

Reference Number: 2023/1014

10 October 2023

[REDACTED]

Email: [REDACTED]

Tēnā koe [REDACTED]

Response - Official Information Request

I refer to your request for information received on 22 September 2023. Your request has been considered under the Local Government Official Information and Meetings Act 1987 (LGOIMA) and I provide the following information.

“Please provide all correspondence between the council and the Ministry of Health regarding fluoridation since June 2022.”

Please find attached correspondence between Horowhenua District Council and the Ministry of Health regarding fluoridation since June 2022.

You are entitled to seek an investigation and review by the Office of the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

Horowhenua District Council publishes responses to Local Government Official Information and Meetings Act 1987 (LGOIMA) requests that we consider to be of wider public interest, or which relate to a subject that has been widely requested. To protect your privacy, we will not generally publish personal information about you, or information that identifies you. We will publish the LGOIMA response along with a summary of the request on our website. Requests and responses may be paraphrased.

If you have any queries regarding this information, please contact the LGOIMA Officer on LGOIMAOfficer@horowhenua.govt.nz.

Yours sincerely



Steve McTaylor-Biggs
Executive Sponsor

1 July 2022

Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health
fluoride@health.govt.nz

Tēnā koe Dr Bloomfield,

Community water fluoridation next steps

Thank you for your letter, dated 3 May 2022, in which you invited Horowhenua District Council (Council) to provide further comment on the costs and timeframes to implement a fluoride dosing system for Levin's water supply.

Council held a workshop on Wednesday 29 June 2022 to discuss and clarify the broader public health outcomes of fluoridation, leading to our response to your letter. We would like to thank Riana Clarke, your National Clinical Director for Oral Health, for her presentation. We appreciated the opportunity to discuss the benefits and community health outcomes with your chief dental expert.

Our previous advice on the costs and timeframes for the Levin water supply, dated 15 December 2021 remains largely unchanged. With regard to the two questions posed:

- a) *the estimated financial cost of adding fluoride to the drinking water, including any additional costs of ongoing management and monitoring*

We have carried out some preliminary investigations into the addition of a fluoride dosing system into our water treatment plant, including advice from specialist suppliers. The plant itself will require some modifications alongside the design, supply, installation and commissioning of the new dosing system. At the time of writing, and based on current market conditions, the estimated capital cost of adding fluoride to Levin's water supply will be circa \$1,000,000.

The high-level breakdown would be:

- \$500,000 for the mechanical and chemical engineering systems
- \$250,000 for the civil engineering modifications to the plant
- \$250,000 for project management, design, compliance, commissioning and contingency

We estimate the ongoing (business and usual) operational costs would be circa \$40,000 per annum.

Furthermore, our asset management plan would also need to include planned renewals, inventory of spares and reactive maintenance budgets per annum. Quantification of those costs is reliant on the system we select and the various warranties, guarantees and depreciation cycles for the specialist equipment.

We will of course work alongside the Ministry to detail and confirm the scope and budgets once the Director General of Health has outlined the direction.

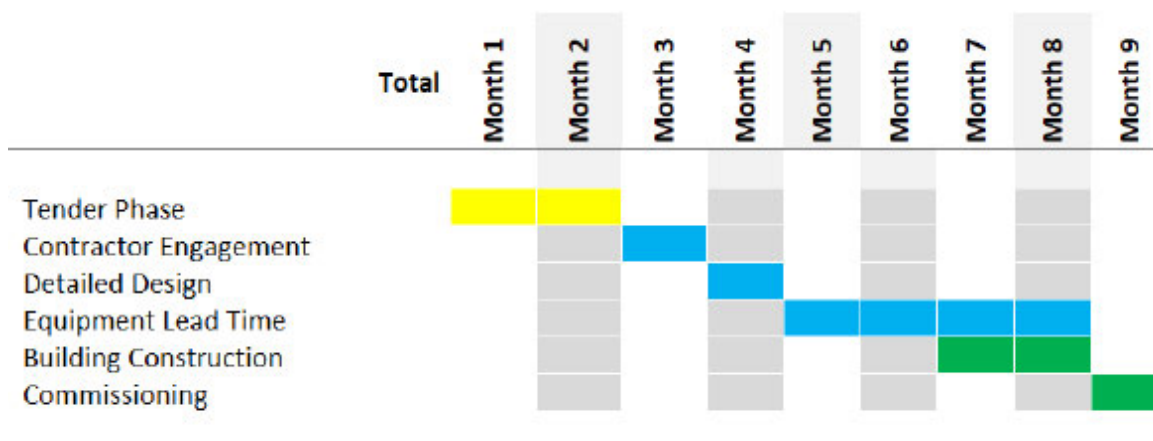
Council will require funding assistance from the Ministry. You will be aware that Council had not anticipated this as part of our Long Term Plan of Annual Plan processes and does not have any dedicated funding set aside for the additional capital and operational costs. Our team will work alongside the Ministry to determine a mutually agreeable funding model going forward.

