





LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE: 27 NOVEMBER 2024

WATER FLUORIDATION

REPORT OF THE DIRECTORS OF PUBLIC HEALTH FOR LEICESTER, LEICESTERSHIRE AND RUTLAND

Purpose of report

1. The purpose of this report is to update the Committee on the process for requesting and implementing water fluoridation, as well as to provide an overview of the progress made to date in relation to this across Leicester, Leicestershire and Rutland (LLR).

Policy Framework and Previous Decisions

- 2. The Health and Care Act 2022 provides powers for the Secretary of State to introduce, vary and terminate community water fluoridation schemes. Prior to this, local authorities had the responsibility, through the Water Industry Act 1991.
- 3. Water fluoridation was discussed during the Joint Health Scrutiny Committee meeting on 17 July 2024, where officers were requested to provide an update at a subsequent meeting.
- 4. Water fluoridation has been presented at Leicester City Council's Public Health and Health Integration Scrutiny Commission on 16 April 2024, where the Commission were supportive.
- 5. A motion will be proposed and seconded at the Rutland Council meeting on 21 November 2024 by Liberal Democrat Councillors Abigail West and Mark Chatfield in support of water fluoridation.

Background

6. Oral health varies significantly across LLR, with substantial inequalities present.

Upper Tier LA	% of 5-year-olds with experience of tooth decay (dmft) (2021/22)
	dmft= Decayed, missing due to caries, or filled teeth

Leicester	37.8%
Rutland	15.1%
Leicestershire	19.1%
England	23.7%

- 7. Research has consistently shown strong associations between socioeconomic disadvantage and poorer oral health, which also includes oral cancers. Our most disadvantaged and vulnerable populations carry the greatest burden of oral diseases, and also face substantial barriers to accessing dental care.
- 8. Evidence supports water fluoridation as an effective public health measure that has the ability to benefit both adults and children, reduce oral health inequalities and offer a return on investment. There is also no evidence of health harms from the levels of fluoride used in English schemes, nor the slightly higher levels allowed naturally. Despite this, no new schemes have been implemented for nearly 40 years.
- 9. Fluoride is a naturally occurring mineral found in water and some foods. The amount of naturally occurring fluoride in water varies across the UK due to geological differences.
- 10. Water fluoridation schemes involve adding fluoride to community drinking water supplies in areas of low natural fluoride, increasing the level to that known to reduce tooth decay. This happens in approximately 25 countries internationally, covering an estimated 400 million people.
- 11. Evidence from observational and interventional studies shows that appropriate levels of fluoride can reduce the prevalence and severity of dental decay in both adults and children.
- 12. Fluoride in water does carry a small risk of dental fluorosis. In its mildest form, dental fluorosis appears as very fine pearly white lines or flecking on the surface of the teeth. To minimise the risk of fluorosis, fluoride in drinking water is tightly controlled and measured. Although the regulatory limit for fluoride is 1.5mg/l, in England, water companies with fluoridation schemes have a lower target dose of 1mg/l.
- 13. Water fluoridation is supported in the UK by many professional health organisations including dentistry associations, the UK Chief Medical Officers, the NHS, the British Medical Association and UK Faculty of Public Health. Globally water fluoridation continues being supported by the World Health Organisation (WHO), the FDI Dental Federation, and the International Association for Dental Research.
- 14. There is very little data on public perception of water fluoridation schemes. In England, a study published in June 2021 assessed public attitudes in five areas in the North East of England, and found that 60% of respondents were in favour of adding fluoride to the water supply to prevent dental decay, while 16% were opposed. A 2022 Scottish study also found strong support for water fluoridation, with significant numbers wrongly believing their water was already fluoridated.

- 15. A consultation to expand the water fluoridation scheme in the North East of England has recently closed. The results of this consultation are expected to be published by the Department of Health and Social Care in late 2024. If the results from this consultation are negative and the Secretary of State chooses not to progress, then the likelihood of fluoridation across LLR is extremely low.
- 16. The process for achieving water fluoridation is as follows:
 - a) Although not part of the legislative process, other local authorities have aimed to demonstrate their need and interest by gaining local approval and then the creation of a comprehensive evidence pack submitted to the Secretary of State for Health and Social Care (SoS);
 - b) Decision by SoS to potentially establish a new scheme, or vary an existing scheme;
 - c) Water company (e.g. Severn Trent or Anglian) would be instructed to conduct a feasibility study to identify if a new/expanded scheme would be feasible and the geography that would be covered;
 - d) Public consultation undertaken if a scheme is determined as feasible;
 - e) After considering this, the SoS would decide whether fluoridation will be implemented in the area;
 - f) Detailed engineering plans to be created and planning permission to be obtained;
 - g) Drafting of legal agreements;
 - h) Building of new infrastructure;
 - i) Switch on of the new system.
- 17. No timeframe for this process is available however it is likely to be considerable, possibly 5-10 years.
- 18. The previous Conservative government was in favour of water fluoridation and launched the consultation on expansion of the scheme in the North East of England. The new Labour government has not yet announced a position on water fluoridation.
- 19. In early 2024, Nottingham City and Nottinghamshire County Council jointly submitted a letter and evidence pack to the Secretary of State to petition for water fluoridation. They are yet to receive a response, beyond an acknowledgement.
- 20. The evidence pack should contain all relevant documents to highlight why fluoridation would benefit the local population. It was also advised, and conducted by Nottingham(shire) colleagues, to have various signatories to their letter to the SoS, as well as showing how other key stakeholders and partners were engaged and who is supportive. It is logical to assume that if there is support across a wide range of organisations, and a larger geographical/population footprint that an approach may be looked on more favourably by the SoS.
- 21. Due to the high initial infrastructure costs (which central government take on), as demonstrated by the North East expansion proposals, working across a larger

