

Should Fluoride be added to London's Water?

November 2003



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**Greater London Authority
November 2003**

Published by
Greater London Authority
City Hall
The Queen's Walk
London SE1 2AA
www.london.gov.uk
enquiries **020 7983 4100**
minicom **020 7983 4458**

ISBN 1 85261 548 6

This publication is printed on recycled paper

Chair's foreword



London has one of the highest rates of tooth decay in the country. More than half of all five-year-olds in some of the poorest parts of the capital suffer from tooth decay. Parents encouraging their children to brush their teeth twice a day and reducing the amount of sugar they consume could cut this shocking level of dental decay dramatically.

A solution suggested by Government, however, is to add fluoride to Londoners' drinking water. The Water Bill working its way through Parliament this autumn could make fluoridation more likely to happen in those parts of the country where fluoride is not added to the water supply. The proposed legislation would switch responsibility for fluoridation from water companies, traditionally wary of legal action from anti-fluoride campaigners, to Strategic Health Authorities, but only after public consultations.

This issue is clearly of great importance to Londoners, which is why the London Assembly's Health Committee carried out a scrutiny into fluoridation in the capital. On the long running debate as to whether adding fluoride to drinking water was beneficial or harmful to people's health, Committee Members were divided. But we did agree on two major points.

Firstly, fluoridation in London would be technically difficult. The capital has five Strategic Health Authorities, has four water suppliers and one route of delivering water, which carries clean supplies not just to London but also many of the surrounding counties. The Government needs to think more clearly about the implications of its proposals for a city such as London where overlapping responsibilities would make fluoridation extremely difficult to introduce.

Second, we are concerned the proposed legislation fails to spell out in enough detail how consultations would take place. Fulfilling our statutory duties to raise issues of importance to Londoners, we commissioned an opinion poll to find out what people feel about adding fluoride to the water supply. Our research suggests that, because of a very low level of awareness, the Government would need to launch a massive public education campaign if it is to carry out a full consultation ahead of any fluoridation in the capital.

In other words, the poll results send a clear message to the Government. Most Londoners think that fluoride can have a positive effect on dental health, but there is no clear majority in favour of adding it to their water. This is why the Health Committee recommends that the Government investigate other means of targeted help to improve dental health before fluoridation is even considered.

A handwritten signature in black ink, reading 'Elizabeth Howlett'.

Elizabeth Howlett

Chair, London Assembly Health Committee

The Health Committee

The London Assembly's Health Committee was established in May 2002. It has a unique role, in that unlike local authorities and other organisations, it can identify and investigate health issues that are of concern to London as a whole. The Committee is flexible in its remit, and is not bound to issues emanating from individual localities or health authorities.

The Committee can also work across agency boundaries and encourage participation from the voluntary sector, the private sector and local people, ensuring that these diverse views are reflected in its work.

In May 2003, the Assembly agreed the following membership of the Health Committee for the year 2003/04:

Elizabeth Howlett (Chair)	Conservative
Meg Hillier (Deputy Chair)	Labour
Richard Barnes	Conservative
Lynne Featherstone	Liberal Democrat
Diana Johnson	Labour
Noel Lynch	Green

The terms of reference of the Health Committee are as follows:

- To examine and report from time to time on:
 - the strategies, policies and actions of the Mayor and the Functional Bodies; and,
 - matters of importance to Greater London as they relate to the promotion of health in London.
- To liaise, as appropriate, with the London Health Commission when considering the Health Committee's scrutiny programme;
- To consider health matters on request from other standing committees and report its opinion to that standing committee;
- To take into account in its deliberations the cross cutting themes of:
 - the achievement of sustainable development in the United Kingdom; and,
 - the promotion of opportunity;
- To respond on behalf of the Assembly to consultations and similar processes when within its terms of reference.

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1. Should fluoride be added to London's water?

