



**The arrangements for future  
decision-making on water  
fluoridation schemes: a summary of  
consultation responses.**

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## Executive summary

1. On 1st April 2013 responsibility for public consultations and decision-making on water fluoridation passes from Strategic Health Authorities (SHAs) to local authorities (LAs) by provision of the Health and Social Care Act 2012. The Act includes powers to make regulations on how LAs discharge these functions. Having carried out a consultation on their proposed content, the Secretary of State for Health has laid the regulations before Parliament.
2. In drafting regulations in response to the consultation the Department has sought to balance calls to maximise the discretion of LAs in progressing fluoridation proposals with responses that argued that some prescription offered benefits by setting the parameters within which decisions are made on such a controversial subject as fluoridation. But those respondents opting for some prescription saw scope for simplification. We have accepted the recommendation that all decisions that LAs take on fluoridation proposals should be decided by weighted voting of LAs, the weighting between LAs being determined by the proportion of population of each LA that would be affected by the fluoridation proposal. A majority of at least 67 per cent of LA votes will be required for a proposal to proceed.
3. We reviewed proposals in the consultation document for prescription of the involvement of Directors of Public Health (DsPH) in informing consultations and evaluating the responses received. A number of respondents advised that it would be unprecedented for an LA to have the functions of one of its employees prescribed in legislation, and we have decided not to do so. However, DsPH have a key role to play in developing proposals for possible fluoridation schemes, and in evaluating the responses received to a public consultation. We will refer to the role of DsPH in the administrative guidance we plan to issue on implementation of the regulations.
4. There was a general consensus that the ascertainment of public opinion and subsequent decision making on fluoridation proposals were particularly challenging, given the strength of feeling often stimulated by a fluoridation proposal. Recognising the experience LAs have in conducting consultations we have accepted representations that LAs should have discretion on deciding how to assess public opinion including the conduct of any opinion polls. We have included in regulations minimum requirements for decision making including regard for the extent of support for proposals, the scientific evidence, costs and any benefits to the health and wellbeing of the population that would be achieved by implementation of the proposal.

## Introduction

### Water fluoridation as a public health measure

5. Fluoride is a natural mineral that is found in many foods. Virtually all water supplies contain some fluoride and it was from noticing different patterns of dental decay in areas of naturally fluoridated water that the dental health benefits of fluoride were first observed. As a result, arrangements were made from the mid-1940s onwards to add fluoride to drinking water in many countries including the United States of America, Australia and parts of England.<sup>1</sup> At present, approximately six million people in England receive water that has had its level of fluoride adjusted or is naturally fluoridated to this level.<sup>2</sup>

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<sup>1</sup> *Fluoride, Teeth and Health: A Report of the Royal College of Physicians*. 1976. Pitman Medical.

6. In the last few decades, there have been a number of reports published on fluoridation both in the UK and internationally. In September 2000, the University of York published a report called *A Systematic Review of Water Fluoridation*<sup>3</sup>. This report concluded that, in cases where the water had been fluoridated, 15 per cent more children did not have tooth decay compared to those who were drinking unfluoridated water. It also showed that children in fluoridated areas had, on average, 2.25 fewer teeth affected by decay than children in non-fluoridated areas.

## Controversy

7. The Department recognises that there is a range of opinion on the benefits and risks of fluoridation and that some people have positive or negative views based on ethical arguments. Our view, supported by an opinion of the European Commission on Human Rights<sup>4</sup>, is that fluoridation does not constitute compulsory medical treatment and can be a proportionate measure to address the legitimate public health aim of preventing tooth decay in the population.

## Local decision-making on fluoridation

8. It has been the policy of successive governments since 1985 that decisions on fluoridation should be taken locally following public consultations. It is felt that local decision-makers (LAs) are best placed to take into account locally-expressed views and to balance the perceived benefits of fluoridation with the ethical arguments and any evidence of risks to health.
9. Currently, the Water Industry Act 1991, as amended by the Water Act 2003, is the primary legislation relating to fluoridation. The 1991 Act provides that, if requested in writing to do so by a relevant authority, a water undertaker must enter into arrangements with the relevant authority to increase the fluoride content of the water supplied to premises within the specified area.
10. At present, SHAs in England, which are defined in the legislation as “relevant authorities” in England, have responsibility for the conduct of consultations on a water fluoridation scheme. Primary Care Trusts (PCTs) also contribute to such consultations because they are responsible for assessing the oral health needs of their population, and commissioning the services required to meet these needs.
11. The Health and Social Care Act 2012 provides for the transfer of the responsibility for entering into contracts for fluoridation schemes with the water undertaker from SHAs to the Secretary of State. In practice, this function will be exercised by Public Health England (PHE), which, from April 2013, will be responsible for public health, health protection and health improvement.

