

[Report 1971] / Medical Officer of Health, East Sussex County Council.

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East Sussex (England). County Council.

Publication/Creation

1971

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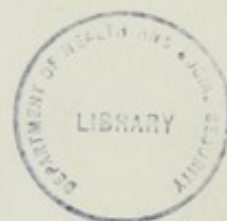
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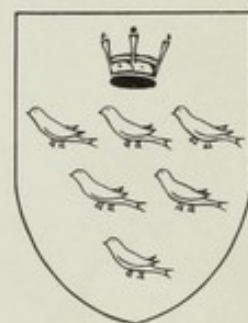



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THE HEALTH OF THE COMMUNITY

1971





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M.O.H.

(EAST) SUSSEX 1971

Ms. Magnum B1202] 19 ~~SEP~~ 73 13 NOV 1973
Miss Earl Billie - 9 MAY 1974 30 APR 1974

Bill Papers. National Assistance Act. 1948

vol 254 part 6

RKauk 205

L.R. Lytton B413 30/8/73.

10 AUG 1972

14 AUG 1972

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Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present my annual report for 1971, this being the seventy-seventh report on the health of persons living in the Administrative County of East Sussex.

As I write, the preparations for the reorganisation of both Local Government and the National Health Service are under way. Your staff are already deeply engaged in the preparative work and will become even more so as April, 1974 approaches. It will impose a considerable strain on them to maintain the high standard of existing services whilst planning for the future.

It is hoped that strong ties between the new county and the proposed Area Health Authority will be built into the reorganisations. It must be remembered that the health of people depends at least as much on the social framework of their environment as on purely medical technology. It will be a joint task of the two authorities to encourage healthier patterns of living and to ensure that the structure of our society is conducive to good health.

I must confess to some disappointment that the working environment has been neglected in that there are no plans for an occupational health service within the National Health Service. It has been recognised for many years that the working environment can present many hazards to health. As one of the major employers of labour in the area, I would urge that the new County of East Sussex should set up an occupational health service for its staff. This service should not simply deal with the examination of new entrants, the vetting of health statements and with such matters relating to staff sickness that are put to it, but also look in a positive way at the prevention of ill health.

I have not commented on the subject matter of the report which, I think, speaks for itself. I would, however, like to draw your attention to the fact that the report also reflects the enthusiasm and dedication of the staff. I would also like to place on record my appreciation of this; in particular that of Dr. Brims Young and Mr. Ryder. It is a great encouragement to myself and the staff of the department to see the interest shown in their work by the members of the County Council. This interest and encouragement is gratefully acknowledged.

I have the honour to be,

Your obedient servant,

J.A.G. Watson

County Medical Officer of Health.

Health Department,
County Hall,
Lewes, Sussex.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December 1971)

(a) Members of the County Council:

Mr. T. Benson
Miss M. Blount, M.B.E.
Mrs. M.L. Coltart
Major R.W. Corkling
The Hon. Daphne Courthope, O.B.E.
Mrs. E.S. Dickson
Mr. A.H.H. Draper (Deceased)
Mrs. M. Edmonson
Mr. R.G. Edwardes-Jones
(Vice Chairman of the C.C.)
Mr. L.A. Hammond
Mr. A.B. Haworth-Booth
(Chairman of the C.C.)
Mr. Claude Hershman, M.C.

Mrs. M.L.J.A. Kirby-Turner
Sir William Lindsay, C.B.E. (Chairman
of Co-Ordinating Committee)
Mr. R. Mitchell
Mr. T.H.B. Mynors (Vice Chairman)
Mrs. W.L. Norrish
Mr. H. Riley, O.B.E.
Brigadier L. M. Scott
Lt. Col. E.M. Sheehan (Chairman)
Mr. C.W. Shelford
(Chairman of Finance Committee)

(b) Other Members:

Mrs. E. Boyden
Mrs. J.N. Kleinwort, M.B.E.
Mr. R.B. Powell

Mrs. D.E. Farrer-Brown
Dr. E.G. Sibley
Dr. J.A. Smart

Staff of the County Health Department and School
Health Service (as at 31st December 1971)

County Medical Officer of Health &
Principal School Medical Officer
Deputy County Medical Officer of
Health & Deputy Principal School
Medical Officer

J.A.G. Watson, M.B., B.S., D.P.H.
R.G. Brims Young, M.B., Ch.B., D.P.H.

Senior Medical Officers:

Nursing & Aftercare

Mary M. Boyd, M.Sc., Ph.D., M.B.,
Ch.B (Hons), M.R.C.P. (Edin.),
D.P.H., D. Obst., R.C.O.G., D.C.H.

Senior Medical Officer for School Health

Janet F. Waugh, M.B., B.S.

Senior Assistant Medical Officer

Janet E.B. Bedford-Turner, M.R.C.S.,
L.R.C.P., M.B., B.S., D.P.M.

Medical Officers in Departments:

Anne P. Barnes, M.R.C.S., L.R.C.P.

* L.A. Collins, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.P.H.

F. Mary Fletcher, M.B., B.S.

Margaret E. Lloyd, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Jane Lodwick, M.B., B.Chir., D.C.H.

- # D.M. Richardson, M.R.C.S., L.R.C.P., D.P.H., D.I.H.
- * District Medical Officer of Health for Hailsham R.D.C.
- # District Medical Officer of Health for Cuckfield U.D.C. and Cuckfield R.D.C.

Chief Nursing Officer

Miss J.E. Moss, S.R.N., S.C.M.,
H.V. Cert., Q.N.

Principal Nursing Officer

Miss E.M. Hollands, S.R.N., S.C.M.,
H.V. Cert., Q.N., M.T.D.

Area Nursing Officers:

Mrs. H.M. Still, S.R.N., S.C.M.
H.V. Cert., Q.N.

Miss P.A. Cross, S.R.N., S.C.M.,
H.V. Cert., Q.N.

Miss A.A. Leckie, S.R.N., S.C.M.,
H.V. Cert., Q.N.

Miss F.M. Wells, S.R.N., S.C.M.,
H.V. Cert., D.N. Cert.

Miss G.M. Williams, S.R.N., S.C.M.,
H.V. Cert., Q.N.

Midwifery Tutor

Miss M.J. Lilley, S.R.N., M.T.D.,
S.C.M., H.V. Cert., Q.N.

County Health Inspector

T.F. Ayrton, M.R.S.H., M.A.P.H.I.

County Ambulance Officer

J.W. Limb, F.I.A.O.

Medical Social Worker

Miss M.L. Shaw, B.A., A.M.I.A.

Administration

Chief Administrative Officer

T. Ryder, D.P.A. (Lond.) A.C.C.S.

**Senior Administrative Assistant
Health Services Division**

C. Jackson, D.M.A.

**Senior Administrative Assistant
General Administration and
Finance Division**

Mrs. P. Mason, D.M.A.

VITAL AND GENERAL STATISTICS

The figures given below for Births and Deaths include those for Hove and Portslade so that a comparison with last year can be made. The Hove and Portslade figures are given separately in Section IV of this Report, and, as with the figures for the various County Districts, are summarised on pages 24, 25 26 and 27.

VITAL STATISTICS

(a) General Statistics

	<u>1970</u>	<u>1971</u>
Area in statute acres (land and inland water)	494,583	494,583
Population (estimated mid-year)		
- Total	440,860	446,410
Rateable Value for whole county (estimated 1st April)	£23,860,191	£24,496,281
Product of a (new) penny rate Whole County 1970-71 and 1971/72.	£233,304 (Actual)	£237,682 (Estimated)

(b) Extracts from vital statistics for the year

Live and Still Births

	<u>1970</u>			<u>1971</u>		
<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	2608	2373	4981	2724	2577	5301
Illegitimate	195	215	410	218	171	389
<u>Still Births</u>						
Legitimate	18	30	48	20	34	54
Illegitimate	-	3	3	1	3	4
Total	2821	2621	5442	2963	2785	5748

	<u>East Sussex</u>	<u>England and Wales</u>
Live births rate per 1,000 population	12.7	16.0
Illegitimate live births per cent of total live births	6.8	8.4
Still births rate per 1,000 total live & still births	10	12
Deaths		
Infant deaths (under one year of age)	66	13,726
Infant mortality rates per 1,000 live births	-	12
per 1,000 live legitimate births	-	11
per 1,000 live illegitimate births	-	15
		24

	East Sussex	England and Wales
Neo-natal mortality rate (first four weeks) per 1,000 live births	9	11.6
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	9	10
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	19	22
Maternal Deaths - Abortion	-	27 *
- Other Causes	-	106 *
Maternal mortality rate per 1,000 total live and still births	-	0.17 *
Total number of deaths	6,813	567,345
Death rate per 1,000 population		
- Crude Rate	15.3	11.6
- Local Adjusted Rate	9.6	11.6

* Provisional figures

ENVIRONMENTAL HYGIENE

RURAL WATER SUPPLIES & SEWERAGE.

The proposals submitted by district authorities for the extension of sewerage and water services, and the progress made on former schemes, are set out in the following paragraphs:-

Battle Rural Districts

No new schemes for sewerage were submitted during 1971. The scheme for Westfield village area was completed.

Schemes for extending water services to Bray's Hill, Ashburnham and Park Farm area Robertsbridge were submitted. The Ashburnham extension and a former scheme for supply to Jurys Gap, Camber, were completed.

Chailey Rural District

A revised scheme of sewerage (Stage 111 Works) for Newick and Sheffield Park Station area was submitted, and good progress was made on the drainage scheme for Norton Village, (and Bishopstone in Seaford Urban District).

Cuckfield Rural District

Schemes for extending sewerage systems to the following localities were submitted and completed during the year:-

Walstead, Lindfield.

Rookery Way, Haywards Heath.

Church Lane, Pyecombe.

Hailsham Rural District

Proposed schemes of sewerage for the Berwick and Selmeston area and the Parish of Waldron were submitted, and a start was made on the Hailsham (Northern and Southern) areas scheme and the drainage scheme for Ripe village.

A minor water extension scheme for Glynleigh Road, Westham, was submitted and the work completed by the year's end.

Uckfield Rural District

A revised scheme of sewerage for the Blackham village area was submitted.

Summary

During the year, one village drainage scheme and three minor sewer extensions have been completed. Work is proceeding on one major area scheme and two small village schemes, and two additional schemes for first-time provision of drainage for village areas were submitted in 1971.

At the year end there was still a back-log of eight main drainage schemes on which no start had been made, a position which has been influenced no doubt by continuous economic restrictions.

The water supply position is satisfactory with the main areas of development in the County already provided for and during the year three minor extensions were completed to serve more isolated communities.

FOOD AND DRUGS AND MILK AND DAIRIES REGULATIONS

Pasteurisers' Licences

Three milk pasteurisers, (using High Temperature Short Time Processing Plants), are licensed by the County Council and supervision of the arrangements for treatment and distribution of the milk has been continued.

During the year 267 samples of milk from these plants were submitted to the prescribed tests and reported to be satisfactory.

The efficiency of the methods adopted for cleansing milk bottles at Pasteurising Establishments has been checked and 27 sample sets of bottles were submitted for examination. The condition of one set of bottles was reported to be unsatisfactory and this was attributed to failure to maintain the correct strength of sterilising solution.

Milk Dealers' Licences

At the year end there were 461 designated milk licences in operation and routine inspections of dealers' premises and arrangements has been maintained.

During the year 1230 samples of milk from dealers' premises were submitted to prescribed tests. Three samples of untreated milk from two farm sources failed the methylene blue (keeping quality) test. This was attributed to failure to turn over stocks in proper rotation and repeat samples from these sources were satisfactory.

Milk in Schools Scheme

Reference is made to this scheme in the Report of the Principal School Medical Officer, page 54.

VENEREAL DISEASES

It has not been possible to arrange a direct contact tracing service. The Consultant Venereologists are reluctant to involve persons other than their own staff in this work.

The Medical Officer of Health for Brighton has arranged to second a social worker to the Venereal Disease Consultant. This social worker is not confined to the County Borough and agreement has been made that the county should share in this arrangement.

