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CABINET – 3 DECEMBER 2008 PORTFOLIO : EMPLOYMENT, HEALTH & WELL-BEING

STRATEGIC HEALTH AUTHORITY CONSULTATION – FLUORIDATION OF WATER IN SOUTHAMPTON AND SOUTH EAST HAMPSHIRE

1. PURPOSE OF THIS REPORT

1.1 The report makes suggestions on a response to the Strategic Health Authority Consultation based on the evidence gathered by the Hampshire Water Flouridation Panel and the conclusions of the Employmennt Health and Wellbeing Panel.

2. BACKGROUND

2.1 In May 2005 Southampton City Primary Care Trust asked Hampshire and Isle of Wight Strategic Health Authority to investigate the feasibility and cost of fluoridation. Due to the distribution networks used by Southern Water the result of this request also affected Test Valley, Eastleigh and New Forest areas.

2.2 Southampton City Primary Care Trust then commissioned a feasibility study to look at the economic analysis, feasibility and cost effectiveness of adjusting fluoride levels in the water supplies.

2.3 In accordance with the Water Act 2003 then created South Central Strategic Health Authority has the responsibility to decide whether to hold a public consultation on the proposal.

2.4 Following its formal consideration in May 2008 South Central Strategic Health Authority decided to go to full public consultation on this matter.

2.5 On 5th September 2008 the Employment, Health and Wellbeing Panel considered the process by which it would respond to the Strategic Health Authority consultation. As the matter affected a number of areas Hampshire County Council had decided to carry out a review using its Health Overview and Scrutiny Committee. In view of the vast array of people wishing to give evidence in this matter and the polarised view on the issue of fluoridation it was decided that New Forest District Council, Test Valley Borough Council, Eastleigh Borough Council and Hampshire County Council would carry out a joint review calling in the major expert witnesses from both sides of the debate.

2.6 The Employment Health and Wellbeing Panel considered in full the evidence that had been gathered by the Hampshire Fluoridation Panel and made some recommendations and conclusions for your consideration. Furthermore they requested that the full text of that report was considered by Cabinet. The Appendices from the Panels report can be viewed by following the link at the end of this document.

3. MOTION TO COUNCIL

3.1 This matter has also been discussed at Council following the proposal by Councillor Wyeth which read as follows:

'That this Council urges Southampton City NHS Primary Care Trust not to introduce fluoride into the water supply of the New Forest District. Residents should be given freedom of choice as to their fluoride intake. Fluoride already appears naturally in water and there are many products available such as fluoride tablets which can be used should individuals be concerned regarding their fluoride levels. Indeed regular brushing with fluoride toothpaste will help the prevention of tooth decay.

The Council is aware that fluoridation can prevent tooth decay in children however there is evidence to suggest that the addition of this chemical to drinking water can cause side effects. It is understood that the medical research Council has recommended that further research be undertaken into the negative outcomes relating to bone health and water fluoridation as well as other health effects including allergens, effects on fertility and gut problems.

The Council therefore considers that water supplies across the Hampshire region should remain unchanged.'

3.2 In order to respond to this motion it is important to understand the nature of the Strategic Health Authority's consultation. When coming to a view on any proposal, such as fluoridation, the Strategic Health Authority is required to have regard to the extent of support for the proposal and the cogency of the arguments advanced. In doing so its decision and therefore the Council's decision must be based on the quality of the evidence presented the relevance of the representation to the health arguments in relation to fluoridation and the nature of the individual or body making the representation. The consultation makes particular reference to the statement that 'attention may need to be given to representative bodies' when analysing the responses and the methodology to gain Members' input into the responses. As a result of this the District Council must have fully reviewed the evidence on the matter prior to making their decision.

3.3 The Employment, Health and Wellbeing Panel appointed Cllr Anna Rostand as their representative on Hampshire County Council's Water Fluoridation Panel.

