

Environment and Regeneration Overview and Scrutiny

Date of Meeting: 17 September 2018

Report Title: Cheshire East Low Emission Strategy

Portfolio Holder: Councillor Ainsley Arnold - Portfolio Holder for Housing, Planning and Regeneration

Senior Officer: Frank Jordan – Executive Director Place and Acting Deputy Chief Executive

1. Report Summary

1.1. To make the Committee aware of the Council's Draft Low Emission Strategy 2018 and to provide comments as appropriate.

2. Recommendation

2.1. To note the report and to provide feedback to the Portfolio Holder.

3. Reasons for Recommendation

3.1. To ensure Members are kept up to date with the Council's Low Emission Strategy.

4. Other Options Considered

4.1. Not applicable.

5. Background

5.1 Cheshire East Council commissioned Amec Foster Wheeler Environment & Infrastructure UK Limited (Amec Foster Wheeler) to develop a Low Emission Strategy (LES) for the Borough. A Low Emission Strategy is a package of policies & measures focused on reducing emissions from road vehicles across the Borough, supporting more sustainable modes of transport and mitigating the transport impacts of development with the aim of improving the health of residents. This will help with the implementation

of the Air Quality Action Plan as it is another tool to assist with improving air quality.

- 5.2 Air quality across Cheshire East is generally good, although there are seventeen Air Quality Management Areas (AQMAs) in the Borough, which have been declared as a result of exceedances of the annual mean nitrogen dioxide (NO₂) Air Quality Objective (AQO) of 40µgm³. It should also be noted that the final report was compiled using the corrected air quality data. There are also areas under investigation for potential exceedance of the short term hourly AQO of 200µgm³ (not to be exceeded more than 18 times per year). The annual mean AQO is exceeded at several locations in the Borough, so an overarching strategy for reducing emissions will help to improve air quality concentrations and move towards compliance with the relevant objectives.
- 5.3 If emissions from vehicles do not improve, projected increases in vehicle numbers resulting from planned developments and housing growth will result in larger exceedances of the annual mean AQO for NO₂ in some areas. Defra vehicle emission factors have predicted yearly decreases based on the logic that older, more polluting vehicles would fall out of circulation and newer cleaner vehicles will repopulate the UK vehicle fleet. This assumption relies on the progressively tighter Euro emission standards all registered UK vehicles must meet.
- 5.4 The Council aims to develop a LES with a broad consensus amongst stakeholders to ensure their support and help deliver a strategy that is workable. The LES is based upon the Avoid; Shift; Improve (ASI) approach for the reduction of emissions and by association NO₂ concentrations;
- Avoid: reduce vehicle kilometres driven;
 - Shift: change mode from cars to public transport, cycling and walking; and
 - Improve: improve the vehicle technology to reduce emissions.
- 5.5 The LES considers the air quality management issues in the borough and the policy and legislative context. Existing guidance, policies and initiatives that have been implemented to improve air quality have been considered so that the LES can build upon these and also the earlier case studies for Crewe and Congleton. These case studies considered the maximum potential impact on air quality of policies that influenced the engine class composition of the traffic fleet, fuel choices and incentivised the widespread use of Low Emission Vehicles (LEVs). It was found that provision of infrastructure to support the widespread uptake of LEVs would have the

greatest benefit, followed by restrictions in the use of diesel cars and then imposition of development emission standards.

- 5.6 The recommendations for policies to be implemented are divided into three sections, policies which can be applied at the planning stage of new developments (and may also be appropriate for existing areas); policies that relate to the movement of freight; and policies that will help to reduce emissions during the construction of new developments.

6. Implications of the Recommendations

6.1. Legal Implications

- 6.1.1. No direct legal implications arising from this report.

6.2. Finance Implications

- 6.2.1. The project was financed by grant funding from DEFRA and as such there are no financial implications for the Council.

6.3. Policy Implications

- 6.3.1. No direct Policy implications arising from this report.

6.4. Equality Implications

- 6.4.1. No direct equality implications arising from this report.

6.5. Human Resources Implications

- 6.5.1. No direct human resources implications arising from this report.

6.6. Risk Management Implications

- 6.6.1. No direct risk management implications arising from this report.

6.7. Rural Communities Implications

- 6.7.1. There are no direct implications for rural communities.

6.8. Implications for Children & Young People

- 6.8.1. There are no direct implications for children and young people.

6.9. Public Health Implications

- 6.9.1. Air pollution damages lives with harmful effects on human health, the economy and the environment. It is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and

other respiratory diseases. It increases the chances of hospital admissions, visits to Emergency Departments and respiratory and cardiovascular symptoms, which interfere with everyday life. In the most severe cases it increases the risk of death, especially for people who are already vulnerable. Poor air quality affects everyone. It can have long term impacts on all and immediate effects on vulnerable people, with a disproportionate impact on the young and old, the sick and the poor.

- 6.9.2. There is now an extensive body of evidence that long-term exposure to everyday air pollutants over several years contributes to the development of cardiovascular disease (CVD), lung cancer, and respiratory disease. PM is inhaled into the lungs and ultrafine PM_{0.1} is thought to pass into the blood causing many adverse outcomes including systemic inflammation. Air pollution is strongly associated with all-cause mortality statistics. The all-cause mortality statistic captured in PHOF indicator 3.01 ranks air pollution in the top 5-7 causes of mortality in polluted areas, ahead of many other PHOF preventable mortality indicators like road deaths, excess winter deaths or communicable diseases. New evidence also points to other damaging effects. There is also emerging evidence of links between long term PM_{2.5} exposure and the health of the central nervous system, the progression of Alzheimer's and Parkinson's diseases, developmental outcomes in children, and such reproductive health outcomes as low birth weight, as well as other chronic conditions such as diabetes.
- 6.9.3. The health effects of air pollution are distributed unequally across the population, with the heaviest burden borne by those with greatest vulnerability and/or exposure. The elderly, children and those with cardiovascular and/or respiratory disease are at greater risk from the health effects of air pollution. Those who spend more time in highly polluted locations will be affected more. Since air pollution levels are typically as high within vehicles as just outside, this is likely to include not only those who live and work near busy roads, but also those who drive for a living.
- 6.9.4. Deprived communities are more likely to be situated near polluted busy roads, and are more likely to experience adverse health impacts. Analysis of environmental quality and social deprivation carried out for the Environment Agency (2003) looked at the social distribution of the wards with the highest pollutant concentrations, and concluded that

more than half of the most exposed 5% of the population (2.5 million people) were resident in the 20% most deprived wards.

6.9.5. Action to improve air quality and reduce emissions in Cheshire East is therefore to be welcomed for the opportunity to improve Public Health.

7. Ward Members Affected

7.1. Borough wide.

8. Access to Information

8.1. The background papers relating to this report are in Appendix 1.

9. Contact Information

9.1. Any questions relating to this report should be directed to the following officer:

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