b) the date by which your local authority would be able to comply with a direction.

At the time of writing and based on market advice, we have conservatively estimated up to nine (9) months to design, install and commission a fluoride dosing system for Levin. Noting the timeframe can be reduced depending on the procurement method and lead times to secure the specialist equipment.

Procurement would commence immediately upon receipt of a direction from the Director General of Health. It is conceivable we could begin dosing fluoride in 2022.

We have outlined a simple critical path programme below.



I wish to reiterate Council’s concern about the ad hoc way in which we introduce this treatment into our community means we could lose out on bundling and procuring work across our 5 treatment plants, rather than just the one treatment plant you have identified. With the impending Three Waters Reform Programme we are concerned about the compounding impact of adding in infrastructure, that we do not have allocated budgets for. We also seek clarity on the implications of this direction with our current Water Safety Plan obligations.

We trust this further information provides the necessary confirmation and commitment you were looking for from Council. Please do not hesitate to make contact should you have any further questions. We look forward to working with you to implement this important initiative for our community.

Ngā mihi,

Monique Davidson
Chief Executive



27 July 2022

Monique Davidson
Chief Executive
Horowhenua District Council

Tēnā koe Mrs Davidson

Decision in relation to fluoridation direction

Thank you for responding to my letter of 3 May 2022. I have considered the information you have provided, alongside further information I am required to consider under section 116E of the Health Act 1956 (the Act). I have also received and considered advice from the Director of Public Health.

Informed by the matters I am required to consider, I have decided to exercise my statutory powers under section 116E of the Act to direct you to fluoridate the Levin drinking water supply in your region.

In accordance with section 116I of the Act, you are required to ensure that by 31 July 2023 you are fluoridating at the optimal levels (between 0.7ppm to 1ppm, parts per million) at the Levin supply. Contravening these requirements, or permitting these requirements to be contravened, constitutes an offence under section 116J of the Act.

Fluoridation of the Levin drinking water supply is an important step in improving the oral health of your community, and it is my intention that Manatū Hauora (the Ministry of Health) will work constructively with you to implement these important changes.

In reaching my decision to issue this direction to you, I considered the scientific evidence on the effectiveness of adding fluoride to drinking water in reducing the prevalence and severity of dental decay. I am satisfied that community water fluoridation is a safe and effective public health measure that significantly reduces the prevalence and severity of dental decay. In reaching this conclusion, I considered: *Water fluoridation to prevent tooth decay* (Cochrane Collaboration 2015), *Health effects of water fluoridation: A review of the scientific evidence* (PMCSA and Royal Society Te Apārangi 2014) and *Fluoridation: An update on evidence* (PMCSA 2021).

In reaching my decision, I also considered whether the benefits of adding fluoride to the drinking water outweigh the financial costs, taking into account: the state or likely state of the oral health of your community served by the Levin supply; the number of people who are reasonably likely to receive drinking water from this supply; and the likely financial cost and savings of adding fluoride to the drinking water of this supply, including any additional financial costs of ongoing management and monitoring.

