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Contributors

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THE ROYAL BOROUGH OF
KENSINGTON AND CHELSEA

ANNUAL REPORT

ON THE

HEALTH AND WELFARE

OF THE BOROUGH

FOR THE YEAR 1969

J. H. WEIR

M.D., B.S., B.Hy., D.P.H.

MEDICAL OFFICER OF HEALTH



ARRANGEMENT OF SECTIONS

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MEDICAL OFFICER OF HEALTH

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Telephone: 01-937 5464

Health and Welfare Department,
25a Kensington Square,
London, W.8.

10th July, 1970

To: The Mayor, Aldermen and Councillors of the
Royal Borough of Kensington and Chelsea.

My Lord, Ladies and Gentlemen,

I have the honour to submit my Report on the public health and welfare in Kensington and Chelsea for 1969. This is my last annual report as Director of Health and Social Services. It is the fifth since the Council became responsible for these services and includes the school health service, for which I act for the Inner London Education Authority as principal school medical officer.

Population The population estimated by the Registrar-General is 208,480 and compares with 210,720 in 1968.

Birth Rate The number of live births per 1,000 population of the borough was 12.3 which compares with 13.9 in the previous year.

Death Rate The number of deaths per 1,000 population in 1969 was 10.4 and compares with 10.6 in the previous year.

Area Comparability Factors for Births and Death Rates

Comparisons of crude birth and death rates between local areas are not strictly valid since these rates take no account of the varying composition of the populations of areas by sex and age.

In order to compare the borough's birth and death rates with England and Wales as a whole, the Registrar-General has, in the case of death rates since 1934, and in the case of birth rates since 1949, supplied area comparability factors (A.C.F.s.).

Other Accidents	25	3
Puerperal sepsis	33	0
Other Accidents of Pregnancy and Parturition	18	0
Enteritis and Diarrhoea	59	0
(51 under 1 year)		

During this period the Infant Mortality Rate had been reduced nationally from 7% to 18.3 per 1,000 live births and locally from 81 to 18.

"The figures in this column are those which are shown in the text of the Registrar-General's report on the state of the nation in 1969."

The Registrar-General has supplied, for use in Kensington and Chelsea in 1969, the figures 0.60 for births and 0.97 for deaths. The crude birth and death rates for the borough should be multiplied by the appropriate factor, and when so adjusted the results are comparable with the crude rates for England and Wales or with the corresponding adjusted rates for any other area.

The following table gives the adjusted Kensington and Chelsea birth and death rates compared with the provisional rates for London and for England and Wales for the year 1969:-

	<u>Kensington & Chelsea adjusted</u>	<u>Inner London</u>	<u>Greater London</u>	<u>England and Wales</u>
No. of births per 1,000 population	7.4	15.7	15.7	16.3
No. of deaths per 1,000 population	10.1	11.9	11.5	11.9

Infant Death Rate This rate for 1969 was 18 as in the previous year. The rate for Greater London was 18.6 and for England and Wales, 18.0.

Maternal Death Rate No maternal deaths were recorded in 1969. At their present low level little significance can be attached to maternal death rates except in the general sense.

Infectious Diseases There were no specially noteworthy cases of infectious disease but the borough shared with other London boroughs in the widespread prevalence of infections connected with food that was experienced during the long summer.

Mental Health The drop in the total number of referrals continued although the total number (1,291) was greater than in 1968 (1,268) but remained lower than in 1967 (1,447). The number of cases in community care at the end of the year, 787, was the highest reached so far and was largely attributable to the small number of withdrawals during the year (189 as against 280 in 1968).

I have spent most of my professional life in the Public Health Service in pursuance of the elementary axiom that 'Prevention is better than cure.' Over the 40 years many of the diseases have been successfully prevented or reduced. For example, when I commenced my local government service in 1929 the deaths from infectious diseases in England and Wales were as shown in Column 2 of the following Table 1:-

Table 1

<u>Causes of Death</u>	<u>1929</u>	Registrar General's Annual Report 1968 *
All causes	532,492	576,754
Enteric fever	382	4
Smallpox	39	0
Measles	3,388	51
Scarlet fever	717	5
Pertussis	6,332	15
Diphtheria	3,446	1
Erysipelas	1,031	4
Acute poliomyelitis	140	0
Respiratory tuberculosis	31,425	2,912
Puerperal sepsis	1,157	6

Column 3 shows the dramatic reduction as indicated by the latest figures available in the Registrar General's Annual Report for 1968. Locally, the more outstanding reductions in infectious disease deaths are shown in Table 2.

Table 2

	<u>Kensington & Chelsea</u>	
	<u>1929</u>	<u>1969</u>
<u>Total deaths</u>	3,691	2,170
Pertussis	77	0
Diphtheria	14	0
Influenza	227	12
Respiratory tuberculosis	165	2
Other tuberculosis	26	3
Puerperal sepsis	13	0
Other Accidents of Pregnancy and Parturition	10	0
Enteritis and Diarrhoea	69	0
	(51 under 1 year)	

During this period the Infant Mortality Rate has been reduced nationally from 74 to 18.3 per 1,000 live births and locally from 81 to 18.

*The figures in this column and those marked with an asterisk lower in the text appear by courtesy of the Registrar General to whom grateful acknowledgement is made.

The Registrar-General has supplied, for use in Kensington and Chelsea in 1969, the figures 0.60 for infant mortality and 0.97 for deaths. The crude birth and death rates compared with the provisional rates for London and for England and Wales for the year 1969:-

	1929	1968
Cancer	56,896	102,531
Cerebral haemorrhage	25,215	80,352
Heart diseases	96,467	138,617

Even so, many of these diseases are preventable - e.g. those due to lung cancer and cervical cancer. In fact, there are still tens of thousands of deaths very largely preventable - deaths from the following causes:-

	1968
Lung Cancer	28,836
Bronchitis	29,864
Alcoholism	80*
Road Traffic Accidents	6,349
Home Accidents	6,614*
Drug Addiction	30*
Suicide	4,586

There are also large numbers of deaths from cardiac disease and other causes predisposed to by overweight. There is also much avoidable illness - venereal disease, urethritis, abortions and their consequences, and unwanted pregnancies.

Over the years the emphasis in preventive medicine has changed from "them" to "us". As Sir George Godber, the Chief Medical Officer of the Department of Health and Social Security pointed out in his Inaugural Address to the Royal Society of Health Congress in April, 1970: "A hundred years ago it was pollution - of water supplies, of rivers - the insanitation of urban environments, typhoid fever, and the aftermath of the great cholera epidemics. Today the wheel has turned full circle and we are again looking at environmental hazards. This time, however, the principal accent is on the dangers of long-term exposure to chemicals which we ourselves have added to our surroundings." Whereas prevention in bygone days was largely a matter for authority to intervene by such action as environmental and sanitary improvements, disinfection, isolation, quarantine and immunisation, we are now concerned with such man-made hazards as pollution of the air by smoke, flue gases and motor vehicle fumes; pollution of water by factories, pesticides, chemical fertilisers, sewage effluents and toxic substances; pollution of food by pesticides, food additives and antibiotics in animal feeding; and pollution of the lungs by cigarette smoke. As Sir George Godber has written:- "It is a fantastic situation that we promote by our own voluntary - and surely no longer ignorant - actions by far the largest single avoidable cause of death and disability in Britain today. There is no other agent in our environment that approaches the cigarette in menace to health and life."

Preventive medicine has now very largely become a matter for the individual's own efforts, directed against cigarette smoking, drugs, over-eating, under-exercising, over-drinking, dangerous driving, and pollution of the atmosphere.

There has also been a great alteration in social conditions. I well recall the Depression of the 1920's and early 1930's with the extreme poverty in industrial areas - shoeless, ragged and under-nourished children, clinics issuing free milk vouchers for mothers and

children, and widespread unemployment with practically none of the benefits now available under the Welfare State. We are now suffering from a permissive society, lawlessness, student and industrial unrest, the abuse of social and educational benefits, road accidents, drug addiction, and a plethora of planners.

What work is there to be done? How and by whom, and where is it going to be done?

Because of the shift from "them" to "us" there is a clear indication of the need to expand health education - to inform and to educate people how they must accept their personal responsibility in the pursuit of physical, mental and social health. There must be a positive approach to health. They must be educated not to throw health away. There will have to be an end to shrinking from discipline as evidenced by the permissive society, laziness, meretricious pseudo-philosophy justifying unwashed, unwanted workshys and hooligans. There must be a cessation of shelving and disclaiming responsibility in the hope of peace at any price and anything for a quiet life. There will have to be an acceptance of health discipline personally, and by parents, teachers, those responsible for enforcing the law and their supporters. Health education will be necessary to ensure continence of behaviour, appetites and pleasures - for example, in connection with alcoholism and drugs. In this regard the estimates of alcoholism in Britain range from 1.1 to 11 per thousand, age 20 and over, and in addition to 1,100 heroin addicts still under treatment there is a much more widespread misuse of amphetamines. Indeed, prescriptions of drugs affecting the mood exceed 30 millions a year.

At the moment the emphasis is on "welfare"; trying to sort out the social, mental and moral problems and tragedies of normal and abnormal individuals; problem families, victims of the permissive society; drug addicts, drop outs, handicapped people, children suffering from or causing suffering to their parents; and old age. But in this modern preoccupation with salvaging welfare situations, sight must not be lost of the fundamental preventive principles and services on which the existing Public Health Services have been painstakingly developed over the past century and a quarter: the fundamental essentials of environmental and occupational health - drainage, sanitation, good housing, cleanliness, including that of the atmosphere; pure and nutritious food and drink; infectious disease control; immunisation against 7 or 8 diseases; maternity and child welfare; the health of the school child; rodent and pest control; and health education. These things are essentially preventive, long term, unspectacular and do not produce rapid or dramatic solutions. Over the years they have come to be taken for granted, but the need for them still continues. Indeed the emphasis on prevention will have to be increased as a result of the economic pressure from the continuing rise in the cost of curative care. In this connection pressing projects for the preventive medical services of the future include a comprehensive occupational health service, the prevention of genetic defects, health checks and the computerisation of records.

The Local Authority Social Services Act divorces welfare from medicine, puts it in charge of a lay Director of Social Services and attempts to fragment the Public Health Services into those with an allegedly social slant and those with medical emphasis.

The second Green Paper on the National Health Service, adopting the reform of local government boundaries, divorces personal and school health from local authorities and places these services together with the hospital and general practitioner services, under the control of Area Health Authorities, with negligible accountability to local authorities. It is proposed that there shall be about 90 Area Health Authorities in the main coterminous with the Unitary or Metropolitan District Authorities suggested in the proposals for the Reform of Local Government. These latter Authorities will be providing the social services

and the environmental health services. The Area Health Authority services will be under the control of a "Community Physician", possibly recruited from the hospital services and working in unspecified headquarters. If local proposals eventuate, it appears that the local authority personal and school health services will have an infinitesimal percentage of the annual budget. In the projected area there will be 34 hospitals - 7 of them teaching schools and 21 subsidiary teaching schools - and 500 general practitioners. The current net expenditure on personal and school health of roughly £750,000 per annum will be insignificant in comparison with the proportion of the budget for the practitioner services (which will be in the neighbourhood of £6,250,000), and that for the 34 hospitals, among which one teaching hospital alone has a future estimated revenue cost of £6,500,000. My views on these proposals are contained in the memorandum of which I submitted to the Council Working Party on the Green Paper and the Local Authority Social Services Bill on 2nd April, 1970. They may be summarised by saying that the Green Paper does not deal with the real defects in the National Health Service and the measures it suggests would not effect a remedy. The expensive administrative chaos which would result from these undemocratic and revolutionary proposals would be disruptive to the organisation and discouraging to the recruitment and retention of local authority staff. It should be possible by a continuation of the evolution at present proceeding in the Service to solve all its defects, always providing that the necessary money were forthcoming.

It has been a privilege and honour to work for twenty-one years in two Boroughs, now conjoined, which in the present century have contributed so much to the health of the nation with so many pioneering ventures.

There have been such institutions as the Violet Melchett Centre, Princess Louise Hospital, the Archer Street Infant Welfare Centre, and Queen Elizabeth College. The last, originally established in Kensington Square in 1908 as the Home Science Department of the King's College for Women, was founded largely for the purpose of helping to combat the terrible infantile mortality rate and instituted as an act of faith by Sir John Atkins, who was appalled by the condition of children brought to his surgical clinic.

There have been such projects as the Zymotic Enteritis campaign conducted in 1924/25; outstanding and unique work in the abatement of overcrowding and in connection with the repair of houses under Section 9 of the 1936 Housing Act; original work in connection with houses in multiple occupation; investigations in connection with the hygiene of public houses and their cellars; a Borough food premises survey in 1948 followed by a Clean Food Campaign and Food Hygiene Exhibition in 1950; pioneering work in connection with old people's welfare, and in connection with rodent control and the eradication of bed bugs in the 'bed bug blitz' in 1946. Most recently the Borough has established one of the first General Improvement Areas under the 1969 Housing Act, and the National Society for the Prevention of Cruelty to Children have established their first 'Battered Baby' investigation centre in North Kensington. The local efforts to ensure a clean atmosphere will be brought to fruition by the completion of the final Smoke Control Areas during the current year.

The Borough has had a remarkable influence on such Public Health legislation as The Meat Regulations, 1924; the Preservatives in Food Regulations, 1925; the Food Hygiene Regulations; the 1936 Housing Act (frequently referred to as the Lord Balfour of Burleigh Act); Hostel Byelaws; and the Housing Acts of 1961, 1964 and 1969, particularly in their relation to houses in multiple occupation.

Having lost the Maternity and Child Welfare establishments to the London County Council in 1948, the Borough repossessed them in 1965 and have since added three health centres - Walmer Road; Holmefield House, Kensal New Town; and the Violet Melchett Centre. Currently there are in

I terminate my service with the Royal Borough Council with considerable regret, with many happy memories and with gratitude.

I am also greatly indebted to the friendly co-operation I have always received from the Chief Executive Officer and the Chief Officers and the staffs of other Departments.

I wish the Royal Borough and all who live or work in it happiness, prosperity and, above all, good health.

Your obedient servant,

Director of Health and Social Services.

MEMBERSHIP OF THE HEALTH COMMITTEE
(as at 31st December, 1969)

The Mayor (Councillor Miss Elizabeth M. Christmas)
The Deputy Mayor (Councillor L.A. Kenny)

Alderman	Lady Petrie	
"	F. Thackway	
Councillor	J. Elliott Brooks	(Chairman)
"	Miss Doreen M. Weatherhead M.S.R., S.R.R.	(Vice Chairman)
"	James R. Ferard	
"	D.H.C. Pritchard	
"	Mrs. Gilbert Russell	
"	Mrs. Brian Sundius-Smith	
"	S.L. Tanner	
"	G.R.G.C. Tickler, M.A.	
Non Council Members	Dr. J.F.L. King (Inner London Local Medical Committee)	
	H.L.A. Burgess	

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MEMBERSHIP OF THE WELFARE COMMITTEE
(as at 31st December, 1969)

The Mayor (Councillor Miss Elizabeth M. Christmas)
The Deputy Mayor (Councillor L.A. Kenny) (Vice Chairman)

Alderman	Lady Petrie	
Councillor	Mrs. J.A. Albert	
"	Michael Farrow, M.A.	
"	Harvey Gresty	
"	The Hon. Archie Hamilton	
"	J.A.C. Hill	
"	Miss Barbara Hulme, B.A.	(Chairman)
"	Lt. Col. P.W. Le Gros	
"	Miss Shelagh O'Callaghan	
"	Mrs. Prudence Taylor	
"	S. Wilson	
Non Council Members	Lady Rosula Glyn	
	Mrs. Olive M. Wilson, O.B.E.	

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PRINCIPAL AND SENIOR OFFICERS OF THE
HEALTH AND WELFARE DEPARTMENT
AS AT 31ST DECEMBER, 1969

Medical Officer of Health
and
Principal School Medical Officer
DR. J.H. WEIR

Deputy Medical Officer of Health
DR. P.J. C. WALKER

Principal Medical Officers
DR. W.T.D. RAY : DR. H.E.E. GUNN

Medical Officers (Whole-time)
DR. J. MARTIN : DR. K. G. CASEY
DR. F.M. GASKELL : DR. B.D. PERROTT
DR. E. SYMMERS

Principal Dental Officer
MR. M.C. DOWNER

Dental Officer (Whole-time)
MRS. M.C. McNICHOLL

Public Analyst
DR. H. AMPHLETT WILLIAMS

Chief Welfare Officer
MR. S. A. BIDDLECOMBE

Deputy Chief Welfare Officer
MISS A. BARKER

Principal Nursing Officer
MRS. J. HARRIS

Deputy Principal Nursing Officer
MISS L.M. BAKER

Assistant Nursing Officers
MISS R. ALFORD : MISS M.G. MARES : MRS. M.I. MARTIN

Principal Mental Welfare Officer
MR. K. CHAMBERS

Assistant Principal Mental Welfare Officer
MR. P.S. McDOWELL

Supervisors of Training Centres

MRS. K.A. BAILEY : MR. R.F. POTTER

Supervisor of Day Centre

MISS L.P.M. STAUNTON

Principal Social Worker (Health Services)

MISS J.F. FEELY

Assistant Principal Social Worker (Health Services)

Mrs. M. Smith

Senior Home Help Organiser

MISS F.I. BARKER

Chief Chiropodist

MISS H. DUKE

Chief Public Health Inspector

MR. D.C. DRAPER

Deputy Chief Public Health Inspector

MR. J.G. TOMPKINS

Specialist Housing Inspectors

MR. A.F. STANDISH : MR. A.E.F. SILLS

Chief Disinfector

MR. J.W. NOBLE

ADMINISTRATIVE STAFF

Chief Administrative Officer

MR. G.A. PICKIS

Deputy Chief Administrative Officer

(Vacant)

Principal Administrative Officers

MR. C.G. LEGGE : MR. I.M. THOMSON
(Finance) (Environmental Health)

MR. B.C. DRIVER
(Welfare)

VITAL STATISTICS
AND
INFECTIOUS DISEASES

1969
VITAL STATISTICS

AREA

The area of the borough is 2,950.7 acres.

POPULATION

Census 1961	...	218,528
Estimate of Registrar-General at mid-year 1969	...	208,480
Average density of population per acre	...	70.7

RATEABLE VALUE

Rateable value of the borough at 1st April, 1969	...	£26,506,929
Estimated net product of a penny rate 1969/70	...	£104,300
Estimated number of separately assessed dwellings at 1st April, 1969	...	60,744

LIVE BIRTHS

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	1,065	1,003	2,068
Illegitimate	264	235	499
	<u>1,329</u>	<u>1,238</u>	<u>2,567</u>
Crude birth rate per 1,000 of the estimated population	...	...	12.3
Adjusted birth rate for comparative purposes (Area comparability factor = 0.60)	...	...	7.38

STILLBIRTHS

Total (20 males and 12 females)	...	32
Rate per 1,000 total live and stillbirths	...	12.3

DEATHS

Total (961 males and 1,209 females)	...	2,170
Crude death rate per 1,000 population	...	10.4
Adjusted death rate (Area comparability factor = 0.97)	...	10.1

INFANT MORTALITY

Infant deaths (all deaths of liveborn children under one year)

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	17	15	32
Illegitimate	10	4	14
Totals	<u>27</u>	<u>19</u>	<u>46</u>

Death rate of all infants per 1,000 livebirths	...	...	...	...	...	18
Death rate of legitimate infants per 1,000 legitimate livebirths	...	...	...	...	...	15
Death rate of illegitimate infants per 1,000 illegitimate livebirths	...	...	...	...	...	28
Death rate of male infants per 1,000 male livebirths	...	...	...	...	...	20.3
Death rate of female infants per 1,000 female livebirths	...	...	...	...	...	15.3
Neonatal deaths (under 4 weeks of age) (19 males and 10 females)	...	...	...	...	...	29
Males per 1,000 male livebirths	...	...	...	...	...	14.3
Females per 1,000 female livebirths	...	...	...	...	...	8.1
All infants per 1,000 livebirths	...	...	...	...	...	11.3
Early neonatal deaths (under 1 week of age) (15 males and 9 females)	...	...	...	...	...	24
Males per 1,000 male livebirths	...	...	...	...	...	11.3
Females per 1,000 female livebirths	...	...	...	...	...	7.3
All infants per 1,000 livebirths	...	...	...	...	...	9.3
Perinatal mortality (deaths under 1 week plus stillbirths) (35 males and 21 females)	...	...	...	...	...	56
Males per 1,000 live and still male births	...	...	...	...	...	25.9
Females per 1,000 live and still female births	...	...	...	...	...	16.8
All infants per 1,000 live and stillbirths	...	...	...	...	...	21.5

MATERNAL DEATHS

Maternal deaths	...	...	...	...	...	nil
Maternal mortality rate per 1,000 live and stillbirths	...	...	...	...	...	nil

DEATHS FROM CERTAIN CAUSES

Tuberculosis of respiratory system	...	...	...	...	...	2
Other forms of tuberculosis	...	...	...	...	...	3
Respiratory diseases (other than tuberculosis) (Code Nos. B31, B32, B33(1), B33(2), B46(6))	...	...	...	...	...	296
Cancer (Code Nos. B19(1), (2), (3), (4), (5), (6), (7), (8), (9), (11))	...	...	...	...	...	438
Heart and circulation diseases (Code Nos. B25, B26, B27, B28, B29)	...	...	...	...	...	709
Suicide	...	...	...	...	...	43

SUMMARY OF VITAL STATISTICS FOR KENSINGTON AND CHELSEA

in 1969

(Compared with previous ten years)

Year	Total Population	Total Deaths	Crude Death Rate	Total Births	Crude Birth Rate	Total Infant Deaths	Infant Mortality Rate
1959	216,020	2,380	11.01	3,748	17.35	87	23.48
1960	216,380	2,386	11.03	3,774	17.44	76	20.16
1961	217,570	2,456	11.29	3,958	18.19	85	21.47
1962	220,570	2,464	11.17	4,020	18.27	92	22.89
1963	220,220	2,548	11.57	3,912	17.76	94	24.03
1964	219,190	2,196	10.02	3,861	17.61	95	24.61
1965	216,810	2,346	10.82	3,666	16.91	81	22.09
1966	215,210	2,242	10.42	3,394	15.82	75	22.09
1967	213,310	2,188	10.26	3,164	14.88	80	25.28
1968	210,720	2,234	10.6	2,925	13.9	54	18.46
1969	208,480	2,170	10.4	2,567	12.3	46	18

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN 1969

Disease	Code No.	All Ages	Under 1 yr.	1 yr. and under 5	5 yrs. and under 45	45 yrs. and under 65	65 yrs. and over
Tuberculosis of Respiratory System	B5	2	-	-	1	1	-
Other Tuberculosis, incl. Late Effects	B6	3	-	-	2	-	1
Syphilis and its Sequelae	B17	1	-	-	-	1	-
Other Infective and Parasitic Diseases	B18	3	-	-	1	-	2
Malignant Neoplasm Buccal Cavity	B19(1)	11	-	-	3	5	3
Malignant Neoplasm Oesophagus	B19(2)	14	-	-	-	6	8
Malignant Neoplasm Stomach	B19(3)	38	-	-	-	13	25
Malignant Neoplasm Intestine	B19(4)	51	-	-	3	11	37
Malignant Neoplasm Larynx	B19(5)	6	-	-	-	2	4
Malignant Neoplasm Lung, Bronchus	B19(6)	103	-	-	2	38	63
Malignant Neoplasm Breast	B19(7)	46	-	-	7	17	22
Malignant Neoplasm Uterus	B19(8)	20	-	-	-	10	10
Malignant Neoplasm Prostate	B19(9)	13	-	-	-	1	12
Leukaemia	B19(10)	13	-	-	2	3	8
Other Malignant Neoplasms	B19(11)	136	-	-	13	43	80
Benign and Unspecified Neoplasms	B20	4	-	-	1	-	3
Diabetes Mellitus	B21	13	-	-	2	3	8
Avitaminosis, etc.	B22	1	-	-	-	-	1
Other Endocrine etc. Diseases	B46(1)	5	-	-	-	3	2
Anaemias	B23	2	-	-	-	-	2
Other Diseases of Blood, etc.	B46(2)	1	-	1	-	-	-
Mental Disorders	B46(3)	9	-	-	6	1	2
Meningitis	B24	1	1	-	-	-	-
Other Diseases of Nervous System etc.	B46(4)	31	-	-	3	7	21
Active Rheumatic Fever	B25	1	-	-	1	-	-
Carried forward		528	1	1	47	165	314

Disease	Code No.	All Ages	Under 1 yr.	1 yr. and under 5	5 yrs. and under 45	45 yrs. and under 65	65 yrs. and over
Brought forward		528	1	1	47	165	314
Chronic Rheumatic Heart Disease	B26	51	-	-	13	10	28
Hypertensive Disease	B27	46	-	-	2	11	33
Ischaemic Heart Disease	B28	479	-	-	10	97	372
Other forms of Heart Disease	B29	132	1	-	1	11	119
Cerebrovascular Disease	B30	236	-	-	5	22	209
Other Diseases of Circulatory System	B46(5)	130	1	-	2	10	117
Influenza	B31	12	-	-	2	3	7
Pneumonia	B32	156	9	-	4	10	133
Bronchitis and Emphysema	B33(1)	103	-	-	-	19	84
Asthma	B33(2)	6	-	-	2	1	3
Other Diseases of Respiratory System	B46(6)	19	1	-	2	2	14
Peptic Ulcer	B34	10	-	-	-	2	8
Intestinal Obstruction and Hernia	B36	9	-	-	-	1	8
Cirrhosis of Liver	B37	11	-	-	1	5	5
Other Diseases of Digestive System	B46(7)	17	-	-	-	3	14
Nephritis and Nephrosis	B38	9	-	-	-	1	8
Hyperplasia of Prostate	B39	5	-	-	-	1	4
Other Diseases; Genito-Urinary System	B46(8)	12	-	-	-	2	10
Diseases of Skin, Subcutaneous Tissue	B46(9)	3	-	-	-	1	2
Diseases of Musculo-Skeletal System	B46(10)	10	-	-	-	3	7
Congenital Anomalies	B42	17	8	4	3	1	1
Birth Injury, Difficult Labour, etc.	B43	11	11	-	-	-	-
Other causes of Perinatal Mortality	B44	12	12	-	-	-	-
Symptoms and Ill-Defined Conditions	B45	12	-	-	-	-	12
Motor Vehicle Accidents	BE47	26	-	-	13	5	8
All Other Accidents	BE48	54	2	1	15	17	19
Suicide and Self-Inflicted Injuries	BE49	43	-	-	23	17	3
All Other External Causes	BE50	11	-	-	7	2	2
TOTAL ALL CAUSES		2,170	46	6	152	422	1,544

ILLEGITIMACY

The proportion of illegitimate births per 1,000 live births is again lower than for several years. The figures are:-

1965	...	...	201
1966	...	...	201
1967	...	...	212
1968	...	...	198
1969	...	...	194

INFECTIOUS DISEASE

The total number of notifications received during 1969 was 466 in comparison with 590 in 1968.

Notifications

The following Tables show (1) the number of cases of infectious disease notified during the year 1969, with the comparative figures for the previous five years; (2) the number of notifications divided into age groups; and (3) the number of cases notified in each ward of the borough:-

TABLE 1

Notifiable disease	Number of cases notified				
	1969	1968	1967	1966	1965
Diphtheria	-	-	-	-	-
Dysentery	11	14	11	30	31
Encephalitis	-	1	-	-	-
Enteric Fever	4	1	1	-	5
Erysipelas	1	1	3	4	2
Food Poisoning	53	18	12	20	15
Infective Jaundice	77	41	NOT NOTIFIABLE		
Malaria	5	2	4	1	1
Measles	211	296	847	515	1,084
Meningococcal Infection	4	1	2	3	4
Ophthalmia Neonatorum	2	-	-	2	2
Poliomyelitis:					
Paralytic	-	-	-	-	-
Non-Paralytic	-	-	-	-	-
Scarlet Fever	7	34	15	18	27
Tuberculosis (all forms)	79	101	77	97	139
Whooping Cough	12	46	78	69	34
TOTALS	466	556	1,050	759	1,344

NOTE: Cases of mistaken diagnosis are excluded from the above Table

Diphtheria

TABLE 2

For the eighth consecutive year no case of this disease was notified in the borough.

Notifiable disease	Number of cases notified in 1969 (Age groups in years)							
	Age unknown	Under 1	1 - 2	3 - 4	5 - 9	10 - 14	15 - 24	25 and over
Diphtheria	-	-	-	-	-	-	-	-
Dysentery	-	1	2	3	-	-	3	2
Encephalitis	-	-	-	-	-	-	-	-
Enteric Fever	-	-	-	-	-	-	3	1
Erysipelas	-	-	-	-	-	-	-	1
Food Poisoning	-	3	2	2	2	2	21	21
Infective Jaundice	2	-	-	4	7	3	35	26
Malaria	-	-	-	-	-	-	1	4
Measles	2	17	62	45	67	6	9	3
Meningococcal Infection	-	-	-	-	-	1	2	1
Ophthalmia Neonatorum	-	2	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-
Scarlet Fever	-	1	1	2	-	3	-	-
Tuberculosis (all forms)	2	1	-	3	-	5	20	48
Whooping Cough	-	-	3	4	5	-	-	-
TOTALS	6	25	70	63	81	20	94	107

TABLE 3

Disease	Total cases notified in each Ward in 1969										
	Royal Hospital	Hans Town	Cheyne	Church	South Stanley	North Stanley	Brompton	Redcliffe	Queen's Gate	Earl's Court	Holland
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever	-	-	-	1	-	-	-	-	-	1	1
Erysipelas	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	1	-	-	-	-	-	1	9	5	6	5
Infective Jaundice	4	7	4	6	5	10	4	6	8	13	6
Malaria	6	8	11	11	5	10	4	6	8	13	6
Measles	57	36	17	14	7	6	8	13	6	11	9
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	2	2	-	2	-	-	-	-	-	-	-
Tuberculosis (all forms)	9	11	2	14	7	5	2	11	7	3	4
Whooping Cough	2	2	2	3	-	-	-	-	-	-	-

Diphtheria

For the eighth consecutive year no case of this disease was notified in the borough.

Dysentery

Eleven cases of dysentery were notified during the year, of which one case was classified as Sh.flexner and one case Sh.boydii, and the remainder Sh.sonne. Generally the cases were of a mild type and there were no deaths.

Enteric Fever

During the year, four cases of paratyphoid 'B' were notified.

Malaria

Five cases of malaria were reported during the year and investigations indicated that the illnesses were contracted abroad.

Food Poisoning

Fifty-three cases of food poisoning were notified. The following table gives an analysis of the cases:-

Salmonella enteritidis	5	Salmonella Thompson	3
Salmonella Indiana	2	Salmonella typhimurium	5
Salmonella Montevideo	1	Salmonella Virchow	2
Salmonella Panama	3	Suspected Salmonella	20
Salmonella San Diago	1	Unknown Salmonella	7
Salmonella St. Paul	2	Staphylococcus Aureus	1
Salmonella Stanley	1		

Poliomyelitis

It is now seven years since a case of this disease was notified in the borough.

Ophthalmia Neonatorum

Two cases of this disease, the first since 1966, were notified. Both were treated and there was no impairment of sight.

Smallpox

The Ministry of Health's memorandum on vaccination recommends that persons likely to deal with cases of smallpox at short notice should be regularly revaccinated at not more than yearly intervals. During the year 98 members of the staff of the department were vaccinated or revaccinated.

Information was received during the year from port authorities of 170 persons intending to stay in the borough and who could not produce valid certificates of vaccination after leaving countries which were declared local infected endemic areas. Of these, 92 were kept under observation for the surveillance period and remained quite well and five were found to have moved to other areas, and the local Medical Officers of Health were notified.