3.4 The Ethical Considerations on Public Health Interventions:

Members at the September meeting of this Employment, Health and Wellbeing Panel expressed concern regarding the ethical issues of fluoridation. In order to help frame a discussion on this at this Panel the Nuffield Council on Bioethics Ladder of Intervention was used. The Ladder is based on the notion that a public health measures acceptance depends on whether or not it's proportionate to the problem, and that the risks and the benefits have been properly considered. Interventions higher up the ladder are more intrusive and therefore require stronger justification.

The Intervention Ladder

Eliminate choice	Introduce laws that entirely eliminate choice, for example compulsory isolation of people with infections diseases.
Resist choice	Introduce laws that restrict the options available to people, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.
Guide choice through disincentives	Introduce financial or other disincentives to influence people's behaviour, for example, increasing taxes on cigarettes, or bringing in charging schemes to discourage car use in inner cities.
Guide choice through incentives	Introduce financial or other incentives to influence people's behaviours, for example, offering tax-breaks on buying bicycles for travelling to work.
Guide choices through changing the default policy	For example, changing the standard side dish restaurant from chips to a healthier alternative, with chips remaining as an option available.
Enable choice	Help individuals to change their behaviours, for example, providing free 'stop smoking' programmes, building cycle lanes or providing free fruit in schools.
Provide information	Inform and educate the public, for example, campaigns to encourage people to walk more or eat five portions of fruit and vegetables a day.
Do nothing or simply monitor the current situation	

4. TERMINOLOGY

4.1 **Fluoridation** Members' attention is drawn to one particular area which has caused some confusion. The term fluoridation is used for the process of adding fluoride to water. When evidence makes statements such as 'the case for fluoride is proven' this is referring to other methods of delivering fluoride to the tooth surface such as via toothpaste, gels and tablets. It does not refer to the process off adding a fluoride type compound to the water supply.

4.2 **DMTF –** Some of the pieces of evidence mention the term DMTF – this stands for Decayed Missing or Filled Teeth.

4.3 **Fluorosis –** is a health condition caused by an overdose of fluoride. In its severe form it is characterized by black and brown stains, as well as cracking and pitting of the teeth Dental fluorosis occurs because of the excessive intake of fluoride either through fluoride in the water supply, naturally occurring or added to it; or through other sources. The damage in tooth development occurs between the ages of 6 months to 5 years, from the overexposure to fluoride.

4.4 **Caries –** Or dental caries is a disease that damages tooth structures, resulting in what is commonly called tooth decay or cavities, which are holes in the teeth.

4.5 **Ppm** – Parts Per Million

4.6 **Dmft** - decayed, missing or filled teeth

5. EVIDENCE COLLECTED AND THE CONSULTATION

5.1 The Water Fluoridation Panel have sat for 2½ very full days of evidence gathering sessions and listened to expert witnesses on both sides of this debate.

5.2 Day 1 evidence was gathered from Southampton City Primary Care Trust, The Nuffield Council on Bioethics, Hampshire Against Fluoridation and The British Fluoridation Society. Sir Iain Chalmers gave a paper on adding fluoride to water supplies and The National Pure Water Association also gave their views.

5.3 The second evidence gathering day covered the following expert speakers: UK Councils Against Fluoridation, Portsmouth University Community Dentistry Project, South Central Strategic Health Authority, Southern Water Authority, The British Dental Association, Hampshire Primary Care Trust, British Association for the Study of Community Dentistry, and The Hampshire Local Dental Committee.

A link to the summary of the evidence from those days, and additional information requested by the Hampshire Panel is contained at the end of this report

6. SOUTHAMPTON CITY COUNCIL'S REVIEW OF FLUORIDATION

6.1 Within Southampton City Council's area 160,000 people will be affected if fluoridation goes ahead. This compares to 25,065 within Eastleigh Borough Council, 8,264 in New Forest District Council and 1,431 within Test Valley Borough Council's area. As can be seen, due to the large number of people in Southampton that are being targeted for fluoridation the City Council carried out its own review.

