

RESPONSE TO THE ENVIRONMENT, FOOD AND RURAL AFFAIRS COMMITTEE 2020 INQUIRY INTO AIR QUALITY

Friday 7 August 2020

About the UK Health Alliance on Climate Change

The UK Health Alliance on Climate Change ('the Alliance') brings together leading health bodies to advocate for responses to climate change that protect and promote health. Our membership comprises many Medical Royal Colleges, the Royal College of Nursing, Faculties, the British Medical Association, the British Medical Journal, and The Lancet.

While climate change poses the greatest health threat of the 21st century, the actions needed to halt climate change can unlock large health co-benefits¹. Our vision is that the threats to planetary health from climate change are minimised, in a way that maximises potential co-benefits to public health.

Executive summary

The Alliance supports many of the proposals made by the Government in its 2019 Air Quality Strategy. We also welcome the provisions of the Environment Bill ('the Bill') – currently before Parliament – that seek to give effect to the Government's Air Quality Strategy and replace the wider environmental protections EU law currently affords.

However, we have three specific recommendations to strengthen the Air Quality Strategy and the Bill that will give effect to it:

- 1. Limits on particulate matter** – The World Health Organization's (WHO) recommended limit for fine particulate matter (PM2.5) pollution should be included on the face of the Bill – to be met by 2030 at the latest.
- 2. Planning** – Robust plans are needed to ensure binding targets are met, as demonstrated by the current prevalence of illegal levels of NO₂ pollution. The Environmental Improvement Plans required by the Bill are not sufficient to guarantee effective action. The planning framework must include timetabled, impact-assessed measures that ensure the necessary improvements are made.
- 3. Enforcement** – The new Office for Environment Protection ('The OEP') should have equivalent powers to those currently granted to the European Court of Justice to enforce air pollution limits. As well as enforcing new limits on PM2.5 pollution, the OEP should be responsible for enforcing limits on NO₂ and other air pollutants.

¹ Watts et al., 2015. [Health and climate change: policy responses to protect public health](#). The Lancet.

In addition to the above recommendations, the Alliance strongly advocates a shift from sedentary modes of travel to active modes of travel. We welcome the Government's recognition of the co-benefits of active travel in its Air Quality Strategy, and in 'Gear Change', the Government's new cycling and walking plan, but we are concerned that this recognition is not reflected across other Government initiatives – most recently the obesity strategy and 'Better Health' campaign.







We encourage the Government to ensure that this more holistic approach to environmental and health policy put forward in 'Gear Change', which identifies and communicates the many and various co-benefits for the individuals, the public, the environment and the economy is taken up by all departments.

The Government has rightly set a target to reach net-zero emissions by 2050 at the latest.

If we are, in the words of the Prime Minister, to acknowledge the UK's historic emissions and "responsibility to our planet to lead in this way", then the Government must be bold and pass a world leading Environment Bill that accelerates clean growth and a shift towards alternative, cleaner and more active modes of travel, now.

Introduction

The UK stands at a crossroads in terms of environmental protection, public health and economic prosperity outside of the EU. The Alliance believes that the Government can progress all three of these urgent issues through a genuine 'green recovery'. We recently published our six priorities for a healthy and green recovery².