Venereal Diseases: Statistics

The following table has been compiled from returns made by the Royal Sussex County Hospital, Brighton, Royal East Sussex Hospital, Hastings, Kent & Sussex Hospital, Tunbridge Wells, Croydon General Hospital and the St. Helier Hospital, Carshalton.

TABLE I

Local Health Authority area of residence of patient	Number of New Cases in the Year					
	Totals all conditions	Syphilis		Gonorrhea B1 - B3	Other Genital Infections C1 - C12	Other Conditions D1 - D3
		Primary & Secondary A1 - A2	Other A3 - A8			
HOVE	606	6	5	184	184	227
Rest of Admin. County of East Sussex	665	5	4	87	221	348
Total	1,271	11	9	271	405	575

TABLE II
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1971

	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																	
	Total for Administrative County	Boroughs				Urban Districts							Rural Districts					
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portslade by Sea	Seaford	Totals	Battle	Chalvey	Cuckfield	Hailsham	Uckfield	Totals
Scarlet Fever	69	1	15	-	16	-	1	-	6	16	-	23	4	6	9	10	1	30
Whooping Cough	82	8	5	2	19	-	6	3	-	15	-	24	2	12	-	5	20	39
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	2072	66	429	28	529	176	185	116	92	232	77	878	101	168	185	109	102	665
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	13	1	2	1	4	-	2	1	-	-	-	3	-	4	-	-	2	6
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	1	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-
Paratyphoid Fever	2	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	1
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	1	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-
Puereral Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	82	3	10	1	15	8	21	1	1	2	10	43	2	6	5	4	7	24
Food Poisoning	37	-	5	6	13	-	2	2	1	-	-	5	-	12	4	1	2	19
Tuberculosis - Respiratory	40	8	7	4	19	2	3	1	1	4	-	11	1	3	2	1	3	10
Tuberculosis - Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Other Forms	5	-	-	-	-	-	-	-	-	-	2	2	-	1	1	1	-	3
Acute Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	4	-	2	-	2	-	-	-	-	-	1	1	-	1	-	-	-	1
TOTALS	2409	88	475	42	618	186	222	124	101	269	91	993	110	214	206	131	137	798

HEALTH CENTRES

(Section 21, National Health Service Act 1946)

Due in part to expanding residential development, attendances for all services at Hailsham maintained a steady increase throughout the year, and it was necessary through local demand to increase the number of family planning and cytology sessions provided at the health centre.

The records of the three general practitioner practices were integrated into one central filing system, which has proved more efficient and easier to operate.

Regrettably delays in the building programme occurred and no new centres were started although Crawley Down is likely to commence early in 1972, and plans are well advanced for Hurstpierpoint, Newick and Newhaven to follow later in the year.

CARE OF MOTHERS AND YOUNG CHILDREN

Child Health Clinics

(National Health Service Act, 1946, Section 22.)

During the year some general practitioners, with their health visitors, provided their own well baby clinics. Sessions at child health clinics taken by doctors have therefore decreased from 844 in 1970 to 768 in 1971.

Seventy local health authority clinics operated during 1971, two fewer than in 1970. This is also reflected in the number of attendances - 10,441 compared with 11,242 in 1970.

Congenital Dislocation of the Hip

Seven cases were found during the year, four more than in 1970.

Congenital Malformations

A hundred and two children were notified as having congenital malformations observable at birth, classified as follows:

18	affecting the central nervous system
5	the eyes and ears
12	the alimentary system
7	the heart and great vessels
4	the uro-genital systems
29	the limbs
7	other parts of musculo-skeletal systems
10	other systems
10	other malformations

Care of the Unsupported Mother and her Child

The Health Authority continued to administer this service throughout the year although officially it became the function of the Director of Social Services on 1st April. For administrative reasons it was not possible for his Department to take over this function.

As in the past the Chichester Diocesan Moral Welfare Association continued to act on behalf of the Health Authority in these cases of which there were only eleven during the year; a significant decrease compared with 1970 when there were twenty three mothers for whom the Authority accepted financial responsibility.

Recuperative Holidays

The number of holidays provided as a prevention against illness, recuperation from illness, or because of conditions of stress within the family, rose this year - ten as against six in 1970. Six came within the latter category, two for recuperation from illness and two for elderly people as a preventive measure.

Welfare Foods

The form in which Welfare Foods are issued is gradually changing.

Cod liver oil has been replaced by drops containing the vitamins A and D. These drops also contain vitamin C as orange juice is being phased out. All three vitamins are contained in tablet form for expectant and nursing mothers.

In the future National Dried Milk will be fortified by the addition of vitamins C and iron.

The number of distribution centres remains at one hundred and four.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING

The report of the working party, on management structure in the community nursing services, stressed the importance of good management to ensure improved patient care, based on sound nursing policies and effective nurse deployment. It is in the interests of local health services, and of nursing staffs themselves, that sound management structures be established on a comparable basis in hospital and community nursing services as quickly as possible.

During 1971 it was agreed in principle to accept the recommendations of this report and proposals were sent to the Department of Health and Social Security at the end of the year.

Unfortunately due to financial stringency there will be some delay in the introduction of Nursing Officers, (First Line Managers), and therefore our management structure will not be complete for several years.

By mid 1972 all Nursing Officers will have attended an appropriate course in management.

Midwifery

The trend is for the number of home confinements to decrease and for the mothers and babies to be discharged early from the maternity units. Because of this the possibility of an integrated midwifery service, to provide continuity of care, is being considered.

The essence of the concept of an integrated midwifery service is of groups of midwives serving the catchment area of a maternity unit; both the unit and midwives under one authority; and most importantly, having close links with primary health teams.

With this ideal in mind discussions have taken place at Cuckfield Hospital and proposals should reach Committee stage early in 1972. It is hoped that similar negotiations can be arranged with Hastings and Brighton hospital staff.

Part 2 Midwifery Training School

Late cancellations by prospective pupils has meant that two of the schools have been very small, and a total of only 21 pupils commenced training during the year.

The Central Midwives Board no longer places emphasis on the number of domiciliary deliveries attended by each pupil, so the training concentrates on giving an understanding of the total care of the patient both in hospital and the community.

Another change has been that the traditional Case History Book giving six obstetric histories has been discontinued. A pupil now writes three case histories on a much broader basis, covering the social, environmental and psychological factors, as well as the obstetric details. Each of these patients is followed up with the Health Visitors until twenty eight days after delivery. Also each pupil undertakes a project on one aspect of Community Care.

These trends are constructive in training midwives who will be better equipped for their changing role in the maternity services of the future.

Health Visiting

Many of our Health Visitors now have office accommodation within surgery premises.

In one area with a large proportion of elderly, a successful pilot scheme to associate an auxillary with the Health Visitor of a Primary Health Care Team, has proved very successful.

Home Nursing

Number of persons nursed at home - 12045 (1129 more than in 1970)

Number of persons treated at surgery or Health Centre - 13705 (5215 more than in 1970)

It is encouraging to see the substantial increase in nursing treatments carried out in Doctor's surgeries. This is not only economical on nursing manpower, but improves the quality of care when treatments can be given under good conditions. It also saves the patient any inconvenience of preparation for the nurse at home.

Integration of Nursing Staff into Practices of Family Doctors.

97% of our staff are now deployed in Primary Health Care Teams with family doctors. These teams are responsible for the total health care of persons registered with them and residing in the neighbourhood.

The teams require a good balance of Health Visitors, Midwives, State Registered and State Enrolled Nurses, and Nursing Auxillaries, to meet the needs of the persons "on their list".

This method of working makes for a more efficient and effective service and gives greater satisfaction to the members of staff than other methods.

Cross Boundary Arrangements

On 1st January 1972 it will be possible for all patients living in Surrey with doctors in East Sussex, to be visited by their practice teams; likewise those patients living in East Sussex with Surrey doctors will be visited by the Surrey teams.

Training

In-service training courses have been arranged for District Nurses, Nursing Auxiliaries and Health Visitors, on various subjects related to their work. Twenty three members of staff attended refresher courses organised by national organisations.

Two Health Visitors completed the Fieldwork Instructors Course. Six District Nurses completed the Practical Work Instructors Course.

These eight members of staff will now be actively engaged in the training of students.

Our Post Graduate course was again a great success. The theme was "Life". One day was devoted to "Continuity of Patient Care" when nurses from the community and hospitals were joined by social workers to discuss ways of improving communications and patient care. As a result, a "District Meeting" was held at Hastings and the group were joined by Consultants and General Practitioners.

Hospital Liaison

Cuckfield. Excellent progress is being made in the Mid Sussex area. Hospital sisters have spent "a day on the district" and District Nurses and Health Visitors have spent a day in the hospital. A Health Visitor and District Nurse visit the hospital wards daily on rota to discuss patients' admission and discharge with the ward Sister. This arrangement greatly assists continuity of care for the patient.

Similar arrangements are being implemented in the Hastings area.

Hellingly and St. Francis Hospitals. A District Nurse/Midwife/Health Visitor has been nominated to act as Liaison Officer/Adviser to each of the above hospitals when mothers and babies are admitted.

Community nursing staff have been invited to study days at Pembury, East Grinstead, Cuckfield and Hastings Hospitals, and hospital staff are invited to many of our in-service training courses.

VACCINATION AND IMMUNISATION

In my previous Report, I expressed the hope that 1971 would see the completion of the computerised appointment and record scheme for vaccination and immunisation. This was achieved in the late autumn: the birth and immunisation records of all children who were born on or after 1st January, 1965 and who reside in the County are now held on the computer. Only seven of the general medical practitioners in East Sussex have opted to remain outside of the scheme. Four of these doctors prefer their child patients to receive immunisation at the county clinics, and the county scheme is used to make appointments for these children.

In the summer of 1971, eighteen months after the commencement of the scheme, a post-implementation study was carried out in order to simplify some of the procedures where problems were being experienced. Several general practitioners and health visitors were consulted and as a result some computer programmes and procedures are being re-designed. It is hoped to implement these improvements in the late spring of 1972.

In the main, general practitioners have expressed their satisfaction with the scheme once the initial problems were overcome and, as the following tables will show, a higher level of protection is being achieved throughout the county.

Primary Courses given against Diphtheria/Tetanus/Pertussis *

Year	0-5 yrs	5-15 yrs	Total
1969	3024	216	3240
1970	3205	691	3896
1971	5066	95	5161

Primary Courses given against Poliomyelitis *

Year	0-5 yrs	5-15 yrs	Total
1969	2898	-	2898
1970	3140	127	3267
1971	5105	227	5332

These tables show a substantially higher level in 1971 than ever before. This can be accounted for by two factors:-

1. During 1971 a large number of "back log" children received their immunisation as a direct result of the appointment aspect of the scheme.
2. The great reduction in clerical work by the doctor working within the scheme, over the procedures formerly required, has resulted in a greater feed-back of information.

* figures include those for Hove and Portslade.

A breakdown of the immunisations into age-groups within the 0-5 years, has shown that more children are receiving their immunisations at the desired age level instead of starting their courses in later years. Again, a direct result of the appointment aspect of the scheme.

Reinforcing doses against Diphtheria/Tetanus *

Year	0-5 yrs.	5-15 yrs.	Total
1969	3267	4894	8161
1970	4643	2645	7288
1971	4355	4035	8390

Reinforcing doses against Poliomyelitis *

Year	0-5 yrs.	5-15 yrs	Total
1969	-	6491	6491
1970	4040	3172	7212
1971	4136	4854	9090

Vaccinations against Measles *

Year	0-5 yrs.	5-15 yrs.	Total
1969	2707	1363	4070
1970	4395	472	4867
1971	5557	254	5811

The increase in the number of children immunised in 1971 is largely accounted for by the availability of the vaccine throughout the year. In 1969 & 1970, due to production difficulties, vaccine was only obtainable for 6 months of each year. In consequence, the increase in the number of children protected in 1971 includes a number who were unable to receive the vaccine in the two preceeding years.

Vaccination against Rubella *

1970 - 775

1971 - 846

There has been a disappointing drop in the records of children immunised against rubella. In 1970, the figure represents the immunisations given from September, when the vaccine became available, to the end of December. I would have hoped for a figure of around the 2000 level for 1971. However, the rubella vaccine issued to doctors in 1971 was of the order of 2300 doses and it may be that the actual number of children immunised is greater than the returns from general practitioners show.

