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HEALTH AND SAFETY COMMISSION

EU Negotiating Strategy and Planned International Activities 2003-04

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Issue

1. Advise the Commission that HSE's strategy for negotiating in the European Union (EU), agreed with Ministers in 1997, should be modified to reflect the shift to consolidation and non-legislative measures in an enlarged EU.
2. To inform the Commission on HSE's contribution to EU and International initiatives during the period 1 April 2003 – 31 March 2004.

Timing

3. Routine.

Recommendation

4. That the Commission;
 - note HSE's planned international activities March 2003 to April 2004 and legislative issues over the next three years.
 - agree the revised strategy for negotiating in the EU.
 - agrees that these issues should form the basis of a Ministerial submission.

Background

5. HSE has always been proactive in participating in the EU and wider international agendas. This has enhanced its reputation and given it credibility and influence. The rationale for HSE's active involvement in EU and international work were first agreed in June 1998 (HSC/99/26). In 2003-2004 it remains essentially the same, however given the competition for scarce policy and technical resource a framework of priorities for HSE's International work has been agreed.

6. These are to participate in, and contribute directly to, those international activities which:

- Support or contribute directly to the achievement of HSC/E goals and in particular the PSA targets and priority programmes.
- Would defend the UK approach to health and safety, including its legislative base, so that UK effort is not unnecessarily diverted into work that does not contribute towards our key targets and objectives.

- Will contribute towards an improved understanding of new and future health challenges.
- In pursuing this work we will where practicable ensure that we support wider government policies in the EU.

7. Earlier reports to the Commission have outlined the activity that has previously taken place. This report is somewhat different as it details our future commitment, the highlights of which are set out below. It does not detail the wide ranging and substantial work done to give effect domestically to all this legislation.

Legislation (see Annex 1)

- HSE plays a positive role in the negotiation of EU health and safety directives. Pre 1990 there was a flurry of new Directives (12 major legislative packages) which were responsible for over 50% of all new UK legislation. However, since 1990 there has been a noticeable slow down in new Directives.
- Major future issues where other departments have the lead but HSE will be involved include the new EU Chemical Strategy for the Future Chemicals Policy (Commission papers HSC/02/143 and MISC/02/19 refer) which proposes a scheme for registering and evaluating large quantities of exported chemicals - (DEFRA lead), and; the Nuclear Safety Package which looks to make changes to Member States regulatory and inspection procedures for the management of installations - (DTI lead).

Non-Legislative (see Annex 1)

- HSE was instrumental in developing the EU Occupational Health and Safety Strategy which was approved by the Council of Ministers in June 2002. HSE supported the strategy as it shifted the focus towards consolidation of existing legislation and using non-legislative approaches. We are now working with other Member States to develop an Action Plan identifying priorities within the strategy.
- The Strategy identified the possibilities of using the Social Dialogue process to address new risks. The European Commission (EC) has put proposals on stress and violence at work to the social partners. Social Dialogue procedures are laid down in the treaty, and although the EC is recommending a voluntary approach it can lead to EC proposals which, in some cases, are subject to Council decision. Governments are not part of the process which makes it difficult to influence the scope and nature of these proposals. The HSE also makes, and will continue to do so, a positive contribution to the Lisbon Agenda of reducing occupational ill health, improving rehabilitation and quality of work in support of the provision of better jobs and sustainable employment.

Infraction

- With the exception of sfairp, the only infraction cases against the UK on health and safety issues which are still outstanding concern implementation by Northern Ireland and Gibraltar.

Secondments (see list of secondments and loans at Annex 3)

- Our overseas secondees maintain HSE's reputation for excellence and the demand for our expertise far outstrips available resource. We will manage the demand within the framework for international activities, to ensure that the business needs of HSE are met as well as the development needs of the individual. For 2003-2004 the secondments budget has been significantly reduced and now only covers our current commitments.

Measures are now in place to help improve the monitoring and prediction of future expenditure.

Future Activities

8. Details of HSE's planned EU and international activities are given in the three Annexes attached:

- Annex 1 - Legislative Issues over the next three years;
- Annex 2 - International working Groups, conferences etc
- Annex 3 - International secondments and loans

Argument

Negotiating Strategy (Annex 4)

9. HSE negotiates EC legislative instruments on the basis of an overall strategy for the conduct of business in Europe, which is agreed with Ministers. Within this general strategy HSE works to a specific negotiating line agreed with the HSC and Ministers for the instrument in question. When the current strategy was agreed in 1997 the Minister at the time requested the addition of the following:

“The Strategy actively supports measures:

- that will achieve real improvements in health and safety standards across Europe, as long as consequences for the UK are not unacceptable;
- where standards in the UK are already acceptable, that will raise standards elsewhere in Europe, thus to achieve a level playing field for UK business.”

10. The aim of improving health and safety across Europe is still a valid one and one of the reasons we assist enlargement countries whenever possible. However within the context of a negotiating strategy, which is concerned only with legislative proposals, the paragraph as it stands now sits uncomfortably with the UK Government's priorities in Europe. The Government view is that European regulation should be introduced only if really necessary and it has identified as a priority the implementation of the EC's Action Plan on Better Regulation. The Government sees the adoption of an evidence-based approach to policy-making as helping the EU to produce appropriate, proportionate and well-crafted policy solutions to real-world problems. All departments, including HSC/E were asked about their strategy for achieving better regulation at EU level.

11. The Council of the EU (government ministers) in its Council Resolution on the 'New Community Strategy on health and safety at work 2002-2005' stressed the need to base any possible Community instrument on an adequate technical knowledge of both risks and risk prevention strategies. The Strategy itself placed much greater emphasis than earlier strategies on approaches other than new legislation, such as better application of existing law and strengthening the prevention culture.

12. It is proposed that the negotiating strategy should be revised to bring it in line with current government policy, either by deleting the final two bullet points or by replacing them with a statement reflecting the better regulation principles such as: 'New measures will be supported when they are based on scientific evidence, proportionate, targeted and will achieve real improvements in health and safety standards with no unacceptable consequences for the UK.' Subject to any comments you may have, we propose to seek the views of Des Browne on a revised strategy.

Consultation

13. Directorates/Divisions have been consulted on legislative issues and planned International Activities. Sandra Caldwell has cleared the revised negotiating strategy.

Financial/Resource Implications for HSE

14. HSE engages in a wide range of activities and the resource invested will vary considerably as will the outcome. It is for D/Ds to decide on which activities they will support in light of their own resources, priorities and staff development needs. For consistency however, broad criteria as detailed at para 6 have been agreed.

Action

15. The Commission is asked to:
- Note HSE's planned European and International activities for 2003-2004;
 - Agree the revised HSC/E strategy;
 - Agree that these issues should form the basis of a ministerial submission.