

Cross-Party Group on Lung Health

Grŵp Trawsbleidiol ar Iechyd yr Ysgyfaint

Minutes from 19 September 2023

Attendees

MSs

John Griffiths MS (supported by Andrew Bettridge)

Non MSs (19)

Ben Coates - Asthma + Lung UK Cymru (Secretariat)

Alice Spencer

Chrissie Gallimore

Dave Edwards

Emma Clitheroe

Frankie Toner

Henry Davies

Joanne Allen

Jonathan Morgan

Joseph Carter

Josephine Cock

Julie Mayes

Meg Lewis

Pam Lloyd

Philip Webb

Rhys Taylor

Stephanie Woodland

Steven Adair

Val Maidment

1. John Griffiths MS - Welcome and introductions

John Griffiths MS started the meeting and thanked everyone for attending. asked if any MSs or support staff wanted to introduce themselves.

John Griffiths MS explained that there was to be a single presenter today, **Philip Webb**. He encouraged people to put any questions they had in the chat.

2. John Griffiths MS - Apologies

The following MSs have sent their apologies:

Rhun ap Iorwerth MS

Rhys ab Owen MS

Jane Dodds MS

Heledd Fychan MS
Russell George MS
Llyr Gruffydd MS
Mike Hedges MS
Vikki Howells
Altaf Hussain MS
Mark Isherwood MS
Peredur Owen Griffiths MS
Rhianon Passmore MS
Buffy Williams MS

3. **John Griffiths MS** - Minutes of the last meeting

None of the MS present were at the previous meeting, so the minutes couldn't be signed off. **Joseph Carter** will speak to the Altaf Hussain MS, who attended the previous meeting, to get them signed off.

Action: Joseph Carter to liaise with Altaf Hussain MS to sign off the minutes.

Altaf Hussain MS was happy to sign the June 2023 minutes off as a true and accurate record.

4. **Joseph Carter** - Matters arising

The following actions had been agreed at the previous meeting

- **Action** - Joseph Carter to submit AGM paperwork to the Table Office
 - Completed
- **Action: Joseph Carter** to liaise with **John Griffiths MS** on the writing of a letter to the Minister for Health and Social Services on the issue of women with asthma upon women. The Minister's response will be circulated alongside the minutes of this meeting.
 - Completed
- **Action: Joseph Carter** to circulate the women with asthma presentation with the minutes
 - Completed
- **Action: Joseph Carter** to circulate the lung health debate presentation with the minutes
 - Completed

5. **Philip Webb, Respiratory Innovation Wales - The Future Tense of Air Quality - Should It be a right to breathe clean air?**

John Griffiths MS introduced **Philip Webb** and thanked him for presenting.

Philip opened his presentation by arguing that we are not dealing with the causes of why people suffer poor respiratory health, instead, discussion focusses on drugs, medicines and devices.

He argued that indoor air quality is the ‘elephant in the room’ in the discussion around the causes for poor respiratory health. He noted the WHO do not as yet have indoor air quality standards as yet, with the first meeting convened by WHO to discuss the issue due to be held on 20 September 2023.

He noted that poor air quality kills - and continues to - more people than Covid-19. He went on to cite recent data from China that if a person has more than 10 micrograms per cubed of PM2.5, that person has a 4% higher chance of dying.

He stated that his presentation would demonstrate that there are higher concentrations of PM2.5 in people’s homes already, noting that the mortality rate from poor air quality is second only to cardiovascular disease and mental health.

Philip showed WHO data that indicated that people spend 93% of their time in an indoor environment. 87% in your home, public space or workplace, and 6% in private vehicles. He contrasted the efforts of governments in tackling air quality - which have primarily been directed at pollution in outdoor environments - and the amount of time people spent in indoor environments. He argued that a greater emphasis needed to be placed on tackling air pollution in indoor environments.