Vaccination against Smallpox *

PRIMARY VACCINATION				RE-VACCINATIONS		
Year	0-5 yrs.	5-15 yrs	Total	0-5 yrs.	5-15 yrs	Total
1969	3255	324	3579	257	1107	1364
1970	3139	328	3467	313	2197	2510
1971	3507	101	3608	278	1248	1526

*figures include those for Hove and Portslade.

The level of smallpox vaccination was beginning, under the computerised appointment system, to show a marked increase in protection level. However, with the Department of Health and Social Security's memorandum of July 1971, which stated that vaccination against smallpox need not now be recommended, there has been a slow decline in the figures. At the request of the East Sussex Local Medical Committee, I have continued to let the computer make appointments for children's primary vaccinations where the parent wishes this to be done, but the programme of appointments for reinforcing vaccinations has been discontinued.

Now that the vaccination/immunisation scheme has been fully implemented I would expect a reduction in next year's figures. By placing the records of children who were born after 1st January 1965 on the computer, it has been possible to "discover" those children who had not previously been immunised and to issue appointments. Thus the figures for 1971 included those children who should have received immunisations in earlier years.

Therapies

Because of the extent of the growth of the County Council's Therapies Service, particularly over the last two years, I have had to consider very carefully the best way of using available resources to meet need where it is greatest.

I therefore decided to ask therapists to work within a fixed upper limit of expenditure, whilst leaving in their hands the allocation of time and therefore expenditure, between their patients. Naturally enough with the present information and I must think the therapists have been co-operating very well. This policy, admittedly, I cannot entirely remove all the problems being caused by the increasing number of people seeking treatment with a view of obtaining money to provide a completely comprehensive service.

Once again I extend my appreciation to all the voluntary organisations who play such a very important part in the running of this service.

During the year 11,750 patients received 60,269 treatments.

Cervical Cytology Clinic

There was a drop in the number of people visiting the cervical cytology clinic during the year; 3,958 compared with 4,541 in 1970. The actual attendance rate however was higher - 3,672 as against 3,374 in the previous year.

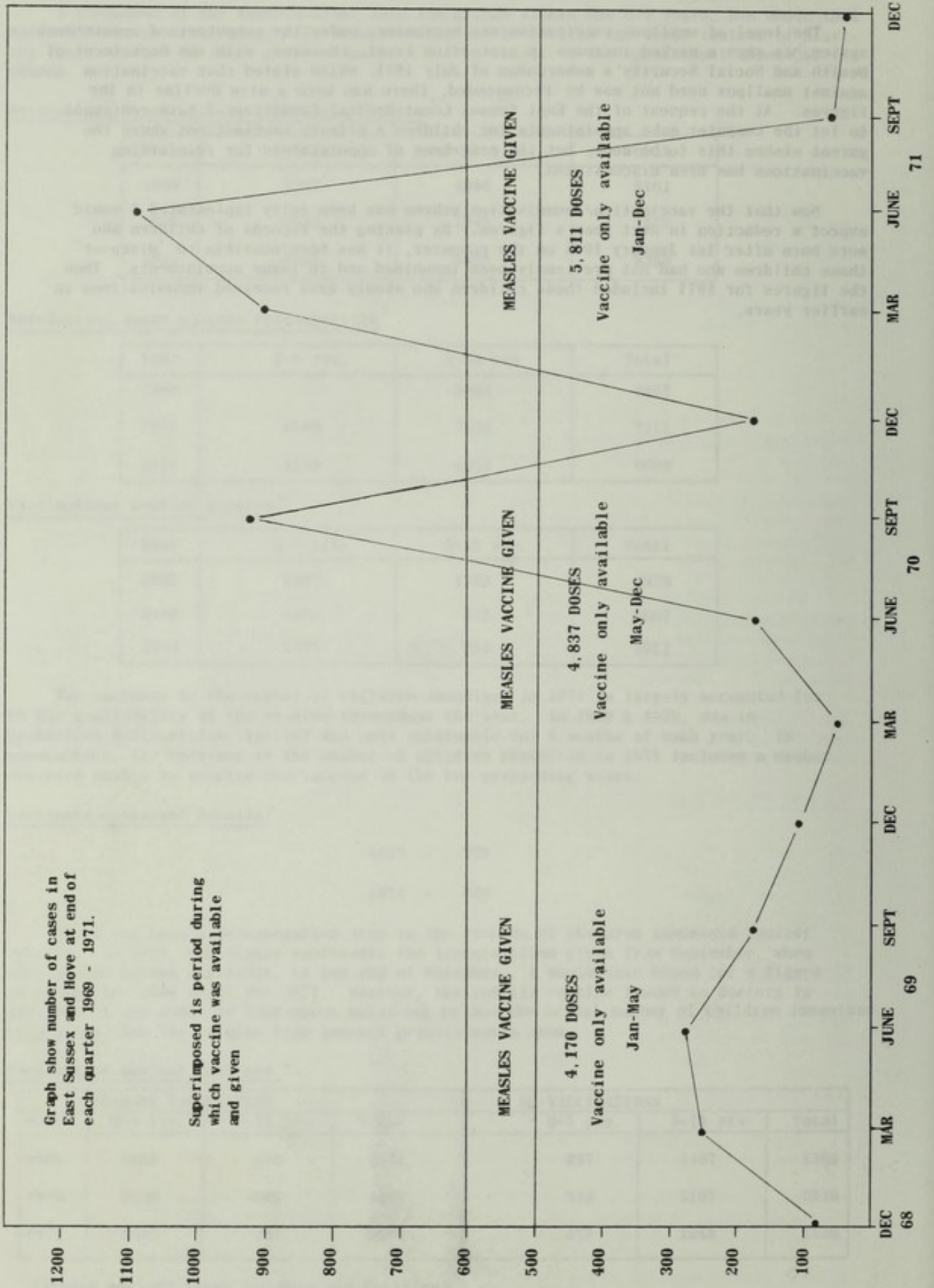
The decline in the number of applications can be attributed to two factors. Firstly, a large number of women have the test at family planning clinics, secondly, routine tests are carried out in hospitals after the 6 month.

Of the tests carried out 2,775 were normal, 1,183 showed evidence of abnormality. 502 women were referred to Gynaecology for further investigation. 100 were found to have abnormality and 141 underwent treatment. 100 were found to have abnormality and 141 underwent treatment. 100 were found to have abnormality and 141 underwent treatment. 100 were found to have abnormality and 141 underwent treatment.

Even if women's visits were more regular, difficulties would be experienced in doctors to take them.

Family Planning
The Family Planning Service is run on behalf of the County Council by the Family Planning Association and benefits of increased interest by the Government in giving local health authorities to give comprehensive a service as possible, decisions were taken in 1971 widening the scope of the service. A tentative decision in 1970 resulted in a new plan put forward by the Family Planning Association's National Family Planning Service, being adopted from 1st April 1971. This provided all West Sussex residents with a comprehensive service.

ADMINISTRATION OF MEASLES VACCINE



PREVENTION OF ILLNESS, CARE AND AFTER CARE

(Health Services and Public Health Act 1968, Section 12)

Loan Equipment

The demand for Home Nursing Equipment during the year has been the highest ever. The greatest need has been for ripple beds and the number held by the Department now totals 38. Two hundred and seventy one patients benefitted from the loan service. This does not take into account those who received similar help from the British Red Cross Society and the St. John's Ambulance Brigade, to whom I extend my appreciation of their services, which supplements that given by the health authority.

Mention must also be made of the increasing need to provide handicapped children with aids i.e. trolleys and special chairs. These have been greatly appreciated by parents.

Chiropody

Because of the extent of the growth of the County Council's Chiropody Scheme, particularly over the last two years, I have had to consider very seriously the best way of using available resources to meet need where it is greatest.

I therefore decided to ask chiropodists to work within a fixed upper limit of expenditure, whilst leaving in their hands the allocation of time (and therefore expenditure), between their patients. Naturally enough this has presented difficulties and I must thank the chiropodists for their co-operation over this period. Admittedly I cannot entirely foresee all the problems being resolved with an ever increasing number of people needing treatment and a lack of sufficient money to provide a completely comprehensive service.

Once again I extend my appreciation to all the voluntary organisations who play such a very important part in the running of this service.

During the year 11,362 patients received 60,969 treatments.

Cervical Cytology Clinics

There was a drop in the number of people wishing to attend cytology clinics during the year; 3,958 compared with 5,014 in 1970. The actual attendance rate however was higher - 3,679 as against 4,574 in the previous year.

The decline in the number of applications can be attributed to two factors. Firstly, a large number of women have the test at family planning clinics, secondly, routine tests are carried out in hospitals after child birth.

Of the tests carried out 2,273 were normal, 7 showed evidence of pre-malignancy, 575 women were referred to their family doctors for various gynaecological abnormalities and 147 for breast abnormalities. 638 had minor irregularities not requiring further investigation and 12 had breast examinations only. 24 patients required repeat tests because the original was unsatisfactory for technical reasons.

Even if numbers warranted more clinics, difficulty would be experienced in finding doctors to take them.

FAMILY PLANNING

(National Health Services (Family Planning) Act 1967)

Clinics continue to be run on behalf of the County Council by the Family Planning Association, and because of increased interest by the Government in urging local health authorities to give as comprehensive a service as possible, decisions were taken in 1971 widening the scope of the Service. A Committee decision in 1970 resulted in a new plan, put forward by the Family Planning Associations' National Family Planning Agency, being adopted from 1st April 1971. This provided all East Sussex residents with free consultation and supplies in medical cases; but no service to non-medical cases.

In February the Secretary of State published a further statement urging authorities to review their services and to develop them as resources permitted. The Government felt that family planning improved the quality of domestic life and could prevent the unhappiness that unwanted pregnancies bring.

In September the Committee, in view of the Government's statement, decided to adopt for 1972/73 another scheme put forward by the Family Planning Associations National Family Planning Agency. This scheme, restricted to this authority's residents, would provide for free consultation and free supplies to medical cases, and free advice and consultation for non-medical cases.

During the year financial responsibility was accepted for 1,191 patients at a cost of £5,633.55.

Additional sessions were arranged at the Bexhill, Burgess Hill, Haywards Heath and Lewes clinics.

REGISTRATION OF NURSING HOMES

(Public Health Act 1936 Part 6, National Health Service Act 1946 Section 29,

Nursing Homes Act 1963)

Two nursing homes - St. Jeanne Antide's Convent Nursing Home, Burwash Common, and Merrivale Cottage, Chowns Hill Hastings - closed and became registered as old people's homes. Another nursing home closed when the building was sold.

With four new nursing homes being registered to take 52 acute and chronic medical, elderly and convalescent cases, the number registered rose by 1 to a total of 30, the number of beds rising from 543 to 545.

NURSING AGENCIES

(Nursing Agencies Act 1957, Nurses Agencies Regulations 1961)

There is now only one registered nursing agency as one closed during the year.

NURSERIES AND CHILD MINDERS

(Nurses and Child Minders Regulations Act 1948,

Health Services and Public Health Act 1968 Section 60).

Although registration of premises and child minders became a function of the Director of Social Services from April, 1971, for various administrative reasons, it was not possible for the work to be transferred and therefore it remained with the Health Department.

Fifteen new premises were registered, providing 322 places for children, making a total of 3,379 places in 144 premises. There are now 213 registered child minders, providing 856 places, an increase over 1970 of 205 places by 56 newly registered child minders.

MEDICAL SOCIAL WORK

Last year it was feared that the grant of £1,000 allowed for providing milk, extra nourishment and fuel, would be over spent. This occurred and an additional £500 was granted for the current year. In view of the rise in coal prices in April 1972 this increase will be most helpful. The Medical Social Worker found on her visits that elderly patients, many of them housebound during the winter months, were pathetically grateful for help with fuel, the cost of keeping warm taking far too much from their slender budgets.

