

The Institute of Air Quality Management (IAQM)

Response to the Environmental Audit Committee Inquiry into Air Pollution in England.

IAQM

1. The Institute of Air Quality Management (IAQM) is the professional body for air quality professionals. As the authoritative voice for air quality professionals in the UK, the IAQM develops sector-leading technical guidance to support a robust, science-based approach to improving air quality.
2. Many IAQM members work as consultants and a significant proportion of their work is for developers seeking planning consent and/or environmental permits. Our members have extensive practical experience of how these regimes operate in reality, from early design discussions right through the planning system to public hearings/inquiries and judicial review.

Which questions we are addressing

3. Questions 4 and 7 are addressed in this response.

Word count

Q4: 1020 words. Q4a: 200 words. Q7a: 89 words. Q7b: 412 words. Q7c: 1316 words

Summary

4. This submission focuses mainly on the role of the land-use planning system in improving air quality, drawing on the experience of IAQM Members. There are other issues that we consider important including:
 - The lack of joined up working between Defra and other Government departments including the Department of Health and Social Care (DHSC), Department of Transport (DfT), Department of Energy Security and Net Zero (DESNZ), and the Ministry of Housing, Communities and Local Government (MHCLG).
 - The need for more stringent air quality standards as well as emissions reductions to drive improvement.
 - The need for air quality standards for exposure inside buildings.
 - Resourcing / funding of air quality expertise in local government.
 - The need to increase public awareness of the health impacts and causes of air pollution including a nationally led information campaign with health professionals.
 - More stringent targets are also required to protect the semi-natural environment.

Q4: Are the current national targets and performance for air pollution, such as those in the Air Quality Environment Act target delivery plan and the 10-year Health Plan, adequate, ambitious and wide-ranging enough to provide adequate protection for public health and the environment, and how do they compare with WHO recommendations?

1. It is recognised by both health and air quality professionals that the current regulatory standards do not represent a safe level of air pollution (RCP, 2025¹). The societal cost of poor air quality is well documented, with substantial impacts on health services, mortality rates, and the wider economy².
2. Current national targets are largely based on evidence from the 1990s on health protection and achievability. While they successfully drove air quality improvements up to the 2010s, they are no longer considered fit for purpose. The air quality objectives/limit values have been achieved for most pollutants for many years, with exception of the annual mean NO₂ objective/limit value of 40 µg/m³. However, now even this is largely met and by 2025, approximately half the English NO₂ air quality management areas (AQMAs) have been revoked, with more being revoked. At the same time, many cities with Clean Air Zones (CAZ) are starting their revocation. Once revoked, there is a high probability of lost engagement with the public and communities who think the air pollution problem is solved, when it is not.
3. In 2024, only one monitoring site in England exceeded the 2040 PM_{2.5} concentration target (10 µg/m³). The hourly mean NO₂ limit value was met "... in all 43 zones" in the UK, with the annual mean NO₂ limit value exceeded at just five monitoring sites.³
4. Defra describes air quality standards as concentrations recorded over a given time period, which are considered to be acceptable in terms of what is scientifically known about the effects of each pollutant on health and the environment⁴. This is clearly not the case, if it was, they would have been revised over time given the new medical and environmental knowledge accrued over the last 30 years.
5. It is the mandatory limit values and emission limits, rather than the air quality objectives (policy targets), that have been the most effective for improving air quality in the last decade, and this is primarily due to legal action by ClientEarth.
6. The UK's air quality objectives and limit values are no longer sufficiently ambitious to provide long-term protection of public health and do not reflect the latest scientific evidence base. The UK has fallen behind the EU, which adopted a new Ambient Air

¹ Royal College of Physicians, 2025, A breath of fresh air: responding to the health challenges of modern air pollution

² https://uk-air.defra.gov.uk/assets/documents/reports/cat05/2512151700_Damage_cost_update_2025_Defra_FINAL.pdf

³ <https://www.gov.uk/government/publications/air-pollution-in-the-uk-2024/air-pollution-in-the-uk-2024-compliance-assessment-summary>

⁴ <https://uk-air.defra.gov.uk/air-pollution/uk-limits>

Quality Directive⁵ in 2024, while the UK devolved administrations e.g. Scotland, are currently working to align with the EU's tightened standards. England should not be left behind.