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and *A Systematic Review of the Efficacy and Safety of Water Fluoridation*. Australian National Health and Medical Research Council. 2007.

<sup>2</sup> *Fluoridation of Water: BMA Policy Statement*. British Medical Association. January 2010.

<sup>3</sup> The University of York, *A Systematic Review of Water Fluoridation* see <http://www.york.ac.uk/inst/crd/fluores.htm>.

<sup>4</sup> EC, *Guy Jehl-Doberer v Switzerland* (Application No. 17667/91).

12. The Act also transfers responsibility for public consultation and decision-making from SHAs to LAs. It includes powers for the Secretary of State for Health to make regulations on the consultations that LAs will be required to undertake in ascertaining public opinion on proposals for new fluoridation schemes or the variation or termination of existing fluoridation schemes.
13. The Department issued a consultation document on 4 September 2012 on proposals for the detail of the revised regulations on public consultation on water fluoridation schemes. 136 responses have been received - from LAs, NHS and other health bodies and individuals (further details at Appendix A). Although the consultation document did not seek views on the merits of water fluoridation, which is known to be contentious, many respondents used the opportunity to express views on this subject. A substantial majority of respondents clearly favoured water fluoridation as a valuable public health measure.
14. Many, but not all, of the comments from respondents who were declared opponents of fluoridation did not address the consultation questions in detail but claimed that the consultation was irrelevant. This is because those respondents dispute the evidence that fluoridation benefits oral health and take the view that it is unethical since individuals are unable to opt not to receive fluoridated drinking water when the area in which they live is fluoridated. However, there was some common ground between generally opposing viewpoints, for example, both sides accepting that finding a method of accurately assessing public opinion in the outcome of a consultation is very challenging.

## What we heard

15. In summarising the response to the consultation and indicating how the Department has taken them into account in drafting the regulations we have grouped the 43 questions in the consultation document into the key themes to which they related. Two over-arching general themes emerged which are relevant to questions posed throughout the document.

## Localism

16. In drafting the proposals in the consultation document, we had sought to give as much discretion as possible to LAs without compromising the policy that decisions on fluoridation are made locally, informed by public health considerations and the response of local people to evidence-based information on the effects of fluoridated water. However, some respondents to the consultation argued for even more discretion to be given to LAs. For example, the Local Government Association (LGA) suggested that “...*any central direction regarding how the decision-making process is undertaken, or what criteria local authorities should take into account when reaching their decisions, would undermine the autonomy of local authorities and would run counter to this government’s decentralisation agenda.*”
17. As this report will go on to show, the Department has now provided for further delegation than originally envisaged. Nevertheless, we feel that some respondents may have overlooked the benefits that prescription offers for setting the parameters on which decisions are made on such a controversial subject as fluoridation. In fact, only one of the eighteen LAs that responded to the consultation – Hampshire County Council - shared the LGA’s view that central prescription of the criteria for decision making was unhelpful. There was also a general consensus among the NHS organisations responding that including selected parameters in regulations provided for an efficient, consistent approach to consultations.