 <p>HEALTH OF PEOPLE & PLANET</p>	<p>Prioritise health for people & planet. Every decision should be assessed in relation to its impact on health and climate, as much as on the economy. Measures should exceed existing commitments to protecting health and the environment. Let's strengthen standards, not sacrifice them.</p>	 <p>RESILIENT & SUSTAINABLE ECONOMY</p> <p>Build a resilient & sustainable economy. Rather than seeking to return to how things were six months ago, the government's recovery measures must increase the resilience of our economy, <i>and</i> of our key services, social systems, population health and environment.</p>
 <p>ACCELERATE CARBON REDUCTION</p>	<p>Accelerate carbon reduction. Recovery must be consistent with the government's commitment to achieve carbon net-zero in the UK by at least 2050. Rather than simply avoiding carbon intensive sectors, investment must be targeted on low carbon and carbon reduction industries.</p>	 <p>REDUCE HEALTH INEQUALITIES</p> <p>Reduce health inequalities. Covid-19 has revealed further health inequalities in the UK, and reminds us that crises do not affect everyone equally. The same is true of climate change. The government take this opportunity to close the gaps through their recovery package.</p>
 <p>FOLLOW THE SCIENCE</p>	<p>Follow the science. Recovery should draw on the insights of health and climate scientists, as well as economists. Health professionals have protected our health in the crisis, now the government must engage with them to safeguard it against the growing threat of climate change.</p>	 <p>EVERYONE'S RESPONSIBILITY</p> <p>Recovery is everyone's responsibility. Covid-19 has shown our capacity for collaboration across sectors. Businesses, public services, and communities have all stepped up to respond. Our recovery also needs to draw on all of the talent our country has to offer – not least from the health community.</p>

² UK Health Alliance on Climate Change., 2020. [Principles for a Healthy and Green Recovery](#)



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Whilst the Prime Minister's 'green recovery' plans are welcome, they lag behind many other countries. The Institute for Government (IFG) noted that "other world leaders have put a "green recovery" at the heart of their programmes to rebuild their economies after coronavirus – and brought forward key decisions about low-carbon transition". Citing France, the IFG pointed to the "green strings" it had attached to its bailout for businesses, with Air France required to halve domestic CO₂ flight emissions by 2025³.

The Alliance advocates a series of measures to strengthen the 'green recovery' and improve the UK's air quality:

1. Enshrine legally enforced air quality standards that meet the WHO recommended limits of PM2.5 on the face of the Environment Bill, to be met by 2030 at the latest.
2. Bring forward the ban on the sale of new petrol, diesel and hybrid vehicles to 2030.
3. Establish a UK-wide framework for the expansion of Clean Air Zones in towns and cities.
4. Create an 'Active Travel Scheme' to support businesses and households in adopting shared and active transport options.
5. Support the NHS to decarbonise, and reduce its contribution to air pollution, by the date recommended by the report of the 'Greener NHS' programme.

We have therefore assessed the effectiveness of the Government's Air Quality Strategy against these measures.

³ Institute for Government, 2020. [The prime minister's speech fell short of signalling a post-coronavirus "green recovery"](#)



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1. Did the UK Government's 2019 Air Quality Strategy set out an effective and deliverable strategy to tackle the UK's poor air quality and address the issues raised in our 2018 report?

The Alliance supports many of the proposals in the Government's Air Quality Strategy. However we recommend it be strengthened in three areas:

- **Limits on particulate matter** – The WHO recommended limit for fine particulate matter (PM_{2.5}) should be included on the face of the Bill and not dependent on secondary legislation – to be met by 2030 at the latest.
- **Planning** – Robust plans are needed to ensure binding targets are met, as demonstrated by the current prevalence of illegal levels of NO₂ pollution. The Environmental Improvement Plans required by the Bill are not sufficient to guarantee effective action. The planning framework must include timetabled, impact-assessed measures that ensure the necessary improvements are made.
- **Enforcement** – The new Office for Environment Protection ('The OEP') should have equivalent powers to those currently granted to the European Court of Justice to enforce air pollution limits. As well as enforcing new limits on PM_{2.5} pollution, the OEP should be responsible for enforcing limits on NO₂ and other air pollutants.

We deal with these points in further detail in (3) below.

A holistic policy approach

The Alliance supports the Committee's 2018 recommendation that the Government "Place the protection of public health and the environment, rather than technical compliance or political convenience, at the centre of air quality policy"⁴. Similarly we would urge the Government to place improvements in public health and climate change at the centre of health policy.

Air Pollution and obesity are two of the biggest health crises the country faces. Air pollution contributes to 40,000 deaths a year⁵. An inquiry in 2004 by the House of Commons Health Committee found that obesity contributed to 34,100 deaths a year⁶. Bringing forward the ending of the sale of new petrol, diesel and hybrid vehicles from 2040 to 2035, or preferably 2030, is welcome and will help reduce the number of deaths related to air pollution. However merely swapping one form of high polluting sedentary travel for a cleaner form of sedentary travel will do nothing to tackle obesity.