7. CONCLUSIONS OF THE HAMPSHIRE WATER FLUORIDATION PANEL

Key themes emerging from the evidence are listed below. Members at the Employment Health and Wellbeing Panel commented and debated these issues to help shape this Councils response to the consultation. A full and formal report from the Hampshire Water Fluoridation Panel will be considered by Hampshire County Council in due course.

7.1 **Improving Oral Health**

- Overall there is evidence in the literature that fluoride can help reduce the incidence of caries in teeth and there are particular benefits for children.

- The evidence relating to fluoride benefits for topically applied fluoride is established. Pit and fissure sealants can have a particularly beneficial impact on the oral health of children who have persistent poor oral health.

- The evidence for benefits from ingested fluoride is more variable in the extent of the improvements achieved. It has not been possible to determine how much fluoride needs to be ingested (regardless of source) in order to secure a therapeutic effect on the incidence of caries, or at what point that amount ingested increases the risk of possible harm. The suggestion of 1ppm is based on observation at the population level, not controlled experiments, and not taking into account variation between individuals.

- There is evidence of significant improvement over the past 30 years in oral health across populations regardless of whether they have fluoridated water. This trend is continuing.

- There is evidence that in England overall decayed, missing or filled teeth (dmft) is improving, but those children from deprived backgrounds are likely to have a greater number of caries.

- Evidence form America suggests that there is a continued decline in the prevalence and severity of dental caries in permanent teeth; however the trend in primary teeth has not reduced.

- The evidence supporting the claim that water fluoridation reduces the oral health inequalities is weak.

- There is evidence that targeted programmes can help change behaviours and improve oral health

- There is evidence of increased fluorosis across populations with fluoridated water but uncertainty about the extent of this and the information about the extent of fluorosis in populations is not routinely collected. A number of studies suggest that moderate to severe fluorosis is of aesthetic concern and is indicative of too much fluoride being ingested.

- Ireland has reduced its dosing level from 1ppm to 0.7ppm to reduce the potential for fluorosis.

- SCPCT says that moderate fluorosis does not exist in the UK population.

- There is evidence that diet – particularly the level of sugar consumption, has a significant impact on oral health.

7.2 **Ethical Considerations**

- Evidence supporting public health interventions should include both the causes of ill health and the effectiveness and efficacy of interventions – do members consider this has been demonstrated?

- Claims of absolute safety or certainty should be treated with caution.

- Selective use of the evidence makes it difficult for the non expert to come to a view based on the available evidence. The same evidence has been used by both sides.

- The acceptability of the proposals should be based on:

  - The balance of risk and benefits

  - The potential for interventions that rank lower in the intervention ladder to achieve the same goals

  - The role of consent where there are potential harms – do members feel these issues have been adequately dealt with?

- There is evidence to indicate water fluoridation programmes are associated with benefits, although these are difficult to quantify.

- Similarly there is evidence of harm, although there is debate over the extent and significance of harm.

- In the light of the conflicting evidence reports on ethical decision making suggest that democratic decision making is the most appropriate way of deciding whether proposals to add fluoride to drinking water are acceptable – do members feel that sufficient attention has been given to this suggestion?

- The evidence presented by some stakeholders has been contradictory and selective.

- No evidence has been provided by any stakeholder to suggest the findings of the York Review have been superseded or that professional and other groups with a particular stand on fluoridation had modified their communications to reflect the uncertainty in the evidence.

7.3 **Impact on Health**

- American research suggests that exposure to 4mgs per day had risks of severe fluorosis and people exposed to this over a lifetime were at risk of bone fractures.

- A third to a half of all fluoride ingested accumulates in bones.

- The damage to teeth caused by severe fluorosis is a toxic effect that is consistent with prevailing risk assessments of definitions of adverse health effects.

- More research is required into the relationship between fluoride ingestion, fluoride concentrations in the bone and stages of skeletal fluorosis before any conclusions about risk can be drawn.

- Although fluoride might increase bone volume there is less strength per unit volume. Biological and physiological data indicate a biologically plausible mechanism by which fluoride could weaken bone.

- Some people- such as those with renal disease are prone to accumulate fluoride in their bones.