The remaining seventy-three persons could not be traced at the addresses given by the port authorities.

No case of smallpox has been reported in the area of the present borough since 1929.

Tuberculosis

During the year, 79 new cases of tuberculosis were notified, of which 65 were respiratory and 14 were non-respiratory. In addition, 24 other cases were reported, mainly by other borough councils of persons moving into this borough.

In addition to the above new cases on the register, there were those who were removed from the register either through moving out of the borough, dying, being cured or moving without trace, and the final figures in the register at the end of the year were as follows:-

Respiratory		Non-respiratory		Total
Male	Female	Male	Female	
433	231	29	48	741

Every effort has been made by health visitors to visit all newly notified cases (and those transferred in or changing address in the borough) with the object of tracing the source, preventing the spread, and removing the conditions favourable to infection. Particular attention was given to the home conditions in addition to the dissemination of advice to prevent the transmission of infection to contacts.

Incidence of tuberculosis amongst Kensington and Chelsea residents who originated from areas outside England, Scotland and Wales

Country of Origin	Period (in years) between entry to U.K. and notification of disease										Total
	1	2	3	4	5	6	7	8	9	10	
Africa	2	-	-	-	-	-	-	-	-	-	2
China	1	-	-	-	-	-	-	-	-	-	1
Fiji	-	-	-	-	-	-	-	-	1	-	1
Ireland	-	-	-	1	-	-	-	-	-	-	1
Malaya	-	-	-	-	-	1	-	-	-	-	1
Spain	-	2	-	1	-	-	-	-	-	-	3
W. Indies	-	-	-	-	-	1	-	-	-	-	1
TOTAL	3	2	-	2	-	2	-	-	1	-	10

In a further thirteen cases, information concerning origin could not be obtained.

Since 1952, investigations have shown that, of the new cases and "inward transfers" reported in the borough, the proportions who were immigrants contracting the disease in the first ten years of arrival were as follows:-

Year	Proportion per cent
1952	16
1953	10
1954	16
1955	17
1956	15
1957	16
1958	23
1959	20
1960	20
1961	11
1962	20
1963	27
1964	23
1965	19
1966	15
1967	21
1968	27
1969	12

This year, thirty per cent (1968 - twenty-eight per cent) of the infected immigrants contracted the disease within one year of arrival in this country; fifty per cent (1968 - thirty-five per cent) contracted within three years of arrival. Persons born in the Republic of Ireland were regarded as immigrants for this purpose.

INTERNATIONAL CERTIFICATES

In order to prevent the spread of infectious diseases, certain countries require that visitors should be vaccinated or inoculated against specific diseases.

International certificates have been prescribed for smallpox, cholera and yellow fever. When completed by a medical practitioner, the certificate must be authenticated by the Medical Officer of Health.

During the year, 10,713 of these certificates were authenticated. In addition, eight special certificates were issued to travellers who refused vaccination on medical or religious grounds.

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Maternity and Child Health

There were 2,686 notified births in 1969, 242 fewer than in 1968, and of these 2,592 or 96.5% were institutional confinements.

	Notified births	% age drop compared with previous year	Crude Birth rate
1965	3737	5.0%	16.91
1966	3454	7.5%	15.82
1967	3188	7.7%	14.88
1968	2928	8.29%	13.9
1969	2686	8.2%	12.3

The table above shows the steady fall in notified births and crude birth rate observed in the borough since 1965 and reflected in the falling attendances at ante-natal and child health clinics.

	1969	1968
Ante-natal and post-natal clinics:		
Total number of sessions	495	585
Total attendances	3,280	3,382
Number of women attending during year		
Ante-natal	799	1,008
Post-natal	21	29
Child welfare clinics:		
Total number of sessions (infant welfare and toddlers)	1,349	1,359
Total attendances	22,395	25,207
Number of children attending during year		
Born in current year	1,826	2,046
Born in preceding five years	3,421	3,403
Total attendances at special toddlers clinics	2,293	2,427

Total attendances at child health sessions (infant welfare and toddlers) have fallen by 2812 from the 1968 figures but against this must be set the increasing number of children who now attend clinics held in doctor's surgeries.

Six of the Council's health visitors are now attached to, or liaise with, five group practices in the borough and it is estimated that at least 3,400 attendances were made during the year at child health sessions held jointly by general practitioners and health visitors.

New Premises

The Kensal New Town Health Centre was opened in May 1969. This Centre is on the ground floor of a block of flats in a new housing development and caters for families living in the Golborne Ward north of the main Western Region Railway line. Two child health sessions and one Toddlers Clinic are held weekly and attendances are gradually increasing. There are also weekly clubs for Mothers and Old people.

Council Day Nurseries

It is encouraging to observe the increases in total and average daily attendances which have occurred despite difficulties in maintaining the general staff position throughout the year. Senior nursery staff have undertaken many tasks additional to their normal duties and it has been necessary on occasion to restrict admission of children. The percentage occupation has, except for holiday periods, been consistently over 80% during the year and for one week attained a maximum of 93%. The highest figure during 1968 was 91%.

The table below shows the steady fall in notified births and crude birth rate observed in the borough since 1965 and reflected in the high attendance at ante-natal and child health clinics.

	1969	1968
Approved places	312	312
Total of "weighed registers"	347	347
Total daily attendances	66,843	63,969
Average daily attendance	263	251
Number on waiting list at end of year		
Priority 1 and 2	38	43
Priority 3	2	14

Occasional Creches

The number of weekly occasional creche sessions provided at child health centres and at which children can be cared for while their mothers attend hospitals or clinics or do their shopping, etc., was increased by three during the year to a total of 27.

The total number of sessions held during the year was 1,279 and total attendances 17,746, compared with 1,263 and 15,877 respectively in 1968.

Nursery Nursing Staff

The five day nurseries in the borough have a nursery nursing staff of 61 plus 27 students for whom training for the National Nursery Examining Board Certificate is provided.

During the year the fifth nursery, Ladbroke Day Nursery, has been visited by officers of the Department of Health and Social Security and the Department of Education and Science. This has now been approved for training purposes. The first student nursery nurses will be accepted at Easter, 1970. Of six students taking the examination in 1969, five were successful in obtaining their certificates.

The general staffing position has been maintained though at times this has been very difficult; the senior staff have undertaken many tasks additional to their normal duties and on occasion the staffing position has been so low that it has been necessary to restrict the admission of children to the nurseries.

Private Day Nurseries, Child-Minders and Playgroups

In my report for 1968 reference was made to the provisions of Section 60 of the Health Services and Public Health Act, 1968, which amended certain provisions of the Nurseries and Child-Minders Regulation Act, 1948, and came into effect on the 1st November, 1968. These amendments brought within the scope of the principal Act premises open for a daily aggregate period of two hours or more and child-minders receiving one or more children. Previously the criteria had been three hours (a matter of practice not legally prescribed) and more than two children respectively. Increases in the numbers registered in both classes is shown in the following table:-

Registered Day Nurseries and Child-Minders

	1969	1968
Number of registered day nurseries		
at 31st December	41	24
Number of places	1,005	710
Number of child-minders registered		
at 31st December	72	20
Number of children authorised	182	91

A feature of the new registrations is that both premises and child-minders individually take fewer children. This was to be expected as the legislative amendments directly affected child-minders receiving fewer children and small playgroups of which the active sessions were previously regarded as too short for registration. New registrations resulting were in respect of sixteen premises receiving 260 children and 46 child-minders receiving 78 children.

Ten premises are organised on sessional lines and although their total number of places is only 172, in effect they provide sessional care for a much larger number of children.

Following receipt of the Department of Health and Social Security Circular 37/68, the Council approved a scheme to pay for the private day care of children in the priority groups by selected child-minders or in private day nurseries. The Council pays the child-minders at the rate of 15s 0d per day and private day nursery charges at rates considered reasonable on individual consideration. In both cases parents are assessed to pay contributions towards the charges to the Council as if the children were accommodated in a Council day nursery. At the end of the year, there were two children placed under this scheme - one with a child-minder, one in a nursery.

The 62 new registrations resulted from a total of 121 individual enquiries. Eleven registered minders either decided to give up minding or moved out of the borough. Thus it will be seen that the volume of work involved was much greater than the additional registrations would indicate. This necessitated the appointment of an additional assistant nursing officer to undertake the supervision of this work in the field and a clerical officer to assist in the administrative procedure.

Regular supervision is maintained and the standard of private care has remained consistently satisfactory.

Adoption and Boarding Out of Children

Adoption

Persons proposing to adopt children are required to submit medical certificates as to their health before a child is placed with them. These certificates are verified by the Council's medical officers before consent is given.

Similarly, the medical records of the children to be adopted are scrutinised and the Children's Officer advised on the child's suitability for adoption.

Should the reports reveal any medical defects, inheritable disease or handicap in the child, further enquiries are made and, in the case of inheritable disease in the natural parents, the prospective parents are interviewed by their own practitioner.

Boarding Out

The medical examination is given in accordance with the Boarding Out of Children Regulations, 1955, and includes the Wasserman and/or Kahn tests except where the child is over school leaving age or is boarded out in an emergency or in accordance with Part III of the Regulations. Again, the results of these medical examinations are scrutinised in my department and the Children's Officer informed as to their suitability.

The following is a summary of the cases dealt with in 1969:-

	1969	1968	1967	1966
<u>Adoption Cases</u>				
Children suitable for adoption	16	17	29	22
Children suitable for adoption subject to certain conditions	-	-	-	1
Children unsuitable for adoption	1	1	1	-
Couples suitable to adopt children	13	17	21	12
Couples unsuitable to adopt children	-	1	-	-
<u>Boarding Out Cases</u>				
Children suitable for boarding out	24	21	20	15

Handicapped Children and Children "At Risk"

The Council's Handicap and Observation Register of children with known handicaps or "at risk" of developing a handicapping condition is compiled from several sources, and all cases are reviewed at regular intervals. The total number of children on the register at the end of the year was 972, compared with 943 for 1968.

The following is a summary of handicapped children who were on the register at the end of the year:-

Handicapping Defects	Number of Children	
	1969	1968
Defects of vision	11	8
Defects of hearing	7	3
Cerebral Palsy, orthopaedic defects and defects of the central nervous system	55	34
Cardiac defects	37	24
Epilepsy	5	3
Mental retardation	19	13
Other handicaps	35	26
Multiple handicaps	34	36
TOTAL	203	147

Notification of Congenital Malformations

(Corresponding figures for 1968 are shown in brackets)

During the year, 59 (41) children were notified to the Registrar-General as having congenital defects apparent at birth according to information given by doctors and midwives on notifications of births. These included 8 (2) stillbirths, 8 (7) children showing more than one defect, and 5 (2) with multiple abnormalities and gross defects.

The following is a summary of defects as classified by the Registrar-General:-

Defects	Total number		
	1969	1968	1967
Central nervous system	15	7	8
Eye and ear	1	nil	1
Alimentary system	4	4	4
Heart and great vessels	1	1	4
Respiratory system	nil	nil	nil
Urogenital system	5	6	5
Limbs	27	21	30
Other skeletal defects	7	3	2
Other systems and malformations	5	3	7
Multiple malformations	5	2	2

Cervical Cytology

Since it was first demonstrated by Papanicolaou and Traut of the United States in the 1940's that the examination of cells in vaginal secretions could reveal unsuspected pre-cancerous conditions of the uterine cervix, it has gradually come to be accepted that such an examination should be available as a screening process for all women in the age groups "at risk".

When "cervical screening" had been accepted in principle by the Minister of Health who envisaged a service provided by general practitioners and local authorities for women over 35, centres were established for training laboratory technicians and Hospital Boards were asked to consider the provision of laboratory services.

Prior to April, 1965, cervical screening in the London County Council area was restricted to small experimental schemes and in this area cervical smears were being taken only in hospital gynaecological departments and clinics of the Family Planning Association.

Shortly after this Council became responsible for the personal health services, a cytological centre was established by the South Western Metropolitan Regional Hospital Board at St. Stephen's Hospital and the Consultant Cytologist intimated that he could accept a limited number of cervical smears from Kensington and Chelsea Clinics in the area served by the Board, i.e. that part of the borough south of Holland Park Avenue. Negotiations between the hospital and the Council's officers followed and the Council decided that clinics would be opened at two centres. Ministerial approval for the scheme was given in November 1965.

1966

Early in February 1966, cytology sessions began at South Kensington and Holland Street Centres at fortnightly intervals. As the laboratory could accept only 50 smears a month, the service was restricted to women over 30 and, in order to regulate the demand in the early stages, was offered only by health visitors and general practitioners to women already known to them who were considered to be in the high risk groups.

The opening of cytology clinics in the southern part of the borough was followed by a demand for a similar service in the North Kensington area and as soon as laboratory facilities were made available, a screening clinic was opened at the St. Quintin Centre on 29th June. The clinic was held monthly at first, but in December the laboratory at the then Paddington General Hospital agreed to accept double the number of smears and clinics were then held every fortnight to cater for 20 women a month.

Towards the end of 1966, the Royal Marsden Hospital, which was already providing a screening service in "Well Woman" Clinics, suggested that the Council should accept some financial responsibility for borough residents. This was agreed by the Council and implemented early in 1967.

To sum up for 1966, cervical cytology was made available throughout the borough on a limited scale; 54 sessions were held and 433 women attended.

1967

As the average attendance during 1966 was only 8 at sessions designed to accommodate 10 to 12, it was felt that the service could be more widely advertised and, in March, a letter from the Chairman of the Health Committee appeared in the local press urging eligible women to avail themselves of the facilities provided. Other articles appeared in both the local and national newspapers and there was considerable activity by women's organisations and by the National Cervical Cancer Prevention Campaign.

In spite of this, Clinic attendances remained low and throughout the year, 390 women were seen at 68 sessions, an average of only 6 per session, a disappointing figure in view of the considerable nationwide publicity and the insistence of pressure groups and other organisations that there was a great demand for the service.

Towards the end of 1967, the Consultant Cytologist at St. Stephen's Hospital intimated that the laboratory could accept an increased number of smears from this borough and the Council decided that plans should be made for an intensive publicity campaign to reach all women resident and employed in the Borough. The campaign was timed to start early in the following year, when it could be expected to arouse more interest than during the Christmas and "Sales" periods.

1968

Publicity began in mid January. A simple leaflet giving details of the test and services available was distributed to Welfare Centres, Day Nurseries, Community Centres and women's organisations. The same information was also included in "Local Affairs" sent to all rate-payers and tenants of the Council and in this instance, to tenants of other blocks of flats who would not normally receive it.

Approaches were made to the large stores and to industrial and commercial organisations inviting them to send their women employees to the Council's Centres, or alternatively offering to send the Council's staff to run clinics on their premises if suitable facilities were available.

The making of appointments was simplified and arrangements were made to double the number of sessions held at very short notice if necessary and to provide an evening session on "late shopping night" if there were any demand for it.

Several commercial organisations responded by sending lists of staff with a request for appointments and, in August, 3 sessions were arranged in the medical department of a large store where 60 women were seen.

This intensified publicity resulted in 779 attendances throughout the year as compared with 390 in 1967 and 15 extra sessions were held including several in the evenings. Results on the whole, however, were disappointing in view of the fact that almost every woman in the borough must have been reached by propaganda in some form.

FAMILY PLANNING

Family planning services within the borough continued to be provided by the West London Branch of the Family Planning Association. Regular sessions are held each week at five premises in the borough, two of these being Council Health Centres, which are used by the Association free of charge.

1969

Throughout 1969, cytology sessions have continued in the Council's centres at the rate of 6 a month with attendances averaging 6 per session.

In February, a large store with many women employees asked if cytology clinics could be held in the staff clinic and it was arranged that two sessions would be held every week for as long as necessary. In all, 23 sessions were held and 307 women examined.

By the end of 1969, cytology sessions had been running for four years and so far all women have been "first attenders". It is, therefore, interesting to take stock of results and observations made.

Year	Sessions held	Possible attendances	Actual attendances	Positive smears
1966	54	580	433	6
1967	68	700	390	2
1968	87	1044	779	5
1969	95	1140	773	2
TOTALS		3464	2375	15

Demand for the Service

The purpose of cytological screening is to eradicate cancer of the uterine cervix as a cause of death by detecting the condition in the pre-malignant state when it can be successfully treated. Ideally, all women in the vulnerable age group and more especially those in the high risk groups of high parity and lower social class should be screened every five years. In this borough, therefore, with approximately 40,000 women "at risk", 8,000 should present themselves annually for examination but in practice, the total numbers seen during 1969 at the Council's clinics and the Royal Marsden Hospital were 773 and 326, a total of only 1,099 and of these many were under 35 and not in the "at risk" group.

Attendance by Social Class

The incidence of precancerous conditions of the cervix is known to be three times greater in the Registrar General's Social Classes 3, 4 and 5 than in Classes 1 and 2, but unfortunately experience throughout this country has been that women of the lower social groups are least likely to come forward for examination. This is borne out by investigation of records of over 1,000 women seen at the Council's Centres - it was found that 33 per cent were from Social Classes 1 and 2 compared to 24 per cent in the borough population as a whole.

To sum up for 1969, cervical cytology was made available throughout the borough on a limited scale; 54 sessions were held and 433 women attended.

Detection Rate

A "positive" smear is one showing cells which the cytologist considers to be premalignant. During the four years - 1966 to 1969 - there have been 15 positive smears reported out of 2,375 - a rate of 6.3 per 1,000 which is very close to positive rates of 6.1, 6.7 and 6.9 per 1,000, reported from similar surveys in Edinburgh, Aberdeen and Oxford.

Follow-up of patients

The population turnover in Central London is high and even with the rapid reporting of a positive result, there has been some difficulty in tracing the woman concerned. There are many other cases, however, where minor gynaecological conditions are found and women are referred to their own doctors for treatment and asked to attend for further testing in 3, 4, 6 or 12 months. Three appointments are sent to each woman - often without result - and in many cases, it has proved impossible to make any further contact with her.

Screening of "Non Volunteers"

Although the figure of voluntary attenders is low, a much larger number of women, mostly those of childbearing age, are having smears taken when they attend hospital obstetrical and gynaecological departments and family planning clinics.

At the four hospitals where the great majority of Kensington and Chelsea women are confined, smears are taken as a routine at ante-natal or post-natal clinics and during 1969, 1,600 women are known to have been examined. At least another 1,000 were examined at clinics of the Family Planning Association and an unknown number at hospital gynaecological departments and other maternity hospitals.

It is very likely, therefore, that the total number of women screened during 1969 may well have been as high as 4,000 but 75 to 80 per cent of these were under 35 and therefore not in the "at risk" population.

In conclusion:-

1. In spite of considerable national and local propaganda, as with cigarette smoking, the risk of cancer does not provoke much preventive action and there is no great demand for the screening service.
2. The service provided by the Council at present is more than adequate to meet the demand. Over the four years reviewed there have been only 2,375 attendances out of a possible total of 3,454.
3. Many women who do not elect to attend cytology clinics are being screened in the course of other medical examinations and investigations but the great majority of these are under 35 and are not in the "at risk" group.
4. There is a hard core of women over 35 who are "at risk" and who do not seem to be reached or influenced by publicity and propaganda and it is to these that future effort will have to be directed if the screening programme is to be effective and deaths from cervical cancer prevented.

FAMILY PLANNING

Family planning services within the borough continued to be provided by the West London Branch of the Family Planning Association. Regular sessions are held each week at five premises in the borough, two of these being Council Health Centres, which are used by the Association free of charge.

The Council decided in July, 1968, to implement in full the provisions of the National Health Service (Family Planning) Act, 1967, and the service is available to all borough residents, whether married or unmarried, over the age of 16 years. The Council accept financial responsibility for advice, treatment and appliances supplied except in those cases where there has been no recommendation on medical or medico-social grounds, when the woman is expected to pay for her own pills and appliances. Where the recipient is deemed to be in necessitous circumstances, i.e. is receiving, or eligible to receive, supplementary benefit, the Council undertake payment in full. During 1969, the Council met the cost of family planning help for 3,197 residents.

The total number of patients (including non-borough residents) dealt with at the Family Planning Association's clinics in Kensington and Chelsea during the year is summarised as follows:-

	Number of new patients during year	Total number of patients (old and new)	Total clinic sessions	Total doctor's sessions
North Kensington Marriage Welfare Centre, Telford Road	2,129	12,330	570	979
Kensington Clinic 9 Holland Street	267	1,215	50	79
Chelsea Clinic Violet Melchett Health Centre	193	890	52	52
Chelsea Clinic St. Stephens Hospital	760	4,346	112	262
St. Charles Hospital	138	391	34	34
TOTALS	3,487	19,172	818	1,406

Family Planning at St. Mary's (Harrow Road) Hospital

In June, 1968, the Council agreed that women delivered in this hospital should be included in arrangements made by Westminster City Council and the hospital authorities to introduce family planning to patients while still in hospital.

FAMILY PLANNING

Family planning services within the borough continued to be provided by the West London Branch of the Family Planning Association. Regular sessions are held each week at five premises in the borough, two of these being Council Health Centres, which are used by the Association free of charge.

A health visitor of the Westminster City Council visits patients in the maternity wards and family planning is discussed with them; if contraceptive advice is requested, an appointment is given at an adjoining Westminster City Council clinic. Follow-up and further treatment is arranged at a Family Planning Association clinic within the borough.

The great advantage of the arrangement is that family planning can be discussed when the patient is free from domestic and other duties, and more likely to benefit from the advice given.

Care of the Unmarried Mother and her Child

The Council continued to grant aid to the London Diocesan Council for Moral Welfare and the Crusade of Rescue (Westminster Catholic Moral Welfare Association) in 1969.

Marriage Guidance

Grants were again made by the Council to the undermentioned organisations in respect of their work with residents of the borough during the year:-

London Marriage Guidance Council	£700
Catholic Marriage Guidance Council	£375

Facilities continued to be provided free of charge at the Lancaster Road Health Centre and at the South Kensington Health Centre for a weekly session at each for the London Marriage Guidance Council.

DOMICILIARY MIDWIFERY

During the year the appointment had been made of a non-medical supervisor of midwives. This has had the effect of drawing the borough's midwives closer into the community nursing team and so enabling them to play a fuller part in health education and student programmes.

The domiciliary services are undertaken by the midwives of the Council, except for a district in the north of the borough where the service is provided by midwives of Queen Charlotte's Hospital. Midwifery previously undertaken by the Kensington District Nursing Association was transferred to the Council's staff. The demand for domiciliary confinement continues to fall.

Year	No. of Home Confinements	Percentage Reduction
1965	310	
1966	236	24
1967	139	41
1968	102	27
1969	73	28

The Council decided in July, 1968, to implement in full the provisions of the 1967 Midwifery Act. In addition to these domiciliary cases, the midwives have attended planned and unplanned discharges whose numbers have increased from 184 to 204 during 1969. They have also attended 40 mothers in the General Practitioner Unit at St. Mary Abbots Hospital. These are mothers who are medically and obstetrically normal, but, who, for varying reasons, cannot conveniently be delivered in their homes.

	Cases booked with a doctor		Cases not booked with a doctor	
	1969	1968	1969	1968
Council's midwives	57	81	2	5
Hospital midwives	13	8	1	8
TOTAL	70	89	3	13
	Planned early discharges		Unplanned early discharges	
	1969	1968	1969	1968
Nursed by Council's midwives	108	30	57	31
Nursed by Kensington District Nursing Association	22	78	4	36
Nursed by hospital midwives	10	6	3	3
TOTAL	140	114	64	70
	1969	1968	1969	1968
Number of confinements in General Practitioner Maternity Unit	40	35		
Doctor present			38	31

Percentage Reduction	No. of Home Confinements	Year
34	310	1965
41	236	1966
27	139	1967
27	102	1968
28	73	1969

Training of Pupil Midwives

Eight pupil midwives completed their training during the year, two remained in training at the end of December. Each pupil has delivered at least six mothers in their own homes and in addition have attended cases in the St. Mary Abbot's General Practitioner Unit and mothers and babies discharged from hospital 48 hours after delivery.

The pupils have learned about the care and services available in the community, by informal teaching, and a varied programme of visits to other departments of the Council and to outside bodies. They have attended health centres for visits of observation to cytology clinics, family planning clinics and psychoprophylaxis classes and have been encouraged to take part in parent craft teaching.

As a result it is hoped the pupils have been given a wider outlook. Experience gained from this adaptation of their training programme, and also from two experimental schemes undertaken outside London, is helping towards the planning of a new one-year training for midwives, whose experimental syllabus has just been approved by the Central Midwives Board.

Midwives Act, 1951

The Council are the local supervising authority for the purposes of the Midwives Act, 1951, and have a duty to inspect and supervise all midwives practising in the area.

The following table gives details:-

	<u>1967</u>	<u>1968</u>
Notifications received from midwives of intention to practice	107	100
Refresher courses attended by midwives in accordance with Section 9 of the rules of the Central Midwives Board	10	8
Fees paid to medical practitioners called in by midwives in emergency	nil	nil

HEALTH VISITING

The duties of the health visitor have widened over the years from concentration upon the mother and her young child to the whole family and its place in society. This includes the adolescent, the handicapped and the elderly and a wide range of health education activities, both in her day to day work, in clinics and daily visits to homes, and in informal situations in mothers' clubs, mothercraft classes, schools, youth groups, teacher training courses, old people's clubs and to many varying voluntary organisations.

A new scheme was started for three pupils from Ladbroke Upper School to work voluntarily for one half day a week during the school term at three separate day nurseries.

In order to assess the proportion of time used in each of these varying activities and to show their diversity, a very full and comprehensive survey of the work of the health visitor was undertaken during September and October throughout the London area. This research on behalf of the London Boroughs' Training Council was undertaken by the Greater London Council's Research and Intelligence Unit. After very careful briefing meetings, eight health visitors in this borough undertook for two weeks to list and itemise every activity of their working day. The report of these findings to be published early in 1970 should be of value in the future use and planning of the health visitor service.

The challenge of varied experience provided in this borough continues to attract health visitors of a high calibre and the staffing position has been maintained.

Six students were sponsored for health visitor training and upon successfully gaining their final certificates took up permanent positions on the staff.

Training facilities were again given for ten health visitor students from the Royal College of Nursing, The North Western Polytechnic, Chiswick Polytechnic and the University of Surrey, to gain practical experience with a fieldwork instructor.

The attachment of health visitors to general practitioners has continued, and in some practices the domiciliary midwife and district nurse complete the team. Development of these attachments is necessarily slow as few doctors are as yet working in group practices. At present, three health visitors are working full-time in three group practices with eleven general practitioners; while three are working part-time in a further three practices with five general practitioners. This method of working provides added interest and variety for all members of the practice and although the actual number of home visits may be reduced, their value is enhanced.

Health visitors continue to teach in the schools of nursing at St. Charles and St. Stephen's Hospitals on the community aspects of health and disease and the preventive and social care available outside the hospital.

HEALTH VISITING

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The following table records details of visits by Health Visitors:

	<u>1969</u>	<u>1968</u>
First visits to:-		
Children born 1969	2,333	2,481
Children born 1968	2,122	2,161
Children born 1964/67	4,149	4,348
Persons aged 65 or over	298	275
Mentally disordered persons	57	56
Persons discharged from hospital (excluding mental)	83	49
Tuberculous households	124	157
Infectious households	6	14
All other cases	1,449	1,534
Total cases visited	10,621	11,077
Total effective visits and revisits	29,816	32,087
Unsuccessful visits	9,697	10,571

In-Service Training

A number of talks were arranged for the nursing staff. These included a talk by Dr. Faith Spicer on "Health Education in Personal Relationships", Professor Henry Kempe of Denver Colorado and Miss Joan Court of the N.S.P.C.C. on "The Battered Child Project". Dr. D. C. Newman, Consultant Pathologist, St. Marys Hospital for Children, spoke and demonstrated the Guthrie Test for phenylketonuria and Mr. T. S. Campbell, Educational Psychologist at the Earls Court Child Guidance Unit spoke on "Some difficulties with school children".

Nursing officers acted as lecturers on courses arranged by the London Boroughs' Training Committee, including the introductory course for school nurses and the refresher course for day nursery matrons. One nursing officer took part in a seminar at the Hospital Centre where participants were nurses working in alcoholic units in the United Kingdom. A nursing officer acted as group leader at a conference of nursing officers of the London Boroughs and Tutors of training schools within the London area, which was organised by the Council for the training of Health Visitors. A nursing officer took part in a discussion in preparation for a television documentary programme depicting the statutory and voluntary social services available to families.

Students and Visitors

Visitors from overseas, including 3 visitors from the U.S.A., 2 from Australia, 1 from Canada and 1 from Finland, spent some time with the nursing officers, learning of the work of the department and made visits of observation to health centres and day nurseries.

A new scheme was started for three pupils from Ladbroke Upper School to work voluntarily for one half day a week during the school term at three separate day nurseries.

Visits of observation from $\frac{1}{2}$ - 5 days to day nurseries and health centres were made by the following groups:-

126 student nurses from St. Stephens and St. Charles Hospitals, 12 students from North Western Polytechnic, taking the course in residential child care, 40 student teachers from the Froebel Institute, 10 student dieticians from Queen Elizabeth College, 17 pupil midwives, 14 nursery students, 5 student health visitors, 7 students from Royal College of Nursing, taking a one year course in teaching methods, 30 pupils from local schools, 5 state enrolled nurses from Queens Institute of District Nursing, 2 students from King's Fund College of Hospital Management, 6 social work students from North Western and Chiswick Polytechnics, 6 staff nursery nurses from North Western Polytechnic, taking the refresher course for qualified experienced nursery staff and a Home Economics student from Isleworth Polytechnic.

HOME NURSING

This service is provided by the Kensington District Nursing Association for the whole of the borough area, and the Council reimburse the Association to the extent of 93% of net approved expenditure incurred in providing the service. The supervising staff consisted of the superintendent (Miss E. M. Evans, SRN, SCM, MFD) and two assistant superintendents. Other home nursing staff employed at 31st December, 1969, were as follows:-

State registered and state enrolled nurses	37
Total full-time equivalent	35.6
Students	4

The figures of patients nursed for the year, compared with the previous year, are as follows:-

	1969	1968
Number of patients attended	2,643	2,768
Total visits paid	90,020	89,170
Average number of visits to a patient	34	32.1
Number of patients attended for at least three months	225 (or 8.5%)	196 (or 7.1%)

Students and Visitors

Visitors from overseas, including 3 visitors from the U.S.A., 2 from Australia, 1 from Canada and 1 from Finland, spent some time with the nursing officers, learning of the work of the department and made visits of observation to health centres and day nurseries.

A new scheme was started for three pupils from Ladbroke Upper School to work voluntarily for one half day a week during the school term at three separate day nurseries.

Further details of cases, visits and treatments appear in the following tables:-

Types of case	Number of new cases undertaken		Percentage of total	
	1969	1968	1969	1968
Medical	1,585	1,675	84.6	80.0
Surgical	239	257	12.6	12.3
Tuberculosis	11	19	0.6	0.9
Maternity - early discharge from hospital	26	117	1.4	5.6
Maternity - complications	2	15	0.1	0.7
Mental ill-health	13	10	0.7	0.5
TOTAL	1,876	2,093	100.0	100.0

Visits for	At patients' homes		Elsewhere		Total		Percentage of total	
	1968	1969	1968	1969	1968	1969	1968	1969
Injections only	20,267	18,947	733	966	21,000	19,913	23.5	22.1
Injections plus other treatment	2,130	2,805	8	52	2,138	2,857	2.4	3.1
Other treatment only	66,023	67,210	9	40	66,032	67,250	74.1	74.8
TOTAL	88,420	88,962	750	1,058	89,170	90,020	100.0	100.0

Age distribution of patients	Number of patients		Percentage	
	1969	1968	1969	1968
0 - 4 years	37	45	1.4	1.6
5 - 64 years	834	1,108	31.5	40.1
65 years and over	1,772	1,615	67.1	58.3
TOTAL	2,643	2,768	100.0	100.0

Nursing Treatments

	1969	1968
Total number of completed treatments	2,085	2,174
Total number of patients being nursed at end of year	703	760

It is noteworthy that while the number of patients and completed treatments are less than in 1968, the numbers and proportions of elderly patients have increased together with the average number of visits per patient and the numbers of patients attended for at least three months.