## Consistent criteria for decision making

18. A clear majority of respondents recommended changes to our proposals for corporate decision making by LAs. The consultation document had proposed that the following criteria would apply to decisions made by the joint committees, established where a fluoridation proposal would affect more than one LA.
- decision to proceed to a consultation: **a super-majority (67% of votes) of LAs affected with one vote allocated to each LA** (recommendation 2)
  - decision, taking account of the outcome of the consultation, on whether to proceed to implement where fewer than 4 LAs are affected: **a super- majority (67% of votes) of LAs affected with one vote allocated to each LA** (recommendation 25)
  - decision, taking account of the outcome of the consultation, on whether to proceed to implement where 4 or more LAs are affected: **a super- majority (67% of votes) of LAs affected with voting weighted by the number of residents that would be affected in each LA** (recommendations 27 – 30).
19. The majority of respondents called for standardisation. They suggested that the process would command most confidence if all decisions were based on population-weighted voting by LAs. The Department accepts that an LA with a small population affected should not be able to veto a proposal affecting a much larger population. Therefore we have drafted the regulations to provide for all decisions that LAs take on fluoridation proposals to be determined by weighted voting, the weighting between LAs being determined by the proportion of population of each LA which would be affected by the proposed fluoridation scheme. An annex to the regulations sets out the weighting formula in detail.
20. This report goes on to refer to more specific responses to the recommendations made in the consultation document and the Department's decisions on how they should be reflected in the regulations.

## Deciding on whether to proceed to a consultation

1. Do you agree with our proposals for the arrangements to enable a joint decision to proceed with a proposal?

21. We recommended in our consultation document that, where more than one LA would be affected by a fluoridation proposal, the proposing LA would be required by regulation to provide the other affected LAs the reasons for the proposal and to provide such further information as the other LAs requested.
22. NHS organisations and LAs were in agreement that this degree of regulation was adequate. They were satisfied that the proposing LA could be relied upon to indicate the relevance of the proposal to its Joint Strategic Needs Assessment and give the views of its Director of Public Health without this being made a regulatory requirement.
23. The Safe Water Information Service took issue with our proposal at paragraph 38 of the consultation document that, where an LA that would be affected failed to respond to a formal invitation to participate in collective decision making on a fluoridation proposal, it



should be assumed to have opted out of the process. We consider that there has to be a limit on the time allowed for a response but, in administrative guidance that we intend to issue on the implementation of the regulations, we will offer advice on how the proposing LA might follow-up its invitations to other LAs. We are confident that, in the great majority of cases, all the LAs that would be affected by a fluoridation proposal will wish to participate in the consultation process.

## Basis of decision-making

2. Do you agree that a decision to proceed with fluoridation should be made on a super-majority basis?

3. Are there any other approaches that you believe could work better?

24. As indicated at paragraph 18 above, a clear majority of respondents considered that LA decisions should be determined by weighted voting, with a super-majority of 67% of LA votes required before a proposal could proceed. We have provided for these conditions to be set in the regulations.

## Membership of joint committees

4. Do you agree that: the membership of the committee established to progress a proposal on fluoridation should not be prescribed in regulations

5. Do you agree that we do not need to make regulations in relation to holding and vacating office?

6. Do you agree that regulation in relation to minimum and maximum membership would be too prescriptive?

7. Do you agree that there should be an alternative approach in the regulations when there are a large number of affected local authorities?

8. If so, would this be adopted when there are four or more local authorities?

9. Do you agree a joint committee of Health and Wellbeing Boards might be an efficient approach?

25. Views varied on the degree of prescription necessary on the composition and terms of reference of a joint committee that would need to be established where more than one LA would be affected by a fluoridation proposal. Many NHS respondents wished to see a regulatory requirement to include the Directors of Public Health of the affected LAs in the committees. But the LGA suggested that this was unnecessary because LAs could be relied upon to act on the recommendation that a joint committee of Health and Wellbeing Boards (HWBs) would provide an efficient approach to establishing a joint committee to progress a fluoridation proposal. Similarly, neither Hampshire County Council, Knowsley Metropolitan Borough Council nor Newcastle-upon-Tyne City Council saw a need for regulation here.

26. We concur with the view that Directors of Public Health are capable of making a key contribution to consultations on fluoridation through the development and elucidation of fluoride proposals. However, we agree that fluoride proposals are unlikely to be

progressed without the involvement of HWBs and there is already a statutory requirement for DPHs to be included in the membership of HWBs<sup>5</sup>.

27. We are satisfied that the above provisions will ensure that joint committees assembled to progress fluoridation proposals will be appropriately constituted and that LAs can be relied upon to use their discretion to manage arrangements for the holding and vacating office of members and setting a minimum and maximum membership. We have already indicated that we accept the view of the majority of respondents that the same regulatory approach should be adopted however many LAs are affected by a fluoridation proposal.

## Publicising a consultation

10. Do you agree that the existing requirements for conducting consultations at option 2 remain appropriate; or are there any further steps in relation to consultations that you feel a local authority or the joint committee should take?