Background

- 1.1 Many of London's children suffer from very high rates of dental decay. Rates of decayed, missing or filled teeth in inner London are amongst the highest in the country. Though rates of tooth decay vary within boroughs, over 50% of 5 year olds in Westminster, Tower Hamlets, Hammersmith and Fulham and Brent have experienced tooth decay¹. For these children, on average, 5 out of 22 teeth will be damaged. But tooth decay is not a random event. It is correlated with high levels of deprivation, with its associated high levels of sugar in the daily diet and poor levels of dental care in the home.
- 1.2 In evidence taken by the Health Committee, we heard that the British Dental Association and the British Fluoridation Society believe that adding minute doses of fluoride (Fluoridic acid) to the water supply [one part per million] is a vital measure to prevent tooth decay. In support of this position they cite scientific research and the experience of other countries² where fluoride has been added to the water. In the UK, the cities of Birmingham and Newcastle have had fluoridated water since 1964 and 1968 respectively. However, this position attracts a high degree of controversy. We received a number of written statements³ and heard from opponents of adding fluoride to water⁴ who argued that the scientific evidence base for the claim of fluoride's benefits is weak and that there are negative health side effects to this course of action. They also point to the experience of Basle, Switzerland, which has recently stopped fluoridating its water supply. Some argue that such mass medication is unethical and open to legal challenge at the European level under Human Rights legislation.
- 1.3 This report concentrates on the evidence⁵ we have received to address the following key questions:
- Why add fluoride to the water supply?
 - Is there convincing evidence to support the use of fluoride in the water supply?
 - Is it technically feasible to add fluoride to London's water?
 - How would Londoners be consulted?

¹ See table attached "Average decayed, missing and filled teeth in 5 year olds by PCT and Strategic Health Authority 2001/02".

² Parts of Australia, New Zealand and the USA for example.

³ A full list of the evidence taken by this Committee is set out in Annex B.

⁴ Earl Baldwin sent in details. Doug Cross and Dr Vyvyan Howard (see transcript of evidence session).

⁵ The Health Committee took evidence on September 9 – full transcript available at <http://www.london.gov.uk/assembly/health/2003/healthsep09/minutes/healthsep09minsappa.pdf>

2. Why add fluoride to the water supply?

- 2.1 The key steps to healthy teeth are: a relatively low sugar diet and dedicated brushing of teeth twice a day. Despite these simple steps to prevent teeth decay the British Dental Association fears that educating people about the need for these steps has only a limited impact. It appears that pressure on people to enjoy foods with high sugar levels is so great that knowing the likely detrimental outcome of consuming high levels of sugar does not act as a deterrent.
- 2.2 As our witnesses, Prof Liz Kay from the British Dental Association, said “the diet ones (ie the education programmes) are great, fantastic, and I do it all the time, but it does not work”⁶. And further that in response to a question about the need for educational programmes in schools, the same witness argued “ as the author of probably the most widely reviewed school dental health education programme, I am an absolute advocate of what you are saying. It is just when you look at the evidence and measure the effects on the children’s teeth at the end of the day, it does not make any difference”⁷
- 2.3 One witness, Sheila Jones for the British Fluoridation Society, argued that for health visitors the challenge to communicate good dental care practice is incredibly difficult. It is particularly difficult to challenge the popularity of drinks with high sugar levels made popular by advertising. Furthermore, poor labelling often confuses consumers into believing that what they are buying is more tooth friendly than it really is. There is also concern that for those young people on very low incomes who start families early, dental care may be a low priority given all the other challenges they face.
- 2.4 We share these concerns. In particular we feel that advertising creates undue pressures on parents to accept their children having a high-sugar diet. We welcome on-going work by the Department for Education and Skills, and the Food Standards Agency respectively looking at the nutritional quality of food in schools and the impact of advertising on food choices. We look forward to hearing Government’s recommendations in this area.

Recommendation 1: We would like the Department of Health to present to us a full inventory of nationwide public health programmes aimed at improving dental care launched over the past 20 years and any evaluations carried out to assess the effectiveness of these programmes. We would also like the Department of Health to re-examine initiatives to improve basic dental care aimed at crèche, nursery and primary school children, particularly through the Sure Start programme.

⁶ Professor Liz Kay, British Dental Association (see transcript)

⁷ Professor Liz Kay, British Dental Association (see transcript)

3. The scientific evidence assessed

- 3.1 Much of the academic-cited evidence that links water fluoridation to improved dental health comes from research conducted several decades ago. The Department of Health commissioned the NHS Centre for Reviews and Dissemination at the University of York to produce an up to date review of the topic, looking at all relevant studies⁸. This was published in September 2000. We have concentrated our attention on this review, as it is the most comprehensive review of the subject area ever produced.
- 3.2 The “York review” looked at some 734 relevant papers published between 1951 and 2000. The majority were of the “before-after” design, but the review criticised many studies they looked at for a “lack of appropriate analysis”⁹ and the poor quality of diagnostic data to secure confidence in the results. The difficulty of separating out the impact of fluoride in water from other factors such as diet, and general oral hygiene was another key concern.
- 3.3 We have also been presented with numerous references to individual scientific papers that purport to support or undermine many of the assertions made by those both for and against adding fluoride to London’s water¹⁰.