4 House of Commons, 2018. [Improving air quality](#)

5 Royal College of Physicians, 2016. [Every breath we take: the lifelong impact of air pollution](#)

6 House of Commons, Health Committee, 2004. [Obesity: Third Report of Session 2003–04](#)



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Air quality is an issue through which we can help mitigate climate change whilst improving public health, and yet the Government's policy paper outlining its obesity strategy fails to reference the individual health benefits of active travel⁷. This is all the more surprising given the strategy was announced as part of the Government's response to Covid-19 following evidence that many of the conditions which increase risk of serious illness from the virus are themselves exacerbated, or even caused in part, by factors related to transport behaviour – such as air pollution and inactivity.

If the Government is to accelerate its progress, it must improve the coordination between existing strategies and also funds such as Cycling, Walking and Investment Strategy, Transforming Futures Fund, NHS Long Term Plan and the upcoming report of the 'Greener NHS' programme.

2. Has the UK Government put in place the necessary structures and resources to deliver its strategy?

Office for Environmental Protection

The Alliance is encouraged that the Environment Bill contains some assurances that the new environmental watchdog will be independent and accountable to Parliament.

However, we would like to see the independence of the Office for Environmental Protection (OEP) strengthened through a commitment to multi-annual budgets and a greater role for parliament in approving funding and appointments. The Bill should enhance the OEP's legal status to provide greater independence than a standard non-departmental public body model allows.

Last year, the Prime Minister promised that a "world-class" watchdog would be created, not just to protect current standards but to improve on them. We support this ambition, and believe that to achieve it any new watchdog must have at least the existing oversight and enforcement capability of EU institutions. It is also disappointing that Government proposals do not commit to enshrining vital environmental principles, such as the precautionary principle and the 'polluter pays' principle, in law. Instead, it is proposed that there be a "requirement for government to have regard to [a] statutory policy statement on environmental principles in developing and implementing their policies".

Without stronger oversight and enforcement capability, the Alliance is concerned that legislation will no longer maintain key environmental principles in practice, which could have a major negative impact on public health through increases in environmental degradation. For example, the Alliance is concerned that the absence of the 'polluter pays' principle could lead to a rise in pollution with attendant negative impacts on public health.

⁷ Department of Health and Social Care, 2020. [Tackling obesity: empowering adults and children to live healthier lives](#)



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Local authorities

In our 2018 report, 'Moving Beyond the Air Quality Crisis' we called on the Government to establish "a UK-wide framework for the expansion of Clean Air Zones in towns and cities" and for local authorities to be given "the powers to charge vehicles and the funding to ensure effective implementation"⁸. We therefore welcome the requirement in the Bill for the creation of a Local Air Quality Management Framework.

We also welcome the provision in the Bill for responsibility for tackling air pollution to be shared across all relevant public authorities. However we note that whilst provision for the funding for the OEP is covered by the Bill, there is no reference to funding for local authority air quality frameworks.

We are concerned that local authorities, and local public health bodies will lack the resources to ensure effective implementation and enforcement by local authorities, particularly given the extensive burden placed upon both by Covid-19. We feel the Bill fails to put in place the necessary resource to deliver its air quality strategy at a local authority level, and that this falls somewhat short of the Committee's 2018 call for "a properly resourced national air quality support scheme available to all local authorities struggling with air pollution".

NHS

The NHS is the UK's largest employer, and accounts for 5% of all road traffic in England⁹. However, the health sector is ahead of the curve in many ways, and through the 'Greener NHS Campaign', NHS England is currently developing a plan for how it will reach net-zero as soon as possible¹⁰.

Transport will undoubtedly play a key role in their plan, and the health service will require support from the Government to achieve this, especially given that the majority of PM2.5 and NO_x emissions are derived from patient travel¹¹.