- The best available study, from Finland, suggested an increased rate of hip fracture in populations exposed to fluoride at concentrations above 1.5ppm.

- More research is required to clarify any effects of fluoride on intelligence as well as brain chemistry and function.

- Some effects of fluoride on the endocrine system are associated with fluoride concentrations in drinking water at 4ppm or less, especially for your children and individuals with high water intake. Further research is required to explore if adverse health effects or the risk of developing adverse health effects might be associated with seemingly mild imbalances or perturbations in hormone concentrations.

- Bone is the most plausible site for cancer associated with fluoride because of its deposition into bone and its mitogenic effects on bone cells in culture.

7.4 **Alternatives**

- In Switzerland, where 87% of salt is fluoridated, it is seen as being as effective as water fluoridation and that the prevalence of caries is reduced by 30%. An increase in salt consumption as a result has not been observed.

- There is insufficient research to demonstrate the impact of fluoridated milk in dental caries, but it is suggested that school children do benefit, especially their permanent teeth.

- There is a substantial body of evidence that demonstrates that the topical application of fluoride has been demonstrated to have a significant impact on the incidence of caries.

- Fluoride supplements are not generally recommended except where there are significant risk factors.

- Fluoride gels, toothpastes and mouth rinses reduce DMFT regardless of whether water is fluoridated.

- Tooth cleaning schemes in Tayside and Glasgow in nursery and primary schools have shown a reduction in tooth decay of up to 37%.

- Schemes such as that in Hounslow where dental care was provide in ASDA supermarket whilst parents shopped have targeted at risk groups.

- Regular professional care improves dental health as does plaque control and chewing sugar free gum.

- SCPCT have not been able, unlike Hampshire PCT, to provide the County Fluoridation panel with an Oral Health Improvement Plan.

- Some evidence points to dental sealants/varnishes as being from 46%-100% effective if properly applied.

7.5 **Exposure to Fluoride**

- The need to understand and individuals total exposure to fluoride is a consistent theme across the key documents considered by the Review Group.

- Fluoride is recognised as being toxic but the threshold at which it ceases to be therapeutic and has the potential to begin to cause harm is not known.

- Repeated questions to stakeholders about total exposure to fluoride and the level required for a therapeutic dose elicited no response beyond a repeat of the 1ppm being the guide.

- Published evidence exists that suggests the average exposure to fluoride in the UK is equivalent to 1.8mgs per day – this could be as high as 8mgs per day for people that have a high intake of fluoride rich food or drink – such as tea. This would mean that populations are – on average – already ingesting above the 1ppm suggested.

- Evidence provided confirms that the recommended dose of fluoride to water was set by W.H.O. within an overall range of 0.7ppm to 1.2ppm. This dates from 40-50 years ago.

- There has been no evidence to suggest that changes to lifestyles and exposure to other sources of fluoride have been taken into account in the current proposal, although the need for this is a recurring feature in the literature

- The 1ppm level was introduced prior to the widespread use of fluoridated tooth pastes.

- No estimates have been provided to show how much water is actually drunk by adults and children although there are some suggested levels in the literature.
- No assessment has been made of the amount of water that is drunk by the target population.

- No evidence has been provided to indicate how much water a child and an adult need to drink to obtain the oral health benefits envisaged.

- There is conflicting evidence of improvements in the oral health of adults as a result of fluoridating drinking water.

- There is conflicting information about the safety of infants being fed on formula made up with fluoridated water it is suggested that in Fluoridated areas formula fed babies bottles should be made up with suitable bottled water.

- No assessment has been made of the current exposure of the population affected to fluoride

7.6 **Nature of Fluoride**

- The evidence provided to the Review Group relates to a small cohort of 20 subjects and as such is not able to provide the confidence intervals necessary to show if there is a difference in the bio-availability of fluoride in hard and soft water areas or the way in which different individuals respond.

- Is has not been possible to establish if there is a difference between natural and artificial fluoride.