I am satisfied that the benefits of introducing community water fluoridation across the Levin drinking water supply outweigh the financial costs of doing so. In reaching this conclusion, I gave weight to the following:

- the Levin community would receive significant benefit, through improvement to the state of its oral health, because fluoridation of the drinking water supply would significantly reduce the prevalence and severity of dental decay in its community
- approximately 20,000 people are reasonably likely to receive drinking water from the Levin supply
- the likely financial cost and savings of adding fluoride to drinking water for the Levin supply, including any additional financial costs of ongoing management and monitoring.

My decision-making process included inviting written comment from Horowhenua District Council and having regard to the comments I received. Below I summarise and respond to the comments I received:

- the estimated capital cost of introducing fluoridation for the Levin drinking water supply is \$1,000,000. The estimated ongoing management and monitoring costs are \$40,000 per annum.
- the timeframe by which Horowhenua District Council would be able to comply with a direction for the Levin drinking water supply is nine months.

As part of considering whether to issue a direction to fluoridate, I considered the cost estimates you provided. I also accept the timeframe you specified by which you could comply with a direction for the Levin drinking water supply. This is reflected in the compliance date stated earlier in this letter.

Appendix 1 presents a more extensive summary of the information that informed my decision-making, including the advice I received and considered from the Director of Public Health.

Funding

Manatū Hauora is making capital works funding available for local authorities that have been issued a direction to fluoridate, and that begin work to fluoridate drinking water supplies by the end of 2022. It will shortly provide detailed information about the application process for this funding to cover fluoridation-related capital costs.

Communicating this 'direction to fluoridate' decision

Manatū Hauora is responsible for communicating this decision at a national level. Please note too, that as required under section 116E(5) of the Act, all direction letters will be published on the Manatū Hauora website in due course.

Next steps

An official from Manatū Hauora will contact your team in the coming weeks to discuss any needs you might have for further clarity or additional information. Manatū Hauora recognises that this is a busy time for local authorities and wishes to work with you to make the process as straightforward as possible for your team.

Nākū noa, nā

A handwritten signature in black ink, appearing to read 'Ashley Bloomfield', written in a cursive style.

Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

Appendix 1:

Horowhenua District Council: Levin water supply

| Analysis | |
|---|--|
| Criterion | 1. Scientific evidence on the effectiveness of adding fluoride to drinking water in reducing the prevalence and severity of dental decay |
| Evidence | <p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> • Fluoridation: an evidence update Office of the Prime Minister's Chief Science Advisor (June 2021) • Health effects of water fluoridation: A review of the scientific evidence (August 2014) Office of the Prime Minister's Chief Science Advisor and Royal Society of New Zealand Te Apārangi • Water fluoridation to prevent tooth decay Cochrane Collaboration (June 2015) <p>Fluoridation: An update on evidence (PMCSA 2021) examines new evidence on water fluoridation published since the Royal Society Te Apārangi report in 2014. The Cochrane Collaboration's water fluoridation to prevent tooth decay (2015) is a high-quality scientific meta-analysis of a large number of high-quality research studies conducted over a long period worldwide.</p> |
| Analysis | <p>The sources of evidence referred to above are reviews that examine substantial bodies of research generated over periods of time on the safety of community water fluoridation (CWF) and its effectiveness at reducing dental decay. Considered together, these reports provide an up-to-date and high-quality scientific assessment of the state of the scientific evidence on the health effects of CWF. They find that the provision of CWF at a level of 0.7-1 mg/L is safe and significantly reduces the prevalence and severity of dental decay.</p> <p>The summary analysis of evidence stated above justifies the conclusion that provision of CWF at a level of 0.7-1 mg/L in the Levin water supply would be safe and effective at significantly reducing the prevalence and severity of dental decay in the populations serviced by this water supply.</p> |
| Director of Public Health advice | Informed by the findings of the reviews noted in 'Criterion 1 Evidence' above on CWF, my assessment is that there is strong evidence that CWF is a safe and effective way to improve oral health outcomes, by reducing and preventing dental decay. I also consider that this strong evidence applies to the communities served by the Levin water supply. |
| Criterion | 2. whether the benefits of adding fluoride to drinking water outweigh the financial costs, taking into account: |
| Criterion | 2a. the state or likely state of the oral health of a population group or community where the local authority supply is situated |
| Evidence | <p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> • data on Age 5 and Year 8 oral health outcomes from the Community Oral Health Service (Ministry of Health) • data from the New Zealand Health Survey: Oral Health (New Zealand Health Survey Ministry of Health NZ) • Oral Health Survey Report (Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey Ministry of Health NZ) • 2013 New Zealand Index of Deprivation (NZDep) (Socioeconomic deprivation profile ehinz) |