The York Review investigated 5 research objectives:

1. What are the effects of fluoridation of drinking water supplies on the incidence of caries¹¹?
2. If water fluoridation is shown to have beneficial effects, what is the effect over and above that offered by the use of alternative interventions and strategies?
3. Does water fluoridation result in a reduction of caries across social groups and between geographical locations, bringing equity?
4. Does water fluoridation have negative effects?
5. Are there differences in the effects of natural and artificial water fluoridation?

All these questions are relevant to a better understanding of the key issues involved.

What are the effects of fluoridation of drinking water supplies on the incidence of caries?

- 3.4 The York review looked in detail at 26 studies of the effect of water fluoridation on dental caries. York stated that “the best available evidence suggests that fluoridation of drinking water supplies does reduce caries prevalence”. The York Review also states that “The degree to which caries is reduced, however, is not clear from the data available”. Furthermore, “the best available evidence from

⁸ A systematic Review of Water Fluoridation The University of York, NHS Centre for Reviews and Dissemination

⁹ Op. cit. (pxii)

¹⁰ Dr Vyvyan Howard’s presentation to the Committee gives a comprehensive overview (see <http://www.london.gov.uk/assembly/health/2003/healthsep09/minutes/healthsep09minsappa.pdf>)

¹¹ Dental caries means the decay and crumbling of teeth

studies following withdrawal of water fluoridation indicates that caries prevalence increases". However, the York Review points out that the studies underlying this conclusion were "of moderate quality, but of limited quantity"¹².

- 3.5 This raises the issue of establishing a standard so we can all agree how good the evidence has to be for a mass public health measure to go ahead. Earl Baldwin in a letter to Professor Kay stated that "We need to be clear what is needed for fluoridation... a moderate basketful of level 'B' and 'C' studies (ie studies of moderate quality) would not in my view come very near"¹³.

If water fluoridation is shown to have beneficial effects, what is the effect over and above that offered by the use of alternative interventions and strategies?

- 3.6 The York review stated "In those studies completed after 1974, a beneficial effect of water fluoridation was still evident in spite of the assumed exposure to other non-water (forms of) fluoride in the populations studied". But again the quality of the studies was questioned as not being sufficiently robust to give a definitive conclusion.

Does water fluoridation result in a reduction of caries across social groups and between geographical locations, bringing equity?

- 3.7 The York review stated, "A total of 15 studies investigating the association of water fluoridation, dental caries and social class in England were identified. The quality of the evidence of the studies was low...there appears to be some evidence that water fluoridation reduces the inequalities in dental health across social classes in 5 and 12 year-olds...the data for the effects in children of other ages did not show an effect. The small quantity of studies, differences between these studies, and their low quality rating, suggest caution interpreting these results ¹⁴".

Does water fluoridation have negative effects?

- 3.8 The York review examined studies looking for evidence of negative effects. In particular, dental fluorosis (a form of developmental defect of tooth enamel), bone fracture and bone development problems, cancer and other negative effects. York concluded that there was evidence to indicate some low level of fluorosis (around 1 in 6), with an even lower level (1 in 24) having dental fluorosis that may cause "aesthetic concern". But the precision of these estimates is low. For bone fracture (particularly hip fracture) and bone development "overall, the findings of [these] studies...showed small variations around the "no effect" mark. For cancer studies, York reported "overall, no clear association between water fluoridation and incidence or mortality of bone cancers, thyroid cancer or all cancers was found". For "other negative effects" the York Review stated that "further research in these areas needs to be of a much higher quality..."¹⁵

¹² Op. cit. (page xii).

¹³ Submission to the Health Committee – Earl Baldwin, letter to Professor Kay.

¹⁴ Op.cit (page xii-xiii)

¹⁵ Op.cit (page xiii-xiv)

Are there differences in the effects of natural and artificial water fluoridation?