7. The 2021 World Health Organization's Air Quality Guidelines (AQGs)⁶ are considerably lower than UK regulatory thresholds – by a factor of up to four in some cases. IAQM members recognise the challenges of achieving the AQGs, but WHO also sets interim targets which are a stepwise approach to reducing exposure and improving health outcomes. Some local authorities have adopted these as aspirational targets.
8. The Office for Environmental Protection (OEP) has called on the Government to set out how it will work towards the WHO AQGs⁷. Defra's response was to say it was not planning to revise the targets⁸, quote: "*we will consider WHO guidelines and other countries targets as part of an evidence led process when considering future long-term targets*" with no commitment to considering these any time soon.
9. **New, ambitious air quality targets**, that better reflect emerging evidence and a roadmap towards WHO AQG and cover pollutants other than PM_{2.5}, **are required to drive continued improvement** and to address today's challenges, including pollutants such as ammonia and ozone, and sources such as non-exhaust emissions from transport and mobile machinery.
10. The IAQM is concerned that once compliance with the existing targets is achieved, funding for monitoring, interventions and expertise will reduce, potentially allowing pollution levels to worsen, or at best slowing improvement. In addition, this provides a false message to the public, who become less willing to take action to support further improvements.
11. A key gap in current regulations is the absence of national standards for indoor air quality (e.g. for volatile organic compounds, VOCs) despite most people's exposure occurring indoors. Without formal targets or regulatory frameworks, a significant proportion of total daily exposure to harmful pollutants remains unaddressed. Another example of reliance on outdated thresholds is the statutory Approved Document F on ventilation, under Building Regulations 2010, which references the Air Quality Standards

⁵ https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L_202402881

⁶ World Health Organization, 2021, WHO Global air quality guidelines: particulate matter (PM_{2.5} and PM₁₀), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide.

⁷ <https://www.theoep.org.uk/report/government-has-chance-get-track-meet-legal-environmental-commitments-window-opportunity>

⁸ <https://www.gov.uk/government/publications/government-response-to-the-oep-report-environmental-improvement-plan-progress-from-2023-to-2024/government-response-to-january-2025-office-for-environmental-protection-oep-report-on-eip-progress-from-2023-to-2024>

Regulations 2010 (i.e. limit values), but as noted above, these standards are not adequately protective of public health.

12. There are also novel air pollutants of growing concern, which have no air quality standards despite scientific evidence linking them to significant adverse health outcomes, for example:
 - Ultrafine particles (UFPs)
 - Micro- and nano-plastics (MNPs)
 - Bioaerosols and black mould
 - Black carbon/elemental carbon (BC/EC)
 - Amines
 - PFAS
13. There are also new and emerging sources of air pollutants that need addressing including from electronic waste, battery energy storage system fires and carbon capture and storage.
14. The current mix of air quality standards, objectives, targets and limit values is confusing, and can lead to mistakes even on Defra's own website.⁹ It references an air quality objective for PM_{2.5} of 20 µg/m³, however, the Air Quality England Regulations 2000 (2002 as amended), which set the objectives, do not include PM_{2.5}. The PM_{2.5} limit value is 20 µg/m³ as set out in The Environment (Miscellaneous Amendments) (EU Exit) Regulations 2020). If professionals struggle to apply the criteria correctly, then it is even harder for members of the public to understand the subtle differences in regimes. IAQM has sought clarification from Defra on this (email exchange March 2024, see supporting information 1) without success.
15. The Environment Act 2021 allows the Government to set additional targets for pollutants in addition to the PM_{2.5} target. Therefore, new targets could be introduced without requiring further primary legislation, and yet there has been no use to date of these existing powers to set targets.

Q4a. What are the major barriers and/or challenges to achieving national targets on air quality?

1. The current national targets (objectives/limit values/PM_{2.5} targets) are largely met. They are no longer ambitious, nor do they reflect the current scientific evidence base. The main barrier to introducing more relevant targets may be lack of political will and a reluctance to be perceived as taking away personal choices. The financial benefits to the economy have, however, been well documented and better communication of these

⁹ [Air Quality Objectives Update 20230403.pdf](#)

benefits is a missed opportunity to drive behavioural change within the population, business, farming and industry and perceived unnecessary red tape.