| | |
|----------------------------------|---|
| | <p>This is the most relevant up-to-date data available. It should be noted that oral health outcome data can take a long time to change substantially.</p> |
| Analysis | <p>The Levin water supply is situated within the previous MidCentral District Health Board area.</p> <p>2020 data for children aged 0-12 in MidCentral District Health Board show:</p> <ul style="list-style-type: none"> - overall, 42 percent of children had experienced tooth decay at age five - on average, children at age five have 1.89 decayed, missing or filled primary teeth, and at school year 8 have on average 1.10 decayed, missing or filled adult teeth - Māori and Pacific children have significantly worse outcomes than other children within MidCentral District Health Board. For example, 59 percent of Māori children had experienced decay at age five compared to 37 percent for all other (non-Māori and non-Pacific) children. <p>The 2017-2020 New Zealand Health Survey results for Horowhenua District Council show:</p> <ul style="list-style-type: none"> - 67.5 percent of adults (15+) had one or more teeth removed in their lifetime due to decay, an abscess, infection or gum disease - 7.9 percent of adults (15+) had one or more teeth removed in the past 12 months due to decay, an abscess, infection or gum disease. <p>From the data summarised above, it is reasonable to conclude that there are significant levels of dental decay in the communities serviced by the Levin water supply. There is strong evidence that CWF reduces dental decay. There are therefore also significant opportunities for oral health improvement for the communities served by the Levin water supply. The evidence indicates that fluoridation of the Levin water supply would make significant improvements to oral health outcomes for the communities it serves.</p> <p>Within the Levin area, there are significant levels of deprivation. In the 10-level score in which decile 1 has the least deprivation, Levin East and Levin North are in decile 9, and Levin South and Levin West are in decile 10. There is a significant body of evidence that levels of tooth decay are highest among the most deprived socioeconomic groups.</p> |
| Director of Public Health advice | <p>Informed by the evidence and data sources listed above at ‘Criterion 1 Evidence’ and ‘Criterion 2a Evidence’, I have reviewed the state of oral health of the populations served by the Levin water supply. In summary, my assessment is as follows. The Levin population presently have significant levels of preventable dental decay. The evidence that CWF improves oral health outcomes by reducing dental decay is applicable to this population. So too is the evidence that these benefits tend to be greater for populations that experience higher levels of tooth decay, such as Māori and Pacific communities. Fluoridation of the water supply that serve these communities would consequently improve oral health outcomes, and is likely also to reduce health inequities</p> |

| | | |
|-----------|--|------------------------|
| Criterion | 2b. the number of people who are reasonably likely to receive drinking water from the local authority supply | |
| Evidence | <p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> • the Public Register of Drinking Water Suppliers | |
| Analysis | Water supply | Population size |
| | Levin | 20,000 |
| Criterion | 2c. the likely financial cost and savings of adding fluoride to the drinking water, including any additional financial costs of ongoing management and monitoring | |
| Evidence | <p>The Ministry has considered the following information:</p> <ul style="list-style-type: none"> • Review of the Benefits and Costs of Water Fluoridation in New Zealand. Sapere Research Group. May 2015. • Water Fluoridation Engineering Costs. August 2015. • Horowhenua District Council's estimated costs, including ongoing management and monitoring costs (for more detail on Horowhenua District Council's comments see table below). | |
| Analysis | <p>The 2015 Sapere Report estimated that adding fluoride to New Zealand's water treatment plants classified as medium sized and above (ie, those supplying populations of over 5000) is cost-saving, and for smaller supplies (ie, those supplying populations of over 500) is likely to be cost-saving. The Sapere report also noted:</p> <ul style="list-style-type: none"> - an estimated total net discounted saving over 20 years for smaller supplies and above to be \$1,401 million, made up of a cost of fluoridation of \$177 million and cost offsets of \$1,578 million from reduced dental decay - "We estimate the 20-year discounted net saving of water fluoridation to be \$334 per person, made up of \$42 for the cost of fluoridation and \$376 savings in reduced dental care" <p>The Levin supply fits into the category of supplies servicing over 5000 people (see further detail in Criterion 2b).</p> <p>The estimated costs provided by Horowhenua District Council are presented in the table below. These estimates vary from the cost estimates Sapere 2015 used in reaching its conclusion that fluoridation is cost-saving for supplies servicing over 5000 people. For water supplies servicing over 10,000 people, Sapere 2015 estimated \$347,004 for capital costs, and \$8742 per annum for management and monitoring costs; while for the Levin supply servicing 20,000 people, Horowhenua District Council estimated \$1,000,000 for capital costs, and \$40,000 per annum for management and monitoring costs.</p> | |

