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## HEALTH AND SAFETY COMMISSION

**Disease Reduction Programme – Fit for today, Fit for tomorrow.  
An example of LA Partnership in practice**

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### Issue

1. Fit3's partnership with Local Authorities (LAs) is crucial to its success in delivering PSA targets. This paper is to advise the Commission of how the Disease Reduction Programme is working with LAs. The paper also advises the Commission on progress toward achieving the Disease Reduction contribution to the Ill Health Target and plans to achieve continuing progress in 2007/08.

### Timing

2. Routine.

### Recommendation

3. That the Commission:

- Notes the importance of Fit3's partnership with Local Authorities, particularly in respect of achievement of the Disease Reduction Programme's targets;
- notes the progress with delivery during the first 18 months of the Disease Reduction Programme;
- continues to support the active engagement of key stakeholders, and
- notes the development of the Disease Reduction Programme and planned activity for 2007/08 and beyond 2008.

### Background

4. The Disease Reduction Programme (DRP), which is based on the Chemicals Strategy agreed by the Commission (paper ref HSC/02/142) forms part of the Fit3 Strategic Programme and is designed to deliver a 2.4% contribution to the reduction of ill health against a baseline of 2004/05. This is one element of HSC/E's PSA targets for 2007/08.

5. The overall objective of the DRP is to reduce exposure to chemicals and, through this, to prevent death and ill-health. Within the DRP there are three projects covering Respiratory Disease, Skin Disease and Cancer. Examples of the work of these projects can be found in the Annexes to this paper.

6. Governance of the DRP includes a Partnership Board with members from the CBI, TUC, Local Authorities and the Royal College of Nursing. Three of the members are also members of the HSC's Advisory Committee on Toxic Substances (ACTS). A Respiratory Disease Consultant, Dr David Fishwick, is also a member.

7. HSE's work on chemicals should also be seen in the context of EU developments, notably REACH (Registration, Evaluation, Authorisation of Chemicals<sup>1</sup>) – an EC Regulation providing a new framework for the regulation of chemicals. The text of REACH has just been agreed between the European Parliament and the European Council. REACH is due to come into force on 1 June 2007. Commissioners will be aware that Ministers have agreed that HSE will be the UK competent authority for REACH.

## **Argument**

### *Programme content and intervention selection*

8. The DRP is delivering its target by bringing about changes in the use of chemicals and by improving the understanding and changing the behaviour of workers that use chemicals. In common with other Programmes within Fit3, DRP has used statistics and Intervention Logic Modelling (ILM) to help develop our portfolio of projects. Intervention techniques used include campaigns such as Asbestos "Don't Take the Gamble" and Skin Disease Hairdressing "Bad Hand Day?" in 2006, and supply chain and worker involvement initiatives eg .on metal working fluids, and Safety And Health Awareness Days (SHADS) for the Respiratory Disease Motor Vehicle Repair industry,

### *Long latency disease*

9. 90% of all work-related deaths are from longer latency diseases which result from poorly controlled hazardous substances and chemicals. The DRP is also focusing on reducing occupational deaths and diseases in areas where the disease/death arises a number of years after the causative exposures have occurred.

10. We are undertaking work to improve our knowledge of the incidence of occupational cancer and significant causes of exposure in the workplace. The most recent cancer mortality for Great Britain shows an estimate of approximately 6,000 deaths (uncertainty range 3,000 to 12, 000) per year.

11. Though smoking is the most important risk factor for Chronic Obstructive Pulmonary Disease (COPD), occupational exposures to fumes, chemicals and dusts may together account for around 4000 deaths each year. The DRP is establishing a framework to improve good practice by 20% in high risk (COPD) industries by 2011. HSE has completed an exercise to identify industries where there is a significant risk of COPD as a means of targeting future initiatives. ACTS has been updated on the progress of this work.

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<sup>1</sup> [HSC/05/15 provides background information on REACH](#)

12. Established carcinogens are “ substances of very high concern”, and as such can be authorised under REACH. HSE position as the UK Competent Authority for REACH gives us the opportunity to prepare and advance a case for these regulatory controls where appropriate.

### *Stakeholder engagement*

13. We recognize that we cannot deliver the ill-health reduction necessary solely by regulatory effort. Stakeholder engagement is a key strand of the DRP. It is a fundamental principle of the DRP that workstreams are developed, ideally in partnership, with Stakeholders and that Stakeholders have the opportunity to become Delivery Partners with the DRP. The members of the DRP Partnership Board collectively and individually have signed up to contribute to DRP targets.