Holidays were arranged for a number of elderly patients who, owing to their disabilities, could not join in the holiday schemes for Elderly Citizens. The Medical Social Worker tried to arrange each holiday to suit the person concerned. She financed these holidays from various voluntary funds.

A considerable part of the Medical Social Worker's time was taken up with administering grants from the National Society for Cancer Relief and in making arrangements for the terminal care of patients suffering from cancer. Many people have appreciated the generous funds available, from both statutory and voluntary sources, which enable them to spend their last days in the peaceful and happy atmosphere at Copper Cliff Nursing Home.

The Medical Social Worker continued to administer the Seal Sale Fund to meet needs normally not met from statutory funds such as T.V. licences, cash payments for electricity and gas, help towards cost of holidays, etc. If this fund is discontinued it will be sorely missed.

AMBULANCE SERVICE

(Section 27, National Health Service Act 1946)

The ambulance service continues to meet the ever increasing demands on its resources which are indicated in the statistical information.

The disposition of vehicles and staff on 31st December was as follows:

<u>Main Station</u>	<u>Sub Station</u>	<u>Staff</u>	<u>Vehicles</u>
Hove	-	35	11
Bexhill	-	15	6
	Battle	6	2
	Rye	6	2
Lewes		16	7
	Hailsham	8	2
	Heathfield	5	2
	Newhaven	9	3
Burgess Hill		8	4
	Haywards Heath	10	3
	Uckfield	4	1
East Grinstead		9	4
	Crowborough	5	2
		<u>136</u>	<u>49</u>
		TOTAL	

In addition there are eleven ambulance radio control assistants; ten based at Lewes, and one at Hove.

TABLE III

PERSONS CARRIED

<u>AMBULANCES</u>	1968	1969	1970	1971
Number of patients	108,124	110,948	111,446	105,192
Number of handicapped school children	37,760	36,643	35,831	35,446
<u>HOSPITAL CAR SERVICE</u>				
Number of patients	168,065	224,993	232,432	272,938
Number of handicapped school children	41,919	47,409	54,254	66,257
Total persons carried	355,868	419,993	433,963	479,833

MILEAGES

<u>AMBULANCES</u>				
Patient miles	754,881	783,873	813,572	815,377
Handicapped school children miles	151,069	160,140	149,576	136,328
<u>HOSPITAL CAR SERVICE</u>				
Patient miles	1,596,184	2,237,920	2,363,708	2,744,133
Handicapped school children miles	587,770	681,642	763,330	910,357
Total mileage	3,089,904	1,849,375	4,090,186	4,606,195

Hospital Car Service

This service continues to carry out its function as an adjunct to the ambulance service in a very efficient manner under its Director and County Organiser, Mrs. M.Y. Hastings. I would like to record my appreciation for the work done by Mrs. Hastings, her Area Transport Officers and drivers, which exceeds records of all previous years.

Day Hospitals

There has been an increase in the conveyance of geriatric patients to day hospitals and further increases in this work are envisaged with the opening of new day hospital centres.

Long Distance Journeys

During 1971 890 patients were conveyed by rail as part of their journey to or from hospital.

Training

All ambulancemen with less than two years' service are sent to a six weeks' interim course, and those with over two years' service on a shortened two weeks' course at the the Southern Regional Training School at Bishops Waltham. Before attending the six weeks' interim course recruits are sent out with experienced ambulancemen for several weeks during

which time they take a first aid course run by one of the voluntary associations. Officers attend revisionary training at the regional school, and supervisor courses on management organised by the Southern Home Counties National Joint Council. A week's in-hospital training course continues at the hospital accident centres. Here ambulancemen work with medical and nursing teams, and are able to help and observe the continuation of patient treatment in the accident and intensive care units.

A one week's refresher in-service training has been run at Bexhill Ambulance main station, for all ambulance staff, where up-to-date information is given in the use of new equipment.

Competitions

A team from Newhaven again represented this Authority at the Regional Competition in Essex and was awarded a second prize in the attendant's test.

Emergencies

An arrangement exists between East Sussex County Council and all the adjoining authorities to cover emergency calls along our common boundary, and we also support Surrey County Council in the event of emergencies at Gatwick Airport when the two main stations nearest to this airport are alerted.

EAST SUSSEX INCLUDING HOVE AND PORTSLADE
BLIND AND PARTIALLY SIGHTED PERSONS

TABLE 4a.

CONDITION												
	CARARACTS		GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS		TOTAL			
	BLIND	PARTIALLY SIGHTED	BLIND	PARTIALLY SIGHTED	BLIND	PARTIALLY SIGHTED	BLIND	PARTIALLY SIGHTED	BLIND	PARTIALLY SIGHTED		
* NUMBER OF CASES REGISTERED DURING THE YEAR 1971	10	9	14	11	0	0	150	80	174	100		
*Recommended: No treatment	1	1	3	0	0	0	62	15	66	16		
# Treatment												
Medical	0	1	3	4	0	0	47	23	50	28		
Surgical	9	6	2	0	0	0	12	7	23	13		
Ophthalmic Medical Supervision	2	2	9	11	0	0	57	56	68	69		
Number of cases which on follow up action have received treatment	6	5	10	8	0	0	73	55	89	68		
Number of cases which have not received treatment	4	4	4	3	0	0	77	25	85	32		

* NUMBER OF CASES AND RECOMMENDATIONS TAKEN FROM DEPARTMENT OF HEALTH AND SOCIAL SECURITY FORM B.D.8.
ONE PERSON MAY RECEIVE MORE THAN ONE TYPE OF TREATMENT.

TABLE 4b

	BLIND PERSONS	PARTIALLY SIGHTED PERSONS
TOTAL NUMBER OF CASES NOTIFIED DURING 1971	0	1
NUMBER OF CASES IN WHICH		
VISION LOST	0	0
VISION IMPAIRED	0	1
TREATMENT CONTINUING AT END OF YEAR	0	0

BLIND AND PARTIALLY SIGHTED PERSONS (Cont.)

East Sussex including Hove

The total number of new registrations are as follows:-

31st December, 1969	332
31st December, 1970	259
31st December, 1971	274

The total number of new registrations during the year shows a slight increase. Of the people who have been recommended for treatment and not received it the details are as follows:-

2	Treatment refused
18	Treatment is still pending
13	Died
3	Transferred out of county
3	General health made treatment inadvisable

BLIND REGISTER

Age groups	Number
0 - 15	3
16 - 64	18
65 and over	153

PARTIALLY SIGHTED REGISTER

0 - 15	1
16 - 64	11
65 and over	88

During the year 44 people who were previously registered as partially sighted were re-examined by an Ophthalmologist and found to be now blind.

Two people were removed from the Blind register owing to their sight having improved.

The total number on the blind register is 1,293. Of this total 1,066 are in the over 65 group and of the total number of 489 on the Partially Sighted register, 377 are in the over 65 group.

MEDICAL EXAMINATIONS

The total number of health statements, submitted in connection with employment by the County Council, was 1,985, (438 less than in 1970).

There were 499 medical examinations given: 362 in respect of candidates seeking admission to teacher training colleges; 16 at the request of other local authorities; the remainder were for firemen, roadmen, ambulancemen and candidates seeking employment as teachers.

181 applications for driving licences were received for consideration in respect of persons suffering, or who have suffered, from a medical disability. This compares with 123 during 1970. The increase is mainly attributable to the renewal of one year licences issued during 1970.

FACTORY MEDICAL EXAMINATIONS

In 1966 a vacancy occurred for the post of Appointed Factory Doctor in the East Grinstead area. No applications were received from family doctors to fill the vacancy, and therefore, in accordance with the Factory Act 1961, Section 151 (8), the work fell to be carried out by the Local Health Authority. Dr. Petrie, Medical Officer of Health for East Grinstead Urban District Council, was designated as the Appointed Factory Doctor.

Dr. Petrie has supplied the following information to H.M. Chief Inspector of Factories for the year 1971.

	Without Conditions	Conditional	Provisional
First Examination	36 (M) 6(F)	-	-
Subsequent Examinations	17 (M) 7(F)	-	-
	53 (M) 13(F)	-	-

TABLE V
ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1971
LIVE BIRTHS, STILLBIRTHS AND DEATHS

DISTRICTS	Area in Statute Acres (Land & Inland Waters)	Population estimated by Registrar General Mid 1971	LIVE BIRTHS			STILL BIRTHS		DEATHS UNDER 1 YEAR OF AGE		DEATHS UNDER 4 WEEKS OF AGE		DEATHS UNDER 1 WEEK OF AGE		DEATHS AT ALL AGES			DEATHS FROM RESPIRA- TORY T. B	
			Number	Crude rate per 1000 population	Local adjusted rate *	Number	Still births per 1000 total live & still births *	Number	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Deaths per 1000 total live births	Number	Crude rate per 1000 population	Local adjusted rate *		Number
URBAN AREAS																		
Bexhill M.B.	7,993	33,330	214	6.4	10.2	1	5	4	19	3	14	3	14	716	21.5	10.3	1	1
Burgess Hill U. D.	2,026	19,500	342	17.5	16.3	3	9	2	6	2	6	2	6	182	9.3	10.7	1	1
Cuckfield U. D.	3,911	26,140	365	14.0	15.1	4	11	4	11	3	8	3	8	363	13.9	9.2	-	-
East Grinstead U. D.	6,600	18,850	295	15.6	15.8	-	-	7	24	6	20	6	20	255	13.5	9.7	-	-
Hove M. B.	3,946	72,010	770	10.7	14.6	11	14	6	8	4	5	4	5	1,498	20.8	11.0	3	3
Lewes M. B.	1,993	14,080	186	13.2	15.0	1	5	1	5	1	5	1	5	175	12.4	11.2	1	1
Newhaven U. D.	1,772	10,060	171	17.0	18.9	2	12	1	6	1	6	1	6	153	15.2	12.2	-	-
Portslade-by-Sea UD	1,951	18,190	371	20.4	20.0	2	5	7	19	5	13	4	11	183	10.1	10.1	-	-
Rye M. B.	1,027	4,410	51	11.6	13.7	-	-	-	-	-	-	-	-	54	12.2	10.2	-	-
Seaford U. D.	4,274	17,340	175	10.1	19.1	2	11	2	11	1	6	1	6	268	15.5	7.3	-	-
TOTALS	35,493	233,910	2,940	12.6	15.6	26	9	34	12	26	9	25	9	3,847	16.4	10.0	6	6
RURAL DISTRICTS																		
Battle R. D.	117,147	33,880	348	10.3	13.6	5	14	2	6	2	6	2	6	528	15.6	9.4	-	-
Chailey R. D.	64,184	31,800	450	14.2	18.9	2	4	7	16	5	11	4	9	460	14.5	8.1	-	-
Cuckfield R. D.	70,995	38,820	483	12.4	13.5	4	8	3	6	3	6	3	6	411	10.6	8.9	-	-
Hailsham R. D.	94,668	53,210	632	11.9	16.4	7	11	8	13	8	13	8	13	951	17.9	10.2	-	-
Uckfield R. D.	112,096	54,790	837	15.3	18.2	14	16	12	14	10	12	9	11	616	11.2	8.1	1	1
TOTALS	459,090	212,500	2,750	12.9	16.1	32	12	32	12	28	10	26	9	2,966	14.0	9.0	1	1
WHOLE ADMINISTRATIVE COUNTY - TOTALS	494,583	446,410	5,690	12.7	15.9	58	10	66	12	54	9	51	9	6,813	15.3	9.6	7	7

* The rate for England and Wales was:

16.0 Live births per 1000 population

12 Stillbirths per 1000 live and stillbirths

11.6 Deaths per 1000 population.

TABLE VI
NUMBER OF DEATHS AT DIFFERENT PERIODS OF
LIFE IN THE ADMINISTRATIVE COUNTY DURING
THE YEAR 1971

	URBAN AREAS (BOROUGH AND URBAN DISTRICTS)													RURAL DISTRICTS											
SEX	All Ages	Under 4 Weeks	4 weeks and under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	SEX	All Ages	Under 4 Weeks	4 weeks and under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over
MALES	1706	12	5	3	9	7	20	19	85	230	562	754	MALES	1381	18	2	3	4	8	11	16	75	181	455	608
FEMALES	2141	14	3	6	7	5	5	24	59	154	435	1429	FEMALES	1585	10	2	3	3	5	5	21	53	136	357	990
TOTALS	3847	26	8	9	16	12	25	43	144	384	997	2183	TOTALS	2966	28	4	6	7	13	16	37	128	317	812	1598

