



Iechyd yr Amgylchedd Cymru
Environmental Health Wales

Consultation Response

Cleaner and healthier air: Consultation on draft regulations to implement fine particulate matter (PM2.5) air quality targets.

Environmental Health Wales (EHW) is the collective organisation of officers heading up Environmental Health services within local authorities under the Directors of Public Protection Wales (DPPW), with the following Mission Statement:

'To protect personal, environmental, economic and social well-being through policy, regulation and education. By these means to create a safe living and working environment for the communities we serve.'

Under EHW are a selection of specialist/expert panels and groups focusing on specific areas of public protection plus generic aspects of delivery such as training, enforcement, and performance management. We also have representation on an extensive range of fora, advisory groups and steering committees.

Redacted information - regulation 13 - personal data.

Name:	[information redacted]
Organisation (if applicable):	Swansea Council. Chair Wales Pollution Expert Panel
Email:	[information redacted]
Date:	12 th February 2026
On behalf of:	[information redacted]
Email:	[information redacted]

Q1a. To what extent do you agree with the level of ambition proposed for the Annual Mean Concentration Target (AMCT)?

Answer: Agree.

The 10 µg/m³ AMCT by 31 December 2035 is ambitious yet broadly achievable for Wales, provided target assessment is underpinned by geographically representative monitoring, transparent methods for natural/transboundary adjustments, and reliable funding for local authorities.

Q1b. Please explain your answer.

We welcome the ambition of an AMCT set at 10 µg/m³ by 2035, which goes beyond England's timetable and moves Wales closer to WHO guidance while remaining evidence-led. Panel members noted Wales's approach is more ambitious and five years ahead of England, and agreed that with the right monitoring coverage and governance, achieving 10 µg/m³ is realistic.

However, delivery depends on four enabling conditions reflected in our discussion:

1. Representative monitoring across Wales. Current PM_{2.5} reference sites are concentrated in the South, with notable gaps in Conwy and on Anglesey, and a predominance of industrial rather than urban-background settings. We therefore support the planned supplement of nine additional monitors, but stress these must be geographically distributed (urban, coastal, rural, and northern Wales) to ensure the AMCT reflects population exposure and regional source profiles.
2. Sustained, predictable funding for LAs. Consistent annual funding is required to maintain instrumentation (including lost mobile monitoring capacity), retain skilled staff, and deliver interventions aligned to the AMCT.

Q2a. To what extent do you agree with the level of ambition proposed for the Population Exposure Reduction Target (PERT)?

Answer: Agree.

A 25% reduction in population-weighted mean exposure by 2035 (baseline 2017–2019) is a sound, equity-focused complement to the AMCT, provided calculation baselines and progress metrics are transparent and methods for source apportionment are robust.

Q2b. Please explain your answer.

We support the PERT because it drives system-wide exposure reduction, not only compliance at fixed points. The Panel considered the PERT capable of delivering significant public-health gains, especially when paired with three-year averaging, which we regard as a sensible method to manage inter-annual variability (e.g., meteorology).

To maximise effectiveness and credibility, we recommend:

1. Clarity on baselines and worked examples. The consultation should publish worked examples for the four baseline areas to demonstrate how 2017–2019 values translate into the 25% reduction trajectory and interim milestones, including handling of data gaps and model surrogates.
2. Robust, transparent exposure calculations. Given source complexity (notably transboundary and secondary formation), methods must be reproducible and include uncertainty bounds, with periodic independent review.
3. Equity targeting. Interventions should be prioritised in most deprived communities, using deprivation indices to guide investments (e.g., cleaner heating, transport and place-based measures) so that PERT benefits are fairly distributed.
4. Sector coverage. To sustain exposure reductions, Wales should address ammonia (NH_3) from agriculture (a precursor of secondary $\text{PM}_{2.5}$) with updated practice guidance, and clarify expectations for domestic combustion where rural dependency is high.

Q3a. To what extent do you agree with the proposed arrangements for assessing $\text{PM}_{2.5}$ levels and achievement of the targets?

Answer: Agree, with recommended enhancements.

We support the framework in the draft regulations and consultation (site-based assessment, defined reporting dates, and common rules), but recommend strengthening the monitoring network design, methods transparency, and funding model to ensure assessments are representative and sustainable.

Q3b. Please explain your answer.