| | Water Supply | Population size | Horowhenua District Council estimate of capital cost | Horowhenua District Council estimate of management and monitoring costs (per annum) |
|--|--------------|-----------------|--|---|
| | Levin | 20,000 | \$1,000,000 | \$40,000 |
| | Total | 20,000 | \$1,000,000 | \$40,000 |

Summary of the information received from Horowhenua District Council

As required by section 116G, Horowhenua District Council was invited to give written comments on the estimated financial costs of adding fluoride to the drinking water, including any additional costs of ongoing management and monitoring; and the date by which each local authority would be able to comply with a direction. Horowhenua District Council responded within the required timeframe. A copy of Horowhenua District Council's formal response is attached to this Report as Appendix One.

For Horowhenua District Council's estimated financial costs of adding fluoride to the drinking water, including any additional costs of ongoing management and monitoring, please see Criterion 2c above.

Levin Water Supply

Horowhenua District Council stated that the timeframe by which it would be able to comply with a direction for the Levin supply is estimated to be up to 9 months.



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3 November 2022

Monique Davidson
Chief Executive
Horowhenua District Council
[REDACTED]

Tēnā koe Ms Davidson

Community water fluoridation - notification of active consideration

Thank you for your work to date with Manatū Hauora (the Ministry of Health) on matters concerning community water fluoridation.

As you will be aware, in July 2022, you received a direction to fluoridate some of the drinking water supplies in your local authority area. I understand that Manatū Hauora officials have been working to assist you to comply with these directions and have invited you to apply for funding for capital works to implement fluoridation.

I am now writing to a second set of 27 local authorities advising each that I am actively considering whether to issue a direction to fluoridate some or all of its drinking water supplies. This second set includes some of the local authorities that received a direction in July. I have chosen to prioritise consideration of these 27 local authorities based on the needs and size of the populations served by their water supplies.

The Horowhenua District Council is one of the local authorities I am now actively considering for a further potential direction to fluoridate. I will consider separately each of the following drinking water supplies in your area: Foxton, Foxton Beach, Shannon, and Tokomaru.

Regarding each water supply listed above, before I can decide whether to issue a direction to fluoridate I am required under section 116G(2) of the Health Act (the Act) to invite written comment from you in relation to the above drinking water supplies on:

- a) the estimated financial cost of adding fluoride to the drinking water, including any additional costs of ongoing management and monitoring
- b) the date by which your local authority would be able to comply with a direction to fluoridate.

I note that you have already provided some information on the matters on which I am now seeking written comment. That information is summarised in the attached table. Please note that the table expresses the information you provided about timeframes in terms of the number of months it would take to implement community water fluoridation if a direction were



given and funding available. Please confirm or update the attached table and, where applicable, provide additional comment.

The Act requires that I give you at least 40 working days to respond to my request for written comment. To take into account the summer holiday period, I am giving you an additional 20 working days to respond. Please provide written comment to me **by 2 February 2023**. Please send your response to fluoride@health.govt.nz.

When deciding whether to issue any direction to fluoridate, I will also consider the scientific evidence on the effectiveness of fluoridation and, for each drinking water supply, whether the benefits of fluoridation outweigh the financial cost, taking into account the oral health status, population size, and estimated costs of fluoridation.