In addition to being a medical member of the London Boroughs Training Committee Advisory Body of Chief Officers, I am Chairman of the Committee's District Nurse Working Party. I am also a member of the Department of Health and Social Security Panel of Assessors for the training of District Nurses.

Little Sisters of the Assumption

A grant of £100 was made to the Little Sisters of the Assumption in respect of the domiciliary nursing service provided by the Order.

Loan of home nursing equipment

Under Section 28 of the National Health Service Act, 1946, the Council provide on loan articles necessary for the efficient nursing of patients in their own homes. Such equipment is normally lent only in instances where the patient is under active medical treatment; the equipment remains with the patient as long as the medical need exists and no charge is made for this service.

A supplementary service is provided by the British Red Cross Society. During the year, the Council gave this Society a grant of £125 towards this work.

The demand for all types of equipment has increased as indicated by the 388 issues made by the Council, and 706 by the British Red Cross Society, as compared with 257 and 720 respectively during 1968. The demand for incontinence pads has remained steady, 219 patients having been served compared with 221 in 1968.

Adaptation of homes to install artificial kidney machines

One application was received during 1969 for works of adaptation to the home of a patient accepted for chronic intermittent haemodialysis to be performed in her own home.

The property in Notting Hill in which the works of adaptation were required were partly occupied by the patient - a single woman aged 25 years - together with three other young friends. Together they lived in a garden flat of which she was the lessee, occupied on a lease expiring in 1972. The landlords were themselves lessees of the property with limited power to make alterations to the premises and it was necessary for the patient to complete a licence in respect of the works and installation and including an Undertaking to reinstate the flat.

It was again found that the cost of works of adaptation exceeded the amount anticipated by hospital authorities and in this instance was £440 plus certain fees and ultimate reinstatement costs.

Representations have been made to the Department of Health and Social Security with a view to the burden of cost of adaptations being accepted as a charge against the National Health Service. The Department's view was that although renal patients need the backing of hospital departments, because they are able to live and work in the community, it appeared right that provision of this kind should be made through the services of the local health authority.

HOME HELP SERVICE

The demand for this service continued to be heavy although lower than in 1968; the number of households assisted showing a fall of about 7% and new applications about 17%. It was still greater than could be met in full by the staff available although every eligible applicant was given service. The heaviest demand continued to be from old people and comprised 81% of all households assisted compared with 80% in 1968.

Details of the home help work carried out are as follows:-

	1969	1968
Number of households assisted	1,607	1,719
Number of new applications received	633	758

Details of households assisted:-

	1969	1968
Maternity	25	37
Tuberculosis	8	12
Old People	1,304	1,371
Chronic sick	124	149
Early morning and evening help	9	12
Special help (problem families)	2	nil
Mental disorders	7	6
Miscellaneous	128	132

Staff details:-

Number of home helps employed at end of year	126	139
Equivalent of whole-time staff	112.91	123.85

No charge is made for home help service in the households of expectant mothers suffering from toxæmia of pregnancy and who are required by a medical practitioner to rest at home or in hospital.

Three such cases occurred during 1969, whereas there were none in 1968.

IMMUNISATION AND VACCINATION

The programme of vaccination of susceptible children against measles which was introduced in May, 1968, has continued as a routine offering to children as they attain the age of 14 months. The 1968 programme included a back-log of older children and of the total number vaccinated in that year, nearly 50% were of school age. During 1969, children born in 1967 to 1968 comprised 80% of the total vaccinated.

Details of the numbers vaccinated are as follows:-

	1969	1968
At Council clinics	854	2,993
By general practitioners	243	214
TOTAL	1,097	3,207

The decline noted in 1968 in the number of cases of measles notified has been confirmed by the figures for 1969, a year which could have been expected to show the hitherto normal biennial epidemic. The annual totals of notifications from 1963 onwards are given below:-

1963	1,296
1964	428
1965	1,084
1966	515
1967	847
1968	296
1969	211

Vaccination and Immunisation against other diseases

In my report for 1968, I drew attention to the effect of the modified immunisation programme whereby fewer completed courses were recorded during the year. This is still valid for 1969 and it will be seen that the figures for completed primary courses of vaccination against poliomyelitis, diphtheria, whooping cough and tetanus are at about the 1968 level in respect of children attending the Council's clinics, but there is a decline in the numbers attending their own general medical practitioners. The reductions in reinforcing doses for diphtheria, whooping cough and tetanus immunisations arise from the omission in the modified schedule of two booster doses, triple antigen previously given to 15 months old children and diphtheria/tetanus at 8 to 9 years old.

The acceptance ratio for all the foregoing and smallpox vaccination is still at an unsatisfactorily low level.

It was again found that the cost of works of adaptation exceeded the amount anticipated by hospital authorities and in this instance was £240 plus certain other and ultimate replacement costs.

The returns of the numbers of immunisations carried out at Council clinics and by General Practitioners during the year are as follows:-

Poliomyelitis Immunisation

	Total primary courses completed		Total reinforcing doses	
	1969	1968	1969	1968
At Council clinics -				
Salk	1	3	nil	nil
Sabin	1,634	1,656	1,626	1,589
By general practitioners -				
Salk	nil	nil	nil	nil
Sabin	336	441	237	176
TOTAL	1,971	2,100	1,863	1,765

Diphtheria Immunisation

	Total primary courses completed		Total reinforcing doses	
	1969	1968	1969	1968
At Council clinics	1,344	1,325	2,274	3,089
By general practitioners	284	417	407	506
TOTAL	1,628	1,742	2,681	3,595

Whooping Cough Immunisation

	Total primary courses completed		Total reinforcing doses	
	1969	1968	1969	1968
At Council clinics	1,018	971	765	1,147
By general practitioners	254	376	222	319
TOTAL	1,272	1,347	987	1,466

1,018	710	Schools visited
250	250	Number of eligible children
94%	73.2%	Number of acceptances
94%	58%	Acceptance rate
630	34%	Number skin-tested and read
48	3%	Number given BCG vaccination
2.2%	10.01%	Number of positive reactors
		Positivity rate

Tetanus Immunisation

	Total primary courses completed		Total reinforcing doses	
	1969	1968	1969	1968
At Council clinics	1,345	1,362	2,280	3,053
By general practitioners	293	423	425	527
TOTAL	1,638	1,785	2,705	3,580

Smallpox Vaccination

	At Council clinics		By general practitioners		Total	
	1969	1968	1969	1968	1969	1968
<u>Primary vaccinations</u>						
Under 1 year	16	32	18	33	34	65
1 year	661	828	162	195	823	1,023
2 - 4 years	272	240	83	80	355	320
5 - 14 years	30	34	36	37	66	71
15 years and over	8	3	7	1	15	4
TOTAL	987	1,137	306	346	1,293	1,483
<u>Revaccinations</u>						
Under 1 year	nil	nil	1	nil	1	nil
1 year	nil	4	nil	nil	nil	4
2 - 4 years	15	11	20	14	35	25
5 - 14 years	22	25	113	115	135	140
15 years and over	9	7	21	10	30	17
TOTAL	46	47	155	139	201	186

Tuberculosis (BCG Vaccination)

Thirteen-year old schoolchildren

The acceptance rate for this protective measure is still at a satisfactorily high level. The skin test used is Mantoux (10 TU).

	1969	1968
Schools visited	4	8
Number of eligible children	710	1,018
Number of acceptances	520	958
Acceptance rate	73.2%	94%
Number skin-tested and read	382	694
Number given BCG vaccination	343	630
Number of positive reactors	39	64
Positivity rate	10.2%	9.3%

Contacts

The numbers of contacts of cases of tuberculosis dealt with at chest clinics has fallen nearly 12% from the 1968 level. The positivity rate in this group has risen to 37.5% as compared to 28.5% in 1968.

	1969	1968
Number skin-tested and read	130	147
Number found negative	81	105
Number given BCG vaccination	79	108
Number found positive	49	42

MASS RADIOGRAPHY

As in previous years, the South West and North West London Mass X-ray services continued to provide chest X-ray facilities for the borough at their centres in the Western Hospital, Seagrave Road, S.W.6., and 285 Harrow Road, W.9.

In addition to the operation of these two centres, mobile units made numerous visits to large establishments within the borough.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Chiropody

Staffing difficulties have continued and despite all efforts to improve the situation, the chief chiropodist has remained the only full-time member of staff in this service. A number of sessional chiropodists have been employed to fill the remaining four full-time posts on the establishment and as the majority of them have been able to continue regularly, the overall situation, while not entirely satisfactory, has been more stable than in previous years.

It is, in any event, convenient to employ some sessional staff as the demand from the areas served by each of the smaller clinics, at Westbourne Grove, Earls Court Road and Walmer Road, does not justify any one of them being there on a full time basis. There was, however, a slight increase in demand in the Walmer Road area, and here it was possible to provide clerical assistance for the chiropodists, an arrangement which enabled their sessional loading to be increased, effecting an equivalent of nearly two additional weekly sessions without any increase of chiropody staff.

A number of factors have hindered progress with the proposed new clinic at the Violet Melchett Centre, Flood Walk, S.W.3., but the indications are that it will open early in 1970.

The arrangements begun in 1968 to provide a service for former patients of the Chelsea School of Chiropody were continued. The chiropodist in private practice carried out an average of 14 to 15 treatments weekly and from the beginning of May transport for 10 or 12 selected patients to the new premises of the School in 18 Sanford Street, N.W.8., was provided weekly instead of fortnightly.

Details of attendance, etc., are as follows:-

	1969	1968
Total number of sessions held at Council clinics	1,527	2,007
Number of persons attending Council clinics	2,307	(no comparable figure)
Analysis by age-groups of attendances at Council clinics		
Children - Under 5	nil	1
5 to 14 years	92	322
Males - 15 to 64 years	995	1,228
65 years and over	1,308	1,260
Females - 15 to 59 years	3,037	4,043
60 years and over	6,256	6,546
Total attendance at Council clinics	11,688	13,400
Number of attendances at Chelsea School of Chiropody made by patients for whom the Council provided transport between home and clinic	243	25
Number of patients referred to private chiropodist	59	85*
Number of treatments given by private chiropodist	747	189*

* Service commenced 19th August, 1968

RECUPERATIVE HOLIDAYS

The decline in the number of recuperative holidays for persons classified as "other adults" who are mainly elderly persons noted in my Report for 1968, has continued. The demand for holidays for children, and particularly for school children, shows a pattern, which is not dissimilar to that of the biennial measles epidemics which occurred in 1965 and 1967, but, as reported elsewhere, did not materialise in 1969. The sympathy between these figures may, however, only be coincidental.

	1969	1968	1967	1966	1965
Recuperative holidays -					
Children under 5	22	11	17	11	22
School children	37	54	76	44	55
TOTAL	59	65	93	55	77
Measles notifications	211	296	847	575	1,084
Schools visited					
Number of children		710		1,018	
Number of acceptances		320		958	
Acceptance rate		73.2%		94%	
Number skin-tested and read		382		694	
Number given BCG vaccination		343		630	
Number of positive reactors		39		64	
Positivity rate		10.7%		9.3%	

Admissions to holiday homes were as follows:-

	1967	1968
Expectant and nursing mothers	11	6
Other adults	74	81
Children under five years of age	22	11
Schoolchildren	37	54

Health Education

The need for Health Education continued during 1969 and is a continuing process carried on by fieldworkers, much of it so far as mothers and young children are concerned by health visitors, on a day-to-day and person-to-person basis as part of their ordinary duties. Public health inspectors and other members of the staff also play an important part.

The Council's links with national organisations active in this field were maintained during the year and Dr. W. T. Densham Ray, Principal Medical Officer for the School Health Service, continued his membership of the Inner London Education Authority's Panel on health education.

As in previous years, a phased programme was devised at the beginning of the year to enable special attention to be given to a number of key subjects.

The programme for the year was:-

March and April	Danger from Poisons in the home
May and June	Dental Health education
July and August	Preparing for school; play, including road safety
September and October	Day-care of children
November and December	Home Safety and prevention of accidents in the home

St. Thomas R.C. (Junior Girls) : Weekly talks by two Health Visitors to two groups of approximately twenty children aged 10 to 11 years.

Holland Park School (Senior Girls) : Series of five talks to each of two groups of 15 fourth year girls. This course has been taught by two health visitors.

Details of attendance, etc., are as follows:-

Dental health education

The following activities took place during the year:-

- (a) In May and June this subject was featured as a special topic for health visitors and school nurses.
- (b) The Dental Health Education Officer of the Inner London Education Authority gave talks in eleven primary schools in the borough during November.
- (c) Dental hygiene packs consisting of toothbrush, toothpaste, rinsing mug and a letter to parents on dental health education were distributed to as many new entrants to primary schools as supplies would allow, at the time of their first routine dental inspection.
- (d) Packages of dental health education material were distributed to interested head teachers to assist teachers in organising class projects on this subject.
- (e) The principal dental officer wrote camera scripts for, and took part in two video-taped trial productions on dental health education for the I.L.E.A. Educational Television Service. These were in the form of short flashes for insertion between other programmes. After the trial productions have been evaluated by finding out the reactions of teachers, educational psychologists and groups of children to them, it is hoped to produce some video-tapes for closed circuit broadcast to schools.

In addition, the Inner London Education Authority decided to purchase equipment and material for a Mobile Dental Health Education Unit to tour schools in the borough.

By these and other means, it is hoped to stimulate active participation by pupils in class projects on dental health education and this is probably the most effective means of motivating a positive acceptance of oral hygiene. Stress is also laid on the importance of health education at the chair side to encourage improvement in oral hygiene and dietary practices and the Council's dental officers accordingly emphasize preventive aspects as part of clinical treatment.

Health education in schools

Arrangements already in operation continued during 1969. The following is a summary of activities undertaken.

Ladbroke School (Senior Girls) : Regular weekly talks to fourth year pupils by two Health Visitors. Similar weekly talk by one Health Visitor to fifth and sixth year pupils.

St. Thomas More R.C. : Weekly talk by Health Visitor to two groups with approximately 14 girls in each group.

St. Francis R.C. (Junior Girls) : Weekly talks by two Health Visitors to two groups of approximately twenty children aged 10 to 11 years.

Holland Park School (Senior Girls) : Series of five talks to each of two groups of 15 fourth year girls. This course has been taught by two health visitors.

Talks in schools covered a wide range of subjects suited to the age of the pupils and as requested by Head Teachers, included social relationships, marriage, procreation, care of baby, physical and emotional development, dental care, home safety, cancer education, venereal diseases, nutrition, parent/child relationship, care of the elderly and handicapped, smoking and other related topics. Use is made, where appropriate, of such visual aids as slides, films, etc.

Home safety campaign

This campaign was held from the 3rd to 8th November, 1969 and again took the form of an exhibition from 10.00 a.m. to 5.00 p.m. daily at one of the Health Centres in North Kensington, a part of the borough particularly at risk to fire and other home accidents. This year it was held at the Lancaster Road Health Centre. Valuable assistance was given by the London Fire Service and the Electricity and Gas Boards, who provided exhibits demonstrating home safety measures in the use of their services. Demonstrations of escape from fire and of resuscitation were provided by the British Red Cross Society and emphasis was also laid, with the aid of practical examples, on the dangers of highly inflammable as opposed to non-inflammable wear for children. All schools in the borough were approached and many agreed to display home safety posters before and during the week of the campaign. In some schools, Head Teachers agreed to lectures and film shows on this subject by professional staff of this department. Some pupils took part in a painting competition with home safety as its theme and small monetary prizes were presented to children producing the best paintings. Parties of school children visited the exhibition. Teams of health visitors from each of the Health Centres prepared stands illustrating hazards in the home. The foyer of the Royalty Bingo Hall in Lancaster Road was kindly made available by the management and Health Visitors prepared and attended an exhibition stand to attract the interest of patrons. This stand showed, among other things, items commonly used in the home, which can, if not properly maintained and carefully used, be dangerous.

Health Visitors took every opportunity to stress health education topics at the mothers' clubs held at Health Centres; this is also done at ante-natal classes and at the clubs held for elderly persons. Subjects dealt with included infant feeding, psycho-prophylaxis, fresh air, sleep and posture, "Home from hospital", cookery and diet, "Keep Fit", bottle feeding, chest health, bathing baby and other related subjects.

Co-operation with maternity hospitals

At St. Stephen's and St. Mary's (Harrow Road) Hospitals, arrangements were made for Health Visitors to visit the hospitals once a week to talk to recently-delivered mothers on the general theme of "Going Home" and deal with the problems of the first few days after return home with the new baby.

	No. of families with whom health visitors were working	No. of children in families	No. of mothers who were visited	No. of children visited
On 1st January, 1969	56	226	74	151
Added during year	21	77	19	73
Withdrawn during year	20	86	35	32
on 31st December, 1969	57	217	58	174

Environmental health

During the course of their daily duties, public health inspectors take the opportunity to promote health education by informal talks with individuals and small groups.

In addition, formal talks are undertaken on request on any subject within their statutory range of duties. During 1969, talks were given to groups which included old people, young mothers, food handlers and hoteliers. Subjects included housing and health, food, hygiene and control of vermin.

Accidental hypothermia

As in previous years, attention was given to the dangers to the elderly and to very young children from accidental hypothermia. The need to measure body temperature with a special low reading thermometer was specially emphasised.

Health education talks and lectures

Details of talks and lectures given by departmental staff and other persons to specialised audience groups during 1969 are as follows:-

Table 1 - Speakers

Health Visitors	975
Instructors (ILEA)	31
Other Council Officers	16
Domiciliary Midwives	1
Pupil Midwives	1
Other	145
TOTAL	1169

Table 2 - Subjects

	<u>Talks</u>	<u>Attendances</u>
Care of mothers and young children	614	5095
Prevention of accidents	38	932
First Aid	8	161
General Family Health	94	1528
Infectious Diseases	4	59
Work of the Health Visitor	31	461
Venereal Disease	5	72
Care of older children	13	175
Dental health	4	88
National Health Service	12	167
Family Planning	4	38
Smoking and Lung Cancer	5	95
Cancer	2	23
Mental Health	2	23
Work of the Public Health Inspector	1	6
Drug Addiction	1	35
Other	331	3622
TOTAL	1169	12580

Table 3 - Audiences

<u>Audiences</u>	<u>Groups</u>	<u>Totals</u>
Expectant mothers	494	3099
Over 50's	101	1338
School children	157	3041
Student Nurses	23	314
Student Teachers	8	222
Parents	7	132
Expectant Parents	6	163
Women from Cytology Clinic	1	12
Child care students	1	4
General Public	1	4
Mothers	370	4251
	<u>1169</u>	<u>12580</u>

Fireguards

Fireguards continue to be available on loan without charge to necessitous households where there are children under twelve years of age, or elderly, handicapped or blind people.

Thirty-nine were issued during 1969, compared with twenty-nine in 1968. Some of these were of a type specially designed for use with oil heaters and others of nursery pattern suited to meet circumstances in particular homes.

BOROUGH CO-ORDINATING COMMITTEE

Three meetings and two extraordinary meetings of the Borough Co-ordinating Committee were held during 1969. Subjects discussed included the preparation of a manual of guidance for staff on the work of various Services and Departments of the Council and the Inner London Education Authority; the development of in-service training for new members of staff, and the N.S.P.C.C. Battered Child Research Project. The problems of some forty (fifty-five) families causing concern to statutory and voluntary services in the borough were considered at Case Conferences in order to co-ordinate the services already working on their behalf and to consider whether further help was needed.

The casework staff has been restored to its full strength during the year with two full-time caseworkers in post at 31st December, 1969; their services continued to be augmented with part-time family casework by the Assistant Principal Social Worker and another social worker. At the 31st December, 1969, 31 families with 125 children (23 families, with 97 children) were being given this kind of support.

Close liaison continued to be maintained with the Family Welfare Association and the West London Family Service Unit. Grants made to these two bodies were £1,900 (£1,600) and £3,575 (£3,000). Details of their work in respect of families resident in the borough are as follows:-

	<u>Family Service Unit</u>		<u>Family Welfare Association</u>	
	<u>No. of families with whom caseworkers were working</u>	<u>No. of children in families</u>	<u>No. of families with whom caseworkers were working</u>	<u>No. of children in families</u>
On 1st January, 1969	56	226	74	151
Added during year	21	77	79	75
Withdrawn during year	20	66	55	52
on 31st December, 1969	57	237	98	174

Venereal Disease - This table, although still incomplete, suggests a continuing increase in venereal conditions during the past year.

Situation of Clinic	Total of all venereal conditions			SYPHILIS						GONORRHOEA			Other venereal conditions		
				Primary and secondary			Other								
	1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967
Central Middlesex Hospital	*	18	*	*	nil	*	*	nil	*	*	2	*	*	16	*
Dreadnought Seamen's Hospital	6	3	6	nil	nil	nil	1	nil	nil	1	nil	nil	4	3	6
The London Hospital	156	137	87	nil	nil	nil	2	1	3	35	33	21	119	103	63
Middlesex Hospital	1328	1012	801	15	11	nil	19	16	12	282	265	115	1012	723	670
Moorfields Eye Hospital	9	4	*	nil	nil	*	nil	2	*	nil	nil	*	9	2	*
St. Bartholomew's Hospital	143	*	96	nil	*	1	nil	*	nil	29	*	12	114	*	83
St. George's Hospital	*	*	854	*	*	14	*	*	8	*	*	162	*	*	670
St. Mary's Hospital	2454	2258	1852	39	39	22	28	30	16	735	511	499	1652	1678	1315
St. Thomas's Hospital	586	415	386	7	3	1	1	5	2	112	85	71	466	322	312
West London Hospital	3475	*	*	16	*	*	23	*	*	922	*	*	2514	*	*
Westminster Hospital	351	249	185	1	4	1	2	nil	2	73	42	23	275	203	159

* Figures not available

SCHOOL HEALTH SERVICE



SCHOOL HEALTH SERVICE IN KENSINGTON AND CHELSEA

Annual Report by Dr. J.H. Weir,
Borough Medical Officer of Health and
Principal School Medical Officer

The Inner London Education Authority is responsible for the school health service but by virtue of an agreement required by Section 32 of the London Government Act, 1936, there is joint use by the Authority and the Council of professional staff, premises and equipment. The Medical Officer of Health is the principal school medical officer of the Inner London Education Authority for the area of the borough and is responsible to that Authority for the day-to-day running of the service.

The following is a summary of the work of the school health service during the year ended 31st December, 1969. Where relevant, comparable figures relating to the previous year are shown in brackets.

At September 1969 there were 9,677 (9,536) pupils attending thirty primary schools and 7,516 (7,520) pupils attending eleven secondary schools. In addition, 160 (173) children attended nursery classes and spastic children of infant age were cared for at Cheyne Hospital School.

ROUTINE MEDICAL INSPECTIONS

Conditions governing the medical examination of all schoolchildren remain the same as in previous years. Children are examined on entry to infant school at about five years of age, on entry to primary school at about eight, on entry to secondary school at eleven-plus, and finally during the term immediately preceding the end of their school life.

During the year 7381 (6609) children were examined in 771 (778) sessions. The total number of defects found was 2,807, representing an incidence of 38% of the number of inspections. Of these defects 998 (or 13.5%) noted for treatment. Vision defects comprised 1219 of the total of which 515 were noted for treatment.

SCHOOL MEDICAL INSPECTIONS

A child exhibiting hitherto unnoticed physical or mental abnormalities may be specially examined at the request of teachers, parents or other interested parties at any time during school life. Defects discovered at routine medical inspection may also result in special medical examinations.

During the year children thought to be in need of education in special schools were referred from various sources and a total of 95 (89) statutory examinations were carried out. Referrals included 67 (83) for the statutory E.S.N. examination which resulted in 33 (45) recommendations for education at schools for the educationally sub-normal. The remainder included 15 (14) recommendations for open air schools.

Other examinations included 288 (387) secondary school pupils seeking employment and 876 (444) wishing to go on school journeys.

HANDICAPPED PUPILS

There are no special schools for the education of handicapped pupils in the area, but a total of 291 (297) children requiring special educational treatment attended schools in other boroughs and 111 (87) were placed in boarding schools. Included in these numbers were 30 (28) physically handicapped children in attendance at day schools and

9 (5) at boarding schools. Attending ordinary schools were 69 (70) epileptic children, 46 (87) with orthopaedic and postural defects, 15 (14) suffering from diabetes, 21 (27) from rheumatism, 145 (169) from asthma, 15 (12) cerebral and spastic cases, and 11 (16) with eye diseases other than refractions and squints.

The number of maladjusted children referred to the Problem Case Conference was 150 (172). Of this number, 78 (54) were referred to Child Guidance Clinics. There were two tutorial classes for maladjusted children and 10 (30) children were recommended for them from Case Conference.

CLINICS

Vision

Total attendances numbered 1800 (2341) at 163 (172) sessions held during the year.

New cases attending during the year numbered 1308 (1075).

Partially sighted children educated in special schools numbered 11 (11).

Hearing

Audiometry

During the year 3676 (4351) children in ordinary schools were given the "Sweep" test by the nursing sisters.

Details of the results are shown with the following table:-

	Boys	Girls	Total
<u>Sweep Test</u>			
Number tested	1909	1767	3676
Number passed	1724	1625	3349
Number failed	185	142	327
<u>Pure Tone Test of Sweep Test Failures</u>			
Number tested	111	102	213
Number passed	85	75	160
Number failed and referred to otologist	26	27	53
<u>Other Pure Tone Tests (including Hospital care)</u>			
Number tested	131	101	232
Number passed	76	56	132
Number failed and referred to otologist	55	45	100

Schools for the deaf were attended by 5 (13) children and partially hearing units by 8 (13); 17 (10) children who wear hearing aids attended various other schools, viz. 9 (5) ordinary schools, 2 (2) schools for the physically handicapped and 6 (3) schools for the educationally subnormal.

Audiology

The total attendances at the 43 (43) sessions held numbered 274 (371). New cases attending during the year totalled 83 (131). In addition, a "deaf" register, reviewed at regular intervals by a designated medical officer, was kept in the principal social worker (Health Services) section, where a social worker is responsible for maintaining liaison with the special services provided for deaf children, some of whom may be attending audiology clinics other than those referred to above, and of whom a number are in boarding schools.

Ear, Nose and Throat

There were 63 (65) sessions held during the year. Total attendances number 370 (502). New cases attending during the year numbered 39 (141).

Special Investigation

Children with a wide variety of problems attend the special investigation clinics, where in the main problems of enuresis and over-weight are dealt with. Cases of debility and poor general physique account for most other referrals.

At the 114 (120) sessions held, 124 (120) new cases were seen, while the total attendances amounted to 820 (865).

Minor Ailments

Medical officers conducted 109 (130) sessions and examined 467 (775) new cases. Nursing sisters held 921 (892) sessions and saw 2576 (4945) new cases. Altogether the total attendances at the clinics number 9822 (17351).

Speech

There were 3 (3) clinics staffed by 4 (4) speech therapists with 12 (10) sessions a week.

Attendances at the vision, hearing, audiology and ear, nose and throat clinics, as well as at hospital out-patient departments, are arranged through the principal social worker (Health Services). Social workers attend special investigation, audiology and ear, nose and throat clinic sessions and provide the doctor with information on the social aspects of each case. They also act as liaison (working in co-operation with the School Care Committee) between the child's parents, the school and the clinic to ensure that the child and the family benefit fully from treatment. One of the social workers acts as liaison with the social workers attached to special schools in other boroughs attended by children resident in this borough.

PERSONAL HYGIENE

Of 14915 (16279) children seen during comprehensive surveys 139 (148) were found to be verminous. Inspections during selective surveys numbered 6004 (4333) and on 168 (112) occasions children were found to be verminous. The number of individual children found to be verminous was 181 (157).

BATHING CENTRE

Children attend the bathing centre on 458 (344) occasions, when 134 (90) cases of scabies and 228 (114) verminous cases were treated. As in the previous year, no cases of impetigo were treated.

There is still clearly a need for vigilance on the part of all concerned.

REMEDIAL FOOT CLASSES

With the continued co-operation of the head teachers, remedial classes were held in eight primary schools and 256 (216) children were treated by teachers who have attended special classes at the College of Physical Education. Overall supervision was given by a medical officer who visited each class at regular intervals.

IMMUNISATION

Details of immunisation in schools are given below:-

	Completed primary courses		Reinforcing injections (re-vaccinations)	
	1969	1968	1969	1968
Smallpox	66	71	135	140
<u>Diphtheria/Tetanus/Whooping Cough:</u>				
Triple	27	9	72	82
Diphtheria tetanus	205	186	1,534	1,845
Diphtheria	6	4	2	37
Tetanus	13	48	21	25
<u>Poliomyelitis:</u>				
Salk	Nil	Nil	Nil	Nil
Sabin	267	292	1,564	1,634
Measles	82	1,208	--	--

B.C.G. VACCINATION FOR 13-YEAR OLD CHILDREN

A medical officer, together with a clerical assistant, visited 4 (8) schools.

There were 710 (1018) children eligible for B.C.G. vaccination. The parents of 520 (958) children gave their consent and out of this number 382 (694) were skin-tested and read. Of these 343 (630) children were vaccinated. The remaining 39 (64) were found to be positive reactors.

Because of staff shortage the programme started late in the year and this limited the number of schools that could be visited.

INFECTIOUS ILLNESS

The following table shows the number of cases of infectious illness reported from the schools by head teachers during 1969:-

Disease	Total	Disease	Total
Chicken Pox	154	Scarlet Fever	12
Dysentery)	16	Sore Throat	4
Diarrhoea)		Tonsillitis	36
Enteritis)		Whooping Cough	9
German Measles	31	Bronchitis	1
Influenza	15	Virus Infection	1
Impetigo	10	Ear Infection	1
Jaundice	6	Reported Bilious	6
Measles	47	Glossitis	1
Mumps	246	Gastric Influenza	1
Ophthalmia and conjunctivitis	9	Infective Hepatitis	1
Ringworm (body)	2		
Scabies	4		

DENTAL SERVICES

DENTAL SERVICES

THE DENTAL SERVICES

Mr. M.C. Downer

Principal Dental Officer

STAFF

On 31st December 1969, the staff consisted of the principal dental officer and one whole-time and one part-time dental officer supported by four dental surgery assistants. The vacancies in the professional establishment arose from one of the full-time dental officers reverting to part-time employment and from Miss E. Grivins leaving the Council's service. Our best wishes go with her.

We were pleased to welcome Dr. M.K. McCahon to take over sessional duties as anaesthetist in the Borough's dental clinics.

TREATMENT

The total number of sessions undertaken during the year was lower than in 1968 due in part to staff vacancies occurring during the Autumn and in part to a member of the staff being released for part-time post graduate education during the first half of the year. Reductions will thus be seen in the total number of attendances and in the volume of treatment carried out. Sessional averages show little variation from the previous year however.

DENTAL HEALTH EDUCATION

Details are included in the section on health education.

COURSES AND CONFERENCES

The principal dental officer completed the post graduate course in dental public health of the University of London and was successful in the final examination for the Diploma in Dental Public Health of the Royal College of Surgeons.

The principal dental officer also visited the Annual Conference of the British Dental Association in Bournemouth for one day.

SCHOOL DENTAL INSPECTIONS AND SPECIAL INVESTIGATIONS OF DENTAL DISEASE PREVALENCE.

Fifteen infant schools and departments, twelve junior schools and departments and eight senior schools received routine dental inspections during the year.