- 3.9 The York review reported, “the evidence is not adequate to make a conclusion regarding this objective¹⁶”.
- 3.10 Because the York review concluded that little high quality research had been carried out on the broad questions of fluoride and health, the Department of Health asked the Medical Research Council to set up a Working Group to consider what further research is required to improve knowledge in this field. Its report at http://www.mrc.ac.uk/pdf-publications-water_fluoridation_report.pdf highlighted 14 separate research projects that bear importantly on decisions about fluoridation. For example: there is a need to better understand the total absorption of fluoride that individuals are experiencing, the possible impact of fluoridation on risk of hip fractures, and the impact of fluoride ingestion.
- 3.11 A further scientific review, this one by the Chief Medical Officer and the Chief Dental Officer, is expected to be published this autumn. We look forward to its publication.
- 3.12 The majority of the Committee agree that the scientific evidence presented to us demonstrates a positive correlation between taking fluoride and improved dental health. However, some of us on the Committee believe that adding fluoride to water is not necessarily the best way to tackle poor childhood dental health and wait with interest the information asked from the Department of Health as part of recommendation 1. An assessment can then be made as to whether the dental profession could meet the needs of London’s children by promoting good dental health.
- 3.13 Others consider that the evidence fails to show that adding fluoride to the water supply brings benefits (if any) sufficient to outweigh possible negative impacts. Furthermore, some of the Committee consider adding fluoride to the water supply would compromise the principle of individual choice over medication.

Recommendation 2: We request the Department of Health to provide us with an assessment of previous initiatives to provide children with fluoride tablets and why they were stopped. We would also welcome an assessment (including the financial cost) of the effect of providing targeted fluoride tablets and supplements, free of charge, to those areas in London most affected by poor dental hygiene.

¹⁶ Op.cit (page xiv)

4. Is it technically feasible to add fluoride to London's water?

- 4.1 Thames Water is not the sole water provider to London. Though it serves the vast majority of Greater London, other companies, such as Three Valleys Water and Sutton and East Surrey Water also provide clean water to the capital. Thames Water state in their submission "Due to differences in the borders of London Health Authorities and the various water companies' supply boundaries, total coverage of each Health Authority would only be possible if all water companies implement fluoride treatment".
- 4.2 There are major technical difficulties with fluoridating London's water. The presence of the London Ring Main means that the London water supply is in practice a single supply. So to achieve fluoridation of London it will be necessary to fluoridate the entire ring main system. This means that in addition to London, fluoridation would extend as far as parts of Hertfordshire, Essex, Kent and Surrey; which would mean further consultation.
- 4.3 Thames Water indicated to us that fluoridation would involve the installation of dosing plants at 34 treatment works and the following costs:
- the estimated capital cost of the project would be in the order of £15m;
 - an estimated annual operating cost of £2.9m (+ a provision of just over £0.9m a year future plant replacements);
- 4.4 But there are other one-off costs associated with taking any positive decision to go forward:
- the cost of the process to inform Thames Water customers of the decision to fluoridate is estimated at £4.1m;
 - with a possible further £2.2m depending on the method of communication used.
- The total initial set-up costs would come to over £21m. These sums, and both the capital and operational costs would be paid by the health authorities.
- 4.5 Thus it may be technically feasible to fluoridate all London's water, but the decision will impact on other parts of the south-east. Any decision to press ahead will necessitate a new feasibility study, which we would expect to be made public so that cost implications are made clear.

5. Public consultation

- 5.1 Central to any decision to add fluoride to London's water is full consultation with the local population. However, as presently drafted, the proposed legislation does not spell out in any detail minimum standards for such a consultation process. Sheila Jones, British Fluoride Society, stated that "there are citizen's panels, citizen's juries and independently conducted opinion surveys."¹⁷ We agree that these are all important ways of tapping into public opinion. However, we are concerned that it will be at the discretion of Strategic Health Authorities to decide how extensive the consultation exercise should be. We do not find that acceptable.

Recommendation 3: To ensure full consultation, we expect a statement of principles and minimum standards from Government as to how to involve the wide range of communities we have in London.

¹⁷ Sheila Jones, British Fluoride Society

6. The survey

6.1 In order to stimulate public debate on this issue and to begin to gauge public opinion the London Assembly sponsored an opinion poll. The opinion poll was conducted by TNS. It took place between 14-22 September, when 1,000 Londoners (100 in 10 boroughs) were spoken to by 'phone. The key summary details of the results of that poll are set out below.

6.2 The key messages from the survey are that:

- just over 50% of London respondents think that fluoride can have positive health effects, such as protecting against tooth decay;
- but just a third of respondents want fluoride added to the water supply - (a third of respondents did not want it added and a third were undecided);
- only 1 in 5 have heard of the latest government proposals to permit health authorities to press for fluoride to be added to the water supply.