The alliance has long advocated for an 'NHS Clean Air Fund' to be created to support the adoption of low and zero tailpipe emission vehicles for the NHS. We were disappointed that this did not feature in the Clean Air Strategy and would urge the Committee to further consider the support that the Strategy provides to the health service at this point, as NHS England determinedly pursues its plans to achieve net zero emissions as soon as possible, despite the intense pressure it currently faces.

8 UK Health Alliance on Climate Change, 2018. [Moving beyond the air quality crisis](#)

9 Public Health England, 2018. [Reducing the use of natural resources in health and social care](#)

10 NHS England, 2020. [Greener NHS campaign to tackle climate 'health emergency'](#).

11 Public Health England, 2018. [Reducing the use of natural resources in health and social care](#)

3. Will the Environment Bill provide England with a robust legal framework to define and enforce air quality limits?

Legal framework

The Alliance welcomes the Environment Bill as a significant step towards enshrining the Government's duty to reduce air pollution in law. However, we believe the Bill falls short of meeting the EFRA Committee's 2018 call to enshrine the right to clean air in law.

Scope and definitions

- **Fine Particulate Matter**

The current UK legal limit for PM_{2.5} is twice as high as what the WHO recommends, and we therefore strongly support the inclusion of new targets for fine particulate matter in the Bill in line with the limit recommended by the WHO. However we are concerned that the standard will rely on secondary legislation, and we call on the Government to enshrine legally enforced air quality standards that at least meet the WHO recommended limits of PM_{2.5} on the face of the Environment Bill.

Enshrining WHO's limit for PM_{2.5} into UK law would guarantee that we have a legislative framework based on the highest health standards in place and clear legally binding targets to consistently and effectively reduce air pollution levels across the country.

We are also reassured to see an ambition to halve the number of people living in areas that exceed WHO guideline levels for PM_{2.5}, compared to 2016, but ultimately advocate for a reduction in vehicle use overall. This strategy must target the areas that need it the most.

- **Nitrogen dioxide (NO₂) standards**

The Environment Bill should commit to maintaining existing NO₂ standards after we leave the EU. Furthermore, to ensure we bring these illegal levels down, we need to make sure enforcement powers are given to an appropriate body.

Planning

As it stands the Bill requires the government to draw up an Environmental Improvement Plan, setting out steps it "intends to take to improve the natural environment", although there is no requirement for plans to set out measures to ensure targets will be achieved. When targets are missed the Secretary of State need only report on why they have not been met and explain what they will do to meet them "as soon as reasonably practicable".

The current prevalence of illegal levels of NO₂ pollution shows that robust plans are essential to ensure binding targets are met. The Environmental Improvement Plans required by the Bill are not sufficient to guarantee effective action. The planning framework must include timetabled, impact-assessed measures that ensure the necessary improvements are made.

Enforcement

The launch of the Government's recent 'Better Health' campaign has placed public health at the forefront of Government thinking. However we fear that without robust environmental enforcement, the UK's progress on air quality, climate change and environmental protection will slow. And slow at a time of a global pandemic, where outcomes for Covid-19 patients with respiratory and cardiovascular conditions – conditions that are known to be exacerbated by air pollution – are significantly worse than for those without such conditions.

- **Office of Environmental Protection**

The Environment Bill is an important opportunity to ensure that current protections are maintained and enhanced following our departure from the EU. For the Government to deliver a 'Green Brexit', it is imperative that the environmental protections currently secured by EU legislation are maintained after the UK's exit from the EU.

In addition, the Alliance believes it is essential to create an independent 'green watchdog' to replace the current functions of the European Commission and the European Court of Justice. We welcome the proposed ability of the body to ensure important environmental principles, such as the precautionary principle, are at the heart of UK policy in the future.

By committing to introduce the watchdog through primary legislation, it would appear that the Government recognises the importance of enforcement of the UK's environmental standards after our departure from the EU. However, the Alliance believes that for any proposed post-EU watchdog to be able to adequately oversee and enforce environmental policy in the UK, it must be given the power to initiate legal action where appropriate. Without the power to initiate court action against public authorities or the government, or to engage in other enforcement measures, the watchdog will provide less effective oversight and enforcement functions than are currently provided by the EU institutions.