11. Should there be any other further changes to the proposed consultation requirements?

28. The Water Fluoridation (Consultation) (England) Regulations 2005<sup>6</sup> set out the steps that a SHA must take in order to consult and ascertain opinion before taking any steps concerning fluoridation arrangements. The SHA must publish details of the step that they propose to take. They must also publish details of the manner in which individuals who are affected by it (and bodies with an interest) can make representations regarding the proposal in one or more newspapers circulating in the area and in such other media accessible within that area, as the Authority considers appropriate to bring the proposal to their attention.

29. The 2005 Regulations also require a SHA to give notice of the proposal to every LA whose area falls (wholly or partly) within the area affected by the proposal. "Local authority" is defined in the Act as a county council, a district council, a London borough council, or the Common Council of the City of London. The published details must then include:

- the nature of the step the Authority propose to take;
- the reasons for the proposal;
- the area affected by the proposal; and
- the period, being a period of not less than 3 months from the date on which the details are first published, within which representations can be made to the Authority.

30. In the consultation document, we recommended that, under the new regulations, LAs would be required to undertake the same measures to publicise a consultation on a fluoridation proposal. Respondents to the consultation generally favoured this approach, but tended to see the measures as the statutory minimum. For example, Warwickshire County Council suggested that the administrative guidance which the Department intends to issue on implementation of the regulations could draw on the considerable experience in the West Midlands of conducting consultations on fluoridation proposals.

31. Similarly, Hampshire County Council in its response to the consultation referred to the experience that LAs have in conducting consultations on a wide range of issues and the

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<sup>5</sup> Section 190 of the Health and Social Care Act 2012

<sup>6</sup> The Water Fluoridation (Consultation)(England) Regulations 2005

need to ensure that neither the regulations or any administrative guidance prevented LAs using measures developed locally to complement the regulatory requirements.

32. We accept these points and have ensured that the regulations provide for a minimum set of consultation measures to which LAs can make additions to suit local circumstances.

## Reducing inequalities

12. Are there any requirements that you would like to suggest that we include in regulations to minimise or remove any potential adverse impacts or disadvantages for groups with a “protected characteristic” as set out under the Equality Act?
13. Do you agree that children and young families in deprived areas be encouraged to participate in consultations on proposals for new fluoridation schemes
14. Will this contribute to implementation of the duty on the Secretary of State to have regard to the need to reduce health inequalities between people with respect to the benefits they can obtain from the health service?
15. Do you agree that the new duty which is due to be imposed on the Secretary of State to have regard to the need to reduce inequality- whatever its cause - is relevant to proposals to introduce fluoridation schemes?

33. Respondents working in the NHS noted that principal beneficiaries of fluoridation schemes are children, particularly those from socially deprived communities with high levels of tooth decay. They suggested that it might be useful to include additional regulations that require local authorities to encourage children, young families and other vulnerable groups to become fully engaged in the consultation process. This would help to ensure that the views of those sections of the community likely to experience the highest rates of tooth decay are heard and recorded during the consultation.
34. We are sympathetic to these suggestions but, because there is little recorded evidence on how to encourage hard to reach groups like families with young children to participate in consultations, we will include any advice and good practice that we are able to identify in the administrative guidance that we intend to issue on implementation of the regulations.
35. A number of respondents including the National Pure Water Association, West Midlands Against Fluoridation and Earl Baldwin of Bewdley pointed out that the Systematic Review of Water Fluoridation published by the University of York in year 2000 found no evidence that fluoridation reduced inequalities in oral health. We accept that this is an area requiring further research but remain of the view that the potential is there. The reason is that, as a population based intervention, all sections of the community benefit from fluoridation regardless of personal behaviour. Whilst it is true that, at an individual level, similar benefits can be obtained from regular brushing with a fluoride toothpaste, experience of oral health promotion programmes shows that it is very hard to change population behaviour in this respect. The Equality Analysis has been amended to include coverage of the research available.

## Cost & benefits

16. Do you have any information

- on the cost benefits of fluoridation schemes and/or
- the costs a local authority would incur in conducting a consultation?

