. This will mean require ambitious action to reduce emissions from private cars, from brake and tyre wear from electric vehicles and from other sources, like domestic burning and industry emissions

[10] Air Quality News (2019) London commits to WHO guidelines for PM2.5 by 2030, https://airqualitynews.com/2019/10/11/london-commits-to-who-guidelines-for-pm2-5-by-2030/

5. Targeted action to reduce pollution outside schools, hospitals, and care homes,

Across GM people most vulnerable to air pollution are being disproportionally impacted by it, including children, older people and people with lung conditions. Children's bodies are being damaged by air pollution and urgent action needs to be taken to protect them. This is particularly necessary while action to reduce emissions is yet to take effect. Action to reduce emissions at source will help protect the population, but we also need targeted action to reduce exposure on the school run and while children are at school.

We know that one in four cars on the road during the morning peak are on the school run so by implementing policies and encouraging behaviour change here we can both reduce emissions and protect young lungs.[11] One in 11 children in the UK already have asthma, which can be exacerbated by high levels of air pollution. Taking on action on air pollution now is critical to prevent new lung conditions forming and ensuring the next generation can grow up happy and healthy.

We would like to see GM invest in schemes to protect children at school and on the school run, including:

- Undertaking an air pollution audit of schools across GM, in line with the approach taken by the Mayor of London
- Introducing air quality monitoring at polluted schools and a more effective use of existing air quality alerts.
- Requiring each school to develop and maintain an air quality action plan, including school travel plans that encourage active school runs
- Review the progress made against these plans, in collaboration with local areas

Similar programmes and public health interventions should be developed for GP surgeries, hospitals and care homes. Action to tackle air pollution also has other health benefits and these should be an explicit part of how we tackle air pollution.[12] For instance, promoting walking and cycling helps decrease inactivity and thus helps tackle the obesity crisis. Further, by capturing existing energy behind campaigns to tackle air pollution at the school gate, communities can build up support for wider changes required. By focusing on interventions to protect communities who are most at-risk GM can maximise the benefits for people's health, reduce pressure on the NHS and ensure regional health and air quality plans are integrated.

6. Air Quality plans should be integrated with regional health plans

These proposals focus on the need to reduce the illegal levels of NO2 to be compliant, but legal levels are not safe levels. The WHO state, "there is no safe level of air pollution to breathe." We want GM to go further and integrate this clean air plan into a wide regional clean air strategy that tackles all sources of pollution and which also embeds the emergency measures taken to protect residents from COVID. This regional clean air strategy should be integrated with all regional health plans, such as the GMCA's respiratory improvement framework.[13]

People who live with lung conditions have told us about the far-reaching impacts air pollution is having on their daily lives, affecting their mental health, their ability to leave the house and get treatment, socialise, or go to work. For some of them, high air pollution episodes have forced them into hospital. As the pandemic spread across the UK and travel became restricted, levels of air

[11] Living Streets (2018) Swap the school run for a school walk. Available at: https://www.livingstreets.org.uk/media/3618/ls_school_run_report_web.pdf
[12] Rojas-Rueda et al Replacing car trips by increasing bike and public transport in the greater Barcelona metropolitan area: A health impact assessment study
[13] GMCA (2019) The Greater Manchester Respiratory Improvement Framework https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2019/11/GM-Respiratory-Improvement-Framework.docx

pollution plummeted in many towns and cities. One in six people living with a lung condition reported improvements to their conditions.

We had a glimpse of what healthier and traffic-free cities could look like during lockdown. 64% of people don't want to go back to pre-covid pollution levels 68% agreeing that cities must take effective to protect citizens from air pollution, even if it means preventing polluting cars from entering city centres to protect clean air, with as many as 63% of drivers themselves in support.[14]A recent Asthma UK and British Lung Foundation survey of 14,000 people with lung condition in the UK found that 16.2% noticed their symptoms have improved as a result of the fall in air pollution levels since lockdown.[15] Notably,19.75% of parents of a child with a lung condition said they noticed an improvement to their child's symptoms, with 83% of parents of children with lung conditions stating they think air pollution should be a priority for the government.

Worryingly, traffic levels have now returned to near pre-pandemic levels, and it's possible they will rocket even higher given concerns around travel on public transport. That's why we want GM to ensure that their clean air plans are scaled up to tackle all pollutants, and integrated with other GM wide plans to ensure they are embedded across health and transport policy and take into account the long-term challenges that Covid-19 presents the region.

[14] Transport & Environment (2020) https://www.transportenvironment.org/newsroom/blog/how-keep-cities-pollution-free-after-virus-lockdowns-lift

[15] British Lung Foundation (2020) https://www.blf.org.uk/media-centre/press-releases/nearly-2-million-people-with-lung-conditions-notice-improved-symptoms-as