- It has not been possible to establish if the fluoride to be added to water is manufactured or a result of another chemical process. The evidence provided by stakeholders does show the requirement for the fluoride added to meet certain European standards and is subject to regulation.

- No evidence has been provided to demonstrate that the fluoride added to water has been subject to clinical trials or any other similar process to establish its toxicity and benefits.

- Sweden has recently refused to fluoridate water based on the Environmental concerns of issues such as the amount of fluoride that would enter the environment from the use of water on land and leaks.

- It has been possible to identify how the fluoride to water is quality assured by Southern Water.

7.7 **Legal and technical considerations**

- There were different views amongst stakeholders about the potential for the introduction of fluoride to the water supply to breach any aspect of Human Rights legislation.

- The lack of clarity about the classification of fluoride (e.g. as a food or medicine) contributed significantly to the uncertainty that exists in relation to potential benefits or harms.

- The water regulator will be seeking full indemnity from the NHS should there be any unanticipated impact on the population arising from the addition of fluoride to drinking water.

- One of the two schemes identified in the technical feasibility report is not considered viable by the water company. This reduces the target population to be covered from 59% to 48%.

- There are suggestions that the costing for the schemes may not be correct and therefore the finance case may not be as robust as was initially thought.

- The capital costs of the scheme were considered to be low and could rise considerably.

- Dental costs in the Wolverhampton area have been shown to have increased despite the area being fluoridated since the 1960's.

- The costs per carie saved were not the same as the costs per tooth saved.

- The economic model uses an efficacy rate of 25%, not the 15% suggested by York.

- The overall efficacy of the proposal does not take account of changes to total fluoride exposure in the population.

- There have been some legal cases concerning fluoride but no significant legal challenges of UK or US legislation.

7.8 **SCPCT Proposal**

- It has not been possible to identify the number of children that would benefit from the introduction of fluoride to drinking water. The Abacus report presented used different age groups from the report presented by the PCT.

- The contradictory evidence on the incidence and severity of fluorosis means that it is not possible to determine the impact this will have on children across the area affected by the proposals.

- The SCPCT were not able to identify the actual number of children effected by this proposal.

- There is contradictory information on whether children with fluorosis of aesthetic concern can be treated on the NHS – the economic model produced specifically excludes and defines fluorosis as cosmetic.

- SCPCT has actively promoted the proposals and presented facts selectively

8. FINANCIAL IMPLICATIONS

8.1 There are no direct financial implications other than the considerable amount of meeting attendance and officer time that has resulted in this Council carrying out the review. The costs of fluoridation of water, should it go ahead; lie solely with the Primary Care Trust rather than the water company.

9. CRIME AND DISORDER IMPLICATIONS

9.1 There are no direct crime and disorder implications as a result of this paper, however Southern Water have made a comment that they would need to consider this in any roadside dosing stations that may be necessary should fluoridation go ahead.

10. ENVIRONMENTAL IMPLICATIONS

10.1 Whilst there are no direct environmental implications for carrying out this review, fluoridation of water could be considered as a much wider issue with environmental consequences. This issue was raised and considered by Members.

11. EQUALITY AND DIVERSITY IMPLICATIONS

11.1 There are none as a direct result of this paper however it should be noted that in suggesting that water fluoridation is carried out in Southampton the city PCT is targeting areas of deprivation and the lower socio-economic groups who typically experience poor dental health.

12. CONCLUSION

12.1 This has been an extremely complex review with a very large amount of evidence being presented. Both sides have presented the same evidence in different ways which has added to the difficulties of coming to a decision on this matter.