Philip then outlined areas of interest in dealing with the challenge of indoor air pollution:

- **The Healthy Homes Bill** - Working with Lord Chris. The Bill acknowledges that the way we are designing homes at present is causing the ill-health across the population. As part of the 11 principles within the Bill, protecting indoor air quality is included.
 - In conversations with Welsh Government on how this might be adopted and applied to Wales, officials have advised that it will be better to look at introducing this via building regulations, rather than apply legislation to this, on the basis that there is little capacity within the current legislative pipeline within the Senedd.
- **National Institution of Healthcare Excellence (NICE)** - Has started to provide guidance. This comprises of actions for local authorities, as well as developers. Within this, they have advice on how to protect air quality within the design phase in how homes are constructed.
- **Clean Air (Human Rights) Bill** - This legislation is currently within the House of Lords.
- **BSI 40:102** - Has recently been published as a letter to all commercial landlords that enshrines health, wellbeing and indoor environmental quality standards in commercial buildings and places of work. It could cause litigation instances where an employee has a health condition that they can attribute to the poor quality and standards at the place of work.

Philip then provided an overview of some key statistics in relation to indoor air quality, including:

- Around 2.4 billion people cook and heat their homes with polluting fuels and every year 3.2 million people die prematurely from household air pollution. (WHO)

- More than 99% of the population live in areas where the air pollution is above WHO air quality guidelines and 4.2 million deaths are attributed to ambient air pollution each year. (WHO)

Philip then provided a case study of the unintended consequences in relation to poor indoor air quality as a result of building management systems/smart buildings. The example focused on a university building that was in very close proximity to a railway line, where trains ran on diesel engines. The building opened windows in circumstances it was designed to, which led to a rapid escalation in the presence of pollutants, including PM1, PM2.5, PM4 and PM10.

There was a further case studies focussing on the pollution of a pharmacy, concerning the presence of CO2, NO2, and PM2.5.

Q&A Session following Philip Webb's presentation

John Griffiths MS invited people to ask questions of **Philip**.

Joseph Carter asked what actions Respiratory Innovation Wales would like Senedd Members to do to tackle the issue of indoor air pollution.

Philip Webb argued that population's awareness of the negative impacts of poor air quality on health and wellbeing was poor. He called on the group to help raise awareness of poor indoor quality.

He highlighted the need to tackle the 'elephant in the room' that is the way homes are designed and built in the UK, pointing out that BSI 40:102, the British Building Standard only applies to commercial buildings. He argued there is a significant body of work to be done with the construction and building sectors to embed health and wellness of users of the building as a principle in their ways of working, rather than a sole focus on the commercial viability of projects.

The way to achieve this is through the use of building standards and making devices that manage and measure air quality in buildings to be available at an affordable cost. From a Welsh Government perspective, he argued that Wales was well positioned to become world-leading in this area, as a consequence of the 'critical mass', which consists of Wales' universities, industry and manufacturing presence.

Philip Webb then turned to wood-burning stoves. RIW positioned an air quality monitor by a wood-burning stove, which demonstrated conclusively that they are significant generators of particulate matter.

He highlighted the social complexities that a potential ban on wood burners presents. He noted that those in Wales' most deprived communities burned wood due to very high levels of the cost of other fuels to heat their homes. A ban would, therefore, deprive already-deprived communities further.

John Griffiths asked whether the environmental drivers around climate change are not always aligned with air pollution issues. **Philip** noted that you cannot disentangle your indoor air quality and your energy solution.

Philip Webb then turned to another tension in balancing decarbonisation and air quality improvement, citing an example in Pentre-awel Stage One. The project had sought passive ventilation for its buildings, rather than mechanical. This is positive from an environmental and energy perspective, however, they did not have any data on their outdoor air quality. Given the context of the project, there is an acute issue with air pollution caused by agri-tech, which is the second largest producer of air pollution.