2. Should more stringent targets be imposed then the barriers/challenges would include:
 - To place them and the need for action within a strong national vision and strategy, with a robust narrative and communication on the need for action, benefits and protection against inequalities.
 - Resourcing effective air quality management requires technical expertise, adequate staffing, and sufficient time for monitoring, modelling, reporting, community engagement and enforcement.
 - Transboundary pollution, e.g. secondary PM has featured heavily in justification for not having tighter limits in England, as a significant proportion of the PM_{2.5} is from continental Europe, particularly in southeastern England.
 - Behaviour change and communication. The perception is that environmental action imposes unfair rules. E.g. London ULEZ/domestic woodburning.

Q7. How joined up is government in planning, policies and action towards national targets and fostering communication and data sharing between departments?

Q7a. Is Defra leadership sufficient to drive change across government?

1. At present, Defra's leadership is not sufficient to drive consistent change across government. Most recent improvement in urban air quality has resulted from the Government being challenged through the courts. It is critical that the Government, and Defra specifically, leads from the front.
2. Where Defra leadership is backed by political support and resources, it has delivered tangible improvements. The rollout and evaluation of Clean Air Zones (following legal action against the Government) demonstrates that coordinated national action can achieve measurable benefits for air quality and public health.

Q7b. Which other departments have the greatest opportunity to impact air pollution levels and how are their policies impacting on this?

1. Improved, joined-up policy making across government is much needed. In the context of planning, there is evidence that this does not happen in practice. MHCLG sets national planning policy, and could use the planning system much more than it does to influence air quality and help drive improvement.
2. In May 2025 Defra published updated Local Air Quality Management Policy Guidance (LAQM.PG22)¹⁰ which states "*The planning system can play a crucial role in managing or*

¹⁰ <https://laqm.defra.gov.uk/wp-content/uploads/2025/05/LAQM-Policy-Guidance-2022-revised2025.pdf>

improving air quality. Planning policy is a key factor for local authorities in carrying out their air quality functions, close cooperation between planning and air quality officers is essential."

3. Defra issued interim guidance on the assessment of the PM_{2.5} targets for planning in October 2023, presumably in discussion with MHCLG, yet it was only mentioned in the Chief Planning Office's November newsletter. This is sent to Chief Planning Officers, and would have taken time to filter down and be implemented by planning officers.
4. The IAQM is concerned many local authority air quality/planning officers are still not aware of its existence, as evidenced by a lack of specific comments in response to submitted information for planning applications. The system is reliant upon consultants being aware of guidance.
5. A good example of a consultancy applying the ethos of the interim guidance is for AtkinsRéalis EDAROTH projects. These are small social housing developments built using a modular method of construction and often delivered on small, constrained urban brownfield sites. The firm includes recommended actions to reduce PM_{2.5} emissions, referring to the design and technology used in both construction and operation of a new building, construction methodology and dust mitigation measures, and have developed a list of questions for architects to report on both embedded mitigation and recommended mitigation.
6. One example of a local authority which does specifically refer to the interim PM_{2.5} guidance, requiring cumulative impacts be addressed, is Bradford Council. It included a requirement for construction mitigation emission standards. In our experience most officers do not request this guidance be considered.
7. The lack of joined up thinking is illustrated by LAQM.PG22 emphasising that "*close cooperation between planning and air quality officers is essential*" and seven months later, MHCLG proposed changes to NPPF making it less likely that "*close cooperation*" will occur.
8. There are examples of poorly planned developments (including distribution centres, data centres, drive-through restaurants) which generate local pollution close to sensitive receptors, but which are not captured in planning decisions.

Q7c. To what extent is air quality policy interacting with climate change mitigation, nature recovery and land use planning? How can benefits be maximised through joined up policy?

