

New Air Quality Targets and Interim Goals for Fine Particulate Matter (PM_{2.5}):

Implications for the West Midlands

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Aims for Today

- Welcome
- PM_{2.5} targets and implications
- WMCA Air Quality Framework
- AQ-LAT: Predicting health impacts of future air quality scenarios
- AQ-PET: Evaluating the impact of air quality policy interventions
- Networking

Jackie Homan

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What is WM-Air ?

- 'Clean Air Science for the West Midlands'
- NERC-funded Regional Impact of Science of the Environment project
- Running 2019 – 2024
- Aim is to apply environmental science expertise to deliver **regional impact** - in societal, economic and policy terms - in support of improved air quality and health.

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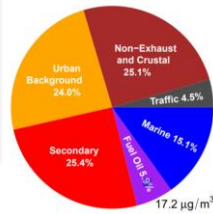
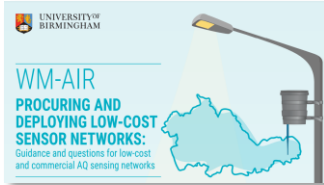
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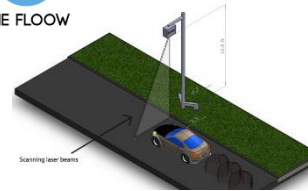
ARUP



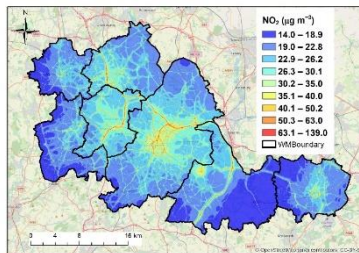
Observational Capability



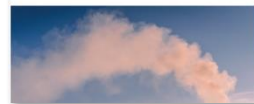
Real World Vehicle Emissions



Predicting Air Quality vs Policy



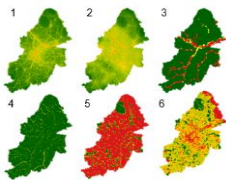
Chief Medical Officer's Annual Report 2022
Air pollution



Health & Economic Impacts

Asion	
£477,000	10 year NHS cost savings
£205,000	10 year indirect cost savings*
£304,000	10 year social care cost savings
21	Deaths prevented over 10 years
132	QALY gains over 10 years worth(£)
£2,645,767	

Urban Design & Green Infrastructure



URBAN DESIGN FOR AIR QUALITY

Urban design influences where air pollution is produced, how it disperses through streets and neighbourhoods, and where, when, and how much people are exposed. Good urban design improves air quality.

Air quality mitigation strategies fit broadly into three categories:

- 1. REDUCE**
Reducing air pollution emissions is the most effective way to improve air quality. Road transport is one of the largest sources of air pollution in urban areas. Mitigation measures include facilitating active transport to existing and new destinations, providing more public transport, and/or providing cycle lanes and other infrastructure to encourage walking and cycling.
- 2. EXTEND**
Increasing the distance between pollution source and human receptor allows for air pollution to disperse and 'dilute', therefore, when humans are exposed, they are exposed to lower concentrations. This can be achieved by increasing the distance between the source and the receptor, such as in the case of a highway or a road with a median strip and a green verge.
- 3. PROTECT**
Older adults (65+) children (5) and those with existing pre-existing health conditions (e.g. asthma, COPD) are most vulnerable to air pollution. Extra care must be taken to separate people and pollution to places where these vulnerable groups gather and spend time, such as in East of Selly Oak, schools or at bus stops.

Reconfiguration of road to reduce emissions and extend distance between people and pollution.