14. Examples of contributions are:

- We have been working in partnership with Amicus (and the trade association the UK Lubricants Association) to deliver key health and control messages to engineering firms that use metal working fluids.
- The TUC and CBI are represented in the Respiratory Disease Project's Asthma Partnership Board and on the ACTS flour dust working group.
- USDAW has also been involved in the separate working group to develop an enforcement benchmark for flour dust in supermarket instore bakeries.

15. The regulatory approach has been significantly strengthened by our partnership with Local Authorities. This is crucial to the successful delivery of the DRP. LAs across the country have worked with us to launch the Skin Disease Hairdressing campaign “Bad Hand Day?” and they will be following this up with enforcement visits. There has also been significant support from LAs to work in partnership with the DRP on implementing the asbestos “Duty to Manage” Regulations.

### *Progress*

16. The DRP's success will be measured by factors such as improvements in the awareness of employees and employers of hazards and the extent of good risk control. This will be combined with analyses of how disease incidence may be changing, such as via The Occupational Health Reporting Scheme (THOR).

17 The statistics for 2005/06 were published on 2nd November (see <http://www.hse.gov.uk/statistics/index.htm>). This year's statistics show a downward trend in ill-health incidence. Specifically, trends in dermatitis incidence are difficult to discern, but HSE believes that at least part of the apparent reduction in annual cases is due to a real decrease in incidence. In respect of asthma, HSE has identified a statistically significant downward trend in the number of cases of occupational asthma reported to SWORD since 1999.

18. Measuring the DRP's progress on reducing the risk of occupational long latency disease is more challenging. The normal reporting systems such as RIDDOR focus mainly on providing safety-related statistics. Although the DRP is relying to some extent

on THOR to demonstrate its success in delivering the asthma and skin disease targets, THOR is voluntary and therefore limited in terms of its usefulness. There is an absence of real-time leading indicators within current systems and there is a need for further information on what is the current threat of long latency disease in future. Much of the reputation of HSC/E and the health and safety system rests on assuring businesses and the workforce that the substances that cause these long latency diseases can and are being controlled.

### *The future*

19. DRP has developed, in collaboration with FOD, LAs, TU, employers and other stakeholders, a portfolio of project workstreams for 2007/08. Continuing our partnership with Local Authorities, we will be focusing on the catering sector in respect of skin disease and delivering a follow-up intervention on hairdressing. A further campaign to increase awareness and change behaviour in respect of asbestos will also be delivered. We will continue our work to reduce exposure to isocyanates in the Motor Vehicle Repair sector. Following consultation via a stakeholder workshop in June 07, HSE will develop an intervention programme, which will reduce the risk of occupational cancer. In respect of COPD, we will be asking stakeholders to help us further develop the initial COPD evidence base.

### *2008-11*

20. In selecting priorities for any future programme, we will continue the partnership approach. We are therefore consulting stakeholders, including ACTS, on possible future priorities for 2008-11 and beyond. While we cannot anticipate the outcome of this consultation, we recognise that occupational long latency disease will continue to be a challenge beyond 2008. It makes sense that work that is currently underway now on occupational cancer and COPD should feed into any potential future programme. Likewise, we need to continue our work on asbestos in the longer term. The work we currently have underway on occupational asthma will continue to deliver benefits beyond 2008, therefore delivering the revitalising health and safety target of a 30% reduction. All this is, of course, subject to availability of funding.

## **Consultation**

21. Colleagues in Fit3 and LACORS have been consulted in preparing this paper. There has been widespread consultation in developing the DRP portfolio for 2007/08.

## **Presentation**

### *Communication*

22. We have contributed to the Fit3 framework delivery plan and are now developing more detailed guidance and other material to help our delivery partners achieve the programme and project objectives. We are also developing communication plans to support this work. Stakeholder maps on DRP workstreams will be presented to the DRP Partnership Board in February 2007.

## **Costs and Benefits**

23. The cost of delivering DRP form part of the overall Fit3 programme and, like Fit3, we do not have estimates of overall costs or benefits at this time. However, appraisals of what DRP campaigns have delivered so far will be available during Quarter 4 0607.

## **Financial/Resource Implications for HSE**

24. The DRP's resource allocation forms part of that of Fit3. The DRP accounts for approximately 10% of Fit3's budget (£21 million in 2006/07).