To ensure that we can have a holistic view of air quality, a more effective indoor and outdoor air quality regime needs to be instituted, recording real data and readings. This data should be fed into a publicly accessible dashboard where, for example, users can look at an app and get an effective understanding of the air quality at a given time and make better informed decisions on their activity that day, with the view to protecting their respiratory health from incidences of poorer air quality. Such a public dashboard would thereby give users a better understanding of the risks associated with the air quality in the areas they inhabit and travel.

Meg Lewis then spoke of her experiences of indoor pollution as a consequence of a severe lung condition, before going on to discuss the actions she believed were required in order to protect public health from indoor air pollution. She raised the significant benefits that pulmonary rehabilitation can have for patients, both in terms of restoring their ability to remain economically active and improved health.

She also called for stronger legislation to protect people from poor indoor air quality - especially in public buildings - and for greater action to be taken to reduce waiting times for pulmonary rehabilitation and other respiratory services. She also noted that the hormonal aspect of poor respiratory health was often missed by medical professionals in conversation with patients.

Responding, **Philip Webb** gave a few examples of work being undertaken in this area. He noted that there are many low-standard air quality monitors that can be purchased easily but stressed it was vital that high-quality air quality sensors need to be brought into usage in order for us to have a better understanding of indoor air quality. He suggested that such sensors needed to be made commercially viable, where he envisaged this to be at around the £300 - £400 mark.

Philip Webb gave an example where a patient with poor respiratory health presents to a GP, with the GP prescribing medication such as a blue and brown inhaler to treat the symptoms, only then to tell the patient to return to a home in which the air quality may be cause of the patient's poor respiratory health. Therefore, better air quality monitoring in the home is an essential first step.

Next, **Philip** argued that once effective monitoring in homes has been established, the next step is to take measures to improve the air quality in homes in instances where monitoring has identified poor air quality. He argued that there were affordable solutions that are mobile which would enable people to have the air in their homes removed of pollutants. The next step would be to make ventilation and flow improvements in the home, which do not require significant expenditure.

Philip Webb then turned to how we can make this a reality in deprived communities, where household finance for such improvements is more limited. He pointed to two existing schemes that - with would require some revisions to their eligibility criteria and permissible outputs that the schemes would fund - could help support these efforts. Speaking to the first scheme, ECO4, Philip confirmed that Respiratory Innovation Wales were working with the scheme to also allow for air quality monitoring to be installed in people's homes, in addition to the existing remediation works permissible under the scheme. The next scheme that offers a potential avenue for the installation of air quality sensors is LA Flex, which allows a local authority to arrange for an inspection of homes where members of a household have a health condition. These inspections then can advise a household on what changes are required to improve the household's health and wellness. The key barrier to be overcome in relation to these schemes is public awareness of them. For example, ECO4 is 11% underspent.

Meg Lewis argued that many people will not have pre-existing knowledge of the implications of their respiratory conditions. To help breach this knowledge gap, she called for a 'welcome pack' for respiratory health, which would comprehensively outline the consequences of respiratory conditions and what steps patients can take to help manage their symptoms. There is a clear gap to be bridged between getting diagnosed and living well following diagnosis.

Philip Webb re-stated his call for construction firms to embed air quality into their thinking in the design and construction of buildings across Wales. This would need to be achieved via regulation - and potentially legislation - as construction firms are not doing this voluntarily. He called for the Welsh Government to introduce a 'right to breathe clean air' and suggested that the Future Generations Commissioner could help champion and lead the delivery of this.

6. **Joseph Carter** - Next meeting and the work ahead

John Griffiths MS asked **Joseph Carter** to talk about the future meetings. **Joseph** thanked everyone for their contributions and for making the time to come and confirmed that the next meeting would be on 28 November 2023. He also advised those in attendance that the upcoming Cross Party Group on Clean Air meeting will hear contributions on the impact of domestic burning.

7. **John Griffiths MS** - Any other business

John Griffiths MS asked if anyone had any other business. They didn't, so he thanked everyone for attending and brought the meeting to a close.