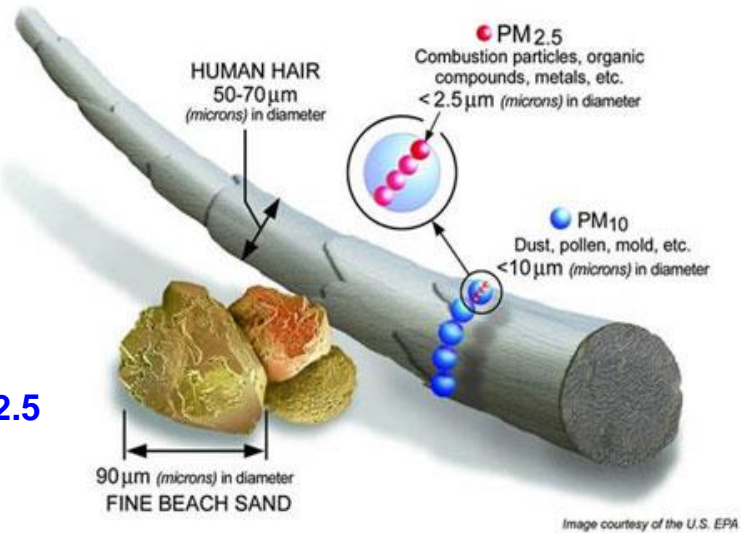
Redevelopment to create walking areas away from pollution sources.

Case Study Applications



Key Air Pollutants

Fine Particles, **PM_{2.5}**



Nitrogen dioxide gas, **NO₂**



HEALTH BURDEN DUE TO AIR POLLUTION

Air pollution causes between 418 and 3062 early deaths each year in the West Midlands, as well as:



stroke
in 215-1046 people



asthma
in 727-3302 people



lung cancer
in 77-280 people



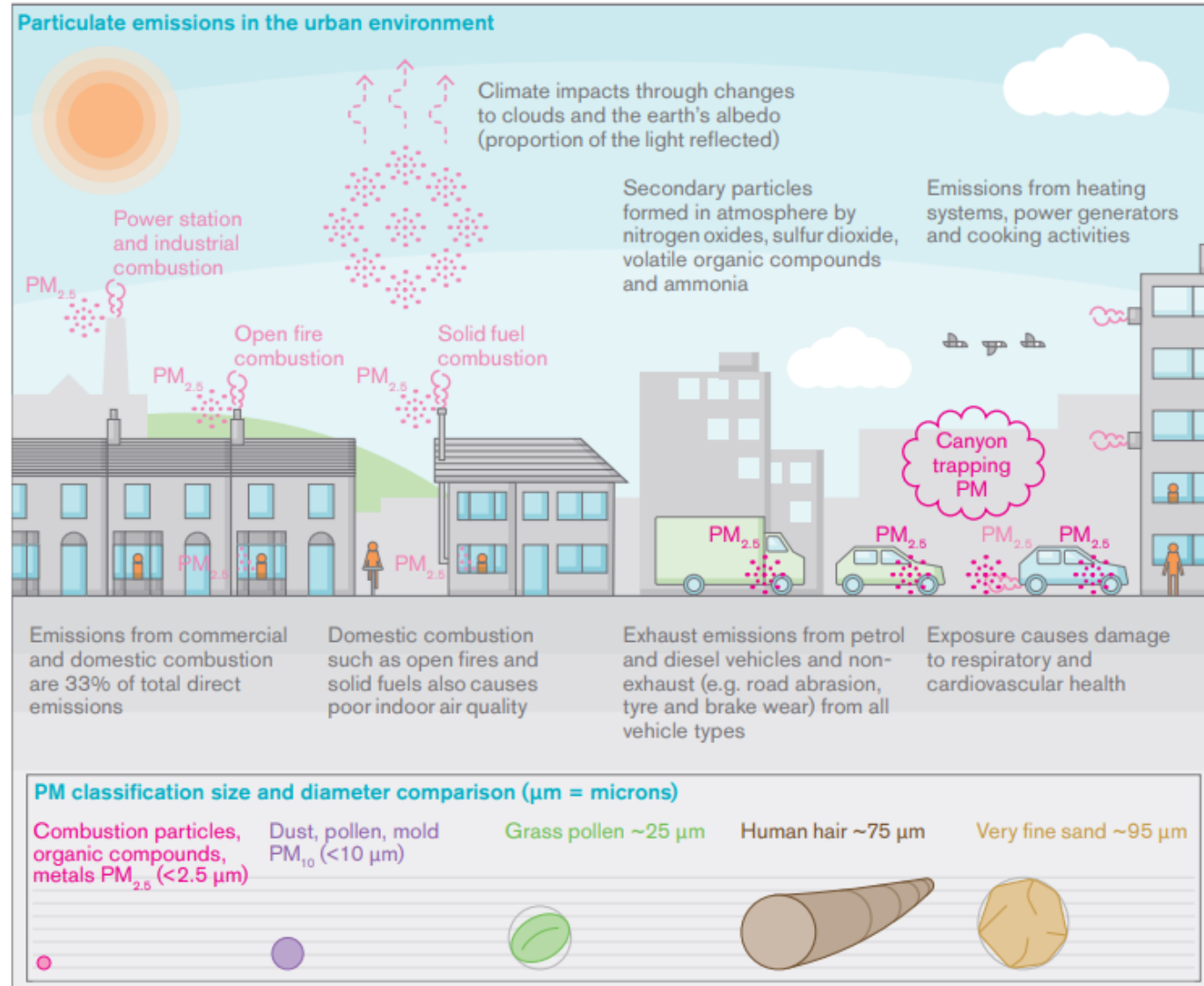
heart disease
in 0-1386 people

PM_{2.5}: Not just transport !

WHAT IS PM_{2.5}?

Particulate matter (PM) is a term used to describe very small solid and liquid particles suspended in the air. These particles can be of natural or man-made origin and impact human health and the climate.

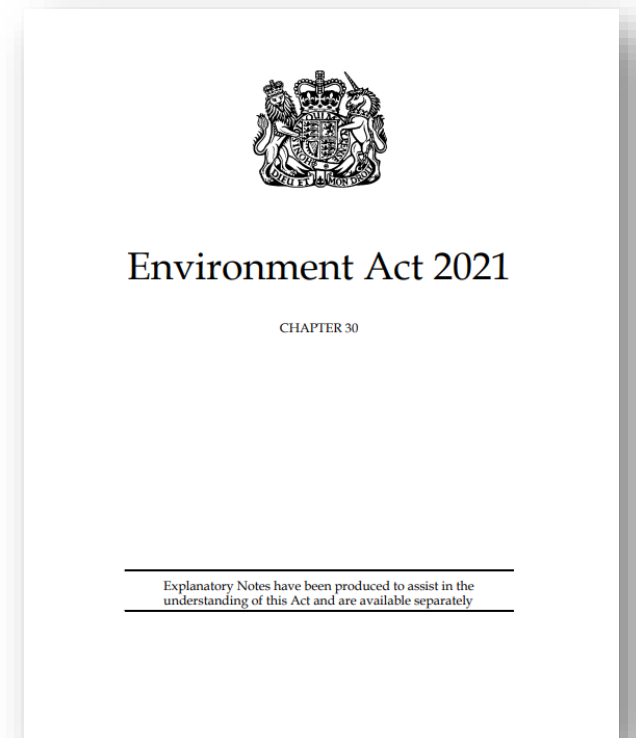
Fig 1. Direct emissions of PM_{2.5} from sources within the WMCA region, data drawn from the National Atmospheric Emissions Inventory. The data were simplified by grouping source sectors. © Crown 2022 copyright Defra & BEIS via naei.beis.gov.uk, licenced under the Open Government Licence (OGL).



are described by their diameter, indicating particles with a diameter of 2.5 µm or below and PM₁₀, indicating particles with a diameter of 10 µm or below.

