

Advisory Committee on Toxic Substances Minutes		ACTS/MIN/1/2010	
Meeting date:	12 April 2010	Open Gov. Status:	Open
Type of paper:	Above the line	File ref:	2010/171017
Exemptions:	None		

Advisory Committee on Toxic Substances (ACTS)	
Minutes of the 95th meeting of the Advisory Committee on Toxic Substances held on 12 April 2010 at the BIS Conference Centre, 1 Victoria Street, London SW1H 0ET	
<p>Present Jane Willis – Chair (HSE) Roger Alesbury - CBI Ian Brown - Independent Ian Carney - CBI Robin Chapman - CBI Alastair Hay - TUC Bud Hudspith - TUC Len Levy - Independent Elspeth Metcalfe - Independent Susan Murray - TUC</p> <p>Apologies Rob Miguel - TUC David Tolley - LGA</p>	<p>Officials Present Steve Coldrick – Director Long Latency Health Risk Division Gill Smith - secretariat Jenny Hagan - observer Joyce Levy – note taker</p>
<p>Presenters Item 2(ii) and 3 – Steve Coldrick</p>	

Item	
1	Introductions and apologies
1.1	People
1.1.1.	The Chair welcomed members to the 95 th meeting of the Advisory Committee on Toxic Substances (ACTS). As this was her first meeting the chair introduced herself and gave the committee a short overview of her background and experience. Apologies were received from Rob Miguel and David Tolley.
1.2	Opening remarks
	The Chair acknowledged there had been a lull in activity and no formal meeting of ACTS since November 2008 whilst:- <ul style="list-style-type: none"> • constitutional changes were taking place to replace the Health And Safety Commission with the Health and Safety Executive (HSE), and • HSE reviewed how its Advisory Committees should best operate. She also mentioned there had also been lack of continuity in the chairing of ACTS and reassured the members that there would now be a period of stability and a will to move forward. The Chair felt that ACTS was in a transitional period and saw this meeting as the start of that transitional process.

2	The future of ACTS, including HSE's priorities on Health and ACTS' draft workplan for 2010/11
2(i)	The Future of ACTS
2(i).1	<p>The chair explained that the HSE Board had agreed its priorities on delivering for health at its meeting on 31 March 2010. At the meeting Judith Hackitt confirmed that ACTS did have a role to play, but needed to go through a reconstitution process and revisit its work plan to ensure alignment with these priority areas.</p> <p>Member raised a number of questions about reconstitution:</p> <ul style="list-style-type: none"> • 10 year rule: the Chair replied that Nolan principles applied, but a pragmatic approach would be taken. It was noted that the TUC and CBI members were appointed as representatives of those organisations and did not attend in their own right. • tripartite constitution: the intention is to keep the tripartite status of the committee. • nominations: there will be formal adverts for the positions as well as inviting the TUC and CBI to nominate representatives. • Chair: members suggested that HSE provide the chair rather than having an independent, the key reasons being: <ul style="list-style-type: none"> a) it would be difficult to have a truly independent chair with a tripartite forum b) the position was unpaid but involved a lot of work and c) it gave ACTS a good conduit to the HSE Board • WATCH: reconstitution will include clarifying the standing of WATCH. <p>The Chair asked the secretariat to produce a timeline for reconstitution to put with a paper to the HSE Board. This would be copied to ACT members.</p> <p>Action point 1: secretariat to send ACTS members a copy of the reconstitution timeline and HSE Board paper when it is completed.</p>
2(ii)	Feedback on the HSE Board paper on Health
2(ii).1	<p>Steve Coldrick gave a summary of the Board's discussion and decisions on the paper 'Delivering for health – a future work plan in response to HSE's healthier workplaces strategic goal'</p> <ul style="list-style-type: none"> • The Board supported the approach suggested in the paper – it was noted that it was not possible to tackle all the areas of ill health. It was better to concentrate fully on a few key priority areas. • the priority areas are based on evidence of those most at risk and where interventions would have the greatest impact. <p>The agreed priority areas are:</p> <ul style="list-style-type: none"> • construction workers (tasks involving exposure to silica/other substances), • foundry workers • engineering (welding) • quarry workers • stonemasons and • building and maintenance activities presenting asbestos exposure risk. <p>Although occupational cancer is not specifically mentioned, it is implicit in all the priority</p>