1. The Government has recognised that the land-use planning system is one of the most effective levers for influencing long-term air quality outcomes.¹¹ However, in practice, the interaction between air quality policy and planning remains under-utilised. Closer collaboration between Defra and MCHLG (and those addressing related issues, such as climate action/DESNZ) could achieve better outcomes for public health. DESNZ has the potential to deliver significant co-benefits for air quality through climate policies. Past support for biomass illustrates the risks of pursuing climate goals in isolation; integrated approaches can avoid unintended pollution impacts.
2. Most planning decisions are made by local planning authorities (LPAs), generally the local authority¹². LPAs have three main functions:
 - Strategic planning i.e. Local plan allocates where development should be located and defines local policies to assess development projects against.
 - Development control – the decision-making process for a planning application.
 - Enforcement.
3. Ambitious air quality policies in a local plan provide a strong framework for action, but air quality is not often considered in detail during the development of local plans. Consideration may be given to air quality exceedences alongside multiple other development constraints. However, consideration of exposure to air pollution of vulnerable groups (e.g. elderly, pre-existing diseases) is rarely considered. This is a missed opportunity for health benefits.
4. It is accepted¹³ that there are no thresholds below which there are no health effects for some air pollutants (e.g. NO₂ and PM). Prioritising sensitive development (e.g. children's nurseries/schools/GP surgeries/hospitals/care homes/nursing homes/social housing) in areas of good air quality would benefit public health. It is difficult to define '*good air quality*' for non-threshold pollutants, but these should be located further from key pollution sources (e.g. busy roads, industry).
5. Current air quality policies in a local plan is a postcode lottery:
 - Some LPAs have advanced low emission planning policies in the local plan, supported by air quality Supplementary Planning Documents, requiring air quality assessments and mitigation measures.
 - Some English LPAs have set local targets more closely aligned with the 2021 WHO AQGs. Some devolved nations are currently reviewing and setting new targets aligned with the EU Directive. For example, Winchester's 2025–2030 Air Quality

¹¹ Defra Statutory Guidance - LAQM.PG22 (May 2025)

¹² The main exceptions are nationally significant infrastructure projects (NSIPs) which are determined at a national level using sector specific National Policy Statements.

¹³ <https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution>

Strategy committed to 30 µg/m³ for NO₂ and 10 µg/m³ for PM₁₀ by 2030. Walsall Council published an interim position statement in 2021 following the updated WHO AQGs, saying it would not support development proposals where the interim air quality targets could not be met within a reasonable timeframe.

- There is concern that the NPPF consultation (2025)¹⁴ may erode or remove the ability for LPAs to apply such local policies. In the absence of stringent national standards, this will be a backwards step for many local authorities. Nationally ambitious targets based on the current health evidence, with a strategy for working towards the WHO guidelines, would benefit the planning system.

6. In terms of development control:

- Many LPAs have limited internal expertise, increasingly sharing expertise across boundaries. These LPAs may only review the air quality assessments for the largest developments and often lack the expertise to critically evaluate complex dispersion modelling or evaluate the effectiveness of mitigation. For development requiring an Environmental Impact Assessment the LPA may instruct external consultants to review submissions (with associated costs).

7. In England, the Government’s proposals to reform the NPPF risk pushing air quality down the local planning agenda. Proposed NPPF policy DM3 text states (our emphasis) *“Consult statutory or internal consultees only where it is necessary to do so. Decisions on development proposals should not be delayed in order to secure advice from a statutory or internal consultee beyond their statutory deadlines unless there is insufficient information to make the decision or more detailed advice may enable an approval rather than a refusal”*.

8. Local authorities are financially constrained so a likely outcome may be to not consult with consequent poor planning decisions with respect to air pollution, potentially adversely affecting members of the local community.

9. The current planning system in England promotes the creation of healthy places, good design, and the reduction of pollution and health inequalities. However, it makes limited explicit reference to the role of planning in reducing public exposure to air pollution. The current NPPF¹¹ (paragraph 199) address air quality through the lens of compliance with established objectives and limit values known not to be protective of health (see response to Q4). Planning decisions continue to treat compliance with existing thresholds as the primary test. The issue is not resolved by the proposed updates to the NPPF.

10. This compliance-led approach means air quality assessments become a “tick-box” exercise. Once numerical objectives are met, there is often little scrutiny of residual

¹⁴ https://assets.publishing.service.gov.uk/media/697b71c52ff8d10a830d5d4a/Draft_NPPF_December_2025.pdf

exposure, cumulative impacts, inequalities, the distribution of pollution across communities and whether emissions have been minimised through design.

11. Simply put, in many cases where the current air quality objectives and limit values are met (which is the case in most locations due to out-of-date targets), there is no motive to require further improvement to protect health. Key to note:

- Current thresholds (targets/objective/limit value) are largely met or will be met in the next few years.
- The thresholds are not based on current scientific evidence and significant health effects can occur even when they are met.
- The planning system considers future development.
- When development is operational the current thresholds are likely to be met.
- As a result, future development is not constrained by air pollution because the future air quality is expected to be below the thresholds (objectives/limit values), even though these are known not to protect health. i.e. air quality is frequently regarded as a resolved issue once compliance can be demonstrated.