The draft regulations set clear assessment constructs for the AMCT and PERT and specify reporting obligations, which we support. To make these arrangements resilient and representative for Wales, we recommend the following refinements drawn from practitioner experience:

1. Network design principles. Expand beyond industrial foci to include urban-background, coastal, and rural sites; address northern coverage gaps; and provide for site-specific (e.g., quarry-adjacent) monitoring where microclimates and fugitive emissions could bias local averages. The stated plan to add nine monitors is welcome, but siting must be explicitly criteria-based to avoid structural bias.
2. Transparent data treatment. Publish the full chain used to determine compliance: instrument equivalence, correction factors, data capture thresholds, handling of exceptional events, natural contribution subtraction, and transboundary/secondary apportionment (see Q4). This will be essential for local planning and public trust. [
3. Sustainable funding and capability. Re-establish mobile monitoring capacity and stabilise staffing through reliable annual funding, replacing the current ad-hoc model so authorities can maintain instrumentation and deliver PERT-aligned interventions.

Q4a. To what extent do you agree with the provision to allow subtraction of the 'natural contribution' to PM where exceedances are due in whole or in part to these natural contributions?

Answer: Agree, with safeguards.

Subtracting uncontrollable natural contributions (e.g., sea salt, Saharan dust) is reasonable for compliance assessment, provided methods are robust, transparent, and auditable, and accompanied by clear public health messaging and a consistent approach to transboundary sources.

Q4b. Please explain your answer.

On balance, the Panel supports the principle that local compliance should not be penalised by natural contributions beyond local control. However, members expressed important caveats:

- Methodological robustness. The subtraction methodology must be explicit (inputs, models, thresholds, uncertainty) and publicly documented, with periodic review.
- Parity of treatment for transboundary/secondary PM_{2.5}. Given the dominant role of transboundary/secondary sources in Wales (estimated around three-quarters of PM_{2.5}), stakeholders asked that—if natural contributions are subtracted—transboundary influences be addressed through an agreed, transparent framework to avoid perverse outcomes and to focus local actions where they are most effective.
- No dilution of health messaging. Even when a natural or external share is subtracted for compliance, public advice should continue to emphasise that total PM_{2.5} exposure is harmful and reductions below the AMCT yield health benefits.

Q5. Other relevant thoughts or comments on the proposals

We support the package of targets and assessment arrangements and offer the following implementation recommendations from practitioner experience across Wales:

1. Monitoring coverage and siting
 - a. Implement the promised nine additional monitors with explicit criteria to secure urban-background, coastal, rural, and northern coverage; retain flexibility for site-specific deployments.
2. Funding model
 - a. Move from ad-hoc grants to predictable annual funding for LAs to sustain equipment, data quality, and specialist staffing; consider pooled procurement/service models to restore mobile monitoring capability.
3. Method transparency and worked examples
 - a. Publish PERT worked examples for baseline areas (2017–2019), including handling of data gaps and modelled surrogates, and set out clearly how natural and transboundary/secondary contributions will be identified and treated, with uncertainty ranges.
4. Domestic combustion (rural realism)
 - a. Address practicalities in rural areas where wood burning is common: incentives/grants for cleaner heating, appliance/wood-fuel standards

and enforcement capacity, to avoid disproportionate burdens while still contributing to PERT.

5. Agriculture and ammonia (NH₃)
 - a. Update agricultural practice guidance and work with NRW and stakeholders on ammonia reduction measures and feasible NH₃ monitoring, recognising its role in secondary PM_{2.5} formation
6. Planning and development policy alignment
 - a. Strengthen planning policy language so developers must demonstrate air-quality impacts and exposure minimisation, not just statutory limit compliance—aligning with the exposure-reduction ethos of the PERT.
7. Policy coherence and UK/EU alignment
 - a. Maintain alignment with UK-wide/EU approaches on PM_{2.5} and precursor controls (to address transboundary influences), and coordinate on related consultations (e.g., solid fuel burning, EPR fees) to avoid cross-policy conflicts.
8. Public communication
 - a. Ensure messaging consistently states that any PM_{2.5} is harmful, even when certain components are discounted for compliance, to support behaviour change and local action.

Overall, we support the proposed targets—AMCT 10 µg/m³ by 2035 and PERT –25% by 2035 (2017–2019 baseline)—and recommend the practical measures above to secure representative assessment, equitable benefits, and durable delivery