The Alliance and its members do not, therefore, support the watchdog in its proposed form and we strongly recommend that the Government amend the provisions of the Bill to give the proposed Office of Environmental Protection the same enforcement powers as those granted to the European Court of Justice.

- **Local Authorities**

The Alliance believes that a UK-wide framework for the expansion of Clean Air Zones in towns and cities is needed, providing local authorities with the powers to ban, as well as charge, petrol, diesel and hybrid vehicles and the funding to ensure effective implementation. We believe the Bill currently falls short of providing local authorities with the appropriate powers to enforce clean air zones, in particular with regard to the banning of vehicles.

The Alliance recommends that national and local government assess the effectiveness of temporary relaxations in the laws around establishing car-free streets in England in improving air quality and increasing activity, and consider whether they could be made permanent.



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3. What progress had the UK Government made on reducing air pollution and enforcing legal pollution limits before the Covid-19 pandemic?

The independent Committee on Climate Change's recent progress report, showed the Government has missed all but two of 31 key policy milestones¹², and that "surface transport saw little to no progress reducing emissions in the past decade". Therefore acceleration is clearly required if the Government's progress is to be considered satisfactory.

Transport is the largest emitting sector of the UK economy¹³, it is the biggest source of greenhouse gas emissions in the UK, and one of the largest sources of particulate pollution (PM_{2.5-10}) and nitrogen oxides (NO_x). Together, these pollutants are responsible for the causation and exacerbation of many life-limiting health problems such as lung cancer, strokes, asthma and dementia¹⁴. Beyond the cardiovascular conditions which with it is most frequently associated, air pollution has been found to damage every organ in the body.

The health impacts of these pollutants cost the NHS over £6 billion a year¹⁵. The most vulnerable in our communities are often impacted the hardest, and 1 in 4 hospitals across the UK are located in areas that exceed the WHO recommended limits of particulate pollution from petrol and diesel road transport¹⁶.

The Alliance welcomes the Government's proposal to bring forward the end to the sale of new petrol, diesel and hybrid cars and vans from 2040 to 2035. However, to remain a global leader in climate change, we urge the Government to go further and commit to ending sales of petrol, diesel and hybrid, by 2030 in line with the plans of countries such as Ireland, India and the Netherlands¹⁷.

Furthermore a commitment to 2030 would give the Government an unprecedented opportunity to support people not simply to shift to 'cleaner' sedentary modes of travel, but to switch to active modes of travel such as walking and cycling. Doing so would improve the health of the public and the planet, reduce the pressure on the NHS and support the Government's recently announced obesity strategy and 'Better Health' campaign.

12 Committee on Climate Change, 2020. [Reducing UK emissions: 2020 Progress Report to Parliament](#)

13 House of Commons, 2019. [Clean Growth: Technologies for meeting the UK's emissions reduction targets](#)

14 Royal College of Physicians, 2016. [Every breath we take: the lifelong impact of air pollution](#)

15 UK Health Alliance on Climate Change, 2018. [Moving beyond the air quality crisis](#)

16 British Lung Foundation, 2018. [Toxic air at the door of the NHS](#)

17 Center for Climate Protection, 2018. [Survey of Global Activity to Phase Out Internal Combustion Engine Vehicles](#)



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4. What does the early evidence from the COVID-19 pandemic say about the impact of poor air quality on health, and health inequalities for disadvantaged communities and other at-risk groups, and possible policy responses?

We note that although the Environment Bill has a blanket provision to protect people from the effects of human activity (and its impact on the environment), the Government's Air Quality strategy identified children, the elderly and individuals with preexisting cardiovascular and respiratory conditions as particularly vulnerable to air pollution, but failed to adequately focus on the socio-economic differences and other factors which contribute to vulnerability.

Our most deprived communities, amongst which BME groups are overrepresented¹⁸, are exposed to some of the worst levels of indoor and outdoor air pollution, contributing to an approximately 10 year gap in life expectancy between the highest and lowest socioeconomic group¹⁹.