Question 1: Do you know if your water supply at home has fluoride added to it?

Most respondents did not know (69%) – the remainder were more likely to say that it has (23%) than it hasn't (9%)

There was almost no difference in response by gender, ethnicity, age, working status, income or presence of children.

Question 2: Some scientific studies show that adding fluoride to the water supply can have positive health effects, such as protecting against tooth decay, particularly for children. Had you heard of this?

Most respondents (74%) claimed to have heard of health benefits that some scientific studies associate with fluoride in water.

Question 3: Do you agree or disagree that adding fluoride can have positive health effects?

A third of respondents were undecided. The vast majority of the remainder agreed that adding fluoride can have positive effects (20% agreed strongly, 33% agreed slightly).

There was a difference in opinion depending on whether respondents believed fluoride was already added; whereas 28% of those mistakenly thinking that fluoride was already added strongly agreed that it has positive health effects, this compares with only 19% of those correctly aware that fluoride is not currently added.

Question 4: Some scientific studies show that adding fluoride to the water supply can have negative health effects, such as damage to bones, including teeth. Had you heard of this?

There was much lower awareness of negative health effects associated with fluoride in water. Only 41% said they had heard of such reports, compared with 58% who had not.

Question 5: Do you agree or disagree that adding fluoride can have negative health effects?

Almost half of respondents were undecided (45%). Those correctly aware that fluoride is not currently added to the water supply were more likely to agree that it has negative health effects (53% agreed, compared with only 34% of those wrongly thinking that fluoride is already added).

Question 6: Are you in favour or against fluoride being added to your water supply?

Overall, a third were unsure. The rest were more likely to be in favour (12% strongly, 26% slightly) than against (14% slightly, 16% strongly).

Question 7: In fact, fluoride is currently not added to the water supply in London. But the government is proposing to allow health authorities to add fluoride to the water supply after public consultation. Had you heard about these proposals?

Only 19% had heard of these proposals.

Headline Results from the Survey

Do you know if your water supply has fluoride added to it?		
	Total out of 1000 respondents	London (%)
Yes	226	23
No	88	9
Don't know/unsure	686	69

Some scientific studies show that adding fluoride to the water supply can have positive health effects, such as protecting against tooth decay, particularly for children. Had you heard of this?		
	Total out of 1000 respondents	London (%)
Yes	740	74
No	249	25
Don't know/unsure	11	1

Do you agree or disagree that adding fluoride can have positive health effects?		
	Total out of 1000 respondents	London (%)
Strongly agree	200	20
Slightly agree	326	33
Slightly disagree	48	5
Strongly disagree	65	6
Don't know/unsure	361	36

Some scientific studies show that adding fluoride to the water supply can have negative health effects, such as damage to bones, including teeth. Had you heard of this?		
	Total out of 1000 respondents	London (%)
Yes	407	41
No	578	58
Don't know/unsure	15	2

Do you agree or disagree that adding fluoride can have negative health effects?		
	Total out of 1000 respondents	London (%)
Strongly agree	122	12
Slightly agree	213	21
Slightly disagree	159	16
Strongly disagree	57	6
Don't know/unsure	449	45

Are you in favour or against fluoride being added to your water supply?		
	Total out of 1000 respondents	London (%)
Strongly in favour	117	12
Slightly in favour	260	26
Slightly against	138	14
Strongly against	160	16
Don't know/unsure	325	33

In fact, fluoride is not currently added to the water supply in London. But the Government is proposing to allow London Health Authorities to add fluoride to the water supply after public consultation. Had you heard about these proposals?		
	Total out of 1000 respondents	London (%)
Yes	187	19
No	808	81
DK/Unsure	6	1

Table 1: Average decayed, missing and filled teeth in 5 year olds by PCT and Strategic Health Authority 2001/02