UK legislation background

- Existing air quality targets and objectives – drawn from EU legislation
Protect public health and the environment by maintaining acceptable levels of pollutants in ambient air
- WHO Air Quality Guidelines
Levels of ambient air pollutants at which there are impacts on health. Updated 2021: Advisory.
- Environment Act 2021
*Required Sec of State to set new targets (2022) for fine particulate matter, PM_{2.5}
Introduces new powers and obligations locally/regionally, and with partners*
- Air Quality Strategy (updated April 23)
Framework for Local Authority Delivery



New Air Quality Targets and Interim Goals for PM_{2.5}

Table 1. 2040 PM_{2.5} threshold target (England) set by the Environment Act 2021, UK PM_{2.5} objectives (England) set by the Air Quality Standards Regulations 2010, and WHO 2005 and 2021 global PM_{2.5} (health-based) guidelines for annual mean PM_{2.5} concentrations.

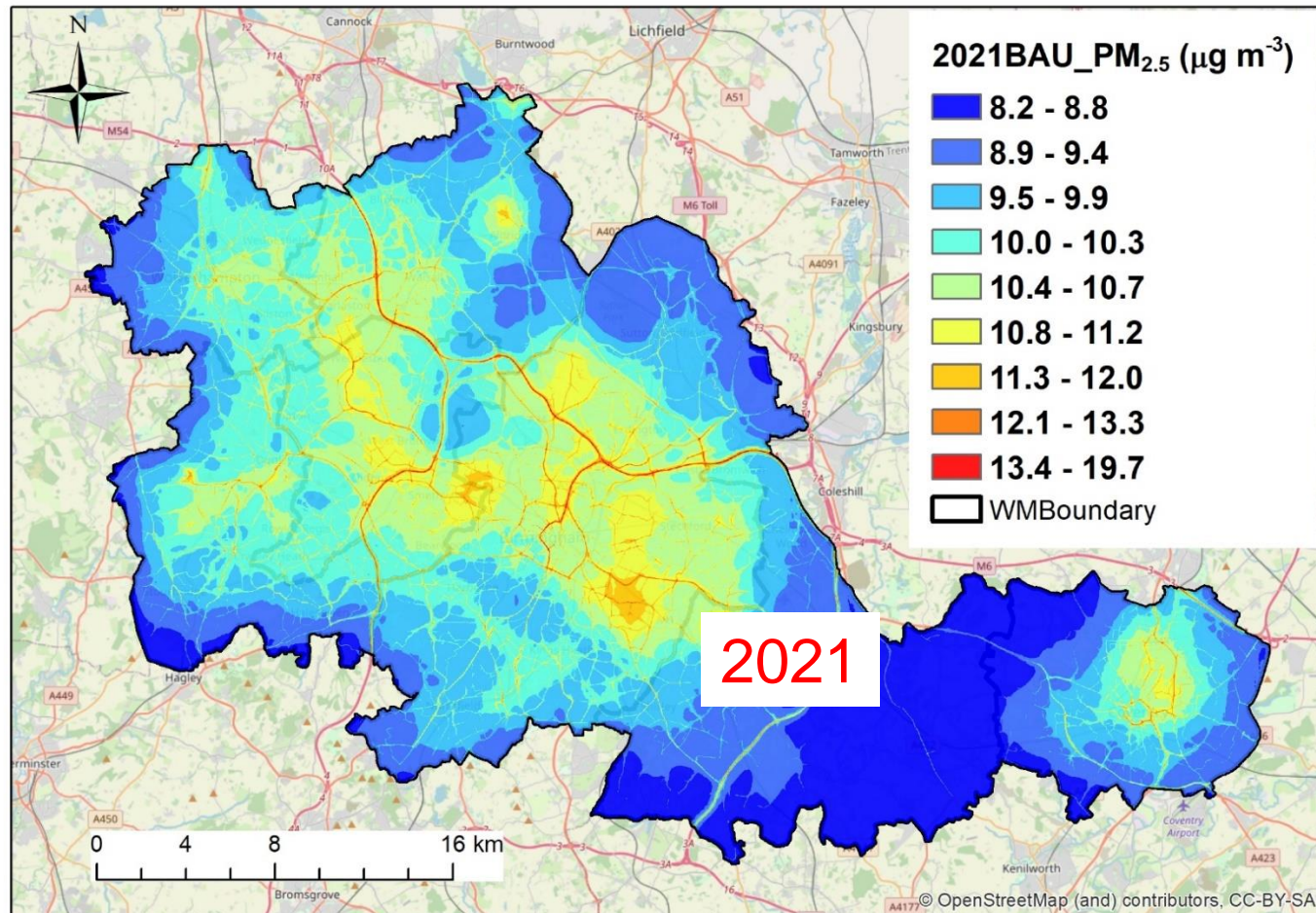
Environment Act 2021 PM _{2.5} Target (µg m ⁻³)	Air Quality Standards Regulations 2010 PM _{2.5} Objective (µg m ⁻³)	WHO 2005 PM _{2.5} Guideline (µg m ⁻³)	WHO 2021 PM _{2.5} Guideline** (µg m ⁻³)
10*	20	10	5