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1971

[illegible]

TABLE VII (B)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1971

DEATHS, IN OR BELONGING TO EACH DISTRICT AT ALL AGES

CAUSE OF DEATH	BOROUGH					URBAN DISTRICTS							RURAL DISTRICTS						ADMINISTRATIVE COUNTY TOTALS
	BEXHILL	HOVE	LEWES	RYE	TOTAL	BURGESS HILL	COCKFIELD	EAST GRINSTEAD	NEWHAVEN	PORTSLADE BY SEA	SEAFORD	TOTALS	BATTLE	CHALLEY	COCKFIELD	HAILSHAM	UCKFIELD	TOTALS	
Enteritis & other Diarrhoeal Diseases	-	2	1	-	3	-	-	-	-	2	-	2	-	1	-	1	-	2	7
Tuberculosis of Respiratory System	1	1	1	-	3	1	-	-	-	-	-	1	-	-	-	-	-	4	4
Late effects of Respiratory T.B.	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	1	3
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and Parasitic Diseases	-	2	-	-	2	-	2	-	-	-	1	3	1	1	-	1	1	4	9
Malignant Neoplasm - Buccal Cavity etc.	3	2	-	2	7	-	-	1	-	-	-	2	2	1	-	1	4	8	17
Malignant Neoplasm - Oesophagus	4	12	1	1	18	4	4	1	1	1	2	13	6	2	2	6	4	20	51
Malignant Neoplasm - Stomach	12	17	2	1	32	2	6	6	1	2	1	18	5	12	7	11	8	43	93
Malignant Neoplasm - Intestine	13	53	9	2	77	5	14	3	4	7	5	38	20	18	15	27	18	98	213
Malignant Neoplasm - Larynx	-	1	1	-	2	-	1	-	-	-	1	2	1	-	4	-	-	5	9
Malignant Neoplasm - Lung Bronchus	30	67	14	5	116	13	13	10	5	9	15	65	20	17	19	56	23	133	316
Malignant Neoplasm - Breast	14	21	7	-	42	8	8	4	4	2	5	31	11	7	10	21	13	62	136
Malignant Neoplasm - Uterus	3	11	-	-	14	2	3	1	-	-	-	6	2	3	4	7	7	23	43
Malignant Neoplasm - Prostate	6	13	-	-	19	3	1	3	-	3	2	12	3	-	3	11	9	26	57
Leukaemia	4	7	1	-	12	1	1	-	3	-	3	8	2	4	6	9	3	24	44
Other Malignant Neoplasms, etc.	41	77	11	2	131	12	22	14	8	8	18	82	24	23	22	56	36	161	374
Benign and unspecified neoplasms	2	4	1	-	7	1	-	2	1	2	-	6	1	-	-	6	2	9	22
Diabetes Mellitus	2	13	2	1	18	-	1	1	-	2	1	5	4	5	2	11	5	27	50
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc. Diseases	2	2	-	-	4	-	-	-	1	-	-	1	-	-	-	4	1	5	10
Anemias	1	1	-	-	2	-	-	2	-	-	1	3	-	2	-	4	1	7	12
Other diseases of Blood, etc.	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Mental Disorders	2	4	1	-	7	-	3	1	-	-	-	4	17	-	2	5	1	25	36
Menigitis	-	-	-	1	1	2	-	-	1	-	-	3	-	1	-	-	1	2	6
Multiple Sclerosis	2	1	-	-	3	-	-	3	4	-	1	8	-	-	-	2	-	2	13
Other Diseases of Nervous System, etc.	7	10	2	-	19	2	3	2	4	4	1	16	2	4	6	10	4	26	61
Chronic Rheumatic Heart Disease	5	17	2	-	24	3	1	2	3	-	2	11	3	10	6	14	9	42	77
Hypertensive Disease	3	23	5	1	32	1	7	4	1	3	3	19	6	11	4	15	12	48	99
Ischaemic Heart Disease	203	366	40	10	619	44	90	53	43	55	73	358	147	140	116	224	139	766	1773
Other Forms of Heart Disease	26	109	8	3	146	12	20	10	12	10	22	86	27	24	25	69	39	184	416
Cerebrovascular Disease	153	247	23	13	436	35	51	33	28	29	49	225	94	67	63	155	96	475	1136
Other Diseases of Circulatory System	41	77	13	3	134	5	17	23	2	6	8	61	23	19	18	56	37	153	348
Influenza	-	2	-	-	2	-	-	-	-	-	-	1	-	-	1	2	-	3	6
Pneumonia	32	81	8	1	122	8	42	18	7	13	16	104	42	33	27	56	37	195	421
Bronchitis and Emphysema	28	52	7	2	89	4	12	10	4	7	7	44	20	13	7	24	25	89	222
Asthma	1	5	-	-	6	-	1	1	1	-	1	4	-	-	2	1	3	6	16
Other Diseases of Respiratory System	10	10	2	1	23	1	2	11	1	1	2	18	3	2	7	4	6	22	63
Peptic Ulcer	8	13	-	-	21	-	8	-	2	1	1	12	6	1	-	2	3	12	45
Appendicitis	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Intestinal Obstruction and Hernia	7	11	1	-	19	1	-	1	1	-	-	3	-	2	1	3	2	8	30
Cirrhosis of Liver	3	4	1	-	8	1	-	-	1	-	2	4	3	3	-	4	-	10	22
Other Diseases of Digestive System	7	11	2	-	20	1	2	3	2	2	2	12	5	2	3	14	4	28	60
Nephritis and Nephrosis	3	13	-	-	16	2	-	1	2	-	-	5	2	1	-	1	2	6	27
Hyperplasia of Prostate	1	2	-	-	3	-	1	-	1	2	-	4	2	-	-	3	1	6	13
Other Diseases, Genito-Urinary System	9	16	-	2	27	-	-	1	-	2	5	8	4	3	4	5	8	24	59
Diseases of skin, subcutaneous tissue	1	1	-	1	3	-	-	-	-	-	-	-	-	-	2	-	-	2	5
Diseases of Musculo-Skeletal System	4	2	2	-	8	1	2	3	-	2	1	9	2	-	-	3	4	9	26
Congenital Anomalies	2	3	-	-	5	-	4	1	-	4	-	9	-	1	1	7	7	16	30
Birth Injury, Difficult Labour, etc.	1	1	-	-	2	2	1	4	1	2	-	10	1	2	-	4	5	12	24
Other causes of Perinatal Mortality	-	2	1	-	4	-	1	1	-	-	-	3	1	2	3	2	2	10	17
Symptoms and Ill-defined Conditions	1	10	1	-	11	-	3	12	-	-	11	26	3	4	2	5	12	26	63
Motor Vehicle Accidents	2	5	3	-	10	-	1	2	2	1	-	6	2	2	5	8	10	27	43
All other accidents	10	32	1	1	44	3	7	5	1	1	3	20	6	9	7	14	10	46	110
Suicide and Self-inflicted Injuries	-	24	1	-	25	2	5	2	1	-	1	11	2	8	6	1	2	19	55
All other external causes	4	5	-	-	9	-	2	-	-	-	-	2	3	-	1	-	1	5	16
TOTAL ALL CAUSES	716	1498	175	54	2443	182	363	255	153	183	268	1404	528	400	411	951	616	2966	6813

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SECTION II

SCHOOL HEALTH SERVICE

EAST SUSSEX INCLUDING HOVE AND PORTSLADE

SECTION 17

SCHOOL HEALTH SERVICE

EAST SUSSEX INCLUDING HOVE AND PORTLAND

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INTRODUCTION

".... all Doctors, Dentists and Nurses will transfer to Area Health Boards.....future arrangements for the School Health Service will require special consideration"

(N.H.S. reorganisation Consultative Document - 1971)

The meaning of "special consideration" is still awaited. The consequent period of uncertainty leads to speculation about the future among staff. The extremes of this speculation range from a virtually unaltered School Health Service with staff being seconded from the Area Health Board, to a service based on nationally redefined needs being met in a variety of ways from Area Health Board resources. It is thought that under the new organisation General Practitioners (Medical and Dental) might increasingly undertake screening and first line treatment with second line action falling to the Specialist Services. Despite the uncertainty of future roles it is gratifying that the staff generally have remained loyal to the Service.

An enquiry into the planned integration of the three branches of the National Health Service, as it may occur in the proposed new Area 44 (East Sussex) Health Services project, is being conducted by the Centre for Social Research, University of Sussex. Their recommendations are likely to be known towards the end of 1972. Meanwhile we must not permit the service to stagnate but continue the pattern of development of the School Health Service in such a way that it will dove-tail into the Area Health Board organisation of the future. Greater use of computer services can help in this direction and a comprehensive, logical and adaptable computer programme could be the basis of future negotiations with the three neighbouring County Boroughs.

The School Health Service is undergoing change so that when this has been implemented fully the pattern which will evolve will provide for greater involvement of family doctors in routine procedures whilst School Medical Officers undertake specialist work in dealing with children showing defects or difficulties. The ultimate provision of School Health routine services is likely to be:-

Age of Child

Routine Procedures

4½	Pre-school medical examinations undertaken by family doctors assisted by their Health Visitors. These will include urine testing.
5	Hearing test - by Audiology Technicians
8	Sight test - by Health Visitors
10	Selected medical examination - where appropriate, possibly with children found to need examination being referred to family doctors.
11	Rubella vaccinations for girls arranged via family doctors.
12	Sight and colour vision tests - by Audiology Technicians using a suitable machine.
13	B.C.G. vaccinations - by School Medical Officer.
14	School leavers' examination - possibly by family doctor.
15	Polio and tetanus booster doses - by family doctor.

Age of Child

Routine Procedures

16 or older

Medical questionnaire completed by pupils dealt with on the selective medical examination system with resultant necessary medical examinations being done by family doctors.

Additional Screening Tests will be interposed at various ages as experience shows necessary whilst hygiene tests on all children will be conducted at least annually. Dental inspections will continue on an annual basis but greater attention will need to be given to the relationship between the School Dental Service and the general dental services.

An enquiry into the planned integration of the three branches of the national Health Service, as it may occur in the proposed new five to eight years Health Services project, is being conducted by the Centre for Social Research, University of Sussex. Their recommendations are likely to be known towards the end of 1972. Meanwhile we must not permit the service to stagnate but continue the gradual development of the School Health Service in such a way that it will dovetail into the new Health Service organisation of the future. Greater use of computer services can help in this direction and a comprehensive, local and adaptable computer programme could be the basis of future negotiations with the three neighbouring County Councils.

The School Health Service is undergoing change so that when this has been implemented fully the pattern which will evolve will provide for greater involvement of family doctors in routine procedures whilst school medical officers undertake specialist work in dealing with children showing defects or difficulties. The ultimate provision of School Health services is likely to be:-

Age of Child	Routine Procedures
4½	Pre-school medical examinations undertaken by family doctors assisted by their Health Visitors. These will include weight testing.
5	Weight test - by Health Visitor
8	Height test - by Health Visitor
10	Selective medical examination - where appropriate, especially with children found to need examination being referred to family doctors.
11	School examinations for girls arranged via family doctors.
12	Height and weight status tests - by Health Visitor
13	S.E.C. vaccinations - by school medical officer.
14	School leavers' examination - generally by family doctor.
15	Height and weight status tests - by family doctor.

STAFF OF THE SCHOOL HEALTH SERVICE

AS AT 31ST DECEMBER, 1971.

Principal School Medical Officer	J. A. G. Watson, M.B., B.S., D.P.H.
Deputy Principal School Medical Officer	R. G. Brims Young, M.B., Ch. B., D.P.H.
Senior Medical Officer for School Health	Janet F. Waugh, M.B., B.S.
Senior Assistant Medical Officer	Janet E. B. Bedford-Turner, M.R.C.S., L.R.C.P., M.B., B.S., D.P.M.