New Strategic HA 2002	PCT	Mean decayed, missing or filled teeth per child (dmft)	Mean dmft for children who have experienced decay	% children who have experienced decay
SW London	Croydon	1.06	3.31	32.1
	Kingston	1.14	3.38	33.7
	Wandsworth	1.62	3.94	41.2
	Sutton & Merton	1.32	3.55	37.3
SE London	Lambeth	1.22	3.75	32.6
	Southwark	1.17	4.14	28.3
	Lewisham	0.95	3.73	28.4
	Bexley	1.21	3.35	36.3
	Greenwich	1.40	3.75	37.3
	Bromley	1.12	3.33	34.1
NE London	Havering	0.91	3.21	28.2
	Barking&Dagenham	1.15	3.40	34.0
	Redbridge	1.58	4.18	37.9
	Leytonstone	1.15	3.46	33.3
	City & Hackney	1.68	4.21	39.6
	Tower Hamlets	2.50	4.65	53.8
	Newham	No data		
NC London	Enfield	1.16	3.80	30.6
	Haringey	1.55	4.65	33.3
	Barnet	1.75	3.98	44.0
	Camden	No data		
	Islington			
NW London	Kensington&Chelsea	2.19	4.72	46.5
	Westminster	3.04	5.27	57.7
	Ealing	2.59	5.20	49.8
	Hounslow	2.13	4.43	48.0
	Hammersm&Fulham	2.68	4.69	57.2
	Brent	2.68	4.28	52.6
	Harrow	1.52	3.56	42.8
	Hillingdon	1.73	3.92	44.1

Source: Dr Sue Gregory, Regional Dental Adviser

Annex A: Recommendations

The Health Committee has made three recommendations to the Department of Health.

Recommendation 1: We would like the Department of Health to present to us a full inventory of nationwide public health programmes aimed at improving dental care launched in London over the past 20 years and any evaluations carried out to assess the effectiveness of these programmes. We would also like the Department of Health to re-examine initiatives to improve basic dental care aimed at crèche, nursery and primary school children, particularly through the Sure Start programme. **[Para. 2.4]**

Recommendation 2: We request the Department of Health to provide us with an assessment of previous initiatives to provide children with fluoride tablets and why they were stopped. We would also welcome an assessment (including the financial cost) of the effect of providing targeted fluoride tablets and supplements, free of charge, to those areas in London most affected by poor dental hygiene. **[Para. 3.13]**

Recommendation 3: To ensure full consultation, we expect a statement of principles and minimum standards from Government as to how to involve the wide range of communities we have in London. **[Para 5.1]**

Annex B: Evidentiary hearings and written evidence

1. Evidentiary Hearings

Evidentiary Hearing, 9 September 2003

Witnesses:

Doug Cross, Forensic Ecologist
Dr Sue Gregory, Public Health Department (PHD)
Dr Vyvyan Howard, University of Liverpool
Sheila Jones, British Fluoridation Society (BFS)
Professor Liz Kay, British Dental Association (BDA)

2. Written Evidence

Written evidence was received from:

Dr Sue Gregory, Public Health Department (PHD):
Doug Cross, Forensic Ecologist
Thames Water (taken from the London Fluoridation Study – 1997)
Earl Baldwin of Bewdley
Fluoride – the facts (British Dental Association)
The York Report
Report of the All-Party Parliamentary Group (2003)
John Graham re toxicity of fluorosilic acid
British Fluoridation Society about the social inequalities in dental health
Why I changed my mind about Water fluoridation – Dr John Colquhoun
The Other Side of the Coin – An appraisal of the factors influencing dental health statistics by CJ Holdcroft
Clinical Toxicology of Commercial Products – a paper by Gosselin et al
New Drinking Water Regulations in the UK – paper by Michael Rouse, Drinking Water Inspectorate
Doris M Jones which attached various letters and articles in opposition to fluoridation

Annex D: Principles of Assembly Scrutiny

The powers of the London Assembly include power to investigate and report on decisions and actions of the Mayor, or on matters relating to the principal purposes of the Greater London Authority, and on any other matters which the Assembly considers to be of importance to Londoners. In the conduct of scrutiny and investigation the Assembly abides by a number of principles.

Scrutinies:

- aim to recommend action to achieve improvements;
- are conducted with objectivity and independence;
- examine all aspects of the Mayor's strategies;
- consult widely, having regard to issues of timeliness and cost;
- are conducted in a constructive and positive manner; and
- are conducted with an awareness of the need to spend taxpayers money wisely and well.

More information about the scrutiny work of the London Assembly, including published reports, details of committee meetings and contact information, can be found on the GLA website at <http://www.london.gov.uk/assembly/index.jsp>

Annex E: Health Committee publications

The Health Committee has also produced the following scrutiny reports, which can be downloaded free at: <http://www.london.gov.uk/assembly/reports/health.jsp>

GP Recruitment and Retention: the Crisis in London

June 2003

Access to Primary Care

A joint London Assembly and Mayor of London Scrutiny Report, April 2003

Infant immunisation

January 2003

Smoking in Public Spaces Report

April 2002

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