13. CONSIDERATION BY EMPLOYMENT, HEALTH AND WELL-BEING REVIEW PANEL

13.1 The Employment, Health and Wellbeing Panel (afterwards referred to as the Panel) drew the following conclusions and recommendations from the evidence that they considered –

13.2 **Role of Fluoridation in Improving Oral Health**

Members of the Panel considered the issues regarding the improvement in oral health and concluded that evidence presented and literature researched shows that overall fluoride does reduce the incidence of caries in teeth and in particular in the teeth of children. Dental experts also confirmed that topical application of fluoride such as in toothpaste had made a huge increase in dental health since its introduction in the 1960's. However the Panel were not satisfied that there was sufficient evidence to support the case of fluoridating water as a way of improving oral health. The benefits of it were uncertain and therefore there was no guarantee it would work. They also raised concerns about the level proposed of 1 part per million as there does not seem to be sufficient scientific evidence to back this up. Furthermore, issues around the "one dose fits all" cause members further concern. Individual exposure to fluoride will be varied in the population and by adding it to the water supply there is no way of knowing what dose any one individual will receive. Studies about the benefits of fluoridation were flawed because of transient populations (the population changes over period of time, thus reducing the value of research on a group of people over a number of years).

13.3 **Ethical Considerations**

Members were particularly keen to stress the importance of the ethical considerations on this particular matter. If it is decided that fluoride is to be added to the water it effectively eliminates all choice for members of the public. When considering this matter members debated the Nuffield Council on Bioethics Ladder of Intervention. The Ladder of Intervention was considered a useful way of thinking about the different choices on how to improve oral health in the community. The Panel concluded that the evidence that had been put

forward was not balanced and therefore gave a false impression to those receiving it of the benefits and risks of a fluoridated water supply. They also noted that once again there had been selective use of the evidence on this topic by both sides of the debate. They believed that when distributing literature to the population that it needed to be better balanced and should have more fully explained the issues around fluoridation. Fluoridation of the water supply eliminated freedom of choice completely.

They did note that the extent and the significance of any potential harm is a subject of debate but they believed that given that there is conflicting evidence the ethical decision making should rest with the democratically elected members and that the public affected by such a decision should be given full access to both sides of the argument in a fair and balanced way. They concluded that it was far too coercive an action to be taken given the quality and quantity of evidence on the subject and the potential risks and benefits of fluoridation. Other interventions are available and therefore such an action could not be warranted.

Members felt that whilst this review only related to Southampton, its introduction may lead considerations to extend the scheme to a wider area. In view of the current level of scientific evidence and ethical concerns they did not feel this was appropriate.

Members commented that exposing such a large population to the effects of fluoride was not in proportion with the actual number of people in Southampton that required intervention.

13.4. Impact on Health

The Panel noted that there was much made of the possible impacts on health but due to the complex nature of the biological and physiological data it was difficult to draw a real conclusion. However in recognising that harm may be caused they did not feel that the harm had been adequately balanced against the potential benefits. Evidence also concluded that fluoride did not leave your system once it had entered it, some accumulated.

13.5. Alternatives

The Panel discussed alternative treatments that were available and particularly the intervention strategy that Southampton City Primary Care Trust had already embarked on. The Panel fully supported the robust continuation of the wide range of interventions that were far less intrusive and far more targeted at those in need. These included

Multi agency working – Sure Start, children's centres, family centres

- Healthy Schools Programme, health visitors, nursery nurses, family support workers, community workers, Early Years Childcare Development Partnership, midwives, pre-schools, schools/nurseries

- Providing toothbrushes & 1450 ppm fluoride toothpaste each school term to all children aged 0-6 in targeted areas

- Daily tooth brushing schemes in School nurseries and Year R in targeted Areas

- Fluoride varnish for children assessed as high-risk for dental decay during dental visit to general dental practitioner

- Fluoride varnish applied routinely for all children attending PCT dental service which cares for children from special needs groups and socially deprived backgrounds who are at higher risk of developing dental decay

- Targeted fissure sealants for children assessed as high-risk for dental decay during dental visit

- Providing valveless feeding cups to all 0-1's with information on water/milk only between meals in targeted areas to support "Bin the Bottle" initiatives Supporting "Dump The Dummy" in conjunction with Speech & Language Therapy

- Enabling access to dental care at local dental clinics

- Opportunistic oral health advice to parents/carers

- Oral health training/updates for anyone involved in the care of 0-6's

The Panel also noted the good work that was being done in Hounslow where dental care was available in a local Asda store whilst parents and guardians shopped.