25% of critical care patients with COVID-19 are from the most socioeconomically deprived fifth of areas and 15% are from the least deprived. The age-adjusted death rate in the most deprived tenth of areas is double that of the least deprived areas²⁰, and BME groups in England are at increased risk of death from COVID-19²¹.

The Alliance is therefore concerned that the Bill will fail to ensure air quality protections are targeted at the most vulnerable in society. This will be a public health issue of increased importance in light of the evidence of the interaction of Covid-19 with health inequalities.

¹⁸ Joseph Rowntree Foundation, 2011. [Poverty and ethnicity: A review of evidence](#)

¹⁹ Royal College of Physicians, 2016. [Every breath we take: the lifelong impact of air pollution](#)

²⁰ Stafford and Deeny, 2020. [Inequalities and deaths involving COVID-19](#), The Health Foundation

²¹ Aldridge et al., 2020. [Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data](#)

5. What are the current and emerging risks and opportunities for air quality posed by:

a) Short-term policy and societal changes in response to the pandemic, for example changes to transport to reduce the risk of transmission, and;

Lockdown and emissions

In 2016 emissions from road transport accounted for 12% of particulate air pollution in the UK, the third largest source²². Road transport accounted for 34% of UK nitrogen dioxide emissions in the same year, with the rate of reduction from this sector slowing down due to the increased contribution from diesel vehicles²³.

Early evidence from lockdown indicates that there are significant reductions in emissions to be had from reducing traffic. Research from the Government's Air Quality Expert Group²⁴ found that "some urban areas saw a 30 to 40 per cent drop on average in nitrogen oxides (NO_x)" during lockdown, and research by SIA partners into the impact of the Covid-19 lockdown on emissions found that passenger vehicles – including motorcycles and buses – saw a "60% per drop in emissions as a result of travel restrictions and fewer people commuting to work"²⁵.

Lockdown therefore had a positive impact on air quality, and the associated reduction in emissions further strengthens our call to bring forward the ending of the sale of new petrol, diesel and hybrid vehicles to 2030, and for the government to more clearly advocate a shift to active modes of travel.

While reductions in outdoor air quality have been recorded, the impacts of lockdown on the public's exposure to air pollution inside their own homes also must be considered. Before the pandemic, the Royal College of Paediatrics and Child Health (RCPCH) reported that children typically spend only 68 minutes outside each day²⁶. In the early period of UK lockdown, this time is likely to have been even shorter. Despite this, less is known about indoor air pollution generally, although it is understood that pollutants interact with each other inside buildings to create often more dangerous 'secondary pollutants'²⁷. In their recent paper the RCPCH makes a number of recommendations to improve indoor air quality, which should be considered even more thoroughly now that we face the prospect of future national or regional lockdowns.

22 DEFRA, 2018. [Clean Air Strategy](#)

23 *ibid*

24 [Air Quality Expert Group](#), 2020.

25 SIA Partners, 2020. [COVID-19 and CO2 Emissions in the UK](#)

26 The Royal College of Paediatrics and Child Health, 2020. [The Inside Story](#). (with the Royal College of Physicians)

27 *ibid*

Impact of social distancing on mobility

Research based on a survey by McKinsey²⁸ concluded that “Physical-distancing requirements will change the mobility mix, consumer behaviour, and transportation needs, perhaps permanently”. As well as an increase in home working, McKinsey also predict that “for people who must use transport, there could be a notable shift away from shared-mobility solutions and public transit, especially in urban areas”.

McKinsey believes that different mobility solutions will emerge particularly in large metropolitan areas, and that “walking and cycling might become potential “winners.” Their research found that while 62% percent of respondents used these forms of transit before the pandemic, 71% expect to do so afterwards.