36. Respondents drew our attention to studies published by the World Health Organisation, the US Surgeon General, and the University of York Health Economics Consortium. They have been taken into account in a revised version of the Economic Impact Analysis.
37. The only recent information offered on the cost of conducting consultations related to that conducted by the South Central SHA on proposals to fluoridate parts of Southampton and South West Hampshire which had already been included in the Economic Impact Analysis.

## Consultation material

17. Do you agree that: no specific requirements are needed on consultation material or other information provided to the public (other than those specified in public law and in paragraphs 74 – 76)?

18. Do you agree that the proposing local authority or joint committee should nevertheless be required to obtain advice from the director(s) of public health?

19. If no, what requirements do you think should be imposed?

20. What role should Public Health England play in supporting local authorities with their fluoridation functions?

21. What role (if any) should Public Health England play in supporting local authorities to gather equality data?

38. Paragraphs 74 – 76 of the consultation document referred to regulation 3 of The Water Fluoridation (Consultation) ( England) Regulations 2005 which require SHAs to publish details of each step that they propose to take in consulting on a fluoridation proposal and the manner in which affected individuals or interested bodies can make representations regarding the proposal:
- in one or more newspapers circulating within the relevant area; and
  - in other such accessible media considered appropriate.
39. The published details must then include:
- the nature of the step the Authority propose to take;
  - the reasons for the proposal;
  - the area affected by the proposal; and
  - the period, being a period of not less than 3 months from the date on which the details are first published, within which representations can be made to the Authority.
40. There was agreement among most respondents that the new regulations should require LAs to take these same measures to publicise a consultation. However, a number of respondents including Hampshire Against Fluoridation stressed the need for the reasons for a proposal to be “balanced”. Some of these representations referred to claims of an association between fluoridation and ill health. Whilst the Department is not aware of any epidemiological evidence of adverse effects on general health, we support responses to the consultation like that submitted by Southampton, Hampshire, Isle of Wight and

Portsmouth PCT Cluster which recommended that Public Health England should maintain an information base on research studies and surveys on fluoridation to which LAs and other organisations and individuals with relevant interests can have ready access. As indicated above, research into any effect that fluoridation has in reducing inequalities in oral health would be highly relevant to consultations on fluoridation proposals.

## Ascertainment of public opinion

22. Do you agree that the method by which local authorities ascertain public opinion on fluoridation proposals be left to their discretion?  
23. If not, what methods of ascertainment would you wish to see imposed in regulations

41. Nearly all respondents who offered written comments on these questions agreed that the ascertainment of public opinion was one of the most testing aspects of a consultation. LAs were unanimous in supporting the recommendation in the consultation document that LAs have sufficient experience of conducting consultations to exercise their own discretion in assessing and evaluating public opinion. This view was generally shared by health service organisations and individuals working in the NHS, but some other respondents tended to the view that a requirement for an objective method of assessing public opinion should be included in regulations. For example, the Safe Water Information Service considered that a requirement for opinion polling should be prescribed in regulations.
42. We also consider that opinion polling has a part to play in assessing public opinion but do not consider that a headcount should be the sole or necessarily the main determinant of the outcome of a consultation. We are satisfied that LAs have sufficient experience of conducting consultations and feel that they should not be constrained by regulatory requirements in discharging this function.

## Criteria for decision making

24. Do you agree that option 3 is the most appropriate option and that existing provision should be revised so that, in particular, an authority or committee is specifically required to have regard to the views of the local population and to the financial implications of the proposal

43. In consultation question 24 we canvassed opinion on whether, and if so what, factors should be prescribed in relation to decision-making after a public consultation. Based on our previous experience of fluoridation decision-making we indicated our preferred option of setting out in regulations a number of factors to which LAs should have regard. The majority of respondents supported this approach. In the light of representations, we have modified our proposals and have included a requirement that any benefits to health and wellbeing be taken into account in deciding a consultation on a fluoridation proposal. Taking account of misgivings expressed by Earl Baldwin about its possible interpretation, we have also decided *not* to include a previously proposed criterion that "the health arguments in favour of proceeding with the proposal outweigh all arguments against proceeding with the proposal."