Notes: *According to the Environment Act 2021, the new PM_{2.5} threshold target of 10 µg m⁻³ for annual mean concentrations must be attained by 2040. **See also the [WM-Air briefing on 2021 WHO air quality guidelines](#) for detailed information on the subject.

December 2022 - two new PM_{2.5} targets were set for England following AQ legislation introduced by the Environment Act 2021:

- An Annual Mean Concentration Target for PM_{2.5} levels of **10 µg m⁻³ or less by 2040**, with an interim target of 12 µg m⁻³ or less by 2028.
- A Population Exposure Reduction Target to reduce PM_{2.5} population exposure by **35% by 2040 compared to 2018**, with an interim target of at least 22% by 2028.

Modelled PM_{2.5} Concentrations in the West Midlands



- Modelled PM_{2.5} ranges from 8 to 20 µg m⁻³ (within existing AQ objective for England).
- But significant areas (41%) exceed 2040 threshold target of 10 µg m⁻³ or less.
- Over half of the 192 wards across the region (in all LAs) have ward-averaged annual means >10 µg m⁻³.
- 60% of the region's population living in wards where ward-average >10 µg m⁻³ in 2021

Clean Air & Climate / Carbon

- Air Pollutants – directly harmful to health: PM_{2.5}, NO₂
- Carbon Dioxide CO₂ – not directly harmful to health*, drives climate change

- Many common sources – combustion of fossil fuels

- Many actions to improve air quality also reduce carbon emissions (co-benefits)
- The air quality benefits are largely local / regional
 - Local change improves local air quality and local health*

Future predictions

Table 2. Estimated annual mean PM_{2.5} concentrations in the WMCA region for 'Present Day' (2021, BAU), and 2030 under three different policy scenarios.

Scenario	(I) Estimated annual mean PM _{2.5} ward-level averaged in the WMCA region (µg m ⁻³)			(II) Estimated no. wards where annual mean PM _{2.5} > 10 µg m ⁻³ *	(III) Estimated % population [total 2.9 million] living in wards where annual mean PM _{2.5} > 10 µg m ⁻³ *	(IV) Estimated no. wards where annual mean PM _{2.5} > WHO 2021 (health-based) guidelines (5 µg m ⁻³) *
	Mean	Min	Max			
Present Day (2021, BAU)	10.0	8.4	11.1	104	57	192
Scenario A (2030, NECD)	9.4	7.7	10.4	28	16	192
Scenario B (2030, EV)	9.3	7.7	10.4	26	15	192
Scenario C (2030, Net Zero)	8.9	7.6	9.9	0	0	192

Notes: The values in the table above are a function of the spatial resolution / averaging approach. For the PM_{2.5} levels (I) the figures quoted are estimated from the ward mean values across the WMCA region. For columns (II), (III) and (IV), model outputs are averaged to ward level, and combined with ward population figures. *The ward-level averaging approach significantly smooths out the highest (and lowest) PM_{2.5} values from the original model simulations (which have higher spatial resolution). Segments of the population will be exposed to both higher and lower annual mean concentrations than the ward-level average. The model 2021 BAU scenario does not account for Covid impacts on activity.

