

Meeting date: 30 June 2005

Open Gov. Status: Fully Open

Type of paper: Above the line

Paper File ref:

Exemptions:

Advisory Committee on Toxic Substances

Minutes of the 87th meeting of the Advisory Committee on Toxic Substances held on 30 June 2005 in the Globe Room, Rose Court, 2 Southwark Bridge, London SE1 9HS

Present

Les Philpott - Chair
Janet Asherson
Ian Brown
Ian Carney
Bud Hudspith
Mike Kingsland
Elsbeth Metcalfe
Robert Miguel
Susan Murray
Colin Soutar

Apologies

Roger Alesbury
Liz Corbett
Alastair Hay
Len Levy
David Tolley

Officials Present

Stuart Smith – Secretary
Garry Wiles – Note Taker
Naseem Walji
Elanor Ball
Jackie Germain
Helen Smith
Carole Sullivan
Robert Turner
Mike Wright

Presenters

Item 2 Steve Coldrick – item 4 Richard Pedersen – item 5 Mark Lawton – items 6 & 8 Stuart Smith – item 11 Robin Foster

Item	
1	Introductions and apologies
1.1	People
1.1.1	Les Philpott welcomed members to the 87 th meeting of ACTS.
1.1.2	He was introduced as the new Chair; Stuart Smith as the new Secretary; and Garry Wiles as the new Note Taker.
1.1.3	Paper ACTS/24/2005 (Consultative Document implementing the 2 nd IOELV Directive) was brought above the line for discussion. A new item for discussion was added: Open Meetings
1.2	Declarations of interest
1.2.1	Colin Soutar declared an interest for agenda item 5 (Respirable Crystalline Silica) and the IOM report discussed under item 1 of Current Developments.
2	Update on the Disease Reduction Programme
2.1	Steve Coldrick gave an oral presentation on the Disease Reduction Programme (DRP), for which he was the Programme Director. The presentation was supported by two papers tabled at the meeting: the first being an outline of the overarching 'Fit for Work, fit for life,

	fit for tomorrow' (Fit3) strategic delivery programme, and the second an overview of the DRP, which formed a strand of work under ill-health reduction. He noted that the DRP was an exercise in resource prioritisation – doing one thing means you can't do another; and the programme could be successful only if there was a major contribution by others (gearing) – the amount actually done direct by HSE would be quite small.
2.2	DRP was one of the main focuses of the HSE strategy on ill health, and HSC/E had signed up to the targets. Addressing long latency diseases such as Chronic Obstructive Pulmonary Disease (COPD) was a major part of the programme. In order to achieve targets, efforts would be targeted at key sectors where benefits could be achieved. For example, to address contact dermatitis, the sectors addressed would be hairdressing, printing, health services sector and possibly others yet to be defined. Some 2m+ people were employed in those Sectors and so it was vital to involve workers and employers.
2.3	Occupational asthma was a priority area, and work would focus on the substances known to be the main cause, i.e. isocyanates (vehicle spraying in particular), glutaraldehyde, flour dust and latex.
2.4	Of particular concern was the 4000+ deaths due to occupational COPD. The challenge was to identify the right sectors, how best to tackle the issue and evaluate inputs.
2.5	In tackling occupational cancer, the main focus would continue to be on asbestos (the new duty to manage regulations referred here) and would include identifying which chemicals were of most concern. Given the finite resources available there was a need to prioritise the work. Much of the resource needed would of necessity come from beyond HSE, in partnerships with trade unions and industry.
2.6	Discussion arose on COPD, in particular the confounding effects of smoking and whether there was evidence that it developed in non-smokers. Mr Coldrick advised that studies had shown 80-85% of all COPD was smoking-related, with some 10-15% occupation-related. They showed some evidence of a link between exposure and ill health, e.g. bronchitis in welders, but more work was needed to establish the scale of the problem.
2.7	In response to a question about what work was planned on glutaraldehyde, Mr Coldrick advised there would be a supply chain initiative to reduce/eliminate use.
3	HSE update on work carried out on solvents: ACTS/27/2005
3.1	The Chair explained that Steve Fairhurst, the paper's author was not available to attend the meeting, and so asked members to submit comments and observations in writing. [Action: members to submit to the secretariat any comments/observations on the paper]
3.2	Members agreed there was a continuing need for ACTS to monitor the situation, especially on the incidence of central nervous system (CNS) diseases and the development of physiologically-based pharmacokinetic (PBPK) modelling techniques for use in regulatory decision-making. It was noted that IIAC had a good research base that might be utilised, and proposed that Dr Anne Spurgeon, a IIAC member, be asked to provide expert assistance. The points learned from EU activities should also be taken on board.
3.3	The issue was to be remitted to WATCH on that basis.
4	Review of the 16 MELs identified as part of the new OEL framework: ACTS/20/2005
4.1	Richard Pedersen presented paper ACTS/20/2005.
4.2	The paper set out the updated position on HSE's work on the review of the 15 Maximum Exposure Limits (MELs, now WELs – Workplace Exposure Limits) identified for review in 2003 as part of the transition to the new Occupational Exposure Limit (OEL) framework. Flour dust had been added to the list because of the commitment made to ACTS to review