## Voting where there is no consensus among local authorities

25. Do you agree that a decision for two or three local authorities should be made by a super-majority?
26. What alternative mechanisms might work better?
27. Do you agree that there should be a different voting mechanism for a joint committee of four or more affected local authorities?
28. Should population-weighted voting be prescribed?
29. What other factors should be considered?
30. Do you agree with the proposed model of population weighting and the approach to calculating the affected population?
31. How easy will it be to determine an accurate population number?
32. Should population-weighted voting also apply to proposals where there are only two or three affected local authorities?

44. As indicated at paragraph 18 above, a clear majority of respondents considered that all decisions relating to fluoride should be determined by weighted voting of affected LAs, with a super-majority of 67% of LA votes required before a proposal could proceed. We have provided for these conditions to be set in the regulations. Respondents from the NHS and LAs were confident that Directors of Public Health would be able to provide reliable population estimates for their areas.

## Varying or terminating fluoridation schemes without consultation

33. Do you agree that the Secretary of State should have regulatory powers to vary or terminate a fluoridation scheme without a local authority proposal where a general risk to health is identified from fluoridation or a specific local risk emerges?
34. Do you agree that, as with the current provisions, consultation should not be required for minor variation of schemes.
35. If not, in what cases should consultation be required?
36. Does the power in section 88K(5) whereby the Secretary of State can dis-apply the duty of a proposer local authority to enable the authorities affected by a proposal to terminate a fluoridation scheme to decide whether further steps should be taken on the proposal need to be exercised?

45. A large majority of respondents agreed that the Secretary of State should have the reserve power to terminate fluoridation schemes without consultation, in exceptional circumstances. Accordingly the regulations have been drafted to empower the Secretary of State for Health to terminate a fluoridation scheme where for example, against all experience, significant risks to general health were identified from the fluoridation of water.
46. It was also generally agreed that, where a variation in a fluoridation scheme would not affect more than 20 per cent of houses within the area of an existing fluoridation scheme, the Secretary of State should be able to disapply the requirement for a consultation. For example, organisations, which in other respects take very different views on the benefits of fluoridation, such as the UK Faculty of Public Health and the Safe Water Information Service, both supported this proposal.

## Maintenance/continuation of fluoridation schemes

37. What are your views on the benefits of consultation in relation to the maintenance of existing arrangements?
38. Should the regulations prescribe a process for requiring local authorities to consult and decide on whether to maintain or request a termination of a fluoridation scheme?
39. If so, what should the procedural requirements be in such cases eg should time intervals be set at which the continuation of the scheme should be reviewed as suggested at paragraph 156?
40. Do you agree that the procedural approach for a consultation proposal on terminating a contract for a fluoridation scheme should mirror the approach for a new proposal?
41. Are there any additional requirements that local authorities should be required to consider?
42. What are your views on the benefits of imposing minimum interval between consultations on the termination of existing fluoridation schemes?
43. If so, what interval do you suggest would be appropriate?

47. Respondents of all shades of opinion agreed that there should be a regulatory requirement for consultations on whether a fluoridation scheme should be maintained/ continued and that the consultation process mirror the approach for consultations on a new scheme. Keith Taylor, Member of the European Parliament for the Green Party welcomed the introduction of provision for consultation on the termination of fluoridation schemes emphasising that it *“...should not be harder for LAs to oppose or terminate fluoride contracts than to introduce or keep them.”*
48. However, *it* was the unanimous view of the LAs and NHS respondents that it would be excessively burdensome on local authorities, both administratively and financially, to have to consult the public on plant replacement or upgrading for the purpose of meeting operational requirements or health and safety standards. We have made provision within the regulations that such work would not trigger a consultation requirement.
49. The majority of respondents agreed with us that a minimum time interval should be prescribed between consultations on termination proposals. However, views varied on its length. One individual respondent suggested an interval of 2 years, the Safe Water Information Service and Knowsley Metropolitan District Council opted for 5 years, four of the LAs that responded favoured 10 years, whilst 7 other LA respondents and the majority of NHS organisations and individuals supported a 20 year interval.
50. Conscious that it inevitably takes a significant period of time for the effects of a fluoridation scheme to be realised – for example the extent to which any benefits enjoyed in child hood continue into adulthood - and of the very significant cost and administrative burden incurred in conducting consultations, we have opted for a 20 year interval in the regulations.

## Annex A: List of those who responded

We are very grateful to all those listed below who responded to the consultation exercise. 66 responses were received from individuals and 70 responses from organisations.