In addition to providing a screening examination to detect children in need of dental treatment, three school dental inspections were used as an opportunity for more detailed assessments of the levels of various dental diseases and conditions in children of different age groups. Although the groups examined were not a true representation, from a statistical point of view, of all children within these age groups in the Borough, the information obtained is none the less of value as an objective indication of the likely state of dental health of those in particular areas. The data were collected under standardised conditions using standardised examination methods recommended by the World Health Organisation.

In the first survey, an examination of 52 five-year-old boys and girls in an infant school in an area of high socio-economic status in Kensington, revealed an average of 2.1 decayed, extracted or filled (d.e.f.) temporary teeth per child. 170 boys and girls aged 7 to 11 years, comprising the junior department of the same school had an average of 1.4 decayed, missing, or filled (D.M.F.) permanent teeth per child.

In the second survey, an examination of 45 girls aged 10 and 11 years, comprising the senior girls' classes of another primary school in the same area, showed that 11 (approximately 25 per cent) had orthodontic conditions requiring correction. All these children would have benefited, from the point of view of appearance or function, from treatment, but it was interesting to note that only one child was actually wearing an orthodontic appliance at the time. It might be expected that the parents of children in this district would have sought treatment for this type of condition, though the general scarcity of facilities for orthodontic treatment in all three branches of the health service may have had a bearing on the high prevalence of un-treated cases.

The third survey involved a comparison of dental decay and diseases of the gums in 373 girls aged 11 to 14 years in a senior school in an area of relatively lower socio-economic status in North Kensington. Over one-third of the children examined were immigrants, mostly of West Indian origin.

In the 13 and 14 year old age range (182 girls) the Europeans in the school had an average of 5.90 D.M.F. teeth and the negroes an average of 4.67, and the percentage of European girls who had experienced dental decay at some time (96%) was significantly higher than the percentage of negroes (77%). A statistical comparison of the ratios of restored teeth to the total number of teeth showing evidence of attack however, indicated that the negro girls made relatively less use of the available local dental services than the Europeans and probably had a less favourable attitude to conservative dental treatment.

The prevalence of diseases of the gums was ascertained for the full sample of 373 girls, and although it was found that the overall proportions of girls in the European and negro groups showing unmistakable evidence of inflammation of the gums

(gingivitis) was nearly the same (around 79%) a significantly higher proportion of the negro group (45% compared with 24% for the Europeans) showed evidence of gingival inflammation which had progressed to destruction of the bone supporting the teeth (periodontitis).

The higher prevalence of past and present dental decay in the Europeans was probably accounted for by a greater amount of sugar in their diet, while the greater severity of gum diseases in the negroes probably resulted from a poorer standard of oral hygiene.

Comparison of the figures for dental disease levels obtained in these surveys with available information on national averages should be made with caution, since the methods used in the collection of officially quoted data were not necessarily the same. The diagnosis of dental diseases is notoriously subject to great examiner variation and official data are collected from many independent sources.

It is intended to build up a baseline of objective information on dental disease levels in the various age groups in all schools in the Borough eventually, so that future disease levels can be compared with these findings.

School Dental Service	Kensington and Chelsea	
	1969	1968
Number of sessions		
Inspection	95.0	106.6
Ordinary treatment	1,220.0	1,360.7
General anaesthetic	21.1	17.0
Health education	9.0	11.0
Total sessions	1,345.1	1,495.3
Inspections:		
Number of children given		
First inspection at school	7,248	8,469
First inspection at clinic	2,291	1,872
Percentage found to require treatment	58.4	67.2
Reinspection at school or clinic in 1969	1,687	1,555
Percentage found to require treatment	49.2	57.0
Total of appointments made	14,102	15,662
Total of attendances by appointment	9,146	9,808
Response rate	64.8%	62.5%
Average attendances per session	7.6	7.2
Visits for treatment:		
Number of first visits	2,910	2,875
Number of subsequent visits	5,273	6,106
Total visits	8,183	8,981
Emergencies	177	181
Additional courses commenced	419	472
Treatment given:		
Number of fillings		
In permanent teeth	3,757	4,305
In temporary teeth	2,835	3,772
Number of extractions		
Of permanent teeth	247	199
Of temporary teeth	1,040	916
Number of other operations (prophylaxis, X-rays, inlays, crowns, etc.)	2,232	2,769
Courses of treatment completed	2,670	2,416
Orthodontics:		
Number of new cases	10	20
Number of removable appliances fitted	11	18
Number of fixed appliances fitted	Nil	-

MATERNITY AND CHILD WELFARE DENTAL SERVICES

During the year an increased amount of treatment was provided; the number of fillings inserted for the under fives showing particularly a considerable increase over the previous year.

Five nursery schools and nursery departments of infant schools were inspected during the year and follow-up treatment was also provided for some children from the Junior Training Centre for the mentally handicapped which had also received an inspection. As is usually found in such patients, the general level of oral hygiene was very poor, resulting in a high prevalence of established gum diseases. In the patients treated, the management problems were not so severe as to preclude treatment without recourse to general anaesthesia and they were taken by minibus to the Walmer Road Centre for the purpose.

A talk on dental health education illustrated with a film, for the mothers' club at Walmer Road Centre, was well attended. It is hoped that the appointment of a dental auxiliary to the Borough's dental service will result in an extension of such activities, and will also enable greater use of preventive applications of fluoride solutions to the teeth of under fives to be made. Fluoridation of the Borough's water supplies is still delayed.

	Nursing or expectant mothers		Children under five	
	1969	1968	1969	1968
No. of appointments	195	164	1,463	1,634
No. of attendances: By appointment	137	118	1,052	1,176
Other	4	Nil	11	19
No. of patients given first inspections during year	34	34	472	526
No. of patients above found to suggest medical treatment	32	33	250	263
No. of patients above offered treatment	27	33	244	260
Visits for treatment: First	41	34	232	248
Subsequent	82	65	435	576
No. of treatments given:				
Fillings	108	61	424	189
Teeth extracted	19	36	81	26
Patients X-rayed	9	9	1	8
Prophylaxis (patients)	21	23	21	30
No. of courses of treatment completed	29	14	183	244
No. of patients supplied with dentures (F.U. or F.L) first time	4	Nil		
No. of patients supplied with other dentures	4	6		
No. of dentures supplied	10	7		
	1969		1968	
Total sessions in year (combined)	122.1		143	

MENTAL HEALTH SERVICE

MENTAL HEALTH SERVICE

Mr. K. Chambers
Principal Mental Welfare Officer

For the year under review the total number of referrals to the mental health service was 1291. This compares with 1268 referrals for 1968. From these almost identical figures it would appear that there has been a levelling off in the previously fluctuating pattern of referrals since 1965. This is reflected in the continued intensive casework and community care provided by the mental welfare officers.

Staff

Since the last report Mr. D.T. Baldwin who as Principal Mental Welfare Officer was responsible for inaugurating the Borough's mental health services in 1965 has retired.

The staff remained unchanged during 1969 and consists of principal mental welfare officer, deputy principal mental welfare officer, seven senior mental welfare officers, three mental welfare officers and two trainees. One officer attending the Sheffield College of Technology was awarded the Certificate in Social Work on completing the two-year course and another officer is undertaking a similar two-year course at the Chiswick Polytechnic.

During the past year members of the staff have attended short courses and seminars arranged by London Boroughs' Training Committee. As in the two previous years a student from Bedford College of the University of London spent a month in the department in order to gain practical experience in social work whilst studying for the Diploma in Social Studies.

Psychiatric Day Centre

The centre continues to supply a need for the mentally ill and has an average daily attendance of 18 persons. The activities of the group are varied and consist of light industrial work and a selection of homecraft and handicraft activities. A Drama Therapist and a Craft Instructress from the North Kensington Evening Institute visit the centre for one half day session per week each. It has been noted that patients have responded to these additional activities and have benefited accordingly.

Admissions to Hospital

Of the 1291 persons referred during the year 414 were admitted to hospital by mental welfare officers under the statutory provisions of the Mental Health Act, 1959 and of these 119 were admitted informally. Many informal admissions are effected by arrangement between the catchment hospital concerned and the patient's G.P. without recourse to the services of the department.

Community Care

During the year mental welfare officers initially visited 986 persons. The number of visits made to individual patients varied according to their needs.

The average case load for officers at 31st December 1969 was 56.2 and includes the mentally ill and mentally subnormal.

Social Club

The Psychiatric Social Club which was run under the auspices of the Notting Hill Social Council had unfortunately to close as they were unable to provide social worker supervision.

At the beginning of 1969 it was felt that an additional psychiatric social club was required in North Kensington and this was started by the Council's mental welfare officers on the premises of the Junior Training Centre. This club has proved successful and in addition to indoor activities, an outing to Brighton during the summer and an evening visit to the theatre were organised. These outings were much enjoyed.

Mentally Subnormal

During the year 97 new cases were referred for action, e.g. community care, residential care or attendance at the training centres. The special clinic for children under five years of age continues and twenty-three examinations were carried out during the last twelve months.

Residential Care

Long term residential care has been authorised for 41 persons who were mentally ill or subnormal. In a further 27 cases short term care was arranged to provide relief to parents and relatives from the strain of caring for the mentally subnormal.

Training Centres

Formal educational methods continue to be used throughout the Junior Training Centre and at each level suitable children are being taught to read and write.

At the Adult Training Centre progress has also been maintained in the teaching of reading and writing. Emphasis is however placed on social training to enable the trainees to become more self reliant and take their place in the day to day life of the community.

The annual holiday at Dymchurch, New Romney, was held during May 1969 and Mr. R.F. Potter, Supervisor of the Adult Training Centre was again in charge of the camp.

An important step in the life of the Adult Training Centre was the integration of fourteen female trainees who previously attended two other local authority Training Centres. This became necessary as the London Borough of Wandsworth whose centre they were attending wished to use their places. The girls have settled down well and the innovation has proved very successful.

Since the last report construction has started on the combined adult training centre and psychiatric day centre which is to be erected at 1-9 St. Mark's Road, W.11. Planning of the necessary equipment which will be required in the centres is well advanced as it is anticipated that the building will be operative in the autumn of 1970.

Special Unit for Subnormal Children

The Unit which is attached to the St. Quintin Day Nursery receives retarded children between the ages of three and five years. Full use of the facilities afforded by this Unit have been made throughout the year.

Notting Hill Neighbourhood Service

During the course of the year arrangements were made with the Notting Hill Neighbourhood Service to appoint an officer from the Borough to act in an advisory capacity with the object of promoting and conducting effective liaison with this voluntary organisation. As the number of referrals from the Neighbourhood Service appeared to show a preponderance of psychiatric problems, Mr. Ashbridge, Mental Welfare Officer was appointed from this department.

This contact has been of value in the interchange of information between the organisation and the appropriate departments of the Council.

MENTAL HEALTH STATISTICS 1969

	Quarter Ended				Total 1969	Total 1968
	29.3	28.6	27.9	27.12		
1. <u>Numbers referred by</u>						
(i) Hospitals (in-patients)	101	80	93	82	356	361
(ii) Hospitals (out-patients)	49	60	42	44	195	189
(iii) General practitioners	57	52	61	42	212	221
(iv) Police or Courts	11	10	5	6	32	21
(v) Other non-medical	148	116	137	95	496	476
TOTALS	366	318	338	269	1,291	1,268
2. <u>Mental category of above</u>						
(i) Mentally ill	340	294	315	245	1,194	1,162
(ii) Subnormal or severely subnormal	26	24	23	24	97	105
(iii) Psychopathic	Nil	Nil	Nil	Nil	Nil	1
3. <u>Initially admitted to hospital</u>						
(i) Informally	48	30	18	23	119	140
(ii) Compulsory						
Section 25 (observation)	46	55	64	23	188	162
Section 26 (treatment)	9	6	5	4	24	31
Section 29 (emergency)	19	20	25	18	82	88
Other	Nil	Nil	Nil	1	1	4
TOTALS	122	111	112	69	414	425
4. <u>Final Disposals</u> <u>(including patients initially admitted to hospital)</u>						
(i) No further action	153	118	131	110	512	446
(ii) Hospital care	122	111	112	69	414	425
(iii) Community care	107	75	97	75	354	355
TOTALS	382	304	340	254	1,280	1,226

	Under care 31.12.68	Referred during 1969	Withdrawn from care 1969	Under care 31.12.69
5. Community Care	622	354	189	787

MENTAL HEALTH STATISTICS 1968

[illegible]

ENVIRONMENTAL HEALTH SERVICES

2002-2003

WORK OF THE PUBLIC HEALTH INSPECTORS AND THEIR ASSISTANTS

The following is a summary of the work carried out during the year, or under the supervision of the public health inspectors and their assistants:-

SANITARY ADMINISTRATION OF THE BOROUGH

Mr. D.C. Draper

Chief Public Health Inspector

For the purpose of the routine inspection of premises and the investigation of complaints, the borough is divided into four areas. The overall supervision of each area is the responsibility of a senior public health inspector. The four areas are sub-divided to form twelve districts, nine of them coinciding with the nine wards in Kensington and each of the three remaining districts consisting of two of the smaller wards in Chelsea. The twelve public health inspectors allocated to these districts are assisted by three technical assistants and two drainage assistants.

Considerable importance is attached to the training of student public health inspectors, which is undertaken in conjunction with the two technical colleges in London. The present establishment of trainees is seven. The employment in the department as public health inspectors of students who are successful in obtaining the Examination Board's Diploma serves to fill the majority of the vacancies which occur by reason of officers leaving to take up positions with other authorities.

In addition to the inspectors engaged on district duties, eight inspectors are allocated to housing, one to the operation of smoke control areas, one to duties in connection with the Offices, Shops and Railway Premises Act, 1963 and a further inspector to the specialist duties in connection with the sampling of food and drugs.

The work of rodent control is undertaken by a rodent officer and six assistants. The disinfection and disinfestation work, and the other services which are provided at the Medicinal Baths in North Kensington, are undertaken by the Chief Disinfecter and six assistants.

At the end of 1968, the majority of the work of the Public Control Section, previously undertaken by officers in the Town Clerk's Department, was transferred to the Health and Welfare Department. A senior inspector and two assistants were transferred to this department and, as far as possible, the work of the section has been integrated with that of the public health inspectors.

WORK OF THE PUBLIC HEALTH INSPECTORS AND THEIR ASSISTANTS

The following is a summary of the work carried out during the year by, or under the supervision of, the public health inspectors and their assistants:-

Inspections made

Public Health Acts, 1936 and 1961

Complaints (number of premises)	2,763
Infectious disease	856
Smoke observations	30
Other inspections	2,499
Re-inspections	5,672

Housing Acts, 1957 to 1964

Houses in multiple occupation (house-to-house)...	372
Slum clearance (house-to-house)	167
Underground living rooms	481
Overcrowding	313
Other inspections (loans, grants, etc.)	411
Re-inspections	7,821

Clean Air Act, 1956

Total number of visits	2,171
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Factories Act, 1961

Premises inspected	286
Outworkers' premises inspected	42
Other visits	28

Offices, Shops and Railway Premises Act, 1963

Total number of visits... ..	1,750
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Drainage

Applications received (plans submitted)	399
House drains inspected	4,629
House drains tested	338

Notices Served

Public Health Acts, 1936 and 1961

Intimation notices	510
Statutory notices	334
Final notices	49

Housing Acts, 1957 to 1964

Section 9 (repair)	83
Section 14 (deficiencies of management)	14
Section 15 (additional amenities)	56
Section 16 (means of escape from fire)	67

Various

Food hygiene (General) Regulations, 1960... ..	69
Offices, Shops & Railway Premises Act, 1963	51
Other notices	27

Work Completed

House drains, reconstructed or repaired ...	76
House drains cleansed ...	100
Water closets, reconstructed or repaired ...	50
Water closets, new provided ...	169
Soil pipes, vent pipes, repaired, etc. ...	39
Soil pipes, vent pipes, new provided ...	43
Baths, new provided ...	154
Sinks, new provided ...	151
Lavatory basins, new provided ...	61
Bidets, new provided ...	5
Waste pipes, new provided ...	122
Cisterns cleansed ...	21
Dustbins provided ...	87
Accumulations of filth, etc., removed ...	203
Roofs, gutters and rainwater pipes repaired ...	272
Dampness in dwellings remedied ...	154
Artificial lighting to staircases provided ...	78

MEDICINAL BATHS - PERSONAL CLEANSING STATION

The following table shows the work carried out during 1969:-

Description	Scabies		Vermin	
	Persons	Cleansings	Persons	Cleansings
Adults				
Kensington & Chelsea	137	225	208	234
Other boroughs	-	-	-	-
Schoolchildren				
Kensington & Chelsea	106	184	149	149
Other boroughs	31	44	74	74
Children under five				
Kensington & Chelsea	25	43	33	33
Other boroughs	-	-	-	-
TOTALS	299	496	464	490

In addition to the cleansing of persons referred to above, the number of articles disinfested at the medicinal baths during the year numbered 373.

DISINFECTION AND DISINFESTATION

A summary of the routine work carried out in 1969 by the disinfecting staff is shown in the following table:-

Houses disinfested after infectious disease ...	63 (112 rooms)
Houses disinfested after vermin ...	818 (1649 rooms)
Total weight of bedding, etc. dealt with ...	4 $\frac{3}{4}$ tons

Certain foreign countries prohibit the import of parcels of clothing, unless accompanied by a certificate that the articles have been disinfected. The Council afford facilities to person desirous of sending clothing abroad and, for this service, a standard charge is made of 10s. 0d. per parcel.

During the year, fifty-one parcels of clothings were disinfected and the income amounted to £25 10s. 0d.

The following table indicates the destination of these parcels:

Destination	No. of parcels
Argentina	3
Czechoslovakia	1
East Germany	16
Iceland	1
Romania	6
Spain	24
TOTAL	51

PREVENTION OF DAMAGE BY PESTS

The Prevention of Damage by Pests Act, 1949, imposes a duty on occupiers of premises to notify the Council of rodent infestation, and the Council are required to ensure that the borough is, as far as practicable, kept free from rats and mice. The Council deal with rat and mice infestation in dwelling houses without cost to the occupiers, but expenditure incurred in treating infestations on commercial and industrial premises is recovered from the owners. The Council are required to submit reports on:

- (i) the extent of infestation
- (ii) special circumstances to which any undue presence of rats and mice might be attributed: and
- (iii) the nature and extent of co-operative working with contiguous local authorities.

The Minister of Agriculture, Fisheries and Food requested a report for the twelve months ended 31st December, 1969 as follows:

Treatment of premises (rats and mice)

Number of properties in the borough 75,438

Total number of properties inspected

following notification 2,050

Number infested by rats 34

Number infested by mice 1,917

Total number of properties inspected for rats and/or mice for reasons

other than notification Nil

Number infested by rats Nil

Number infested by mice Nil

Food hygiene (General) Regulations, 1960 69

Offices, Shops & Railway Premises Act, 1963 51

Other notices 27

Generally

The rodent staff, in addition, deal with infestations from pests other than rats and mice, and the following is a summary of action taken during the year in respect of all forms of infestation:-

Premises inspected following complaints	2,165
Premises where rats were found	34
Premises where mice were found	1,917
Premises where other vermin were found	99
Number of visits made	21,772
Number of successful treatments	1,772
Cases in which advice only was given	278
Borough Council properties dealt with (excluding dwelling houses)	40

FERTILISERS AND FEEDING STUFFS ACT, 1926

On 1st April, 1965, the duties under the above Act were transferred to the London Boroughs from the London County Council under the provisions of the London Government Act, 1963.

During the year, twenty samples of fertilisers and one sample of feeding stuffs were obtained and submitted for analysis in accordance with the provisions of the Act. The composition of three samples of fertilisers and the sample of feeding stuffs were found to vary beyond the prescribed limits, and in each case the matter was taken up with the supplier concerned.

DISEASES OF ANIMALS ACT, 1950 AND OTHER ASSOCIATED ACTS

Generally

As from 1st April, 1965, the Council assumed responsibility for administering the above Acts and, in July, 1965, authorised and appointed the Veterinary Officer and Inspectors of the City of London to act on their behalf.

By agreement with the Council, the City Corporation have undertaken to provide administrative, clerical, professional, scientific and technical services in connection with certain functions under the Acts, and have further agreed that they should report offences occurring in the borough and thereafter their officers should take such action as may be necessary, subject to prior consultation with the appropriate officers of the Council.

Riding Establishments Act, 1964

This Act provided for the licensing and inspection of any establishment at which a business of keeping horses for hire, for riding or for providing riding instruction is carried on.

Two riding establishments in the borough are licensed and, in each case, satisfactory reports were received from the Veterinary Officer during the year.

PHARMACY AND POISONS ACT, 1933

At the end of the year, the number of sellers of Part II poisons (other than registered pharmacists) on the list maintained by the Council was 101. There were three new registrations during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

This Act regulates the use of clean filling materials in upholstered articles and other articles which are stuffed or lined.

Subject to certain exceptions, the Act makes it unlawful to use prescribed filling materials except on premises registered by a local authority. The local authority are required, on the application of the occupier of premises, to register the premises on payment of a registration fee of Two Pounds. At the end of the year, there were twenty-one registered premises in the borough.

If, on registered premises, there are unclean filling materials, the occupier shall be guilty of an offence. It is also an offence to sell or offer for sale any article which is upholstered with unclean filling materials (second-hand articles are excepted).

Inspections of the registered premises were made during the year and the five under-mentioned samples of rag flock and other fillings were taken for analysis and were reported to be satisfactory:-

Description	No. of samples
Black Algerian Fibre	1
Grey Algerian Fibre	1
Unused Cotton Felt	1
Rag Flock	2

PET ANIMALS ACT, 1951

This Act requires that no person shall keep a pet shop except under the authority of a licence issued by the Council and in compliance with any conditions specified in the licence.

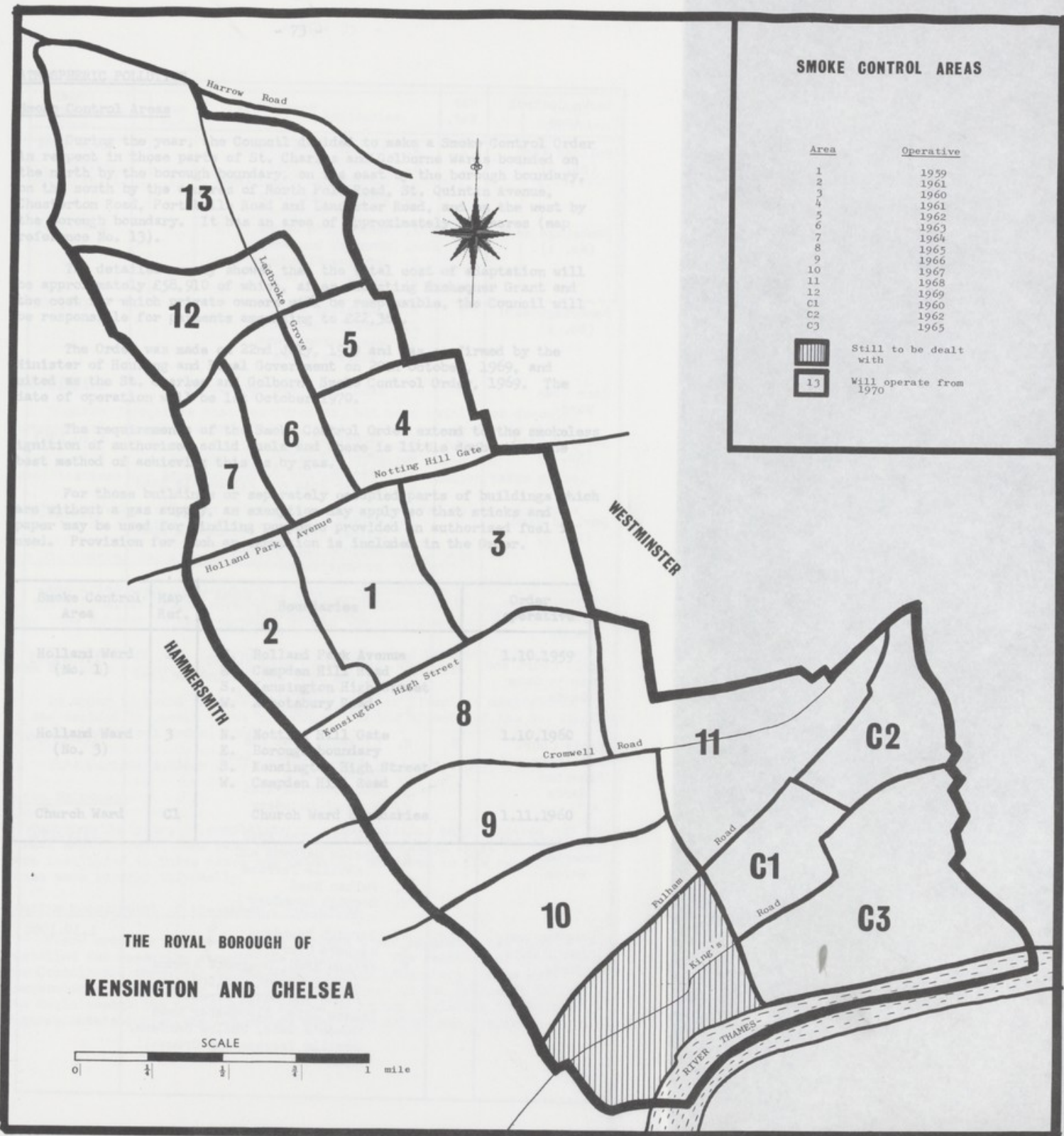
During the year, nine premises were licensed under the Act. No contraventions of the Act were found during regular inspections of the premises, and at all times the stock was well cared for and maintained in accordance with the conditions specified in the licence.

CONSUMER PROTECTION ACT, 1961

This Act empowers the Secretary of State to make regulations imposing, in respect of any prescribed class of goods, requirements which are expedient to prevent or reduce risk of death or personal injury.

THE OIL HEATERS REGULATIONS, 1962 and 1966

These Regulations prescribe certain standards of construction, design and performance with which both new and second-hand unflued domestic oil heaters must comply, and make it an offence for any person to sell, or let on hire, or hire purchase, or have in his possession for sale, any such heater or component part thereof not complying with the Regulations.



PHARMACY AND POISONS ACT, 1933

At the end of the year, the number of sellers of poisons (other than registered pharmacists) on the list obtained by the Council was 101. There were three new registrations during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1933

This Act regulates the use of rag flock and other filling materials in upholstered articles and other articles which are stuffed or lined.

Subject to certain exceptions, the Act makes it unlawful to use prescribed filling materials except on premises registered by a local authority. The local authorities are required, on the application of the occupier of premises, to register the premises on payment of a registration fee of Two Pounds. At the end of the year, there were twenty-two registered premises in the borough.

If, on registered premises, there are no prescribed filling materials, the occupier shall be guilty of an offence. It is also an offence to sell or offer for sale articles which are upholstered with rag flock or other filling materials (second-hand articles are exempted).

Inspections of the registered premises were made during the year and the five other notified samples of rag flock and other filling materials were taken for analysis and were reported to be satisfactory.

Sample	Analysis
1	Black American Fibre
2	Gray American Fibre
3	Gray Cotton Felt
4	Black Flock
5	Black Flock
6	Black Flock
7	Black Flock
8	Black Flock
9	Black Flock
10	Black Flock

PET ANIMALS ACT, 1934

This Act requires that no person shall keep a pet dog except under the authority of a licence granted by the Council and in accordance with any conditions specified in the licence.

During the year, nine licences were issued under the Act. No contraventions of the Act were found during regular inspections of the premises, and at all times the stock was well cared for and maintained in accordance with the conditions specified in the licence.

PERSONS PROTECTION ACT, 1934

This Act empowers the Secretary of State to make regulations imposing, in respect of any prescribed class of goods, requirements which are expedient to prevent or reduce risk of death or personal injury.

THE OIL BURNING REGULATIONS, 1932 AND 1933

These Regulations prescribe certain standards of construction, safety and performance with which all oil-burning heaters must comply, and make it an offence for any person to sell, or let on hire, or hire purchase, or have in his possession for sale, any such heater or component thereof not complying with the Regulations.

ATMOSPHERIC POLLUTION

Smoke Control Areas

During the year, the Council decided to make a Smoke Control Order in respect in those parts of St. Charles and Golborne Wards bounded on the north by the borough boundary, on the east by the borough boundary, on the south by the centres of North Pole Road, St. Quintin Avenue, Chesterton Road, Portobello Road and Lancaster Road, and on the west by the borough boundary. It has an area of approximately 356 acres (map reference No. 13).

The detailed survey showed that the total cost of adaptation will be approximately £58,910 of which, after deducting Exchequer Grant and the cost for which private owners will be responsible, the Council will be responsible for payments amounting to £22,365.

The Order was made on 22nd July, 1969 and was confirmed by the Minister of Housing and Local Government on 29th October, 1969, and cited as the St. Charles and Golborne Smoke Control Order, 1969. The date of operation will be 1st October 1970.

The requirements of the Smoke Control Order extend to the smokeless ignition of authorised solid fuels and there is little doubt that the best method of achieving this is by gas.

For those buildings or separately occupied parts of buildings which are without a gas supply, an exemption may apply so that sticks and paper may be used for kindling purposes provided an authorised fuel is used. Provision for such an exemption is included in the Order.

Smoke Control Area	Map Ref.	Boundaries	Order operative
Holland Ward (No. 1)	1	N. Holland Park Avenue E. Campden Hill Road S. Kensington High Street W. Abbotsbury Road	1.10.1959
Holland Ward (No. 3)	3	N. Notting Hill Gate E. Borough boundary S. Kensington High Street W. Campden Hill Road	1.10.1960
Church Ward	C1	Church Ward boundaries	1.11.1960

Smoke Control Area	Map Ref.	Boundaries	Order Operative
Holland Ward (No. 2)	2	N. Holland Park Avenue E. Abbotsbury Road S. Kensington High Street W. Borough boundary	1.10.1961
Pembridge Ward (No. 1)	4	N. Westbourne Grove E. Borough boundary S. Notting Hill Gate W. Ladbroke Grove	1.10.1961
Pembridge Ward (No. 2)	5	N. Lancaster Road E. Borough boundard S. Westbourne Grove W. Ladbroke Grove	1.10.1962
Hans Town Ward	C2	Hans Town Ward boundaries	1.11.1962
Norland Ward (No. 1)	6	N. Lancaster Road E. Ladbroke Grove S. Holland Park Avenue W. Walmer Road and Princedale Road	1.10.1963
Norland Ward (No. 2)	7	N. Lancaster Road E. Walmer Road and Princedale Road S. Holland Park Avenue W. Borough boundary	1.10.1964
Cheyne and Royal Hospital Wards	C3	Cheyne Ward and Royal Hospital Ward boundaries	1.7.1965
Earls Court and Queen's Gate Wards	8	N. Kensington High Street E. Palace Gate and Gloucester Road S. West Cromwell Road W. Borough boundary	1.10.1965
Earls Court Redcliffe and Brompton Wards	9	N. Cromwell Road and West Cromwell Road E. Queen's Gate S. Old Brompton Road W. Borough boundary	1.10.1966
Redcliffe and Brompton Wards	10	N. Old Brompton Road E. Onslow Gardens and Neville Terrace S. Fulham Road W. Borough boundary	1.10.1967
Brompton and Queen's Gate Wards	11	N. Borough boundary E. Hoopers Court S. Fulham Road, Draycott Avenue Walton Street, Walton Place and Basil Street W. Palace Gate, Gloucester Road Queen's Gate, Onslow Gardens, Neville Terrace and Cromwell Road	1.10.1968

Smoke Control Area	Map Ref.	Boundaries	Order Operative
St. Charles Ward (No. 1)	12	N. Centres of North Pole Road, St. Quintin Avenue and Chesterton Road E. Centre of Portobello Road S. Centre of Lancaster Road W. Borough boundary	1.10.1969

New Furnaces

Section 3 requires that new furnaces, not used mainly for domestic purposes and exceeding a specified capacity, shall be, so far as is practicable, smokeless. Any person installing such a furnace must give prior notice to the Council and may submit detailed plans and specifications for approval before the work of installation takes place.