## **Environmental Implications**

25. None

## **Other Implications**

26. Like Fit3, DRP delivery is heavily reliant on significant LA involvement and FOD delivery. These resources are limited and constrained by other priorities. DRP contributes to the training and other briefing material that Fit3 is able to provide.

## **Action**

27. The Commission is invited to note the development of the DRP and planned activity for 2007/08.

## **Annex 1**

### **Skin Disease Project**

#### ***What we did***

- We used EPI-DERM (HSE's best source of information on new cases of work-related skin disease) to identify occupational groups most at risk of developing contact dermatitis. We then set priorities – targetting occupations with the highest incidence rates and/or highest numbers of annual cases, and joining up with other projects/programmes where appropriate.
- We developed a cross-cutting awareness-raising initiative 'Its In Your Hands'.
- We developed simpler, visual guidance to support existing guidance (e.g. posters on hand/skin care and glove use; general dermatitis leaflet) that can be used across a range of occupational groups. We have also developed a Dermatitis Topic Inspection Pack to inform and guide inspectors (HSE and LA) on issues relating to contact dermatitis.
- We have developed a targetted awareness-raising initiative aimed at hairdressers ('Bad Hand Day?'), to raise the profile of dermatitis amongst this high-risk group, and promote the simple steps to prevent it.

#### ***How we did it***

- We worked in partnership with the LAs to deliver the 'Bad Hand Day?' campaign messages directly into the workplace.
- We delivered training on work-related dermatitis to 844 LA inspectors and all HSE B4 trainee inspectors.
- We worked with key stakeholders, British Safety Industry Federation (BSIF) and Safety Groups UK (SGUK), to develop guidance on preventing dermatitis and to train participants in the 'Its In Your Hands' initiative so that they can cascade guidance and advice in the workplace.
- We worked with hairdressing industry stakeholders – Hairdressing and Beauty Industry Association (Habia) and the National Hairdressing Federation (NHF) - to develop the 'Bad Hand Day?' We also worked through the Central Office of Information (COI) to develop campaign imagery and products that would maximise our potential to engage with and generate interest among this hard-to-influence group

#### ***Resources***

- HSE contributed £3K to 'It's In Your Hands' initiative – the remainder was funded by external partners, to produce and deliver awareness-raising material (leaflets and posters), web-based publicity, seminars for health and safety trainers to enable them to cascade messages, glove and cream samples for 'Bad Hand Day?' campaign packs.
- 'Bad Hand Day?' campaign delivered within its £200K budget. £30K to deliver training for LA inspectors to enable them to deliver guidance and take enforcement action on dermatitis within the workplace – this equates to approximately £35 per inspector.

#### ***Outcomes***

- Increased awareness and interest in skin-related issues, LA inspectors delivering campaign messages to hairdressers (and enforce if necessary), with at least 20 000 direct contacts (to be compared with their original bid for 7000 direct contacts) – this equates to approximately 60% of the target population.
- BSIF membership using its considerable reach (over 50 000 contacts/day) to promote messages on skin issues. SGUK membership trained on contact dermatitis and its prevention, to promote messages throughout UK workplaces.

## **Annex 2:**

### **Cancer Project- Asbestos**

#### ***What we did***

- We identified that the population most at risk are those working in these building maintenance and repair trades (~ 1.8 million) together with those people (~6,000) who are employed to remove asbestos under a licence.
- We undertook research to understand the barriers to behavioural change amongst the building maintenance and repair workers.
- We took steps to further reduce exposure to asbestos and to improve standards through a suite of complementary initiatives inc. legislation, inspection and enforcement and awareness raising activities.
- We delivered training to LAs on asbestos to 1,000 attendees - this was supplemented by more in-depth training to LAs led by CIEH with 400 attendees.

#### ***How we did it***

- FOD and LA EHOs are working in partnership to undertake Duty to Manage Asbestos inspections, seeking to judge compliance and enforce as appropriate. HSAOs have been undertaking awareness-raising activities in the 06/07 workyear.
- In September and October 2006, we ran the asbestos 'Don't take the gamble' communication campaign, primarily aimed at raising awareness in maintenance workers of the continued presence of asbestos in buildings – in addition the campaign reminded dutyholders of their responsibilities under the Duty to Manage Asbestos (DtM) regulation.
- We developed and launched a new “one stop shop” asbestos website which features comprehensive guidance on asbestos, and includes free downloadable asbestos essentials task, equipment and method sheets (i.e. good practice sheets) along with free to download copies of the campaign material.
- We provided 1-day briefing to HSE's Infoline Team to ensure understanding of context of campaign and secure their engagement with it.
- We delivered a series of Asbestos Licensing Leadership Summits (“Step Change” Events) for CEOs of the asbestos licensed industry.
- We raised asbestos issues as part of joined up working with 'Height Aware' campaign and produced material for use in SHADS run by Falls from Height, Construction and HID.

#### ***Use of Resources***

- The 'Don't take the gamble' campaign was delivered with a budget of £200K.
- The 5 leadership Summits were delivered with a budget of £25K.
- The “barriers to behavioural change” research was delivered with a budget of £110K. The research to assess Impact of cascading messages through others (DtM asbestos) was delivered with a budget of £90K.

#### ***Outcome***

- HSE's media analysis of the “Don't take the gamble” campaign has shown that it has been successful in trade and regional press. Independent appraisal of the campaign is due to report in Spring 2007. The Institute Plumbing and Heating Engineers called the campaign “essential”
- The “one stop shop” asbestos website has seen a marked increase in visitors over the campaign period (> 91 % above the baseline figure of 12,000 visitors). In the last 3 months we have recorded > 25,000 page requests/downloads of campaign materials and 16, 000 page requests/downloads for asbestos essential task sheets (good practice sheets).
- The 5 Leadership summits held to date have attracted ~ 250 CEOs of licensed companies (who represent ~ 2,800 licensed workers, i.e. 50 % of the licensed workers); Each CEO/company is expected to produce and submit management plans at the event – HSAO follow up the non-attendees or those not submitting management plans.

## Annex 3

### Cancer Project- Chemical carcinogens

#### *What we have done*

- We acknowledged that more work is needed to better understand the current scale of the occupational cancer and to try to predict the future scale of the problem, posed by carcinogens in the workplace and to relate this to particular chemicals and occupational circumstances.
- We have planned and are delivering work within the Disease Reduction Programme which aims to provide HSE with an improved evidence base from which HSE and its stakeholders can develop priorities for intervention activity aimed at reducing the future risk of occupational cancer. The project aims to identify priorities for intervention by mid 2007.

#### *How we are doing it*

- We are gathering intelligence with the aim of providing HSE with a more robust evidence base from which to develop recommendations for intervention activity.
- We have developed a statistical component to update the estimated burden of occupational cancer in GB;
- We have undertaken work to compile (from existing intelligence) profiles for known or probable chemical carcinogens, including information on regulatory history, potency, use and control.
- We have undertaken an intelligence gathering study examining the handling and use of carcinogens within the major hazards industry has recently been completed.
- HSE will share its findings with stakeholders at a series of pre-briefings (likely January – March 2007) and at a stakeholder workshop in June 2007.
- We have delivered a 'case study' project to look at controlling exposure to Methylene bis (2-chloroaniline) MbOCA.

#### *Use of Resources*

- Our budget on research for the statistics project 05-07 is £256K. Our budget for the hygiene research project 05-07 is £285K.
- We have a budget of £20 K (Q4 06/07) for the pre-briefings and stakeholder workshop.

#### *Initial outputs*

- We have published reports: (i) Case Study – Controlling exposure to Methylene bis (2-chloroaniline) MbOCA and (ii) A workplace survey on the control of task specific exposures to carcinogens, mutagens and reprotoxins in the UK chemical industry.
- We have improved estimates of the HSE's evidence base on the burden of occupational cancer in GB; Our estimate of attributable number is due in a draft report expected early 2007.
- We have improved our knowledge about use, exposure and management of risks from occupational carcinogens.
- We have identified carcinogens (or occupations) of concern and options for improving control of carcinogens and baselines for evaluation.

#### *Outcomes*

- An improved evidence-base and intervention programme on occupational cancer will reduce the risk, and then the incidence of occupational cancer.

## **Annex 4**

### **Respiratory Disease – asthma**

The Respiratory Disease Project (RDP) has two main strands. The first aims to reduce the incidence of occupational asthma by 10% by 2008 compared with the 2004 baseline.

#### ***What we did***

- We built on the agreed package of measures agreed by the Commission in 2001 to meet the RHS target of a 30% reduction in new cases by 2010 from the 2000 baseline. The original plan focused on the top 10 causes of occupational asthma based on data from The Health and Occupation Reporting Network (THOR).
- We analysed this information to identify the industry sectors with the highest rates of asthma associated with exposure to these substances.

#### ***How we did it***

- We undertook targeted interventions in the high-risk sectors. These included working with vehicle paint sprayers in motor vehicle repair (MVR) body shops, bakers exposed to flour, engineering workers in firms using metal working fluid and woodworkers.
- We delivered a mixture of face-to-face events (such as Safety Health Awareness Days) and enforcement activity as well as working with suppliers and in partnership with key stakeholders.
- We worked with suppliers to improve the quality of information on safety data sheets for products such as spray paints and solder products.
- We developed new or updated existing good practice advice sheets (in the COSHH Essentials series) for high risk tasks in our target groups and we updated the asthma website to improve its accessibility.
- We provided training for FOD and LA inspectors, updated the Asthmagens Topic pack and commissioned research to understand more about the barriers to changing behaviours and the impact of the MVR SHADS. We have published research on the true costs of asthma and alternatives to glutaraldehyde.
- We are working with “The Group of Occupational Respiratory Disease Specialists” (GORDS), a group convened by HSE, to develop a standard of care document for the diagnosis of occupational asthma, for ratification by the relevant medical bodies. This will reiterate key messages from other work, highlight diagnosis and management issues and will be promulgated throughout the whole medical community.

#### ***Use of resources***

- We worked with the Asthma Partnership Board to develop new partnerships to deliver specific interventions. For example, we have contributed to the partner-led series of seminars run by the UK Lubricants Association and Amicus to raise awareness of the health risks associated with exposure to metal working fluids and how to control them.
- Our budget for delivering MVR Safety and Health Awareness Days was £39K.

#### ***Outcome***

- Evidence suggests that there is a downward trend in the incidence of occupational asthma. But we recognise that there is still much to do to ensure that behavioural changes become embedded so that exposures continue to be controlled.

## Annex 5

### Respiratory Disease – Longer Latency Respiratory Diseases

#### *What we did*

- For Long Latency Respiratory Diseases (excluding cancer), evidence had already been analysed by HSE before the DRP began. This focused on tackling exposures to respirable crystalline silica (RCS) and the wide range of substances that may cause Chronic Obstructive Pulmonary Disease (COPD).
- We have taken forward the priorities which were identified and are working to understand more about the current risks in sectors historically linked with COPD.
- Assessing changes in the incidence of these diseases is not a practical measure of success over the short term given the long latency of these conditions. So we are focusing on improving good practice since either eliminating exposures or adequately controlling them with lead eventually to a reduction in the incidence of the disease.

#### *How we did it*

- HSE has published statistics on work related COPD for the first time this year ([www.hse.gov.uk/statistics/causdis/copd.htm](http://www.hse.gov.uk/statistics/causdis/copd.htm)) and in November we launched a new COPD website ([www.hse.gov.uk/copd/index.htm](http://www.hse.gov.uk/copd/index.htm))
- In October 2006 a lower limit for RCS of 0.1mg/m<sup>3</sup> came into force and we produced comprehensive good practice advice on controlling RCS in high-risk tasks in sectors such as stonemasonry, brick making, quarrying and construction.
- We are conducting initiatives in specific sectors. This year we are focusing on stonemasons as well as working with a range of stakeholders to raise awareness of the risks in other industries such as quarrying, agriculture and construction (eg those involved with kerb cutting).
- We have begun the process of refining our information on the industries where there is a current risk of developing COPD and the scale of this risk, by developing an understanding of current exposures and how work practices have changed over the years.
- HSC and ACTS have highlighted the need to control dust generally. We are planning an initiative to improve engineering controls that will lead to a general reduction in airborne contaminant exposures that will in turn reduce diseases caused by inhalation such as asthma, COPD and some cancers. On the issue of the 'nuisance dust' level (in COSHH), HSE is assembling a package of existing evidence for the WATCH meeting in February. The committee will then recommend to ACTS what needs to be done next.
- We are working with key stakeholders (such as GORDS and the Department of Health) to improve the awareness and diagnosis of work related COPD.

#### *Use of resources*

- We are developing partnerships with key stakeholders to help deliver key messages. We contributed to the Quarries Products Association's regional seminars on the risks of RCS.
- We are funding research to understand more about the high-risk areas within the agriculture sector and to establish a baseline for the interventions to reduce exposures to RCS in some high-risk industries.

**Outcome**

- This strand of the work has only just begun to deliver interventions that will change behaviours. We will be assessing, through feedback and evaluation, the changes in good practice that will lead to a reduction in exposures and so, in due course, fewer cases of disease.