School Medical Officers:

Anne P. Barnes, M.R.C.S., L.R.C.P.

* L. A. Collins, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.P.H.

F. Mary Fletcher, M.B., B.S.

Margaret E. Lloyd, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Jane Lodwick, M.B., B. Chir., D.C.H.

* District Medical Officer of Health for Hailsham R.D.C.

General Practitioners acting as School Medical Officers:

(Battle R.D.C.)	Doctor	Schools
	Dr. J. E. R. Palmer)	Brede, Icklesham,
	)	Peasmarsh & Playden
	Dr. W. M. Townsend)	
	Dr. W. M. A. Wright	Guestling & Westfield
	Dr. J. R. Wright	Sedlescombe
	Dr. J. S. Dismorr	Northiam & Staplecross
(Bexhill M.B.)		
	Dr. M. K. Robinson)	
	Dr. I. O. Carlisle)	
	Dr. J. H. K. Mackie)	
	Dr. M. M. Wicks)	Chantry, All Saints and
	Dr. L. N. Grant)	Sidley
	Dr. N. B. Davey)	
	Dr. G. N. Hunter	Little Common & St. Peter's and St. Paul's
	Dr. J. D. Morris	Down Infants, Juniors and St. Mary Magdalen
(Uckfield R.D.C.)		
	Dr. H. N. Hardy	Forest Row
	Dr. A. R. Del Mar	Ashurstwood
	Dr. R. R. Evans	Hartfield & Withyham
	Dr. P. C. Steel	Groombridge
	Dr. A. Brockman	Eridge, Frant & Mark Cross
	Dr. Sheila Green	Crowborough (6 schools)
	Dr. S. A. Marsh	Wadhurst (2 schools)
	Dr. B. A. Tudgay	Stonegate & Ticehurst
	Dr. G. G. Shackel	Five Ashes & Mayfield
	Dr. D. J. Torrens	Rotherfield
	Dr. H. Walters	Hurst Green, Etchingham, and Burwash

Sessional doctor acting as School Medical Officer:

Dr. Elizabeth A. Edwards

East Grinstead and surrounding schools (13 schools)

Health Education Officer: Mrs. M. B. Hampton, B.Sc., Dip.Ed., Dip.Health Ed., M.I.H.E.

Psychiatrists:

H. V. W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M.

Josephine M. Lomax-Simpson, M.B., Ch.B., D.P.M.

K. R. Masani, M.R.C.S., L.R.C.P., D.P.M.

J. Ross, B.Sc., M.B., Ch.B., D.P.M.

Child Psychotherapist: Miss Hedda Kevend, B.A., A.A.P.S.W.

Senior Educational Psychologist: A. H. Morgan, M.A. (Psychology), Dip. Ed.

Educational Psychologists:

R. I. Archibald, M.A., (Psychology), Dip. Ed. Psy.

Miss O. M. Baker, M.A. (Psychology), Dip. Ed.

R. D. Gold, B.Sc.

R. S. McConville, B.A. (Psychology)

Mrs. S. A. T. Morris, B.A. (Psychology), Dip. Ed. Psy.

P. Ransome, B.A. (Psychology)

N. W. Wilkinson, M.A., B. Ed.

Principal Social Worker: J. Chisnell, A.A.P.S.W.

Senior Social Worker: Mrs. R. R. Ryle, A.A.P.S.W.

Social Workers:

Miss S. Ellis, B.A.

Mrs. F. E. Harris, B.A. (Hons.)

Mrs. S. Korner, M.A. (Cantab.)

Mrs. J. M. Meredith, Dip. Soc. St.

Mrs. I. C. Pember, B.A.

Remedial Teacher: Miss M. M. Coates

Consultant Speech

Therapist: Mrs. S. Hudson-Smith, F.C.S.T.

Senior Speech

Therapists: Mrs. E. J. Baker, L.C.S.T.

Mrs. M. E. Pruden, L.C.S.T.

Speech Therapists:

Mrs. D. J. Bentley, L.C.S.T.

Mrs. C. Bloomer, L.C.S.T.

Mrs. N. Hill, L.C.S.T.

Mrs. A. N. McAuliffe, L.C.S.T.

Mrs. J. B. Smith, L.C.S.T.

Mrs. E. A. Stone, L.C.S.T.

Miss P. A. Tufnell, L.C.S.T.

Adviser for

Deaf Children: M. A. Harding, M.N.C.T.D., M.S.H.A.A.

**Peripatetic
Teachers of
The Deaf:**

Mrs. S. Daw, M.N.C.T.D.
Mrs. E. M. Donovan, M.N.C.T.D.
Miss J. V. Howard, M.N.C.T.D.
Mrs. J. Melhuish, M.N.C.T.D.
P. Wilson, M.N.C.T.D.

Audiology

Mrs. E. W. Caulfield

Technicians:

Mrs. M. E. Godlewski

Ophthalmic

N. Ahmad, M.B., B.S., D.O., F.R.C.S.

Specialists:

M. J. Gilkes, M.B., B.S., F.R.C.S., L.R.C.P.

T. S. Goodwin, M.D., M.B., B.Ch., M.R.C.S., L.R.C.P.

A. B. Law, M.B.D.O., F.R.C.S. (Oph.)

F. N. Shuttleworth, M.B., Ch.B., D.O.M.S.

M. Squires, M.B., B.S., D.O.M.S.

Hove Committee for Education:

N. I. Condon, M.B., Ch.B., B.A.O., D.P.H., L.M.

R. E. Garwood, M.B., B.S.

Sessional Doctors acting as School Medical Officers:

Dr. Elizabeth Davies

Dr. Ada Firth

Dr. Dorothy Lucas

Speech Therapist: Miss B. J. Bentley, L.C.S.T.

STAFFING

Increases in establishments allowed the appointments of:-

Health Education Officer

Mrs. B. M. Hampton took up her post in September. It is expected she will be able to provide a dynamic approach which will co-ordinate and promote this essential side of the service.

Peripatetic Teacher of the Deaf

Mrs. S. Daw was appointed as an extra staff member.

Child Guidance Clinics

Mrs. R. R. Ryle was appointed as a Senior Psychiatric Social Worker from September.

Colwood Unit

The S. E. Metropolitan R.H.B. appointed Dr. G. F. Morgan as from February to be Consultant Psychiatrist jointly with Dr. M. B. A. Heller at the Colwood Unit. This appointment also allowed coverage for Shelleys Reception Centre.

Speech Therapists

Mrs. D. Bentley, Mrs. M. Hill and Mrs. A. M. McAuliffe took up employment in June and contribute between them the equivalent of a full-time post. As a result some coverage has been afforded to adults in certain hospitals.

Staff Changes

Senior Medical Officer for School Health

Dr. P. A. Shave left in August to become Deputy Medical Officer to the Brighton C.B. after a constructive five year period with the county. Dr. Janet Waugh was promoted Senior Medical Officer and her long service with the county, especially in regard to the handicapped child will stand her in good stead for her new work.

Senior Assistant Medical Officer

Dr. Janet Bedford-Turner was appointed to this post in September. Her psychiatric qualification together with her previous experience with severely sub normal patients is proving of value in her present position.

School Medical Officers

In November Dr. N. I. Silvertown entered a well deserved retirement from his work in Battle and Rye and Dr. J. K. Butterfield became District Medical Officer of Health for the combined districts of Bexhill, Battle and Rye. The school medical work relinquished by these two doctors was covered by an extension of the scheme to involve family doctors in routine school medical inspections.

Dr. Margaret Thwaites entered general practice in May and Dr. Margaret Parker transferred to Brighton C.B. in June for personal reasons. Both these doctors had served many valuable years with the county. They were replaced in November by Dr. Mary Fletcher and Dr. Margaret Lloyd respectively.

Physiotherapist

Mrs. B. R. Dixon was appointed part-time physiotherapist to the Hillside Junior School for Mentally Handicapped Children from April. Mrs. Dixon is doing an excellent job and it is a pity other suitable staff cannot be found to help at the Court Meadow and Glyne Gap Schools.

MEDICAL INSPECTION AND TREATMENT

The number of maintained schools in the county is 214 comprising:-

<u>Schools</u>	<u>Number</u>
Comprehensive	8
Grammar	4
Secondary Modern	22
Primary	172
Special	8

The number of children on the registers of the Authority's Schools during the Autumn Term 1971 was 60,230 - an increase of 5.2% on the total for the previous year.

MEDICAL INSPECTIONS

The statistical tables given at the end of this report are in accordance with the requirements of the Department of Education and Science.

NUMBERS SEEN AT MEDICAL INSPECTIONS

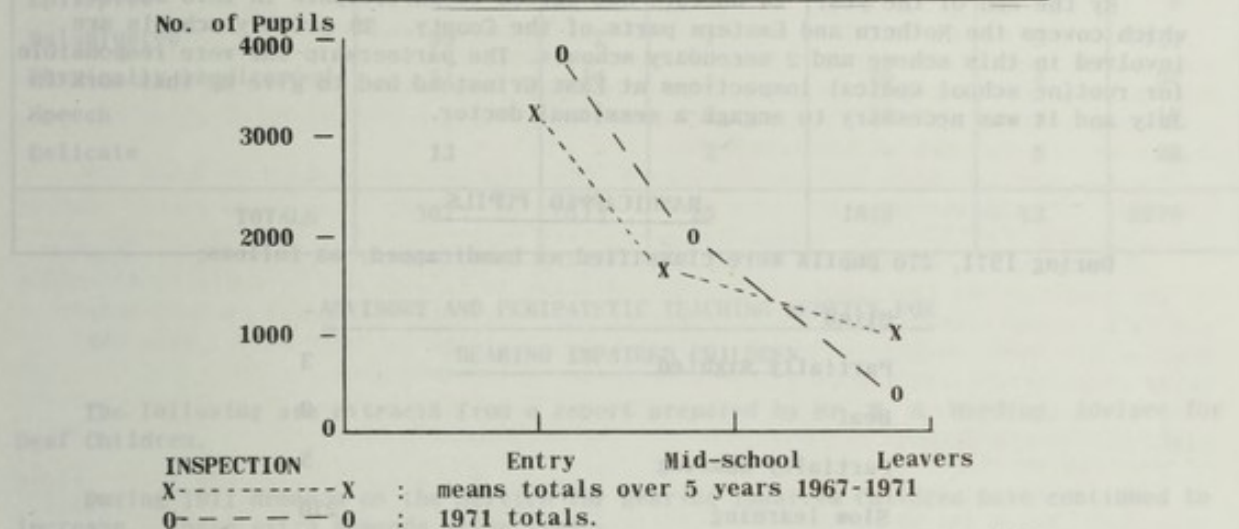
(figures for 1970 are given for comparison).