	the MEL established in 2001. It was proposed that the review of 10 of these 16 substances should be taken forward under the Cancer and Respiratory Projects within HSE's Disease Reduction Programme, and the review of a further 3 substances should await forthcoming proposals for a limit from the European Commission.
4.3	The remaining two substances, dichloromethane and styrene did not fit into either of the above categories and under the new OEL framework were no longer subject to the requirement to reduce exposures as low as is reasonably practicable (ALARP). It was proposed that HSE would need to clarify current use and exposure in the relevant industries and would then look to work with those industries to identify and implement good practice control measures.
4.4	Richard Pedersen welcomed views as to whether the proposed direction of HSE's work as set out in paragraph 10 of the paper was broadly right.
4.5	ACTS agreed that the proposals in paragraph 10 broadly went in the right direction. However, members wished to see more work done by HSE on disseminating good practice guidance to industry, perhaps using the existing WEL as a baseline.
4.6	A number of additional points were raised. In response to a question about the reference to rubber process dust and wool dust in para 10, Robert Turner explained that these substances would be reviewed along with other carcinogens as part of the priority setting process of the DRP carcinogens project. TUC were concerned about the slowness of the limit setting process, especially when HSE had to wait for a European Commission lead and then prepare an RIA. Richard Pedersen pointed out that RIAs could be helpful in assisting the UK's negotiating position. Robert Turner noted that, given the role of 'good practice', exposure limits were for the most part not essential, although it was agreed that they provided a valuable benchmark. If there were grounds for suspecting that a substance was causing significant ill health, HSE had the option of setting a domestic limit.
4.7	In response to a request from one ACTS member, a document was tabled for reference listing those substances where the occupational exposure limit had been removed from the new version of EH40 (published April 2005). It was planned that this list would be published in due course on the HSE website. ACTS noted that HSE planned to establish a small Working Group to consider what additional information on occupational exposure limits should be published. This would include information on limits that were no longer current. CBI asked that the bracketed terms used in the tabled list be clarified for a non-scientific audience before being published on the HSE website. [Action: HSE to clarify terminology when publishing the tabled list on the website]
4.8	Robert Turner welcomed ideas on how information could best be targeted at SMEs, and what specific information they required. The Committee considered that there was a need to act on the lack of knowledge in industry of CHANs. Members referred to the lack of good practice guidance on exposure to welding fume since the removal of the former OES. Helen Smith advised that HSE already was looking at welding activities and would take on board the comments from ACTS. Members agreed that they would be willing to pass on to key people in the industry a simple briefing setting out what they needed to know. [Action: HSE to take on board ACTS comments on disseminating good practice/focusing on welding activities]
11	Consultative Document implementing the 2nd IOELV Directive: ACTS/23/2005 (item moved above the line)
11.1	Robin Foster presented paper ACTS/23/2005.
11.2	ACTS was asked to agree that the draft Consultative Document (CD) at Annex 1 be submitted under cover of a below the line paper to the Health and Safety Commission (HSC) prior to its publication.

11.3	In response to a question from CBI, Robin Foster explained that the CD had been prepared in advance of the adoption of the 2 nd IOELV Directive. The indications were that this would happen in the Autumn. The CD would not be presented to HSC before the Directive had been adopted.
11.4	CBI pointed out also that paragraph 8 implied incorrectly that WELs must be reduced in order to comply with the IOELV. Stuart Smith suggested that paragraph 8 was potentially misleading and could helpfully be redrafted. [Action: HSE to redraft paragraph 8 of the paper for clarification]
11.5	It was agreed that the CD could be sent to the HSC conditional on the actions above.
5	The Consultative Document on a new WEL for Respirable Crystalline Silica: ACTS/21/2005
5.1	Mark Lawton presented paper ACTS/21/2005.
5.2	He explained that the HSC at its 5 April 2005 meeting, and in subsequent discussions between individual Commissioners and officials, had asked for a positive steer in the CD towards the 0.1 limit.
5.3	Rather than reopen the debate on the whole CD, which HSC largely had accepted, the Chair asked what advice ACTS wished to send to HSC on its preferred steer.
5.4	CBI were content with the paper, considering that paragraph 5 represented accurately the HSC view. They noted that the European Social Partners had agreed a control programme for the industry and considered that might be a way forward for the UK in parallel with the consultation.
5.5	TUC objected that the minutes of the 5 April HSC meeting were not consistent with the report being put to ACTS, and that the line being taken was contrary to ACTS advice. They wished to see even-handed consultation on a 0.05 limit alongside the 0.1 limit. It would be wrong to dismiss the 0.05 limit since SCOEL had indicated that that limit would be widely consulted on in Europe. It was disingenuous to argue in the CD that the 0.05 limit was unenforceable, since in practice enforcement action did not take place anyway at levels just above the limit. They also considered the CD to be misleading in suggesting that there had been a dramatic shift away from a 0.3 limit to one of 0.1, in that the lower figure had already been widely accepted. They challenged the argument that a limit of 0.05 would pose insurmountable measurement difficulties, suggesting that the technical literature showed this to be false.
5.6	An independent member was of the view that, if the 0.05 limit really could not be measured accurately or would significantly increase costs then the CD should make this clear.
5.7	Stuart Smith reminded the meeting that the original CD had been rejected by HSC, who wished to see a steer towards the higher limit. The Commission was at liberty to accept the Committee's advice to whatever degree it saw fit, and officials were obliged to act on its expressed wishes. It was entirely proper for a CD to propose a particular course of action, and there was no requirement for consultation to be even-handed between alternatives. What was being consulted on in such cases was the reasoning behind the proposal put forward.
5.8	The Chair agreed that the Committee's views should be clearly put to the Commission, and asked that the paper presented to the Commission include a paragraph setting out the ACTS views along the lines of paragraph 3.4 of the minutes of the 25 November ACTS meeting, which he noted had been widely accepted as representing accurately the Committee's views.