	areas. Lesley Rushton's report on the occupational cancer burden in Great Britain, to be published towards the end of 2010, may influence future work.
2(iii)	Open discussion on ACTS' work plan
2(iii).1	<p>There was a discussion on the draft workplan and HSE's priorities, the key points were:</p> <ul style="list-style-type: none"> • HSE's focus was both industry and substance based. • members felt the list of priority occupations was male focused. This was because the priority occupations, which are based on evidence of those most at risk, are traditionally male dominated. • TUC mentioned a report on chemical substances and reproduction was due to be published shortly. The Chair suggested that ACTS may wish to consider if there was anything of concern in the report that would be appropriate to bring to ACTS in the future. • CBI noted there seemed to be nothing from the Board on compliance. Steve Coldrick replied that Field Operations Directorate was planning to look at this area. • The Chair confirmed that the priorities were for the next eighteen months. • HSE needs to look at its future priorities beyond 2012 and the Chair hoped ACTS could help with this. • the work plan had included biocides and pesticides. As these topics were not on HSE's priority list and Defra's committees were now continuing to cover these areas, they would not now be considered within ACTS's remit. • TUC asked what was being done to assess the effectiveness of HSE's campaigns and suggested that ACTS could contribute to this. The Chair replied that some evaluation was in place but outputs did need developing and ACTS' help would be welcome in this area. • Steve Coldrick explained the 'Partnership approach' and that it was the partnership and not HSE that defined any leading indicators. A TU member enquired how ACTS fitted into this structure. The Chair saw ACTS role as advising the Board on the overarching strategy on partnership working. • members felt that their advice had not always gone to the Board in the past, and that health had not been given a high priority. The Chair reassured members this was in the process of being rectified and that she had been driving the health agenda for some time with the result that the Board had agreed to focus on long latency health risks. • The Chair said that HSE is looking at its research work to ensure that it fits with the health strategy and it was suggested that ACTS become involved in this. <p>Action point 2: The Chair will invite Kath Cottam from HSE's Diversity Unit to a future meeting</p>
2(iii).2	<p>Members asked about their role in establishing Derived No-Effect Levels (DNELs) under the Registration, Evaluation, Authorisation and Restriction of Chemicals Regulations (REACH) and subsequent compliance with them. Steve Coldrick said that the issue of the application of DNELs was still under consideration and that ACTS may have a role to play in the future.</p> <p>The members who sat on the Scientific Committee for Occupational Exposure Limits</p>

	<p>(SCOEL) were concerned about unresolved issues. They questioned the evaluation of substances under REACH by the European Chemical Agency.</p> <p>The chair agreed this was an important point and would refer it to the International Chemicals Unit.</p> <p>Action point 3: Secretariat to raise the issue with the International Chemicals Unit.</p>
2(iii).3	<p><u>Dust</u> - There was a lengthy discussion about dust. In summary:</p> <ul style="list-style-type: none"> • some members felt HSE had not followed-up on their advice • WATCH had produced a paper in the past and ACTS had discussed the topic at previous meetings • the thread of dust does run through HSE's priority list • HSE has been active on dust but has concentrated on toxic dust, not all dust. • TUC wanted to tackle 'nuisance' dust as well, using the slogan "no dust is good dust". • it was agreed that a simple message was required to change people's attitudes and perceptions towards dust. Technical solutions and systems/processes were in place but people's attitude to using them needed changing. • it was agreed to put dust on the agenda for the next meeting <p>Action point 4: Dust to be an agenda item for the next meeting.</p> <p>Action point 5: Members to let the secretariat know exactly what they wanted to address on dust.</p>
2(iii).4	<p>The Chair then led a discussion on ACTS revised draft work plan.</p> <p>Remit/ Scope The Board wish to retain the unique tripartite role and ACTS advisory role. It was important to distinguish between the scope of the work plan which would be based on HSE's priority list and the wider scope of ACTS' interests which were substances that could affect workers' health.</p> <p>Members felt that ACTS would benefit from knowing what other HSE and government committees with similar interests were involved in so that ACTS' remit and scope did not overlap. The Chair agreed to look into how best to take this forward.</p> <p>Action point 6: Secretariat to draw-up a list of committees with related interests.</p> <p>Action point 7: Secretariat to explore the most effective way of keeping members up to date on other committees' issues.</p> <p>An independent member asked what HSE's responsibilities were in relation to workers using pesticides etc as the proposed remit covered all chemicals and substances. HSE is responsible for the health and safety of agricultural workers but the evidence showed there was no concern about ill health in this area. If ACTS has evidence to the contrary they could raise it and present the evidence to the Board.</p> <p>Communication on managing risk HSE would like to expand the focus of risk communication and saw it as an intrinsic part of ACTS' remit that should run through all its work. It was agreed that there is a need to concentrate on promoting concerns over ill health.</p> <p>A TUC member wanted ACTS to make a public statement of the things that they were concerned about. The Chair replied other advisory committees had done this but any</p>

statement would, as a matter of protocol, have to be cleared by the Board.