During the year, forty-two notifications were received and in each case there was no objection to the proposals submitted.

The St. Charles No. 1 Smoke Control (Variation) Order 1969

Enquiries made in respect of a number of dwellings within and close to the Silchester Estate revealed that the Greater London Council may make them subject to redevelopment within the next few years.

The dwellings are, generally in poor order and it seems likely that some definite proposals will be made in the near future.

In order to avoid unnecessary expenditure on fireplace adaptations it was decided to exempt these buildings from the effects of the St. Charles No. 1 Smoke Control Order, 1968.

This Variation Order came into operation on 1st October, 1969.

Smoke Nuisances

During the year, 58 complaints of smoke nuisance were received and 36 formal smoke observations were carried out. Successful legal proceedings were instituted in three cases and remedial measures in the remaining cases were secured informally.

Routine Measurement of Atmospheric Pollution

There are four premises in the borough where apparatus has been installed for measuring atmospheric pollution. The readings obtained by the Council are forwarded to the Warren Spring Laboratory, where they are converted by computer into the figures shown in the following table. The table covers the twelve-month period up to and including the latest figures obtained from the laboratory when this report was prepared:-

*Sites	Smoke (Microgrammes per Cubic Metre)								Sulphur Dioxide (Microgrammes per Cubic Metre)			
	Monthly Average				Highest Daily Reading				Monthly Average		Highest Daily Reading	
	A	B	C	D	A	B	C	D	A	B	A	B
1968												
July	37	28	68	31	114	68	94	48	142	100	360	200
August	33	30	59	32	70	61	91	50	101	99	260	348
Sept.	43	35	74	41	128	69	123	65	136	128	431	400
October	50	54	98	67	157	166	226	153	201	202	717	625
Nov.	73	71	156	80	167	146	283	145	307	305	573	598
Dec.	109	102	N	N	229	286	418	232	412	436	1277	1203
1969												
Jan.	65	78	132	88	210	225	268	236	329	353	678	646
Feb.	73	64	129	84	198	186	200	172	381	371	594	719
March	84	67	140	88	175	141	231	137	427	418	881	1030
April	132	33	70	39	442	153	187	72	212	234	353	780
May	37	28	73	N	93	61	155	88	203	183	605	364
June	35	24	68	N	63	49	120	51	138	141	348	330

"N" - level of readings insufficient to obtain accurate measurement:

Site address:

- A - Chenil Galleries, King's Road, S.W.3.
- B - The Red House, Hornton Street, W.8.
- C - Public Library, Lancaster Road, W.10
- D - Child Health Centre, Redcliffe Street, S.W.10

(Sites C and D have smoke measuring apparatus only)

NOISE ABATEMENT ACT, 1960

Sixty-two complaints concerning alleged noise nuisances were received, thirty-seven fewer than during the previous year, 68% of the complaints related to noise caused by industrial works, road works (use of pneumatic drills, and compressors, etc.), building operations and miscellaneous plant and machinery in commercial premises. Noise caused by neighbouring residents in private dwellings accounted for 11% of the total complaints received and the remaining 21% concerned noise from pop groups, clubs and animals, etc.

All the complaints were thoroughly investigated and, in the majority of cases, an approach to the offending contractors or firms resulted in the fullest co-operation and assistance being given to implement suitable noise reducing methods.

In five cases there was no health nuisance and in the remaining cases remedies were secured without recourse to legal action. In the few cases where complainants were not satisfied with the action taken by the officers of the Health Department their rights under private action were explained to them.

BYE-LAWS AS TO THE ARTIFICIAL LIGHTING OF COMMON STAIRCASES IN
TENEMENT HOUSES AND FLATS

The Council's Bye-laws relating to artificial lighting of common staircases in tenement houses and flats were made on 3rd May, 1967 under the provisions of Section 63 of the London County Council (General Powers) Act, 1956 as amended by Article 3 and the 1st Schedule to the Local Law (Greater London Council and Inner London Boroughs) Order, 1965 and came into operation on 1st August, 1967.

During 1968, formal notices were served in fifteen instances, requiring compliance with these Bye-laws.

FACTORIES

Section 153(1) of the Factories Act, 1961, requires the Medical Officer of Health to make an annual report in regard to the Council's functions under the Act.

The following tables give the prescribed particulars in the form requested by the Secretary of State for Employment and Productivity in Circular No. 1/70.

Part 1 of the Act

1. INSPECTIONS for the purposes of provisions as to health
(including inspections made by Public Health Inspectors)

Premises (1)	No. on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	32	9	1	-
(ii) Factories not included in (1) in which Section 7 is enforced by the local authority	624	241	17	-
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out- workers' premises)	38	36	-	-
TOTAL	694	286	18	-

2. Cases in which DEFECTS were found:

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S.1)	5	5	-	4	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	2	-	-	-	-
(b) Unsuitable or defective	23	21	-	5	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	30	26	-	9	-

Sixty-two complaints concerning alleged noise were received during the year. Thirty-seven of these were referred to the local authority for investigation. The remaining twenty-five were referred to the local authority for investigation. The local authority has taken action in all cases where the noise was found to be a nuisance. In some cases the noise was caused by the use of machinery in the premises, and in some cases by the use of machinery in the vicinity of the premises. In some cases the noise was caused by the use of machinery in the premises, and in some cases by the use of machinery in the vicinity of the premises. In some cases the noise was caused by the use of machinery in the premises, and in some cases by the use of machinery in the vicinity of the premises.

All the complaints were thoroughly investigated. In the majority of cases, an approach to the local authority was made, and in some cases the local authority has taken action. In some cases the noise was found to be a nuisance, and in some cases it was found to be a nuisance. In some cases the noise was found to be a nuisance, and in some cases it was found to be a nuisance. In some cases the noise was found to be a nuisance, and in some cases it was found to be a nuisance.

In five cases there was no action taken. In the remaining cases remedies were secured without recourse to legal action. In the few cases where complaints were not satisfied with the action taken by the officers of the Health Department their rights under private law were explained to them.

Part VIII of the Act

Outwork
(Sections 133 and 134)

Nature of Work (1)	Section 133		Section 134			
	No. of Outworkers in August lists required by Section 133(1)(C) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel	12	-	-	-	-	-
Curtains and furniture hangings	5	-	-	-	-	-
Artificial flowers	1	-	-	-	-	-
Boxmaking	7	-	-	-	-	-
Feather sorting	6	1	-	-	-	-
Packing of glass fibre rods in cellophane	1	-	-	-	-	-
TOTALS	32	1	-	-	-	-

During the year, 274 inspections were made of outworkers' premises, comprised of those shown in the February and August lists for the year, together with all those notified in previous years. This was done to ascertain whether the premises were still being used for outwork.

No infectious disease was reported from any premises where home work was carried on.

Basement Bakehouses

The Factories Act, 1961 (Section 70) requires the Council to inspect in every fifth year all basement bakehouses in the borough for which certificates of suitability have been issued. The certificates continue to operate if the Council are satisfied that the bakehouses are still suitable.

The latest quinquennial review was carried out in 1968, and at the present time there are nine basement bakehouses in use in the borough, as follows:-

- 151 Earls Court Road
- 178 Fulham Road
- 323 Fulham Road
- 65 Golborne Road
- 79 Golborne Road
- 134 King's Road
- 517 King's Road
- 139 Portland Road
- 46 Walton Street

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Offices, Shops and Railway Premises Act, 1963, makes provision for the safety, health and welfare of persons employed in such premises. The requirements of the Act follow closely those of the Factories Act and include provisions relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, seats, safety of machinery, first-aid and fire precautions.

Enforcement of the provisions of the Act is, in most premises, the Council's responsibility, but H.M. Inspectors of Factories are responsible for the enforcement in premises which are associated with, or broadly similar in their conditions to, factories, i.e., railway premises, fuel storage depots on railway premises, and offices in factories. They are also responsible for inspecting premises owned or occupied by the Crown and those occupied by local authorities.

Provisions relating to fire precautions are the responsibility of the Fire Authority.

Registrations and General Inspections

Class of premises	Number of premises registered during year	Total number of registered premises at end of year	Number of registered premises receiving general inspections during the year
Offices	63	1,033	311
Retail shops	27	1,356	152
Wholesale shops, warehouses	2	54	7
Catering establishments open to the public, canteens	27	466	144
Fuel storage depots			
TOTALS	119	2,909	614

The latest quinquennial review was carried out in 1968, and at the present time there are nine basement bakeries in use in the borough. as follows:-

Number of visits of all kinds
(including general inspections)
to registered premises ... 1,750

178 Fulham Road
323 Fulham Road
65 Golborne Road
79 Golborne Road
134 King's Road
517 King's Road
139 Portland Road
46 Walton Street

Analysis by workplace of persons employed
in registered premises at end of year

Class of Workplace	Number of persons employed
Offices	15,692
Retail shops	12,664
Wholesale departments, warehouses	943
Catering establishments open to the public	5,181
Canteens	332
Fuel storage depots	-
TOTAL	34,812
TOTAL MALES	16,471
TOTAL FEMALES	18,341

Summary of Contraventions

Section of Act	Contraventions found during general inspections and routine visits made by the Public Health Inspectors
<u>Section 4</u> Cleanliness	10
<u>Section 6</u> Temperature	72
<u>Section 7</u> Ventilation	23
<u>Section 8</u> Lighting	8
<u>Section 9</u> Sanitary conveniences	10
<u>Section 10</u> Washing facilities	10
<u>Section 12</u> Accommodation for clothing	2
<u>Section 13</u> Sitting facilities	1
<u>Section 16</u> Floors, passages, and stairs	5
<u>Section 24</u> First-aid	35
<u>Section 49</u> Notification of fact persons are employed	92
<u>Section 50</u> Information for employess	82
TOTAL	350

Accidents

The following tables show the total number of accidents reported during the year, and their primary causes, together with a comparison of the figures for the borough and national statistics:-

Workplace	Number reported		Total number Investigated	Action recommended			
	Fatal	Non Fatal		Prosecution	Formal warning	Informal advice	No action
Offices	-	15	-	-	-	-	-
Retail shops	-	85	2	-	-	2	-
Wholesale shops and warehouses	-	5	-	-	-	-	-
Catering establishments open to the public, canteens	-	15	-	-	-	-	-
Fuel storage depots	-	-	-	-	-	-	-
TOTALS	-	120	2	-	-	2	-

Causes of accidents	Offices	Retail shops	Wholesale shops, Warehouses	Catering establishments open to the public, canteens	Fuel storage depots
Machinery	2	4	-	1	-
Transport	-	1	-	-	-
Falls of persons	4	20	1	8	-
Stepping on or striking against object or person	3	14	-	-	-
Handling goods	3	31	4	3	-
Struck by falling object	1	6	-	-	-
Electrical	-	1	-	-	-
Use of hand tools	-	6	-	1	-
Not otherwise specified	2	2	-	2	-

Comparison of Causes of Accidents

Primary Cause	1967		1968		1969
	RBK & C	England	RBK & C	England	RBK & C
	%	%	%	%	%
Machinery	4.85	4.90	7.00	5.1	5.8
Transport	4.24	4.00	5.80	4.6	1.6
Falls of persons	23.60	38.7	30.20	36.9	28.3
Fires & Explosions	1.20	0.60	1.20	0.7	-
Electricity	-	0.40	-	0.30	0.83
Use of hand tools	10.80	6.10	7.00	5.6	5.80
Stepping on or striking against an object or person	12.10	10.10	16.30	9.5	14.10
Handling goods	36.3	21.10	26.20	22.8	35.00
Struck by falling object	1.80	5.80	4.00	5.90	5.80
Not otherwise specified	4.85	8.40	2.30	8.50	5.00

OFFICES, SHOPS AND RAILWAY PREMISES (HOISTS AND LIFTS) REGULATIONS, 1968

These Regulations, which came into force on 28th May, 1969, impose requirements as to the construction, maintenance and examination of hoists and lifts in offices, shops and catering establishments which are registrable under the Act of 1963. Every lifts must be examined by a competent person every six months (under six months in the case of a continuous lift and a lift not connected with mechanical power). The competent person is usually an engineer employed by or on behalf of an insurance company. If the lift cannot be used with safety, a copy of the engineer's report is sent to the authority responsible for enforcing the Regulations. During the six months of operation of the Regulation, twenty-nine such reports were received.

Lifts in registrable premises within the Borough were listed during 1968, and it was found that many proprietors of restaurants were unaware of their obligations under the Regulations.

The half-yearly inspection of a lift by a competent person does not relieve the Council's inspectors of duties relating to the matter of safety and the enclosing of lifts which are absolute requirements of the principal Act, and the Regulations, and it is expected that in the final few years of the operation of the Regulations that inspectors will have to make many recommendations in connection with these matters.

LAND CHARGES

The number of land charge enquiries dealt with during the year was 6,081 compared with 5,719 in 1968. These concerned outstanding statutory or informal notices, closing orders, smoke control orders, certificates of disrepair, slum clearance, etc.

TOWN PLANNING APPLICATIONS

During the year, 1,558 applications were referred to the Health Department for observations, compared with 1,352 in 1968. The persons responsible for carrying out any accepted schemes were informed of the various requirements of the Health Department before any work was commenced. Close liaison was maintained between the officers of the Health, Town Clerk's and Borough Engineer & Surveyor's Departments, and the public health inspectors ensured that any development which took place was in accordance with the relevant Acts and Byelaws relating to health.

LICENSING ACT, 1964

One hundred and ninety one copies of applications to the Licensing Justices (restaurant or residential 133, clubs 24 and public houses 54) for licences were received during the year, and inspections were made in each case to ensure that there were no breaches of the Food Hygiene (General) Regulations, 1960, and that there was sufficient and properly sited sanitary accommodation for the use of patrons.

In addition to the above, 27 copies of applications in respect of Off-Licences were received and the premises were inspected to ensure that they complied with the Food Hygiene (General) Regulations, 1960 and the Offices, Shops and Railway Premises Act, 1963.

LICENCES FOR PUBLIC ENTERTAINMENT

During the year, 4 copies of applications for music and dancing licences from the Greater London Council were referred to this department for reports of any actual complaints on the grounds of noise nuisance received from local residents.

No complaints were made to this department, but the Greater London Council received a number of complaints in respect of one of the premises.

GREATER LONDON COUNCIL (GENERAL POWERS) ACT, 1968

Night Cafes

The Borough Council adopted the provisions of Part VIII of the above Act and fixed the appointed day as 2nd June, 1969 and from that date no premises in the Borough may be used as a night cafe without being registered with the Council under the Act. The registration must be renewed every year.

The term "night cafe" means any premises kept open for refreshment at any time between the hours of 11.00 p.m. and 5.00 a.m. whether for use by the public or by a club, organisation or body, except that public houses, theatres, cinemas, hotels, guest houses, specified licensed premises or used for charitable purposes or as a sports club or staff canteen are excluded from this definition.

Any person whose night cafe operates without being registered after the 2nd June 1969, is liable to a fine of up to £200 or three months' imprisonment or both. However, any person using premises as a night cafe who applied for registration before the 2nd June, 1969, was allowed to continue to use the premises for the purpose after that date until informed of the Council's decision with regard to his application.

Any person applying for registration of premises or for renewal of registration as a night cafe must pay to the Council a fee of £1 and give public notice in the prescribed manner drawing attention to the right of members of the public to object to the registration.

The Council, before making a decision as to registration or the renewal of registration have to consider, amongst other things, the structural suitability of and the facilities available at the premises, the manner in which the night cafe is conducted and the possibility of nuisance being caused to neighbours late at night. If the Council are not satisfied about any of these matters they may refuse to register or renew registration of the premises. The Council also has power when registering the premises or renewing registration to impose conditions as to precautions to be taken for the safety of person using the premises, as to the conduct of the premises and as to the hours at night during which the night cafe may be kept open.

The Council may, at any time revoke the registration if any such conditions imposed therein are broken and the person responsible for the breach may be prosecuted.

There are rights of appeal to the Courts from the decision of the Council in respect of an application for registration.

It is also an offence under the Act for a night cafe to be conducted in a disorderly manner or for certain specified drugs to be sold, supplied or distributed on the premises.

Seventy-three applications for registration were received, but of these only forty-four were from premises eligible for registration. Eleven applications were still under consideration at the end of the year. Four applications were refused by the Council.

Kensington Police reported four unregistered premises which were being used as night cafes after 11.00 p.m., and the Council prosecuted the proprietors, all were found guilty and the total of the fines amounted to £115.

REFRESHMENT HOUSES ACTS, 1860 - 1967

Under the Refreshment Houses Act, 1860 - 1967, a refreshment house licence is required for any shop or other premises not licensed for the sale of intoxicating liquor, but which is kept open for public refreshment or resort at any time between 10.00 p.m. and 5.00 a.m. except premises where the provisions of the Greater London Council (General Powers) Act, 1968 - Part VIII apply.

A licence is needed in respect of refreshment rooms which form part of the premises used for public entertainment and resort, for example, Cinemas, Skating Rinks, etc., (if kept open for public refreshment during the hours mentioned).

Licences commence on 1st April and expire one year later. The fee is £1 1s 0d. In the case of a first application, licences are issuable from 1st July (fee 15s 9d) from 1st October (fee 10s 6d) and 1st January (fee 5s 3d.)

The Council has decided to impose the following conditions on the issue or renewal of all licences.

It shall not be lawful to make any charge for or in connection with the entertainment of persons in the refreshment house during the hours of late opening, whether for the supply of food or drink, for admission, for service of any description or for any other matter, except any reasonable charge of the use of cloakroom or toilet facilities, unless:

- (a) a tariff or charges made in the refreshment house is, during those hours, kept displayed in such positions and in such manner that it can be conveniently read by person frequenting the refreshment house and can be so read by any such person before entering; and
- (b) the charge is specified for the matter in question in the tariff or is less than a charge so specified.

It shall not be lawful to seek to obtain custom for the refreshment house by means of personal solicitation outside or in the vicinity of the refreshment house.

A condition may be imposed on the grant or renewal of a licence prohibiting the opening or keeping open of the refreshment house for public refreshment, resort or entertainment at any time between 11.00 p.m. and 5.00 a.m., the following morning.

Any infringement of any of the conditions imposed, render the offender liable to a fine of £200 or three months imprisonment, or both, and the Court may on conviction disqualify persons from holding a licence.

The holder of a licence in respect of a refreshment house, on any change of address which affects the list or register of licences kept by the licensing authority, shall notify the authority in writing of the new address to be entered in the list or register as his place of abode; and if he fails to do so within two weeks after the change of address, he shall be guilty of an offence and liable on summary conviction to a fine not exceeding twenty pounds.

Forty-three refreshment house licences were issued by this department during the year.

FOOD AND DRUGS ACT, 1955 - INSPECTION AND SUPERVISION OF FOOD

This is the principal Act for controlling the composition, labelling, fitness and hygienic handling of food. The Food Hygiene (General) Regulations, 1960, and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 are the principal instruments for enforcing good food hygiene practice.

Inspection of food premises

The district public health inspectors are responsible for the supervision of food premises, including food shops, catering establishments and stalls, etc., within their districts.

The following tables show the number of inspections made of the various types of food premises in the borough during the year:-

Premises registered under	Number of Premises	Number of Inspections
1. <u>Section 16, Food & Drugs Act, 1955</u>		
(a) for the sale, or the manufacture for the purpose of sale, of ice-cream or the storage of ice-cream intended for sale	509	47*
(b) for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale	174	26
2. <u>Milk & Dairies (General) Regulations, 1959</u> as dairies or where the occupier is registered for the sale of milk in sealed containers only	260	16*

* Additional inspections of these premises (not primarily in connection with the sale of ice-cream or milk) are recorded under different headings in the following table, which also gives details of the number of premises fitted to comply with Regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960:-

Food Premises	Number of Premises	Number of Inspections	Number provided with wash-hand basins (Reg. 16)	Number with facilities for washing food and equipment (Reg. 19)
Bakehouses	23	9	23	23
Butchers	120	21	120	120
Bread and Cake shops	62	14	62	62
Greengrocers	107	12	107	106
Confectioners	211	9	211	211
Cafes, restaurants, Public Houses and off-licences	737	560	724	736
Fishmongers and fried fish shops	45	16	45	45
General provision shops	267	118	264	267
Street markets - Stalls	103	375	*14	12
Storage premises	55	2	+21	37

* 89 use nearby public conveniences

+ 34 have sharing arrangements

19,364	TOTAL
26,312	

Unsound Food

Food Sampling

The practice continued during the year of taking formal samples only in those cases where there was reason to believe a product was well below the required standards, usually following an adverse report on an informal sample.

1,110 informal samples were submitted for analysis, of which 69 were either adulterated or otherwise unsatisfactory. Ten formal samples were also submitted for analysis, of which six were either adulterated or otherwise unsatisfactory. In the case of one of the formal samples, legal proceedings were authorised, details of which are given at the end of this section of the Report. The remaining five formal samples were dealt with satisfactorily on an informal basis.

The results of all unsatisfactory samples were brought to the notice of the producers, manufacturers or vendors as appropriate.

Complaints

During the year, 141 complaints were received from members of the public alleging the unsatisfactory condition of food purchased by them in the borough. The complaints generally related to the presence of foreign matter in foods, and the unsatisfactory condition of meat, fish, sausage, pies, fruit, bread, sweets, cakes, milk, cheese, wine, vegetables, yoghurt, fish, soft drinks, poultry, eggs, jam and soup.

Of these complaints, sixteen cases resulted in the Health Committee instructing that legal proceedings be instituted. The remaining one hundred and twenty-five cases were dealt with informally, either owing to the lack of sufficient evidence, or to the complaint not being substantiated.

Surrender

During the year, the following amounts of food were surrendered and condemned as unfit for human consumption:-

Commodity	Weight (in lbs.)
Meat (raw)	637
Meat (Other)	12
Ham and Pork	674
Sauerkraut	168
Cucumbers and Gherkins in brine	134
Butter and Cheese	375
Fish (wet and dry)	84
Sausage	2,214
TOTAL	4,298
	Items
Tins, jars, packets or cartons of fruit, vegetables and miscellaneous foodstuffs	6,548
Frozen foods (packets)	19,764
TOTAL	26,312

All food condemned as unfit for human consumption is collected by the Council, taken to the refuse destructor in Fulham, and destroyed.

Milk (Special Designation) Regulations, 1963

Milk Licences

These Regulations, as amended by the Milk (Special Designation) (Amendment) Regulations, 1965 require that all milk sold by retail in England and Wales shall be specially designated, and that retailers must be licensed by the local authority to sell such milk. Licences are issued by the Council for a five-year period and all current licences are valid until the end of 1970.

The number of licences granted by the Council during the year in respect of each designation, together with the total number in force at the end of the year, are shown in the following table:-

Designation	Licences issued in 1969	Total number in force at end of year
Untreated milk	-	105
Pasteurised milk	5	255
Sterilised milk	5	210
Ultra-heat Treated milk	6	166

Milk Examinations

The following table shows the number of samples of Untreated milk and processed milks taken during the year for examination in accordance with the Regulations, together with results obtained:

Designation	No. of Samples	Methylene blue Test		Phosphatase Test		Colony Count Test		Turbidity Test	
		P	F	P	F	P	F	P	F
Untreated	-	-	-	-	-	-	-	-	-
Pasteurised	*33	19	1	33	-	-	-	-	-
Sterilised	1	-	-	-	-	-	-	1	-
Ultra-heat Treated	9	-	-	-	-	9	-	-	-

P = Passed

F = Failed

- * Of these 33 samples of pasteurised milk, 13 were rendered void because the atmospheric shade temperature exceeded 70 degrees Fahrenheit and the Methylene blue tests could not be carried out.

Milk & Dairies (General) Regulations, 1959

Registrations

The number of person registered under these Regulations at the end of the year to sell milk from premises in the borough (including the sale of cream in sealed containers) was 260.

Unclean milk containers

It is an offence under these Regulations for any dairy farmer or distributor to use for holding milk any vessel that is not in a state of thorough cleanliness immediately before use. In the case of bottled milk, the term "immediately before use" is considered to mean at the time the bottle is first filled and, therefore, any offence would be committed at the time and place of bottling.

Five complaints were investigated during the year. Successful legal proceedings were taken in one case concerning a churn of milk which contained insect larvae. Two cases were referred to the local authority in whose area the bottling plant was located and the remaining cases were dealt with by informal approach to the producers at the request of the complainants.

Composition of Milk

During the year, 122 samples of milk (all grades) were submitted to the Public Analyst for examination. All were found to be satisfactory.

Channel Islands and South Devon Milk

The Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956 require that all milk for human consumption sold under the specific description of "Channel Islands Milk", "Jersey Milk", "Guernsey Milk" or "South Devon Milk" must contain not less than four per cent by weight of milk fat. This compares with the presumptive milk fat standard of three per cent specified for ordinary milk by the Sale of Milk Regulations, 1939.

The following table shows the average percentages of milk fat and non-fat solids of the genuine samples taken during each month:-

Month	Number of samples taken	Average Percentages	
		Milk Fats	Non-fat Solids
January	8	4.35	8.79
February	3	4.28	8.63
March	5	4.28	8.75
April	3	4.28	8.86
May	3	4.33	9.01
June	4	4.16	8.90
July	5	4.24	8.87
August	3	4.23	8.88
September	3	4.36	8.96
October	2	4.42	8.92
November	-	-	-
December	-	-	-
Average for the whole year		4.29	8.83
Legal minimum standard		4.00	8.50

The number of persons registered under these Regulations at the end of the year to sell milk from premises in the Channel Islands and South Devon was 19,750.

Frozen foods (packets)

TOTAL 26,312

Other Milk

The following table shows the percentage of milk fat and non-fatty solids of the genuine samples of milk, other than Channel Islands and South Devon milks, taken during each month:-

Month	Number of samples taken	Average Percentages	
		Milk Fats	Non-fat solids
January	6	3.77	8.56
February	5	3.63	8.56
March	6	3.61	8.54
April	4	3.41	8.47
May	9	3.43	8.61
June	5	3.41	8.72
July	9	3.48	8.67
August	5	3.57	8.53
September	7	3.69	8.65
October	11	3.79	8.66
November	11	3.73	8.73
December	5	3.98	8.73
Average for the whole year		3.62	8.62
Legal minimum standard		3.00	8.50

Ice-cream

The Food Standards (Ice-cream) Regulations, 1959, prescribe standards for ice-cream and introduce separate standards for "dairy ice-cream" (or "dairy cream ice" or "cream ice")

The Labelling of Food (Amendment) Regulations, 1959, prohibit the labelling, marking or advertising of ice-cream in a manner suggestive of butter, cream, milk or anything connected with the dairy interest unless the ice-cream contains no fat other than milk (except such as may be introduced by the use as an ingredient of any egg, flavouring substance or emulsifying or stabilising agent), but permit the presence of skimmed milk solids to be declared. These Regulations also provide that it is an offence to sell under the description "ice-cream" any pre-packed ice-cream which contains fat other than milk fat, unless it bears on the wrapper or container a declaration "Contains non-milk fat" or, if appropriate, "Contains vegetable fat" in type of a prescribed minimum size.

The following table shows the number of samples of ice-cream taken during 1969 for chemical analysis compared with those taken in the previous year:-

	1968	1969
Number of samples	17	12
Variation of fat content per cent	5.3 to 11.2	6.0 to 11.9
Variation of non-fat content per cent	21.0 to 28.3	20.6 to 27.2
Average fat content per cent	8.3	9.24
Average non-fat content per cent	25.5	24.76

The ice-cream (Heat Treatment, etc.) Regulations, 1959, require that ingredients used in the manufacture of ice-cream be pasteurised or sterilised.

There is still no legal bacteriological standard for ice-cream. As in previous years, samples were taken and submitted for examination under the provisional methylene blue reduction test, which is a simple and practical means for the routine examination of ice-cream. The test is not of sufficient precision to justify its use as a statutory test. The grading is determined by the length of time taken to decolourise the methylene blue, and it is suggested that if samples consistently fail to reach grades 1 and 2, it would be reasonable to regard this as an indication of defects in manufacture or handling which warrant further investigation.

During the year, thirty-two samples of ice-cream were taken and submitted to the methylene blue test. The results were as follows:-

Grade	Number of samples
1	6
2	5
3	7
4	14

Premises in the borough where ice-cream is manufactured, stored or sold were frequently inspected during the year, and generally were found to be in a satisfactory condition.

The Liquid Egg (Pasteurisation) Regulations, 1963

These Regulations require the pasteurisation of liquid egg to be used in food intended for sale for human consumption, other than egg broken out on the food manufacturers' premises and used within twenty-four hours. The Regulations prescribe the method of pasteurisation and the test to be satisfied.

There are no egg pasteurisation plants in the borough and it was not found necessary during the year to take any samples of liquid egg in accordance with these Regulations.

Generally

There are no abattoirs or slaughterhouses in the borough, and no killing of animals for human consumption is carried out.

There are no premises within the borough where poultry is processed.

LICENSING AND REGISTRATIONS

Certain licensing and registration duties, formerly carried out by inspectors in the Town Clerk's department, where the work involved both inspection and investigation in addition to administrative and clerical duties, were transferred to this department on 2nd September 1968.

The details of these duties and the enactments under which they are carried out are as follows:-

Licensing and inspection of employment agencies
(London County Council (General Powers) Act, 1921,
Byelaws (25) approved by the Secretary of State,
and conditions (5) attached to the licences).

Licensing and inspection of nurses agencies
(Nurses Agencies Act, 1957 and regulations made thereunder).

Licensing and inspection of massage establishments
(London County Council (General Powers) Act, 1920, byelaws (8) approved by the Secretary of State, and conditions (9) attached to the licences).

Registration of premises for the sale and storage of explosives
(Explosives Act, 1875 and Keeping of Fireworks Order, 1959).

Registration of premises for the storage of celluloid and cinematograph film
(Celluloid and Cinematograph Film Act, 1922).

All the above-mentioned licences and registrations are renewed annually.

Permits for the provision of amusements with prizes
(Betting, Gaming and Lotteries Acts 1963/4)

Permits are renewable every three years.

Registration of theatrical employers
(Theatrical Employers Registration Acts, 1925 and 1928).

Administration of the Shops Acts, 1950/1965

Administration of the Young Persons (Employment) Act, 1938

Officers Transferred

The officers transferred from the Town Clerk's department consisted of: one Senior General Purposes Inspector and two General Purposes Inspectors in addition to a qualified Physiotherapist employed by the Council in connection with the licensing of massage establishments. (This Officer is engaged on a sessional basis amounting to a maximum of three hours per week for approximately 40 weeks during the period of a year).

DUTIES INVOLVED

Employment Agency Licences & Nurses Agency Licences

All applicants for these licences (and directors of companies applying for licences) are interviewed by an inspector, the personal history of each person is checked in respect of the previous ten years, and each application is the subject of a report either to the Committee or to the Medical Officer of Health. The investigations often include enquiries of the Criminal Records Office, County Court Judgments Register, other local authorities, and also involve liaison with other departments of the Council, e.g. Town Planning Section.

Each licence so granted is delivered personally by an inspector and copies of the byelaws governing the conduct of employment agencies handed to the licensees. At this visit, the inspector advises on methods of compliance with these byelaws. Subsequently, routine inspections are carried out to ensure that these are complied with, and complaints are investigated from time to time.

All licences expire on 31st December, of each year and are renewed annually.

Massage Establishments Licences

In these cases also, the applicants are visited by an inspector of the Council and their individual qualifications are checked. The procedure then follows that in respect of employment agencies.

