

3 March 2021

## **Addendum statement to Regulatory Impact Statement- Decision-making on fluoridation of community drinking water supplies**

In March 2016, Cabinet agreed to give decision-making authority on the fluoridation of community drinking water to district health boards (DHBs). These changes are set out in the Health (Fluoridation of Drinking Water) Amendment Bill which is currently awaiting its second reading.

The Ministry of Health (the Ministry) prepared a regulatory impact statement (RIS) when these policy decisions were made. The options considered were:

1. retain the status quo: local authorities remain responsible for decision-making on community water fluoridation
2. Retain the status quo (as per option 1) but with the introduction of non-binding guidelines to support local authority decision-making
3. provide financial incentives for DHBs to fluoridate water supplies
4. transfer decision-making responsibilities to DHBs.
5. transfer decision-making responsibilities to the Director-General of Health
6. require nationwide water fluoridation through legislation.

At the time, the following criteria was used to assess each of the options:

- whether it would improve oral health status and reduce disparities
- whether decisions would be informed by the scientific evidence on the safety and efficacy of community water fluoridation
- whether decisions would be informed by local health priorities and circumstances
- costs
- cost-effectiveness.

At this time, the preferred option was to give decision-making authority on the fluoridation of drinking water supplies to DHBs (option four).

The Ministry has since reassessed the options using the additional criteria of:

- aligns with Government expectations of strong national public health leadership and sector stewardship (as outlined in the Health and Disability System Review)
- ensures a robust and nationally consistent decision-making process.

Based on this, the Ministry's recommended option is now to give decision making authority on community water fluoridation to the Director-General of Health (option five). This is because this option strongly meets the additional criteria.

Criteria	Director-General of Health (Option five in original RIS)	District Health Boards (Option four in original RIS)
<ul style="list-style-type: none"> <li>aligns with Government expectations of strong national public health leadership and sector stewardship</li> </ul>	<p>Giving decision-making authority to the Director-General of Health aligns with the Government's expectation of strong central public health leadership and sector stewardship because it would mean one central decision maker setting a clear direction on community water fluoridation, while still considering some local factors.</p>	<p>There would be limited national public health leadership and sector stewardship on community water fluoridation. The Ministry of Health would develop a framework to support DHBs, but would play no active role in decision making.</p>
<ul style="list-style-type: none"> <li>ensures a robust and nationally consistent decision-making process</li> </ul>	<p>The strong scientific evidence that community water fluoridation is safe, effective and affordable applies across New Zealand. Decision-making on community water fluoridation by the Director-General of Health would enable these key factors and evidence to be considered and given weight in a nationally consistent manner. It would be harder for multiple DHB decision processes to achieve this.</p> <p>Moving to a single decision-making process through the Director-General of Health, rather than through multiple DHB processes, would also make it easier to address potential legal challenges in a unified manner.</p>	<p>There is a risk that DHBs could follow inconsistent decision-making processes. This may increase the likelihood of variations in fluoridation coverage and risk of multiple legal challenges.</p>

Additionally, the Ministry of Health note that there have been concerns that Director-General of Health decision-making would not be informed by local circumstances and health priorities. The Bill stipulates that the decision-maker must consider local factors including the oral health status of the community and the cost-effectiveness, and it is not proposed that this changes. The Ministry will develop a framework to support Director-General decision-making, which will include engagement requirements to ensure decision making is informed by local considerations.