Priority issues

- Reduction of exposure to particulates – it was agreed to retain this in the new work plan
- Improved methods for measuring ill-health –The Chair mentioned an HSL workshop on the measurement of work-related ill health and offered to send a report of its findings to members. She would be interested in members' views on whether ACTS could take forward any work from the report, in particular proposing solutions to the key issues raised.

Action point 8: secretariat to send members a copy of the workshop report

Action point 9: ACTS members to give their views on whether they could take forward any work from the report

There was a discussion on the difficulties with measuring ill health reporting, including problems with under reporting, and the training required for GPs and other medical staff, and identifying useful measurements.

Members asked whether the partnerships were looking at ill health measurements. Steve Coldrick explained they were not yet at the stage of looking at measurements for their specific sectors but would be in the future. HSE would brief members on the teams' progress at future meetings.

An independent member asked whether ACTS should feed into the teams. It was suggested that if the partnership teams felt they required more help they could approach ACTS.

Action point 10: Secretariat to add partnership updates to future agendas.

Measuring the effectiveness of outputs

CBI offered to give a presentation at a future meeting on the principles of Health Assessment Performance Index (HAPI) as developed by ICI. This offer was accepted. The Chair thought it would be useful for HSL to attend as they have developed a Safety Climate tool. It would also be useful for ACTS to know what work HSE and others were doing in this area.

Action point 11: Secretariat to add the presentation to the next agenda

Action point 12: Secretariat to invite an appropriate person from HSL to attend.

Nanotechnology

The Nanotechnology Strategy was launched through the Department of Business, Innovation and Skills (BIS) and is available on their website. HSE played an important part in developing it and work is progressing in this area. The TU were concerned about worker exposure.

Exposure to plant protection products and biocides

As discussed earlier, ACTS need to know what other committees are doing so that work does not overlap.

Recycling Industries

ACTS had earlier identified this as an area of concern. Recycling is also a priority with the Board and HSE are concerned about workers' protection from substances in this industry.

	<p>The Waste Industry Safety and Health Forum (WISH) are looking at this. The secretariat would brief ACTS members on what WISH were doing.</p> <p>Action point 13: Secretariat to brief members by email on what WISH is doing.</p> <p>Members agreed to the Chair's suggestion that the secretariat draft a revised workplan based on these discussions for ACTS member to comment on.</p> <p>Action point 14: Secretariat to draft a revised workplan for ACTS members</p>
3	Update on HSE progress and actions on current issues (ACTS/3/2010)
3.1	<p>Steve Coldrick presented this item and due to time restraints quickly highlighted the main points in the paper:</p> <p>Cancer Burden Once Lesley Rushton's report is published the Chair would welcome ACTS views on the report and their advice on what the priorities might be. Members were keen to support this work. Members thought there would be technical queries in the report that WATCH, as a scientific committee, could discuss.</p> <p>CBI asked whether HSE, as the UK competent authority for REACH, was flagging up any substances of high concern, as allowed by annex 14 of REACH. If so would ACTS be involved? Steve Coldrick replied this was a live issue and being discussed within HSE.</p> <p>TUC representative mentioned other causes of cancer e.g. diesel exhaust, which Unite would like to see more work being carried out on.</p> <p>Asbestos An independent member enquired whether there was a budget for future campaigns on asbestos e.g. to target young people. Steve Coldrick replied there was no guarantee of funding and HSE would work with the partnership teams to maintain the message.</p> <p>The Chair invited members to contact Steve Coldrick if they had any queries or required further information on any of the topics in the paper.</p> <p>Action point 15: Members to contact Steve Coldrick if they have any queries or require further information.</p>
4	Summary
4.1	The Chair summarised the actions from the meeting.
4.2	<p>The next meeting would be in July and concentrate on two areas, dust and ill health measurement. The secretariat will send out an agenda with sub topics for discussions, so members are fully prepared before the meeting.</p> <p>TUC raised two issues, EH44 and COSHH Essentials and it was suggested these could be brought to a future meeting.</p> <p>The Chair thanked everyone for attending and participating in the meeting. An independent member thanked the Chair and the secretariat for their positive approach and for organising the meeting.</p> <p>Action point 16: secretariat to send members a draft agenda for the next meeting.</p>