In April, 1967 new conditions were attached to all licences granted in this borough which are unique at this present time to this borough. These conditions have had the effect of encouraging certain licensees to move their establishments to other areas. It has been appreciated that the licensing conditions as they exist at the moment are in some respects inadequate, and this Council has been one of the prime movers in representation being made to the London Boroughs Association for a revision of same.

All licences expire on 31st March of each year and are renewed annually.

Premises for the Sale and Storage of Explosives

During 1969, a total of 93 premises in the borough were registered for the storage and sale of fireworks. All the premises were inspected to ensure that the methods of storage and display of the fireworks were in accordance with the provision of the Acts.

A total of 30 infringements of the Regulations were detected, and in these cases the occupiers of the shops concerned were warned that a serious view was taken of any contravention of the Regulations. On subsequent inspections being made, it was found that compliance with the Regulations had been obtained.

Permits for the Provision of Amusements with Prizes

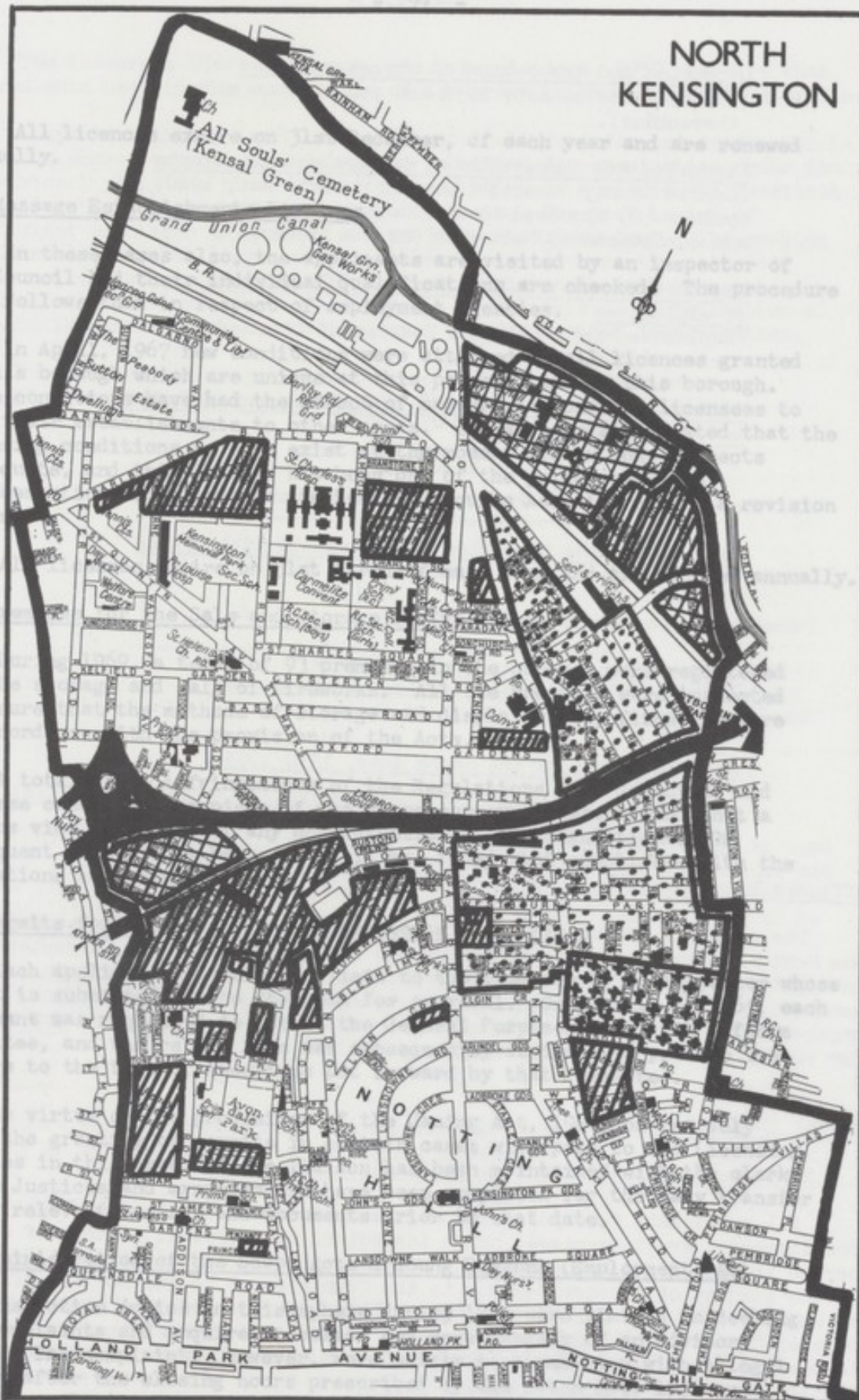
Each application involves a visit to the premises by an inspector whose report is submitted to the Chairman for approval. Originally in 1965, each applicant was requested to attend the General Purposes and Civil Defence Committee, and the report form was subsequently designed to provide the answers to the type of questions put forward by that Committee.

By virtue of the provisions of the Gaming Act, 1968, on 1st July 1970, the granting of permits in certain cases will pass to the Licensing Justices in this area. Close liaison has been maintained with the clerk to the Justices and arrangements have been completed for the easy transfer of the relevant records and documents prior to that date.

Administration of the Shops Acts & Young Persons (Employment) Act

Inspection duties in this sphere during 1969 were limited to dealing with complaints and enquires received and were largely of an advisory nature. The complaints, however, were mainly in connection with illegal trading after the closing hours prescribed by the Shops Act, 1950 and finally resulted in the taking of legal proceedings in a number of cases.

NORTH KENSINGTON



Housing Acts, 1957/64 operations



Borough Housing and Redevelopment Schemes



G.L.C. Housing and Redevelopment Schemes



Housing Act, 1969 - General Improvement Area

STATISTICS

The following is a summary of the number of licences, permits, etc., issued during the year ended 31st December, 1969:-

	Licences, Permits, etc.	
	New licences etc., granted during year	Total in force at 31.12.69
Employment Agencies	60	178
Nurses Agencies	2	6
Massage Establishments	10	111
Theatrical Employers	5	203
Permits for the Provision of Amusements with Prizes	33	210
Storage and Sale of Fireworks	7	93
Storage of Celluloid and Cinematograph Film	-	1

GENERAL COMMENT

These functions may be described as measures dealing with the safety and general well being of the community, as well as the prevention of both exploitation of the public and of the setting up of injurious or immoral practices within this borough.

The regulations are mainly pre-war, and undoubtedly need revision. Nevertheless, the principles involved have become more important in many cases because of the expansion both in number and character of the organisation which come within the purview of these Acts.

This borough, because of its central position, is one of the three inner London Boroughs mainly concerned with this work and a close liaison has been maintained with both the Westminster City Council and the London Borough of Camden to ensure, as far as possible, uniformity of administration.

HOUSING

In my Annual Report for last year, special reference was made to the problems associated with improvement and modernisation of older houses, and to the legislation which existed, and was proposed at that time, to enable local authorities to extend the useful life of such properties.

Progress with this important work was continued during the year and on the 25th August 1969 a new Housing Act came into force which amended and extended the Council's powers for dealing with these problems: These changes include:

- (a) Amendments to the regulations relating to the familiar improvement (discretionary) grants and standard grants, including an increase in the amounts of grant, which can be obtained, together with the introduction of a new special grant for improving conditions in multi-occupied houses;

- (b) The introduction of new powers for changing controlled tenancies to regulated tenancies where they have been brought up to a satisfactory standard, with a resultant increase in the rents of such tenancies phased over a period of time; and
- (c) The replacement of existing powers which enable local authorities to declare General Improvement areas.

All the above matters are dealt with more fully later in the report, which follows.

Slum Clearance

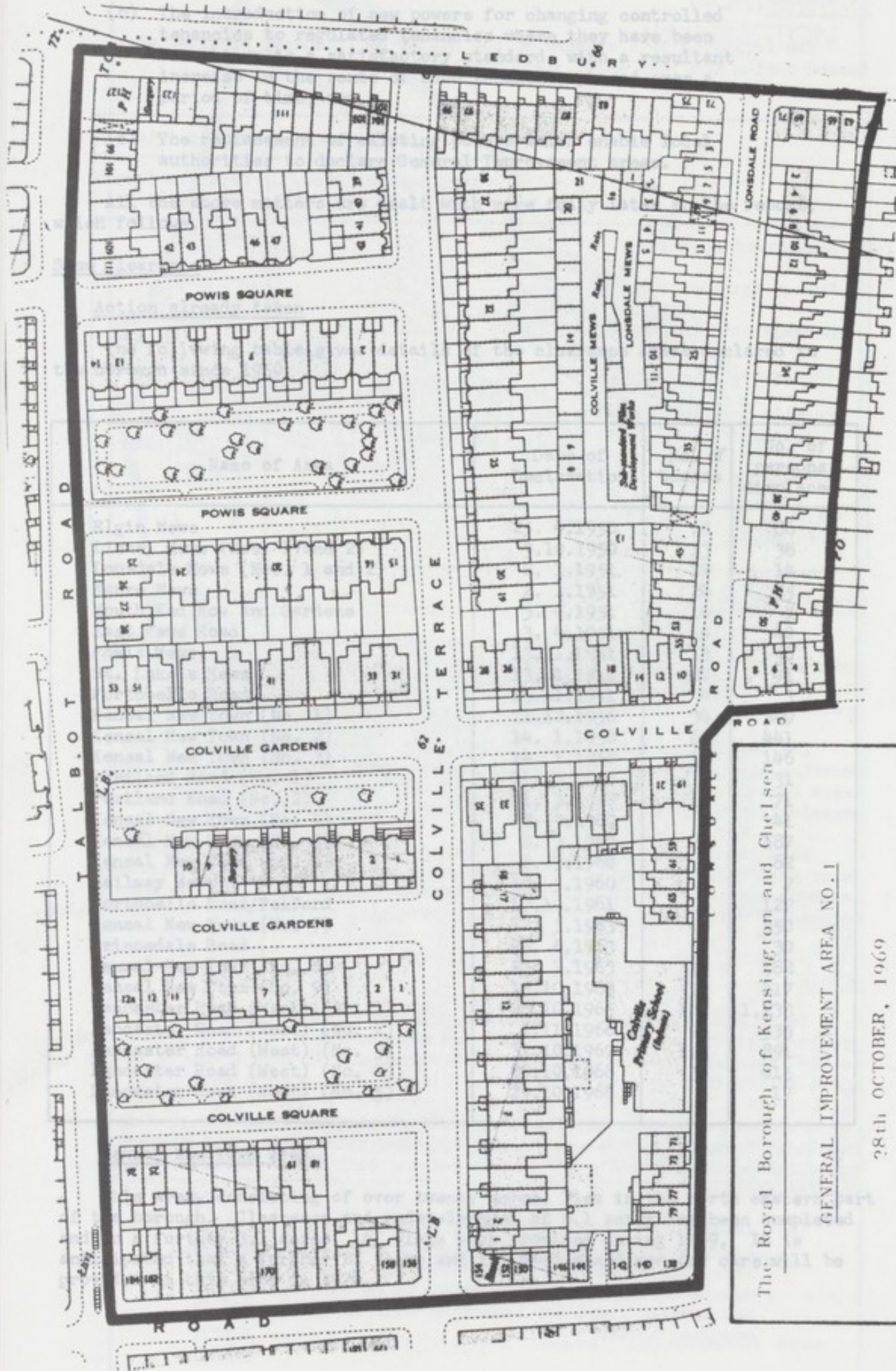
Action already taken

The following table gives details of the clearance areas declared in the borough since 1950:

Name of Area	Date of Declaration	No. of houses	No. of persons displaced
Elgin Mews	25. 4.1950	28	86
Lionel Mews (Nos. 1 and 2)	3.10.1950	13	38
Lonsdale Mews (Nos. 1 and 2)	2. 1.1951	19	14
Munro Mews	2. 1.1951	24	55
South End Row and Gardens	3. 4.1951	10	4
East Mews Road	3. 4.1951	14	40
Powis Mews	13.11.1951	13	30
St. Luke's Mews	13.11.1951	20	41
Portobello Road	13.11.1951	4	3
Kensal New Town (No. 1)	11.12.1956	34	309
Kensal New Town (No. 2)	14. 1.1958	62	441
Kensal New Town (No. 3)	14. 1.1958	15	146
Portland Road (No. 1)	11. 3.1958	5	31
Portland Road (No. 2)	11. 3.1958	10	71
Kensal New Town (No. 4)	8. 3.1960	7	41
Kensal New Town (No. 5)	8. 3.1960	20	187
Kensal New Town (No. 6)	8. 3.1960	6	62
Railway Mews	10. 5.1960	10	7
Portobello Road/Telford	17.10.1961	18	127
Kensal New Town (No. 7)	12. 3.1963	49	350
Princedale Road	25. 6.1963	7	30
Kensal New Town (No. 8)	23. 7.1963	24	182
Kensal New Town (No. 9)	15.10.1963	54	417
Lancaster Road (West) (No. 1)	28.10.1965	187	1,233
Lancaster Road (West) (No. 2)	1.11.1966	96	535
Lancaster Road (West) (No. 3)	31.10.1967	113	891
Lancaster Road (West) (No. 4)	29.10.1968	57	415
Lancaster Road (West) (No. 5)	29.10.1968	5	17

Kensal New Town Area

This area, consisting of over twenty acres, lies in the north eastern part of the borough. Clearance and redevelopment of 8.1 acres has been completed and in a further 3.1 acres, 161 flats were provided during 1969. It is anticipated that a further 28 flats and 157 hard standings for cars will be provided on this site in 1970.



The Royal Borough of Kensington and Chelsea

GENERAL IMPROVEMENT AREA NO. 1

28th OCTOBER, 1969

The remaining residential portion, consisting of 7.2 acres and bounded by Golborne Road, Kensal Road and railway, is being redeveloped by the Greater London Council. Work continued during the year to provide 281 flats on this site. Adjoining this area to the north, the Greater London Council are to provide an open space of approximately 3.5 acres, part of which is in the City of Westminster.

Lancaster Road (West) Area

This area lies on the western boundary of the borough, south of the metropolitan railway line from Latimer Road Station. It originally contained approximately 455 houses, 15 factories, 140 shops, 6 licensed premises and 11 other business premises in an area of 27 acres.

The whole area is being dealt with in four stages, and during 1969, following a Public Inquiry, a Compulsory Purchase Order was confirmed by the Minister of Housing and Local Government in respect of the final stage.

The Council are now acquiring all the properties in the area and by the end of the year 488 families had been rehoused. Demolition of the properties in the first stage of the area commenced during the year and it is anticipated that approximately 7 acres will have been cleared of buildings by the end of 1970.

Linked with this Lancaster Road (West) redevelopment area is the Blechynden Street Area, situated north-west of the metropolitan railway line. This area is being redeveloped by the Greater London Council and by the end of the year, 114 flats had been completed of the total of 342 flats which are to be provided on this twelve-acre site.

GENERAL IMPROVEMENT AREA

Section 28 of Housing Act, 1969 defines a General Improvement Area as one where the living conditions ought to be improved by the improvement of the amenities of the area or of dwellings therein or both and that such an improvement may be effected or assisted by the exercise of the Local Authority's powers under this Act.

The area bounded by Talbot Road on the north, Ledbury Road on the east, all properties in Lonsdale Road (other than the Portobello Court Estate) on the south and Portobello Road on the west was declared a General Improvement Area by the Council on 28th October, 1969.

The area contains 302 properties of which 265 are used for habitation. There is in addition a school building and two modern blocks which are owned by the Council and which contain 20 self-contained flats.

The 302 properties can be divided into three main types. First the properties in Portobello Road, Talbot Road and part of Ledbury Road which have a business use on the ground floor and the upper part occupied for living purposes or suitable for such occupation. Secondly, the large, substantial and valuable properties consisting of basement and four or five storeys such as are found in Colville Square, Colville Gardens, Powis Square and Colville Terrace. Thirdly, the three-storied and basement terraced properties in Lonsdale Road which are not so substantial as the previous type but still seem to be worth preserving.

All the properties in the area are being surveyed and every endeavour is being made to persuade owners to improve their properties, if possible by converting them into self-contained flats with the aid of the increased grants which are payable under the Housing Act, 1969.

Approved expenditure by the Council in respect of works of environmental improvement in the area attract a new specific grant under the Act and the Borough Planning Officer in giving consideration to this matter.

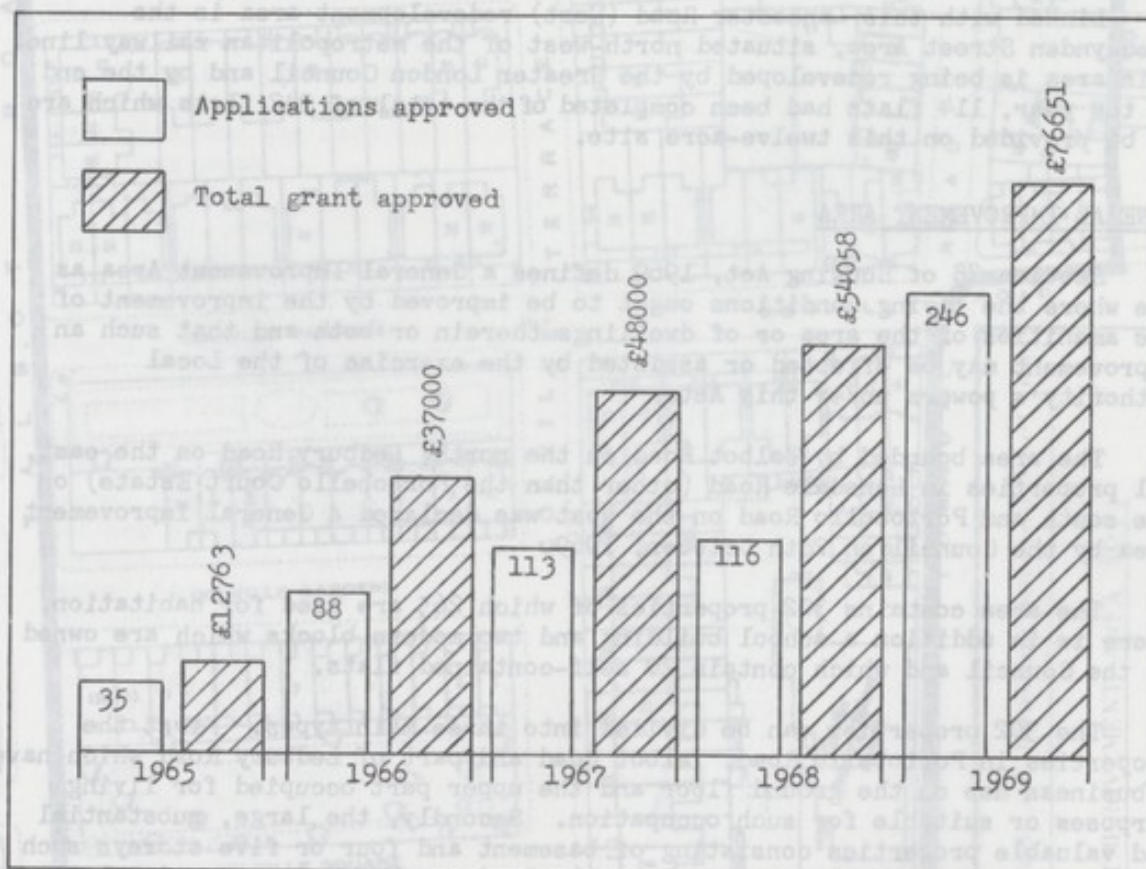
Grants for the Improvement or Conversion of Private Dwellings

The circumstances in which the Council may make discretionary and standard grants to owners for the improvement or conversion of private dwellings, as detailed in my Annual Report for 1965, were revised in August by the introduction of the Housing Act, 1969. The principal changes made the new Act, together with details of the number of applications dealt with in respect of the two main types of grant, are given below:

Improvement (Discretionary) grants

The following is a summary of the number of discretionary grants approved during 1969, together with a graph showing comparative figures since 1965, when the present borough was first formed:-

Applications granted	246
Applications refused	Nil
Total amount of grants approved	£76,651



Under Part I of the Housing Act, 1969, and among other things, the maximum amount of grant payable to owners has been raised from £400 to £1,000 per dwelling (from £500 to £1,200 in respect of a dwelling formed in a building of three or more storeys); the conditions previously imposed on applicants to observe certain requirements concerning rent limits and the sale of the property have been removed; and for the first time, certain works of repair and replacement which are incidental to the works of improvement or are necessary to give full effect to the improvements have been made eligible for grant aid.

In view of the unavoidable time which must elapse between the receipt of an application and its approval, the statistics given above take no account of the very considerable increase in grants which is expected in 1970 as a result of the new provisions and which was indicated by the number of enquiries and applications being received by the end of the year.

Standard Grants

The main amendments made by the Housing Act, 1969 to the provision regarding standard grants were the removal from the list of basic amenities of the requirement relating to a ventilated food cupboard and the inclusion of a sink, and the raising of the maximum amount of grant payable in respect of each amenity so that where all seven of the new amenities are being provided for the first time the total amount of grant has been increased from £155 to a maximum of £200. The conditions concerning rent limits and sale of the property have also been removed.

Four applications for standard grants were received during the year in respect of individual premises. All four applications were approved.

Qualification Certificates

Part III of the Housing Act, 1969, introduced new powers governing rents of controlled tenancies whereby landlords can apply to the Rent Officer to have a tenancy changed to a regulated tenancy where the dwelling has been certified by the local authority to meet certain qualifying conditions.

On receipt of an application from the landlord of a controlled tenancy, the Council may issue a Qualification Certificate if they are satisfied that the dwelling was provided, before the 25th August 1969, with all the standard amenities for the exclusive use of the occupier, is in good repair having regard its age, character and locality, and is in all other respects fit for human habitation.

If at the time of application the dwelling does not possess all the standard amenities, the applicant must submit to the Council details of the works proposed by him to provide those which are lacking. Certificate of Provisional Approval may then be issued to the landlord and submitted by him to the Rent Officer who will then issue a Certificate of Fair Rent. The Council may only issue a full Qualification Certificate on completion of the proposed works and production of the Certificate of Fair Rent.

When a Qualification Certificate has been obtained by the landlord, he may submit it to the Rent Officer and have a fair rent registered in respect of the new regulated tenancy. Any resultant increase in rent is phased over a number of years.

The following shows the number of applications for qualification certificates dealt with in the latter part of the year:-

	Applications received	Certificates Issued	Refused
Certificates of Provisional Approval	4	Nil	2
Qualification Certificates	82	5	5

Seventy-four of the above applications were still being dealt with by the end of the year.

House Purchase Loans

During the year, thirty-four properties were inspected as the result of applications to the Council for house purchase loans.

Certificates of Disrepair in relation to Dwelling Houses

The Council's duty to issue certificates of disrepair in respect of "rent controlled" dwelling houses, not reasonably suitable for occupation, is governed by the Rent Acts. It was not found necessary to taken any action regarding certificates of disrepair during 1969.

Overcrowding

All cases of overcrowding are dealt with on the strict interpretation of the standard laid down in the Housing Act, 1957, distinguishing between "penal" and "non-penal".

The number of new cases of overcrowding reported to the Housing Committee during 1969 was 61 (28 penal and 33 non-penal), giving an equivalent number of persons of 234. The total number of recorded cases where overcrowding was abated during the year was 53, comprising a total of 223½ units.

Since October, 1945, 2,808 cases have been reported, and the number of cases remaining on the register at the end of this year was 295 (32 penal and 263 non-penal).

NOTE: Units mean the number of equivalent persons in the families, obtained by regarding children between one and ten years of age as "half persons" and disregarding infants under the age of twelve months.)

Individual Unfit House and Parts of Houses

Houses made fit after informal action under the Housing or Public Health Acts	377
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House repaired after service of formal notices under the Public Health Acts	334
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Houses made fit after service of formal notices under Section 9 of the Housing Act, 1957			
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(a) by owners	88
(b) by local authority in default	11

Action under Sections 16, 17 and 23 of the Housing Act, 1957			
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(a) demolition orders made	Nil
(b) houses demolished in pursuance of demolition orders	Nil
(c) closing orders made in lieu of demolition orders	...	...	...	Nil
(d) undertaking accepted from owners to render houses fit for habitation	...	...	Nil	
(e) houses rendered fit for habitation by owners and closing orders determined	Nil	

Action under Section 18 of the Housing Act, 1957			
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(a) closing orders made	14(25 rooms)
(b) closing order determined	23(50 rooms)
(c) closing orders cancelled (premises demolished)				1(2 rooms)
(d) consent given to use of closed rooms for non-sleeping purposes	...	...	...	3(3 rooms)
(e) undertakings accepted from owners to render part of building fit for habitation	...			6(7 rooms)
(f) part of building rendered fit and undertaking cancelled	...	...	...	4(6 rooms)

Assessment of Housing Priorities on Medical Grounds

During the year, 231 applications for rehousing on medical grounds were examined, and recommendations for the award of additional points were made to the Chief Housing Officer. In each case, the precise medical condition and resultant disability were determined (frequently necessitating communication with the family doctor or with the hospital attended). The premises were inspected in detail to ascertain the extent and nature of the existing accommodation; the adequacy of day and sleeping space; sanitary and structural defects; and the existence of inconveniences, such as stairs, which might be prejudicial to the patient.

On this information, and that supplied by the Chief Housing Officer, an assessment of points to be awarded on medical grounds was made in 164 cases.

STRIKE OF REFUSE COLLECTORS

During October, 1969 there was a strike of dustmen which lasted for approximately three weeks.

After the first few days of the strike the Council decided to issue plastic bags from various centres to the residents and it was felt that some assistance could be given in this task by arranging for the distribution of the bags and explanatory leaflets from the premises under the control of the Health Committee. It was therefore arranged for such distribution to be undertaken from all Health Centres, Day Nurseries and Home Help Offices.

Complaints then started to arise from residents in respect of smells and flies from the increasing amount of rubbish in the borough. Arrangements were made for the Council's disinfecting staff to spray all rubbish heaps where such complaints were made. The number of complaints frequently required work to be undertaken outside the normal hours of work. The number of rubbish heaps throughout the borough increased to such an extent that some of the rodent officers were diverted from their normal duties to assist in this work.

Considerable worry was caused by the accumulation of rubbish in the street markets of Portobello Road and Golborne Road. In spite of frequent spraying of all rubbish, it was thought at the time that trading in the food markets would have to be prohibited. Fortunately this was not necessary as the Council decided to employ private contractors to remove some of the rubbish in the borough and the Borough Engineer made a priority task of the removal of the rubbish in the street markets.

No facilities were available to take the rubbish to the barges at the Council's wharf and it was therefore taken by a fleet of lorries to Wood Lane Depot. The rubbish was then loaded by crane into larger lorries for transport to controlled tips on the outskirts of London. Initially the open land at Treadgold Street was also used for this purpose but it was felt that it was unwise to continue the use of this site and by arrangement with the Borough Engineer its use was immediately discontinued.

The quantity of rubbish at Wood Lane Depot became too great for the Disinfection Staff to spray and an arrangement was made for the necessary spraying to be undertaken by a commercial firm. Subsequently a motorised spray was hired and routine spraying of the rubbish dump and surrounding area was undertaken each day by the staff of the Health Department.

Certificates of Disrepair in relation to Dwelling Houses

Throughout the emergency, the Public Health Inspectors were in close touch with the officers of the Borough Engineer's Department and every assistance was given in determining the priorities for removal of rubbish which were causing a health nuisance. Co-operation between the two departments was in evidence at all times and it was felt that all necessary steps were taken by the officers concerned to protect the health of the residents of the Borough.

LEGAL PROCEEDINGS

Public Health Act, 1936/1961

Nuisances

During the year, fifty-six summonses were issued for various nuisances under the Public Health Act, 1936/1961. In seventeen cases, Abatement Orders were secured, fines totalling £68 0s 0d and costs amounting to £31 2s 0d. In twenty-four cases, the summonses were withdrawn, the nuisances having been abated prior to the Court hearings, and in nine cases the summonses were adjourned sine die as the necessary works were being carried out by the defendants.

In these cases, the summonses were not served, in the one case the summons was withdrawn and in two cases the summonses were re-served.

Byelaws as to the Artificial Lighting of Common Staircases in Tenement Houses and Flats

Two summonses were issued against a landlord for a contravention of the above Byelaws in respect of failure to provide adequate means for the artificial lighting of the common staircase in two tenement houses. Convictions were obtained and fines amounting to £20 0s 0d were imposed and the Council were awarded £4 0s 0d costs.

Clean Air Act, 1956

Three summonses were issued against a Stores, an Airways Terminal and a Supermarket who permitted smoke to be emitted from chimney of buildings contained in the Kensington No. 8, Earls Court/Queensgate 1966 and Kensington No. 11 Brompton/Queensgate 1967 Smoke Control Orders.

The Magistrates imposed fines totalling £20 0s 0d and the Council were awarded costs amounting to £9 0s 0d.

Offices, Shops and Railway Premises Acts, 1963

Eight summonses were taken out against three defendants for contraventions of the above Act. The contraventions included the failure to supply a thermometer to enable the temperature to be determined; failure to provide a substantial handrail to the staircase; failure to properly maintain the stairs (defective stair treads and nosings); failure to properly maintain the floor covering and floor boards; failure to provide suitable and sufficient washing facilities, and failure to maintain and keep clean the sanitary convenience. In these cases, the summonses were withdrawn as the work had been carried out prior to the Court hearings. The remaining five summonses were in respect of one defendant who was found guilty but was given an absolute discharge by the Court, as the majority of the work had been carried out by the day of the hearing.

(a) closing order determined	...	...	...	...
(b) closing order determined	...	...	...	...
(c) closing order cancelled (premises demolished)	...	...	...	...
(d) consent given to use of closed rooms for non-sleeping purposes	...	...	...	...
(e) undertakings accepted from owners to render part of building fit for habitation	...	...	...	...
(f) part of building rendered fit and undertaking cancelled	...	...	...	...

Housing Act, 1957

Overcrowding

Six summonses were issued for permitting dwelling houses to be overcrowded. In three cases, convictions were obtained and fines totalling £45 0s 0d were imposed and costs amounting to £6 0s 0d were awarded to the Council. In one case the summons was not served and in two cases the summonses were withdrawn as the overcrowding had been abated.

Food and Drugs Act, 1955

The Preservatives in Food Regulations, 1962

One summons was issued in respect of the sale of Salad Dressing which contained added preservative (Benzoic Acid) not permitted by the Regulations. A conviction was obtained and a fine of £10 0s 0d was imposed, the Council being awarded £10 0s 0d costs.

Section 2 - Offences

Sixteen summonses were issued in respect of the sale of food not of the nature, substance as quality demanded. In fourteen cases, convictions were obtained and fines totalling £165 0s 0d were imposed, and the Council were awarded £91 8s 0d costs. One case was withdrawn on the advice of the Borough Solicitor and the remaining case was acquitted.

Public Health Act, 1891 - G.L.C. Water Closet Byelaws

One summons was issued for failing to provide ventilation for male accommodation. The case was withdrawn as the necessary work was carried out by the defendant.

Public Health Act, 1936 - Section 34(1)

One summons was issued against a builder concerning drainage works contravening the G.L.C. Drainage Byelaws. A conviction was obtained, a fine amounting to £2 0s 0d was imposed and the Council were awarded £2 0s 0d costs.

Shops Act, 1950

Six summonses were issued for trading non-exempted articles after general closing hour. Convictions were obtained, fines totalling £17 0s 0d were imposed and the Council were awarded £12 0s 0d costs.

Greater London Council (General Powers) Act, 1968

Four summonses were issued for using premises as night cafes when not registered with the Council, after 2nd June 1969. Convictions were obtained, fines totalling £115 0s 0d were imposed, and costs amounting to £8 0s 0d were awarded to the Council.

Offence	Regulations	Result	
		Fine	Costs awarded to Council
		£ s. d.	£ s. d.
<u>CASE NO.1</u>			
Failed to provide wash-hand basins for the use of persons engaged in handling food	16(1)	5 0 0	2 0 0
<u>CASE NO. 2</u>			
Failed to keep in good order, repair and condition the ground floor food shop to enable it to be effectively cleaned	23(1)	5 0 0	2 0 0
Placed food, namely items of greengrocery lower than 18" from the ground risking contamination	8(b)	5 0 0	- - -
<u>CASE NO. 3</u>			
Placed food, namely items of greengrocery lower than 18" from the ground risking contamination	8(b)	5 0 0	- - -
<u>CASE NO. 4 (RE-SERVED)*</u>			
Failed to keep free from contamination, a food mixer	6	10 0 0	10 0 0
Food stored on kitchen roof was so placed to involve risk of contamination	8(a)	10 0 0	- - -
Failed to keep in good order, repair and condition skylight in kitchen	23(1)	5 0 0	- - -
Risked contamination of food in kitchen due to construction of extract fan duct and skylight	5	5 0 0	- - -
Failed to keep clean the walls of the kitchen	23(1)	10 0 0	- - -
Failed to keep clean the floor of the kitchen	23(1)	10 0 0	- - -
Failed to keep clean the equipment, i.e. cooking stoves, grills, refrigerators, cooking utensils and storage shelving	6(1)	10 0 0	- - -
Failed to keep in good order, repair and condition for effective cleaning, the wood-work surrounds to sinks in kitchen	23(1)	10 0 0	- - -
Failed to provide wash-hand basins for the use of persons handling food	16(1)	20 0 0	- - -
The dining room communicated directly with a place which contains a sanitary convenience	14(4)	10 0 0	- - -

Offence	Regulations	Result	
		Fine	Costs awarded to Council
		£ s. d.	£ s. d.
<u>CASE NO. 5</u>			
Failed to keep clean the equipment i.e. gas cookers, cooking utensils and food preparation table in the kitchen	13	10 0 0	10 0 0
Failed to keep clean the walls in the kitchen	23(1)	Absolute	Discharge
Failed to keep clean the floor in the kitchen	23(1)	Absolute	Discharge
Failed to keep clean the floor of the basement passageway	23(1)	Absolute	Discharge
Failed to keep in good order, condition and repair as to enable effective cleaning, the food hoist in the basement passageway	23(1)	Absolute	Discharge
Failed to keep in good order, condition and repair as to enable effective cleaning, the floor covering in the basement passageway	23(1)	Absolute	Discharge
Failed to keep in good order, condition and repair as to prevent risk of infestation by vermin, the sash window in the front storeroom	23(1)	Absolute	Discharge
Failed to keep clean the room containing the sanitary convenience	14(2)	10 0 0	- - -
Failed to keep in efficient order the flushing apparatus of the sanitary convenience	14(1)	10 0 0	- - -
Failed to affix in a prominent position a notice requesting users of the convenience to wash their hands	14(5)	10 0 0	- - -
Failed to provide in a readily accessible position suitable first aid equipment	17	10 0 0	- - -
Failed to provide wash-hand basins for the use of persons engaged in the handling of food	16(1)	10 0 0	- - -
Failed to keep clean the sink provided in the serving area for washing food and equipment	19(1)	10 0 0	- - -
Failed to provide sufficient cupboard and locker accommodation for clothing and footwear not worn during working hours by persons engaged in the handling of food	18	10 0 0	- - -
Food stored in a cardboard box in kitchen was so placed as to risk contamination	8(a)	10 0 0	- - -
Food stored on the food preparation table in kitchen was so placed as to risk contamination	8(a)	10 0 0	- - -

Offence	Regulations	Result	
		Fine	Costs awarded to Council
		£ s. d.	£ s. d.
<u>CASE NO. 6</u>			
Failed to provide and maintain suitable and sufficient wash-hand basins for the use of persons engaged in the handling of food	16(1)	5 0 0	2 0 0
<u>CASE NO. 7</u>			
Failed to keep clean the equipment i.e. gas cooker, gas griller in the basement kitchen	6(1)	20 0 0	2 0 0
Failed to keep clean the walls of the basement kitchen	23(1)	20 0 0	- - -
Failed to keep clean the floor of the basement kitchen	23(1)	Proved but no separate penalty	
Failed to provide wash-hand basin for the use of persons engaged in the handling of food	16(1)	20 0 0	- - -
Failed to protect food from risk of contamination i.e. left uncovered the waste food bins	8	20 0 0	- - -
Failed to seal the waste group connectors of the sink in the kitchen	12(2)	10 0 0	- - -
Failed to provide suitable and sufficient ventilation to the room containing the male sanitary convenience in the basement	14(2)	10 0 0	- - -
Used for the handling of open food, the basement diningroom which communicated directly with a room containing a sanitary convenience	14(4)	10 0 0	- - -
<p>* In case No. 4, the first summons was wrongly served and costs amounting to £5 0s 0d were awarded against the Council. The summons was subsequently re-served on the new owner.</p>			

WELFARE SERVICES

Date	Description	Amount
1890 Jan 1	To Balance	100.00
1890 Jan 15	By Cash	50.00
1890 Feb 1	To Cash	25.00
1890 Feb 15	By Cash	15.00
1890 Mar 1	To Cash	30.00
1890 Mar 15	By Cash	20.00
1890 Apr 1	To Cash	40.00
1890 Apr 15	By Cash	30.00
1890 May 1	To Cash	50.00
1890 May 15	By Cash	40.00
1890 Jun 1	To Cash	60.00
1890 Jun 15	By Cash	50.00
1890 Jul 1	To Cash	70.00
1890 Jul 15	By Cash	60.00
1890 Aug 1	To Cash	80.00
1890 Aug 15	By Cash	70.00
1890 Sep 1	To Cash	90.00
1890 Sep 15	By Cash	80.00
1890 Oct 1	To Cash	100.00
1890 Oct 15	By Cash	90.00
1890 Nov 1	To Cash	110.00
1890 Nov 15	By Cash	100.00
1890 Dec 1	To Cash	120.00
1890 Dec 15	By Cash	110.00
1891 Jan 1	To Cash	130.00
1891 Jan 15	By Cash	120.00
1891 Feb 1	To Cash	140.00

WELFARE SERVICES

Mr. S.A. Biddlecombe
Chief Welfare Officer

The duties and powers of the local welfare authority are contained in the National Assistance Act, 1948, as amended; the main provisions of which are as follows:-

- (a) Residential accommodation for persons in need of care and attention.
- (b) Temporary accommodation for the homeless.
- (c) Comprehensive services for the blind, partially sighted, deaf and other handicapped persons including special residential accommodation, workshops, occupational and rehabilitation centres, holidays and other amenities, and a full range of domiciliary services, including a casework service.
- (d) Domiciliary services for the aged, provided either directly or in co-operation with voluntary organisations.
- (e) Contributions to organisations engaged in promoting the welfare of handicapped and elderly persons.
- (f) Registration and inspection of homes for the disabled and elderly.
- (g) Removal to suitable premises of persons in need of care and attention.
- (h) Temporary protection of property of persons admitted to hospital, etc.
- (i) Burial or cremation of persons found dead when no suitable arrangements have been, or can be, made.

The Council maintain five residential homes for aged and infirm persons under Section 21(1)(a) of the National Assistance Act, 1948. Two of the homes are outside the Borough boundary. The total number of beds is allocated as follows:-

55 men and women	...	...	...	...	Dale Head
" " "	35	...	...	...	Doverhouse Court
" " "	116	...	...	...	Elmwood
" " "	282	...	...	...	King's Head
21 women	...	...	...	...	St. Holland Park
	
	319				Total

FORWARD PLANNING

Residential Homes

Former Public Assistance Institution - King's Mead

Reference was made in last year's report to the Council's Welfare Committee's decision to commence the running-down programme at King's Mead when the new purpose built home 'Dovehouse Court', was opened. The first residents were admitted to this home on 8th September, 1969, and subject to satisfactory staff being available 92 residents will be transferred by the end of March 1970.

During the year loan sanction was granted for a home of 61 beds to be built at Edenham Street, Kensal New Town and building work commenced on 1st July, 1969. This home should be ready for occupation in approximately two years.

The final replacement home is at present being designed by the Council's Architect and will be sited within the grounds at King's Mead. It is hoped that loan sanction will be granted early in the new year. This would permit building work to start during July 1970 and the home to be ready for occupation during July 1972.

It is understood that the London Borough of Hammersmith who at present occupy beds at King's Mead in accordance with a sharing agreement will open a new home during the early months of 1972.

Subject, therefore, to all the above conditions being met the former Public Assistance Institution should be closed by July 1972.

Temporary Accommodation

The Greater London Council have confirmed that the premises 144-148, Earls Court Road at present used by the Welfare Committee to provide 18 units of temporary accommodation will be required for the widening and redevelopment of the West Cromwell Road by the end of 1970. Negotiations are at present in hand to acquire a building for conversion to seven units of accommodation, in addition plans have been prepared to extend the number of units at Trenmar Lodge.

RESIDENTIAL ACCOMMODATION

The number of persons in residential accommodation at 31st December, 1969, was as follows :-

Council accommodation	...	...	496
Other local authority homes	...	...	14
Voluntary homes	...	...	206
			<hr/>
Total			716
			<hr/>

The Council maintain five residential homes for aged and infirm persons under Section 21(1)(a) of the National Assistance Act, 1948. Two of the homes are outside the Borough boundary. The total number of beds is allocated as follows :-

Dale Mead	...	...	...	55	men and women
Dovehouse Court	...	...	...	35	" " "
Ellesmere	...	...	...	116	" " "
King's Mead	...	...	...	282	" " "
5, Holland Park	...	...	...	31	women
				<hr/>	
Total				519	
				<hr/>	

There were 264 new admissions and 142 discharges from the Council's homes during 1969. In the same period, 119 persons died in the homes. Vacancies are held for short-term admissions to hospitals, residents who are away on holiday, and for major redecoration programmes. The total number of re-admissions from hospital was 98 and discharges to hospital amounted to 140.

Age Analysis at 31st December 1969. (Where figures are shown in brackets they relate to the previous year and are included for comparison.)

	Home					Total
	Dale Mead	Dovehouse Court	Ellesmere	No. 5 Holland Park	King's Mead	
Under 30 years						
Male	-	-	-	-	-	-
Female	-	-	-	-	-	-
30 - 49 years						
Male	-	-	-	-	-	-
Female	-	-	-	-	2	2
50 - 64 years						
Male	-	2	3	-	4	9
Female	-	1	-	3	6	10
65 - 74 years						
Male	3	3	6	-	29	41
Female	4	9	17	7	34	71
75 - 84 years						
Male	8	6	15	-	31	60
Female	22	6	41	10	86	165
85 years and over						
Male	2	1	7	-	7	17
Female	14	6	22	10	69	121
TOTALS: Male	13	12	31	-	71	127
Female	40	22	80	30	197	369
Average Age	81.5	67.9	79.2	79.6	78.6	77.3
(Average Age 31.12.68)	(80.6)	-	(79.8)	(80)	(78.4)	(79.7)

Admissions and Discharges

The following statistics show the admission and discharges at each residential home for the period, 1st January to 31st December 1969:

	HOME					TOTAL
	Dale Mead	Dovehouse Court	Ellesmere	No. 5 Holland Park	King's Mead	
Resident on 1.1.68						
Men	13	-	29	-	70	112
Women	40	-	78	29	228	375
Total	53	-	107	29	298	487 (488)
Admissions (new)						
Men	2	13	14	-	64	93
Women	7	22	37	10	154	230
Total	9	35	51	10	218	323 (283)
Discharges (perm.)						
Men	-	-	4	-	58	62
Women	4	-	24	4	93	125
Total	4	-	28	4	151	187 (158)
Died						
Men	2	-	7	-	8	17
Women	2	-	8	3	89	102
Total	4	-	15	3	97	119 (128)
Remaining on 31.12.69						
Men	13	12	31	-	70	126
Women	40	22	80	30	198	370
Total	53	34	111	30	268	496 (485)
Normal accommodation	55	35	116	31	282	519 (519)

(Figures for previous year shown in parentheses)

Dale Mead	...	...	...	31 men and women
Dovehouse Court	...	...	...	35 " " "
Ellesmere	...	...	...	116 " " "
King's Mead	...	...	...	282 " " "
5, Holland Park	...	...	...	31 women
Total	...	...	...	519

Other Local Authority Homes
Section 21(1)(4) National Assistance Act, 1948

If suitable accommodation is not available from the Borough's resources, or a resident seeks accommodation in a particular home belonging to another local authority, co-operation between the Borough and other local authorities secures residential care for the applicant. The number of persons assisted in this way during the year is shown in the following table:-

Name of Home	Owning Borough	Resident on 1.1.69			Admitted			Discharged			Remaining on 31.12.69		
		Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Fitzjohn's Avenue	Camden	1	-	1	-	-	-	-	-	-	1	-	1
Somerville Hastings House	Camden	1	-	1	-	-	-	-	-	-	1	-	1
Hillside	Islington	1	1	2	-	-	-	-	1	1	1	-	1
Southern Grove Lodge	Tower Hamlets	-	1	1	-	-	-	-	1	1	-	-	-
Ladywell Lodge	Lewisham	-	4	4	-	-	-	-	4	4	-	-	-
Brocklebank	Wandsworth	-	3	3	-	-	-	-	1	1	-	2	2
Ashmead	Wandsworth	-	1	1	-	1	1	-	-	-	-	2	2
White Chester	Hammersmith	1	-	1	-	-	-	-	-	-	1	-	1
Whitby Dene	Hillingdon	1	-	1	-	-	-	-	-	-	1	-	1
Moorcroft	Hillingdon	1	-	1	-	-	-	1	-	1	-	-	-
Kenwold	Westminster	1	-	1	-	-	-	-	-	-	1	-	1
The Leys	Barnet	1	-	1	-	-	-	-	-	-	1	-	1
Thomas Taylor Homes	Northumberland	1	-	1	-	-	-	-	-	-	1	-	1
The Gables	Hampshire	1	-	1	1	-	1	-	-	-	2	-	2
Shirley	Croydon	1	-	1	1	-	1	-	-	-	2	-	2
TOTAL		11	10	21	2	1	3	1	7	8	12	4	16

Accommodation provided by Voluntary Organisations

On 31st December, 1969, there were 207 persons in accommodation provided by voluntary organisations for whom the Council are responsible. They were classified as follows:-

By Major Disability

					<u>Under 65</u>	<u>65 and over</u>	
Blind	...	...	...	...	2	13	
Deaf	...	...	...	...	1	3	
Epileptic	...	...	...	...	3	-	
Physically handicapped	...	...	...	...	18	21	
Others	...	...	...	...	7	139	
Total	...	...	...	...	31 (27)	176 (166)	

By age and sex

					<u>Male</u>	<u>Female</u>	
Under 30 years	...	...	...	...	2	1	
30 - 49 years	...	...	...	...	1	3	
50 - 64 years	...	...	...	...	8	15	
65 - 74 years	...	...	...	...	13	34	
75 - 84 years	...	...	...	...	16	61	
85 years and over	...	...	...	...	2	51	
Total	...	...	...	...	42 (38)	165 (155)	

Seventy-eight homes were used for this purpose.

Waiting List for Admission to Homes for Aged Persons

There were 90 persons on the waiting list for admission to residential accommodation at 31st December, 1969, viz:-

	<u>Urgent Applications for Admission</u>	<u>Normal Applications for Admission</u>	<u>Total</u>
Men	14	12	26
Women	39	25	64
TOTAL	53	37	90

Names were added to the waiting list at the rate of 25 persons per month. In cases of genuine emergency 48 people had to be admitted within two or three days of application, but the greater number remained on the waiting list for varying periods up to twelve months.

no waiting on	15
1-3 months	4
4-6 months	10
7-12 months	
more than 12 months	

TEMPORARY ACCOMMODATION

Homeless Families.

The Council has a responsibility under Section 21(1)(b) of the National Assistance Act, 1948, to provide temporary accommodation for persons in urgent need through circumstances which could not reasonably have been foreseen. Emergency provision is also made for victims of fire and flood whilst they are temporarily homeless. The premises in use for homeless families are as follows:-

144/148, Earls Court Road, S.W.5.	16 family units available for use up to April 1971.
68, Holland Road, W.14.	7 family units
16/18, Wrights Lane, W.8.	16 family units
68, Oxford Gardens, W.10.	3 family units
228, Lancaster Road, W.11.	5 family units
84/90, Princedale Road, W.11.	11 family units
32, Dawson Place, W.2.	7 family units
201, Ladbroke Grove, W.10.	5 family units
210, Ladbroke Grove, W.10.	5 family units
Trenmar Lodge, Trenmar Gardens, N.W.10.	5 family units

Families admitted received social work support and intensive case-work guidance where necessary. This approach is proving to be constructively helpful in rehabilitating and preparing families for eventual rehousing, and also helps to keep to a minimum the number of otherwise long stay cases which could create a heavy demand for additional units of accommodation.

The following statistics show the number of families received into and discharged from temporary accommodation during the year:-

Number of families in temporary accommodation as at 1.1.69	63
Number of families admitted (comprising 64 men, 125 women and 324 children)	124
Number of families discharged	117
Number of families remaining as at 31.12.69	70

The reason for homelessness were as follows:-

Rent arrears	12
Unauthorised occupants	25
Overcrowding	12
Family disputes	12
Landlord wanted accommodation	2
New to London	6
Objection to children	4
Fire Victims	8
From hotel accommodation	8
Service contract ended	4
Landlord disputes	6
Essential repairs	7
Sale of property	8
Other reasons (including default on mortgages, expiry of lease)	10

Of the 117 discharges, 21 were rehoused by nomination for housing allocated to this Council by the Greater London Council, 25 were rehoused by the Council, 46 were assisted to find accommodation, and 25 found their own accommodation.

The casework approach of the family caseworkers is based principally on three main conditions:-

- (a) Acceptance by the family of their financial responsibility, regular payment of charges, proper budgeting, and the payment of any outstanding debts including rent arrears.
- (b) Ensuring that the family can maintain themselves in close living conditions by training the parents into good standards of child care, i.e., correct feeding, adequate clothing and reasonable discipline; appreciation of the value of regular school attendance, and a constant care of the health and well-being of the family.
- (c) Acceptance by the husband of the need to secure and maintain himself in full time employment. Encouragement and assistance are given in all the foregoing when necessary.

The response shown by families was encouraging and resulted in rehousing being effected within a period of twelve months in most cases

Examples of two such families are as follows:-

(1) The mother from a very large and difficult Irish family, all of whom were at variance with society and the law. Her background was in consequence appalling. She was married at an early age, her husband was arrested on her wedding day and sentenced to a long term of penal servitude. She came to England as a Domestic Assistant, met her cohabitee, has two children and was reasonably happy until her family also came to England, broke up the cohabitation and lost her accommodation. She developed into a morose introvert.

She was induced to accept temporary accommodation, her cohabitee was also admitted. The woman's family decided to return to Eire.

Case work and a feeling of security completely changed the woman. She became very house proud, her flat was always spotless and the children well cared for.

She was found Council accommodation in a converted house and occupied the upper part. This has now been very well decorated and would be a credit to any family. The woman still visits the office frequently for advice and is very contented. The cohabitee has remained in good employment for over two years which has contributed towards stability of the family.

The original husband has completely disappeared and a divorce and marriage to the cohabitee is in progress.

(2) The family consisting of a woman and six children, deserted by the husband, was evicted from single room accommodation for overcrowding and refusing an offer of temporary accommodation. She dispersed the family to the care of her friends. The three elder children, rather difficult males, were then admitted into Council care, and later two others, leaving the woman and one child.

The woman who was again pregnant, was determined to get rid of the child, and had booked in at a hospital under an assumed name, in order to abandon the child directly after birth.

The woman was induced to accept temporary accommodation. After considerable case work, the two younger children were taken out of care. The seventh child was born, a female, and this, through the added security was accepted by the family. The three elder boys were introduced from care and joined the family in rotation. The family were trained to work as a unit, the added security helped and the whole family appeared to make daily progress. They eventually became a united family reasonably free from trouble and paying their way.

They were rehoused in a flat near a London common, an ideal place for the children. The flat has been visited and is very well decorated and maintained by the mother. The children are happy, very well cared for, and the family continue to progress.

Mothers and Babies

Provision for unmarried mothers and their children is made under Section 21(1)(b) of the National Assistance Act, 1948. The majority are "first baby" cases. The practice is to arrange admission to one of the homes run by voluntary societies for a suitable period before and after confinement. The Council pay an agreed weekly charge.

The Council have an arrangement with the London Borough of Lewisham whereby certain cases, such as emergency, physically handicapped and those in need of greater support, can be sent to their "Ballantyne" Mother and Baby Home at Lushington Road, S.E.6., which offers special facilities for such cases.

The following tables show the numbers accommodated during the year:-

(a) Voluntary Homes

	<u>Mothers</u>	<u>Children</u>	<u>Total</u>
Number in residence at 31.12.68	13	6	19 (14)
Admitted	54	54	108 (188)
Discharged	54	54	108 (176)
Number remaining at 31.12.69	13	6	19 (19)

Country of Origin of Mothers Admitted:

United Kingdom ...	22	Italy ...	2
Eire ...	20	West Indies ...	1
Australia ...	2	Mauritius ...	1
Spain ...	1	South Africa ...	2
Bermuda ...	1	Pakistan ...	1
China ...	1		
Total ...	54	(94)	

(b) Other Homes

"Ballantyne", Lewisham

	<u>Mothers</u>	<u>Children</u>	<u>Total</u>
Number in residence at 31.12.68	3	2	5
Admitted	14	13	27
Discharged	15	13	28
Number in residence at 31.12.69	2	2	4

Country of Origin of Mothers Admitted:

United Kingdom	...	7	Italy	...	1
Eire	...	2	Spain	...	1
Uganda	...	1	Phillipines	...	1
St. Helena	...	1			
Total	...	14	(10)		

"Carisbrooke", Lambeth

	<u>Mothers</u>	<u>Children</u>	<u>Total</u>
Number in residence at 31.12.68	-	-	-
Admitted	-	-	-
Discharged	-	-	-
Number in residence at 31.12.69	-	-	-

Country of Origin of Mothers Admitted:

Total ... Nil (1)

DOMICILIARY WELFARE SERVICES FOR ALL CLASSES OF HANDICAPPED AND ELDERLY PERSONS

Sections 29 and 30 of the National Assistance Act, 1948, empower the Council to make arrangements, both directly and in conjunction with voluntary organisations, for promoting the welfare of persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister. The Council are also required to maintain separate registers of (a) the blind, (b) the partially sighted, (c) the deaf and hard of hearing, and (d) those with other disabilities. In addition, a register is kept of those elderly persons who apply for assistance, or on whose behalf such application is made.

The following table shows the number of persons on the registers at 31st December, 1969:-

Blind	405	(418)
Partially sighted	124	(134)
Physically		
Handicapped	1,514	(1352)
Deaf/hard of		
hearing	69	(67)
Elderly persons	4,592	(4493)
Total of all Registers	6,704	(6464)

The services to all classes of handicapped and elderly people are based upon home visiting by social welfare officers, supplemented by 'community care' in day time social and rehabilitation centres, provided by the Council and by voluntary organisations. The social welfare officers ensure that day-to-day needs are adequately met, and that the home conditions are satisfactory. To this end, a wide variety of services is made available, which includes the teaching of Braille and Moon type to blind people, homecraft instruction, the provision of aids and appliances and adaptations in the home, holidays, home chiropody treatment, meals on wheels, mobile library services and a laundry service in certain cases of chronic illness.

During the year 12,300 (11,290) initial and follow-up visits were made in connection with the above services and in respect of applications for admissions to homes, voluntary visitors, clubs and centre membership and other miscellaneous services. In addition, 1,522 persons were interviewed at head office.

During the year the following grants by the Council were made to voluntary organisations who make a significant contribution in respect of specific services:-

Blind Associations

	£.	s.	d.
National Library for the Blind	155.	0.	0.
Southern Regional Association for the Blind	100.	0.	0.
Royal National Institute for the Blind	250.	0.	0.

Handicapped Associations

British Epilepsy Association	40.	0.	0.
Information Services for the Disabled	45.	0.	0.

Deaf and Dumb

Royal Assoc. in Aid of the Deaf and Dumb	75.	0.	0.
--	-----	----	----

Voluntary Associations

The Abbeyfield Society	40.	0.	0.
National Association of Alms Houses	5.	0.	0.
Cecil Homes	470.	0.	0.
London Free Church Federal Council	75.	0.	0.
Servite Houses (Hearth & Home Ltd.)	200.	0.	0.
Task Force (1964) Ltd.	4000.	0.	0.
Voluntary Hostels Conference	250.	0.	0.
St. Joseph's Alms Houses	100.	0.	0.
The Kensington Day Centre Ltd.	6490.	0.	0.
Kensington and Chelsea Old People's Welfare Committee	3750.	0.	0.
International Voluntary Service	75.	0.	0.
The Irish Centre	100.	0.	0.
Rowe Housing Trust	450.	0.	0.

In addition, the Kensington and Chelsea Old People's Welfare Committee made the following grants from its funds:-

Servite Old Age Pensions Club	60.	0.	0.
Women's Institute	62.	0.	0.
St. Mary Abbots Club	40.	0.	0.
Task Force	20.	0.	0.
Leisure Club for Disabled	25.	0.	0.
West London Angling Club	5.	0.	0.
National Old People's Welfare Council	5.	5.	0.
Greater London Conference on Old People's Welfare	5.	5.	0.
North Kensington Community Centre	35.	5.	0.
Lancaster Road Old People's Club	15.	0.	0.

WELFARE OF THE BLIND

The statutory definition for the purpose of registration as a blind person under the National Assistance Act, 1948, is that the person is "so blind as to be unable to perform any work for which eyesight is essential."

The number of persons newly registered as blind during 1969 was 57, twenty being men and thirty-seven women. Table I shows the distribution in age groups of the 405 registered blind persons ordinarily resident in the Borough. The majority of new registrations are in the age groups of sixty-five and over, which is consistent with figures produced for national statistics.

The analysis of causes of blindness in newly registered persons is shown in Table II.

An analysis of the register showing the education, training and employment position is given in Tables III and IV.

It will be seen that a total of 281 persons are over sixty-five years of age, leaving a total of 122 adults, of whom 50 are either not available for, or not capable of, work.

At the Council's Rehabilitation Centre, Gertrude Street, a social club for the blind is held every Tuesday. A social welfare officer, who is a qualified home teacher, organises the club which has 70 members. Games equipment is provided and other activities included a Christmas party and an outing.

Close liaison is maintained with voluntary organisations; viz., the Royal National Institute for the Blind; the London Association for the Blind; the Southern Regional Association for the Blind; St. Dunstan's and the National Library for the Blind. Referrals for employment and training are made to the Disablement Resettlement Officer of the Department of Employment and Productivity, with whom consultation is arranged in cases of special difficulty.

The number of home visits made to blind persons during the year was 1,484 (1,432).

A brief summary of the special facilities available to registered blind persons is given below:-

- Free wireless on loan from the Wireless for the Blind Fund
- Free wireless licence
- Free dog licence (for guide dogs)
- Special postal rates for Braille literature
- Free issue of white walking sticks
- Loan of special equipment in approved instances (i.e. talking books)
- Free bus passes for escorts
- Free railway fares for guide for special purposes
- Braille literature
- Library books in Braille or Moon type
- Fire guards on loan
- Specially designed aids and gadgets.

The Council also provides a variety of services for the blind, including a laundry service in certain cases, and a service for the blind to help them to find their way around the town. The Council also provides a service for the blind to help them to find their way around the town. The Council also provides a service for the blind to help them to find their way around the town.

The statutory definition for the purpose of registration as a blind person under the National Assistance Act, 1948, is that the person is "so blind as to be unable to perform any work for which eyesight is essential."

TABLE I - BLIND PERSONS (REGISTERED) FOR THE YEAR
ENDED 31ST DECEMBER, 1969, SHOWING THE DISTRIBUTION
BY AGE GROUPS OF THE BLIND POPULATION

	New cases in 1969			All cases (old and new)		
	Male	Female	Total	Male	Female	Total
Under 1 year	-	-	-	-	-	- (-)
1 year	-	-	-	-	-	- (-)
2 years	-	-	-	-	-	- (1)
3 years	-	-	-	-	1	1 (-)
4 years	-	-	-	-	-	- (-)
5 - 10 years	-	-	-	1	-	1 (1)
11 - 15 years	-	-	-	-	-	- (1)
16 - 20 years	-	-	-	3	5	8 (10)
21 - 29 years	1	-	1	12	6	18 (18)
30 - 39 years	-	-	-	8	3	11 (15)
40 - 49 years	-	1	1	10	11	21 (26)
50 - 59 years	2	2	4	19	13	32 (32)
60 - 64 years	2	4	6	10	14	24 (13)
65 - 69 years	2	3	5	10	18	28 (30)
70 - 79 years	10	11	21	23	76	99 (101)
80 - 84 years	1	5	6	8	51	59 (65)
85 - 89 years	2	8	10	12	49	61 (70)
90 years & Over	-	3	3	9	33	42 (35)
Unknown	-	-	-	-	-	- (-)
	20	37	57	125	280	405 (418)

TABLE II - ANALYSIS OF CAUSE OF BLINDNESS OF PERSONS
NEWLY REGISTERED DURING 1969

Cause	Male	Female	Total
Retinal Arteriosclerosis	1	1	2
Retinal Degeneration	1	1	2
Detached Retina	-	1	1
Cataract	2	10	12
Senile Macular Degeneration	6	6	12
Retinitis Pigmentosa	-	-	-
Diabetic Retinopathy	1	1	2
Vascular Retinopathy	-	1	1
Myopia	1	1	2
Glaucoma	5	9	14
Trauma	2	1	3
Optic Atrophy	1	2	3
Others	-	3	3
	20	37	57

TABLE III - SUMMARY OF OCCUPATIONS OF BLIND PERSONS
AT 31ST DECEMBER, 1969

	Male	Female	Total
<u>Children</u>			
Aged 2 - 4 years	-	1	1
Aged 5 - 15 years (educable)	-	-	-
attending special schools	-	-	-
attending other schools	-	-	-
(ineducable) in Hospitals for			
Mentally Sub-normal	1	-	1
<u>Adults aged 16 years and upwards</u>			
At schools	-	1	1
Employed in sheltered workshops	2	1	3
Employed in open employment	37	21	58
Trainee for open employment	1	-	1
Unemployed but capable and available for work; already trained	-	1	1
Subject to training for open employment	4	1	5
Subject to training for sheltered employment	1	-	1
Without training in open employment	2	-	2
Not available for work, aged 16 - 64	17	23	40
Not capable of work, aged 16 - 64	2	8	10
Not employed, aged over 65	58	223	281
TOTAL	125	280	405

TABLE IV - ANALYSIS OF THE OCCUPATION OF EMPLOYED
BLIND PERSONS SHOWN IN TABLE III

	Sheltered Workshops	Home Workers Schemes	Open Industry	Total
Machine Tool Operators	-	-	1	1
Masseurs and Physiotherapists	-	-	1	1
Lecturers, Teachers	-	-	3	3
Barristers, Solicitors	-	-	4	4
Musicians	-	-	2	2
Proprietors, Managers	-	-	6	6
Typists, Secretaries	-	-	18	18
Braille Copyists	-	-	3	3
Clerical Workers	-	-	2	2
Telephone Operators	-	-	9	9
Shop Assistants	-	-	1	1
Boxers, fillers, packers	-	-	1	1
Machine Knitters	1	-	-	1
Basket Makers	2	-	-	2
Piano Tuners	-	-	1	1
Domestic Workers	-	-	2	2
Other open employment	-	-	3	3
Placement Officer	-	-	1	1
TOTAL	3	-	58	61

PARTIALLY SIGHTED PERSONS

There is no statutory definition in the National Assistance Act 1948, of partial sight, but the Department of Health and Social Security has advised that a person who is not blind within the meaning of the Act of 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character is within the scope of the Welfare Services which the local authority are empowered to provide for blind persons. This does not apply to other benefits specially enjoyed by the registered blind.