Now

Current AQ Actions

Climate Policy: EV Focus

Climate Policy: Full Net Zero

Future predictions

Now

Current AQ Actions

Climate Policy: EV Focus

Climate Policy: Full Net Zero

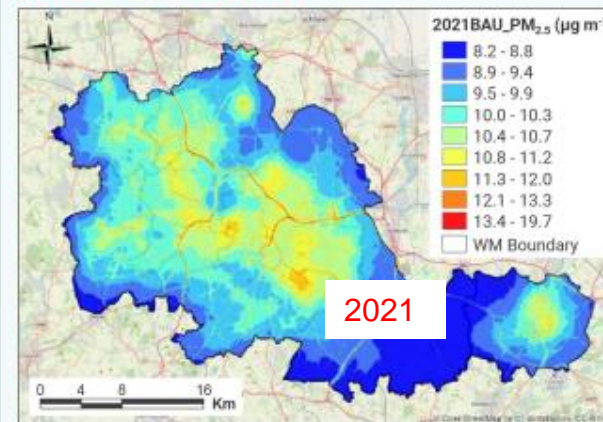
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Scenario C (2030, Net Zero)	8.9

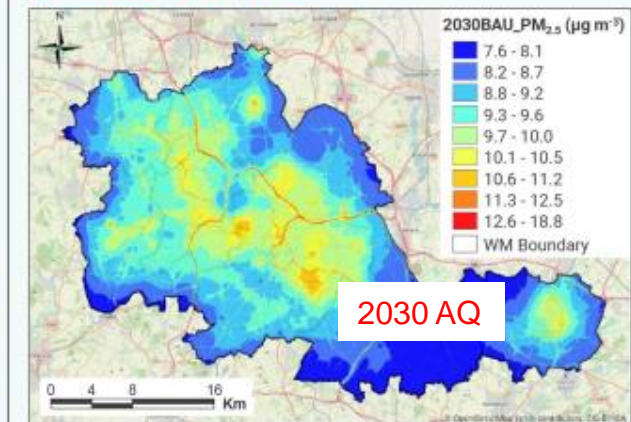
Notes: The values in the table quoted are estimated from the ward level, and combined with the highest (and lowest) PM_{2.5} values from the ward level to be exposed to both higher and lower concentrations to account for Covid impacts on

Fig 2. Spatial distribution of estimated annual mean PM_{2.5} concentrations in the WMCA region for 'Present Day' (2021, BAU) (a) and 2030 under three different policy scenarios (b-d).

