Environment Bill 2019-20

House of Commons
Second Reading
Wednesday 26 February 2020

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

It is widely recognised that we are facing a climate emergency, which will have a significant impact on health and further exacerbate poverty and inequality. All too aware of the health-related impacts, BMA members declared a climate emergency at the Association’s annual policy-making conference last year (‘ARM’). The scale of the change needed is far greater than we can achieve as individuals; the main agent of change is the Government who must use this Bill to implement the urgent reforms needed to safeguard our health and that of future generations.

BMA key briefing points:

- **Air quality:** The Bill’s provision to require a PM2.5 target is very welcome – the UK’s current legal limit for PM2.5 is twice as high as limits recommended by the WHO (World Health Organisation). We believe the target-setting should specify adopting the WHO’s recommended limit for PM2.5 so that the UK’s legislative framework is based on the highest health standards.

- **OEP (Office for Environmental Protection):** We echo concerns that the Bill does not give the OEP adequate independence to scrutinise the Government’s performance on the environment in a robust and impartial way. We urge ministers to consider select committees’ recommendations for closer ties between the green watchdog and Parliament.

- **Future-proofing:** Provisions in the Bill to amend targets must not have the scope to derail the UK Government’s stated ambition to become the first generation to leave the environment in a better state than we found it. We hope clarification that provisions in clause 3 will not be used to facilitate a future weakening of environmental standards will be addressed on the face of the Bill.

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Chapter 1 (Clauses 1 – 6 & 19)

Target setting

The Bill’s provision to require target setting for air pollution, as one of four priority areas, is welcome. However, the fine print about when key targets must be set, and delivered, is disappointing and should be strengthened if it is to truly deliver ‘a gold standard for improving air quality’².

It has been estimated that as many as 40,000 deaths a year in the UK are attributable to outdoor air pollution in the UK. By 2035, the health and social care costs of air pollution have been estimated to reach up to £18.6 billion.³ As highlighted by the former chair of the Environmental Audit Select Committee⁴, it is regrettable that targets created as a result of this Bill, including at least one long-term target to improve air quality, will have a ‘needlessly long timeframe’ for implementation. According to the Bill, details of the air quality target will not need to be in place until October 2022, and there will be no requirement to meet such a target before at least 2037.

Fine particulate matter

The Bill’s provision to require a target for an annual mean concentration level of fine particulate matter (PM2.5) is, again, welcome. However, we believe this provision should specify adopting the World Health Organisation’s recommended limit for PM2.5, on the face of the Bill, so that the UK’s legislative framework is based on the highest health standards.

According to the WHO (World Health Organisation), current estimates indicate that outdoor air pollution is responsible for 4.2million premature deaths per year globally. This mortality is due to exposure to small particulate matter of 2.5microns or less in diameter (PM2.5), which can penetrate deep into lung passageways and enter the bloodstream.⁵

Tackling air pollution is vital for protecting some of the most vulnerable in society, whilst also reducing the burden on health services. Exposure to air pollution is associated with negative impacts on different parts of the body, at every stage of life⁶ – from adverse birth outcomes and negative impacts on neurological development in children, to exacerbating existing health conditions, like COPD, asthma, and coronary heart disease, to cognitive impairment in older people.

The UK’s current legal limit for PM2.5 is twice as high as limits recommended by the WHO. The Bill creates a specific duty for the UK to set a target for PM2.5, in recognition of the ‘compelling case’ to reduce public exposure as far as practically possible.⁷ However, it does not reflect the Government’s own appraisal⁸ based on scientific modelling that it would be ‘technically feasible’ for the UK to meet the WHO’s target in the future.

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³ UKHACC, Briefing for Environment Bill in the last parliamentary session. More about UKHACC here: www.ukhealthalliance.org/
⁴ Letter from Mary Creagh, Former Chair of the Environmental Audit Select Committee (Oct 2019): www.parliament.uk/documents/commons-committees/environmental-audit/correspondence/191022-Chair-to-Theresa-Villiers-Env-Bill.pdf
⁸ ibid
We are concerned that the Bill does not adequately guard against future weakening of the UK’s environmental protections – in particular, clause 3 will allow the Secretary of State to amend the long-term air quality target to ‘lower or revoke it’ via regulations. We urge the Government to ensure the Bill does not allow any scope for the UK’s environmental standards to regress.

As highlighted by UK Health Alliance on Climate Change, the EU has been a leader in environmental legislation over the last 40 years, with the UK playing an important part. The Environment Bill is an important opportunity to ensure environmental protections in the UK are maintained and enhanced after our exit from the EU.

We acknowledge clause 19’s provision which will require ministers to make a written statement before the second reading of any new environmental legislation about the impact the Bill would have on existing legal protections for the environment. However, this clause also allows the Government to push forward such a Bill even if they cannot reassure Parliament that it will not erode environmental standards – the minister’s statement need only acknowledge that the Government is ‘unable’ to say the bill would not have ‘the effect of reducing the level of environmental protection provided for by any existing environmental law’, and make clear that ‘Her Majesty’s Government nevertheless wishes the House to proceed with the Bill’.

Furthermore, we are concerned that clause 3 actively permits the Secretary of State to lower or revoke a long-term target for air quality created from this Bill, and to lower (but not revoke) the target for PM2.5. Provisions in the Bill to amend targets must not have the scope to derail the UK Government’s stated ambition to become the first generation to leave the environment in a better state than we found it. We hope clarification that provisions in clause 3 will not be used to facilitate a future weakening of environmental standards will be addressed on the face of the Bill, and that greater consideration will be given to clause 19.

Chapter 2 (Clauses 21 – 40) & Schedule 1

Independence of the OEP (Office for Environmental Protection)

We echo concerns that the Bill does not give the OEP adequate independence to scrutinise the Government’s performance on the environment in a robust and impartial way. We urge ministers to consider select committees’ previous recommendations for closer ties between the OEP and Parliament.

Schedule 1 of the Bill stipulates that non-executive members of the OEP, including the Chair, will be chosen by and accountable to the Secretary of State. The schedule also stipulates that executive members will be appointed by those non-executive members, and the number of non-executive members must always be greater than the number of executive members, ‘in order to ensure strategic oversight and ministerial accountability’.

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Given this setup, as the Bill stands, our understanding is that all roles have the potential to be influenced by Government – either directly (non-executive members appointed by Government) or indirectly (executive members appointed by those whom the Government has selected). This may jeopardise the OEP’s ability to be created and sustained in a sufficiently independent way.

Both the former Environmental Audit Select Committee and former EFRA Select Committee advised, previously, that the non-executive roles ought to involve the oversight of their committees – strengthening the links between the OEP and Parliament ‘to enhance the independence of the body’. We believe that greater links with Parliament could be more effective at protecting the OEP’s independence than schedule 1’s inclusion of a duty for ministers to ‘have regard’ to the need to protect the OEP’s independence.

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The BMA has repeatedly called for more decisive action from the Government to tackle the climate change emergency to protect the public and create a cleaner future.

Doctors have a vital role to play: communicating the health-related impacts of climate change, prevention and management of related diseases, and advocating for the positive health benefits of policies that encourage a greener, more active way of life.

The BMA is a founding member of the UKHACC (UK Health Alliance on Climate Change), a coalition of major health institutions committed to increasing awareness and encouraging better approaches to tackling climate change that protect and promote public health, whilst also reducing the burden of climate change’s impact on health services.

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