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Contributors

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LONDON BOROUGH OF SUTTON



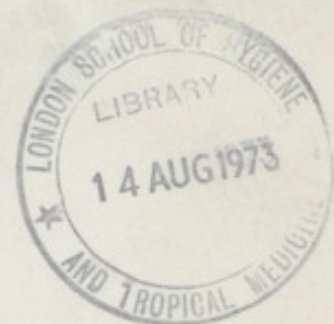
HEALTH AND FAMILY SERVICES IN SUTTON

Incorporating the Statutory Reports of Medical Officer of Health

Principal School Medical Officer

1968 & 1969

P. Westcombe MB BS DPH Director of Health and Family Services and
Medical Officer of Health



HEALTH & FAMILY SERVICES IN SUTTON 1968/69

CORRIGENDA

- Page 37 In the last paragraph for "if"
read "of".
- Page 44 Delete Symtomatic, Read Symptomatic
- Page 67 Health Education - fifth line for
"an" read "and".
- Page 81 Speech Therapy - statistical
information should read "by Speech
Therapy"
- Page 125 Summary of Complaints and Work Done
Delete 6,192 read 11,331
- " " Last paragraph -
delete Seventeen thousand, eight
hundred and five inspections and
re-inspections
read Thirty-Seven thousand and
forty-five inspections and
re-inspections
- Page 127 First paragraph -
Delete Six hundred and fifty three
notices
Read One thousand, four hundred
and sixteen.

C O N T E N T S

INTRODUCTION

PART I GENERAL STATISTICS AND SOCIAL CONDITIONS

PART II EPIDEMIOLOGY

PART III HEALTH SERVICES DIVISION

Personal and School Health Services
Environmental Health Services

PART IV SOCIAL SERVICES DIVISION

PART V HOUSING DIVISION

PART VI ADMINISTRATION DIVISION

(The Annual Reports of the Chief Inspector of Weights and Measures have been submitted as separate documents, these being the reports of the work of the Joint Weights and Measures Inspectorate with the London Boroughs of Kingston and Merton).

Unless stated otherwise figures in brackets are for the year 1967

MEMBERS OF COMMITTEES AS AT MAY 1968 (PRIOR TO RE-ORGANISATION)

HOUSING COMMITTEE

MEMBERS

Councillor M.Curtis (Chairman)
Councillor P.Bishop (Vice-Chairman)
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Councillors: G.Ballard
P.J.Bassett
J.Buck (Mrs)
F.Cockerill
J.C.Cox
H.Ferguson, F.C.A., J.P.
H.Fox
M.R.Grimes (Mrs)
H.Haydon
J.McMahon
K.J.Martin
E.G.Trevor, F.A.I., A.R.V.A.

CHILDREN'S COMMITTEE

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Councillor Mrs.M.R.Grimes (Vice-Chairman)
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Councillor Leslie John Hill
Alderman J.L.Bott, O.B.E.
Councillors: F.A.Blackler (Miss) B.Sc.
E.W.Goodall
H.O.Judd (Mrs.) M.A., J.P.
A.J.Kenney
E.C.Marshall
E.G.Mason
R.J.Slater
P.S.Tucker

Co-opted Members: Mr.Green, Mrs.Heath, Mrs.Newton, Mr.Whitehouse

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Councillor Leslie John Hill
Alderman S.J.Barton, J.P.
Councillors: J.Buck (Mrs)
F.S.Dixon
B.C.Fleming
H.Fox
H.O.Judd (Mrs) M.A., J.P.
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D.P.Madden
D.H.T.Salari, J.P.
N.G.Shelley
H.Sunderland

Co-opted Members: Miss Bates, Miss Bomford, Dr.Ison,
Dr.Lawson and Dr.Potter.

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J.Dowsett, J.P.
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E.W.Harding
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W.D.Milne
J.J.Nicholls, B.Sc., F.R.I.C.
N.F.Paul
I.S.E.Tomlin (Miss) J.P.
A.R.Wakefield

Co-opted Members:

Mr.Bailey, Mr.Barker, Mr.Day,
Mrs.Haydon and Mrs.Pettingell

MEMBERS OF COMMITTEES AS AT 31ST DECEMBER 1968

CHILDREN'S COMMITTEE

Councillor K.J.Martin (Chairman)
Councillor N.F.Paul (Vice-Chairman)
The Worshipful the Mayor,
Alderman F.C.Finch J.P.
Aldermen: J.L.Bott, O.B.E.
A.G.Taylor
Councillors: L.R.G.Brown
J.W.Dunn
G.Eve
G.F.Everitt J.P.
E.W.Goodall
J.L.Izard
R.J.Jordan, B.Sc.(Lond)
R.J.Slater, A.A.I., A.R.V.A.
R.C.Squire, A.C.A.
Co-opted Members: Mrs.Driscoll, Mrs.Heath, Mrs.Zaiger.

HEALTH & FAMILY SERVICES COMMITTEE

Councillor K.J.Martin (Chairman)
Councillor N.F.Paul (Vice-Chairman)
The Worshipful the Mayor,
Alderman F.C.Finch, J.P.
Aldermen: J.L.Bott, O.B.E.
A.G.Taylor
Councillors: L.R.G.Brown
J.W.Dunn
G.Eve
G.F.Everitt, J.P.
E.W.Goodall
J.L.Izard
R.J.Jordan, B.Sc.(Lond)
R.J.Slater, A.A.I., A.S.V.A.
R.C.Squire, A.C.A.
Co-opted Members: Mrs.Buck, Mrs.Haydon, Mr.Dixon, Dr.Lawson

MEMBERS OF COMMITTEES AS AT 31ST DECEMBER 1969

CHILDREN'S COMMITTEE

Councillor K.J.Martin (Chairman)
Councillor F.Knights (Vice-Chairman)
The Worshipful the Mayor,
Councillor F.G.Moore
Aldermen: J.L.Bott, O.B.E.
A.G.Taylor

Councillors: L.R.G.Brown
J.W.Dunn
G.Eve
G.F.Everitt, J.P.
E.W.Goodall
J.L.Izard
N.F.Paul
R.J.Slater, A.A.I., A.R.V.A.
R.C.Squire, A.C.A.

Co-opted Members:

Mrs.Driscoll, Mrs.Heath, Mrs.Zaiger, Mr.Kenney

HEALTH AND FAMILY SERVICES COMMITTEE

Councillor K.J.Martin (Chairman)
Councillor F.Knights (Vice-Chairman)
The Worshipful the Mayor,
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Aldermen: J.L.Bott, O.B.E.
A.G.Taylor

Councillors: L.R.G.Brown
J.W.Dunn
G.Eve
G.F.Everitt, J.P.
E.W.Goodall
J.L.Izard
N.F.Paul
R.J.Slater, A.A.I., A.R.V.A.
R.C.Squire, A.C.A.

Co-opted Members:

Mrs.Buck, Mrs.Haydon, Dr.Heywood,
Mr.Kenney, Dr.Lawson

To The Worshipful the Mayor, Aldermen and Members of the Council.

Mr. Mayor, Ladies and Gentlemen,

Because of the exceptionally heavy demands upon staff time and resources I regret it has not been possible to produce annual reports of the Medical Officer of Health at the customary times. This report, therefore, covers the two years 1968 and 1969 during which major departmental changes took place and is presented as a departmental report which incorporates the statutory Medical Officer of Health's report.

Historical

In 1968 the Council, as part of the general re-organisation of its committee and departmental structure, combined the previously separate Health and Welfare, Children's and Housing Departments into a single department to be called The Health and Family Services Department which was made responsible for "the personal well-being, both physical and mental, of people of all ages and conditions including environmental health and public control". The Council decided that the new department should comprise Health (Personal, School and Environmental); Welfare; Children's; Housing; and Administration sections and that when the report of the Seebohm Committee was received, the structure of the department should be further considered. Following publication of the Seebohm Report, the Welfare and Children's Sections were amalgamated into a single Social Services Section which also incorporated certain social services transferred from health administration.

Within the combined department, therefore, with the exception of the Mental Health Service which was closely aligned to hospitals; day nurseries and child minders, for which social worker staff was not available; home help, closely aligned to Nursing and Midwifery Services; a Seebohm-type social services organisation was established headed by a Chief Social Services Officer. It was the expressed intent of the Council to transfer further responsibilities to the Social Services Section when it became possible to do so.

The wisdom of delaying such transfers became apparent with the emergence of major personal and organisational difficulties when a start was made in integrating social work on a generic basis as envisaged by the Seebohm Committee. The first stage of this development was to allocate social workers to four area teams which incorporated Child Care, Intensive Family Case Work and National Assistance Act responsibilities. The teams were supported by a consultative middle-management structure in each of the specialities. Unfortunately many staff changes took place, a situation which continued until early 1970 and which very considerably impeded progress. Certain professional organisations were unable to support the policy of the Council which they publicly opposed. There was thus a highly charged emotional and "politico-professional" atmosphere and it is a great tribute to those members of staff who stood firm against the pressures they experienced and continued to serve the Council with unswerving loyalty.

I am glad to report that this position has now improved beyond all measure and that much progress has been made in recent months towards a fuller implementation of the Council's policy. It has not yet been possible to provide local offices for area teams because of the difficulty of finding suitable accommodation for them. Some social workers still do not feel equipped by training or experience to adopt a generic role, though many are now coming closer to this concept.

The re-organisation of departments affected not only the work of social services but all sections of the department. It involved much transfer of office accommodation, major changes in administrative procedures and control, and changes in function and status for personnel. The London Boroughs Management Services Unit had previously conducted surveys of organisation and methods within each of the sections of the new Department and many of the Unit's recommendations were being implemented during this period. With the transfer of responsibility for housing rent collection to the Borough Treasurer's Department, and for the maintenance of Council houses to the Borough Architect's Department, the Housing Department, now responsible for housing letting and management, rent rebates and arrears recovery, became a division of the Health and Family Services Department.

The Environmental Health Section became responsible for public control functions previously undertaken in the Town Clerk's Department. In order to allow closer alignment of like functions the Chief Public Health Inspector's staff were moved from their offices at Wallington Town Hall to The Lodge, Carshalton, where they were accommodated together with the Housing Manager's staff. This enabled the staff of the Children's Department to move to Wallington Town Hall where, by internal adjustments to the allocation of offices between sections, the new Social Services Division (as it came to be called) occupied the whole of the ground floor. The Administration Section became responsible for central management service to all sections, each of which maintained the sectional clerical/administrative staff necessary to support the field work within its own periphery.

Housing

With a large number of houses and flats becoming available for letting at Roundshaw and on other estates it has been possible to deal with many families who were in serious housing need. With committees having the same membership responsible for Council Housing and Health and Social Services, it has been possible to support that minority of tenants who are socially and medically disabled more effectively and to weigh in each case all the factors contributing to each situation and to determine action accordingly. This has undoubtedly led to emphasis being placed upon the broader welfare of these families. It has, however, added to the difficulties of the Housing Manager and his staff in ensuring that the Council's reasonable conditions of tenancy are met, with the result that there has been a steady increase in the number of cases of rent arrears. In reviewing the position generally there can be no doubt of the benefit to Health and Social Services from a close association with housing functions though it does not necessarily follow that the reverse is true.

It remains a source of pride that at the time of writing no child has been received into the care of the Authority on account solely of eviction from Council property, while many families who would have previously been homeless are being sustained in permanent housing or long-term rehabilitation units, albeit at not insignificant cost. It has further been possible to discharge a number of children from the care of the Council and to permanently re-house families from temporary accommodation and long-term rehabilitation units.

Much work has been done to assess the Housing circumstances in the Borough generally. The position was reviewed in a report to the Council in November 1969 which incorporated not only an assessment of the requirements for building new Council houses, but also a preliminary review of the state of existing dwellings in the private and public sectors. Important policy decisions were subsequently adopted by the Council as follows :-

- (a) That the current Council policy of making a contribution to the housing needs of Greater London, as well as Sutton, be re-affirmed.
- (b) That loans for house purchase continue to be made by the Council to the widest possible extent.
- (c) That for the time being the present policy of not selling Council dwellings built to let except in very special cases be maintained.
- (d) That the sale of Council-owned land for private housing be agreed wherever this does not prejudice the Council's own future land requirements but the sale of such land to other local authorities be agreed only in exceptional cases.
- (e) That, subject to review annually, the building of further dwellings to let in accordance with the estimated housing needs referred to above be approved and, in the programme, priority be given to building for health and welfare needs.
- (f) That the activities of Housing Associations be further encouraged by making loans and grants to them for general as well as specialised housing needs and by making land available for development by Housing Associations, particularly where the Council are in a better position to purchase the land and combine small parcels of land into larger areas suitable for residential development.
- (g) That more positive and vigorous steps be taken to increase the use of loans and improvement grants to (1) add to the existing stock of dwellings by conversions and (2) conserve the existing stock of dwellings by the provision of the standard amenities.
- (h) That a more positive and vigorous policy with regard to under-occupation be adopted.

- (i) That miscellaneous properties owned by the Council be used as far as practicable to meet the general needs of families on the Council's housing waiting list.
- (j) That each application for housing by the Council be examined to see if the need can be met in some other way than by letting Council accommodation.

Ways of implementing these decisions are now being considered by appropriate Committees and Departments following discussion of the general policy proposed with the Tenants' Consultative Committee.

Whatever the final form of the Council's on-going housing programme, there is no doubt that for successful implementation and to accord with the views of the Seeborn Committee and the Housing Management Sub-Committee of the Central Housing Advisory Committee, the closely co-ordinated work from which the final policy report emerged must continue. Housing needs in the Borough must be dealt with as a single entity which embraces the planning and provision of new Council-owned and privately-owned property; maintenance of existing housing stock in a satisfactory state of repair and by the provision of basic amenities in both the public and private sectors; recognition of the exceptional social problems of a minority of housing applicants which cannot be alleviated solely by the provision of a Council house; the relief of an increasing number of elderly persons who under-occupy over-large accommodation; the provision of adequate supporting services for the sick, the handicapped and elderly coincidental with housing development; and on the broader canvas, recognition of the needs of families beyond the single provision of somewhere to live, they also need somewhere to work, to achieve satisfying leisure activities, somewhere to serve and all at a price they can afford to pay.

I am increasingly concerned by the number of families who, particularly at the beginning of married life, become committed to rents or mortgage payments which are really beyond their financial resources or potential, a situation which not infrequently leads them towards social and mental ill-health, still further loss of earning capacity and progress towards eventual homelessness. Not all reach this final destination but these families really need to be able to rent or purchase houses or flats which provide the basic requirements for family living, the price of which they can afford, leaving the desirable though not essential costly refinements to be added when they can afford to pay for them. I pass this financial and architectural conundrum on to those better qualified to solve it than I.

Infectious Disease

Prevention and control of infectious disease while calling for little exceptional report in these pages, continues to be an important function of Health Services. Reference is made in the body of the report to the introduction of vaccination against measles and the customary statistics relating to notification, vaccination and immunisation generally are to be found. It is a matter of congratulation to Sutton's parents that the percentage of children immunised against diphtheria, whooping cough and poliomyelitis in 1969 as determined by the Department of Health and Social Security has risen to 95% of children born in 1967, a figure as high as for any area in the country. I hope it will be possible to record a similar high uptake for measles vaccination in my next report.

Notifications of new cases of venereal disease show a marked increase for 1969. This trend is to be noted nationally and, indeed, internationally. It presents a serious challenge to parents, teachers and health educationalists to see that young people are properly informed of the physical and moral danger of extramarital sexual intercourse and promiscuous sexual behaviour. The fear of unwanted pregnancy has largely been dissipated by the advent of modern contraceptive methods and is no longer a deterrent to promiscuous behaviour. Venereal diseases are transmitted by intimate sexual contact and those who have placed themselves at risk should present themselves for examination by either their family doctor or at one of the special venereal disease clinics where they will be treated with kindness and without the adoption of moral attitudes.

Personal Health

The Council's personal and school health services have made much progress towards their closer alignment with general practitioners and hospitals. Health visitors and home nurses and midwives are being attached to groups of general practitioners wherever possible and enjoy increasingly closer association with local hospitals. The achievement of full integration cannot be achieved quickly; it inevitably requires more staff and many administrative and professional problems have to be overcome. It is important to ensure that the much valued preventive work carried on in schools and health clinics by doctors, health visitors and nurses does not suffer during the progress of unification, whether this be on a national or local basis; also that the new sphere in which attached nursing staff are asked to work does not detract from their traditional form of service to families in their own homes.

The report of the Chief Medical Officer illustrates the continually increasing demand for community health services of all sorts. Particular note should perhaps be made of developments in the fields of Family Planning, Cervical Cytology and well-women screening, screening of infants for phenylketonuria and fibrocystic disease of the pancreas and of advisory clinics for the elderly. These developments in special fields of work should not be allowed to overshadow the importance of family visiting and routine procedures of health supervision for mothers and children which are the basis of preventive health services. Attention should also be drawn to the increasing numbers of sick, elderly and disabled persons being nursed in their own homes and of maternity cases delivered in hospital who are discharged early to their own homes.

Environmental Pollution

This subject is one to which, quite rightly, a great deal of public attention has been drawn in recent times. It should not be thought, however, that this is a new problem or one over which there is no control at present. The report of the Chief Public Health Inspector describing the work of the Public Health Inspectors is illustrative of the extent of the work which is carried out routinely in connection with those aspects of pollution control for which local authorities are responsible. In comparatively few cases is enforcement action necessary, most are resolved by education and persuasion.

Staff, Training and other Activities

I referred in my report for 1967 to the greatly increased demand for all your health and welfare services which had been experienced since 1965 and this trend has continued. It seems also to have been greatly accelerated by the amalgamation of departments, resulting from greatly increased ease of reference from one section to another and greater co-ordination of effort. The growth rate of the field staff establishment which was incorporated in the Council's three-year projection for the department has been overtaken by the rate at which demands for services have risen. Much additional work including some transferred from other departments, has been absorbed by improved methods particularly in the administrative/clerical field, in which savings have been made. New legislation continues to impose additional responsibilities and preventive work in all fields has been limited by the availability of staff time and financial restriction. None-the-less much progress has been made in all fields as will be seen from the divisional reports which follow.

The bulk of this report deals with items of service provided by experienced or trained and qualified members of staff of many different professions at varying stages of their careers. A not insignificant proportion of staff resources is, however, deployed at any one time in achieving professional or vocational training by secondment to courses at colleges and universities or by in-service training in the form of day release, evening, correspondence courses. Particular emphasis has been placed on training in the skills or management, both senior operational and administrative/clerical staff participating. Many members of staff have attended specialised courses of a post-graduate type to equip them for dealing with particular specialised aspects of their work. There is thus a gradually increasing amount of expertise being built up within the department, and the recurrent stimulus of staff returning from training courses introducing new ideas and methods is very beneficial.

Staff of the department are also much engaged in the activities of voluntary and statutory agencies in the Borough and through the London Boroughs Association in Greater London generally. Although this is a highly desirable state of affairs it has the inevitable result of reducing the day by day effective man and woman power of the department to an extent which has on occasion resulted in real staff shortage.

Health and Family Services have in the recent past been the object of much public examination, internal and external re-organisation. Now that the Social Services Act is on the statute book and proposals for re-organised Health Services at an advanced state of consideration, it is to be earnestly hoped that they will be permitted to enter a period of stability which will enable them to develop their work with the whole of their resources, whatever the final administrative organisation may be. If I may be permitted to forecast the future, I see social services developing upon much the same lines as have Local Health Authority services since their inception.

Area based social work offices and teams will develop in the same way as did local health clinics and their doctors and health visitors and nurses - at first in church halls, scout huts or any premises which can be found. Those engaged in social services must not at first set their sights too high; the most effective service is more often born out of difficulties than easy labour. Real status is not gained by administrative decisions but through providing effective service. The niceties of theory and academic study must give way to practical means of providing help where it is needed and at the time it is needed if social services are to fulfil the tasks envisaged for them. The fire brigade type of service at present provided to meet emergency situations and acute social distress will be maintained, but will gradually be reinforced by greater emphasis on preventive work the basis of which is education and family visiting similar to that now practised by preventive health services.

If effective family service is to be maintained and developed it will be necessary for the close personal relationships which have grown within the Department since its inception to be maintained between all those responsible, whatever their professional calling or departmental allegiance. In Sutton the experience of the last two years has done much to ensure that this will be the case. The foundations of your new Social Services Department have been laid and I have every confidence that in their separate but closely parallel roles, Family Health and Social Services will in the future continue to provide a high standard of service.

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

Medical Officer of Health

Director of Health & Family Services

GENERAL STATISTICS AND

PART I

SOCIAL CONDITIONS

I N D E X

	Page No.
AREA AND POPULATION	14
DEATHS	19
BIRTHS	29
VITAL STATISTICS	31
P WESTCOMBE MB BS DPH Medical Officer of Health	

At this time the Registrar General's Office is preparing a report on the population of the West of Scotland for the year 1965. This report will be published in the form of a booklet and will contain a great deal of information about the population of the West of Scotland. It will also contain a great deal of information about the health of the population of the West of Scotland. The report will be published in the form of a booklet and will contain a great deal of information about the population of the West of Scotland. It will also contain a great deal of information about the health of the population of the West of Scotland.

AREA AND POPULATION

Population tables are again reproduced in some detail. Although not necessarily up-to-date they contain the most recent information available for the Borough and it was felt appropriate to include them in their present form to provide readily accessible information and for purposes of comparison in subsequent reports. Care should be exercised in comparing one table with another to differentiate between Census figures and Registrar General's estimates.

Over the past few years the rate of fall of the population of the Borough has been slowing. Statistics for the last two years indicate a reversal of the previous trend, the population having increased, doubtless due to the effect of new building at Roundshaw.

Area in Acres	Census Population		Registrar General's Estimate of mid-year population					
	1951	1961	1951	1965	1966	1967	1968	1969
10732	176151	169095	167820	166790	165840	165250	165430	166430

Population by Age Groups

Registrar General's Estimate of Mid-Year Population.						
	Under 1 year	1-4 years	5-14 years	15-64 years	65 years and over	Total all ages
1969	2260	9740	22600	109030	22800	166430
1968	2370	9830	21900	108630	22700	165430
1967	2420	9780	21200	108690	23160	165250

Rateable Value

1st April 1967

£9,634,483

1st April 1968

£9,829,495

1st April 1969

£10,041,245

Estimated net product of a penny rate

1966/67

£39,050

1967/68

£39,487

1968/69

£40,520

Estimated number of Separately assessed properties

64,108

65,168

66,559

Population by Sex and Age - 10% Census 1966 (In brackets Census 1961)

Age	Males	Females	Total	
0 - 4	6480 (5466)	5700 (5179)	12180	(10645)
5 - 9	5780 (5119)	5430 (4941)	11210	(10070)
10 - 14	4830 (6638)	5140 (6412)	9970	(13050)
15 - 19	6090 (5703)	5660 (5937)	11750	(11640)
20 - 24	5140 (4459)	5250 (5151)	10390	(9610)
25 - 29	4550 (4760)	4980 (4855)	9530	(9615)
30 - 34	4870 (4848)	4980 (5275)	9850	(10123)
35 - 39	4790 (5388)	5150 (5992)	9940	(11380)
40 - 44	5310 (4982)	6060 (5659)	11370	(10641)
45 - 49	4880 (5875)	5160 (6807)	10040	(12682)
50 - 54	5290 (6550)	6150 (7537)	11440	(14087)
55 - 59	6020 (6492)	7010 (7203)	13030	(13695)
60 - 64	5470 (4832)	6210 (5935)	11680	(10767)
65 - 69	3480 (3229)	5040 (4456)	8520)	(7685))
70 - 74	2340 (2004)	3840 (3467)	6180)	(5471))
75 +	2650 (2523)	5460 (5411)	8110)	(7934))
			22810	21090
Total	77970(78868)	87220(90227)	165190	(169095)
% of Total				
60 - 64	7.02 (6.12)	7.12 (6.58)	7.07	(6.3)
65 - 69	4.44 (4.00)	5.78 (4.94)	5.16) *	(4.54)
70 - 74	3.00 (2.54)	4.40 (3.84)	3.74) 13.81%	(3.23)
75 +	3.40 (3.32)	6.26 (5.99)	6.18)	(4.69)
				12.48%

* Residents aged over 65

Projections of population trends are notoriously difficult to forecast with any accuracy and the hazards of comparing census figures (1961) covering the whole population with the census figures (1966) covering only 10% of the population are obvious. Nevertheless the trends illustrated by the above tables indicate significant increases in the population groups aged 0 - 9 and those over 65 years of age. In 1961 12.48% of the population was aged over 60 and on the 10% sample figures 1966 13.81%. These figures are in accordance with the national trend and their significance is real when considering services for the vulnerable age groups of the population generally.

Acreage, Population, Private Households and Dwellings - 10% Census 1966

Area	Acreage	Population				Private households and dwellings, 10% Census 1966					
		Total Persons	Males	Females	Persons per acre for the London Borough of Sutton	Private house- holds	Popula- tion in private house- holds	Struct- urally separate dwellings occupied	Rooms Occu- pied	Density of occupation	
										Persons per room	% of Persons at more than 1½ per room
Beddington Nth	706	5,680	2,850	2,830	15.05	1,830	5,680	1,870	10,430	0.43	2.5
Beddington Sth	849	7,390	3,690	3,700		2,480	7,390	2,540	15,170	0.49	0.54
Belmont	500	6,960	2,920	4,040		2,130	6,030	2,150	12,440	0.56	1.3
Carshalton Cent.	320	5,440	2,520	2,920		1,690	5,190	1,630	9,640	0.56	1.8
Carshalton N.E.	330	8,500	4,270	4,230		2,910	8,500	2,940	14,450	0.59	5.53
Carshalton N.W.	255	7,670	3,690	3,980		2,630	7,670	2,420	13,930	0.55	3.8
Carshalton S.E.	1,411	8,650	3,920	4,730		2,520	7,710	2,520	14,090	0.62	2.4
Carshalton S.W.	448	6,500	3,070	3,430		2,080	6,380	2,030	12,310	0.53	1.2
Carshalton											
St. Helier N.	249	6,230	3,000	3,230		2,160	6,090	2,180	9,460	0.66	6.38
St. Helier S.	122	6,130	2,940	3,190		1,690	5,270	1,690	7,680	0.80	3.26
St. Helier W.	211	6,020	2,890	3,130		2,110	6,020	2,190	9,920	0.61	3.32
Cheam N.	251	6,690	3,340	3,350		2,340	6,690	2,370	13,220	0.51	0.15
Cheam S.	866	7,060	3,810	3,630		2,210	6,840	2,360	14,710	0.50	1.42
Cheam W.	241	5,840	2,840	3,000		2,060	5,840	2,110	11,710	0.50	0.17
Sutton Cent.	203	5,200	2,520	2,680		1,900	5,200	1,900	9,950	0.52	0.19
Sutton East	342	5,030	2,360	2,670		1,900	5,030	1,720	9,130	0.55	4.77
Sutton North	437	6,100	2,890	3,210		2,070	6,100	2,070	11,400	0.54	1.31
Sutton N.E.	542	7,290	3,540	3,750		2,490	7,290	2,520	13,250	0.55	0.83
Sutton S.E.	361	5,100	2,250	2,850		1,920	5,030	1,760	10,930	0.47	2.35
Wallington Cent.	144	6,500	2,950	3,550		2,300	6,460	2,340	12,550	0.52	0.15
Wallington N	362	5,360	2,540	2,820		1,810	5,360	1,780	9,740	0.55	1.67
Wallington S	369	1,400	3,460	3,940		2,500	7,260	2,300	14,310	0.52	1.49
Worcester Park N	407	8,620	4,020	4,600		2,810	8,220	2,820	15,030	0.57	6.38
Worcester Park S	310	6,700	3,120	3,580		2,320	6,700	2,370	13,110	0.51	0.15
Sutton South	712	7,130	3,130	4,000		2,580	7,070	2,420	13,360	0.53	1.68
TOTAL	10,948	159,190	78,530	87,040		55,440	161,020	55,000	301,920		

Acreage, Population, Private Households and Dwellings - Census 1961

Area	Acreage	Population					Private households and dwellings, 1961					
		1951		1961			Private house- holds	Popula- tion in private house- holds	Struct- urally separate dwellings occupied	Rooms occup- ied	Density of occupation	
		Persons	Persons	Males	Females	Persons per acre					Persons per room	% of Persons at more than 1½ per room
Beddington												
Wallington M.B	3,045	32,757	32,603	15,227	17,376	10.7	10,927	32,456	10,354	54,685	0.60	1.8
Wards Nos.												
1 Beddington Nth	706	5,338	5,205	2,534	2,671	7.4	1,638	5,205	1,625	7,715	0.68	2.6
2 Beddington West	458	3,633	3,680	1,735	1,945	8.0	1,243	3,677	1,174	6,233	0.60	1.7
3 Beddington Cent.	157	4,829	4,436	2,072	2,364	28.3	1,510	4,436	1,431	7,030	0.64	2.2
4 Beddington Sth	849	5,454	5,998	2,841	3,157	7.1	1,916	5,960	1,877	10,839	0.56	0.3
5 Wallington Nth	362	5,235	4,918	2,392	2,526	13.6	1,653	4,918	1,606	7,729	0.64	2.7
6 Wallington Cent.	144	4,049	3,726	1,667	2,059	25.9	1,406	3,701	1,260	6,504	0.58	1.1
7 Wallington Sth	369	4,219	4,640	1,986	2,654	12.6	1,561	4,559	1,381	8,635	0.54	1.8
Carshalton U.D.	3,346	62,721	57,484	27,226	30,258	17.2	17,952	55,254	17,545	81,531	0.69	4.7
Wards:												
Central	320	5,964	5,725	2,472	3,253	17.9	1,912	5,459	1,807	9,348	0.59	1.8
North East	330	9,940	8,949	4,418	4,531	27.1	2,877	8,925	2,812	12,490	0.72	4.8
North West	255	7,419	6,761	3,171	3,590	26.5	2,298	6,735	2,230	11,030	0.62	1.5
St.Helier North	249	8,624	7,021	3,498	3,523	28.2	2,187	6,861	2,172	8,173	0.85	10.6
St.Helier South	122	7,710	6,211	2,891	3,320	50.9	1,718	5,352	1,698	6,528	0.83	7.6
St.Helier West	211	8,064	6,606	3,295	3,311	31.3	2,118	6,593	2,086	8,183	0.81	7.8
South East	1,411	8,630	9,113	4,243	4,870	6.5	2,536	8,294	2,492	12,655	0.66	3.1
South West	488	6,370	7,098	3,238	3,860	15.8	2,306	7,035	2,248	13,124	0.55	0.8
Sutton & Cheam MB	4,338	80,673	79,008	36,415	42,593	18.2	26,630	77,200	25,492	128,938	0.61	2.5
Wards Nos.												
1 or North West	364	8,237	8,182	3,842	4,340	22.5	2,869	8,182	2,800	12,974	0.59	0.8
2 or North	437	10,232	9,454	4,391	5,063	21.6	3,104	9,114	3,048	14,264	0.65	3.6
3 or North East	542	11,609	10,772	5,192	5,580	19.9	3,582	10,763	3,488	16,598	0.66	3.4
4 or East	342	7,892	8,239	3,890	4,349	24.1	2,830	8,219	2,621	12,632	0.66	4.9
5 or South East	361	6,231	6,081	2,621	3,460	16.8	2,264	5,945	2,054	10,777	0.57	2.1
6 or South	712	9,720	10,007	4,186	5,821	14.1	3,306	8,956	2,980	16,271	0.57	3.0
7 or South West	890	6,329	7,827	3,455	4,372	8.8	2,502	7,588	2,482	14,591	0.53	0.4
8 or East Central	285	7,571	6,793	3,216	3,577	23.8	2,294	6,780	2,237	11,062	0.62	2.4
9 or West Central	405	12,852	11,653	5,622	6,031	28.8	2,879	11,653	3,782	18,769	0.63	1.4

Socio-economic grouping (Males and Females) from 10% Census 1966

	Percentage
1. Professional workers	5.96
2. Employers managers	12.37
3. Other self-employed	3.81
4. Skilled workers	19.05
5. Non-manual workers	38.77
6. Service, semi-skilled, agricultural	14.84
7. Armed Forces	.29
8. Unskilled	4.87

Causes of death at different periods of life during 1968
(Figures in brackets are for 1967)

(Figures in brackets are for 1947)

Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 weeks & under 1 year	AGE IN YEARS									75 & over
					1-	5-	15-	25-	35-	45-	55-	65-		
B 4 Enteritis & other Diarrhoeal Diseases	M	2 (3)	-	2	-	-	-	-	-	-	-	-	-	
	F	- (8)	-	-	-	-	-	-	-	-	-	-	-	
B 5 Tuberculosis of Respiratory System	M	1 (7)	-	-	-	-	-	-	-	-	-	-	1	
	F	4 (2)	-	-	-	-	-	-	-	2	1	-	1	
B 6 Other Tuberculosis, incl. Late Effects	M	2 (1)	-	-	-	-	-	-	-	1	1	-	-	
	F	2 (-)	-	-	-	-	-	-	-	-	-	1	1	
B11 Meningococcal Infection	M	1	-	-	-	-	-	1	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B17 Syphilis and its Sequelae	M	2 (1)	-	-	-	-	-	-	-	-	-	1	1	
	F	1 (4)	-	-	-	-	-	-	-	-	-	1	-	
B18 Other Infective and Parasitic Diseases	M	1 (2)	-	-	-	-	-	-	1	-	-	-	-	
	F	- (2)	-	-	-	-	-	-	-	-	-	-	-	
B19 (1) Malignant Neoplasm - Stomach	M	20 (21)	-	-	-	-	-	-	-	1	4	10	5	
	F	18 (13)	-	-	-	-	-	-	-	1	5	5	7	
B19 (2) Malignant Neoplasm - Lung, Bronchus	M	92 (100)	-	-	-	-	-	-	-	8	30	45	9	
	F	21 (20)	-	-	-	-	-	-	-	7	7	6	1	
B19 (3) Malignant Neoplasm - Breast	M	2 (-)	-	-	-	-	-	-	-	1	-	-	1	
	F	50 (34)	-	-	-	-	-	-	2	7	12	14	15	
B19 (4) Malignant Neoplasm - Uterus	F	11 (15)	-	-	-	-	-	-	-	2	2	4	3	
B19 (5) Leukaemia	M	6 (4)	-	-	1	1	-	-	-	-	3	1	-	
	F	6 (5)	-	-	-	-	1	-	1	-	1	3	-	
B19 (6) Other Malignant Neoplasms, etc	M	114 (108)	-	-	-	2	-	1	6	6	23	47	29	
	F	99 (102)	-	-	-	1	1	-	1	10	23	27	36	
B20 Benign and Unspecified Neoplasms	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
B21 Diabetes Mellitus	M	6 (7)	-	-	-	-	-	-	-	-	1	-	5	
	F	11 (9)	-	-	-	-	-	-	1	-	-	4	6	
B46 (1) Other Endocrine etc. Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	4	-	-	-	-	-	-	-	-	3	-	1	
B23 Anaemias	M	1	-	-	-	-	-	-	1	-	-	-	-	
	F	5	-	-	-	-	-	-	-	-	-	-	5	

[illegible]

	Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 Weeks & under 1 year	AGE IN YEARS									
						1-	5-	15-	25-	35-	45-	55-	65-	75 & Over	
B36	Intestinal Obstruction and Hernia	M	6	-	-	-	-	-	-	-	-	-	4	2	
		F	3	-	-	-	-	-	1	-	-	1	-	1	
B37	Cirrhosis of Liver	M	2	-	-	-	-	-	-	-	1	1	-	-	
		F	1	-	-	-	-	-	-	-	-	-	-	1	
B46	(7) Other Diseases of Digestive System	M	1	-	-	-	-	-	-	-	-	-	-	1	
		F	11	-	-	-	-	-	-	-	-	3	5	3	
B38	Nephritis and Nephrosis	M	3 (6)	-	-	-	-	-	-	-	1	-	1	1	
		F	3 (4)	-	-	-	-	-	-	-	1	1	1	-	
B39	Hyperplasia of Prostate	M	8 (7)	-	-	-	-	-	-	-	-	1	2	5	
B46	(8) Other Diseases, Genito-Urinary System	M	6	-	-	-	-	-	-	-	-	3	-	3	
		F	9	-	-	-	-	-	-	-	-	2	1	6	
B41	Other complications of Pregnancy, etc.	F	1	-	-	-	-	1	-	-	-	-	-	-	
B46	(10) Diseases of Musculo-Skeletal System	M	2	-	-	-	-	-	-	-	-	2	-	-	
		F	4	-	-	-	-	-	-	-	-	1	1	2	
B42	Congenital Anomalies	M	8 (6)	3	1	2	-	-	-	-	1	-	-	1	
		F	3 (6)	1	1	1	-	-	-	-	-	-	-	-	
B43	Birth Injury, Difficult Labour etc.	M	12	12	-	-	-	-	-	-	-	-	-	-	
		F	5	5	-	-	-	-	-	-	-	-	-	-	
B44	Other causes of Perinatal Mortality	M	5	5	-	-	-	-	-	-	-	-	-	-	
		F	1	1	-	-	-	-	-	-	-	-	-	-	
B45	Symptoms & Ill-Defined Conditions	M	3 (53)	-	-	-	-	-	-	-	-	-	-	3	
		F	8 (68)	-	-	-	-	-	-	-	-	-	-	8	
BE47	Motor Vehicle Accidents	M	8 (14)	-	-	-	1	2	1	-	-	2	1	1	
		F	10 (9)	-	-	1	2	3	-	-	-	1	1	2	
BE48	All other Accidents	M	10 (9)	-	-	2	-	1	-	-	1	1	3	2	
		F	13 (17)	-	1	-	-	-	-	1	-	-	1	10	
BE49	Suicide & Self- Inflicted Injuries	M	13 (8)	-	-	-	-	1	2	1	1	2	5	1	
		F	7 (7)	-	-	-	-	-	1	2	1	1	-	2	
BE50	All Other External Causes	M	-	-	-	-	-	-	-	-	-	-	-	-	
		F	1	-	-	-	-	-	-	-	-	1	-	-	
TOTAL ALL CAUSES		M	968 (965)	20	5	7	5	5	7	16	58	216	303	326	
		F	1074(1025)	7	2	2	3	8	2	11	44	115	249	631	

Causes of Death	Sex	Total all ages	Under 4 weeks	4 Weeks & Under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over
Enteritis and Other Diarrhoeal Diseases	M F	2 -	- -	- -	1 -	- -	- -	- -	- -	1 -	- -	- -	- -
Tuberculosis of Respiratory System	M F	3 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 1	2 -
Other Tuberculosis, incl. Late Effects	M F	5 -	- -	- -	- -	- -	- -	- -	- -	- -	3 -	- -	2 -
Syphilis and its Sequelae	M F	1 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -
Other Infective and Parasitic Diseases	M F	3 1	- -	- -	- -	- -	1 -	- -	- -	- -	- -	2 -	- 1
Malignant Neoplasm, Buccal Cavity, Etc.	M F	3 2	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- 1	2 1
Malignant Neoplasm, Oesophagus	M F	1 4	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 4	1 -
Malignant Neoplasm, Stomach	M F	20 15	- -	- -	- -	- -	- -	- -	- -	3 1	5 1	6 6	6 8
Malignant Neoplasm, Intestine	M F	33 24	- -	- -	- -	- -	- -	- -	1 -	1 5	8 3	11 5	12 11
Malignant Neoplasm, Lung, Bronchus	M F	91 21	- -	- -	- -	- -	- -	- -	2 -	6 3	34 7	32 8	17 3
Malignant Neoplasm, Breast	M F	- 54	- -	- -	- -	- -	- -	- 1	- 2	- 10	- 21	- 8	- 12
Malignant Neoplasm, Uterus	F	15	-	-	-	-	-	-	1	4	4	3	3
Malignant Neoplasm, Prostate	M	22	-	-	-	-	-	-	-	-	3	6	13
Leukaemia	M F	7 6	- -	- -	1 1	- 1	1 -	- -	- -	- -	- 1	4 -	1 3
Other Malignant Neoplasms	M F	44 76	- -	- -	- -	1 1	- -	3 -	1 1	6 7	10 14	8 22	15 31
Benign and Unspecified Neoplasms	M F	2 3	- -	- -	- -	- -	1 -	- -	1 1	- -	- -	- 1	- 1
Diabetes Mellitus	M F	3 12	- -	- -	- -	- -	- -	- -	- -	- -	1 2	- 5	2 5
Other Endocrine Etc. Diseases	M F	2 9	- -	- -	1 -	1 1	- -	- -	- 1	- -	- 3	- 1	- 3
Anaemias	M F	1 1	- -	- -	- -	1 -	- -	- -	- -	- -	- -	- -	- 1
Mental Disorders	M F	- 3	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- 1	- 1
Meningitis	M F	2 -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	1 -	- -
Other Diseases of Nervous System, Etc.	M F	11 8	- -	1 1	- 1	- -	- -	- -	- 1	1 -	3 -	4 3	2 2
Chronic Rheumatic Heart Disease	M F	9 19	- -	- -	- -	- -	- -	1 -	1 -	- 4	2 3	3 9	2 3
Hypertensive Disease	M F	11 15	- -	- -	- -	- -	- -	- -	- -	- 1	1 2	3 3	7 9
Ischaemic Heart Disease	M F	282 178	- -	- -	- -	- -	- -	1 -	5 1	26 8	66 16	98 42	86 111
Other Forms of Heart Diseases	M F	53 103	- -	- -	- -	- -	- -	- -	1 -	- -	4 3	15 10	33 90
Cerebrovascular Disease	M F	96 204	- -	- -	- -	- -	- -	- -	2 -	3 1	10 16	29 42	52 145
Other Diseases of Circulatory System	M F	37 44	- -	- -	- -	- -	- -	- -	- 2	- 1	9 3	15 9	13 29
Influenza	M F	8 5	- -	- -	- -	- -	- -	- -	- -	2 -	2 1	3 2	1 2

Causes of death at different periods during 1969

Causes of Death	Sex	Total all ages	Under 4 weeks	4 Weeks & Under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over
Pneumonia	M	48	-	1	-	-	-	-	1	1	7	13	25
	F	106	4	3	1	-	-	-	1	3	5	12	77
Bronchitis and Emphysema	M	72	-	-	-	-	-	-	1	-	23	28	20
	F	18	-	-	-	-	-	-	-	1	2	5	10
Asthma	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	2	-
Other Diseases of Respiratory System	M	8	-	-	-	-	-	-	-	-	-	7	1
	F	4	-	-	1	-	-	-	-	-	1	-	2
Peptic Ulcer	M	9	-	-	-	-	-	-	-	-	2	5	2
	F	6	-	-	-	-	-	-	-	1	-	2	3
Intestinal Obstruction and Hernia	M	4	-	-	-	-	-	-	-	-	-	-	4
	F	3	-	-	-	-	-	-	-	-	-	-	3
Cirrhosis of Liver	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	1	1	-	-
Other Diseases of Digestive System	M	7	1	-	-	-	-	-	-	-	2	2	2
	F	15	-	-	-	-	-	-	1	-	1	3	10
Nephritis and Nephrosis	M	4	-	-	-	-	-	-	-	-	-	4	-
	F	3	-	-	-	-	-	-	-	-	-	2	1
Hyperplasia of Prostate	M	6	-	-	-	-	-	-	-	-	-	1	5
Other Diseases, Genito- Urinary System	M	5	-	-	-	-	-	-	-	1	-	1	3
	F	6	-	-	-	-	-	-	-	-	1	2	3
Other Complications of Pregnancy, Etc.	F	1	-	-	-	-	-	1	-	-	-	-	-
Diseases of Skin, Subcutaneous Tissue	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Diseases of Musculo- Skeletal System	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Anomalies	M	5	1	2	1	1	-	-	-	-	-	-	-
	F	8	3	4	-	-	-	-	-	-	-	1	-
Birth Injury, Difficult Labour, Etc.	M	6	6	-	-	-	-	-	-	-	-	-	-
	F	4	4	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	6	6	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill Defined Conditions	M	3	-	-	-	-	-	-	-	-	-	-	3
	F	7	-	-	-	-	-	-	-	-	-	-	7
Motor Vehicle Accidents	M	16	-	-	1	-	4	2	1	3	1	3	1
	F	11	-	-	-	-	1	-	-	-	1	4	5
All other Accidents	M	11	-	1	-	3	2	-	-	-	2	1	2
	F	15	-	2	1	-	-	-	-	2	1	2	8
Suicide and Self-Inflicted Injuries	M	11	-	-	-	-	1	-	3	2	3	-	2
	F	13	-	-	-	-	1	1	1	1	4	5	-
All Other External Causes	M	1	-	-	-	-	-	1	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	971	8	5	5	7	10	8	20	59	201	308	340
	F	1,054	17	10	5	3	2	3	13	54	116	226	605

Deaths from all causes

	Male	Female	Total	Crude rate per 1,000 Home Population	Adjusted rate per 1,000 Population (Comparability fac- tor 1968/69 0.91)
1969	971	1054	2025	12.2	11.1
1968	968	1074	2042	12.3	11.2
1967	965	1025	1990	12.04	11.52

Deaths from certain causes

Category	1950	1960	1965	1966	1967	1968	1969
Tuberculosis, respiratory	39	9	8	7	9	5	4
Cancer, Uterus	11	17	15	18	15	11	15
Cancer, Bronchus, Lung	52	83	119	121	120	113	112
Coronary disease	291	362	379	374	400	523	460
Bronchitis	75	82	88	94	83	93	90
Suicide	15	19	14	13	15	20	24
Motor vehicle accidents	13	18	23	22	23	18	27
All other accidents	26	17	22	18	26	23	26

Suicide

Suicide Rate per 1,000 deaths				Total as % of total deaths			Rate per 1,000 population
	Male	Female	Total	Male	Female	Total	
1969	11.32	12.33	11.85	1.13	1.23	1.19	0.14
1968	13.42	6.51	9.79	1.34	0.65	0.98	0.12
1967	8.29	6.83	7.54	0.83	0.68	0.75	0.09

Twenty and twenty four persons in the Borough ended their own lives during 1968 and 1969, respectively. A number of surveys have been carried out to determine the frequency of attempted suicide compared to that which is successful. The 1964 report of the Chief Medical Officer of the Ministry of Health records figures varying from 10 and 6 : 1. Applying this range of figures to the Sutton cases, between 260 and 440 people may have attempted to terminate their own lives during the years 1968 and 1969.

Infant Deaths

		MALES			FEMALES			
Age		Legit.	Illegit.	Total	Legit.	Illegit.	Total	TOTAL
Under 1 year of age	1969	13	-	13	23	4	27	40
	1968	25	-	25	8	1	9	34
	1967	18	1	19	16	4	20	39
Under 4 weeks of age	1969	8	-	8	13	4	17	25
	1968	20	-	20	6	1	7	27
	1967	16	1	17	10	2	12	29
Under 1 week of age	1969	6	-	6	8	4	12	18
	1968	20	-	20	6	-	6	26
	1967	14	1	15	8	2	10	25

Infant Mortality Rates

Subside

	1969	1968	1967
Infant			
Total Infant deaths per 1,000 total live births	17.2	14.8	15.84
Legitimate infant deaths per 1,000 legitimate live births	16.4	15.4	14.70
Illegitimate infant deaths per 1,000 illegitimate live births	29.4	6.09	33.34
Neo-natal			
Deaths under four weeks per 1,000 total live births	11.0	11.08	11.78
Early Neo-natal			
Deaths under one week per 1,000 live and stillbirths	8.0	10.0	10.04
Peri-natal			
Stillbirths and deaths under one week combined per 1,000 total live and stillbirths	14.0	24.0	20.88
Maternal			
Number of deaths	1.0	1.0	NIL
Rate per 1,000 total live and stillbirths	0.23	0.23	NIL

Births

1st January - 31st December, 1967.

LIVE			STILL		
Legit	Illegit	Total	Legit	Illegit	Total
M 1229	M 65	M 129	M 12	M -	M 12
F 1084	F 85	F 1169	F 12	F 3	F 15
2313	150	2463	24	3	27
93.9%	6.1%	100%	89.9%	11.1%	100%
Total live and still births 2490			Live Birth Rate per 1,000 Home Population		
Number of Still Births Males 12 Females 15 TOTAL 27			Crude	Adjusted by Comparability Factor 1.03	
Still birth rate per 1,000 live and still births 10.84			14.9	15.36	

1st January - 31st December, 1968

LIVE			STILL		
Legit	Illegit	Total	Legit	Illegit	Total
M 1122	M 76	M 1198	M 12	M -	M 12
F 1014	F 88	F 1102	F 15	F 3	F 18
2136	164	2300	27	3	30
92.87%	7.13%	100%	90%	10%	100%
Total live and still births 2330			Live Birth Rate per 1,000 Home Population		
Number of Still Births Males 12 Females 18 TOTAL 30			Crude	Adjusted by Comparability Factor 1.03	
Still birth rate per 1,000 live and still births 13.0			13.9	14.27	

Births

1st January - 31st December, 1969.

LIVE			STILL		
Legit	Illegit	Total	Legit	Illegit	Total
M 1145	M 61	M 1206	M 6	M -	M 6
F 1042	F 75	F 1117	F 7	F 1	F 8
2187	136	2323	13	1	14
93.78%	6.22%	100%	92.4%	7.6%	100%
Total live and still births 2337			Live: Birth Rate per 1,000 Home Population		
Number of Still Births			Crude	Adjusted by Comparability Factor 1.03	
Males 6					
Females 8					
TOTAL 14					
Still birth rate per 1,000 live and still births 6.0			14.0 14.4		

STILL			LIVE		
Total	Illegit	Legit	Total	Illegit	Legit
M 12	M -	M 12	M 118	M 70	M 1155
F 18	F 3	F 15	F 120	F 88	F 1014
30	3	27	2300	164	2136
100%	10%	90%	100%	7.1%	92.8%
Live Birth Rate per 1,000 Home Population			Total live and still births 2337		
Adjusted by Comparability Factor 1.03			Number of Still Births Males 6		
			Females 8		
			TOTAL 30		
14.4			Still birth rate per 1,000 live and still births 13.0		

Vital Statistics - Greater London 1969

	<u>L.B. Sutton</u>	<u>Greater London</u>	<u>Inner London</u>	<u>Outer London</u>
Live births, crude rate per 1,000 population	14.0	15.7	15.7	15.7
Illegitimate live births, per cent of total	6.22%	11.0	15.4	8.3
Still births per 1,000 live and still births	6.0	12.7	13.4*	12.3*
All deaths, crude rate per 1,000 population	12.2	11.5	11.9	11.2
Infant mortality, per 1,000 live births				
Under 1 year	17.0	17.9	20.4*	16.2
Neo-natal	11.0	11.7	13.3*	10.8*
Early Neo-natal	8.0	10.2	11.7*	9.2*
Perinatal (per 1,000 live and still births)	14.0	22.8	25.0	21.4
Maternal mortality, per 1,000 live & still births (excluding deaths due to abortion)	0.23	0.20**	0.21**	0.19**

* Figure based upon less than 1,000 occurrences

** Figure based upon less than 100 occurrences.

The area comparability factors for Greater London are: Births 0.93
Deaths 1.01

The area comparability factors for L.B. of Sutton are: Births 1.03
Deaths 0.91

P WESTCOMBE MB BS DPH
Medical Officer of Health

Infectious Diseases Notified During The Period 1st January to 31st December, 1968.

DISEASES	Under 5		5 - 14		15 - 44		45 - 64		65 or over		age unknown		T O T A L	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
DIPHTHERIA	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)
DYSENTERY	8(4)	4(2)	1(7)	-(11)	-(2)	1(4)	-(-)	-(-)	-(-)	-(-)	-(-)	1(1)	9(13)	6(18)
ENCEPHALITIS	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)
ERYSIPELAS	-(-)	-(-)	-(-)	-(-)	-(1)	-(2)	-(-)	-(1)	-(-)	-(1)	-(-)	-(-)	-(1)	-(4)
FOOD POISONING	1(9)	4(5)	1(1)	-(1)	1(4)	2(4)	-(-)	-(-)	-(-)	-(-)	-(-)	-(1)	3(14)	6(11)
MALARIA	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	1(-)	-(-)	1(-)	-(-)
MEASLES	87(697)	98(623)	70(405)	77(388)	2(7)	-(11)	-(-)	-(-)	-(-)	-(-)	5(1)	3(2)	164 (1110)	178(1024)
MENINGOCOCCAL MENINGITIS	-(-)	-(-)	-(1)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(1)	-(-)
OPHTHALMIA NEONATORUM	-(-)	-(1)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(1)
PARATYPHOID	-(-)	-(-)	-(-)	-(-)	-(-)	-(1)	-(-)	-(-)	-(-)	-(-)	1(-)	-(-)	1(-)	-(1)
POLIOMYELITIS	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)
SCARLET FEVER	11(16)	7(17)	30(32)	21(31)	-(1)	5(1)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	41(50)	33(49)
SMALLPOX	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)
TYPHOID	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)
TUBERCULOSIS (Pulmonary)	-(-)	-(-)	-(2)	-(-)	2(5)	3(4)	2(3)	4(-)	4(5)	2(2)	-(-)	-(1)	8(15)	9(7)
TUBERCULOSIS (Non Pulmonary)	1(-)	-(-)	-(-)	-(-)	-(-)	-(-)	1(-)	-(-)	-(-)	-(1)	-(-)	-(-)	2(1)	-(-)
WHOOPING COUGH	11(20)	11(21)	5(14)	11(11)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(-)	-(1)	16(35)	22(32)

DISEASE

Infectious Diseases Notified During The Period 1st January to 31st December, 1968

Infectious Diseases Notified During The Period 1st January to 31st December, 1969.

DISEASE	Under 5		5 - 14		15 - 44		45 - 64		65 or over		age unknown		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
DIPHTHERIA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DYSENTERY	2	3	5	2	3	5	-	-	-	-	1	-	11	10
ENCEPHALITIS	-	-	1	-	2	-	-	-	-	-	-	-	3	-
FOOD POISONING	-	-	-	-	2	1	-	-	-	1	-	-	2	2
INFECTIVE JAUNDICE	1	-	1	1	6	5	-	1	-	-	-	1	8	8
MALARIA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MEASLES	101	103	87	66	1	3	-	-	-	-	6	2	195	174
MENINGOCOCCAL MENINGITIS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OPHTHALMIA NEONATORUM	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PARATYPHOID	-	-	-	-	-	-	-	-	-	-	-	-	-	-
POLIOMYELITIS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SCARLET FEVER	10	10	35	28	1	-	-	-	-	-	-	1	46	39
SMALLPOX	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TYPHOID	-	-	-	-	-	1	1	-	-	-	-	-	1	1
TUBERCULOSIS (Pulmonary)	-	-	-	-	2	4	4	2	2	4	1	-	9	10
TUBERCULOSIS (Non Pulmonary)	-	-	-	1	1	-	-	1	-	2	-	-	1	4
WHOOPING COUGH	6	9	4	-	-	-	-	-	-	-	-	-	10	9

Infectious Diseases.

The introduction, early in 1968 of vaccination against measles as a matter of public policy was an important addition to the routine programme of immunisation against the infectious diseases. The winter of 1969 would normally have seen a widespread epidemic, conforming to the bi-annual pattern of incidence of this disease. The number of cases notified (369) however was very much the same as in the previous year, (342) contrasting with 2134 cases in 1967, probably because of the impact of measles vaccination in the susceptible child population. The initial enthusiasm for vaccination by the general public waned somewhat during 1969, resulting in fewer children being protected than is desirable. It is very important indeed that the whole child population should be protected as quickly as possible if the full potential of the vaccination programme is to be achieved, and measles is to be eradicated. This is a disease which has come to be accepted as one of the inevitable childhood ailments and is treated lightly by most parents. In most cases the illness, though unpleasant, is soon over. In a proportion however, complications occur which may result in permanent disability. Both complicated and uncomplicated, measles make heavy demands on scarce health service resources; from personal health and national points of view therefore, vaccination against the disease is important and parents are asked to see that their children are protected.

The following table shows the percentages immunised by 31.12.1969.

Children Born in 1967.			Children Born in 1968.			
Whooping cough	Diphtheria	Poliomyelitis	Whooping cough	Diphtheria	Poliomyelitis	Smallpox (Children under 2).
95	95	95	74	76	79	46

Figures in respect of children born in 1968 are low due to the revised schedule of immunisation under which many children had not completed their immunisation.

Immunisation and Vaccination - 1st January - 31st December, 1968 & 1969.

<u>Type of Protection</u>	<u>Completed Primary Courses</u>		<u>Received Reinforcing doses (Booster).</u>	
	1968	1969	1968	1969
Diphtheria/Pertussis/Tetanus	2249	1148	1979	1805
Diphtheria/Tetanus	130	89	3012	3005
Diphtheria	4	15	118	114
Tetanus	491	239	363	332
Poliomyelitis				
Salk vaccine	2	-	-	-
Sabin (Oral vaccine)	2714	1584	4510	5406
Smallpox	1892	1635	163	145
Measles	3426	1405	-	-

Protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis cases is available at all the Council's clinics and at the surgeries of all general practitioners. All mothers of young children are notified by health visitors of the need for immunisation and are constantly reminded by widely displayed posters and leaflets.

Vaccination against tuberculosis is offered to all contacts of infectious cases and carried out by the chest physician. In addition all school children who have not acquired natural immunity are offered this protection at approximately thirteen years of age. Pupils who may have acquired natural immunity are referred to the chest physician for chest x-ray to ensure that no treatment is necessary following their exposure to the infection.

There is a welcome increase in the percentage of children under two years of age who had by the end of the year completed immunisation against whooping cough, diphtheria and poliomyelitis. There is also a very considerable increase in the number of children who were immunised against tetanus.

With the ever-increasing availability of travel abroad constant vigilance by General Practitioners, Hospitals and Public Health Authorities is necessary to prevent the undetected importation of infection by holiday makers and others who may arrive in this country before symptoms become obvious. Persons travelling abroad are strongly advised to take note of the advice given in the "Notice to Travellers" issued by the Department of Health and Social Security to ascertain what additional protection is advised and to obtain the appropriate inoculations before travelling abroad.

VENEREAL DISEASE.

In my report for 1967 attention was drawn to the nationally increased numbers of venereal disease notifications which at that time were not dramatically significant locally. Notifications from Treatment Centres applicable to Sutton, of new cases during the last three years are as follows:-

	1967	1968	1969
SYPHILIS	3	7	5
GONORRHOEA	41	44	56
OTHER VENEREAL CONDITIONS	309	304	439
TOTAL	353	355	500

Venereal disease statistics are notoriously difficult to interpret precisely because they relate to a number of clinical conditions and patients suffering from these diseases may attend a number of treatment centres whose criteria for notification may vary. The statistics above may well include a number of new attendances for which no treatment was found to be necessary. There can however, be little doubt that a real increase in the incidence is taking place. It is not without significance that in 1969 the number of cases notified exceeds that of measles notifications making Venereal Disease the commonest notifiable infectious disease for the year.

MASS RADIOGRAPHY.

The number of persons x-rayed by the Mass Radiography Unit during its visit to sites in the Borough varies greatly from year to year.

I am indebted to the Director of the Unit for the following statistics:-

	1966	1967	1968	1969
Total x-rayed	(5,420)	11,888	2,822	11,006
Males	(2,380)	5,803	1,351	Not available
Females	(3,040)	6,085	1,471	No breakdown this year.

	1968 Male	1968 Female	1969 Male	1969 Female
Cases of Lung Cancer	1	1	4	1
Cases of Pulmonary T.B.	1	Nil	Nil	1

All health screening procedures are open to the criticism that findings relate only to the day upon which screening takes place and carry no guarantee that the future is secure. The number of defects discovered during the period under review is low and the cost relatively high. Nevertheless, mass x-ray when reviewed as part of general health screening activities is a valuable procedure. Efforts to make the techniques more productive if positive findings should be directed towards encouraging those age groups most at risk to make use of the service and this will be done when more of the department's resources can be deployed on well-person screening.

IMMIGRATION

Under the Commonwealth Immigration Act, 1962, long stay immigrants are required to supply immigration officers with their destination address. This is forwarded to the Medical Officer of Health of the appropriate area and a visit is paid by a member of his staff. This is a useful procedure which enables contact to be made with the newly arrived immigrant at an early stage.

Health aspects of immigration are two-fold. The immigrant may be suffering from ill health which requires treatment and action to prevent the possible spread of infection or he may be exposed to infection in this country against which he has little or no immunity. Many immigrants to the Borough are employed in local hospitals. Those who are not are advised by the health visitors of the facilities available under the National Health Service and encouraged to register with a general practitioner. Where there are families appropriate arrangements are made for their protection against infectious disease and the mothers and children receive the normal health supervision available to the community as a whole.

Country where passport was issued as stated by Port Health Authority.	Number of advice notes received during 1968 and 1969 from ports and airports relating to the arrival of immigrants	Number of first successful visits paid during 1968 and 1969	Number of Pulmonary Tuberculosis notifications received in respect of immigrants during 1968 & 1969
---	--	---	---

(A)	1968	1969	1968	1969	1968	1969
<u>Commonwealth Countries.</u>						
1. Caribbean	10	12	4	1	-	-
2. India	10	10	4	2	-	-
3. Pakistan	3	5	1	4	-	-
4. Other Asian	7	10	2	6	-	-
5. African	5	7	1	1	-	-
6. Other	10	10	4	7	-	-
(B)						
<u>Non Commonwealth Countries.</u>						
1. European	36	45	22	14	-	-
2. Other	12	12	4	4	-	-
<u>TOTAL</u>	93	111	42	39	-	-

In addition Medical Superintendents at Hospitals followed-up 36 immigrants joining hospital staffs in 1968 and 37 in 1969.

INDEX

MATERNAL AND CHILD WELFARE	40
THE OBSERVATION AND HANDICAP REGISTER	44
THE WORK OF CHILD WELFARE CENTRES	49
DISTRIBUTION OF WELFARE FOODS	51
THE WORK OF HEALTH VISITORS AND SCHOOL NURSES	51
DOMICILIARY MIDWIFERY AND HOME NURSES	55
DAY NURSERY SERVICE	59
CARE OF THE UNMARRIED MOTHER AND HER CHILD	59
RECUPERATIVE HOLIDAYS	60
DENTAL CARE OF MOTHERS AND YOUNG CHILDREN	60
HOME HELP SERVICE	63
CERVICAL CYTOLOGY	63
CHIROPODY SERVICES	64
THE CARE OF THE MENTALLY HANDICAPPED	65
SUBNORMALITY	65
MEDICO-SOCIAL WORK	67
HEALTH EDUCATION	67
HOME SAFETY	68
NURSING HOMES	69
NURSES' AGENCIES ACT, 1957	69
NURSERIES AND CHILD MINDERS REGULATION ACT, 1948	69
MEDICAL ARRANGEMENTS FOR CHILDREN'S HOMES AND RESIDENTIAL NURSERIES	70
STAFF MEDICAL EXAMINATIONS	71
SELECTIVE MEDICAL EXAMINATIONS	72
FINDINGS AT MEDICAL INSPECTION	75
MEDICAL TREATMENT	77
SCHOOL DENTAL SERVICE	78
SPECIAL SERVICES	81
AUDIOLOGY	81
SPEECH THERAPY	81
CHILD GUIDANCE SERVICE	81
INFECTIOUS DISEASE	84
IMMUNISATION AND VACCINATION	84
HANDICAPPED PUPILS AND SPECIAL SCHOOLS	85
EMPLOYMENT OF CHILDREN OF SCHOOL AGE	89
PHYSICAL EDUCATION IN SCHOOLS	89
PROVISION OF MEALS AND MILK	90

W H Kinstrie MB Ch B DPH
Chief Medical Officer and Principal School Medical Officer

Personal Health Services

Local Health Authority Personal Health Services are provided under the various sections of Part III of the National Health Service Act 1946. They are complementary to the services provided by the Regional Hospital Boards (hospitals and specialists) and Executive Councils (general medical practitioners, general dental surgeons, opticians and pharmacists) and with the exception of the ambulance service (Greater London Council) are the responsibility of the Borough Council. They provide health services for all age groups and sections of the population, particular emphasis being laid on the most vulnerable members of the community, the very young, expectant and nursing mothers, the elderly and the handicapped. They do not provide medical treatment except in a few minor instances but are concerned with the maintenance of normal mental and physical health and the early detection of abnormality. This work has many aspects and the account of work carried out during the two years 1968/69 which follows, reports the major activities of the medical, and nursing staff of the Health Division.

MATERNAL AND CHILD WELFARE

Births 1st January, 1968, to 31st December, 1969.						
	(a)			(b)		
	In the area including those normally resident elsewhere			Resident in the area including those born elsewhere, i.e. (a) adjusted by inward and outward transfers		
	1969	1968	1967	1969	1968	1967
Live	3022	3258	3266	2380	2404	2515
Still	19	36	41	13	28	26
Total	3041	3294	3307	2393	2432	2541
Births:						
in hospital				2127	2039	2089
at home				266	393	452

PREMATURITY

The following table gives details of premature births and stillbirths notified in the London Borough of Sutton during the period 1st January 1968 - 31st December 1968 as adjusted by transferred notifications: (1967 figures in brackets)

PREMATURE LIVE BIRTHS										PREMATURE BIRTHS					STILL- BIRTHS
Weight at	Born in Hospital				Born at home or in a Nursing Home				Transferred to Hospital on or before the 28th day.			Born at home or in a Nursing Home	Born in Hospital		
	DIED				DIED				Within 24 hrs of birth	Between 1 and 7 days	Between 7 and 28 days				
	T O T A L	Within 24 hrs of birth	Between 1 and 7 days	Between 7 and 28 days	T O T A L	Within 24 hrs of birth	Between 1 and 7 days	Between 7 and 28 days							
2lb. 3ozs. or less	3 (5)	1 (3)	- (-)	- (1)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (1)	2 (-)		
over 2lb. 3ozs up to & incl 3lb. 4ozs.	14 (12)	3 (-)	3 (6)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (2)	1 (3)		
over 3lb. 4ozs. up to & incl 4lb. 6ozs.	17 (25)	5 (4)	- (1)	- (-)	1 (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	9 (4)		
over 4lb. 6ozs. up to & incl 4lb. 15ozs.	37 (29)	3 (2)	1 (1)	- (-)	- (-)	- (-)	- (-)	- (-)	- (1)	- (1)	- (-)	- (-)	1 (1)		
over 4lb. 15ozs. up to & incl 5lb. 8ozs.	73 (60)	3 (-)	1 (-)	- (-)	- (2)	- (-)	- (-)	- (-)	- (1)	- (1)	- (-)	- (-)	- (1)		
TOTAL	144 (131)	15 (9)	5 (8)	- (1)	1 (2)	- (-)	- (-)	- (-)	- (2)	- (1)	- (-)	- (3)	13 (9)		

PREMATURITY

The following table gives details of premature births and stillbirths notified in the London Borough of Sutton during the period 1st January 1969 - 31st December 1969 as adjusted by transferred notifications; (1968 figures in brackets).

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in Hospital				Born at home or in a Nursing Home				Transferred to Hospital on or before the 28th day				Born at home or in a Nursing Home	Born in Hosp.
	DIED				DIED									
	TOTAL	Within 24 hrs of birth	Between 1 and 7 days	Between 7 and 28 days	TOTAL	Within 24 hrs. of birth	Between 1 and 7 days	Between 7 and 28 days	TOTAL	Within 24 hrs. of birth	Between 1 and 7 days	Between 7 and 28 days		
2 lb.3ozs. or less	3 (3)	2 (1)	1 (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	2 (2)
over 2 lb.3ozs. up to & inc. 3 lb.4ozs.	6 (14)	2 (3)	- (3)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	4 (1)
over 3 lb.4ozs. up to & inc. 4 lb.6ozs.	18 (17)	2 (5)	1 (-)	1 (-)	1 (1)	- (-)	- (-)	- (-)	1 (-)	- (-)	- (-)	1 (-)	- (-)	1 (9)
over 4 lb. 6ozs. up to & inc. 4 lb.15 ozs.	20 (37)	- (3)	2 (1)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (1)
over 4 lb.15 ozs. up to & inc. 5 lb.8 ozs.	48 (73)	- (3)	2 (1)	- (-)	1 (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	1 (-)
TOTAL	95 (144)	6 (15)	6 (5)	1 (-)	2 (1)	- (-)	- (-)	- (-)	1 (-)	- (-)	- (-)	1 (-)	- (-)	8 (13)

These tables emphasise the serious loss of infant lives associated with prematurity and during the first month of life. The size of the problem can most simply be shown as follows:-

	Total			Non Premature			Premature*		
	1969	1968	(1967)	1969	1968	(1967)	1969	1968	(1967)
Live births	2380	2404	(2515)	2284	2261	(2380)	96	143	(135)
Deaths among live births in the first month of life	26	27	(29)	10	8	(10)	16	19	(19)
Still births	13	28	(26)	5	12	(14)	8	16	(12)

*The Department of Health and Social Security's definition of a premature birth is one when the infant at birth weights $5\frac{1}{2}$ lb. or less.

CONGENITAL ABNORMALITIES

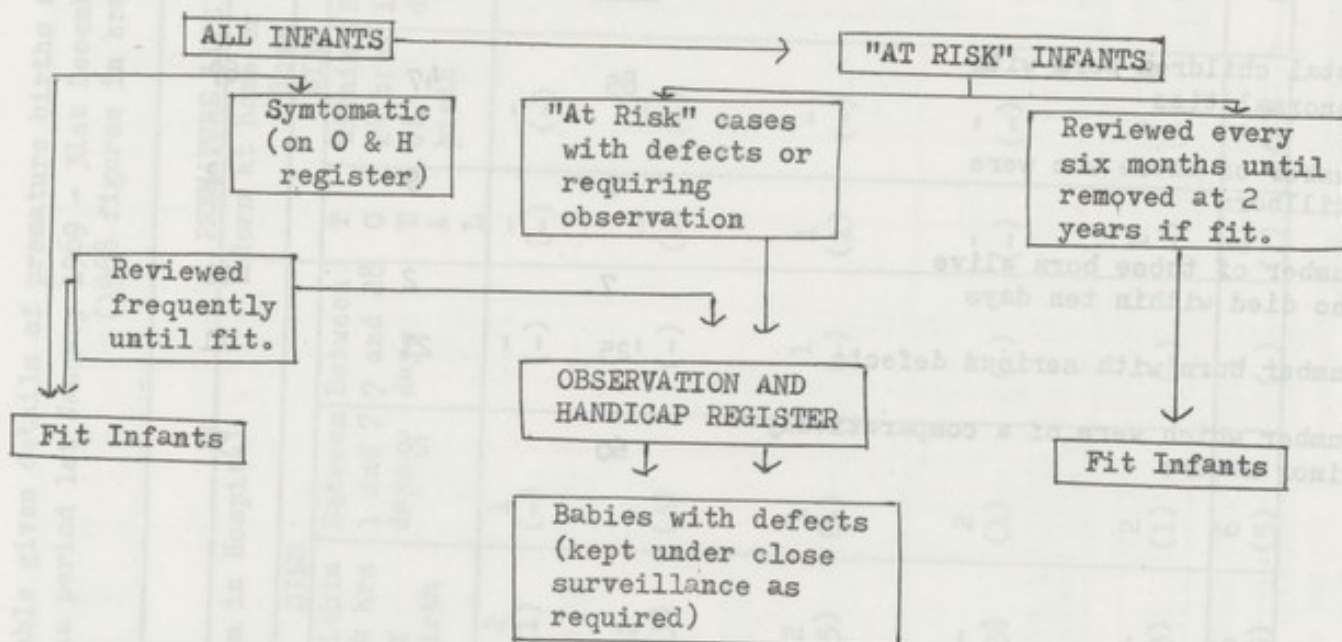
It is a responsibility of the Medical Officer of Health to submit a confidential report to the Registrar General on congenital abnormalities detected at or shortly after birth. The following table shows the total notified to the Registrar General:-

	<u>1967</u>	<u>1968</u>	<u>1969</u>
Total children born with abnormalities	85	47	67
Number of those who were stillborn	1	9	2
Number of those born alive who died within ten days	7	2	Nil
Number born with serious defects	25	21	11
Number which were of a comparatively minor nature	60	26	56

THE OBSERVATION AND HANDICAP REGISTER

In recent years it has been increasingly recognised that many of the children who need special educational consideration in school and support later in life acquire their handicapping conditions in the pre-natal, neo-natal or early post-natal periods of life. Infants who have been exposed to unfavourable heredity or adverse experiences during this period are considered to be "At Risk" and a register is kept of these cases so that they can be offered medical examination at regular intervals until it is certain that their development is normal.

In addition the growing child may be placed at risk by accident or illness occurring during childhood. In order to ensure that each handicapped child, even if suffering from only a minor defect, is assisted to the extent necessary to make full use of ability a register known as the "Observation and Handicap Register" is compiled. Children whose names appear on this register are kept under special surveillance until 5 years of age by medical examination and assessment of their developmental progress. Social circumstances are also taken into account as home conditions and attitudes, together with family relationships, may make a significant contribution to progress. Close co-ordination of the work of various agencies who are concerned with the well-being of the handicapped child is essential and this involves close contact with general practitioners, hospitals and voluntary organisations, the "Observation and Handicap Register" provides the means by which this is achieved and, where necessary, ensures the future provision of educational facilities suited to the child's ability.



From this diagram it can be seen how the register is compiled.

THE OBSERVATION AND HANDICAP REGISTER

Table I

Number of cases on Register

As at	Year of Birth						TOTAL
	1964	1965	1966	1967	1968	1969	
31.12.69	-	73	154	169	173	153	722
31.12.68	35	94	114	120	110	-	473
31.12.67	87	98	140	149	-	-	576

Table 2

Number of cases with severe or multiple handicaps

	As at	YEAR OR BIRTH						TOTAL
		1964	1965	1966	1967	1968	1969	
Number of severely Handicapped children	31.12.69	-	1	6	2	2	-	11
	31.12.68	3	3	3	2	1	-	13
	31.12.67	7	3	8	10	-	-	32
Number of children with multiple defects	31.12.69	-	5	12	10	2	1	30
	31.12.68	8	7	8	9	1	-	33
	31.12.67	17	10	7	16	-	-	63

TABLE 3

The Handicapped Pre-School Child

This table shows the number of children with each type of defect born in each of the last five years, but as some children have more than one defect the sum total of defects is not the same as the total number of cases on the Register. The figures given in this table include the cases shown in Table 2.

Handicap or Defect	YEAR OF BIRTH					TOTAL
	1965	1966	1967	1968	1969	
DEFECTS OF EAR OR FACE including: absence of pinna or meatus, accessory auricle, bat ear, naevae, skin tags, micrognathia		1	3	1	2	7
DEFECTS OF MOUTH including: hare lip, cleft palate	1	2	4	3		10
DEFECTS OF ALIMENTARY SYSTEM including: pyloric stenosis, oesophagael atresia, jejunal atresia, imperforate anus, defects of liver, hernia, Hirschsprung's disease	1	6	10	13	9	39
Osteogenesis Imperfecta		1	1			2
SKELETAL DEFORMITIES including: achondroplasia, chondrodystrophy, dwarfism, arachnodactyly, reduction deformities, Pierre Robin Syndrome		4	3		2	9
SYNDACTYLY, POLYDACTYLY		2	2	1	1	6
TALIPES, AND OTHER FOOT DEFORMITIES	3	6	18	6	10	43
CONGENITAL DISLOCATION OF HIP	2	4	5	4	7	22
DEFECTS OF UROGENITAL SYSTEM including: Hypospadias, epispadias, undescended testicles, hydrocele, defects of female genitalia, defects of kidney, ureters, etc. pseudo-hermaphrodism	1	6	10	2	7	26
MUSCULAR DEFECTS including: spastic, absence of muscles, arthrogryphosis, torticollis, hemiplegia	1	3	3	2	1	10
OTHER MINOR PHYSICAL DEFORMITIES including: pilonidal sinus	1		1	3	1	6

YEAR OF BIRTH

Handicap or Defect	1965	1966	1967	1968	1969	TOTAL
BLINDNESS		1	1			2
MICROPTHALMOS, BUPHTHALMOS	1					1
SQUINT	2	10	5	2	2	21
NYSTAGMUS			1			1
SEVERE VISION DEFECT, CATERACT	2	2		2		6
DEAFNESS	1					1
PARTIAL HEARING, or HEARING DEFECTS	4	6	2	4	2	18
SPEECH DEFECTS	7	13	3			23
DISEASES AND DEFECTS OF RESPIRATORY SYSTEM including: Hyaline membrane disease, asthma, chronic bronchitis	3	5	3	9	3	23
BLOOD DISORDERS, including: Christmas Disease	3	1	4	5	6	19
SKIN DISORDERS, including: Ichthyosis congenita, eczema, large naevae	1	4	5	5	2	17
METABOLIC DISORDERS including: Fibrocystic disease	1	1	1	1		4
PHENYLKETONURIA						
CARDIAC DEFECTS	8	11	16	9	2	46
OTHERS NEEDING OBSERVATION for suspected physical defect	25	63	65	88	91	332
MENTAL RETARDATION	2	3	1	1		7
MICROCEPHALY		1				1
EPILEPSY, OR SEVERE CONVULSIONS	1	2	2	1		6
MONGOLISM	1	2	3	4	1	11
SPINA BIFIDA, HYDROCEPHALUS	3	2	7	5	4	21
OTHERS NEEDING OBSERVATION FOR MENTAL RETARDATION AND OTHER C.N.S. LESIONS	5	7		4	1	17

Total number of children "At Risk" at end of 1969

1740

Total number of children "At Risk" at end of 1968

2290

TABLE 1 DETAILS OF CLINICS

The purpose-built clinics in the Borough are as follows:-

Alexandra Gardens
Green Wrythe Lane
Priory Crescent
Ridge Road
*Robin Hood Lane Health Centre
Rochester Road
ØRoundshaw
Shotfield
+The Mount

*Robin Hood Lane comprehensive Health Centre was opened in September 1969 and in addition to the usual Local Authority clinic facilities, 8 general practitioners have their surgeries in the Centre. The Child Guidance Clinic previously at 25 Worcester Road, Sutton, is also incorporated in the Centre.

Although there have been minor teething problems in connection with the new Centre, the general practitioners, as well as the Local Authority staff, are delighted with the facilities available. The Close proximity of general practitioners with Local Authority staffs, particularly health visitors, district nurses and midwives, has considerably improved the liaison between these different branches of the Health Service to the benefit of the families in central Sutton.

ØRoundshaw. A temporary clinic created by adaptation of two flats, was opened at Roundshaw in February 1969. These clinic premises were offered to the Executive Council for the use of a general practitioner appointed by the Executive Council for the Roundshaw Estate and the general practitioner commenced practise on 1st October, 1969.

+The Mount Clinic, on Clockhouse Farm Estate was under-used by the Local Authority. A general practitioner made application for use of part of the Clinic for his surgery and commenced practice in July 1969.

In addition to the purpose-built clinics, a limited number of sessions are held in the following premises:-

All Saint's Church Hall, New Road.
The Church Hall, Ruskin Drive
Methodist Church Hall, Station Road, Belmont.
Parochial Hall, Cheam.
Scouts Hall, Guy Road, Beddington.

THE WORK OF CHILD WELFARE CENTRES

The work of child welfare centres consists of supervision of the development of normal young children and those ascertained as "at risk", early detection of abnormalities of development; provision of facilities for immunisation and vaccination against infectious disease; giving advice concerning the feeding and management of children and the measures necessary for the promotion of family health. The nature and content of this work has changed very considerably since its inception. The emphasis is now directed away from the detection and treatment of the gross defects found in former years towards the more subtle problems of developmental abnormality and family relationships. Advice concerning behaviour problems now forms a very considerable part of the work carried out by medical officers and health visitors in their consultation clinics, work demanding very different skills to those formerly necessary.

Special toddlers clinics have been held in all the main clinics where children are seen by appointment annually for assessment of their physical and mental development and where more time can be devoted to mothers who have problems than is possible at the general clinic sessions. Special sessions are arranged for immunisation and vaccination of children where the numbers attending justify separation from general infant welfare sessions.

2. Proprietary Welfare Centres

It is customary for infant welfare clinics to hold a block of proprietary brands of welfare foods approved by the Medical Officer of Health for sale to mothers at reduced prices. In most clinics this work is the responsibility of voluntary workers working in close co-operation with the professional staff. The profits made by these voluntary bodies are used to further the work of the clinics. The help given by voluntary workers at clinics, not only in the sale of proprietary welfare foods, but in assisting the Health Visitors, is greatly appreciated.

THE WORK OF HEALTH VISITORS AND SCHOOL NURSES

Home Visitation

Care of Mothers and Young Children

Health Visitors carry out a programme of home visits, screening tests, consultations at clinics and group discussions with parents until the child reaches the age of five years. The following tables show the extent of their work.

1961	1961	1961	1961	1961
1962	1962	1962	1962	1962
1963	1963	1963	1963	1963
1964	1964	1964	1964	1964
1965	1965	1965	1965	1965
1966	1966	1966	1966	1966
1967	1967	1967	1967	1967
1968	1968	1968	1968	1968
1969	1969	1969	1969	1969
1970	1970	1970	1970	1970
1971	1971	1971	1971	1971
1972	1972	1972	1972	1972
1973	1973	1973	1973	1973
1974	1974	1974	1974	1974
1975	1975	1975	1975	1975
1976	1976	1976	1976	1976
1977	1977	1977	1977	1977
1978	1978	1978	1978	1978
1979	1979	1979	1979	1979
1980	1980	1980	1980	1980
1981	1981	1981	1981	1981
1982	1982	1982	1982	1982
1983	1983	1983	1983	1983
1984	1984	1984	1984	1984
1985	1985	1985	1985	1985
1986	1986	1986	1986	1986
1987	1987	1987	1987	1987
1988	1988	1988	1988	1988
1989	1989	1989	1989	1989
1990	1990	1990	1990	1990
1991	1991	1991	1991	1991
1992	1992	1992	1992	1992
1993	1993	1993	1993	1993
1994	1994	1994	1994	1994
1995	1995	1995	1995	1995
1996	1996	1996	1996	1996
1997	1997	1997	1997	1997
1998	1998	1998	1998	1998
1999	1999	1999	1999	1999
2000	2000	2000	2000	2000
2001	2001	2001	2001	2001
2002	2002	2002	2002	2002
2003	2003	2003	2003	2003
2004	2004	2004	2004	2004
2005	2005	2005	2005	2005
2006	2006	2006	2006	2006
2007	2007	2007	2007	2007
2008	2008	2008	2008	2008
2009	2009	2009	2009	2009
2010	2010	2010	2010	2010
2011	2011	2011	2011	2011
2012	2012	2012	2012	2012
2013	2013	2013	2013	2013
2014	2014	2014	2014	2014
2015	2015	2015	2015	2015
2016	2016	2016	2016	2016
2017	2017	2017	2017	2017
2018	2018	2018	2018	2018
2019	2019	2019	2019	2019
2020	2020	2020	2020	2020
2021	2021	2021	2021	2021
2022	2022	2022	2022	2022
2023	2023	2023	2023	2023
2024	2024	2024	2024	2024
2025	2025	2025	2025	2025
2026	2026	2026	2026	2026
2027	2027	2027	2027	2027
2028	2028	2028	2028	2028
2029	2029	2029	2029	2029
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2031	2031	2031	2031	2031
2032	2032	2032	2032	2032
2033	2033	2033	2033	2033
2034	2034	2034	2034	2034
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2036	2036	2036	2036	2036
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2038	2038	2038	2038	2038
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2041	2041	2041	2041	2041
2042	2042	2042	2042	2042
2043	2043	2043	2043	2043
2044	2044	2044	2044	2044
2045	2045	2045	2045	2045
2046	2046	2046	2046	2046
2047	2047	2047	2047	2047
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2049	2049	2049	2049	2049
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2087	2087	2087	2087	2087
2088	2088	2088	2088	2088
2089	2089	2089	2089	2089
2090	2090	2090	2090	2090
2091	2091	2091	2091	2091
2092	2092	2092	2092	2092
2093	2093	2093	2093	2093
2094	2094	2094	2094	2094
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2104	2104	2104	2104	2104
2105	2105	2105	2105	2105
2106	2106	2106	2106	2106
2107	2107	2107	2107	2107
2108	2108	2108	2108	2108
2109	2109	2109	2109	2109
2110	2110	2110	2110	2110
2111	2111	2111	2111	2111
2112	2112	2112	2112	2112
2113	2113	2113	2113	2113
2114	2114	2114	2114	2114
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2129	2129	2129	2129	2129
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2140	2140	2140	2140	2140
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2143	2143	2143	2143	2143
2144	2144	2144	2144	2144
2145	2145	2145	2145	2145
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2148	2148	2148	2148	2148
2149	2149	2149	2149	2149
2150	2150	2150	2150	2150
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2152	2152	2152	2152	2152
2153	2153	2153	2153	2153
2154	2154	2154	2154	2154
2155	2155	2155	2155	2155
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2158	2158	2158	2158	2158
2159	2159	2159	2159	2159
2160	2160	2160	2160	2160
2161	2161	2161	2161	2161
2162	2162	2162	2162	2162
2163	2163	2163	2163	2163
2164	2164	2164	2164	2164
2165	2165	2165	2165	2165
2166	2166	2166	2166	2166
2167	2167	2167	2167	2167
2168	2168	2168	2168	2168
2169	2169	2169	2169	2169
2170	2170	2170	2170	2170
2171	2171	2171	2171	2171
2172	2172	2172	2172	2172
2173	2173	2173	2173	2173
2174	2174	2174	2174	2174
2175	2175	2175	2175	2175
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2194	2194	2194	2194	2194
2195	2195	2195	2195	2195
2196	2196	2196	2196	2196
2197	2197	2197	2197	2197
2198	2198	2198	2198	2198
2199	2199	2199	2199	2199
2200	2200	2200	2200	2200

Child Welfare Centres

Number of children who attended during period 1st January 1968 to 31st December 1969												
YEAR	1st Attendances of Children Born in:							No. of Sessions held by			No. of Children referred elsewhere for con- sultant advice	No. of Children on "At Risk" register at end of year
	1969	1968	1964/67	1963/66	1962/65	TOTAL	Total Attendances	Asst. Medical Officers	G.P.'s employed on ses- sional basis	Total No. of Sessions		
1969	2589	2494	5272	-	-	10355	40055	1192	126	1318	40	1740
1968	2184	2275	-	5140	-	9599	50056	1086	135	1295	65	2290
1967	2327	1973	-	-	4208	8508	52703	1107	143	1250	114	2909

DISTRIBUTION OF WELFARE FOODS

1. Government Scheme

The Council acts as agent for the distribution of National Dried Milk, Cod Liver Oil, Orange Juice and Vitamin A and D tablets to authorised beneficiaries. The major part of the work is handled on behalf of the Council by members of the W.R.V.S. and other voluntary workers whilst the detailed accounting for the scheme is dealt with by the Medical Officer of Health and the Borough Treasurer. The help given by the W.R.V.S. in this scheme is greatly appreciated.

Issues 1st January 1968 to 31st December 1969				
Year	National Dried Milk (tins)	Cod Liver Oil (bottles)	Orange Juice (bottles)	A & D Tablets (packets)
1969	11852	1871	53665	3225
1968	14750	1808	42986	2809
1967	16450	2012	42709	3276

2. Proprietary Welfare Foods

It is customary for infant welfare clinics to hold a stock of proprietary brands of welfare foods approved by the Medical Officer of Health for sale to bona fide clinic attenders at reduced prices. In most clinics this work is the responsibility of voluntary committees working in close co-operation with the professional staff. The profits made by these voluntary bodies are used to further the work of the clinics. The help given by voluntary workers at clinics, not only in the sale of proprietary welfare foods, but in assisting the Health Visitors, is greatly appreciated.

THE WORK OF HEALTH VISITORS AND SCHOOL NURSES

HEALTH VISITING

Care of Mothers and Young Children

Health Visitors carry out a programme of home visits, screening tests, consultations at clinics and group discussions with parents until the child reaches the age of five years. The following tables show the extent of their work.

1. Clinic Sessions

	1969	1968	1967
Ante-Natal and Post-Natal	337	158	182
Infant Welfare and Toddlers examination	1318	1295	1250
Mothercraft	301	303	328
Parentcraft	120	85	38
Health Education	42	48	54
Hearing Tests	220	228	232

2. Health Visitors case load for children aged 0 - 5 years

	0-1 yr.			1-5 yrs.			0-5 yrs.			Families		
	1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967
Total	2218	2665	2354	9818	9116	8936	12036	11781	11290	9273	8443	8312
Average case load for staff in post (1969 - 25 1968 - 23 1967 - 22)	88	116	107	393	398	406	481	512	513	371	367	378

The ratio of Health Visitors to population, as advised by a Ministry of Health working party reporting in 1961 is 1 to 4,300.

Our ratio for 1969 was 1-6,300 and for 1968 was 1-7,009.

3. Home Visits

	1969	1968	1967
Children 0 - 5	12320	11793	11095
Persons over 65	740	772	929

The Chest Clinic Health Visitor, who is mainly employed at the Chest Clinic consultation sessions, carried out the following number of visits in connection with the control of Tuberculosis:

508(1969), 560(1968), 659(1967).

Screening Procedures

Research continues in the Borough with continuous surveys of children born with spina bifida and other congenital malformations.

There are screening procedures offered to the parents of all infants:

- a) Phenylketonuria test at 3 weeks of age (to be replaced by the Guthrie test at 6 days of age on 1st January 1970.)
- b) Cystic Fibrosis at 3-4 months of age in conjunction with the Medical Superintendent of Queen Mary's Hospital for Children.
- c) Hearing test at 8 months.

As a result of these screening tests a small number of children are found to have abnormalities before symptoms are apparent and appropriate treatment is arranged very early in life, thereby minimising the severity of the defect.

Audiology Clinic

Children failing hearing tests can be referred for more detailed examinations at the Audiology Clinic. The numbers so referred are as follows:

	Age	New Cases	Total Consultations	Ref. ENT Dept.	Ref. Partially Hearing Unit
1969	0 - 2	27	35	2	-
	2 - 5	75	86	14	-
1968	0 - 2	18	21	-	-
	2 - 5	67	76	11	1

The Mothers' Clubs

These clubs are held every week or fortnight at the local Health Authority clinics for all mothers with children under 5 years of age. Clubs are organised either during the day, when there is a rota for the mothers to care for the children in another room, or in the evening.

Health Visitors initially make arrangements to form a club at their clinics and subsequently hand over responsibility for the actual running of the club to the mothers, but are always available for advice and guidance.

The London Borough of Sutton require no payment for the use of the premises where clubs are held, provided 50% of the time is spent in Health Education. Various speakers are invited to address the mothers on varied and topical subjects, including medical, homemaking and intellectual matters.

Many of the Mothers Clubs are very enterprising and the young mothers make friends outside the home and enjoy social activities coupled with stimulating educational topics. They are a "morale booster" to many a young mother moving into a new area or giving up work when the first baby arrives.

Care of the Elderly and Handicapped

The geriatric health visitor continues to act as a liaison officer between the Geriatric Unit at St. Helier, Sutton General and Wandle Valley Hospitals and the health visitors in the field.

Special emphasis is placed on prevention of breakdown of families who care for the elderly and handicapped. Every effort is made to give support to the relatives.

Advisory Clinics for the Elderly

These clinics are held for the continued surveillance of health in both men and women on reaching pensionable age, and to stimulate an intellectual interest in life and provide companionship.

Sessions are held at the Local Health Authority clinics staffed by Health Visitors and Clinic Nurses. A health assessment is made usually at the first visit. Vision, hearing and urine tests are carried out, blood pressure checked and haemoglobin measured. If any abnormality is detected the general practitioner is notified immediately. At the first visit therapeutic listening by the Health Visitor plays an important part in the success of these clinics.

The 6 - 8 sessions include much use of visual aids and talks are given by the Health Visitor and specialist speakers on many aspects of personal health and a variety of other subjects:- nutrition, the prevention of accidents, hobbies, etc. The number in each group is approximately 20 - 25 and they often break up into smaller groups of 6 for 10 - 15 minutes discussion and then relate their findings to the whole group. This enables all members to participate and proves a stimulating experience for the group. There is a break for refreshments when members have an informal chat amongst themselves and this is followed by a period of simple exercises to music.

These sessions are informal and relaxed and the Health Visitors encourage their clients to attend Old People's Welfare Clubs, Luncheon Clubs etc. The Advisory Clinics have proved to be very popular and there is often a reluctance on the part of those attending to leave.

Staff

Two student health visitors began training in September 1967 and qualified in September 1968. Both students trained at the Ewell Technical College, Surrey.

Two student health visitors began training in September 1968 and qualified in September 1969. One student attended Ewell Technical College, Surrey, and one student attended Croydon Technical College. All four students have joined our staff.

Four qualified Fieldwork Instructors continued to receive students attached for training from various colleges.

In 1968 one Health Visitor attended a management course and two Health Visitors attended a post-graduate refresher course. In 1969 three Health Visitors attended a post-graduate refresher course. In addition Health Visitors attended several one-day or half-day conferences on subjects of special interest.

Health Visitors attached to General Practice

In accordance with Department of Health and Social Security Circular 13/69, which recommends attachment of Health Visitors, etc., 4 Health Visitors were attached to general practitioners during 1969: 1 to a partnership in North Cheam and 3 to the General Practitioners at Robin Hood Lane Health Centre.

DOMICILIARY MIDWIFERY AND HOME NURSING

The Domiciliary Midwifery and Home Nursing Service is operated from Nurses Homes in Cheam, Sutton and Wallington. The Department of Health and Social Security Circular 13/69 requested the attachment of nurses and, if possible, midwives to general practitioners. This policy was gradually implemented during the latter part of 1969, when 3 District Nurses were attached to 2 partnerships and arrangements were made for 3 midwives to attend general practitioners midwifery sessions. With increasing attachment it was foreseen that three Nurses Homes were not necessary in the Borough and recommendations were made that all the Home Nursing and Midwifery Services should be centralised at Cheam Nurses Home by using the existing Home for residential accommodation for pupils and building a Clinical Centre in the grounds of the Home.

The following tables give some indication of the volume of work carried out:-

HOME NURSING			
	1969	1968	1967
(a) Total number of persons nursed	3153	2828	2902
(b) Number of persons aged under 5 at first visit	34	43	59
(c) Number of persons aged 65 or over at first visit	2093	1849	1955
(d) Total number of visits made by home nurses	122186	112510	111283

DOMICILIARY MIDWIFERY						
Year	Number of domiciliary confinements attended by Midwives under N.H.S. arrangements				No.delivered in institution but discharged to D.M. before the 10th day.	Total No. of visits made by D.M.
	Doctor booked		Doctor not present	Total		
	Doctor present	Doctor not present				
1969	51	219	-	270	529	9684
1968	94	293	7	394	378	9106
1967	125	326	1	452	355	9991

The following table shows the number of visits made by midwives to give ante-natal care:-

Total visits made during the year:	1969	1968	1967
	4769	5291	7166

(a) Midwives booked cases transferred to hospital during confinement

During 1969, 26 patients were transferred to hospital during pregnancy or labour and were delivered by domiciliary midwives in hospital.

(b) Refresher Courses for Midwives, District Nurses and Pupil Midwives

	1969	1968	1967
Refresher Course attended:			
Midwives	2	1	3
District Nurses	6	7	6

Practical Work Instructors Course attended:

District Nurses	-	1	2
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District Nurse Training

Student District Nurses, including 1 overseas student in 1968, who completed training and passed the examination

8	7	7
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3 State Enrolled Nurses undertook a course of instruction and all passed the assessment and examination and were awarded the Queen's Certificate in 1969.

Pupil Midwifery Training

	1969	1968	1967
Pupil Midwives who undertook 3 months of their second period of training with the Borough:	28	30	33
Student Nurses taken by District Nurses and Midwives for observation visits from:			
General and Children's Hospitals	110	82	125
Nurses who were doing obstetric nurses training	20	23	20

- (c) The following table shows the work undertaken at the Ante-Natal and Post-Natal Clinics during 1968 and 1969:-

	No. of Sessions held by		No. of women in attendance		No. of attendance			Total No. of Sessions
	Medical Officers	Midwives	For A.N. Exam.	For P.N. Exam.	M.O. Sessions	Midwife Sessions	Total Attendances	
1969	*337	246	548	61	806	1831	2637	583
1968	198	227	624	83	811	2254	3065	425
1967	260	288	1030	45	1052	2439	3491	548

* Each ante-natal session at which cytology examinations are made are counted as complete ante-natal sessions.

(d) Ante-Natal, Mothercraft and Relaxation Classes

Number of women who attended during 1968 and 1969:-

Year	Institutional booked	Domiciliary booked	Total	Total No. of attendances during year
1969	582	12	594	2354
1968	427	62	489	2260
1967	422	85	507	2409

(e) Local Supervising Authority (Midwives Act)

The Borough Council as the Local Supervising Authority are responsible for supervising the work of all midwives in the Borough. The following number of State Certified Midwives gave notice of their intention to practise as midwives in the Borough during the years 1969 and 1968:-

1969 97

1968 89

1967 103

(f) Summoning of Medical Aid

During the period 1st January 1968 to 31st December 1969, medical aid was summoned under the Midwives Act, 1951 by midwives in the following number of cases:-

(i) For domiciliary cases:-

1969 1968 1967

(a) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service

147 124 119

(b) Others

- - 1

(ii) For cases in hospitals

353 308 421

(g) Ophthalmia Neonatorum

Between 1st January 1968 and 31st December 1969, midwives sought medical aid for suspected cases of Ophthalmia Neonatorum in respect of 14 babies in 1969 and 14 in 1968, but no cases were notified.

(h) Notification from Midwives

During the period 1st January 1968 to 31st December 1969, the following notifications were received from midwives:-

1969 1968 1967

Sending for medical aid

501 432 541

Stillbirths

2 6 7

Liability to be a source of infection (inc. pyrexia)

10 11 10

Death of mother or baby

- - -

(i) Special Investigations

The non-medical Supervisor of Midwives undertook the following special investigations during 1st January 1968 to 31st December 1969.

1969 1968 1967

Sending for medical aid (all were concerned with conditions of babies' eyes.)

14 11 16

Stillbirths

2 6 7

Liability to be a source of infection (incl. pyrexia)

10 11 10

Death of mother or baby

- - 1

(j) Maternity Outfits

A maternity outfit is supplied free on request to each expectant mother being confined at home who makes use of one or other of the arrangements for the care of expectant mothers under the National Health Service.

(k) Maternal Mortality

There was one death associated with pregnancy assigned to the London Borough of Sutton during the period 1968 and 1969 - a young girl who was not known to be pregnant until post-mortem.

LAUNDRY SERVICE FOR INCONTINENT PATIENTS NURSED AT HOME

This service for incontinent patients continues to operate as in previous years.

The number of patients in need of assistance decreased slightly during the years under review.

This worthwhile service is very much appreciated, not only by patients but also by those who are caring for people unfortunate enough to be in need of this type of personal comfort.

The following information gives the number of patients served.

	<u>Total during year</u>			<u>Number of patients on books at the end of year</u>		
	<u>1969</u>	<u>1968</u>	<u>1967</u>	<u>1969</u>	<u>1968</u>	<u>1967</u>
London Borough of Sutton	72	74	98	33	33	35
London Borough of Merton	101	123	145	51	48	54
Borough of Epsom & Ewell	-	-	1	-	-	-
	173	197	244	84	81	89

DAY NURSERY SERVICE

Children are admitted to the Council's Day Nursery:

- (i) Where the mother is the sole wage earner
- (ii) When there is sickness in the family or where home conditions are likely seriously to prejudice the health of the child.
- (iii) Where, upon consideration of individual circumstances, it appears to the Council that admission is necessary in the interests of the child.

The geographical situation of the nursery near to the North West boundary makes it inaccessible to many parts of the Borough. Consequently 5 children in 1969 and 9 in 1968 normally resident attended the nursery in Middleton Road by arrangement with the London Borough of Merton and 1 child in 1969 and 3 in 1968 attended nurseries in other Boroughs. 38 children in 1969 and 11 in 1968 were placed by the Council in private day nurseries. 52 places are available in the Council's nursery, the average daily attendance at which was 39 in 1969 and 38 in 1968.

Children attending the nursery are medically examined at six monthly intervals and medical officers and health visitors pay frequent visits.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

In making provision for the residential care of the unmarried mother and her child the Council rely mainly on voluntary organisations. There is an active Moral Welfare Association in Sutton which runs an 18 bed mother and baby home. The Council makes a grant to the Association and in return receives the services of a moral welfare social worker and free admission of mothers up to one third of the total number of beds available.

A number of girls prefer to go to mother and baby homes some distance from their places of residence and at times the Sutton home is unable to accept all the Sutton cases. Under these circumstances, a suitable home is sought elsewhere, the Council being financially responsible for the girl's maintenance, less any contribution she may make of her own or from financial help from her parents or the putative father.

The total number of Sutton girls admitted to the Sutton Mother and Baby Home from 1st January, 1968 to 31st December, 1969 was 13 in each year and the number recommended for placement in other mother and baby homes was 16 in 1969 and 10 in 1968.

Before leaving the home mothers are assisted to find accommodation and employment and in making arrangements for the care of their babies.

MOTHER AND BABY HOMES							
Name and address of Home:				Provided by :			
"The Haven" 2 Camden Road, Sutton.				Sutton & District Moral Welfare Association			
Type of admission	Number of cases admitted during year			Number of beds at end of year			Average duration of stay
	1969	1968	1967	1969	1968	1967	
Ante-Natal	49	53	61	8	9	9	42 days
Post-Natal	-	-	1	9	8	8	42 "
Shelter	-	-	-	-	-	-	-
Total	49	53	62	17	17	17	84 days
Number of Cots	9	9	9				

RECUPERATIVE HOLIDAYS

Adults and children recommended on medical grounds for recuperative holidays are sent to convalescent and holiday homes. During the period under review ten children (4 in 1969 and 6 in 1968) under the age of five years; thirty two (17 in 1969 and 15 in 1968) school children; and ninety (53 in 1969 and 37 in 1968) adults were sent for recuperative holidays. Patients, excluding school children and those receiving social security benefit, are assessed to pay a contribution towards the cost of their maintenance.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Mothers are encouraged to bring their children for dental inspection when they attend the Toddlers Clinics which are now held at all the main Centres. In addition, expectant and nursing mothers and young children under 5 years can obtain dental inspection and treatment at the Council's dental surgeries.

Dental inspection and where necessary, treatment, carried out before the age of 5 years is an important measure in preventive dentistry leading to the early diagnosis of dental defects usually before extensive fillings or extractions are necessary. At this time also advice can be given on diet and oral hygiene and the importance of regular dental inspections is stressed.

The numbers of children being brought for inspection and treatment before they are five years of age is gradually increasing, although the number of expectant and nursing mothers attending the Council's clinics is low. Many of these, however, obtain their treatment privately.

The following table gives details of work undertaken during the period under review:-

Dental Inspection and Treatment		Expectant and Nursing Mothers		Children	
Sessions devoted to inspection and treatment		14.55		16	
Courses of treatment completed		19		25	
No. of dentures supplied		11		13	
Inlays		1		10	
Crowns and bridges		-		-	
Teeth root filled		-		-	
Teeth otherwise treated		3		71	
Extractions		10		51	
Patients x-rayed		14		14	
Emergency visits		3		10	
General consultations		11		11	
Extractions		19		25	
No. of teeth filled		110		1091	
Fillings		137		1183	
Additional courses of treatment		107		1471	
Total visits		153		1110	
Subsequent visits		153		1110	

Attendances and Treatment	Expectant and Nursing Mothers			Children Under 5		
	1969	1968	1967	1969	1968	1967
Inspection	36	43	50	1118	1289	726
No. found to require treatment	32	42	43	401	485	313
No. offered treatment	30	37	43	377	444	290
Re-inspection	4	11	8	125	283	180
No. found to require treatment	3	9	6	68	167	92
First visits for treatment	36	46	58	394	468	385
Subsequent visits	93	117	111	716	896	621
Total visits	129	163	169	1110	1364	1006
Additional courses of treatment	5	2	8	38	84	58
Fillings	107	137	137	1183	1471	999
No. of teeth filled	88	109	110	1091	1314	878
Extractions	19	57	26	185	193	136
General anaesthetics	11	6	11	96	99	62
Emergency visits	3	6	10	63	58	51
Patients x-rayed	15	24	14	7	6	4
Scalings	10	26	21	20	22	23
Teeth otherwise conserved	-	-	3	71	48	160
Teeth root filled	-	2	-	1	-	-
Crowns	-	1	1	-	-	-
Inlays	-	-	1	-	-	-
No. of Dentures supplied	11	13	10	1	-	-
Courses of treatment completed	19	28	59	362	424	330
Sessions devoted to inspection and treatment	14.55	18	19.85	176.8	238	167.6

Mothers are encouraged to bring their children for dental inspection when they attend the Mothers Clinics which are now held at all the main Centres. In addition, expectant and nursing mothers and young children under 5 years can obtain dental inspection and treatment at the Council's dental surgeries.

HOME HELP SERVICE

Recruitment of full-time home helps continues to be difficult and the Service is dependent almost exclusively on part-time home helps. Posts of domestic auxiliary on salaries with car allowances have been established, but it is regretted that there have been no suitable applicants.

In spite of the chronic shortage of home helps, no household in urgent need is ever left without help. The following table shows the number of households for whom the Home Help Service was made available during the years 1968/69:-

Home Help to Households for Persons:

1968	Aged 65 or over on first visit	Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	Total
No. of cases	929	77	-	107	93	1,206

Number of Home Helps at 31.12.68	(a) Whole-time	14
	(b) Part-time	82
	(c) Whole-time equivalent of (b)	52.8
	(d) Total	<u>66.8</u>

1969	Acute & Chronic Over 65	T.B. & Chronic Under 65	Acute Under 65	Maternity	Mentally Disordered	Total
No. of cases	948	135	108	74	3	1,268

Number of Home Helps at 31st December 1969.	(a) Full-time	13
	(b) Part-time	102
	(c) Whole-time equivalent of (b)	59.6
	(d) Total	<u>72.6</u>

CERVICAL CYTOLOGY

During the years 1968/69, the scheme of cervical screening was continuously extended as is shown on the following table:-

	<u>1969</u>	<u>1968</u>	<u>1967</u>
Total number of women who had one or more cervical smears taken	2695	1429	1098
Cases having smears taken for the first time	1838	813	815
Number of repeat smears	857	616	283

Classification of smears

Class	No. of smears			No. referred to G.P.	
	1969	1968	1967	1969	1968
I	1875	858	349	221	173
II	812	569	738	194	183
III	6	1	9	6	1
IV	1	1	2	1	1
V	1	-	-	1	-

In all cases complete pelvic examination, breast examination, urine testing and blood pressure recording was routinely carried out, in addition to the cervical smear test. Although the National scheme for cervical smears is for women over the age of 35 years, the Consultant Cytologist at St. Helier Hospital is carrying out a research programme which includes a younger age group and women over the age of 25 years who have had more than one child are also eligible.

CHIROPODY SERVICES

The following groups are eligible for chiropody under the Council's scheme:-

- (i) Elderly persons, i.e. persons of pensionable age, receiving retirement pensions.
- (ii) Handicapped persons including registered blind and partially sighted, and
- (iii) Expectant mothers.

The following table gives the total number of cases attended and the total number of treatments:-

	1969	1968	1967
Total number of cases attended	2735	2504	2641
Total number of treatments	10,950	9465	12,367

In addition to sessions held at the major clinics, chiropodists visit Local Authority Residential Homes for the Elderly and 3 private Homes run by Voluntary Organisations.

Where the elderly or handicapped person is unable to attend a clinic, domiciliary visits are made and the following are the numbers of these visits:-

	1969	1968	1967
Treatments given in patient's own home	3709	3190	3899

There is an increasing demand for chiropody but unfortunately, during the years 1968/69, it has not been possible to recruit full-time chiropodists and at times there has also been difficulty in obtaining the services of sessional chiropodists.

THE CARE OF THE MENTALLY HANDICAPPED

During the two years covered by this report the establishment of the Mental Health Section has increased and now has an effective strength of 9 officers - one officer on secondment for training.

Mental Illness

527 referrals were received from all sources during 1968 and of this number 236 patients required inpatient treatment in psychiatric hospitals; 67 being admitted on an informal basis and 169 under statutory procedures. This compared with 613 referrals received during 1969, of whom 296 patients required inpatient treatment; 114 being admitted on an informal basis and 182 under statutory procedures.

At 31st December 1968 148 patients were being supported in the community and at 31st December 1969 the number being similarly supported was 216.

Hostel

Gower House Hostel has been reasonably well occupied during the two years covered by this report and the position during each year was as follows:

1968 - Admissions 15	Discharges 17	In residence at 31st December 1968	10
1969 - Admissions 13	Discharges 13	In residence at 31st December 1969	10

7 patients were in residence in hostels or voluntary homes outside the Borough at 31st December 1968 and this number increased to 12 by 31st December 1969.

Boarding Out Scheme

The boarding out scheme continues to be disappointing. No further progress has been made during the two years covered by this report and only two flatlets which are occupied by previous residents from Gower House Hostel represent the sum total of this venture. Officers are ever watchful to find landladies interested enough to participate in the scheme and it is hoped that progress will be made.

Social Club

The social club run by the Sutton Association for Mental Health continues to meet every Tuesday at the Day Centre, 77 Woodcote Road, Wallington, from 8.00 - 10.00 p.m. The Chairman, Secretary and voluntary helpers provide a varied programme and attendance at the club remained fairly steady throughout the last two years.

Subnormality

Subnormal children over 5 years of age and adults capable of receiving day training attended various training centres within and outside the Borough during the years 1968 and 1969 as follows:-

	1968	1969
Sutton Training Centre	35 children	38 children
Morden Junior Training Centre (London Borough of Merton)	8 children	5 children
Banstead Adult Technical Training Unit (Surrey County Council)	60 adults	63 adults
Caterham Training Centre (Surrey County Council)	2 adults	2 adults
Waylands Training Centre (London Borough of Croydon)	1 child	1 child
Bensham Training Centre (London Borough of Croydon)	1 adult	1 adult
Croydon Spastic Work Centre	1 adult	1 adult
Croydon Spastic Childrens Centre	4 children	2 adults
St. Bernadettes Schools Ltd.	2 children	5 children
		1 child.

We are grateful to neighbouring Authorities for assisting us by offering places in their training centres.

Hostels

The number of cases where special arrangements were made for subnormal children and adults who needed to be in residential establishments for care and training increased from 11 in 1968 to 18 in 1969.

Hospitals

During 1968 and 1969 14 and 19 applications respectively were received for short term care to enable the parents to have a holiday or because of a family crises and with the co-operation of Queen Mary's Hospital, Carshalton, and The Manor Hospital, Epsom, all were admitted for periods ranging from two to eight weeks.

Two subnormal females were received into permanent residential care in hospitals for the subnormal during the year ending 31st December, 1968, and during the year ending 31st December, 1969, 4 male and 2 females were similarly received into permanent care.

Community Support

The Mental Health Section has responsibility for supporting all subnormal persons over 5 years of age in the community and these are visited as frequently as possible having regard to officers case loads. At 31st December, 1968, 219 families were subject to routine visiting. This increased to 230 at 31st December, 1969.

As in previous years holiday arrangements for adults attending the Banstead Technical Training Unit were made by the Surrey County Council. A few children from the Sutton Training Centre were able to join parties of Surrey children on organised holidays; 5 in 1968 and 6 in 1969, and we are grateful to Surrey County Council for their assistance.

Training Centre

It was hoped that by 31st December, 1969, the new purpose built Training Centre would be in course of erection and that the centre would be operational before another winter, but it now appears doubtful whether the Centre will be completed before the administration of training centres and the responsibility for the training of the subnormal are transferred to the Education Department.

General

For emergency rota duty of Mental Welfare Officers outside normal office hours at night and at week-ends the link has been maintained with the neighbouring Borough of Merton. This arrangement operates very satisfactorily and it is intended that it should continue.

MEDICAL SOCIAL WORK

1. Prevention of Break-up of Families

When the Department was reorganised in July 1968, the Sub-Section of the previous Health and Welfare Department concerned with the prevention of break-up of families was transferred to the Social Services Division.

2. Chest Clinics

One Medical Social Worker has remained attached to the Chest Clinics at St. Helier Hospital and with one Chest Clinic Health Visitor works in close co-operation with the Consultant Chest Physicians. Their work, which was originally associated almost exclusively with cases of pulmonary tuberculosis, has been extended to other chest and heart conditions.

There are two Chest and Heart Voluntary Committees:- Beddington, Carshalton and Wallington Chest and Heart Care Committee, and Sutton and Cheam Tuberculosis and Chest Care Committee, who give excellent service to patients attending the Chest Clinics on the recommendation of the Chest Physician or the Chest Clinic Social Worker.

The Borough Council makes an annual grant to the Care Committees, but much of their work is dependent on the raising of funds from voluntary sources.

Extra-nourishment

Patients suffering from pulmonary tuberculosis, who require extra-nourishment for medical reasons and are unable to provide it themselves are supplied with free milk. There is a diminishing need for this scheme, since the number of necessitous patients suffering from pulmonary tuberculosis is gradually reducing.

HEALTH EDUCATION

In addition to work in this field carried out by teachers in schools, many of the professional staff of the Health Division of the Department, Medical Officers, Dental Officers, Health Visitors are responsible for Health Education as part of their normal duties. The demand from schools and from the general public has increased greatly and it became necessary to appoint a Health Education Officer, assisted by a Technical Assistant, to co-ordinate the work and to give supporting service to professional staff as well as to participate in practical work. These two officers were appointed during 1969.

A Health Education Centre was set up in Rochester Road Clinic and a considerable number of Audio-visual aids have been obtained and are in constant use in Clinics, schools, etc. The Department is grateful to Head Teachers for a financial contribution towards the purchase of a number of Health Education Films.

Health Education Sessions are held in clinics, schools, public Halls etc., and it is only possible in this report to refer to the more important sessions that were held.

1) Courses on preparation for childbirth and parentcraft were held in clinics throughout the Borough by Health Visitors and the following table will indicate the number of sessions held:-

	<u>1968</u>	<u>1969</u>
Mothercraft sessions	303	301
Parentcraft sessions	<u>85</u>	<u>102</u>
Total	<u>388</u>	<u>421</u>

2) Health Education in High Schools has been undertaken by Dr.L.Clowes throughout the years 1968/69, following a pilot scheme in one school. During the school term, Dr. Clowes is employed almost fulltime on Health Education and her programme is geared to all ages in High Schools. Head Teachers have frequently expressed their appreciation of the talks given.

In addition to her sessions in schools, Dr. Clowes has frequently attended Parent/Teacher Association meetings giving talks on special aspects of her Health Education programme in high schools and showing the appropriate films to the parents.

Health Education sessions are also held in primary schools by Health Visitors and it was possible to increase the number from 48 sessions in 1968 to 200 in 1969.

3) Home Safety. Work in connection with the prevention of accidents in the home continued throughout 1968 and 1969 with a varied programme. This included home safety courses, primarily for young people, certificates of merit being presented to the successful participants; open days at fire stations; a poisons campaign associated with the collection from homes and at chemists shops of unused drugs and medicines and poster competitions in schools.

Hazard House, the teaching aid which highlights 53 home hazards has been improved and has been continuously in use in primary schools, libraries, etc. Hazard House has, in fact, become wellknown throughout the Country and on a number of occasions has been loaned to outside organisations. The Department is grateful for the continuous help given by the Home Safety Committee and the Home Safety Officer in this important part of our Health Education Programme.

NURSING HOMES

The following registered nursing homes are situated in the Borough:-

Carshalton Nursing Home Ltd., 28 Salisbury Road, Carshalton.
103 Woodcote Road, Wallington.
Dunollie, 38 Woodcote Road, Wallington (closed during 1969)
The Avenue, 32 The Avenue, Cheam.
The Red House, 40 Burdon Lane, Cheam.
St. Margaret's, 17 Overton Road, Sutton.
Woodcote Grove House, Woodcote Park, Coulsdon (Friends of the Poor
and Gentlefolk's Help).

The following establishments are also registered as "Nursing Homes" :-

St. Anthony's Hospital, Cheam.
Lourdes House, Wallington (For Mentally Sub-normal Children)
The Haven, Camden Road, Sutton (Mother and Baby Home).

Nursing Homes are visited regularly by medical officers and the senior nursing officers.

NURSES' AGENCIES ACT, 1957

There are 2 nurses' agencies licensed under this Act in the Borough:-

The Empire Nursing Association
Carshalton Nurses' Co-operation (Moved from area in
1969).

Licences are issued annually subject to re-inspection and satisfactory report.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

The above act was amended by the Health Services and Public Health Act, 1968, Section 60. The main purpose of the amendment was to register all child minders whereas in the past registration was not necessary where the child minder had the care of one or two children only.

In addition there were recommendations to improve the standard of care of children either being looked after by child minders or in private day nurseries.

The following tables will indicate the tremendous increase in the volume of work necessary due to the amendment of the act:-

Year	Approved for registration during the year:		No. who cancelled registration during the year:	
	Child Minders	Day Nurseries	Child Minders	Day Nurseries
1969	89	5	7	1
1968	7	10	12	1
1967	14	8	-	2

	Nurseries & Child Minders Regulation Act 1948		National Health Service Act, 1946. Section 22.	
	Premises Registered at end of year		Daily Minders registered at end of year	Daily Minders receiving fees from the Authority at the end of year
	Factory	Other Nurseries		
(a) Number as at:				
31.12.69	-	45	117	6
31.12.68	-	43	45	1
31.12.67	-	34	45	3
(b) Number of places and number of children minded as at:				
31.12.69	-	1054	337	7
31.12.68	-	997	285	1
31.12.67	-	799	318	4

MEDICAL ARRANGEMENTS FOR CHILDREN'S HOMES AND RESIDENTIAL NURSERIES

At 31st December, 1969, there were 4 Children's Homes and one Reception Home under the control of the Children's Committee:-

Reception Home, Rosebery House, 7/9 Rosebery Road, Cheam
 Throwley House, 10 Throwley Road, Sutton
 Malvern House, Kenley
 Camperdown Children's Home, Wallington
 Dean House, Merstham.

A general practitioner residing near the Reception Home has been appointed as medical officer and is responsible for the examination of new admissions and discharges, as well as for medical treatment.

At the other Homes a general practitioner is responsible for medical treatment, examination of new admissions and discharges being carried out by senior medical officers.

In addition, a senior medical officer visits all the Homes regularly, carries out routine medical inspections every six months and is responsible for seeing that any special investigations and immunisations against infectious disease are carried out.

The Children's Homes are inspected every six months and a report on environmental conditions and the health of the children submitted to the Children's Committee as necessary.

STAFF MEDICAL EXAMINATIONS

(a) Officers

A medical examination to ascertain fitness for employment is carried out by the Medical Officer of Health or a member of the medical staff as soon as possible following interview and before an appointment is confirmed.

The medical examination includes a routine x-ray examination of chest for all members of the staff having close contact with children and those who have been exposed to tuberculous infection. X-ray examination of other members of the staff is carried out when the examining medical officer considers it is desirable.

Bacteriological and other investigations may be required at the discretion of the Medical Officer of Health.

(b) Manual Staff

A medical examination to ascertain fitness for employment is carried out by the Medical Officer of Health or a member of the medical staff within 6 months of first being employed and no further medical examination is required prior to acceptance into the Superannuation Scheme.

Manual staff who are in close contact with children and those who have been exposed to tuberculous infection have an x-ray examination of chest and at the discretion of the Medical Officer of Health, bacteriological examination of stools or any other investigation considered necessary.

(c) Employees of the Council generally

Certain members of staff having close contact with children are required to have a periodic x-ray examination of the chest, for example, Health Visitors, District Nurses, Child Care Officers, etc. A similar condition was introduced for teaching and ancillary staff at schools in September 1969.

Under certain circumstances members of the staff are granted an extension of sick leave.

Members of staff referred by Chief Officers to determine fitness to continue employment are medically examined.

Members of staff who wish to continue employment after the age of 65 years are required to pass a medical examination and are re-examined annually.

The following medical examinations were undertaken during 1968 and 1969:-

	<u>1969</u>	<u>1968</u>	<u>1967</u>
Officers (excluding teachers)	322	338	245
Teachers	281	266	219
Manual Staff	224	284	247
Extensions of Sick Pay	24	77	100
Retirement due to ill-health	11	17	26
Extensions of service	128	136	82

Trainee Teachers

It is part of the duty of school medical officers to medically examine entrants to teachers' training colleges. In 1969 and 1968, 166 and 164 respectively, examinations were carried out and the reports were forwarded to the Principals of the Training Colleges concerned. The number for 1967 was 155.

SCHOOL HEALTH SERVICE

1. Selective Medical Examinations

A full report on selective medical examinations was contained in the Annual Report of 1967 and was put into operation in September 1967.

The selective medical examination has not diminished the volume of work to such an extent as was anticipated, since many of the parents have requested their children to be medically examined whether selected or not. About 80% of all the children in the age groups concerned are still medically examined.

2. Periodic Medical Inspections

Tables (a) and (b) give details of the number of children examined :-

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table (a) Periodic Medical Inspections 1st January - 31st December 1969

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full Medical Examination	PHYSICAL CONDITION of Pupils Inspected		No. of Pupils found not to warrant Medical Examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 & later	293	293	-		12	17	29
1964	1712	1711	1		56	156	195
1963	947	946	1		27	115	142
1962	171	171	-		18	19	35
1961	1376	1376	-		89	128	165
1960	455	454	1		37	47	82
1959	82	82	-		8	10	16
1958	44	43	1		6	14	20
1957	722	718	4	260	100	82	177
1956	333	333	-	113	54	28	74
1955	120	120	-		21	21	41
1954 & earlier	1120	1120	-		175	75	230
TOTAL	7375	7367	8	373	603	712	1206

Of the 7375 pupils examined in 1969, 1206 pupils (percentage of total 16.35) were found to be in need of treatment for 1459 defects.

Table (b) Periodic Medical Inspections 1st January - 31st December 1968

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full Medical Examination	PHYSICAL CONDITION of Pupils Inspected		No. of Pupils found not to warrant Medical Examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition	Total Individual Pupils
		(No.)	(No.)				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 & later	232 (205)	231 (204)	1 (1)	- (-)	4 (3)	16 (25)	18 (28)
1963	1076 (1620)	1073 (1614)	3 (6)	- (-)	38 (75)	83 (182)	103 (247)
1962	319 (452)	317 (451)	2 (1)	- (-)	20 (17)	45 (75)	54 (89)
1961	86 (100)	86 (100)	- (-)	- (-)	9 (6)	19 (15)	23 (18)
1960	1359 (1352)	1359 (1351)	- (1)	- (-)	127 (125)	121 (130)	224 (222)
1959	435 (434)	434 (432)	1 (2)	- (-)	47 (43)	50 (74)	89 (104)
1958	77 (71)	77 (69)	- (2)	- (-)	10 (6)	24 (22)	28 (25)
1957	57 (132)	57 (132)	- (-)	251 (229)	4 (24)	21 (29)	22 (45)
1956	665 (377)	663 (374)	2 (3)	111 (104)	85 (58)	64 (41)	129 (71)
1955	371 (207)	370 (205)	1 (2)	3 (-)	51 (24)	39 (25)	86 (36)
1954	122 (99)	122 (99)	- (-)	- (-)	23 (19)	20 (14)	39 (28)
1953	1177 (298)	1176 (1298)	1 (-)	- (-)	212 (235)	78 (111)	252 (315)
TOTAL	5976 (6347)	5965 (6329)	11 (18)	365 (333)	630 (635)	580 (743)	1067 (1228)

Of the 5976 (6347) pupils examined in 1968, 1067 (1228) pupils (percentage of total 20.57 (19.35)) were found to be in need of treatment for 1421 (1662) defects.

(i) Special medical inspections and re-inspections

Pupils are re-examined when necessary following periodic medical inspections or can be referred for examination by the Head Teacher and School Nurses or if requested by parents. These pupils are examined either at the school or at general medical clinics.

The total numbers re-examined were as follows:-

1969	1184
1968	1006
1967	1028

(ii) Physical condition

The general physical condition was considered to be unsatisfactory in a very small number of pupils as the following table shows :-

	<u>1969</u>	<u>1968</u>	<u>1967</u>
a) Children examined at routine medical inspection:	7375	5976	6347
b) No. in unsatisfactory physical condition:	8	11	18
c) (b) as a percentage of (a)	0.11%	0.19%	0.28%

(iii) Personal Hygiene

Routine inspection of personal hygiene of pupils is carried out either at the school nurse's discretion, or at the request of the Head Teacher. Regular hygiene inspections each term have not been considered necessary.

The following table shows the total number of children inspected and the total number of cases of infestation:-

Year	No. of children examined.	No. found to be infested.
1969	8261	99
1968	2657	14
1967	7006	44

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this table, whether or not they were under treatment or observation at the time of the inspection. This table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease		PERIODIC INSPECTIONS												Special Inspections		
			Entrants			Leavers			Others			Total			1969	1968	1967
			1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967			
4	Skin	T	24	18	28	35	37	48	63	81	73	122	136	149	293	307	347
		O	82	53	51	27	11	39	55	66	55	164	130	145	-	47	1
5	Eyes a. Vision	T	95	62	97	196	235	260	312	333	278	603	630	635	65	48	84
		O	167	116	153	46	79	39	275	247	150	488	442	342	8	23	8
	b. Squint	T	53	31	43	5	1	1	25	35	29	83	67	73	2	11	2
		O	43	28	15	2	-	-	16	21	8	61	49	23	-	1	1
	c. Other	T	6	1	8	1	2	-	8	10	7	15	13	15	4	6	6
		O	9	2	5	-	1	2	4	6	6	13	9	13	-	-	2
	Ears a. Hearing	T	17	12	25	5	3	5	18	13	13	40	28	43	87	2	147
		O	90	39	56	6	7	11	50	58	43	146	104	110	-	45	10
6	b. Otitis Media	T	7	3	4	-	-	3	1	16	3	8	19	10	1	6	4
		O	89	34	46	2	2	4	17	31	25	108	67	75	-	1	-
	c. Other	T	2	1	1	1	1	3	4	7	5	7	9	9	4	81	6
		O	11	5	8	2	1	-	6	3	59	19	9	67	-	-	-
7	Nose and Throat	T	72	35	51	3	4	9	51	35	39	126	74	99	9	11	18
		O	633	277	435	22	27	41	233	306	223	888	680	699	2	14	11
8.	Speech	T	70	32	59	3	3	5	27	34	40	100	69	104	27	10	26
		O	166	69	89	2	2	-	19	27	14	187	98	103	-	10	-

Defect Code No.	Defect or Disease		PERIODIC INSPECTIONS												Special Inspections		
			Entrants			Leavers			Others			Total			1969	1968	1967
			1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967			
9	Lymphatic Glands	T	2	2	2	-	-	-	1	1	1	3	3	3	-	-	2
		O	137	77	161	3	3	5	49	67	55	189	147	221	-	4	-
10	Heart	T	3	1	4	1	1	3	4	3	9	8	5	16	1	-	4
		O	71	24	41	4	5	15	25	20	28	100	49	84	-	1	4
11	Lungs	T	16	5	17	2	5	5	18	17	36	36	27	58	9	8	20
		O	118	46	57	22	11	18	77	70	33	217	127	108	-	16	3
12	Developmental																
	a. Hernia	T	1	2	1	1	-	-	-	4	5	2	6	6	1	-	-
		O	13	3	4	-	1	-	1	9	11	14	13	15	-	-	-
	b. Other	T	13	2	9	5	1	2	33	7	18	51	10	29	9	5	6
		O	56	27	72	11	3	1	49	46	74	116	76	147	-	5	1
13	Orthopaedic																
	a. Posture	T	2	4	13	6	8	15	6	17	30	14	29	58	9	14	21
		O	9	6	19	7	7	20	14	29	30	30	42	69	1	6	-
	b. Feet	T	26	16	30	6	4	11	31	38	47	63	58	88	28	39	57
		O	61	38	52	21	7	22	42	51	60	124	94	134	-	9	-
	c. Other	T	22	6	12	9	5	11	12	9	15	43	20	38	21	4	18
		O	35	20	24	18	14	20	21	39	35	74	73	79	-	13	1
14	Nervous System																
	a. Epilepsy	T	3	2	2	-	3	6	4	6	11	7	11	19	1	2	3
		O	7	4	3	3	4	-	9	6	1	19	14	4	-	2	-
	b. Other	T	3	-	-	1	2	2	4	1	1	8	3	3	2	2	2
		O	5	8	8	4	2	1	12	6	10	21	18	19	-	1	-
15	Psychological																
	a. Develop- -ment	T	3	4	1	27	31	17	31	97	96	61	132	114	21	8	21
		O	57	34	31	2	3	5	29	25	18	88	62	54	-	12	1
	b. Stability	T	11	7	5	4	5	4	17	20	19	32	32	28	11	4	20
		O	78	41	81	7	5	14	37	59	74	122	105	169	-	2	7
16	Abdomen	T	1	1	2	5	2	2	-	5	10	6	8	14	5	2	1
		O	30	8	18	8	2	10	26	17	21	64	27	49	-	2	-
17	Other	T	3	6	13	-	9	9	18	17	29	21	32	51	223	227	295
		O	20	19	41	9	21	22	41	62	53	70	102	116	-	66	11

3. Medical Treatment

Medical treatment is the responsibility of the general practitioner and hospital services with the exception that certain minor ailments are also treated at Local Authority Clinics.

By arrangement with the Executive Council treatment of defective vision and squint is carried out at Local Authority Ophthalmic Clinics.

(a) Minor Ailments

The principal minor ailments treated are diseases of the skin and ear and external disease of the eyes. One of the School Medical Officers has specialised in the treatment of diseases of the skin and many cases are referred to her by general practitioners.

	<u>1969</u>	<u>1968</u>	<u>1967</u>
Total No. of Pupils treated for minor ailments:	222	88	291
Total No. of pupils treated for skin diseases:	292	325	352

(b) Eye diseases, defective vision and squint

Ophthalmology Sessions are held at the following clinics:-

Robin Hood Lane Health Centre
Green Wrythe Lane Clinic
Rochester Road Clinic
Shotfield Clinic

Total numbers of pupils treated for these defects were as follows:-

	<u>1969</u>	<u>1968</u>	<u>1967</u>
External eye diseases:	4	3	5
Defective vision including squint:	1381	1349	1188
Total No. treated:	1385	1352	1193
Spectacles were prescribed for:	347	402	381

(c) Diseases and defects of ear, nose and throat

	<u>1969</u>	<u>1968</u>	<u>1967</u>
Total No. of children treated for these defects:	122	105	222
No. who received operative treatment:	5	8	28

(d) Orthopaedic and postural defects

Physiotherapy Sessions for minor orthopaedic and postural defects are held at the following clinics and at Carew Manor Special School:-

Priory Crescent
Stonecot Hill
Robin Hood Lane

Rochester Road
Green Wrythe Lane
Shotfield

SCHOOL DENTAL SERVICE 1968/1969

There is an increasing awareness on the part of the general public of the need for regular dental attention and the demand for dental treatment at the Borough's Clinics continues to grow. To encourage this trend, especially in the younger age groups, school entrants were given an attractive card on dental health and a sample tube of toothpaste in 1968 and in 1969, an oral hygiene kit, consisting of a beaker, toothbrush and toothpaste. Infants and Primary Schools were supplied with colourful wall charts, designed especially for young children, and a film loop showing the correct way to use a toothbrush was run at intervals at all the Dental Clinics.

The maintenance of an efficient dental service in all five clinics is a difficult task, mainly due to the rapid turnover of staff, but the dental officers were co-operative, working extra sessions or changing their centres of work to keep the clinics running as smoothly as possible.

In spite of staff changes the total number of dental sessions rose during the years 1968 and 1969 but some school inspections had to be postponed. The percentage of children found to be in need of treatment was higher, (1968 48.6%; 1969 50.5%) but still compared favourably with the national average of 56.5%.

The pattern of dental treatment over the country as a whole, tends to vary from one area to another, depending on the number of dental surgeons available in the area, and the demand for conservative treatment. In Sutton the demand for conservative treatment is high and the average of 7.1 fillings to .85 extractions per treatment session compares favourably with the national average of 5.2 fillings to 2.1 extractions per session.

SCHOOL DENTAL SERVICE

1. <u>Attendances & Treatment</u>	5 - 9 years			10 - 14 years			15 years & over			TOTAL		
	1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967
First Visit	1812	1926	1899	1522	1648	1540	334	309	322	3668	3883	3761
Subsequent Visits	3167	3282	2872	3102	3484	2974	718	754	630	7047	7520	6476
Total Visits	4979	5208	4771	4624	5132	4514	1112	1063	952	10715	11403	10237
Additional courses of treatment commenced	407	554	415	216	321	213	43	59	55	666	934	683
Fillings in permanent teeth	1855	1935	1284	3782	4218	3265	1173	1222	1066	6810	7375	5615
Fillings in deciduous teeth	4166	4690	4684	330	485	470	-	-	-	4496	5184	5154
Permanent teeth filled	1541	1656	1105	3219	3557	2682	968	1000	883	5728	6213	4670
Deciduous teeth filled	3720	4167	3863	286	415	369	-	-	-	4006	4582	4232
Permanent teeth extracted	29	59	71	315	364	384	79	64	67	423	487	522
Deciduous teeth extracted	1001	823	832	400	354	251	-	-	-	1401	1177	1083
General Anaesthetics	479	407	420	256	268	229	26	21	21	760	696	670
Emergencies	212	255	207	73	93	63	33	26	14	308	374	284
							1969	1968	1967			
Number of Pupils x-rayed							298	273	174			
Prophylaxis							286	253	409			
Teeth otherwise conserved							179	111	300			
Number of teeth root filled							10	32	19			
Inlays							1	1	2			
Crowns							9	14	12			
Courses of treatment completed							3658	3836	3526			

2. Orthodontics

	<u>1969</u>	<u>1968</u>	<u>1967</u>
Cases remaining from previous year	338	366	(321)
New cases commenced during year	57	100	(182)
Cases completed during year	72	83	(70)
Cases discontinued during year	72	37	(51)
No. of removable appliances fitted	95	100	(96)
No. of fixed appliances fitted	-	-	(-)
Pupils referred to Hospital Consultant	12	8	(2)

3. Prosthetics

	<u>Ages 5 - 9</u>		<u>Ages 10 - 14</u>		<u>Ages 15 & over</u>		<u>Total</u>	
	<u>1969</u>	<u>1968</u>	<u>1969</u>	<u>1968</u>	<u>1969</u>	<u>1968</u>	<u>1969</u>	<u>1968</u>
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-	1	1	1	1
	(-)		(-)		(-)		(-)	
Pupils supplied with other dentures (first time)	-	-	3	2	1	-	4	2
	(-)		(1)		(-)		(1)	
Number of dentures supplied	-	1	4	4	2	1	6	6
	(1)		(4)		(1)		(6)	

4. Anaesthetics

General anaesthetics administered by Dental Officers:-

<u>1969</u>	<u>1968</u>
Nil	Nil (nil)

5. Inspections

	<u>1969</u>	<u>1968</u>
(a) First inspection at school		
No. of pupils	16075	14923 (16790)
(b) First inspection at clinic		
No. of pupils	2326	2082 (1955)
No. of (a) + (b) found to require treatment	9293	8284 (8748)
No. of (a) + (b) offered treatment	7484	6606 (7295)
(c) Pupils re-inspected at school clinic	1983	2592 (1095)
No. of (c) found to require treatment	1324	1809 (808)

6. Sessions

	<u>1969</u>	<u>1968</u>
Sessions devoted to treatment	1602.5	1729.55 (1551.15)
Sessions devoted to inspection	164	153.4 (165)
Sessions devoted to Dental Health Education	2	2.5 (10).

SPECIAL SERVICES

(a) Audiology Service

The early diagnosis of children with partial hearing is essential if normal progress is to be achieved in the development of speech and the child's education. The great majority of cases are diagnosed by hearing screening tests before the child begins school. Those children initially referred on account of speech defects which may be associated with partial deafness have a routine hearing test by the audiometrician before speech therapy is commenced and all pupils have a further screening test during their second year at school. Those children who show any defect in hearing are referred to the school medical officer who decides whether it is necessary for them to be referred for further investigation and treatment.

In cases where there is a severe loss of hearing the pupil is referred to an ear, nose and throat specialist and a decision made regarding the supply of a hearing aid. In a small number of cases the pupil is considered sufficiently handicapped to require special educational treatment at a partial hearing unit or special school for the deaf. In the less serious cases it may only be necessary to request the head teacher to make certain that the pupil sits near the front of the class and in those cases with loss of hearing in one ear, be placed with the good ear towards the teacher. The co-operation of teachers in this respect is much appreciated.

	1969	1968	
New Cases supplied with hearing aids	9	2	(6)
Pupils registered as having been fitted with hearing aids	41	35	(37)
Total Number of children seen by Audiometrician	2191	2156	(2095)
Number found to have defective hearing of varying degree and referred to School Medical Officers for further investigation	116	262	(166)

(b) Speech Therapy

Speech Therapy Clinics were held at Priory Crescent Clinic, North Cheam; Rochester Road, Carshalton; Green Wrythe Lane, Carshalton; Shotfield, Wallington; and Robin Hood Lane, Sutton.

The total number of children treated for Speech Therapy during the year 1969 was 262 (220)

The total number of children treated for Speech Therapy during the year 1968 was 279

One of the Speech Therapists carried out 3 (4) sessions weekly at Carew Manor E.S.N. School.

(c) Child Guidance Service

The staff of the Child Guidance Clinic work closely with their colleagues in other sections of the Health and Family Services and Education Departments and with Probation Officers, psychiatric colleagues in Hospitals and particularly closely with general medical practitioners. Educational Psychologists working in the School Psychological Service are based at the Child Guidance Clinic thus creating a closely integrated service. Because of the nature of the work

and the widely varying factors which are connected with psychiatric disturbance both in family welfare and in education, it is essential to achieve the closest possible working arrangements. In many cases referred to the Clinic, after diagnostic interview, treatment at the Clinic is not regarded as appropriate but referral is made to the most appropriate agency, while support is given and progress followed by the Child Guidance Clinic staff.

Maladjusted children in need of special schooling are referred through the Education Department to the school considered most appropriate. Work is at times continued in the Clinic with the parents while the child is at a boarding school for maladjusted children. A close relationship has evolved between the Child Guidance Clinic and the North Downs Special School where the work that is done for the child is therapeutic in a school setting. In all cases both parents as well as the child are given psychiatric interviews and in many cases they are all offered treatment; the parents with a psychiatric social worker and the child with the child psycho-therapist.

The number of children referred to the Clinic in the period under review was as follows:- 1969 - 130, 1968 - 93 (1967 - 101).

The agencies initiating referral were:-

	<u>1969</u>	<u>1968</u>	<u>1967</u>
General practitioners	61	38	48
School Health Service	16	16	16
School Psychological Service	26	18	18
Courts	6	4	5
Probation Office	-	2	1
Children's Section	12	5	8
Hospitals or Specialists	4	4	4
Schools	4	1	1
Education Department	1	4	-
N.S.P.C.C.	-	1	-
	<u>130</u>	<u>93</u>	<u>101</u>

The number of families who withdrew from the waiting list or failed their diagnostic appointments were as follows:-

1969 - 8, 1968 - 13, 1967 - 10.

Psychiatrist Sessions

	<u>1969</u>	<u>1968</u>	<u>1967</u>
Diagnostic interviews with children	108	82	86
Treatment interviews	267	227	344
Court reports	5	3	4
Boarding school reviews	9	4	9
Case discussions (supervision)	39	60	106
Discussion of North Downs cases	17	17	16
Meeting outside agencies	39	22	28
Outside visits	-	-	3
Appointments arranged but failed	31	27	32

<u>Psychiatric Social Worker Sessions</u>	<u>1969</u>	<u>1968</u>	<u>1967</u>
Treatment interviews	878	1066	1100
Case discussions	76	203	246
Meeting outside agencies	26	33	12
Home visits	32	6	27
Supervision of student	38	32	9
Outside visits	7	-	11
Appointments arranged but failed	127	185	144

Psychotherapist Sessions

Treatment interviews	1256	1107	849
Case discussions	90	131	169
Outside visits	3	2	1
Meeting outside agencies	5	5	1
Appointments arranged but failed	143	112	105

(d) School Psychological Service

This service is administered independently from the Child Guidance Clinic but works in parallel with it. It is staffed basically by one full-time and one half-time Educational Psychologist and in March 1968 a further Psychologist joined the service on a sessional basis. The service was also involved in the supervision of Educational Psychology Diploma students in the academic years 1967/68 and 1968/69.

The service attempts to assess the potential and difficulties for any pre-school or school child referred for advice and a total of 345 (1968) and 730 (1969) children were seen. The following table summarises the source of referral and the main recommendations made.

It will be seen that a comparatively small number of children were referred to the Remedial Units in the Borough. This is because of the limited number of places available at remedial units at the moment. However, there are plans in co-operation with the Education Officers for improving remedial provision in the junior and secondary schools.

The two Infant Observation and Diagnostic Classes were set up in September 1968, fulfilling a most important need and the service is happy to co-operate with the Medical Officers in the selection of children for these classes as we do in many other spheres.

Besides these vital links with the Administrative Services for Health and Education it is important to note that the majority of our referrals come directly from the Head Teachers themselves and the service values the close contact with the schools.

Two sessions a week in term are devoted to visits to Carew Manor School where the review scheme inaugurated by the Head Master continues successfully.

School Psychological Service

<u>Source of Referrals</u>	<u>1969</u>	<u>1968</u>
Principal School Medical Officer	246	108
Head Teachers directly	300	148
Carew Manor E.S.N. School	130	66
Other	54	23
TOTAL	<u>730</u>	<u>345</u>

<u>Main Recommendations made :</u>	<u>1969</u>	<u>1968</u>
To Carew Manor	47	26
To Training Centre	7	4
To Infant Observation/Diagnostic Classes	37	19
To Borough Remedial Units	51	16
To other Schools	39	11
To Child Guidance Clinic referral	50	25
Hospital Investigation	31	10
Youth Employment Officer	10	9
Speech Therapist	5	2
Children's Department	5	4
Specific review and reassessment	240	119
Report and advice only	208	100
TOTAL	730	345

Child Guidance Clinic cases assessed by Psychologists :-

57 1968

75 1969

(e) Infectious Diseases

Full information concerning infectious disease is given in that part of the report dealing with infectious disease generally. It should be noted that there were no cases of serious infectious disease in schools during the years 1968/1969 and it was not necessary to carry out any special investigation in respect of cases of pulmonary tuberculosis in members of school staffs or pupils.

(f) Immunisation and Vaccination

Responsibility for immunisation and vaccination is placed on the Local Health Authority by Section 26 of the National Health Service Act, 1946.

Sessions are held regularly at primary schools mainly for reinforcing procedures for protection against diphtheria, tetanus and poliomyelitis. B.C.G. vaccination against tuberculosis is carried out at the age of approximately 13 years in secondary schools.

The policy of the Education Committee of giving adequate protection against infectious disease for children going abroad in school parties has been continued, the protection necessary being dependent upon the country to which the party was travelling.

Exceptions are made very rarely on conscientious objection by the parents.

HANDICAPPED PUPILS

It is the duty of the Council to make suitable provision for handicapped pupils in the Borough. The Handicapped Pupils and Special Schools Regulations 1959 specify ten categories of handicapped pupils, namely :-

Blind, partially sighted, deaf, partially hearing, educationally sub-normal, epileptic, maladjusted, physically handicapped, delicate and speech defect.

Children who are handicapped in one or more of these ways may require special educational treatment if they cannot be educated satisfactorily under the normal conditions of an ordinary school. The majority, however, do not require to attend a special school since suitable arrangements can be made for them to receive appropriate education in ordinary schools.

SPECIAL SCHOOLS

There is one special school provided by the Borough Council: Carew Manor, Wallington, for educationally sub-normal children. There is also North Downs, Belmont, a small unit for maladjusted children. In addition placements are obtained in special schools of other Local Education Authorities and in a few cases in specialised private schools.

(a) Carew Manor School

This special school is a day school for 140 educationally sub-normal boys and girls aged from 7 - 16 years. The average number of pupils attending during 1968 was 124 and during 1969 was 139.

Before a child is admitted to this or any other special school for educationally sub-normal children a full medical examination is carried out and reports are obtained from an educational psychologist and if necessary from a psychiatrist. Every child attending the school has a physical examination annually and is psychologically assessed every 2 years. At the request of the headmaster or the parents these examinations can be arranged at short notice at any time.

HANDICAPPED PUPILS

Number of pupils registered as handicapped :- 1969 - 223; 1968 - 203.

Handicapped pupils requiring education at Special Schools approved under Section 9 (6) of the Education Act 1944, or Boarding in Boarding Homes during the years 1st January - 31st December 1968 and 1969.

	Blind	Part- ially Sighted	Deaf	Part- ially Hearing	Physi- cally handi- capped	Deli- cate	Malad- justed	E.S.N.	Epilep- tic	Speech Defects	Total
	69 68	69 68	69 68	69 68	69 68	69 68	69 68	69 68	69 68	69 68	1969 1968
Children newly assessed as needing special educational treatment at special schools	- - (-)	5 - (-)	- 1 (2)	4 3 (-)	9 4 (2)	7 5 (7)	16 6 (7)	25 23 (18)	- - (1)	- - (-)	66 42 (37)
Number of child- ren receiving special educa- tional treatment in :-											
(a) Boarding Special Schools or Homes	1 1 (1)	2 2 (2)	- - (1)	2 2 (2)	6 3 (3)	10 8 (10)	7 5 (9)	14 12 (13)	1 1 (-)	- - (-)	43 34 (41)
(b) Day Special Schools	- - (-)	10 7 (6)	8 10 (12)	- - (4)	12 15 (14)	6 6 (6)	5 7 (4)	120 111 (104)	- - (-)	- - (-)	161 156 (150)
(c) Independent Boarding Schools	- - (-)	- - (-)	- - (-)	- - (1)	2 - (1)	- - (2)	26 11 (16)	1 2 (8)	- - (-)	- - (-)	29 13 (28)

Figures in brackets refer to 1967

In addition to a regular weekly session at the school by a school medical officer and educational psychologist, two physiotherapy sessions are held each week and 4 sessions are devoted to speech therapy.

Before any pupil leaves the school at the age of 16 a full medical and psychological investigation is carried out and, in conjunction with the headmaster, a decision is made regarding the type of employment that might be suitable for the pupil. In some cases because the pupil might not be accepted into employment or may drift from one job to another, supervision and community care by mental health social workers is recommended. To assist in finding suitable employment the Principal Youth Employment Officer devotes several sessions at the school to interviewing school leavers and their parents.

It is regrettable that educationally sub-normal pupils cannot be admitted to Carew Manor School before the age of 7 years. An increasing number of pupils at ordinary schools are now ascertained as educationally sub-normal by the age of 6 years and these children have to be found places in schools in neighbouring authorities.

(b) North Downs Unit

This Unit caters for 3 groups of maladjusted children. The children remain on the register of their ordinary school and attend the Unit for varying periods from 1 to $4\frac{1}{2}$ days each week.

In September 1968, the Unit was transferred to new premises at Cotswold Road, Sutton, which gave them an extra classroom and facilities for extra remedial work, and a playing field.

The children recommended for admission to the Unit are carefully selected in conjunction with the Child Psychiatrist and the Head Teacher of the Unit. Many maladjusted pupils require continued contact with their homes and parents which can only be achieved by provision of day school places. The Head Teacher of the Unit continues to have close contact with the parents of the pupils attending the Unit.

The number of new admissions to the Unit were 13 (1969) and 13 (1968).

(c) Autistic Unit at Queen Mary's Hospital School

In September 1968, a second class for autistic children was established at Queen Mary's Hospital School, the first class having been established in September 1967. Both classes cater for a maximum of 5 children.

Most of the children admitted have been long-stay residents in Queen Mary's Hospital, but children living in the community also attend. The children are mostly non-communicating and are considered to be either autistic, psychotic or severely emotionally disturbed. They are carefully selected for the classes by a Consultant Psychiatrist who makes the recommendation for their admission.

Each class is staffed by a full-time teacher, who has experience of this type of child, and a nurse supplied by Queen Mary's Hospital. A speech therapist, educational psychologist and teacher of the deaf attend the classes regularly.

Each term a conference is held, attended by all concerned with the children in the Unit to discuss their progress and placement. Children can also be admitted to the Unit for a diagnostic and assessment period. This has proved most valuable in helping to decide a child's most suitable future placement.

	1969	1968
No. of children attending Unit	9	11
No. of children discharged	2	4
No. of children attending Unit who are:		
a) long-stay residents in Queen Mary's Hospital	10	9
b) from the community	2	2
No. of children transferred from Unit to placements at :		
a) The Fountain School	1	2
b) Residential home for severely subnormal children with daily attendance at Sutton Training Centre	-	1
c) Day hospital care	-	1
d) School for maladjusted children	1	-

A number of children attending the classes have made satisfactory progress, but it is now realised that children must be admitted as soon as the diagnosis has been made, usually in the age group 2-5 years. It is hoped that a nursery class will be commenced in 1970.

(d) Queen Mary's Hospital School

When a child is admitted to hospital it is essential to continue his or her education as soon as he or she has sufficiently recovered from illness to do so. At Queen Mary's Hospital School some of the pupils can attend classrooms but the majority have individual tuition in bed. A number of children are in hospital for a short time only but a significant percentage are in hospital for a period of months or even years. In addition to the head teacher there are 29 assistant teachers and the curriculum at the school is as varied as in any other school. The total number of children on the register at 31st December 1968 was 156 and at 31st December 1969 was 136.

(e) Belmont Hospital School

At Belmont Hospital there is a diagnostic unit basically for deaf children. The children are referred from a very wide area in the South of England and the unit specialises in the examination of children for deafness.

Many of these children are found to be not suffering from deafness but to be non-communicating (Autistic) children. A number may be in the unit for a few days only when the diagnosis has not proved difficult but others remain for a period of months.

There are 12 beds in the hospital for these children, the beds almost always being occupied, and the children suitable for education attend classes run by a teacher of the deaf and one part-time teacher of the deaf both of whom are attached to the unit.

(f) Other Hospitals

Tuition has also been arranged at the following hospitals :-

	<u>1968</u>	<u>1969</u>
St. Helier Hospital Children's Unit	21	13
Royal Marsden Hospital	3	2
Wandle Valley Hospital	1	-

(g) Home Tuition

Some children may be so severely handicapped as to be unable to attend a day school. During the waiting period for admission to a residential school or if the handicap is only of a temporary nature the education of the children is continued in their own homes.

	<u>1968</u>	<u>1969</u>
Home Tuition was arranged -		
Period 1st January - 31st December	6	8

(h) Convalescent Treatment

School children are recommended for convalescence or recuperative holidays, either by the family doctor, hospital or school medical officer. Holidays were arranged for 15 children in 1968 and 17 children in 1969.

I am grateful to the Chief Education Officer for the following information:-

(a) Employment of Children of School Age

The by-laws regulating the employment of children provide for their medical examination prior to employment and annual re-examination.

	<u>1968</u>	<u>1969</u>
No. of children examined	382	339

(b) Physical Education in Schools

The wide range of physical activities pursued in schools continues to expand. Particular interest in individual and small number activities has been noted, although the popularity of team games continues to flourish.

Senior pupils have taken part in residential courses in outdoor activities at the Bowles Centre, Kent; Outward Bound activities in Wales; coastal navigational exercises on the training barge 'Thalatta' in the Blackwater

estuary; and in recreative activities at the Crystal Palace National Sports Centre. This latter course has given pupils an opportunity to experience such activities as judo, squash, badminton, fencing and ice skating, as well as many more traditional sports. A Borough ski party to Switzerland in which over one hundred pupils took part, was organised during the Christmas holidays, 1969/70. Other provision was made by way of a residential school leavers' course held at Henley, and a sailing course at the Thames Young Mariners' Base, Ham, one evening per week during the Summer Term, 1969.

(c) Provision of Meals and Milk in Schools

The number of day pupils receiving mid-day meals and milk per day both at maintained and non-maintained schools was :-

	1968	1969
Average meals numbers:		
Maintained Schools	14,978	16,035
Non-Maintained Schools	352	400
TOTAL	15,330	16,435
Average milk numbers:		
Maintained Schools	10,910	11,750
Non-Maintained Schools	1,262	1,345
TOTAL	12,172	13,095

<u>INDEX</u>	Page No.
INTRODUCTION	92
HOUSING	94
RENT ACT, 1957	95
CARAVANS	96
FOOD AND DRUGS	96
INSPECTION OF FOOD PREMISES AND ACTION TAKEN	110
CLEAN AIR ACT, 1956 - SMOKE CONTROL AREAS	112
SUMMARY OF AIR POLLUTION MEASUREMENTS FOR 1968	113
WATER SUPPLY	116
PREVENTION OF DAMAGE BY PESTS ACT	120
NOISE ABATEMENT	120
SHOPS	120
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963	120
SWIMMING BATHS	123
HAIRDRESSERS AND BARBERS	123
MORTUARIES	123
PUBLIC CONTROL	123
DISEASES OF ANIMALS ACT, 1950	124
RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951	124
FERTILISERS AND FEEDING STUFFS	124
RADIO-ACTIVE SUBSTANCES ACT, 1960	124
SUMMARY OF COMPLAINTS, INSPECTIONS AND WORK DONE	125

MR. H. Geo. Cripps, M.R.S.H., F.A.P.H.I.,

Chief Public Health Inspector

INTRODUCTION

I am pleased to report on the work of the Public Health Inspectors during the period under review. Many factors, including change of office accommodation, reduced establishment and the impact of additional duties and responsibilities have necessarily had a frustrating effect on the staff and a prejudicial effect on the output of the Division. However, in the main, progress has been maintained and details of the work done are set out in the following pages.

There are, however, no grounds for complacency. Considerable problems have to be faced in practically every aspect of the work.

In the field of Housing, whilst the number of unfit houses to be dealt with is not excessive, progress is impeded by the conflicting claims of "preservationists" whose interests still tend merely to delay action without regard to those who are inadequately housed. The rate of clearance of unfit houses must be increased.

Surveys of parts of the Borough, including those parts to be included in Smoke Control Areas, have not revealed any suitable for Improvement under the legislation prior to the 1969 Act. The coming into force of that Act has emphasised the need for more urgent consideration to be given to the question of Improvements generally and General Improvement Areas in particular. The surveys must be extended and co-operation with other Officers interested in this field strengthened.

The new legislation has, however, placed a further burden on the staff available. Before the end of the period nearly 400 applications for Qualification Certificates relating to controlled tenancies had been received. Where houses have all the standard amenities and are in a good state of repair a Certificate is issued to owners, enabling them to commence negotiations with the Rent Officer for the determination of a fair rent. Inspections of the houses in order that the Authority could be satisfied that the conditions had been met were commenced, and in the majority of cases it will be necessary to indicate to applicants works which will be required to bring the houses up to the standard. Without increases in staff the impact of this function, as it increases in momentum, must result in a reduced coverage of other important routine functions, notably the inspection of food premises, shops, offices and factories which necessarily suffer when more immediate matters have to be given priority.

Other aspects of housing which will continue to call for supervision to prevent nuisances and damage to the amenities are those of "gipsy" caravans and houses in multiple occupation. During the period under review the former policy of moving caravans has been relaxed and as a result the number of vans is increasing. Every effort should be made to provide a permanent site with supervision and adequate facilities, with a view to the integration of the van dwellers and particularly the children into the community. The routine inspections of houses in multiple occupation must be continuous and the standards strictly enforced.

In the field of pest control difficulties have arisen from failure to maintain an adequate staff in view of more attractive opportunities generally available, and to recruit operatives suitable for these duties and capable of working satisfactorily in the field with the minimum of supervision. Steps are being taken to improve this position to enable rodent control to be maintained and at the same time accommodate additional land pest control duties which will pass from the Ministry of Agriculture, Fisheries and Food to Local Authorities shortly.

The sampling and inspection of imported foods have been transferred from Port Health Authorities in accordance with the requirements of the Imported Food Regulations 1968 and it is anticipated that with increased use of containers these duties will increase. The supervision of food premises continues to be a major responsibility and in this connection it will clearly be necessary to accept every opportunity, both in the field and by courses of lectures, of improving the knowledge of food handlers in relation to hygiene methods and the possible results of their failure in this direction.

The smoke control programme has been vigorously pursued and it is a matter for regret that an anticipated shortage of solid smokeless fuels must have a prejudicial effect on this effort. Steps will, however, be taken to overcome any delays which are already apparent, with the intention of completing the programme within the estimated period.

HOUSING

Clearance of Unfit Houses:

In 1968 the owner of one house was released from his undertaking under Section 16 of the Housing Act 1957, the house having been made fit for habitation.

Summary of Action taken under the Housing Acts with regard to Unfit Houses:

	<u>1968</u>	<u>1969</u>	<u>Total Number of Properties Affected</u>
Clearance Areas Declared	2	2	19
Clearance Orders Confirmed	-	4	19
Individual Unfit Houses dealt with by -			
(a) Demolition Orders	-	8	8
(b) Closing Orders	-	4	4

Inspection and Action taken under Statutory Powers:

	<u>1968</u>	<u>1969</u>
Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	6,710	6,112
Number of inspections for the purpose	9,040	9,197
Number of dwelling houses found not to be in all respects reasonably fit for human habitation	372	277
Action under Statutory Powers during the year.		

PROCEEDINGS UNDER SECTIONS 9, 10 and 12 OF THE HOUSING ACT 1957.

Number of dwelling houses in respect of which notices were served requiring repairs	177	202
Number of dwelling houses which were rendered fit after service of formal notices:-		
By owners	-	-
By Local Authority in default of owners	-	-

PROCEEDINGS UNDER PUBLIC HEALTH ACTS.

Number of dwelling houses in respect of which formal notices were served requiring defects to be remedied	64	47
Number of dwelling houses in which defects were remedied:-		
After informal action by Local Authority	167	225
After formal notice under Public Health Acts	73	20

Legal proceedings were instituted against the owner of premises to enforce a notice served under Section 93 of the Public Health Act 1936. An order was made by the Court for repairs to the premises to be carried out.

Houses in Multiple Occupation:

Of the 15 houses inspected in the two-year period, all were found to be houses to which the Houses in Multiple Occupation Regulations apply.

During the period 4 houses were brought up to the standard acceptable to the Council.

Housing Act 1969:

Three hundred and forty-five applications for Qualification Certificates were received.

Housing Act 1957 - Part IV (Overcrowding):

All known cases of overcrowding were reviewed during 1968/69. The information obtained is summarised below:-

		1968	1969
(a)	(1) Number of dwelling houses overcrowded at the end of the year	6	5
	(2) Number of families dwelling therein	7	7
	(3) Equivalent number of adults dwelling therein	44½	39
(b)	Number of new cases reported during the year	2	5
(c)	(1) Number of cases of overcrowding relieved during the year	3	6
	(2) Number of persons concerned in such cases	15	40
(d)	Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	-	-

RENT ACT 1957

The following details show the action which has been taken during the year:-

Part I - Application for Certificate of Disrepair:

(1)	Number of applications for certificates	1	2
(2)	Number of decisions not to issue certificates	1	Nil
(3)	Number of decisions to issue certificates -		
	(a) in respect of some but not all defects	Nil	Nil
	(b) in respect of all defects	Nil	Nil

	1968	1969
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule Nil	2	
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule ... Nil	Nil	Nil
(6) Number of certificates issued Nil	Nil	Nil

Part II - Application for Cancellation of Certificates:

(7) Application by landlords to Local Authority for cancellation of certificates 2	Nil	
(8) Objections by tenants to cancellation of certificates 2	Nil	
(9) Decisions by Local Authority to cancel in spite of tenants' objection 2	Nil	
(10) Certificates cancelled by Local Authority 2	Nil	

CARAVANS

The Council, by proceeding under Section 57 of the Surrey County Council Act, 1931, now have Orders prohibiting the use of the land for the parking of moveable dwellings within a radius of 880 yards of the sites at Cuddington Way, Cheam, and Green Lane, Worcester Park.

On three occasions during 1968 vans were found to have been parked on the land at Cuddington Way and Green Wrythe Lane and Revesby Road, Carshalton. Steps were taken to ensure their early removal.

Towards the end of 1969 the number of itinerant vans coming into the Borough began to increase.

FOOD AND DRUGS

Inspection and Supervision of Food Premises:

	1968	1969
Inspections 2,658	2,135	
Notices re unsatisfactory conditions 162	122	
Complaints re adulterated and unsound food 166	181	
Legal Action 1	Nil	

Articles of food containing foreign bodies or mould were as follows:-

Article	No.			No.	
	1968	1969		1968	1969
Baby Food	1	1	Fruit	1	3
Beverage	1	-	Meat	7	18
Bread	17	22	Meat Pies	2	8
Butter	1	1	Milk	3	15
Cereals	1	3	Milk Bottles (contaminated or chipped)	15	8
Cheese	2	2	Preserves	2	-
Confectionery Flour	15	10	Sausages	2	6
Confectionery Sugar	2	5	Sugar	1	-
Cordial	1	-	Tea	-	2
Cream	1	1	Vegetables	-	4
Fish	2	2	Yoghurt	2	3

The following samples were taken for bacteriological examination:-

Milk:

Classification of the milk samples and the results of the tests are as follows:-

Designation under which sold	No. of Samples		Methylene Blue Test				Phosphatase Test				Turbidity Test			
			Satis- factory		Unsatis- factory		Satis- factory		Unsatis- factory		Satis- factory		Unsatis- factory	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Pasteurised	75	81	73	79	2	2	75	81	-	-	-	-	-	-
Ultra Heat Treated	3	5	3	5	-	-	3	5	-	-	-	-	-	-
Untreated	4	-	2	-	2	-	-	-	-	-	-	-	-	-
Sterilised	12	4	-	-	-	-	-	-	-	-	12	4	-	-
	94	90	78	84	4	2	78	86	-	-	12	4	-	-

Ice Cream:

Bacteriological examination of ice cream samples taken were reported upon as follows:-

	1968	1969
Grade I	59	44
Grade II	3	2
Grade III	2	-
Grade IV	3	-

Unsatisfactory results were investigated and subsequent reports from the same sources proved satisfactory.

Other Foods:

Bacteriological examination of 245 items were made during the period. Satisfactory reports were received.

Water:

Twenty-five samples of water were reported as satisfactory during 1968/69.

Registration of Milk Distributors:

The number of Milk Distributors registered under the Milk and Dairies (General) Regulations 1959 increased from 67 in 1968 to 79 in 1969.

Designated licences in force, under the Milk (Special Designation) Regulations 1963 (as amended) during the year were as follows:-

	1968	1969
Dealer's (Pre-packed Milk)		
Sterilised	61	67
Pasteurised	81	91
Untreated	24	25
Ultra Heat Treated ..	36	41
Dealer's (Pasteuriser's) ...	1	1

Unsound Food:

The following quantities of food found to be unsound, diseased or unwholesome and unfit for human consumption were surrendered and destroyed:-

	Unwrapped Food				Wrapped Food Number of Containers	
	1968		1969		1968	1969
	lbs.	ozs.	lbs.	ozs.		
Beverages	-	-	-	-	4	23
Cereals	-	-	-	-	82	15
Cheese	148	0	959	8	371	95
Confectionery Flour	-	-	30	0	1,603	928
Confectionery Sugar	-	-	268	0	417	51
Cream	-	-	21 galls.		21	3
Fats and Oils	269	0	641	0	875	-
Fish	291	8	242	0	2,270	661
Frozen Food	996	0	1,176	4	7,308	33
Fruit	16	10	66	0	1,444	1,118
Fruit Juice	-	-	-	-	76	140
Ice Cream	-	-	-	-	138	835
Meat	2,333	4	12,254	5	-	275
Meat Canned	-	-	19	0	275	288
Meat Cooked	12	0	341	0	131	145
Milk	-	-	-	-	40	31
Preserves	-	-	7	0	99	36
Sausages	-	-	768	8	8	68
Soup	-	-	-	-	326	41
Vegetables	4	0	84	0	1,918	1,082
Miscellaneous	120	0	1,362	0	1,479	1,529
	4,190	0	18,218	9	18,885	7,397

Slaughterhouses:

There are no slaughterhouses in the Borough.

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 (as amended):

Inspections of stalls and delivery vehicles during the period indicated that the informal approaches in 1967 had, in some instances, been disregarded. Legal proceedings were therefore instituted to secure compliance with the requirements in relation to five bread and cakes delivery vehicles and five street traders selling fruit and vegetables from stalls. In two instances relating to stalls the hearings were adjourned following undertakings being given that the Regulations would be satisfied, and the summonses were subsequently withdrawn. In the eight other cases the proceedings resulted in the imposition of fines.

Adulteration of Food:

The table below is a summary of the total 973 samples of food and drugs (482 in 1968 and 491 in 1969) which were purchased for examination by the Public Analyst, Mr. J.A. Palgrave, B.Sc., F.R.I.C.

Food Samples - Chemical Analysis

1968 and 1969

	Formal		Informal		Adulterated				Total	
	1968	1969	1968	1969	Formal	1969	Formal	1969	1968	1969
Alcoholic Drinks	4	4	2	1	-	-	-	-	6	5
Beverages	2	2	8	13	-	-	-	-	10	15
Cereals and Cereal Products	3	3	24	15	-	-	2	1	27	18
Cheese	2	-	8	11	-	-	-	-	10	11
Confectionery Flour	-	-	14	8	-	-	-	-	14	8
Confectionery Sugar	-	1	14	21	-	-	1	1	14	22
Cream	1	-	6	6	-	-	-	-	7	6
Drugs	-	2	37	20	-	-	-	3	37	22
Fat and Oils	7	1	6	15	1	-	1	-	13	16
Fish and Fish Products	2	1	10	12	-	-	-	-	12	13
Fruit and Fruit Products	2	1	20	24	-	-	1	2	22	25
Ice Cream	20	1	2	2	-	-	-	-	22	3
Meat and Meat Products	7	3	19	23	-	-	-	1	26	26
Milk	28	24	51	54	1	1	1	1	79	78
Milk Products	2	2	12	13	-	-	-	-	14	15
Carried Forward	80	45	233	238	2	1	6	9	313	283

	Formal		Informal		Adulterated				Total	
					Formal		Informal			
	1968	1969	1969	1968	1968	1969	1968	1969	1968	1969
Brought Forward	80	45	233	238	2	1	6	9	313	283
Preserves	3	1	9	17	-	-	-	3	12	18
Sausages	6	4	3	2	-	-	1	-	9	6
Sauce	-	-	10	4	-	-	3	-	10	4
Soft Drinks	5	3	13	15	-	-	1	-	18	18
Soup	2	-	14	4	-	-	-	-	16	4
Vegetables and Vegetable Products	4	-	8	24	1	-	-	1	12	24
Miscellaneous	5	3	87	131	-	-	5	7	92	134
	105	56	377	435	3	1	18	20	482	491

TOTAL - 1968 482

TOTAL - 1969 491

The samples described as adulterated or irregular were reported upon by the Analyst as follows and action was taken as indicated:-

1968

Formal Sample - Bottled Baby Beetroots:

A sample of pickled beetroots in a liquid containing 1.2 per cent. of acetic acid.

The Public Analyst stated that the common or usual name for the article was Pickled Baby Beets and the producers, a Dutch firm, were informed accordingly.

Informal Sample - Blackcurrant Health Drink:

A sample of blackcurrant Health drink.

The label on the container described the article as "Treble Vitamin C enriched" with a minimum content of 60 mg. vitamin C per fluid ounce.

In the opinion of the Public Analyst there was no justification for the claim of enrichment. Also, the declaration regarding the artificial sweetener content failed to comply with the Soft Drinks Regulations 1964.

The matter was not pursued as the manufacture of the article had been discontinued.

Informal Sample - Bread Sauce Mix:

A sample of bread sauce mix which had solidified in the carton due to its age.

The vendor withdrew the remaining stock pending investigation of the matter by the manufacturers.

Informal Sample - Chili Powder:

A sample of spices, garlic and salt which in the opinion of the Public Analyst should be named either Compound Chili Powder or Mixed Spices and Salt.

The producer agreed to change the labelling of the article so as to comply with the opinion of the Public Analyst.

Informal Sample - Food Colour:

The labelling of the container failed to comply with the colouring matter in the Food Regulations 1966.

The manufacturers agreed to revise the labelling of the article so as to comply with these Regulations.

Informal Sample - Fruit Salad:

A sample of pears, apricots, peaches, pineapple and cherries in syrup.

The Public Analyst stated that the proportions of the fruits failed to agree with the Local Authorities Joint Advisory Committee on Food Standards Code of Practice No. 4.

The information was forwarded to the canners, who are a Spanish Company.

Informal Sample - Instant Low Fat Milk:

A sample of skimmed milk powder containing 1 per cent. of milk fat.

In the opinion of the Public Analyst the labelling of the article did not comply with the Dried Milk Regulations 1965.

The manufacturer has stated that they have now discontinued making this product.

Formal Sample - Outline Low Fat Spread:

A sample of an emulsion of oils or fats with water and other substances, capable of being used for the same purposes as butter and containing water 55.9 per cent., oil or fat 40.7 per cent., salt 2.6 per cent.

A previous, informal, sample of this product was found to contain similar percentages of the ingredients.

In the opinion of the Public Analyst the article came within the definition of Margarine contained in the Food Standards (Butter and Margarine) Regulations 1955, and should, therefore, not contain more than 16 per cent. of water. Also, the labelling of the article failed to comply with the Labelling of Food Order 1953.

However, after considering information supplied by the manufacturers, the legal officers of the Council advised against the taking of legal proceedings.

Informal Sample - Wrapped Malt Cake:

A sample of a fruit malt loaf.

In the opinion of the Public Analyst the article should be described as a malt fruit loaf.

The bakers agreed to modify the labelling of the product to comply with the opinion of the Public Analyst.

Informal Sample - Milk:

A sample of milk containing 3.55 per cent. of milk fat and 8.47 per cent. of milk solids other than fat.

The Public Analyst stated that although the milk solids other than milk fat content of the milk was slightly below that specified in the Sale of Milk Regulations 1939, the Hortvet (freezing point) test did not indicate the presence of added water.

The apparent deficiency was attributed to a normal seasonal variation.

Formal Sample - Milk:

A sample of milk containing 3.64 per cent. of milk fat and 8.18 per cent of milk solids other than milk fat.

The Public Analyst stated that judged by the standards specified in the Sale of Milk Regulations 1939 the sample was 3.9 per cent. deficient in milk solids other than milk fat and that on the basis of the Hortvet (freezing point) test there was a presumption that 3 per cent. of water had been added to the milk.

A letter of warning was sent to the vendor.

Informal Sample - Paprika and Sebinker:

A sample of a compound food comprising processed cheese, ham, paprika and spices.

The Public Analyst reported that the article did not bear the label required by the Cheese Regulations 1965.

The manufacturers stated that their usual stick-on label must have become detached from the sample but that they now proposed to over-wrap the label to prevent a repetition.

Informal Sample - Purvio:

A sample containing the permitted food colouring matters, Red 10B and Violet BNP in a dilute solution of acetic acid.

The Public Analyst reported that the labelling of the article failed to comply with Regulations, now in force, relating to Colouring Matter in Food.

The vendor arranged to replace existing stock with new stock correctly labelled.

Informal Sample - Canned Skinless Pork Sausages:

A sample of skinless pork sausages containing a total meat content of 61.6 per cent. and fat 30.8 per cent.

In the opinion of the Public Analyst the total meat content should have been at least 65 per cent.

The manufacturers agreed to modify the descriptive labelling of the article to clarify the information relating to the meat content and thereby conform to the opinion of the Public Analyst.

Informal Sample - Redi-Sweet:

A sample of a food intended for making a dessert containing 33 per cent. of skimmed milk.

The Public Analyst considered that the words "includes the milk" which were imprinted on the carton containing the sample were misleading, as there was no whole milk powder present.

The manufacturer agreed to amend the labelling of the product by deleting the offending words.

Informal Sample - Rum Truffles:

A sample of chocolate with a rum-flavoured truffle filling containing 0.15 per cent. proof spirit.

In the opinion of the Public Analyst the correct name for the article was Rum Flavoured Truffles.

The manufacturers agreed to change the name of the product to that suggested by the Public Analyst.

Informal Sample - Cheese Sauce Mix:

A sample of an incomplete sauce mix requiring the addition of milk to prepare the sauce.

The Public Analyst stated that the necessity to add milk should be stated on the front of the packet.

The manufacturers agreed to amend the statement on the packet accordingly.

Informal Sample - Spaghetti Sauce Seasoning:

A sample of an incomplete sauce mix requiring the addition of tomato puree and butter.

The Public Analyst stated that the necessity to add tomato puree and butter should be stated on the front of the packet.

The manufacturer submitted a new label for the product which was found satisfactory.

Informal Sample - Tartar Sauce

A sample of an article containing more than two ingredients.

The Public Analyst reported that the label specified one ingredient as "Relish" but, since this was a generic and not specific term, it was not acceptable under the Labelling of Food Order 1953.

The manufacturer agreed to modify the labelling of the article by replacing the word "Relish" with "Gherkins" - an ingredient of the sauce.

Informal Sample - Whole White Pepper:

A sample of white peppers which were shrivelled, broken or decomposed.

The vendor was informed and immediately withdrew his remaining stock from sale.

1969

Informal Sample - Chopped Virginian Ham

A sample of cured meat deficient in meat. The article contained total meat 80.5% and in the opinion of the Public Analyst it should contain not less than 90%. The Producers were informed accordingly.

Informal Sample - Blackcurrant Conserve

A sample deficient in soluble solids to the extent of 1%.

The Manufacturers were advised and reported that the sample was one of an isolated batch of jam deficient in soluble solids. A further sample proved satisfactory.

Informal Sample - Redcurrant Jam

A sample deficient in fruit to the extent of 43% and bore a misleading label. The sample contained several redcurrants, not more than 20% and the article was described as 'whole fruit redcurrant jam' but there was neither seeds nor skins in the jam.

The product was imported from abroad and the distributors gave an undertaking to ensure that in future only a high standard of produce would be imported. The label of the product was redesigned.

Informal Sample - Beef Stew Seasoning

One of the ingredients was declared as M.SG but this was not an

appropriate designation for the purposes of the Labelling & Food Order 1953. The Importers were advised and stated whilst they would agree to declare M.SG as "Monsodium Glutamate" on the label they had sufficient materials on hand to last 18/24 months. It was agreed to allow the existing ones to be used for another 18 months.

Informal Sample - Meat Marinade

The necessity to add vinegar and oil was not stated on the front of the packet.

The manufacturers were advised and relabelled their product.

Informal Sample - Whole Ginger

This sample was incorrectly named. The Analyst's opinion was that the sample was one of limed ginger containing added calcium carbonate 0.9%. The Importers were advised and discontinued importing the article.

Informal Sample - Milk

The sample was deficient in milk solids other than milk fat to the extent of 0.5%

The Producers when notified, advised that the Milk Marketing Board reported that the long winter had delayed growth of new Spring grass and in certain areas rainfall had prevented cows being turned out and were therefore being stall-fed on last season's hay of rather poor quality.

Informal Sample - Olives

The sample was stuffed olives in brine and a label bearing the common or usual name list of ingredients and address of the packer of the food was not present on the container.

The Producers were advised and enclosed a sample label in general use on their product. The label was acceptable to the public analyst.

The vendor later wrote to say the label became detached whilst the article was in his possession.

Informal Sample - Cochineal

A sample of food colour containing carmine, glycerine, isopropanol and potassium hydroxide solution.

The container was not labelled in accordance with Schedule 2 of the Colouring Matter in Food Regulations 1966.

The manufacturers submitted a revised label which was acceptable to the Public Analyst.

Formal Sample - Milk

The sample contained Milk Fat 3.54 per cent, milk solids other than milk fat 8.33 per cent., and that the Freezing Point (Horbet) of the sample was - 0.531°C. As judged by the Sale of Milk Regulations 1939 the sample is deficient in milk solids other than milk fat to the extent of 2.0 per cent. The Freezing Point (Horbet) indicated the presence of 1.5 per cent added water. The opinion based on genuine bulk milk having a Freezing Point (Horbet) of not less than - 0.540°C. The minimum limit of the above named regulations in respect of milk solids other than milk fat is 8.5 per cent.

A satisfactory explanation was received from the Producers.

Informal Sample - Marmalade

A sample of orange marmalade deficient in soluble solids to the extent of 3 per cent.

The product was of the "home-made" variety and the manufacturer was advised to aim for a stiff set - unless instruments are used to determine the soluble solids.

Informal Sample - Chocolate Animals

A sample of confectionery made with a chocolate substitute containing a high proportion of vegetable fat other than cocoa butter. Chocolate should be made predominantly with cocoa nibs, sugar and cocoa butter and it should contain no vegetable fat other than cocoa butter. The sample was not of the nature of chocolate.

The Importers were advised and sent a display card which should be exhibited with the article when it is offered for sale. The display card was accepted by the Analyst. The product is no longer imported.

Informal Sample - Tomato Puree (No. 380.)

The Sample had a metallic taste and contained Tin - 130 parts per million. The Analyst opined the tin content of tomato puree should not exceed 100 parts per million.

The Producers accepted the content of 130 parts per million as higher than the figure normally expected in the product but did not consider it excessive bearing in mind the Food Standards Committee's recommended maximum of 250 parts per million.

The Public Analyst accepted this and suggested the fault could be cured by use of lacquered cans which some packers use and find both tin level and metallic taste are reduced. If samples containing more than 250 parts per million were found there would be good cause to expect them to be withdrawn from sale.

Informal Sample - Tomato Puree (No. 444)

The sample had a metallic taste and contained tin - 154 parts per million.

The sample was obtained from the same vendor as sample No. 380 above and in view of the absence of an enforceable standard, no further action can be taken in these cases.

Informal Sample - Dyspepsia Tablets.

The surfaces of some tablets were discoloured to varying degrees and contaminated with iron or compounds of iron on the surface. A thorough investigation by the Drug Company concerned resulted in the production of a report by their Deputy Chief Analyst which was acceptable to the Public Analyst.

Further formal samples were satisfactory.

Informal Sample - Beef Stroganoff Mix

The sample bore a misleading label. The instructions for preparation of the sauce included the addition of butter and sour cream, but the necessity to do this was not stated clearly on the packet.

The Manufacture was advised and relabelled the product.

Informal Sample - Salad Supreme Seasoning

A sample of seasoning incorrectly labelled. The list of ingredients included monosodium glutamate and M.SG in two different places. Since M.SG is an abbreviation for monosodium glutamate and is not an appropriate designation for the purposes of the Labelling of Food Order 1953, the inclusion of the term is unnecessary.

The Importer agreed to print new labels to conform to the Order.

Informal Sample - Cough Syrup

A sample of a preparation containing Morphine Acetate 0.0064 per cent. Morphine acetate is included in Part 1 of the Poison List. The container of the article did not bear the name and address of the seller as required by the Pharmacy & Poisons Act 1933.

The retailer sincerely regretted the omission which had been caused by pressure of work due to the 'flu epidemic.

Informal Sample - Spaghetti with Tomato and Cheese Sauce

A sample of heat processed canned food. The can bore the expression "bounty fresh" which in the opinion of the Analyst was not an appropriate description to apply to a canned heat processed food prepared from processed ingredients.

The Manufacturers agreed to discontinue the use of the label when existing stock is exhausted.

Informal Sample - Iodine

The sample was of iodine tincture B.P. containing Iodine 2.58 per cent. Potassium Iodide 2.51 per cent and was not of the nature of Iodine.

The retailer regretted the incorrect labelling of the product an oversight occasioned by pressure of work due to the 'flu epidemic.

Informal Sample - Chocolate Topping

The sample contained Benzoic acid 255 parts per million. Benzoic acid is a permitted preservative but its presence in a chocolate topping is not permitted by the Preservatives in Food Regulations 1962.

The Importers were advised and stated that the product was produced under licence in this country for a Dutch firm but they have decided to discontinue the sale of the product.

FOOD SAMPLES - PESTICIDE RESIDUES SURVEY

Eighteen samples of food were taken, during a special survey in 1968, for analysis in connection with the Pesticides Residues Survey.

Details of the samples taken, and results, are set out below:-

No. of Sample	Description	Organo-chlorine Insecticides p.p.m.	Fly Test	Organo-phosphorus Insecticides p.p.m.
1.	Brown Loaf	Trace of BHC	-ve	Not detected
2.	White Loaf	Trace of BHC	-ve	Not detected
3.	English Pork	BHC ... 0.011	-ve	Not detected
4.	English Cheddar Cheese	Not detected	-ve	Not detected
5.	Oven-ready Frozen Chicken	BHC ... 0.021 Dieldrin ... 0.006 DDT ... 0.013	-ve	Not detected
6.	Dripping	BHC ... 0.022 BHC ... 0.005 Dieldrin ... 0.054 DDE ... 0.050 TDE ... 0.125 DDT ... 0.014		
7.	Untreated Farm Milk	Total BHC ... Trace Dieldrin ... Trace	-ve	Not detected
8.	Pasteurised Milk	BHC ... 0.001 BHC ... 0.002 Heptachlor epoxide .. 0.001 Dieldrin .. 0.003 DDE ... Trace TDE ... Trace	-ve	Not detected
9.	English Butter	BHC ... 0.022 BHC ... 0.012 Heptachlor epoxide .. Trace DDE ... Trace TDE ... Trace DDT ... Trace		
10.	Pears	DDT ... 1.00 DDE ... 0.048 TDE ... 0.111	-ve	Not detected
11.	Sturmer Apples	DDT ... 0.044 DDE ... 0.018 TDE ... 0.056	-ve	Not detected As -ve Pb -ve
12.	English Strawberries	Not detected	-ve	Not detected

No. of Sample	Description	Organo-chlorine Insecticides p.p.m.	Fly Test	Organo-phosphorus Insecticides p.p.m.
13.	Pork Sausages	BHC ... 0.004 BHC ... 0.005 Dieldrin .. 0.016 DDT ... 0.040 DDE ... 0.021 TDE ... 0.006	-ve	Not detected
14.	Beef Sausages	BHC ... 0.038 BHC ... 0.005 Dieldrin .. 0.015 DDE ... Trace TDE ... Trace	-ve	Not detected
15.	Lettuce	Not detected	-ve	Not detected
16.	English Streaky Pork Rashers	BHC ... Trace BHC ... 0.005 Dieldrin .. 0.001 DDT ... 0.002 DDE ... 0.013 TDE ... 0.003	-ve	Not detected
17.	Tomatoes	Not detected	-ve	Not detected
18.	Onions	Not detected	-ve	Not detected

The IMPORTED FOOD REGULATIONS 1968, which came into force on 1st August 1968, permitted sealed containers to be forwarded to inland destinations for examination at the place of unloading by authorised officers of the receiving authority.

Containers with a wide range of spices were examined and some three dozen samples were taken in 1968 and 55 in 1969. The goods were of a high standard but it was found necessary to arrange for the importing company to amend some labels.

INSPECTION OF FOOD PREMISES AND ACTION TAKEN 1968

		No. of Premises registered under Sec. 16 of Food & Drugs Act	SANITARY ACCOMMODATION							FOOD STORAGE AND PREPARATION ROOMS						
			Repaired	Cleansed and/or Decorated	Lighting provided	Washing Facilities (incl. Hot and Cold Water)	Nail Brush and Soap provided	'Wash Your Hands' Notices	Repaired	Cleansed and/or Decorated	Lighting provided	Ventilation provided	Washing Facilities for Food and Equipment	First Aid Materials provided	Accommodation for Clothing provided	Accumulations removed
Bakehouses	14	-	1	2	1	1	-	-	-	2	1	-	-	-	-	-
Bakers & Confectioners	43	12	-	1	-	1	1	1	-	1	-	-	-	1	-	-
Butchers	105	95	1	6	1	4	3	2	6	13	-	-	5	2	2	4
Canteens	105	-	-	-	-	1	-	-	-	3	-	-	-	-	-	-
Chemists	41	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Confectioners (Sugar)	207	189	-	-	-	2	1	-	-	1	-	-	-	-	-	-
Fishmongers	42	18	-	2	-	3	1	-	1	1	-	-	1	-	-	-
Greengrocers & Fruiterers	102	28	1	-	-	3	1	-	1	1	-	1	1	-	1	1
Grocers & General Stores	189	161	2	8	3	3	1	3	5	11	-	1	2	2	-	3
Licensed Premises	52	7	1	1	-	1	-	-	-	1	-	-	1	-	-	-
Milk Storage Depots	3	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Restaurants & Cafes	83	57	1	5	1	6	4	1	3	12	-	1	4	2	-	6
Factory Food	5	5	-	-	-	-	2	-	-	-	-	-	-	-	-	-
Stalls & Vehicles Food	VARIABLE	-	-	-	-	3	-	-	-	4	-	-	4	2	-	3
		573	8	25	6	28	14	7	16	51	1	3	18	10	3	17

INSPECTION OF FOOD PREMISES AND ACTION TAKEN 1969

LONDON BOROUGH OF BEDDINGTON			SANITARY ACCOMMODATION						FOOD STORAGE AND PREPARATION ROOMS							
Station	Beddington	No. of Premises registered under Sec.16 of Food & Drugs Act	No. of Premises repaired	Cleansed and/or Decorated	Lighting provided	Washing Facilities (Incl. Hot and Cold Water)	Nail Brush and Soap provided	'Wash Your Hands' Notices	Repaired	Cleansed and/or Decorated	Lighting provided	Ventilation provided	Washing Facilities for Food and Equipment	First Aid Materials provided	Accommodation for Clothing provided	Accumulations removed
Bakehouses		14	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bakers & Confectioners		44	12	2	-	2	1	-	-	1	-	-	-	1	-	-
Butchers		105	95	4	1	4	-	-	2	5	-	-	3	1	2	1
Canteens		101	-	1	-	1	1	-	2	4	-	2	2	1	2	-
Chemists		42	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Confectioners (Sugar)		207	189	1	1	-	-	1	2	1	-	-	-	-	-	-
Fishmongers		41	18	-	-	-	-	-	-	-	-	-	-	-	-	-
Greengrocers & Fruiterers		99	28	-	-	1	-	-	-	1	1	-	-	-	-	1
Grocers & General Stores		186	161	3	6	4	6	8	-	13	-	-	1	7	1	6
Licensed Premises		59	7	1	3	1	-	-	-	3	-	-	1	1	-	-
Milk Storage Depots		3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Restaurants & Cafes		84	57	1	4	4	3	4	2	7	-	1	1	3	2	1
Factory Food		5	5	-	-	-	-	-	-	-	-	-	-	-	-	-
Stalls & Vehicles Food		VARIABLE	-	-	-	4	1	-	-	3	-	-	-	3	-	-
			573	6	21	3	21	12	13	8	38	1	3	8	7	9

CLEAN AIR ACT 1956 - SMOKE CONTROL AREAS.

1968

Smoke Control Order No. 17 affecting part of Worcester Park and Smoke Control Order No. 18 affecting part of North Cheam were confirmed by the Minister of Housing and Local Government on the 27th March 1968 and became operative on the 1st October 1968 and 1st December 1968, respectively.

This brought the number of areas in operation up to 18, covering an area of 3,798 acres and affecting 25,445 dwellings.

In November, two further Orders (Nos. 19 and 20) affecting a total of 461 acres and 3,839 dwellings were made and submitted to the Minister for confirmation.

Records of atmospheric pollution by smoke and sulphur during 1968 are set out as follows:-

LONDON BOROUGH OF SUTTON

SUMMARY OF AIR POLLUTION MEASUREMENTS FOR 1968

Station:-	Beddington & Wallington No.2						Carshalton No.4						Sutton & Cheam No.8					
	Highest		Lowest		Average		Highest		Lowest		Average		Highest		Lowest		Average	
	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂
January	91	766	05	17	41	159	127	898	07	26	60	186	125	951	10	33	57	192
February	122	314	11	41	45	153	185	430	17	50	64	194	170	445	15	52	60	180
March	59	246	05	28	20	110	127	405	09	33	39	151	87	332	07	32	32	129
April	58	213	06	29	21	87	72	310	06	47	30	123	64	277	06	40	26	108
May	37	173	05	17	18	68	45	153	08	21	22	67	36	132	08	28	22	68
June	36	163	03	14	14	69	39	169	03	17	16	73	53	159	04	15	16	69
July	24	144	06	25	14	59	40	108	05	27	16	52	28	146	05	28	15	68
August	29	146	06	24	12	55	32	149	04	29	15	49	37	167	08	24	15	55
September	41	126	02	27	13	48	84	96	03	23	25	48	62	124	03	22	18	50
October	79	286	05	25	24	75	89	271	05	24	28	76	77	289	07	24	26	85
November	85	220	08	23	34	98	142	210	09	36	47	105	139	359	09	34	46	116
December	124	402	04	34	50	149	211	330	11	13	72	162	178	432	12	40	68	195

CLEAN AIR ACT 1956 - SMOKE CONTROL AREAS

Smoke Control Order No. 19 was confirmed by the Minister of Housing and Local Government on the 6th February 1969 and came into operation on the 1st October 1969.

Smoke Control Order No. 20 was confirmed by the Minister of Housing and Local Government on the 14th April 1969 and came into operation on the 1st December 1969.

The area of the Borough covered by Smoke Control Orders by the end of 1969 was 4,268 acres and included 29,011 dwellings.

In November Orders Nos. 21 and 22 were made by the Council and submitted to the Minister for confirmation. They cover an area within the Borough containing 3,240 dwellings and have an area of 468 acres. It has been intended that these Orders should become operative on 1st October and 1st December 1970 respectively. The suppliers of solid smokeless fuels were unable to give an assurance that adequate supplies of solid smokeless fuels would be available before 1st April 1971; accordingly the proposed operative dates of Smoke Control Orders No. 21 and No. 22 were altered to 1st July and 1st September 1971.

Daily records of air pollution by smoke and sulphur dioxide are made by means of apparatus installed at

- 1) The Health Centre, Shotfield, Wallington.
- 2) The Library, Manor Park Road, Sutton.
- 3) The Lodge, Honeywood Walk, Carshalton.

The highest, lowest and average readings for the three Stations are set out as follows:-

SUMMARY OF AIR POLLUTION MEASUREMENTS FOR 1969

Station:-	Beddington & Wallington No.2						Carshalton No.4						Sutton & Cheam No.8					
	Highest		Lowest		Average		Highest		Lowest		Average		Highest		Lowest		Average	
	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂	Smoke	So ₂
January	123	383	05	23	34	100	205	359	10	32	49	105	202	387	08	30	46	108
February	97	322	09	35	41	154	193	316	16	39	69	163	138	325	12	38	55	172
March	75	307	12	45	40	176	96	403	18	55	50	211	108	484	16	54	54	204
April	45	197	04	23	16	78	54	209	06	29	25	81	66	270	08	34	23	97
May	33	143	05	18	15	53	63	145	05	12	18	45	41	176	06	15	19	59
June	20	139	01	21	10	63	57	206	04	21	17	75	28	267	05	22	15	78
July	26	84	05	33	12	57	31	66	08	27	18	48	41	92	09	30	19	51
August	30	108	06	26	15	55	39	102	09	26	20	49	37	112	09	22	20	47
September	33	136	06	27	18	67	46	172	06	26	23	71	45	160	10	22	26	60
October	74	382	06	26	25	80	125	381	14	27	42	79	108	376	12	22	24	75
November	49	149	03	29	19	69	90	157	09	32	34	70	70	149	07	23	39	66
December	136	363	07	26	42	147	175	324	10	24	67	145	141	363	10	48	55	149

WATER SUPPLY

All houses in the Borough have piped water supply. The majority are supplied by the Sutton District Water Company, a few near the northern boundary are supplied by the Metropolitan Water Board. There are private wells at hospitals, factories and a school.

The average Fluoride content of the water is 0.1 parts per million.

The Sutton Company draws its supplies from wells in the chalk at Carshalton, Woodmansterne, Sutton and Cheam, and is under statutory obligation to soften the water to 9° of hardness.

I am indebted to Mr. E.G.B. Gledhill, B.Sc., M.I.Mech. E., M.I.W.E., A.M.I.C.E., A.M.I. Struc.E., Engineer and Manager of the Sutton District Water Company, for the following information relating to 1969:-

1. The total rainfall recorded at Burgh Heath during the year was 717 mm. (28.23 ins.), a decrease of 67.3 mm. (2.65 ins.) compared with the standard 35 year average (1916-1950) of 784 mm. (30.88 ins.).

January was a mild month but February proved comparatively cold with snowfalls and moderate to severe frosts. Snow also fell towards the middle and latter parts of December but amounts generally were small. As in previous years the rainfall at Burgh Heath is assumed to be indicative of the average rainfall over the catchment area on which the Company's wells depend for replenishment, and the above comments refer to this station only.

2. The underground water levels which were high as a result of the exceptional rainfall in the preceding year dropped rapidly in June as the warm weather continued. This fall was halted towards the latter part of October and the levels at the end of December were normal for the time of year.
3. Supply and Consumption. In 1968 the average daily consumption for the year was less than in 1967. In 1969, however, the normal trend was restored and the average daily consumption showed a relatively large increase compared with the corresponding figure for 1968. Much of this increase is attributed to the prolonged spells of warmer weather which, inevitably, increased the demand for water, particularly for garden watering. The comparable figures for 1968/69 are as follows:-

	1968	1969
Average daily consumption for year	55,050 C.M.D. (12,111,000 G.P.D.)	58,105 C.M.D. (12,783,000 G.P.D.)
Average daily consumption during week of maximum demand	67,950 C.M.D. (14,949,000 G.P.D.)	79,350 C.M.D. (17,457,000 G.P.D.)
Maximum daily consumption	71,704 C.M.D. (15,775,000 G.P.D.)	88,000 C.M.D. (19,360,000 G.P.D.)

4. Population Supplied. The following table gives the estimated population supplied in 1968 and 1969 based on information furnished by local authorities, hospitals, and institutions.

December 1968	290,222
December 1969	300,538

This large increase in the 1969 figure is due to the latest census figures becoming available from the Local Authorities and a very careful assessment having been made by the staff in the drawing office of the population served by the Company in the several Council Areas. The average estimated number of persons per house for the Company's area as a whole is 3.1. This is considered to be a reasonable figure in keeping with the returns of the Registrar General for this area.

In relation to those parts of the Borough at Worcester Park and on the St. Helier Estate at the northern end of the former Carshalton Urban District Council's area, Dr. E. Windle Taylor, Director of Water Examination to the Metropolitan Water Board, has supplied the following information:-

- (a) The supply was satisfactory both as to quality and quantity throughout 1968 and 1969.
- (b) All new and repaired mains are disinfected with chlorine. After a predetermined period of contact the pipes are flushed out and refilled. Samples of water are then collected from these treated mains, and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

- (c) (i) The Board has no record of the number of structurally separate dwellings supplied in the area, but the population supplied direct, according to the Registrar General's estimates at 30th June 1969 was 1918.
- (ii) No houses were permanently supplied by standpipe.
- (d) No artificial fluoride was added and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.
- (e) The supply was derived from the following works and pumping stations:-

River Thames derived and also well
water from Merton Pumping Station.

No new sources of supply were instituted and there were no changes to the general scheme of supply in the area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown as follows:-

**Bacteriological Results -
Yearly Averages, After Treatment**

	Number of Samples	Agar plate count per ml.		Coliform count	E. coli count
		20-24 hours at 37°C.	3 days at 22°C.	Per cent samples negative in 100 ml.	Per cent samples negative in 100 ml.
Thames derived 1968	1931	10.8	-	99.79	100.0
Thames derived 1969	3698	12.9	-	99.89	100.0
Merton 1969	19	0.2	2	100.0	100.0

Average Results of the Chemical Examination of Water
(Milligrammes per litre (unless otherwise stated))

	1968	1969	1969		1968	1969	1969
	Thames	Thames	Merton		Thames	Thames	Merton
No. of Samples	156	371	4	Chloride as Cl	33	32	13
Ammoniacal Nitrogen	0.023	0.024	0.005	Phosphate as PO ₄	2.0	2.1	-
Albuminoid Nitrogen	0.081	0.083	0.017	Silicate as SiO ₂	10	9	-
Nitrate Nitrogen	4.0	4.4	0.2	Sulphate as SO ₄	62	58	-
Oxygen abs. from KMnO ₄	1.22	1.05	0.08	Natural Fluoride as F	0.30	0.25	0.50
Hardness(total) CaCO ₃	271	282	252	Surface-active material as Manoxol OT	0.02	0.02	-
Hardness (Non- carbonate) CaCO ₃	73	79	38	Turbidity Units	0.1	0.1	0.4
				Colour (Burgess units)	14	11	4
Magnesium as Mg	4	5	-	pH value	7.9	7.9	7.4
Sodium as Na	22.9	24.0	-	Electrical Conductivity	560	550	430
Potassium as K	5.3	5.4	-	(micromhos)			

- (f) On account of their hardness content and alkaline reaction the Board's river and well water supplies are not considered to be plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed. This applies to copper, zinc, iron and also to lead.

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises. One was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes.

Lead content of water from main taps
in consumers' premises

Lead content (mg/l Pb)	Samples of water standing in lead pipe overnight	Samples of water after running the tap
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

These results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/l (Pb), but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/l after 16 hours contact with the pipes.

PREVENTION OF DAMAGE BY PESTS ACT

	<u>1968</u>	<u>1969</u>
Complaints of rat and mouse infestation	1665	1631
Infestations investigated	1665	1631
Premises found to be infested	1684	1660
Informal Notices under Section 4 of the Act	13	14

NOISE ABATEMENT

Complaints received	55	77
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Informal action was taken in appropriate cases to reduce the noise level.

SHOPS

There were 1,741 shop premises in 1968 on the register and 1,674 in 1969 and inspections were made during the year under the Shops Act 1950 and the Offices, Shops and Railway Premises Act 1963.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

During 1968, 23 and 1969, 82 premises were registered in accordance with the Act, making the total number 1,762.

The number of persons employed in the classes of premises as reported to the Minister of Labour at the end of the year is as follows:-

Class of premises	Total Number Registered at end of Year		Number of Persons Employed	
	<u>1969</u>	<u>1968</u>	<u>1969</u>	<u>1968</u>
Offices	525	491	6470	6673
Retail Shops	1106	1068	5231	6054
Wholesale Shops, Warehouses	34	30	331	300
Catering Establishments and Canteens	95	89	736	784
Fuel Storage Depots	2	2	20	20

Preliminary notices were served relating to non-compliance with the Act in respect of the following:-

	Notices			
	Served during:-		Complied (Inc. Notices served in 1967)	
	1968	1969	1968	1969
Overcrowding	-	1	2	2
Ventilation	4	5	12	2
Cleanliness	8	9	18	3
Temperature (incl. thermometers)	32	30	92	20
Lighting	10	6	18	5
Sanitary Conveniences	33	33	46	9
Washing Facilities	29	22	37	12
Water Supply	7	16	16	4
General Conditions	18	7	10	2
Stairs/Passages	7	1	14	4
Clothing Storage	9	9	17	4
Drying Facilities	5	3	19	3
Seats	-	-	4	1
Machinery	1	-	1	-
First Aid Equipment	34	43	93	17
Notices	49	62	110	33
Canteen Facilities	2	-	4	1

Factories and Outworkers.

Inspections for the purpose of provisions as to health:-

Premises (1)	No. on Register (2)		Number of -					
			Inspections (3)		Written Notices (4)		Occupiers Prosecuted (5)	
	1968	1969	1968	1969	1968	1969	1968	1969
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	48	48	16	21	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	539	539	156	147	38	8	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority	41	41	82	27	-	-	-	-
* (excluding outworkers' premises)			254	195	38	8	-	-

* Electrical Station (Section 123 (1)), Institutions (Section 124) and sites of Building Operations and Works of Engineering Construction (Section 127). Slaughterhouses, (Section 175 (1) (d) and (e)) and Railway Running Sheds (Section 175 (2) and (10)).

Cases in which Defects were Found:

Premises (1)	Number of cases in which defects were found								Number of cases in which prosecutions were instituted (6)	
	Found		Remedied		Referred -					
					to H.M. Inspector		by H.M. Inspector			
(2)	(3)	(4)	(5)							
'68	'69	'68	'69	'68	'69	'68	'69	'68	'69	
Want of cleanliness	-	19	-	17	-	-	-	-	-	
Overcrowding	-	-	-	-	-	-	-	-	-	
Unreasonable temperature	-	-	-	-	-	-	-	-	-	
Inadequate ventilation	2	1	1	9	-	-	-	-	-	
Ineffective drainage of floors	-	-	-	1	-	-	-	-	-	
Sanitary Conveniences:										
(a) Insufficient	-	2	-	5	-	-	-	-	-	
(b) Unsuitable or defective	4	10	2	14	-	-	-	-	-	
(c) Not separate for sexes	-	1	-	1	-	-	-	-	-	
Other offences against the Act (not including offences relating to Outwork)	2	2	1	4	-	-	-	-	-	

Outwork (sections 133 and 134)

Nature of Works (1)	Section 133						Section 134					
	No. of out-workers in Aug. list required by Sect. 133(1)(c)		No. of cases of default in sending lists to the Council		No. of prosecutions for failure to supply lists		No. of instances of work in unwholesome premises		Notices served		Prosecutions	
	(2)		(3)		(4)		(5)		(6)		(7)	
Wearing apparel - making etc.	69	68	69	68	69	68	69	68	69	68	69	68
Boxes (Cardboard)	67	28	-	-	-	-	-	-	-	-	-	-
Brass and Brass Art	53	28	-	-	-	-	-	-	-	-	-	-
Curtain making	1	2	-	-	-	-	-	-	-	-	-	-
Toys	3	-	-	-	-	-	-	-	-	-	-	-
Flowers	1	-	-	-	-	-	-	-	-	-	-	-
Umbrellas	2	-	-	-	-	-	-	-	-	-	-	-
Lampshades	9	-	-	-	-	-	-	-	-	-	-	-
	21	3	-	-	-	-	-	-	-	-	-	-
	157	63	-	-	-	-	-	-	-	-	-	-

SWIMMING BATHS

Visits were made to the three public swimming baths and five school pools during the period. Twenty-nine samples in 1968 and 19 samples in 1969 of water were submitted for bacteriological examination. Checks for pH value and free chlorine were made in appropriate cases. The close co-operation which exists between the Borough Engineer, the Chief Education Officer and this Department is much appreciated.

HAIRDRESSERS AND BARBERS

The Council adopted on the 4th April, 1968, the provisions of the Greater London Council (General Powers) Act 1967 in so far as they relate to the registration of Hairdresser and Barbers, and fixed the first day of June, 1968, as the appointed day for the purpose of registration in accordance with Section 21 of the Act. By the end of 1969 135 premises were registered following inspections to ensure compliance with bye-laws requirements.

MORTUARIES

The Council maintains a mortuary at Cemetary Road, Sutton Common Road, Sutton, which is equipped with refrigeration storage and facilities for post-mortem examination.

The number of bodies, on all of which autopsies were performed, admitted during the year was as follows:-

	<u>1968</u>	<u>1969</u>
Ambulance removals	66	107
From local hospitals	173	174
From homes within the Borough	271	209
	<u>510</u>	<u>490</u>

PUBLIC CONTROL

Work connected with Licensing, Permits and Registrations was transferred from the Department of the Town Clerk to the Health and Family Services Department on the 1st July, 1968. The following is a list of Licences, Permits and Registrations in force at 31st December, 1968 and 1969:-

	<u>1968</u>	<u>1969</u>
Betting, Gaming and Lotteries Acts 1963/64		
Small Lotteries - Registrations	117	123
Amusement Machines with Prizes - Permits	82	97
Animal Boarding Establishments Act 1958. Licences	6	5
Diseases of Animals (Waste Foods) Order 1957. Licences	18	18
London Government Act 1963. Employment Agency Licences	12	18
Surrey County Council Act 1931 (Part IV)		
Establishments for Massage & Special Treatment.		
Licences	18	19
Game Act 1831. Game Dealers' Licences	21	19
Greater London Council (General Powers) Act 1967		
Hairdressers and Barbers Registrations	132	135
Moneylenders Act 1927 - Licences	3	3

	<u>1968</u>	<u>1969</u>
Pharmacy and Poisons Act 1933		
Sellers of Part II Poisons. Registrations	152	130
Pet Animals Act 1951. Licences	16	15
Rag Flock and Other Filling Materials Act 1951		
Registrations	4	4
Refreshment Houses Acts 1860 and 1967. Licences	7	7
Riding Establishments Act 1964. Licences	2	2
Theatrical Employers Registration Acts 1925 and 1928		
Licences	35	37
Scrap Metal Dealers Act 1964. Registrations	16	15
Slaughter of Animals Act 1958. Licence	1	1

OTHER MATTERS

Diseases of Animals Act 1950.

Functions of the Council in connection with the Diseases of Animals Act 1950, Animal Boarding Establishments Act 1963, Pet Animals Act 1951, and the Riding Establishments Act 1964 are carried out on an agency basis by the Council of the City of London through that Council's Veterinary Officer.

Rag Flock and Other Filling Materials Act 1951

The prescribed Analyst is Mr. Derek James Finch, LTI of RTSA (Chiltern Research), Westfield House, Henley on Thames, Oxfordshire. Six samples taken during the period satisfied the requirements.

Fertilisers and Feeding Stuffs.

Two informal samples of Feeding Stuffs and six informal samples of Fertilisers were taken during 1968 and two informal samples were taken in 1969.

All the Public Health Inspectors of the Borough have been approved by the Ministry of Agriculture, Fisheries and Food as Inspectors and Official Samplers under the Fertilisers and Feeding Stuffs Act 1926.

Radioactive Substances Act 1960.

The following are firms within the district to whom Certificates of Registration or Certificates of Authorisation for the disposal and accumulation of radioactive waste have been issued by the Ministry of Housing and Local Government under the Act:-

Section 1. (Registration - Keeping and use of Radioactive Material):

London Fire Brigade, Sutton and Wallington Stations.
 Medical Research Council, Woodmansterne Road, Carshalton.
 Mr. M. Milian, 44A Sherwood Park Road, Sutton.
 Mullard Radio Valve Co., New Road, Mitcham Junction.
 Nuleaf Ltd., Beddington Lane, Croydon.
 Pye Unican Ltd., 30 Devonshire Road, Sutton.
 Vinyl Products Ltd., Mill Lane, Carshalton.

Section 3. (Registration - Mobile Radioactive Apparatus):

Inspection Services Ltd., Oldfields Road, Sutton.

Radiographic and Associated Testing Services, 43 Senga Road, Hackbridge.

Section 6/7. (Authorisation - Disposal and Accumulation of Radioactive Waste):

Radiological Protection Service, Clifton Avenue, Belmont.

Royal Marsden Hospital, and the Institute of Cancer Research, Downs Road, Belmont.

SUMMARY OF COMPLAINTS, INSPECTIONS AND WORK DONE

Investigations were made with regard to 6,192 complaints, as follows:-

	<u>1968</u>	<u>1969</u>
Accumulations	71	66
Animals so kept etc.	4	6
Burst pipes	2	2
Clean Air - Contraventions	91	41
Dampness	136	127
Drainage defects	83	82
Drains obstructed	2,015	2,035
Dustbins	6	8
Factories Act	1	-
Food contaminated	89	92
Food unsound	77	96
Fouling of Footpaths	9	30
General Defective Conditions	61	69
Insects and Pests	497	809
Litter Act Contraventions	2	-
Miscellaneous	110	116
Noise	55	77
Obnoxious Effluvia	92	111
Overcrowding	2	8
Public Conveniences	1	6
Refuse Collection	14	695
Rivers	4	6
Rodents	1,665	1,631
Roofs defective	29	15
Shops Act contraventions	4	5
Sink Waste Pipes	2	7
Verminous premises	1	48
Water Supply	16	4
	<u>5,139</u>	<u>6,192</u>

Seventeen thousand, eight hundred and five inspections and re-inspections were made for the purposes set out below:-

	<u>1968</u>	<u>1969</u>
Animal Boarding Establishments	3	9
Clean Air Act	652	622
Consumer Protection Act	-	1
Cowsheds	1	-
Diseases of Animals Act	-	60
Employment Agencies	7	8
Establishments for Massage & Special Treatment	14	31

	<u>1968</u>	<u>1969</u>
Factories (Mechanical Power - incl. Laundries)	156	147
Factories (non-Mechanical Power)	16	21
Factories (Building Sites)	82	27
Fertilisers and Feeding Stuffs	5	4
Food and Drugs (incl. Sampling, Unsound Food etc.)	1,273	1,260
Food Premises:	<u>1968</u>	<u>1969</u>
Bakehouses	74	55
Bakers & Confectioners	71	64
Butchers	316	250
Canteens	118	104
Canteens - Schools	60	26
Chemists	7	14
Confectioners (Sugar)	134	107
Factory Food	16	10
Fishmongers	112	75
General Stores	129	128
Greengrocers & Fruiterers	250	324
Grocers	398	324
Ice-Cream Factories	3	2
Ice-Cream Vehicles	17	25
Licensed Premises with Catering Facilities	67	55
Licensed Premises without Catering Facilities	67	38
Milk Storage Depots	42	14
Restaurants and Cafes	376	358
Stalls, Food	297	36
Vehicles, Food	104	126
	2,658	2,135
Hairdressers	197	53
Housing Act	982	1,101
Housing (Land Charges Enquiries)	39	80
Infectious Disease Premises (Incl. food poisoning enquiries)	511	825
Insect Pests	588	511
Merchandise Marks Act	19	73
Noise	227	521
Offices, Shops and Railway Premises Act	1,161	902
Outworkers Premises	4	55
Pet Animals Act	6	13
Pharmacy and Poisons Act	6	28
Piggeries	5	5
Premises re cesspools	-	2
Public conveniences	170	176
Public Health Act	6,973	6,612
Public Health Act re-inspections	2,031	1,342
Rag, Flock and Other Filling Materials Act	3	4
Rent Act	23	16
Riding Establishments Act	16	3
Rivers, Ditches and Ponds	27	79

	<u>1968</u>	<u>1969</u>
Rodents	959	663
Schools	15	21
Shops	231	395
Water sampling	82	50
Work Places	28	20
	<u>19,170</u>	<u>17,875</u>

Six hundred and fifty three notices were served concerning the following matters:-

	<u>1968</u>	<u>1969</u>
Accumulations and Deposits	11	19
Animals so kept	1	6
Clean Air Act	9	3
Drainage Defects	107	60
Dustbins	3	10
Factories Act	8	40
Food and Drugs Act (incl. Food Hygiene)	162	122
General Defective Conditions	285	190
Housing Act (unfit houses)	31	36
Noise	5	5
Offices, Shops and Railway Premises Act	131	116
Prevention of Damage by Pests Act	13	14
Shops Act	4	32
Water Supply	3	-
	<u>773</u>	<u>653</u>

Formal notices were served under the following Acts:-

	<u>1968</u>	<u>1969</u>
Public Health Act 1936, Section 24	42	23
" " " Section 39	7	3
" " " " 45	2	1
" " " " 56	1	-
" " " " 93	17	22
" " " " 277	2	8
Housing Act 1957, Section 170	8	6
" " 1961 " 15	3	1
Clean Air Act 1956, Section 12	3	-
	<u>85</u>	<u>64</u>

As a result of investigations made and notices served, the following work was carried out:-

	1968	1969
Accumulations removed	19	20
Brickwork repaired	8	-
Ceilings repaired and/or made good	14	9
Chimneys and flues repaired	6	5
Damp conditions remedied	62	40
Doors and frames repaired, including locks and fasteners	7	5
Drainage repaired and/or reconstructed (houses)	29	23
Drainage inspection chambers repaired	20	18
Soil pipes renewed	6	3
Drains cleared	1,634	1,803
Waste gullies repaired, renewed or provided	16	9
Waste pipes repaired, renewed or provided	8	6
Surface water drainage provided or repaired	8	4
Dustbins provided	4	3
Fireplaces, ranges or stoves repaired or renewed	7	2
Floors renewed or replaced	20	10
Food Storage accommodation provided	3	-
Roofs repaired and made weatherproof	38	24
Downpipes, guttering repaired and/or renewed	44	28
Stairs repaired	6	1
Sinks renewed	2	-
Walls repaired	10	7
re-plastered and/or repaired	29	15
Cleansed and redecorated	6	5
Wash basins and baths provided	1	-
Water supply renewals or repairs	12	3
W.C. provided	-	1
W.C. accommodation repaired	6	1
W.C. pans and seats repaired, renewed or provided	13	5
flushing apparatus repaired or renewed	21	8
Windows repaired and/or renewed	36	15
Ventilation provided	8	3

**SOCIAL SERVICES DIVISION
(NATIONAL ASSISTANCE ACTS)**

PART IV

I N D E X

Page No.

INTRODUCTION	130
A CASEWORK AGENCY	130
THE CHILDREN'S SERVICE	130
THE WELFARE SERVICE	130
SERVICES FOR THE ELDERLY	133
SERVICES FOR THE PHYSICALLY HANDICAPPED	134
CARE OF THE BLIND AND PARTIALLY SIGHTED	137

W. France, ACCS AISW,
Chief Social Services Officer.

INTRODUCTION

Amidst all the traditional welfare work carried on in the period under review came the creation of a Social Services Division as part of a larger directorate - that of Health & Family Services - controlling Housing, Health, Welfare, and Children's Departments. This latter event overshadowed all else and resulted in a number of officers leaving the social services, bringing with it the difficulties of replacement and in some instances reallocation of work. But it also brought the appointment of an additional senior child care officer, a senior family caseworker and a casework co-ordinator, and for the first time it became possible to pull together the whole of the casework effort of the social services. During this period of resignation and recruitment, so much was said and written that one could be forgiven for forgetting the very *raison d'être* for the social services; fortunately the task of caring goes inexorably on as the statistics which follow in the report to some extent show.

A CASEWORK AGENCY

The appointment of the senior staff referred to in the Introduction allowed us to undertake regular consultation with professional social welfare staff and gave administrative control over case loads of all the social workers; the senior family caseworker with her team of four intensive family caseworkers has become responsible for those families in the borough with a multiplicity of problems and for whom it is thought that casework support will be beneficial. In this way child care officers have been helped by a reduction in case loads, and social welfare officers in the Division to some extent relieved of work with families requiring intensive casework support.

It has also become possible to bring to bear all the resources of the directorate in support of those families amongst us at risk of losing their homes. At the time of writing there are over 100 families in the borough facing the threat of losing their accommodation, mostly for reason of rent arrears, and perhaps it is in this context if in no other that we should look at the reorganisation of social services in the borough, and at the creation of a highly skilled and professional intensive family casework unit offering casework support. Here let me say that the authority delegated to the Director of Health & Family Services to rehouse deprived families on their immediately becoming homeless, as a matter of social priority, is the biggest single benefit accruing from the reorganisation. It is one thing to speak of co-ordination, quite another to achieve it. It is as much in the hearts and minds of men as it is in any administrative scheme.

Case conferences and casework co-ordination have been made considerably easier, and all social workers now operating in the four area geographical social work teams obviously find it simpler to discuss with each other their cases and problems common to them. Of course we do not always win in the sense that social workers have a magic wand which, on its being waved, changes the characters and inhibitions of a lifetime in their clients and administers instant justice. But if there is no winning (with our families) in the ordinary sense of the word, and if by contrast I might use the word failure and the consequences of it, then unless we continue to try harder the progression of our families down the slope of despair, demoralisation and ultimate defeat will be assured.

THE CHILDREN'S SERVICE

As to the Children's Service during the period under review, probably the appointment of the additional senior child care officers was the most significant factor allowing as it did for the first time regular consultation and control over child care officers case loads. Fortnightly reviews of all cases with child care officers have continued, allowing the concentration of their work on cases of the highest priority.

The effect of this is that for much of the period under review case loads have been constant at about the 60 mark for each officer. Periodic meetings with a consultant psychiatrist from the Child Guidance Clinic at St. Helier Hospital have continued, and have proved to be of great value both to residential care staff and to field staff. As with all the other social work disciplines in the Division, considerable use has been made of courses run by the London Boroughs Training Committee and the Home Office Central Training Council, care being taken that courses attended were of particular value to the officer in his field of work. But a significant development in training was the setting-up by four neighbouring London boroughs of an intensive training scheme for houseparents, based at Ewell Technical College and The Grove, Carshalton. This authority played an active part in the organisation of these courses.

The Working Girls Hostel 'Silverdale' was opened during the year. This was formerly a hostel for district nurses and was easily adapted for 8 working girls in care, either of this or other local authorities. This hostel meets a real need as a preventive measure enabling the Children's Service to give the girls a period of care and training in the locality of the borough and in a supportive environment.

The greatest challenge awaits the Children's Service with the placing on the statute book of the Children and Young Persons Act of 1969. This places further responsibilities on local authority services and will inevitably require the recruitment of a further number of child care officers to accept the additional referrals of children under supervision from the courts and other Agencies. It is confidently expected that with the return from training courses upon which they are currently engaged, professionally qualified child care officers of the Department will be in a position to pick up this responsibility as arising; this, however, is only one aspect and the department is well aware of the tasks to be faced.

THE WELFARE SERVICES

I would like to say how pleased I am to report the increasing use made during the period under review of our group of old people's homes for shorter term care. In this way, relatives of old people often hard pressed in the demanding routine (however lovingly given) of caring for elderly relatives, are relieved by their admission to one of our old people's homes whilst the family takes a break. During the period under review some 60 old people had 'holidays' with us for short periods, whilst relatives besported themselves elsewhere to the benefit of all.

We look forward to the opening of Bawtree House in Worcester Road, in early 1970, further to increase the number of places available to us to care for old people.

It is worthwhile noting that in the year ended December 1968, of the 185 admissions during the year, 58 were between the ages of 70 and 80, 76 were between the ages of 80 and 90, and 18 were between the ages of 90 and 100; the year 1970 tells a similar story. And the work of our Mulgrave Road centre for the physically disabled goes from strength to strength. All the daily 45 places are now taken up and there is a waiting list. In all, the centre serves about 120 disabled people, and whilst it can be argued that at a maximum of 45 per day the centre is not really meeting the total need of the borough, it is, nevertheless, much valued by those fortunate enough to attend there. It seems that no task is too difficult or complex for this happy band, and whilst it is true that remuneration is not the only object of the work centre, our disabled people do receive a little money reward for taking part in the industrial outwork schemes.

There are other things also - musical appreciation groups, craft classes, archery classes, current affairs discussions, and so on - all helping our disabled people to belong to the mainstream of life.

As is the case with the Children's Service, so the traditional welfare services face a challenging situation. The Chronically Sick and Disabled Persons Bill of 1970, placing far reaching duties on local authorities in the care of disabled, and those parts of the Health Service and Public Health Act of 1968 which come into force in 1970, placing a duty upon local authorities actively to promote the welfare of old people in the borough, again poses the need for additional recruitment of welfare officers to implement the new duties.

CONCLUSION

For so long, social work has struggled under the yoke of being a profession of many disciplines, this or that sort of officer, or the other brand of social worker, all tending to present to the public at large a picture of a fragmented service, incapable of cohesive effort and lacking in all-embracing leadership; unable to deploy the available resources in a realistic way, and utterly diffident in encouraging all social workers towards an awareness of each others problems and of the one-ness of the effort we are all making. Happily, in the Social Services Division in Sutton, we have taken some steps, albeit falteringly at times, towards the departmental structure advocated by the report of the Seeborn Committee and legislated by the Local Authority and Social Services Act of 1970.

We are making progress.

.....

SERVICES FOR THE ELDERLY

The main event in the 2 year period under review was the opening of Franklin House on the 17th February, 1969, the purpose-built old people's home at Roundshaw. This home offers 50 places for men and women and has quickly established itself as part of the community.

<u>Borough Residential Old People's Homes</u>		<u>1968</u>	<u>1969</u>
Waiting list at beginning of year		129	153
Waiting list at end of year		<u>153</u>	<u>125</u>
Number of beds available:	Brambleacres	43	43
	Malden Homes	112	112
	St. Anne's		
	Redhill	30	30
			Franklin
			House
			<u>50</u>
		<u>185</u>	<u>235</u>

Bawtree House (48 beds) newly built old people's home in the grounds of 'Brambleacres', Worcester Road, Sutton, will be available to the department in May 1970, thus increasing the number of beds for old people to 283.

Standard Charges for Accommodation

The standard rate of maintenance in old people's homes administered by the Borough for the year ended 31st March, 1968, was £11 19s 9d. per week, and at 31st March, 1969, was £13 15s 11d.

Accommodation provided by the Voluntary Old People's Homes

As well as those homes provided by the Borough, there is a small group of homes (now 6 in number) owned and administered by voluntary organisations. These homes provide accommodation for old people and offer a further choice to those of a particular sect or religious persuasion to enter into their own particular residential care unit. Financial arrangements exist with these homes which allows the authority to meet the maintenance charges where such a course is appropriate.

Registration of Private Old People's Homes

The local authority has a duty to register and inspect homes run for profit by private individuals or companies, and there are now in the Borough 25 registered private old people's homes, offering accommodation for 326 old and/or disabled people. Two homes registered under the Mental Health Act of 1959 afford accommodation to 34/37 people recovering from mental illness.

Meals and recreation for the elderly

The close co-operation between the department and the three main old people's voluntary welfare committees has been maintained and the number of meals-on-wheels distributed and served has grown. The opening on 18th November, 1968 of the new Day Centre of the South Carshalton Old People's Enterprises (SCOPE) has been one of the highlights and this is a welcome addition to the day centre already operating on the Brighton Road. Other day centres are being planned in the Borough - the most noteworthy of these being the one planned in the Worcester Park/Cheam area by voluntary bodies and the fourth being planned by the Borough as an adjunct to their old people's home programmed to be built on the Alcester Road, Wallington site, in the future.

58,260 meals were served during the year 1968 to the housebound.

61,996 meals were served during the year 1969 to the housebound.

TEMPORARY ACCOMMODATION - HOMELESS FAMILIES.

Under its welfare powers the Borough is required to offer temporary accommodation to all families who are homeless from whatever reason and support them in practical and social work terms towards their eventual resettlement in the community. It was the original intention of the 1948 statute to apply this provision only to families dispossessed as a result of fire, flood, and similar catastrophe which 'could not reasonably have been foreseen'. But the passage of years has wrought a change. Public opinion, and government circulars, have made it clear that when a family has nowhere to go the local authority must provide.

In the period under review, the department has three main communal units for families - 'Ladymount', Evelyn Way, Wallington and Nos. 23 and 25 Cheam Road, Sutton. One of the earlier residential units, 'Oakdene', in Denmark Gardens, Carshalton disappeared under the bulldozer during the year to make way for the further development of the site upon which it stood. There were no regrets at its passing; the building was in poor condition and difficult to maintain both for the local authority and families alike. Four council houses were allocated to the department for use as long-term rehabilitation units for families with many problems, and some 8 other properties owned by the Ministry of Transport are now on lease to the department and used for families previously without homes whose difficulties may take some years to settle.

WELFARE SERVICES FOR THE PHYSICALLY HANDICAPPED (GENERAL CLASSES)

Local authorities are required to keep a register under Sections 29 and 30 of the National Assistance Act of 1948, and the following statistics show the grouping of disabilities and the register in accordance with the Medical Research Council code of diseases and disability. The number of registrations during the year 1968 was 221, bringing the total number of registered disabled people to 1,023; during 1969 the number of registrations was 114, total number of registered physically disabled people 1082.

Section 29 of the National Assistance Act, 1948 imposes a duty to provide Welfare Services for the handicapped (general classes) and the deaf and hard of hearing. These duties may be defined as follows:-

- (a) Informing handicapped persons of the services available to them
- (b) Giving instruction in their homes or elsewhere in methods of overcoming the effects of their disabilities
- (c) Providing workshops where such persons may be engaged in suitable work, and hostels where persons engaged in the workshops may live
- (d) Providing handicapped persons with suitable work in their own homes or elsewhere
- (e) Helping handicapped persons to dispose of the product of their work
- (f) Providing handicapped persons with recreational facilities in their own homes or elsewhere
- (g) Compiling and maintaining registers of handicapped persons.

As to the manner in which handicapped people have either voluntarily come forward or been referred for registration is demonstrated:-

No. of handicapped people on the register 31.12.68	1023
No. of removals and deaths	135
No. of newly registered handicapped persons	194
No. of handicapped persons on register at 31.12.69	1082

and the extract of statistics from the statutory register shows the following classifications

Classification of Disabilities and Age Groups

	Under 16	16-29	30-49	50-64	65+	Total at 31.12.69	Total at 31.12.68
Amputation	-	2	3	17	21	43	45
Arthritis	1	2	21	77	282	383	351
Congenital Malformations	4	8	6	2	1	21	18
Digestive and Heart	-	4	6	41	78	129	132
Injuries	1	4	9	18	46	78	71
Organic ND	10	47	85	120	97	360	342
Neurosis	-	2	3	6	3	14	13
T.B. Resp.	-	-	1	4	4	9	10
T.B. Surg.	-	-	2	3	5	10	12
Any other	-	3	1	9	23	35	29
	16	72	137	297	560	1082	1023

Deaf

Deaf with Speech	3	11	12	1	7	34	33
Deaf without Speech	1	4	9	5	7	26	25
Hard of Hearing	-	4	3	6	47	60	59
	4	19	24	12	61	120	117

Employment and facilities for work for the disabled

So far as employment is concerned, the 1082 registered handicapped persons fall into the following groups:-

1.	Capable of normal employment	115
2.	Capable of sheltered employment in accordance with definition of the Min. of Labour	37
3.	Capable of some work or part time work in very sheltered conditions (e.g. Work Centre)	103
	(a) Attendance at Work Centre	79
	(b) Receiving outwork and/or occupational therapy	40
4.	Available as home workers	Not Known
5.	Not available for work	806
6.	Under 16 years of age	21

Visits made by Social Welfare Officers from 1st January 1969 to 31st December 1969

Visits made in connection with handicapped social work and registration	1872
Visits made in connection with escort duties to and from the work Centre	187
Visits made in connection with adaptations	249
Visits made in connection with outwork	2
Visits made in connection with occupational therapy	776
Visits made in connection with occupational therapy at Brambleacres	54
Visits made in connection with occupational therapy at Malden Homes	47
Aids to daily living: Number of aids issued on loan during the year 1969	396
Adaptations: Adaptations have been carried out in the homes of 56 handicapped persons during the year at an approximate cost of £1,860.	

Transport

The three ambulances have been kept fully occupied during the year, they are regularly used for the transport of handicapped persons to the Red Cross Clubs, the Invicta Club, the British Polio Fellowship Club meetings, the British Rheumatism and Arthritis Club meetings, the Rotary Club of Sutton Film Show evenings and the Spastic Centre at Croydon daily. The ambulances of course serve the Work Centre daily, the holiday scheme and such voluntary organisations as it is possible to assist during the year.

Part time clubs for the disabled

The Red Cross Society continues to operate four clubs for the disabled in the Borough.

Disabled Drivers

In accordance with the Ministry regulations, disabled drivers windscreen badges have been issued by this department as follows:-

No. of badges issued at 31.12.68	100
No. of removals since 31.12.68	3
No. of new badges issued since 31.12.68	29
Total No. of car badges issued at 31.12.69	126

Holidays for the handicapped

After circulating all registered handicapped persons, the final holiday arrangements for 1969/70 were as indicated below

Centre	Handicapped Persons	Blind Persons	Escorts
Hayling Island	37	8	5
Lulworth Court	3	-	-
Grange Farm	2	-	-
Crabhill House	1	-	-

Total number of persons and relatives to be assisted with holidays 88. Estimated cost to the Borough of this project in the year under review £1,940. The sum of £1,800 (gross) is included in revenue estimates for 1970/71 for the holiday scheme against which provision is made for an estimated income of £800.

A booking has been made for September 19th - October 3rd 1970 at the Sunshine Holiday Camp, Hayling Island, for 50 handicapped persons and blind persons, relatives and escorts. Bookings are also being made at Lulworth Court and other such establishments. Handicapped people are helped with individual holiday arrangements where the need is justified.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

As in previous years the annual return submitted to the Ministry of Health on the 31st December each year has been taken as a basis of appraisal of the work of the department in relation to the blind and partially-sighted.

The total number of registered persons:-

At 31.12.1968	BLIND	353	PARTIALLY SIGHTED	97
At 31.12.1969	BLIND	378	PARTIALLY SIGHTED	97

The corresponding figures at 31.12.1967 were:-

BLIND	350	PARTIALLY SIGHTED	80
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giving a net increase over a two year period of 45.

Age Periods of Registered Blind and Partially-sighted persons.

YEAR 1968	BLIND						PARTIALLY SIGHTED					
	0-4	5-15	16-49	50-64	65 +	TOTAL.	0-4	5-15	16-49	50-64	65 +	TOTAL.
Males	1	2	17	23	87	130	1	4	11	6	17	39
Females	-	1	12	33	177	223	-	4	11	4	39	58
Total at 31.12.68	1	3	29	56	264	353	1	7	22	10	56	97

YEAR 1969

BLIND

PARTIALLY SIGHTED

	0-4	5-15	16-49	50-64	65 +	TOTAL.	0-4	5-15	16-49	50-64	65 +	TOTAL.
Males	-	3	17	22	97	139	-	6	17	6	16	45
Females	1	1	15	29	193	239	-	3	11	2	36	52
Total at 31.12.69	1	4	32	51	290	378	-	9	28	8	52	97

In 1968, 48 of the total of 353 blind persons had other defects e.g. four have multiple defects in addition to that of blindness (a combination of physical disabilities including deafness) 16 were physically handicapped, eight mentally defective or disordered, five deaf with speech, 14 hard of hearing and one deaf without speech. In the year 1969, of the 378 blind persons, 47 have other defects, 14 are physically handicapped, nine mentally defective or disordered, six deaf with speech, 13 hard of hearing and one deaf without speech.

Notifications of suspected blindness received in the course of the period under review for whom examinations were arranged with Consultant Ophthalmologist yielded the following results:-

Notification from:	TOTAL		Certified BLIND		Certified P/S		Found not to be Blind or P/S		Re-exams	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Ministry of Social Security	6	9	5	7	-	1	1	1		
Relative, individual enquiries	16	8	7	4	4	-	5	4		
Social Welfare Officers	10	8	8	3	-	5	2	-		
General Practitioners	1	3	-	2	-	-	1	1		
Hospitals (B.D.8's direct)	32	26	20	19	12	6	-	1		
Voluntary Agencies	6	2	2	2	2	-	2	-		
District Nurses/Health Visitors	3	3	2	2	1	1	-	-		
Re-examinations	10	12							10	12

No. of badges issued at 31.12.68 100
 No. of removals since 31.12.68 3
 No. of new badges issued since 31.12.68 29
 Total No. of our badges issued at 31.12.69 138 -

Movement on Blind and Partially-sighted Registers

BLIND REGISTER

Total number of cases on register	<u>31.12.1967</u>	<u>31.12.1968</u>	<u>31.12.1969</u>
	350	353	378
During the period under review there were	<u>1968</u>	<u>1969</u>	
<u>ADDITIONS</u>			
As a result of ophthalmic examinations	44	39	
Partially-sighted persons found to be			
BLIND on re-examination	4	6	
Persons moving into Borough	15	16	
	<u>63</u>	<u>61</u>	
<u>DEDUCTIONS</u>			
Blind persons deceased	48	26	
Blind persons removed from Borough	12	10	
	<u>60</u>	<u>36</u>	

Giving an increase of 3 25

PARTIALLY SIGHTED REGISTER

Total number of cases on register	<u>31.12.1967</u>	<u>31.12.1968</u>	<u>31.12.1969</u>
	80	97	97
During the period under review there were			
<u>ADDITIONS</u>			
As a result of ophthalmic examinations	19	13	
Persons moving into Borough	8	8	
	<u>27</u>	<u>21</u>	
<u>DEDUCTIONS</u>			
Partially-sighted persons deceased	3	8	
" " removed from Borough.	3	7	
" " Transferred to			
Blind Register (sight deteriorated)	4	6	
	<u>10</u>	<u>21</u>	
Giving an increase of	<u>17</u>	<u>Nil</u>	
Total number of cases on register	97	97	

Education, Training and Employment of Blind and Partially-sighted Persons.

	<u>BLIND</u>		<u>EMPLOYED</u>		<u>IN WORK-SHOPS</u>		<u>HOME-SCHEME</u>		<u>NOT EMPLOYED</u>		<u>NOT AVAILABLE FOR WORK</u>		<u>TOTAL</u>	
	Children receiving education		Open Industry		(Sheltered)		workers		Incapable of work/education					
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Males	2	2	19	19	1	1	4	4	10	7	94	106	130	139
Females	1	1	4	7	-	-	2	2	10	10	206	219	223	239
TOTAL	3	3	23	26	1	1	6	6	20	17	300	325	353	378
<u>PARTIALLY SIGHTED</u>														
Males	4	6	13	17	-	-	-	-	-	-	22	22	39	45
Females	4	3	6	6	-	-	-	-	-	-	48	43	58	52
TOTAL	8	9	19	23	-	-	-	-	-	-	70	65	97	97

The foregoing table indicates the work done in the education and employment of the blind and partially-sighted, and gives some indication of the variety of occupations carried out in open and sheltered employment; a detailed list of occupations is given:-

BLIND

<u>Homeworkers</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>
	1	Basket Maker	1	Piano Teacher	2	Physiotherapists
	1	Chair Caner	1	Teacher of Dancing		

TOTAL 6.

<u>Workshop Employee</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>
	1	Operative in Soap Factory				

TOTAL 1.

<u>Employed in open industry</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>
	1	Physiotherapist	1	Consultant (Eng)	1	Kiosk Manager
	1	Social Welfare Officer for the Blind.	6	Assemblers	1	Builder (own business)
	4	Factory operators	2	Shorthand Typists	2	Shopkeepers
	1	Packer	2	Telephone Operators	1	Storekeeper
	1	Carpenter	2	Typists		

TOTAL 26.

PARTIALLY SIGHTED

<u>Employed in open industry</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>	<u>No.</u>	<u>Occupation</u>
	2	Cleaners	1	Laundry-hand	1	Nursery-gardener
	2	Telephone Operators	7	Factory operatives	2	Clerical workers
	1	Master Builder	1	Electrician	1	Pastry-hand
	1	Physiotherapist	1	Kiosk Manager	1	Receptionist
	2	Packers				

TOTAL 23.

Home Teaching, Visiting and Advisory Service

	<u>1968</u>	<u>1969</u>
Total number of visits made to blind and partially-sighted persons during:-	1439	1646
Lessons given in Braille, Moon or Craft-work	409	351

The fortnightly Handicraft Class held at Highfield Hall, Carshalton was well attended and undoubtedly fills a great need. More transport service would enable greater numbers of housebound blind to attend.

Wireless for the Blind Fund

The department acts as agents for this Fund and 30 new radio sets were distributed in 1968 and a further 30 in 1969.

General Welfare of the Blind

There are 150 Talking Book Machines on rental to blind persons throughout the Borough and of this number 43 rentals of £3 per annum are met by the Health and Family Services Committee on behalf of blind people in receipt of social security allowance. In addition to this service a grant is made to the National Library for the Blind in respect of 23 blind readers who regularly obtain books in Braille or Moon from this source.

Holidays for the Blind

A small party of six blind persons joined the group holiday to Hayling Island in both 1968 and 1969: similar arrangements are in hand for 1970.

Sutton Association for the Blind

This Association continues to give every assistance to the department in the matter of blind welfare. An amount of £400 was spent by them during 1968 on such items as holidays grants, Christmas presents, grants towards house decoration etc. In 1969 this amount was increased to £562. Many aids such as white sticks, writing frames, radio batteries to mention but a few were purchased by the Association and distributed to blind persons by this department. I would like to take the opportunity of expressing my most sincere thanks for the Association's good work in the field of blind welfare. In addition to its many grants to blind persons the Association donated the sum of £100 to the Low Visual Aid Centre which was opened in 1969 at Sutton General Hospital.

725 letters were completed during 1969. 43 exchanges and transfers were arranged.

Families whose applications are considered to qualify for an award of medical priority and those designated as being in urgent need are so classified only after the most careful scrutiny of their circumstances.

HOUSING DIVISION

PART V

[illegible]

C. SMITH, DPA(Lond) FIHM
Housing Manager.

HOUSING DIVISION

The two years' work has again highlighted the urgent need for additional elderly persons' dwellings, and the Council has instructed the Borough Architect and Planning Officer to proceed as quickly as possible with building these dwellings in specified parts of the Borough.

On the 1st October, 1968 the re-organised structure of the housing administration came into operation when rent collecting was transferred to the Borough Treasurer, repairs and maintenance to the Borough Architect and Planning Officer, with arrears procedure, rent rebates and housing management remaining with the Housing Manager, whose office was transferred from 24 Cheam Road, Sutton, to the Lodge, Honeywood Walk, Carshalton.

New Properties

During the years under review a total of 732 properties (159 in 1968 and 573 in 1969) were handed over from the Borough Architect and Planning Officer completed and ready for occupation. These were mainly at Roundshaw and Culvers Avenue, Carshalton. The total number of properties as at 31st December, 1968, was 5151.

Rehousing of Special Categories

	<u>1968</u>	<u>1969</u>
(a) Medical Priority	56	60
(b) Urgent Need	8	33
(c) Premises required for demolition or closing	-	22

Waiting List

Position at 31st December 1968	2,300 applicants
" " 31st December 1969	1,868 "

Lettings

Mutual Exchanges and Transfers

725 lettings were completed during 1969; 43 exchanges and transfers were arranged.

Families whose applications are considered to qualify for an award of medical priority and those designated as being in urgent need are so classified only after the most careful scrutiny of their circumstances.

Medical Priorities were awarded as follows:-

	<u>1968</u>	<u>1969</u>
Category I (Priority as soon as suitable accommodation is available)	63	56
Category II (Priority within the points group)	77	37
Category III (No Priority on medical grounds)	134	94

The following criteria are applied to those applicants who are classified as in urgent need and to whom the Director's duty of arranging for rehousing is applicable:-

- (a) No other accommodation is available to them from any source.
- (b) They are homeless through circumstances over which they have no control or could not reasonably have been expected to foresee.

In a number of cases permanent housing has been made available to enable separated families to be re-united, some by the discharge of children from Local Authority care.

The Council's re-organization of its Committee and Departmental structure and the review of existing and established services within London Boroughs' Management Services Unit O & M Report presented the main challenges to Administration during the year under review. In some of these areas related areas had final solutions been reached by 1968/69.

The Council's Health, Welfare and Housing Department's committee on 25th May 1968, to form the Health and Family Services Department, retaining Health, Welfare, Childcare, Housing and Administration Departments. The Council's decision to review the departmental structure in the light of the report of the Health Committee was implemented in December 1968 by the setting up of a Health, Welfare and Housing Department.

Some social work functions previously contained in Health, Welfare and Housing Department were transferred to the new Health, Welfare and Housing Department.

ADMINISTRATION DIVISION

PART VI

The 1968 Review of Existing and Proposed Services, presented in the number of administrative, financial and personnel matters which were referred to the Health and Welfare Department. Where the implementation in the Health and Welfare Department was not possible, the review was referred to the Council for a decision. The review was referred to the Council for a decision in the following areas:

"Wisdom denotes the pursuing of the best ends
by the best means."

(Francis Hutcheson 1694-1746)

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D.S. CLAPSON DPA (Lond) LMRSH MILGA
Chief Administrative Officer.

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The Council's re-organisation of its Committee and departmental structure and its review of gradings and establishment together with London Boroughs' Management Services Unit O & M Reports presented the main challenges to Administration during the years under review. In none of these inter-related areas had final solutions been reached as 1969 gave way to 1970.

The Children's, Health & Welfare and Housing Departments came together on 24th May, 1968, to form the Health and Family Services Department, comprising Health, Welfare, Children's, Housing and Administration Sections. The Council's decision to review the departmental structure in the light of the report of the Seebohm Committee was implemented in December 1968 by the setting up of a Social Services Division comprising Children's, Welfare and some social work functions previously contained in Health.

Based on the principles of the Maud and Mallaby reports the concept of Administration expressed in the re-organisation was one which applied in the Health and Welfare Department (where its implementation in practical terms was reaching fruition) but was new, in the sense of practical application, to Children's and Housing Departments where circumstances were different. In order to start planning for the expected new departmental situation a meeting of senior administrative staff was held on 9th April, 1968, with terms of reference "to discuss the function of a central administration section in the proposed Health and Family Services Department with particular reference to liaison between sections of the department on management services matters".

The report of this meeting was adopted as a working brief for departmental administration in the areas of management services. Procedural instructions were subsequently issued covering supplies, finance, accounting and allied matters and staffing and establishment responsibilities.

The 1968 Review of Gradings and Establishments proposed a reduction in the number of administrative, clerical, secretarial and typing staff in the department with a strengthened grading structure: this was accepted by Council and provided an authoritative basis on which future developments arising from the requirements of the operational services could be built. The ratio of headquarters administrative, clerical and typing staff to operational staff and manual staff in the department (1:10) is favourable, a point which appears to be demonstrated by statistics provided by the Institute of Municipal Treasurers and Accountants.

Only by a continuing process of methods study and improvement and job adjustments was it possible during 1968 and 1969 to contain the necessary administrative and clerical support services against the development of operational staff and services. On methods the reports of the London Boroughs' Management Services Unit have proved of value as have the services of the Internal O & M Officer whose assistance to the department during 1968 and 1969 was welcomed not only for the way in which it was extended but for the validity of his advice on work methods.

Studies carried out with his assistance were:-

Procedures for the Observation and Handicap Register
Clinic Activities, including health visitors' and clinic records
Work of Borough staff (social worker and clerk) attached to the
Chest Clinic, St. Helier Hospital.

Home help service records.
Orders and invoices.
Accounting procedures.
Social services filing.
Domiciliary midwifery and home nursing.

However, by the end of 1969 it became clear that development in the operational spheres could not be contained indefinitely within the reduced administration despite the success of the programme of internal O & M studies.

Following the meeting held on 9th April, 1968, senior administrative staff met monthly to consider matters of common interest. In December, 1969, these meetings were widened to include clerical representation.

Among the many items discussed was in-service training for administrative and clerical staff as a result of which on-the-job training was improved, understudying arrangements in sections and sub-sections was strengthened and a scheme for 'across the board' transfers was devised to broaden the knowledge and experience of comparably graded staff and to offset the tendency to over-specialisation within the department. A successful two months cross-attachment at Admin. Section Head level was started in December 1969 as a pilot scheme.

A series of one-day seminars under the title 'Perspectives' was developed as a means of introducing clerical staff to the complexities of the new multi-disciplinary department, to development in both its formal and dynamic aspects and to basic O & M techniques of the sort which should be used on a day-to-day basis. The first successful seminar was held in February, 1969, and was followed by two others during the year.

The regular staff meetings, together with improved in-service training within the Administration Division, facilitated the improvement in work methods and the acceptance of O & M techniques: for example, the use of Procedure Manuals associated with Job Descriptions was extended and improved within the division as a whole. Were it only possible to provide an adequate period of preparation and training prior to the effective date of a major re-organisation many difficulties could be overcome.

In the second half of 1968 the departmental administration became involved with computer applications scheduled for implementation during 1969 and subsequently. During 1969 this work continued and planning for decimalisation started. The assistance and co-operation of the Borough Treasurer's staff in this and, indeed, all matters of common interest during the two years under review, was appreciated.

The application of the computer to accounting during 1969 facilitated the introduction of a streamlined and more authoritative budgetary control system to the complex estimates of expenditure required by the department. In this sphere the computer made a direct contribution, not only to efficiency, but to our capacity to absorb additional work loads without additional staff.

In conjunction with the Borough Treasurer's staff it was possible to implement Department of Health and Social Services Circular 43/68 on the form of accounts and unit costs for local health and welfare services in the Rate Estimates 1969/70. This was a substantial exercise; its successful completion enabled Sutton to meet the Secretary of State's recommendation that the proposals be adopted from 1st April, 1969, instead of taking advantage of the privisor "but in any case not later than 1st April 1970" as many Authorities appear to have done.

For administration, 1968 and 1969 were years of planning (often against targets which were subject to possible change), of meeting the challenges of re-organisation, of building for the future on what was best of the past, of setting sights towards new horizons, above all of learning - learning, not only the application of new techniques and the developing tools of management, but of living and working together as one team during a period when, not unnaturally, loyalties still tended to be directed to the groupings of the past.

Over and above everything else, just as in 1965, our prime task has been to support the Director, Service Chief Officers and operational staffs efficiently and economically, thus enabling them to devote a maximum of their time to their professional work.

Whilst the meeting of 9th April, 1968, was essentially a business meeting considering such routine matters as supplies and accounting procedures, imprest accounts, organisation and methods, and so on, it might not be inappropriate to quote one paragraph from its report couched in general terms:- ".....'administration', be it of management services or of field services, is not an end in itself except, possibly, in the personal satisfaction of a 'job well done'. The end results of much of the proposed department's work in all disciplines can be assessed only in relation to the well-being of the population, they are not measurable in finite terms and will extend to generations yet unborn. Hence, our thoughts should be directed to the efficiency of means within the broad context of departmental aims. Others may see the end results of our efforts: our 'end' can, in the final analysis, be that, in true partnership, we have made some contribution to a whole which is infinitely greater than the sum of its parts."

This 'true partnership' extends beyond Health and Family Services to all departments of the Authority, to statutory bodies and voluntary associations: for the co-operation, encouragement, advice and occasional criticism which we have received we are grateful. Without all these things which indicate the confidence of our colleagues and the good will of the public administration would be dull and lifeless.

Unfortunately, during 1969, much of the impetus of the Council's re-organisation was lost owing to increasing doubts about the future of the department stemming from the publication of the first Green Paper and the impending legislation in implementation of the Seebohm Report.

Possibly the greatest achievement of Administration during the two years was in proving that it could successfully support a broadly-based multi-disciplinary department. This was achieved with a reduced staff during a period of major re-organisation and operational development and it must be a cause for regret that any future re-organisation may well entail an increase in administrative costs over and above those arising directly from the growth of services to the public.