	1970	1971
Routine	15,703	14,952
Special	1,002	802
Re-examinations	7,414	7,794
	24,119	23,548

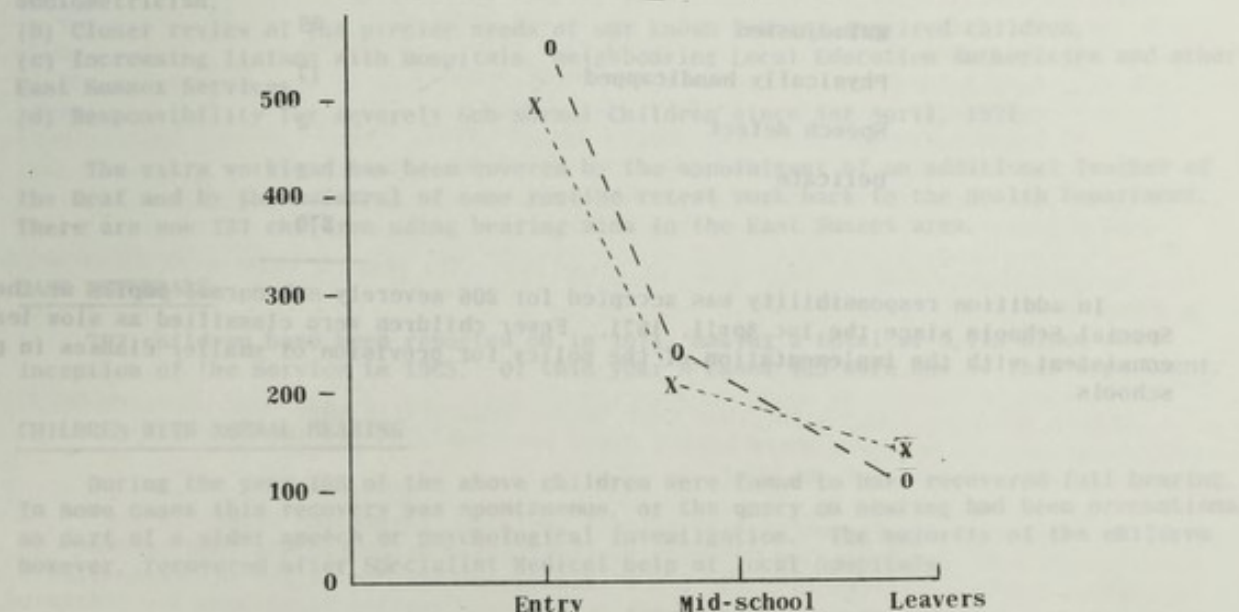
The fall in the number of routine medical inspections was caused by reduced doctor time being available during the year owing to delays in obtaining replacements, a problem not unrelated to the uncertainty of the future of School Medical Officers.

A comparison of the numbers of children examined and of those noted for observation or treatment at the three routine examinations has shown a constant pattern which has been repeated in the past year. This is illustrated in the accompanying two graphs which compare figures for 1971 with the mean figures for the past five years.

CHILDREN NOTED FOR OBSERVATION AT 3 MAIN INSPECTIONS



CHILDREN REFERRED FOR TREATMENT AT 3 MAIN INSPECTIONS



From these graphs it will be apparent that at the mid-school examination a much smaller proportion of children fall into the treatment and observation categories. In view of this trend two separate pilot surveys for a selective form of medical examination to replace the routine examinations of children in the mid-age group have been undertaken. These two surveys resulted as follows:

Date of Survey	No. of Children		Percentage Needing Examination
	Surveyed	*Selected	
December 1968	186	67	36%
Autumn 1971	83	26	31%

* Includes children examined at request of parents.

It can be seen that only about one-third of the children concerned were considered to need a medical examination and a saving in time could result if the scheme were extended. The latest survey concerned children at a primary school in Heathfield, Hailsham and Pevensey respectively. It was undertaken by Dr. L. A. Collins who concluded that although methods of selective examination warrant further investigation no significant improvement had resulted. The experiment is being extended in 1972 and will be conducted only at the larger primary schools served by a full-time school medical officer.

APPOINTMENT OF GENERAL PRACTITIONERS AS SCHOOL MEDICAL OFFICERS

By the end of the year, 24 doctors had agreed to participate in this scheme, which covers the Northern and Eastern parts of the County. 39 primary schools are involved in this scheme and 2 secondary schools. The partnership who were responsible for routine school medical inspections at East Grinstead had to give up that work in July and it was necessary to engage a sessional doctor.

HANDICAPPED PUPILS

During 1971, 270 pupils were classified as handicapped, as follows:-

Blind	-
Partially sighted	3
Deaf	3
Partially hearing	5
Slow learning	210
Epileptic	-
Maladjusted	29
Physically handicapped	17
Speech defect	2
Delicate	1
	<hr/> 270 <hr/>

In addition responsibility was accepted for 206 severely sub-normal pupils at the Special Schools since the 1st April, 1971. Fewer children were classified as slow learners, consistent with the implementation of the policy for provision of smaller classes in primary schools.

The details of handicapped pupils in the various categories which follow were supplied by the Chief Education Officer, who is responsible for arranging the provision of special educational treatment, and show the position at the end of the current year:-

PLACEMENTS OF HANDICAPPED CHILDREN

	Special Schools			Attending Ordinary Schools	Home Tuition	Total
	Residential	Day	Awaiting places			
Blind	10	-	-	-	-	10
Partially sighted	15	5	1	-	-	21
Deaf	28	8	-	-	-	36
Partially hearing	7	3	-	50	-	74
				(pre school 14)		
Slow learning (Cat. A) (including mentally handicapped pupils)	75	481	14	1707	1	2278
Epileptic	9	-	-	-	-	9
Maladjusted	99	2	7	-	3	111
Physically handicapped	51	14	-	29	4	98
Speech	-	-	1	18	-	19
Delicate	13	-	2	-	5	20
TOTALS	307	513	25	1818	13	2676

ADVISORY AND PERIPATETIC TEACHING SERVICE FOR HEARING IMPAIRED CHILDREN

The following are extracts from a report prepared by Mr. M. A. Harding, Adviser for Deaf Children.

During 1971 demands on the Service for Hearing Impaired Children have continued to increase. These extra demands arise from:-

- (a) More intensive screening by the Health Department, allowed by provision of an extra audiometrician,
- (b) Closer review of the precise needs of our known hearing impaired children,
- (c) Increasing liaison with Hospitals, neighbouring Local Education Authorities and other East Sussex Services,
- (d) Responsibility for severely Sub-Normal Children since 1st April, 1971.

The extra workload has been covered by the appointment of an additional Teacher of the Deaf and by the referral of some routine retest work back to the Health Department. There are now 137 children using hearing aids in the East Sussex area.

CASE REFERRALS

793 children have been reported on in 1971, making a total of 3,719 since the inception of the Service in 1965. Of this year's cases 405 were new to this department.

CHILDREN WITH NORMAL HEARING

During the year 188 of the above children were found to have recovered full hearing. In some cases this recovery was spontaneous, or the query on hearing had been precautionary, as part of a wider speech or psychological investigation. The majority of the children however, recovered after Specialist Medical help at local hospitals.

CHILDREN UNDER OBSERVATION

On the 31st December 1971, 169 children remained under observation. The majority of these were receiving medical help and will in due course regain normal hearing. The remainder, after further assessment will be offered appropriate auditory/educational help.

In each case the child's parents and teachers are aware of the extent of the hearing difficulty and have been advised on the social and educational problems involved.

CATEGORY "C" HEARING LOSS

There are now 340 children attending East Sussex Authority Schools who have a slight loss of hearing, which with the understanding of parents and teachers, presents only a minor communication difficulty. In each case the possibility of medical cure has been investigated.

Since January 1971 a system of annual re-check by the County Audiometricians has been evolved. If there is indication of deterioration of hearing, further educational/audiological assessment is made, further medical advice sought and educational help given if necessary.

CATEGORY "B" HEARING LOSS

There are now 25 children wearing hearing aids who as a result of earlier guidance need little supportive auditory help. These children receive routine management visits from a Teacher of the Deaf to ensure that equipment is working well and that educational progress is satisfactory. Periodic medical supervision is carried out by an Ear Specialist at the child's local hospital.

CATEGORY "A" HEARING LOSS

The number of children receiving regular auditory training from Visiting Teachers of the Deaf has now increased to 64. The increase is largely due to improved screening, and to a lesser extent the attractiveness of the facilities available in East Sussex. Hearing aid users in this category receive help according to their need. This may range from fortnightly visits to three or four sessions per week.

CATEGORY "S" PLACEMENTS

There are now 46 children in Schools for the Deaf. Whenever possible these attend on a daily basis (9) or as weekly boarders (37). Only 9 who have special educational needs are placed at a distance from East Sussex.*

Hamilton Lodge School for the Deaf, Brighton	11
Ovingdean Hall School for the Partially Deaf, Brighton	10
Mary Hare Grammar School for the Deaf, Newbury	7*
Mill Hall School for the Deaf, Cuckfield	7
Nutfield Priory Secondary School for the Deaf, Redhill	7
Portley House School for the Deaf, Caterham	2
Royal School for the Deaf, Margate	2*
	<hr/>
	46

Two Portslade children attend the Brighton Partially Hearing Unit which is attached to the Bevendean Primary School.

LIAISON

During the year links with other East Sussex Departments have been strengthened. Particular success has been noted when a child receives help jointly from a Speech Therapist and a Teacher of the Deaf.

The system of regular multi-disciplinary audiology assessment panels in the Crowborough/Tunbridge Wells and Haywards Heath/Brighton areas has now been extended to include regular meetings with the E.N.T. Consultant Surgeon at the Princess Alice Hospital, Eastbourne. In cases where very specialised testing techniques are indicated, children visit the Nuffield Hearing and Speech Centre, Gray's Inn Road, or the Research Unit at the Royal Berkshire Hospital, Reading.

The Brighton branch of the National Deaf Children's Society continues to meet regularly and is closely supported by East Sussex Staff and parents for whom this acts as a parent-teacher association.

In July a meeting with the three Sussex Diocesan Society for the Deaf Welfare Officers was arranged, and a system of referral of deaf school leavers to this adult welfare organisation was agreed. This will ensure that a young adult who upon leaving school is no longer cared for by a teacher of the deaf will continue to receive pastoral care from a trained person.

With a view to 1974 boundary revisions particular attention is being paid to close liaison with the three County Boroughs. Brighton Partially Hearing Unit at present cares for two East Sussex children, and certain blurring of the boundaries of work between the Brighton Peripatetic Service for the Deaf and myself has been possible. In Hastings, similar reciprocal aid has been possible, and one East Sussex child attends the town's Partially Hearing Unit. Eastbourne have no Educational Service for Hearing Impaired Children, and it is likely that considerable resources will need to be spent in this area.

EQUIPMENT

The County policy of providing up to date speech trainers and commercial hearing aids continues to be reflected in the speech and general educational success of our children. High quality aids suited to a child's specific needs can do much to influence his ability to cope in the local school situation. Although the number of hearing aid users has increased by 17 in the past twelve months, the number of Special School placements has only increased by one.

There are now two Reslo-Audac radio link hearing aids in use. In carefully selected cases these are proving to be excellent.

The Southern Television pre-Christmas 'Magpie' appeal for deaf children featured an East Sussex child from Crowborough in one of its programmes. As a result of this it is understood that a sophisticated free field audiometer for testing the hearing of very small children may be presented to the County.

AUDIOMETRIC SCREENING TESTS

1972 was the first full year when two audiology technicians were available. This enabled a full routine screening programme to be conducted and also for backlog cases, missed in the previous year, to be screened. In addition, the audiology technicians tested children outside school entry range where such tests were requested specially (e.g. by doctors, health visitors or teachers).

Ideally the system for routine testing is planned in conjunction with the visit to the school by the School Medical Officer. Wherever possible hearing tests are done about a month in advance of the visit to the school by the doctor so that the findings of the audiologist can be made available to the doctor. This is not always possible, especially where a family doctor is responsible for the routine or pre-school medical examination, for the family doctor cannot always give sufficient notice of his intended visit to the school to allow arrangements being made for the prior visit of the audiologist. In these cases arrangements are made for the audiologist to re-test all children who at the first test showed a hearing loss, where severe loss is recorded at the first test the Adviser for Deaf Children is alerted, and a re-test is given 3/4 weeks later. The interval between tests allows the second one to be done when a child has got over a cold or is helpful to the "shy" child who may not have co-operated fully at the original test. Routine re-tests are always conducted at intervals, by agreement with the Adviser for Deaf Children, as a check on certain children (e.g. Category "C" and other cases) plus children at Special Schools who receive annual medical examinations.

Further improvements in the audiology screening arrangements will be effected now that the backlog work has been covered. The record of the year's work is given below:-

Detail	Total	Remarks
Routine Screening: No. of Schools visited	153	11 of these schools were visited twice.
No. of children who: (a) passed screening tests	12,112	
(b) failed screening tests	885	
	12,997	
Special Tests: No. tested	378	These tests were requested specially by doctors, health visitors or teachers.
Re-tests:	529	These may have resulted from (a) review referrals or (b) second check before referral School Medical Officer.

CHILD GUIDANCE SERVICE

This year comprehensive statistics for this service plus those for the Family Clinics and the School Psychological Service are given together (see pages 18 and 19 of this Report). Whenever possible these statistics give comparative figures for last year and use the same analysis criteria.