Fluoridation Across LLR

- 22. The majority of LLR's water is supplied by Severn Trent, with smaller areas on the East of LLR provided by Anglian Water. Very small conurbations have existing fluoridated water within North West Leicestershire and Melton. Officers have met with fluoridation specialists within both water companies to informally discuss logistics and feasibility. Although the local water supply is complex, fluoridation would be possible, but until feasibility assessments are conducted the whole impact and effect cannot be known.
- 23. Leicester City Council have publicly declared their intention to approach the Secretary of State, and reports have been presented to the relevant bodies and committees including the Public Health and Health Integration Scrutiny Commission.
- 24. A motion will be proposed at the Rutland Council meeting on the 21st of November seeking support for fluoridation.
- 25. Leicestershire County Council are currently undertaking internal discussions, with Public Health Officers liaising with the lead Cabinet member for Health.
- 26. Fluoridation has been discussed within the Integrated Care Board Clinical Executive and they are supportive of an approach to the Secretary of State. NHS England, via the regional Consultant in Dental Public Health, and the Office of Health Improvement and Disparities, via the Regional Deputy Director have also been consulted and are supportive of an LLR approach.
- 27. The evidence pack developed by Nottingham City and Nottinghamshire County Councils will be used as a blueprint locally in LLR to formulate a local evidence pack.

Impact Assessments/Implications

- 28. Water fluoridation would be of benefit to all within the community and provides an opportunity to narrow oral health inequalities across all populations and protected characteristic groups. However, to have maximum benefit, it should be provided within a suite of other interventions and preventable measures such as supervised tooth brushing and reducing high sugar diets, as well as supported by access to dentistry. Local schemes and plans are in place to address all of these.
- 29. An equality impact assessment has not yet been conducted. This would form part of the consultation, if taken forward by the Secretary of State.
- 30. Other impact assessments would also be considered at later stages and by either the secretary of state or by water companies, such as environmental impacts and risk assessments.

Consultation

31. If, after approaching the Secretary of State, the Secretary decided to look at LLR as a potential area for fluoridation, a full public consultation would be undertaken, as

described in the steps under paragraph 14 above. This would be led by the Department of Health and Social Care.

Resource Implications

32. At present, there are no resource implications. In the future, if fluoridation was considered by the Secretary of State, then all consultation, feasibility, subsequent water infrastructure changes and ongoing delivery costs would be covered by central government. If a consultation were to be carried out local bodies, including councils, would need to consider identifying resources to support local engagement and communication.

Timetable for Decisions

- 33. Leicester City Council have already considered fluoridation via the Public Health and Health Integration Scrutiny Commission and are working on putting together an evidence pack to submit to the Secretary of State. Rutland Council and Leicestershire County Council are still undertaking internal processes.
- 34. The next step is to review the outcomes of the consultation in the North East of England. If the SoS decides not to progress with fluoridation, then further local action across LLR may not be viable. However, if the response is positive, then submitting a letter and supporting evidence to the SoS for their consideration would be explored.

Conclusions

35. Overall, water fluoridation is an effective approach to improving oral health, and with the current issues affecting the dental sector, population approaches are much needed. The process for fluoridation is summarised above.

Background papers

Health and Care Bill: Water Fluoridation

https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-andcare-bill-water-fluoridation#what-the-bill-will-do

Oral Health Needs Assessments

- Leicester City <u>https://www.leicester.gov.uk/media/ejoj3sa5/oral-health-adults-jsna-</u>2023-update.pdf
- Leicestershire https://www.lsr-online.org/uploads/oral-health-14.pdf?v=1701700707
- Rutland https://www.lsr-online.org/uploads/oral-health.pdf?v=1678984171

Statement on water fluoridation from the UK Chief Medical Officers <u>https://www.gov.uk/government/publications/water-fluoridation-statement-from-the-uk-chief-medical-officers/statement-on-water-fluoridation-from-the-uk-chief-medical-officers</u>

Circulation under the Local Issues Alert Procedure

36. None.

Equality Implications

37. An equality impact assessment is not needed at this time, as there are no equality implications arising. However, if fluoridation was to be explored further, then a full equality impact assessment would be conducted.

Human Rights Implications

38. There are no human rights implications arising from the update in this report.

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