13.6 Exposure to Fluoride

The total exposure of the population to fluoride was a real concern to the Panel. It is clear that the sources of fluoride in diet are many and varied and therefore every individual would be exposed to a different level. The Panel did not believe that there had been sufficient consideration of lifestyle and exposure and that further work is needed on this particular area. The Panel were particularly concerned about bottle fed babies within the area. Advice states not to feed babies on formulae milk made from fluoridated water. The panel noted that there was evidence that fluoridation could lead to flourosis. In looking at the numbers of people affected by this, consideration must be given to those who work in the fluoridated area and other people who spent time there and use the water supply.

13.7 The Nature of Fluoride

Again the Panel felt that there was insufficient evidence to show how individual's exposure to fluoride may impact on them. Elected members for the area affected also commented that there was considerable concern in the community about potential contra-indications with existing medication and as such they believed that the precautionary approach is the only ethical way to proceed on this matter.

13.8 Legal and Technical Considerations

Members noted the comments from Southern Water regarding the technical appraisals of the viability of various schemes and felt that further work needed to be done on this as in its present state they did not believe that a totally robust cost-benefit analysis had been provided

There was a fear that mistakes could be made during the process which would lead to excess and potentially harmful exposure to fluoride.

13.9 The Employment, Health and Wellbeing Review Panel Recommendation

Given the consideration of the ethical and scientific evidence the Panel recommended to Cabinet that in support of Cllr Mrs Wyeth's motion, New Forest District Council should not support the fluoridation of water in the area based on a precautionary principle**.**

14. PORTFOLIO HOLDERS COMMENT

14.1 The Employment, Health and Wellbeing Portfolio Holder commented that after listening to opinions for and against the fluoridation of water, reading numerous papers and listening to the Panel's views, she recommends that the Cabinet vote against putting fluoride in the Southampton area's water supply. She is of the view that the benefits are not proven and do not outweigh the disadvantages. She fully supports Cllr Mrs Wyeth's motion.

The Portfolio Holder also expressed her concern at the manner of the consultation conducted by Southampton City Primary Care Trust. She was of the view that the information provided by them was more of a promotion exercise rather than a consultation.

15. RECOMMENDATION

15.1 That the Cabinet consider the conclusions reached by the Employment Health and Wellbeing Review Panel listed above and considers if these are the points they wish to put forward to the Strategic Health Authority as part of a response to the consultation;

15.2 That the Cabinet also consider the evidence gathered by the Employment, Health and Wellbeing Portfolio Holder and the Southampton City Council Overview and Scrutiny Panel; and

15.3 That the Cabinet makes an evidence-based recommendation of whether to support the Fluoridation of water in the Southampton and South East area.

For Further Information Please Contact:

Annie Righton
Head of Public Health & Community Safety
Tel: (023) 8028 5123
Email: annie.righton@nfdc.gov.uk

Background Papers:
hants.gov.uk/scrutiny/scrutiny-committees/health-overview-and-scrutiny-committee- 2/ fluoridation-review/stakeholder-written-evidence.htm

University of York NHS Centre for Reviews and Dissemination (200) " A systematic review of public water fluoridation."

"Public Health: Ethical Issues (2007) produced by the Nuffield Council on Bioethics

Water Fluoridation in Drinking Water: a Scientific Review of EPA's Standards (2006) – National Research Council (USA)

South Central; Strategic health Authority Public Board paper HA08/065 "process for consultation on proposals to adjust fluoride levels in the water supply in Southampton and South West Hampshire. And HA/08 decision to consult on proposal for water fluoridation in Southampton

Economic implications of the fluoridation of water supplies in Hampshire and Southampton City PCT (May 2008) Abacus International (report commissioned by South Central SHA)

Fluoridation Feasibility Study (August 2007) Atkins (report commissioned by South Central SHA)

Link to Appendices noted at 5 -
http://www.newforest.gov.uk/committeedocs/ehwrp/CDR04321.pdf