In addition data from the Bicycle Association²⁹ showed that bicycle sales rose by 60% in April compared to April 2019, while a survey commissioned by the Clean Air Fund showed international support for maintaining cleaner air, including from over two-thirds of the British Public³⁰. Evidence would therefore suggest that there is an opportunity to solidify and accelerate the shift to more active travel, and that such a shift would bring two benefits:

- **Public health**

Estimates of the mortality burden of air pollution are as high as 40,000 deaths a year³¹, and, by 2035, the health and social care costs of air pollution are predicted to reach up to £18.6 billion³².

However action on road transport can unlock significant health co-benefits, through increases in cycling, walking and other active transport. Currently a third of adults are extremely inactive – walking for fewer than 30 mins each week³³ – and inactivity as been estimated to be responsible for 17% of all premature deaths in the UK³⁴. Guidance from Public Health England estimated the overall cost of obesity to wider society at £27 billion³⁵.

An earlier ban on petrol, diesel and hybrid vehicles will improve air quality would deliver cost savings, however, a ban and a shift to more active transport will unlock additional significant cost savings.

It is disappointing that DEFRA’s impact assessment³⁶ of the Bill focuses on the direct health benefits of interventions to protect the environment and improve air quality, and fails to assess the co-benefits that a switch to active, zero emission, transport can have.

28 McKinsey, 2020. [‘Moving forward: How COVID-19 will affect mobility in the United Kingdom’](#)

29 Bicycle Association, 2020. [BA Calls For E-bike Incentives After Revealing Lockdown Sales Figures](#)

30 Clean Air Fund, 2020. [Breathing Space](#)

31 Royal College of Physicians, 2016. [Every breath we take: the lifelong impact of air pollution](#)

32 Public Health England, 2018. [Guidance – Air pollution: a tool to estimate healthcare costs](#)

33 Townsend et al., 2012. [Physical Activity Statistics 2012](#) (British Heart Foundation)

34 Lee et al., 2012. [Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy](#). The Lancet.

35 Public Health England, 2017. [Health matters: obesity and the food environment](#)

36 The Environment Bill (IA) <https://publications.parliament.uk/pa/bills/cbill/58-01/0009/Environment%20Bill%20Impact%20Assessment.pdf>

- **NHS capacity**

The significant effect that underlying health conditions can have on the severity of illness from Covid-19 has become increasingly clear in recent months. Meanwhile, many of the conditions which increase risk of serious illness from the virus are themselves exacerbated, or even caused in part, by factors related to transport behaviour – such as air pollution and inactivity.

If, as seems likely, we are to live with Covid-19 and the threat of other pandemics for the foreseeable future, it is critical to NHS capacity that the Government facilitate and encourage the shift to active transport, as a means of reducing the prevalence of conditions that exacerbate the symptoms of Covid-19, and contribute to a general improvement in public health.

We therefore recommend that the Government include the health benefits of a change to more active transport in their ‘Better Health’ campaign.

b) Medium and long-term actions to promote economic recovery

Economic prosperity

Uptake of more active transport will also have a positive economic impact. A recent report by McKinsey, ‘Prioritizing health: A prescription for prosperity’ asserted that “better health promotes economic growth by expanding the labor force and by boosting productivity”³⁷. McKinsey estimated that the economic benefits from the health improvements “are substantial enough to add \$12 trillion or 8 percent to global GDP in 2040”³⁸.

A shift to active travel should therefore be part of the Government’s short, medium and long term response to Covid-19 and its associated impacts.

We recommend that an ‘Active Travel Scheme’ be created to support businesses and households in adopting shared and active transport options. The Scheme should represent a significant increase in active travel spending per capita, which made up less than 5% of the transport budget in 2017³⁹.

Such a scheme should provide, for example, discounts on car club schemes, access to bikes and support to engage in physical activity, as opposed to grants to buy new vehicles, as has typified diesel scrappage policies of the past.

To discuss this response please contact Laurence Bourton, UKHACC Communications Manager (laurencebourton@ukhealthalliance.org)

³⁷ McKinsey, 2020. [Prioritizing health: A prescription for prosperity](#)

³⁸ ibid

³⁹ UK Health Alliance on Climate Change, 2018. [Moving beyond the air quality crisis](#)