### Individuals who responded

Ahmed, Dr Aliko	Kunonga Edward
Anderson Scott	Lennon, Professor Mike
Bagchi Cynthia	Lewis, Dr Julian MP
Baker Clive	Littlehales Stuart
Beal John	Lord Colwyn
Blackburn, Counsellor Sudha	Lord Hunt of Kings Heath
Cooper Margaret	Massey Vicky
Davey Margaret	McCool Suz
Drewe Jennifer	Mcgill Dilys
Ducksworth, Dr Jenny	Merry, Dr Alison
Earl Baldwin of Bewdley	Morris, Dr A J
Eastwood Colin	Mulliner, Margaret-Louise
Edmondson-Jones, Dr Paul	Peckham Anna
Finn Jane	Peckham Nicholas
Fletcher Sue	Peckham, Professor Stephen
Glazebrook Peter	Pope, Councillor Andrew
Grant Siobhan	Price Maliya
Hamburger Rosalind	Roberts Gwynne
Harries, Dr Jenny	Sackin Michael
Hastings, Shirley A	Sargeant, Dr Lincoln
Hillman Linda	Smith Joy
Hooper Brian	Smith Judy
Howe Sheena	Smith Karen
Huetting Ivor	Smith, A R
Hunt, Anna Lee	Smith, C A
Iphofen, Dr Ron	Spencer Liz
Jarvis, Malcolm G	Taylor Keith MEP
Jeffcott Wendy	Thomas, C M
John, Dr J H	Tomlinson Sarah
Jones Sheila	Townsend Ian
Joseph Penny	Wegner Anya
Kim	Weldon Julia
Knibb Daniel	White, Professor Deborah

### Organisations which responded

Association of Directors of Public Health	Cheshire Merseyside DsPH
Avon PCT	Coventry City Council
Bradford & Airedale LDC	DPH Department, NHS Birmingham and Solihull
British Association for the Study of Community Dentistry	Faculty of Dental Surgery
British Dental Association	Faculty of General Dental Practice
British Fluoridation Society	Halton Borough Council
Chartered Institute of Environmental Health	Hampshire & Isle of White LDC



Hampshire CC  
Hull and East Riding of Yorkshire LDC  
Humberside Dental Development Group  
Humberside DsPH  
Knowsley MBC  
Leicester City Council  
Local Government Association  
Local Residents Association in  
Southampton  
National Pure Water Association Ltd  
Newcastle City Council  
NHS Birmingham and Solihull  
NHS Bradford City CCG & NHS Bradford  
District CCG  
NHS Bristol  
NHS Coventry  
NHS East Midlands  
NHS East of England  
NHS Greater Manchester  
NHS Hampshire  
NHS Herefordshire  
NHS London  
NHS Plymouth  
NHS Portsmouth CCG  
NHS Sheffield & NHS Rotherham  
NHS Somerset  
NHS South of England  
NHS Walsall  
NHS Warwickshire  
NHS West Midlands  
North Yorkshire LPN  
Northern Devon Healthcare

Nuffield Council on Bioethics  
Portsmouth City Council  
Rotherham Metropolitan Borough Council  
Royal College of Surgeons  
Safe Water Information Service  
Salford City Council  
Sandwell PCT  
Severn Trent  
Sheffield City Council  
Southampton, Hampshire, Isle of Wight,  
Portsmouth LPN  
Southampton, Hampshire, Isle of Wight,  
Portsmouth PCT Cluster  
Southampton City Council  
Southampton CCG  
Southampton Health Overview and Scrutiny  
Committee  
Staffordshire CC  
Stockton B C  
Tameside MBC  
Tameside Glossop Oral Health Advisory  
Group  
UK Faculty of Public Health  
Warwickshire CC  
West Midland Against Fluoridation  
Wolverhampton City PCT  
Wolverhampton Department of Public  
Health  
Wolverhampton Local Authority  
Yorkshire & Humber SHA  
Yorkshire & Humber and NE DPH Network

## Glossary

CCG Clinical Care Commissioning Group  
CC County Council  
DPH Director of Public Health  
LDC Local Dental Committee  
LPN Local Professional Network  
MBC Metropolitan Borough Council  
PCT Primary Care Trust  
SHA Strategic Health Authority