I continue to be mindful of current service delivery pressures across the water services and broader local government sectors. In light of this, if I do issue directions regarding your drinking water supplies, these will have compliance dates set for after July 2024 when the new water service entities are due to be established.

An official from Manatū Hauora will contact your team during the active consideration period to discuss any questions you may have. Manatū Hauora recognises that this is a busy time for local authorities and wishes to work with you to make the process as straightforward as possible for your team.

Nāku noa, nā

Dr Diana Sarfati
Te Tumu Whakarae mō te Hauora
Director-General of Health



Information about drinking water supplies for Horowhenua District Council

| Local Authority | Reticulated drinking water supply name | Water supply pop | Estimated number of months to fluoridate if a direction is given and funding available | Estimated capital works cost to fluoridate | Estimated ongoing mgmt. & monitoring costs | Additional comments |
|-----------------------------|--|------------------|--|--|--|---------------------|
| Horowhenua District Council | Foxton | 2700 | 12 | \$600,000 | | |
| | Foxton Beach | 1900 | 12 | \$600,000 | | |
| | Shannon | 1436 | 8 | \$450,000 | | |
| | Tokomaru | 550 | 8 | \$300,000 | | |



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28 March 2023

Monique Davidson
Chief Executive
Horowhenua District Council



Tēnā koe Monique

Community water fluoridation

Thank you for advising Manatū Hauora officials of your request to amend the compliance date for fluoridating the Levin drinking water supply.

I have considered and agree to your request to amend the date specified in the direction issued in July 2022.

In accordance with section 116I of the Health (Fluoridation of Drinking Water) Amendment Act 2021 (the Act), you are required to ensure that you are fluoridating at the optimal levels (between 0.7ppm to 1ppm, parts per million) at the Levin supply by 30 April 2024. Contravening these requirements, or permitting these requirements to be contravened, constitutes an offence under section 116J of the Act.

In making my decision, I have considered the reasons for this request and your assurance that implementation can be achieved by the new dates outlined above.

I am aware that you have also been working with Manatū Hauora officials to submit an application for funding for the capital costs of fluoridating the Levin supply.

Thank you again for working with Manatū Hauora officials to work through the necessary steps to fluoridate the Levin drinking water supply. I continue to be mindful of current service delivery pressures across the water services and broader local government sector.

Nāku noa, nā



Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora



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4 September 2023

Monique Davidson
Chief Executive
Horowhenua District Council

Tēnā koe Monique

Update on consideration of directions for community water fluoridation

Thank you for working constructively with Manatū Hauora as you work to implement fluoridation in the Levin drinking water supply.

I wrote to the Horowhenua District Council on 3 November 2022 to let you know I was actively considering whether to direct the Council to fluoridate the Foxton, Foxton Beach, Shannon and Tokomaru water supplies, under section 116E of the Health Act 1956.

Thank you for providing the information requested to inform my decision on whether to issue any directions regarding these water supplies.

Today I am writing to advise you this remains under active consideration but will take further time. This is to allow consideration of the impact of several wider factors including the Government's Water Services Reform programme, capacity pressures across the water services sector, and the impact of recent weather events in the North Island.

Local authorities that received Director-General of Health directions to fluoridate in July 2022 are making timely progress. One supply is now being fluoridated, and more are expected over the next 12 months. Manatū Hauora is working closely with these local authorities, and I appreciate the ongoing engagement as they work to implement community water fluoridation. Importantly, Manatū Hauora is gaining insights from this work that I will also be taking into consideration when making further decisions about directions to fluoridate.

At this stage, no further action is required from your Council. I will write to provide any further updates relating to the timing of any decision or if further information is required.

In the meantime, there is nothing to prevent you from fluoridating your water supplies in the absence of a direction from me, should you decide to do so. Community water fluoridation is an effective way to improve oral health outcomes for your communities and to improve oral health equity.

Thank you for your collaboration as we work together to improve the oral health of the communities we serve.

If you have any questions or would like to contact the team, please continue to use the email address: fluoride@health.govt.nz. The team would be more than happy to respond to any inquiries.

Nāku noa, nā



Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora