HSC0874 Written evidence submitted by Professor Stephen Peckham

While I welcome proposals to increase the emphasis on a greater emphasis on dietary composition of food, the proposals set out in the White Paper seem disconnected from any discussion of the future organisation of the functions of Public Health England. Without any clear proposals regarding the organisation and functions of Public Health England following the creation of the new National Institute for Health Protection it seems strange that specific policy areas on public health have been disjointedly addressed in the White Paper.

The transfer of public health to local government and development of new public health frameworks has largely been a success although adversely affected by several years of budget cuts. It is true that some problems exist in relation to areas where services are split between the NHS and local government – and this includes obesity services (especially tier 3 services). However similar commissioning issues are faced in other areas as well such as sexual health which is not addressed in the White Paper. As such this appears to be a very disjointed approach. The White Paper is considering key public health changes in the absence of any other plans for the future provision of national public health roles. Clarifying commissioning responsibilities between local authorities and the NHS is urgently needed but the review of this neds to much broader than that referred to in the White Paper.

The lack of water fluoridation has certainly not been a problem and I would suggest that if the Secretary of State was looking for ways to improve oral health then water fluoridation should not even be considered given its lack of effectiveness. More attention should be given to schemes such as ChildSmile in Scotland which has been proven to reduce inequalities, reduce admissions for tooth extractions and provide broader public health benefits beyond oral health. Such a scheme links very clearly to addressing obesity issues as well. The need for more action on oral health issues is clearly identified in the recent Public Health England report on oral health inequalities. Focusing on water fluoridation is somewhat misguided

I am also concerned about the inaccuracy of statements in the White paper in relation to the effectiveness of water fluoridation as a public health intervention. The White Paper claims that:

> *"Water Fluoridation is clinically proven to improve oral health and reduce oral health inequalities. It has a protective effect which reduces the impact of a high sugar diet or poor oral hygiene. Around 10% of the population of England currently receive fluoridated water. In the most deprived areas fluoridation of water has been shown to reduce tooth decay in 5-year olds by a third"*

Comprehensive and systematic reviews of water fluoridation do not support these claims and where such claims have been made they are based on inconclusive evidence and predominantly studies carried out pre 1975 – before the wide use of fluoride toothpastes (See limitations noted in the 2015 Cochrane Review and earlier 2000 NHSCRD review). There is also increasing evidence of neurological harm affecting IQ in recent studies funded by the National Institutes for Health in North America and I am therefore surprised that this rather outdated, and ineffective intervention is given priority in the current White Paper proposals. We should not be considering any new schemes given the increasing amount of evidence linking fluoridation to harmful health effects.

In addition, in 2013 when decisions about water fluoridation were transferred from the NHS Strategic Health Authorities to local government the specific reason given was that local communities should have a stronger say. The current proposal would seem to shift that control to central government and the Department of Health and Social Care. This effectively removes a significant degree of community engagement and will likely reduce any subsequent proposals to simply being consultation exercises that give local people very little involvement in the process.

The experience during COVID has highlighted the need to strengthen local public health services and a review of public health roles and responsibilities is clearly needed. This section of the White Paper should be removed and wait for more comprehensive evaluation of wider changes to public health services. It is a shame that further changes are being proposed now as public health agencies have suffered numerous organisational changes over the past few decades limiting the capacity to develop clear leadership and relationships. I would argue that any proposals on public health be part of a wider consideration of the impact of new ICS proposals in practice and clear proposals for national and local public health services.

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