6	ACTS Workplan
6.1	<p>Stuart Smith explained that the workplan was ready to be populated with specific activities deriving from projects within the Disease Reduction Programme, but further progress was stalled pending developments in those projects. Meanwhile, members were free to suggest issues for inclusion that could be justified rigorously and would help fulfil the ACTS <i>raison d'être</i>. A second round of liaison visits to other advisory committees had been put on hold since they should support the needs of the (as yet unpopulated) work programme; and also should reflect the views of the relevant other committees.</p> <p>[Action: members to submit to the Secretariat their ideas for the workplan]</p>
6.2	<p>Ideas raised at the meeting included:</p> <ul style="list-style-type: none"> • The list of issues discussed at item 6.2 of the 25 November 2004 ACTS meeting, and in particular ACTS to have a part in the audit process for WELS • ACTS role with respect to REACH (paper ACTS/05/2005 on ERMAG/SCHIP/WEELS activities referred). Stuart Smith noted that HSC/HSE's role in REACH was as yet unclear • Solvents; asthma programme overview; monitoring issues • An epidemiological evaluation of what ACTS had achieved and the difference it had made – this could be part of the usual 3-yearly overview. Suggestions on methodology would be particularly helpful here.
6.3	<p>Open meetings was one action already in the current workplan. In response to a question about what feedback there had been on the November 2004 open meeting, Stuart Smith reminded members that a paper (ACTS/07/2005) had been distributed by post setting out the responses to the questionnaire, most of which were comments on domestics and indicated general contentment with the arrangements.</p>
6.4	<p>The Chair counselled that the Committee should first agree what it wanted to achieve from an open meeting before deciding when the next one should be. It was commented that two types of open meeting had been held and requested that discussion begin on the next one. It was suggested also that advisory committees were duty-bound to hold at least one open 'business' meeting every year. The Chair asked that the issue be put on the agenda for the next ACTS meeting.</p> <p>[Action: Secretariat to put open meetings on the agenda for 17 November]</p>
7	Minutes of the 85th meeting held on 25 November 2004
7.1	<p>The minutes had been agreed by correspondence following the cancellation of the March 2005 meeting. The agreed minutes recently had been sent for publication on the HSE website.</p>
8	Matters arising and Secretary's report
8.1	<p>Stuart Smith reminded members that the Secretary's report (ACTS/09/2005) had been distributed by post following the cancellation of the March 2005 meeting. No comments had been received.</p>
8.2	<p>In response to a question about progress on item 4.2 "HSE to organise a working group to review the findings of the IOM research" he advised members that the working group had not yet been formed.</p>
8.3	<p>On item 6.2 "HSE to present an information paper on asbestos at the next meeting", paper ACTS/02/2005 had been distributed following the cancellation of the March 2005 meeting. This would be recirculated and remitted to the next meeting for discussion.</p> <p>[Action: Secretariat to redistribute paper ACTS/02/2005. Issue to be put on agenda for November 2005]</p>

8.4	The below the line papers (save item 11, which had been brought above the line) were noted or approved as appropriate.
9	Summary and Close
9.1	The Chair thanked members for a useful meeting and reminded them that the next meeting was scheduled for Thursday 17 November 2005.
9.2	A member asked whether HSE could produce a simple text version of documents sent by email so as to reduce the volume of paper to be printed out. Naseem Walji advised that the format of papers as sent out should not warrant a large volume of printing and that this might be a result of electronic files being altered or corrupted in transit. This would be borne in mind for the next distribution. [Action: Secretariat to check with its IT provider whether files being altered/corrupted in transit]
	The meeting closed at 14.05