12. Air pollution does not affect everyone equally due to:

- Individual susceptibility - older, younger, and those with ill health are disproportionately affected.
- Regional geography - some longer-lived pollutants including PM_{2.5}, show clear variation, with higher concentrations in southeast England (due to European transboundary influences), and the lowest in northwest Scotland.
- Proximity to emissions sources - areas with higher air pollution concentrations due to busy roads/heavy industry are often where the poorest and most deprived communities live, which are associated with poorer health^{15 16}.

13. While these factors are well established, air quality assessments routinely overlook the implications of health inequalities because there is no guidance or requirement to do so in the planning system; the test is only considered in terms of whether the specified thresholds are achieved.

14. IAQM is drafting updated land-use planning guidance to address this but without Government support, or knowledge of Defra's expectations, it will be hard to enforce.

15. Separate to the planning system, the LAQM regime requires local authorities to implement an air quality action plan (AQAP) to improve pollutant concentrations within AQMAs. As these are being revoked, there is no requirement for an up-to-date AQAP.

¹⁵[AQEG \(2024\)2503251005 AQEG Differentials clean 280824.pdf](#)

¹⁶[Chief Medical Officer's Annual Report 2022](#)

The national Air Quality Strategy for England (2023)¹⁷ requires local authorities to develop a local air quality strategy instead. However, there are no statutory requirements for these nor guidance from Defra on their content. This risks hard work on improving air quality and public engagement being lost. A similar situation applies to CAZ exit plans.

16. Statutory requirements for local authorities to produce comprehensive air quality strategies for all key pollutants, and to consider PM_{2.5} in Annual Status Reports, would help ensure accountability and maintain momentum for continued improvement in air quality rather than allowing developments to fill any headroom.
17. Air quality policymakers can learn from the other Government departments which have successfully driven behaviour change in individuals and businesses, demonstrating clear co-benefits for health, the environment and the economy. Examples are climate change, reducing plastic use, improving road safety which clearly link individual choice to wider societal gains.

¹⁷ <https://www.gov.uk/government/publications/the-air-quality-strategy-for-england>

Support Document 1 – Email

From: XXX <XXX> [IAQM]
Sent: Wednesday, March 6, 2024 10:19 AM
To: XXX <XXXX@defra.gov.uk>
Cc: XXX <XXX> [IAQM]
Subject: PM2.5 question in advance of IAQM-Defra catch up meeting

Hi XXX, I'm sure you're busy in the run up to your XXX. I hope everything is going well and sorry to add this to your list.

While we're waiting for the postponed IAQM-Defra meeting I was wondering if you could get one of your team to look at the below to form a response. I was going to ask this during the meeting but I imagine it will require a little looking into. Is XXX still the person covering the AQS?

The question relates to PM_{2.5} (not the targets).

I'm seeking clarification regarding the definitions of Standards, Limit Values and Objectives. The terms appear to be used interchangeably across Defra documents and the UK-Air website. The 2007 Air Quality Strategy (2007 AQS) clearly set out the definitions of these terms. The UK-Air website also sets out definitions on the 'UK Air Quality Limits' page (Link 1). Acknowledging these, the 2023 Air Quality Strategy (2023 AQS) and 'National air quality objectives and European Directive limit and target values for the protection of human health' table (Link 2) published on the UK-Air website seem to be blurring the definitions which is not helpful for those of us who need to assess the impacts of new development on air quality and need clarity.

My understanding is as follows:

18. The national air quality objectives (2023 AQS Table 6.1) originate from the 2007 AQS. The 2007 objectives have been retained in the 2023 Strategy and exclude a PM_{2.5} objective for local air quality management. The old UK-Air Table (Link 3) included an objective for PM_{2.5} of 25 mg/m³ to be achieved by 2020 consistent with the EU stage 1 limit value for PM_{2.5}.
19. The EU did not adopt the Stage 2 limit value (20 mg/m³ to be achieved by 2020).
20. After leaving the EU, the Exiting the EU Environmental (Miscellaneous Amendments) (EU Exit) Regulations 2020 updated the Air Quality Standards Regulations 2010 to set a PM_{2.5} limit value of 20 mg/m³ to be achieved by 2020.
21. The 2023 AQS Table 6.1 excludes PM_{2.5} while Table 6.3 includes PM_{2.5} (my question does not relate to the PM_{2.5} concentration target so ignoring Table 6.2).
22. The 2023 AQS Table 6.3 gives the PM_{2.5} objective as 20 mg/m³ to be achieved by 2020, although there is also a heading 'Pollutant Limit Values'.
23. The new UK-Air Table (Link 2) included an objective for PM_{2.5} of 20 mg/m³ to be achieved by 2020 consistent with the EU stage 2 limit value for PM_{2.5} (which was never adopted by the EU).
24. According to UK-Air (Link 1), an objective is "the target date on which exceedances of a Standard must not exceed a specified number". The definition in the 2007 Air Quality Strategy was "objectives are policy targets often expressed as a maximum ambient concentration not to be exceeded, either without exception or with a permitted number of exceedances, within a specified timescale." (Link 4, page 13).
25. According to UK-Air (Link 1), Air Quality Standards "are concentrations recorded over a given time period, which are considered to be acceptable in terms of what is scientifically known about the effects of each pollutant on health and on the environment. They can also be used as a benchmark to indicate whether air pollution is getting better or worse". The previous definition in the 2007 Air Quality Strategy was "standards are the concentrations of pollutants in the atmosphere which can broadly be taken to achieve a certain level of environmental quality. The standards are based on assessment of the effects of each pollutant on human health including the effects on sensitive subgroups or on ecosystems" (Link 4, page 13)

and 'Standards, as the benchmarks for setting objectives, are set purely with regard to scientific and medical evidence on the effects of the particular pollutant on health, or, in the appropriate context, on the wider environment, as minimum or zero risk levels' (Link 4, page 13).

The clarification I'm seeking is :

26. The 2023 AQS Table 6.3 refers to the 'Air Quality Standards Regulations 2010'. Can you confirm whether this should refer to the amendment as well?
27. In the context of PM_{2.5}, my understanding is that the Air Quality Standards Regulations provides limit values and target values and there is no mention in these Regulations (including the amendments) of objectives other than a long-term objective for ozone. Table 6.3 of the 2023 AQS introduces the term objectives in place of Limit Values. It appears that the updated 2023 Air Quality Strategy now includes a PM_{2.5} objective of 20 mg/m³ to be achieved by 2020.
28. Can you confirm whether the PM_{2.5} limit value (and the other limit values in Table 6.3 of the 2023 AQS) is now an objective and that you have now introduced the terminology 'objective' to mean limit value? This does not appear to match the UK-Air definition of an objective.
29. Can you confirm why the UK-Air table setting out the objectives includes an objective for PM_{2.5} which is not taken from the European Directive limit value or the Air Quality Standard Regulations (including amendments). Does this table now mean there is a local PM_{2.5} objective of 20 mg/m³ to be achieved by 2020?
30. Can you confirm whether for the purposes of local authority planning application reviews if there is a PM_{2.5} objective (not limit value) of 20 mg/m³ to be achieved by 2020?
31. The definition of a Standard has changed between the previous AQS and the current one and now includes the phrase "concentrations ... which are considered to be acceptable". My understanding is that the previous definition (2007 AQS) set the standards based on scientific evidence at the time, then set objectives which considered the feasibility/achievability/economics etc. of reaching the standards. Can you confirm:
32. When was this new definition was introduced?
33. What is meant by 'acceptable' in this context?
34. Is the use of the word 'acceptable' in this context intended to mean the levels which are acceptable to Defra and the Government based on current scientific evidence. Is that correct?

Link 1: [UK Air Quality Limits - Defra, UK](#)

Link 2: https://uk-air.defra.gov.uk/assets/documents/Air_Quality_Objectives_Update_20230403.pdf

Link 3: https://uk-air.defra.gov.uk/assets/documents/National_air_quality_objectives.pdf
[National air quality objectives.pdf \(defra.gov.uk\)](#)

Link 4: <pb12654-air-quality-strategy-vol1-070712.pdf> (<publishing.service.gov.uk>)

Apologies for the long email. If you seek any clarification on the questions I'm asking please do reach out.

Thank you

XXX [IAQM]