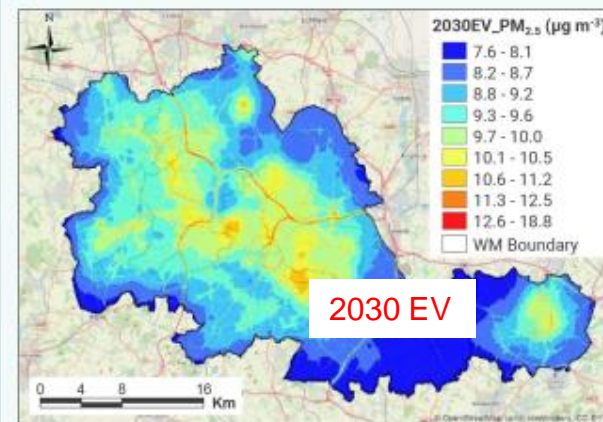
(a) Present Day: 2021, BAU



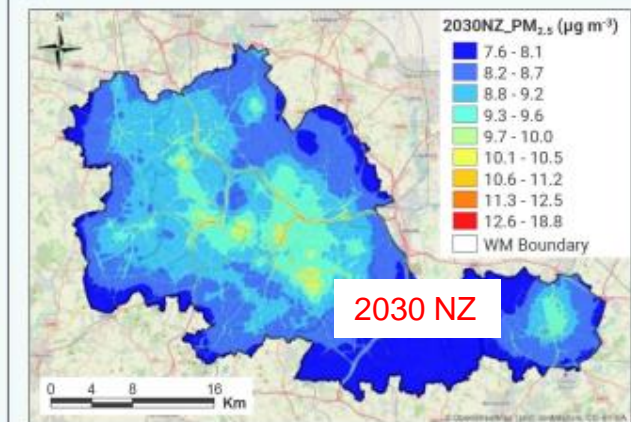
(b) Scenario A: 2030, NECD



(c) Scenario B: 2030, EV



(d) Scenario C: 2030, Net Zero



Local Air Quality Management

- From: <https://www.gov.uk/government/publications/the-air-quality-strategy-for-england/air-quality-strategy-framework-for-local-authority-delivery>

3.2 Local action to reduce PM2.5

- As well as meeting local objectives, local authorities play a role in contributing to national targets. The government recognises that as a regional pollutant, many of the sources of PM2.5 are outside of local authority control. However, there are sources of PM2.5 over which local authorities do have control. Therefore, while PM2.5 is not currently part of the Local Air Quality Management framework, the government still expects all local authorities to effectively use their powers to reduce PM2.5 emissions from the sources which are within their control.

- We have been clear in guidance to local authorities since 2016 that we expect local authorities to use their powers to reduce PM2.5. We still have not seen sufficient action from the majority of local authorities. In light of the new targets, if we consider further action to be insufficient, we will consult on introducing a standalone legal duty on local authorities to take action to reduce PM2.5 emissions.

Actions for local partners: 4

- All local authorities should support the delivery of national PM2.5 targets by taking action to reduce emissions from sources within their control.
- If the government considers local action has not gone far enough, we will consider introducing a statutory duty on local authorities.

Opportunities and Challenges

- Requires increased attention and action by policy makers at local, regional and national levels.

Need to understand and quantify:

- the health benefits achieved through different intervention options
- the predominant sources of air pollution in the region
- the partition between local emissions and pollution transported from elsewhere

- Achieving the new targets will require clean air policies to broaden actions beyond road transport to include solid fuel combustion in households and industry, and regional and national coordination to address imported pollution.

- The increased evidence of health impacts of even low levels of PM_{2.5} and NO₂ challenges current compliance-based frameworks: need for new strategies and policies to achieve clean air health benefits in the West Midlands.

WM-Air Briefing Note

- <https://wm-air.org.uk/news/>



Baldy, C., Zhong, J., Hall, J.A., Muller, C., Bartington, S.E., Stone, W.J. & the WM-Air Team. New Air Quality Targets and Interim Goals for Fine Particulate Matter – PM_{2.5} Implications for the West Midlands. WM-Air Project, University of Birmingham. Funding provided by NEERC grant NE/003480/1. <https://doi.org/10.25561/49494>

New Air Quality Targets and Interim Goals for Fine Particulate Matter – PM_{2.5}: Implications for the West Midlands

A report from the WM-Air project team

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This document provides a comprehensive overview of the implications of more stringent PM_{2.5} targets on air quality and public health in the West Midlands. By examining the sources and levels of PM_{2.5} pollution, exploring potential air quality scenarios and strategies, and estimating the health burden, this document seeks to inform stakeholders and decision makers in their efforts to improve air quality and reduce associated health risks and inequalities. The document is structured as follows:

- Health Risks and Inequalities Associated with Exposure to PM_{2.5} Pollution
- Sources of PM_{2.5} in the West Midlands
- New Air Quality Targets and Interim Goals for PM_{2.5}
- Modelled PM_{2.5} Concentrations in the West Midlands
- Air Quality Scenarios for the West Midlands: Potential Impacts of Policy Decisions
- Estimated Health Burden of Air Pollution in the West Midlands
- Opportunities and Challenges
- Strategies and Initiatives for Improving Air Quality and Public Health in the West Midlands