The register of partially sighted persons (Table I) shows a total of 124 (134), of whom 31 (31) were newly registered during the year (Table II).

Training and Employment

Severely handicapped

There are fifty-six persons near and prospectively blind who require the full range of Welfare Services. Their circumstances are as follows:-

	Male	Female	Total
Employed	3	5	8
Undergoing training	1	-	1
Awaiting suitable placement	-	-	-
Not available for employment or not capable of work	3	41	44
	7	46	53 (56)
<u>Requiring observation only</u>	-	8	8 (12)

Industrially handicapped

The remaining persons registered are classified thus:-

Children aged 16 years and over still at school	-	1	1
Employed	8	3	11
Undergoing training	-	1	1
Available for and capable of training for work	2	-	2
Not available for work	8	40	48
	18	45	63 (65)

TABLE I - PARTIALLY SIGHTED PERSONS (REGISTERED) FOR THE YEAR ENDED 31ST DECEMBER, 1969, SHOWING THE DISTRIBUTION BY AGE GROUPS OF THE PARTIALLY SIGHTED POPULATION

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	-	-	-	-	12	2	11	25
Females	-	-	-	2	8	7	82	99
TOTAL	-	-	-	2	20	9	93	124 (134)

TABLE II - PARTIALLY SIGHTED PERSONS REGISTERED AS NEW CASES

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	-	-	-	-	-	1	6	7
Females	-	-	-	-	-	-	24	24
TOTAL	-	-	-	-	-	1	30	31 (31)

TABLE III - REMOVAL FROM REGISTER DURING THE YEAR FOR REASONS SET OUT BELOW

(1) On admission to Blind Register

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	-	-	-	-	-	-	5	5
Females	-	-	-	-	-	1	8	9
TOTAL	-	-	-	-	-	1	13	14

(11) One Male (Group 65+) was decertified due to improved visual acuity.

TABLE IV ANALYSIS OF CAUSES OF PARTIAL SIGHT OF PERSONS NEWLY REGISTERED DURING 1969

Cause	Male	Female	Total
Macular Degeneration	2	4	6
Cataract	-	14	14
Hemianopia	-	1	1
Glaucoma	1	2	3
Arteriosclerosis	1	1	2
Hypermetropia	-	1	1
Optic Atrophy	1	-	1
Others	2	1	3
TOTALS	7	24	31

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

The number of applications for registration as blind or partially sighted under the provisions of the National Assistance Act, 1948, has shown a decrease from those for 1968. The number of registrations as blind resulting from examinations has increased but the proportion of such registrations remains about the same. The Council continued to employ two consultant ophthalmologists for medical examination and assessment.

Plan	3	11	-	-	-	-	15
Other	5	8	-	-	-	-	13
Placemat	5	8	-	-	-	-	13
TOTAL	9	19	-	-	-	-	28

Details of examinations and findings are as follows:-

	1969	1968
Number of examinations by Council's ophthalmologist	124	135
Number of hospital certificates accepted	42	35
Number of new cases registered-blind	55	51
Number of new cases registered-partially sighted	32	30
Re-examinations:-		
Number previously registered as blind and now found to be partially sighted	11	1
Number previously registered as partially sighted and now found to be blind	13	14
Number previously registered as blind or partially sighted and now found to be not registerable	1	1
Number examined and no change found in category	57	71

HANDICAPPED PERSONS - GENERAL CLASSES

The main objectives in promoting the welfare of handicapped persons are as follows:-

- To assist them to overcome the effects of their disability and to obtain any available general, preventive or remedial treatment.
- To give advice and guidance on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appears to be available to them and of which they wish to take advantage.
- To encourage them to take part in the activities of social centres and clubs.
- To use the best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort, encouragement and assistance in the solution of domestic and other problems confronting them.
- To provide practical assistance in adaptations to the homes of handicapped persons.
- To facilitate the taking of holidays.
- To provide facilities and assistance to handicapped persons travelling to and from their homes to participate in any of the services.
- To take such steps as are practicable in consultation with the Department of Employment and Productivity to assist handicapped persons to secure any work for which they appear to be fitted and wish to obtain.

- (i) To take such steps as are practicable to assist handicapped persons who appear to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Acts, 1944 and 1958, and wish to take advantage of such training.

The Register of Handicapped Persons at 31st December, 1960, showed a total of 1,514. During the year, 365 persons were added to the Register. The grouping of disabilities is in accordance with the Medical Research Council code of diseases and disabilities as used by The Department of Employment and Productivity. Relevant statistics are produced in Table I (Opposite page). An analysis of the disabilities of the newly registered cases is shown in Table II (page 126).

Notifications concerning handicapped persons are received from many sources and the circumstances of each case are investigated at the earliest opportunity. Social welfare officers have carried out 5,104 home visits. Arising from these visits, many needs have been brought to notice and as a result 340 items of equipment have been supplied, comprising bath mats, bath boards, bath rails, bath seats, bath stools, bread cutters, commodes, braille clocks, long handled dust pans and brushes, writing frames, hoists, razors (mains and battery), raised toilet seats, walking sticks, wooden tap turners and stocking aids. This involved expenditure totalling £764. 9s. 6d. In addition, articles of medical loan equipment were issued where necessary.

The sum of £680. 14s. 10d., (£616. 9s. 2d.) has been spent on special grants for handicapped persons on the following items :-

Grab-rails in bathrooms and toilets
Wiring of P.O.S.S.U.M. equipment
Handrails by steps
Ramp to back-door
Complete adaptation to a flat

Two examples can be quoted of help given to severely disabled residents of the Borough :-

A man confined to a wheelchair was re-housed. Ramps were built, the bathroom door was widened and a folding-door fitted to facilitate the patient's mobility.

A woman who had a leg amputation had a ramp built inside the back-door leading to the garden. A wide concrete step at the front-door was halved and two shallow steps added to enable her to move with ease.

TABLE II - NEW REGISTRATIONS DURING 1969. ANALYSIS OF DISABILITIES

TABLE I - ANALYSIS OF PERSONS ON THE GENERAL CLASSES REGISTER ACCORDING TO AGE AND HANDICAP

Code	Major Handicaps	Age					
		Under 16	16-29	30-49	50-64	65 and over	Total
A/E	Amputation	-	2	3	11	22	38
F	Arthritis or Rheumatism	-	1	4	77	389	471
G	Congenital malformations or deformities	3	1	2	6	12	24
H/L	Diseases of the digestive and genito-urinary heart, circulatory and respiratory systems	-	2	15	64	255	336
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis, trunk, limbs and spine	3	3	13	32	141	192
V	Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis etc.	3	21	58	104	151	337
U/W	Neuroses, psychoses other than in 'V' above	-	-	2	1	22	25
X&Y	Tuberculosis, respiratory and non-respiratory	-	-	4	4	2	10
Z	Diseases and injuries not specified	-	-	5	14	62	81
TOTAL		9 (9)	30 (30)	106 (95)	313 (273)	1056 (945)	1514 (1352)

TABLE II - NEW REGISTRATIONS DURING 1969. ANALYSIS OF DISABILITIES

Disability	No. of Persons		No. of Persons
Amputation of leg	2	Hysterectomy	1
Anaemia	3	Injured head	1
Angina	2	Injured legs	1
Arteriosclerosis	2	Injured spine	6
Arthritis	89	Kidney transplant	1
Arthrodesis of leg	1	Kyphosis	4
Asthma	8	Liver infection	4
Ataxia	1	Migraine	1
Bronchitis	20	Mongoloid	1
Carcinoma	15	Multiple sclerosis	8
Cardiac condition	48	Muscular dystrophy	1
Cirrhosis of liver	1	Neuritis	1
Club foot	1	Obesity	1
Colostomy	8	Oesophageal dilation	1
Crippled back (congenital)	2	Osteoarthritis	8
Diabetes	12	Osteomyelitis	2
Diverticulitis	1	Osteotomy	1
Emphysema	2	Parkinson's disease	6
Epilepsy	4	Poliomyelitis	4
Fractured femur	4	Rheumatism	3
Fractured hip	3	Sclerosis of lungs	1
Fractured pelvis	1	Senility	9
Fractured wrist	1	Spasticity	2
Gout	2	Spondylitis	4
Hemiplegia	30	Stroke	8
Hiatus hernia	1	Syringomyelitis	1
Hydrocephalus	1	Thrombosis	3
Hypertension	4	Tuberculosis (quiescent)	3
		Ulcers (leg)	6
		Ulcers (stomach)	3
		TOTAL	365

TRANSPORT

The Council has five vehicles (four coaches with hydraulic lifts and one utilabus) for transporting handicapped persons between their homes and social and rehabilitation centres, elderly persons to residential accommodation and homeless families and unmarried mothers to temporary accommodation. In addition, they are used for delivering aids and gadgets to the blind and handicapped, for taking residents of welfare homes on regular outings and on specially organised shopping trips, and delivery of meals from St. George's Hall to Luncheon Clubs within the Borough. During the Council's organised holidays they transported the blind, handicapped and elderly to and from their homes to the assembly points and in some cases direct to and from holiday homes. A coach with a lift was stationed at the holiday camp in Kent to enable the elderly and handicapped to be taken on outings to nearby shops and church services.

Voluntary organisations are granted use of the transport for approved purposes in the evenings and at weekends. They have availed themselves of this services on over 500 occasions.

The total mileage travelled in covering all these commitments amounted to 53,000 (50,000) miles.

WELFARE OF THE ELDERLY

At 1st January, 1969, the number of elderly persons shown on the register was 4493. This figure represents an amalgamation of the register of elderly persons receiving visits from the social welfare officers and the register of case enquiries. This in effect produces a register of all old people known to the Department. During the year 930 new registrations were made and 831 persons were removed from the register, having either moved from the Borough, died or re-registered under some other category, i.e., blind, handicapped, etc. The number of persons remaining on the register at 31st December, 1969 totalled 4592. The services mentioned in this report were made available to give support to the elderly in their own homes.

A specially appointed officer co-operates with voluntary organisations interested in the welfare of elderly people, and in consequence much additional benefit has been derived by the elderly residents of the Borough.

Close liaison was maintained with the Old People's Welfare Committee, of which the Chief Welfare Officer is the Honorary Secretary.

Meals Service

The preparation and supply of meals for old people in Kensington is carried out at St. George's Hall, Kensington Place, where approximately 1,290 meals a week are prepared, including those supplied to luncheon clubs. The preparation of meals for deliver in Chelsea is undertaken from the kitchen in King's Mead old people's home where an average of 330 meals a week are prepared. Deliveries in both areas have been effected by volunteer drivers and attendants of the Women's Royal Voluntary Service. The meals are delivered in a fleet of eight vans, seven of which are fitted with equipment for keeping the food hot. The charge to the recipient was 1/- per meal.

The total number of meals supplied was as follows:-

January	8,087
February	6,562
March	6,795
April	6,128
May	7,973
June	6,328
July	6,452
August	8,285
September	6,141
October	8,059
November	7,335
December	6,356
	<hr/>
	84,501 (82,768)

Of these 55,941 (52,916) were delivered by the Meals-on-Wheels service to elderly people in their own homes, the balance being delivered to luncheon clubs.

The total number of persons in receipt of Meals-on-Wheels at the beginning of the year was 293 and on 31st December, 1969, there were 334 persons in receipt of meals.

TABLE II - NEW REGISTRATIONS DURING 1969. ANALYSIS OF DISABILITIES

Laundry

The Council has no direct authority to provide a laundry service. There does exist, however, a provision under Section 84 of the Public Health Act, 1936, whereby the Council is empowered to cause any article in a house to be cleansed, disinfected or destroyed if it is in such a condition as to be a danger to health. Fouled bed linen in cases of incontinence may be cleansed under this Section.

In order to comply with legal requirements, the Medical Officer of Health has been given a general authority by the Council to take whatever action appears to him to be necessary under the terms of the section.

Action was taken in 80 (72) cases. The bedding was marked, collected and laundered at the Council's disinfecting station at Silchester Road Baths and returned to the persons' homes. The provision of this service undoubtedly fulfils a much felt need. During the year 2820 (2424) separate collections of laundry were made and the number of articles cleansed totalled 34,654 (29,458).

Holidays

A booking for 200 active, elderly people was arranged at Maddieson's Holiday Camp, Littlestone-on-Sea, Kent.

In order to satisfy the needs of the handicapped and to include residents of Part III homes a booking was made with the Little Oyster Holiday Camp, Minster, Isle of Sheppey. This camp has been specially adapted for use by handicapped persons.

The staff on duty at this camp included members of the department from head office, residential homes, a coach driver, and members of the International Voluntary Service.

Arrangements were made to accommodate the more severely disabled, at the Women's Royal Voluntary Services, Winged Fellowship at Crabhill House, near Redhill, Surrey.

The total number of people for whom two weeks holiday was arranged was 370 (351), of whom the majority were elderly, but some were blind and physically handicapped.

The gross cost to the Council for all holidays was £7045 (£6840).

SOCIAL AND REHABILITATION CENTRE

The Centre which is in its fourth full year of operation provides a daily service to its members who are blind, physically handicapped or elderly. Membership on 31st December, 1969, was 122 (130).

The staff consists of the Supervisor, Deputy Supervisor, Attendant, kitchen and cleaning staff and a handyman/porter. The main activity of the members is handicraft work under the instruction of tutors engaged through the Inner London Education Authority. Instruction in carpentry has recently been added to the already successful classes in hard and soft crafts and pottery. Transport is provided to take all the handicapped persons from their homes to the Centre in the morning and back to their homes in the evening. A substantial mid-day lunch together with morning and afternoon tea is provided. On their annual Summer Outing the members were taken to Brighton. The outing, which included a meal on the Pier, was greatly enjoyed by all. In October the Annual Open Day Sale of Work, which was again held in conjunction with "Help the Disabled Week", made it possible to display the high standard of work achieved by the members. This was reflected in the total sum raised from the sale of articles, £184. 16s. 7d., (£167. 5s. 11d.). The Christmas party which was held at the Centre was very well attended and was most successful.

Task Force

During the year, Task Force continued to operate in the Borough. Some 830 volunteers, enlisted from schools, youth clubs and groups, as well as individuals, were involved in providing help to the elderly. The average number of visits made to elderly persons each month was 1,276; regular visits were made to 350 persons. In addition, Task Force volunteers carried out 92 decorating and 1,352 jobs, such as window cleaning, gardening and escort duties.

Much of the work performed by Task Force is done during the week-ends, when the recognised statutory and voluntary services are not available. The number of volunteers recruited is encouraging as is the widening variety of tasks being undertaken. More elderly persons are benefiting as a result. Many letters of appreciation have been received, especially for the arrangements which were made for the well-being of lonely elderly persons over the Christmas holidays. Relation with other voluntary organisations have been consolidated and an interchange of services and information continues to be satisfactory.

The following services were provided in conjunction with the Kensington and Chelsea Old People's Welfare Committee:-

Chiropody

A domiciliary chiropody service was provided for home-bound elderly persons. The five chiropodists employed carried out 2237 visits to 489 individual persons. Administrative assistance for this service was provided by the British Red Cross Society. A clinic operates at the Chelsea Community Centre in co-operation with the School of Chiropody, the Old People's Welfare Committee and the British Red Cross Society, and 1197 treatments were given to 300 elderly persons. No charge is made for the service.

Library Facilities

The Libraries Committee authorise the provision of suitable books including large print (Ulverscroft Print) for old people confined to their homes. The books were distributed by the British Red Cross Society in the Chelsea area, and by the Women's Royal Voluntary Service in the Kensington area. The number of persons who benefited from the service was 177 (117).

Advice Leaflets

The publication and distribution of pamphlets giving information on the services available to old people was arranged by the Old People's Welfare Committee. Approximately 3,000 were distributed. In addition, and by arrangement with the Department of Health and Social Security, cards giving general information on how to obtain services are sent to persons reaching retirement age.

Social Activities

There are twenty-five social clubs for the elderly in the Royal Borough, unfortunately the Friendship Club (Notting Hill Synagogue) closed early in the year owing to lack of support, but several members were able to transfer to other clubs.

Old Time Dancing and Arts and Crafts classes continue to be held at the Chelsea and North Kensington Community Centres.

The main object of the clubs is to provide facilities where the elderly of both sexes can meet in a friendly and congenial atmosphere. Concerts, outings and other social activities are also arranged by the club organisers. A small subscription which generally provides for a cup of tea and biscuits is collected weekly and any balance is directed towards the costs of outings and a Christmas party. Most clubs hold a weekly raffle and other games, for which a small charge is made; any profits help to offset club expenses.

The Old People's Welfare Committee arranged Christmas concerts at Kensington and Chelsea Town Halls, which were attended by 630 elderly persons. In addition, 2,556 Christmas parcels were distributed to those in need through the Old People's Welfare Committee, assisted by various organisations and schools in the Borough. Arrangements were made with the management of a local store for late night Christmas shopping facilities. The store remained open until 8.30 p.m. and 300 people from this and adjoining boroughs took advantage of the opportunity which was greatly appreciated.

A party of 300 elderly people were taken on a day outing to Brighton; cost of this venture was met by funds raised by the Caius Boxing Club at a tournament held in the Chelsea Old Town Hall.

Other Voluntary Services

During the year some 114 unattached voluntary visitors have been visiting regularly one elderly person each.

The very active Good Neighbour schemes have expanded to cover most of the Borough. Over 277 voluntary visitors from churches in the Borough of all denominations, as well as individuals, are providing a very valuable contribution to this work. Both individual volunteers and volunteers attached to the Good Neighbours schemes have shown an increase during the past year and there is reason to believe that an even larger number of volunteers will be forthcoming in the future. An essential feature of a voluntary visiting service, particularly where more than one scheme is functioning, is good co-ordination. This has been materially assisted by the Council's Liaison Officer for Voluntary Services whose help and advice have been warmly welcomed by many voluntary organisations.

It is of interest to note that during the past year some eighteen talks have been given to organisations and groups of people regarding the welfare services available to the handicapped and elderly of the Borough.

The Voluntary Appeals Committee which was formed as a sub-committee of the Old People's Welfare Committee continued their money raising projects. In November, a Michaelmas Fair was organised at the Kensington Town Hall and resulted in the sum of £1,130. 6s. 9d., being given to the parent body. The proceeds are being used to meet urgent needs of the elderly which cannot be met from statutory or other sources. To help meet the cost of an increased number of Christmas parcels for distribution to the elderly, the Committee arranged for collection boxes to be placed in public houses etc., and the sale of suitably inscribed book matches. Together these efforts raised a sum of £193.

The Kensington Day Centre Limited

Close liaison was maintained with the Centre, which has a membership of 350 elderly and handicapped persons. It is open each weekday and provides recreational facilities and occupation therapy, a chiropody service, hairdressing and bathing facilities, library services and mid-day meals. Attendances average sixty per day.

work achieved by the members. This was reflected in the total sum raised from the sale of articles, £164. 16s. 7d. (£167. 5s. 11d.). The Christmas party which was held at the Centre was very well attended and was most successful.

Two hydraulic tail-lift coaches with drivers, are provided by the Council to transport the handicapped to and from the Centre.

The work of the Kensington Day Centre makes a valuable contribution to the services provided by the Council and is greatly appreciated.

OTHER FEATURES OF THE WORK OF THE DEPARTMENT

Determination of Liability of the Local Authority

Section 32 of the National Assistance Act, 1948, provides that the local authority in whose area a person is "ordinarily resident" shall be responsible for the cost of assistance provided by any other local authority. Cases of disagreement are determined by the Minister of the Department of Health and Social Security. It has not been necessary to refer any cases for arbitration to the Minister, and all cases in doubt have been amicably resolved.

Registration and Inspection of Voluntary and Private Homes for the Aged and Infirm

The National Assistance Act, 1948, Section 26, enables local authorities to make use of accommodation for aged and infirm persons in homes established and maintained by voluntary organisations. Section 37 provides for the inspection and registration of such homes including those establishments run in a private capacity. The main requirements are that the homes shall be satisfactory in regard to situation, construction, repair, cleanliness, equipment and staffing. There should be adequate rooms, toilets and bathroom facilities for the number accommodated, and the homes should be conducted to provide such services and facilities as may be considered reasonable for the people using them.

At the 31st December, 1969, there were registered with the Council fifteen voluntary homes providing 723 beds, and one privately run home providing eight beds.

Additionally, however, one home in the Borough is registered as a nursing home, and by virtue of an agreement between this home and the former London County Council that a maximum of eight beds would be available for Part III cases, this Council is currently using four beds.

Care and Protection of Property

Section 48 of the National Assistance Act, 1948, requires the Council to undertake responsibility for the care and protection of moveable property of persons admitted to hospital, residential accommodation or place of safety under an order of the Court where it appears there is danger of loss or damage, and where no other suitable arrangements are being or can be made.

As at 1st January, 1969, the property of 39 people was being stored, and in twelve instances houses and flats had been secured against unauthorised entry. During the year 155 (175) cases were dealt with. It was possible to trace relatives in forty cases and arrange for them to accept responsibility. The property of 15 people was sent to the hospitals in which they were patients. Of the remainder, 46 patients' belongings were taken into store, 20 premises were secured (there being no moveable property), and 16 lots of property were destroyed with either the patient's consent or with the approval of the Welfare Committee. Of the total of 206 properties, 172 were satisfactorily resolved, and at 31st December, 1969, there remained six homes under surveillance and the property of 28 people still remained under care and protection in store.

Burials and Cremations

Section 50 of the National Assistance Act, 1948, imposes on the Council the duty to arrange for the burial or cremation of the body of any person who has died or been found dead within the Borough where no suitable arrangements have been, or are being made, for disposal.

During the year under review, the Council became responsible for the burial of 39 (33) persons. The following is a summary of the action taken:-

Cases where funeral expenses have been fully recovered	19	(16)
Cases where part only of the expenses have been recovered	6	(11)
Cases where full cost has been borne by the Council	14	(6)
Cost of burials	£1115. 8s. 0d.	(£909. 2s. 0d.)
Amount recovered	£ 600. 13s. 2d.	(705. 15s. 9d.)
Net cost to the Council	£ 514. 14s. 10d.	(£203. 6s. 3d.)

In addition 45 burials or cremations were arranged for persons resident in the Council's homes at the time of death, which are summarized as follows:-

Cases where funeral expenses have been fully recovered	21	(22)
Cases where part only of the costs have been recovered	7	(12)
Cases where the full cost has been borne by the Council	17	(7)
Cost of burials	£1296. 19s. 0d.	(£1013. 5s. 9d.)
Amount recovered	£ 901. 9s. 6d.	(£ 735. 14s. 10d.)
Net cost to the Council	£ 395. 10s. 3d.	(£ 277. 10s. 11d.)

Settlement of Estates

When a persons dies, the local authority is required to arrange the settlement of the estate, provided they have been actively engaged in the provision of services arising from the National Assistance Act, 1948. Such work is carried out in consultation with the Treasury Solicitor.

On 1st January, 1969, there were 48 estates outstanding. During the year 132 estates were referred for settlement. 141 estates were wound up involving receipts and payments of £5,068 and at 31st December, 1969, a total of 39 estates were still in hand.

Receiverships

The Chief Welfare Officer is designated to act as Receiver, by order of the Court of Protection, of the property of persons who are deemed to be mentally incapable of managing their own affairs.

The duties of the Receiver are defined by the terms of the Court's order and vary in each case. They are usually connected with the day to day administration of the patients' income and welfare, making lodgment into Court of capital moneys, the purchase of investment bonds, paying outstanding debts and arranging for the safe custody of securities. The Receiver has to account annually to the Court of Protection for his action on behalf of the patients. He is also required to take a personal interest in the welfare of patients, to advise them, to assist them where possible to be restored to the management of their own affairs, and to submit to the Chief Clerk of the Court any proposals within the patients' means which are likely to ameliorate their condition or add to their comfort.

At 1st January, 1969, there were seven persons for whom the Chief Welfare Officer was appointed as Receiver. During the year four died and one new order was taken, leaving a total of four Receivership cases with estimated value of £40,732. 9s. 3d., and for whom a total sum of £6,182. 17s. 10d., was disbursed during the year. Application for Receivership Orders have been made to the Court of Protection in three further instances.

Removal to Suitable Premises of Persons in Need of Care and Attention

Under Section 47 of the National Assistance Act, 1948, and the National Assistance (Amendment) Act, 1951, powers are given to the local authority for the compulsory removal of persons suffering from grave chronic disease, or who are aged, infirm or physically handicapped and who are living in insanitary conditions and unable to devote to themselves, and are not receiving from other persons, proper care and attention.

Although several cases were visited and investigated during the year, it was only necessary to take action in the case of two women. Both were admitted to King's Mead where one later died.

TRAINING OF SOCIAL WORK STAFF

During the course of the year two trainee social welfare officers were successful in obtaining places on a full-time two year training course. One of these was seconded to the course by the department and will return after training. One of the social welfare officers was similarly successful and has likewise been seconded to the course on the understanding that she will return to the department when she has qualified. Two social welfare officers seconded to full-time training two years ago successfully completed their course and have been awarded the certificate in social work. They are now back at work in the department. At the end of the year a total of four members of the field work staff were undergoing full-time training.

No new trainee social welfare officers were recruited during the year. Arrangements were made for those already in the department to broaden their experience by being given an opportunity of spending short periods in the social work department of local hospitals and in other agencies. A number of the field work staff attended courses and seminars arranged by the London Boroughs Training Committee and other bodies.

Students from Other Organisations

Students from professional social work courses were again accepted in the department and were supervised by professionally qualified staff. Other students spent periods in the department including one from a

degree course in sociology who spent the whole of the autumn term with the department at the request of his university.

Trainee social workers from other sections and departments including the Mental Health Service spent periods of a week working with the social welfare staff. On two occasions students from Schools of Architecture visited the welfare section to discuss the needs of various groups of people in the community. There is a growing tendency for students in professional disciplines such as architecture to be encouraged to broaden their knowledge of the social environment. The staff find this interchange of ideas and experience very stimulating.

At 1st January, 1969, there were sixteen trainee social workers in the Welfare Officer's section. During the year, four were appointed as Welfare Officers, leaving a total of twenty. One was taken, leaving a total of nineteen. The section was disbanded during the year. Application for the section was made to the Court of Directors in 1969.

Revised 1969-70 Progress in Work of the Welfare Officer's Section

Under Section 45 of the National Assistance Act, 1948, the Welfare Officer's section is responsible for the compulsory removal of persons suffering from grave chronic disease, or who are aged, infirm or physically handicapped and who are living in insanitary conditions and unable to devote to themselves, and are not receiving from other agencies, proper care and attention.

Although several cases were visited and investigated during the year, it was only necessary to take action in two cases of two women. Both were admitted to King's Head where one had been by order.

TRAINING OF SOCIAL WORK STAFF

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Home for the Elderly - Dovehouse Court



Home for the Elderly - Dovehouse Court



The Dining Room - Dovehouse Court

MISCELLANEOUS SERVICES

The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

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MISCELLANEOUS SERVICES

EMERGENCY CALL SERVICE

This service co-ordinates emergency cover for local authority health, welfare and children's emergencies arising outside normal office hours. It is shared between this Council and the City of Westminster and is operated from Westminster City Hall. The cost is divided between the two authorities.

During 1969, 1,042 calls were received by the Night Duty Officers, which necessitated summoning, or consultation with, this Council's services. The comparable figure in 1968 was 1,056.

NURSING HOMES

There were no new registrations of nursing homes during 1969 but at two homes, the Keepers proposed that rooms previously used as staff or private accommodation should be registered for the reception of patients. Subject to certain requirements being met, this was regarded as satisfactory and registration was being implemented at the end of the year.

The Keepers of another home intimated their intention to close the home and the patients have been gradually transferred elsewhere so that cancellation of registration can be effected early in 1970.

A fire occurred at one of the larger homes in October. The London Fire Service arrived at the premises very quickly and many patients were evacuated by nursing staff to the adjoining house which is occupied by the Keepers of the Home. The fire was soon under control, there was no injury to staff or patients and very little damage to the building. On the following day, the home was functioning normally.

During the year, seven visits of inspection were made by a principal medical officer and the chief public health inspector and at two homes they were accompanied by an officer of the Borough Engineer and Surveyor's Department to advise on "means of escape". One visit was also made by the Borough Surveyor's Officer and a Public Health Inspector.

All homes were found to be generally satisfactory and apart from a certain amount of redecoration on one home, no extensive works were required.

MISCELLANEOUS SERVICES

	1968	1969
Number of homes registered on 1st January	9	8
Number of registrations cancelled during the year	1	Nil
Number of homes remaining on the register at 31st December	8	8
Total number of beds at 31st December	202	202
Registered for medical patients only	157	157
Registered for medical or surgical patients	38	38
Registered for medical or maternity patients	7	7
Registered for surgical or maternity patients	Nil	Nil
Inspection by medical officer and/or public health inspector	13	8

WATER SUPPLY

The water supply in Kensington and Chelsea is almost entirely provided by the Metropolitan Water Board, but there are three premises which obtain water, used for domestic purposes, from artesian wells. Samples of water were taken both by the Council and the owners for bacteriological and chemical examination, and the results were in all cases satisfactory.

Swimming Baths

There are five swimming pools in the borough, two at the Public Baths in Silchester Road, two at the Public Baths in Chelsea Manor Street, and one private pool, used by school children, situated in the Kensington Close Hotel.

The water used in the pools at Silchester Road and the Kensington Close Hotel is taken from the main supply of the Metropolitan Water Board, and the pools at Chelsea Manor Street are supplied from a deep well situated beneath the baths. In all establishments, the water is treated by chlorination and continuous filtration.

During the year, samples of water were taken from the pools and from their sources of supply, for bacteriological examination, and all were satisfactory.

Regular examinations of the bath waters were carried out by the department, and full chemical analyses were carried out periodically by the Public Analyst.

Flouridation

Fluoridation of water supplies to a level of 1.0 part per million has been shown to be both harmless to health and most suited for the purpose of dental protection. This concentration of fluoride occurs naturally in many parts of the country, and artificial fluoridation in London is intended to make generally available the protection which is enjoyed by these other areas.

The Council have agreed to support the general policy regarding fluoridation of water supplies, but no action has yet been taken by the Metropolitan Water Board to introduce the fluoridation of water in the London area.

BACTERIOLOGICAL AND ANALYTICAL WORK

During the year, arrangements were continued whereby specimens of milk, water and ice-cream for bacteriological examination were dealt with by the laboratory at County Hall, and all other specimens were sent to the laboratory at St. Stephen's Hospital.

The following table shows the total number of specimens examined by the two laboratories:-

Nature of Sample	Number Examined
Nose and throat swabs	30
Faeces and rectal swabs	827
Urine	134
Milk (bacteriological)	43
Water (drinking)	17
Water (swimming)	53
Ice cream	32
Miscellaneous	49

PUBLIC MORTUARY FACILITIES AND CORONER'S COURT

Since 1st April, 1965 the Council have had an arrangement with the City of Westminster whereby all Kensington and Chelsea bodies are accommodated in the Westminster Mortuary at Horseferry Road, S.W.1, which had been enlarged in order to deal with the extra requirements.

The total number of Kensington and Chelsea cases admitted during the year was 727 which included 145 cases in which there were inquests.

PARKING CONTROL

All applications for free parking facilities on grounds of physical disability are referred to the Medical Officer of Health for consideration and advice. Where necessary, applicants are requested to attend for a medical examination.

During the year, 130 applications were received, 92 were granted and 38 were refused.

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