The overall pictures given in the statistics is that, despite an increase in child population, case-loads have been contained and in some instances reduced. This allows more thorough attention to cases and in some Child Guidance Clinics a considerable cut in the time which elapses before a child can be seen.

A part of the more intensive treatment of referrals has been the greater recourse to conferences on cases. Dr. J. M. Lomax-Simpson remarking on this aspect becoming an accepted pattern of the Clinic continued "In this way we have forged a stronger link with Teachers and Head Teachers, Social Services, Probation Officers, Health Visitors and Speech Therapist - and students have also been able to 'sit in' on some of the Conferences involved. It is particularly valuable that Mrs. Ridgewell is able to attend every week so that there is constant opportunity for exchange of information and consultation on the children in the Unit."

The deteriorating public transport services have brought difficulties for families attending Child Guidance Clinics from country areas especially where treatment needs frequent attendances.

Dr. J. Ross wrote about research in respect of the future of the Service. "There is one point which is of consequence in relation to the work in all of our clinics and that is the recent publication of the Report of the Working Party on Child and Adolescent Psychiatry commissioned by the South Eastern Metropolitan Regional Hospital Board. The publication of this report makes it timely to set in motion a comprehensive review of the child psychiatry services in the area, whether provided by the Local Authority or otherwise and I know that many of my colleagues in the clinics are looking forward to an opportunity to express their views on how best the the services might develop."

This Working Party Report will form the basis of negotiation in the coming year.

SOCIAL WORK IN THE CHILD GUIDANCE CLINICS

This year has seen only one new appointment to the Social Work Team of the Child Guidance Service; that of Mrs. Rosemary Ryle as P.S.W. to the Portslade Clinic. Previously, Portslade and Burgess Hill Clinics were operated by one Social Worker; the new appointment therefore allows full time social work cover for both clinics. The social work cover in the other five clinics within the County continues on a part time basis.

Training, both in service and student supervision, has received particular attention this year. A student from the new Master in Social Work Course at Sussex University has undertaken a period of fieldwork training at Lewes Child Guidance Clinic. During the coming year, the University would like to place two students in the Child Guidance Service. Students are of course in a position to make a useful contribution to the Service. Their contact with the University enables them to feed in new thoughts and developments which are taking place in the field of social work. Therefore the presence of students within the clinics is essential if we wish to attract well qualified new entrants to the Service. A further aspect of training has been the introduction of regular case-work seminars for the social workers in the clinics. The Group is able to examine more complex situations which arise from time to time as well as having an opportunity to discuss casework techniques.

The new Social Services Department came into operation in April 1971, and most clinics have already held informal discussions with colleagues in the various area offices. One clinic has embarked on a series of regular meetings with the social work team in that area; discussing ways in which each service can most effectively support the other. It may well be that some of the conclusions reached will be of value to other clinics when discussing relationships with the new Department.

The changing pattern of the Social Services will of course make new demands on the clinic services. Greater emphasis is likely to be placed on the consultative role of the clinics. In order to meet this need, as well as that of student supervision, more professionally trained social workers will be required. However, social workers who have undertaken professional training are in very short supply. Therefore thought has recently been given to the possibility of establishing a trainee social worker post within the Service. After a period of in service training, the worker would then be seconded to a professional training course. This would then ensure that a professionally trained social worker would be available to fill any vacancy brought about by the retirement of any member of the social work team.

FAMILY CLINICS

(Statistics for this Section of the Report appear on pages 18 and 19)

LEWES FAMILY CLINIC

Extracts from reports by the staff concerned are used to explain the progress of the Clinic:

Mrs. A. Hand (Health Visitor)

Referrals are accepted from the parents themselves, from general practitioners, from health visitors and from social workers. It is primarily an advice service to help parents, thus relieving busy doctors and others of time-consuming supportive work. It is believed that time taken in helping mothers to develop a better understanding of how to handle very young children can prevent more serious psychological problems arising in later years. All medical problems are referred promptly to the G.P. and his active help, and comments in general, are welcomed.

The aim of the Family Clinic is to provide a readily available and free advisory service for parents, especially mothers with children below school age, who are experiencing some difficulty in understanding and coping with behaviour problems. The clinic staff have plenty of time to listen to parents and observe the children at play.

Advice and support are given, based on experience of the problems of child-rearing, behaviour, and family relationships. The atmosphere of the clinic is friendly and informal.

Dr. Enid Fisher (Clinic Doctor)

It is very difficult to assess the results of a clinic of this type in the long term, but in the short term there is no doubt that it has been very helpful to a number of families.

HAILSHAM FAMILY CLINIC

It is only necessary to make available the services of an educational psychologist to form the clinic which is held in the Health Centre where family doctors and health visitors work. Again reference to the statistics will show that, as at Lewes, fewer cases were seen. Differences between the two clinics show the majority of children seen at Lewes were of pre-school or junior school age whilst most of those at Hailsham were of secondary school age.

THE SCHOOL PSYCHOLOGICAL SERVICE

(N.B. This report relates to the School year ended 31/7/71)

The County is now divided into seven areas, each served by an Area Psychologist. Mrs. S. A. Morris was appointed for two days work per week and took up her duties in January 1971 in the newly constituted East Grinstead area. Consequential changes allowed an increase in psychological time at the schools for Severely Subnormal Pupils. A part-time appointment was advertised so that Hill House Hospital (S.S.N. pupils) could receive more help, but no suitable candidate applied. The two Assistants to the Educational Psychologists left the service this year; one proposed to undertake teacher training and the other resigned for domestic reasons and has since left the area.

The larger part of the psychologists' work continues to be with children in relation to schools but earlier annual reports have indicated a widening of interest to include children's needs, whatever the situation in which they appear, and this trend has continued to the point when the title "School Psychological Service" does not reflect its full functions.

The statistics included in the report give some precision to the general comments which follow but they tend to over-simplify and can be misleading if interpreted too mathematically. Children's needs, and the action taken to meet them, do not fit into single, simple categories. It is the rare child who, on investigation, is found to have only a single problem, which can also be met by a single re-adjustment.

THE SCHOOL PSYCHOLOGICAL SERVICE

(Comments that follow relate to the statistical tables for this Service which are incorporated in the figures given on pages 18 and 19 of this Report)

It will be seen that the expected fall in the number of new referrals occurred. The infants' schools, now that class rolls and the special segregated provision have been reduced, have felt less need to ask for outside help. Similarly, the junior schools, given the help of part-time teachers and freedom to deploy them have also made considerably fewer referrals though many children have been discussed informally. Attention can therefore be given to the more serious difficulties, which require more extensive inquiry and help.

The increase of referrals from Secondary Schools has been only slight and the role of the psychological service here remains a subject for reflection. The increase in referrals from Special Schools reflects the incorporation into the educational system of the former Training Schools and a more systematic approach by the psychological service to the E.S.N., Boarding Maladjusted and other special schools.

The Chief Education Officer and the Principal School Medical Officer, with their staffs, have made more frequent use of psychological advice.

The 'main reason for referral' gives the reason as formulated by the person making the referral. It does not describe the children's problems as later diagnosed, which are often complex and, as has been said, rarely single. It does, however, reflect an appreciation of the wider contribution asked for from the psychologist, beyond a routine psychometric assessment.

The primary action taken on children seen in the years 1970-71 is shown in the statistics. In addition to seeing the child, the school would have been visited and background inquiries made. In all cases, parents would also have been seen, where they wished it; in practice, this has meant that some slow-learners' parents have been content with indirect communication through the Head Teacher, but the great majority of the parents of children referred for other reasons have availed themselves of the opportunity to see the psychologist personally. For many children, the initial action taken was only the first of a series of steps taken to provide the help needed.

TUTORIAL CLASSES

The Tutorial Classes in four parts of the County have played a notable part in dealing with disturbed children who were finding full-time attendance at school difficult both for themselves and the school community. Without their help many children would have needed more expensive - and perhaps not such satisfactory - provision. Some of the children who left these classes in 1970-71 had eventually to go to Boarding Schools for Maladjusted Children; some stayed in the class until they reached school leaving age but the majority were able to return to full-time attendance at an ordinary school. The additional classroom provided this year at Burgess Hill has therefore been greatly welcomed. It is hoped that plans for similar provision in the north and east of the County will soon become reality.

TRAINING OF EDUCATIONAL PSYCHOLOGISTS

In conjunction with the University and West Sussex psychologists, a programme of field training was worked out for post-graduate students working for the M.Sc., in Educational Psychology. In 1970-71 East Sussex took two final year students and three first-year students. A satisfactory standard of field work, as assessed by the Area Psychologist to whom the student is attached, is a pre-requisite for the award of a degree.

IN-SERVICE TRAINING

The most important part of this is the work done with teachers by psychologists. Discussion of individual pupils in schools must necessarily be brief and fruitful largely in proportion to the support given by meetings and courses of longer duration. There has been a very considerable increase in the number of courses in the Teachers' Centres at which psychologists have contributed or which they have organised. Some psychologists have also visited individual schools to have discussions with the staff.

In addition, psychologists have contributed to Parent/Teacher Association meetings, to Further Education Courses (e.g. Youth Leaders Training) and to a College of Education.

SOURCE OF REFERRAL	SCHOOL PSYCHOLOGICAL SERVICE		CHILD GUIDANCE CLINICS		FAMILY CLINICS	
	ACADEMIC YEARS		CALENDAR YEARS		CALENDAR YEARS	
	1969/70	1970/71	1970	1971	1970	1971
Medical Officers	DETAILS NOT AVAILABLE	91	55	35	1	1
Health Visitors			6	8	10	9
Speech Therapists				3	1	
Family Doctors			126	131	34	17
Hospitals			12	14	1	
Education Department		95	11	19	2	
" Psychologists			50	64		
Schools/Colleges		841	8	8	2	
Social Services		13	27	16		
Courts, Probation Officers etc.			54	50		
Parents		32	24	16	9	9
Transfers from other clinics			7	28	1	
Others		37	3	4	1	
TOTALS	1,776	1,109	383	396	62	36

MAIN REASON FOR REFERRAL						
Personality and Emotional	DETAILS NOT AVAILABLE	124	77	102	14	6
Habit			32	39	20	13
Behaviour		119	182	207	14	12
Educational and Vocational		192	22	22	12	1
" Slow-learning		591				
Special exams - Courts			54	8		
" " - Placements			14	17	2	
Other		83				
Did not attend			2	1		
TOTALS	1,776	1,109	383	396	62	36

PRIMARY ACTION TAKEN						
Advice	DETAILS NOT AVAILABLE	226	112	58	32	5
Advice and follow-up		281				29
Assessment		46			5	
Discussed only		24				
Psychiatric treatment)		297	98	96	15	
Remedial teaching & therapy)						
Periodic supervision			40	58		
Awaiting diagnosis		61	66	75	5	
Changes of school		5				
Placed in special schools etc.		44	9	24		
Transferred to Social Services			13	36	4	
Withdrawn before completion			33	42		
Referred to C.G. Clinics		55				2
" " Hospitals		2	4	6	1	
" " others		19				
Left area			3			
Did not attend			5	1		
On-going		49				
TOTAL	1,776	1,109	383	396	62	36

CATEGORIES OF REFERRALS BY AGE/SCHOOL

SCHOOL/ AGE	SCHOOL PSYCHOLOGICAL SERVICE		CHILD GUIDANCE CLINICS		FAMILY CLINICS	
	1969/70	1970/71	1970	1971	1970	1971
PRE-SCHOOL	DETAILS NOT AVAILABLE	16	26	32	DETAILS NOT AVAILABLE	13
L. E. A. 5 - 7		267	80	60		9
8 - 11		571	105	116		8
11 +		157	147	163		6
SPECIAL SCHOOLS/HOME TUITION		80				
INDEPENDENT SCHOOLS 5 - 7			1	4		
8 - 11		18	4	4		
11 +			20	16		
LEFT SCHOOL				1		
TOTALS		1, 1776	383	396		62
		1, 109				36

CHILD GUIDANCE CLINICS - SUMMARY OF WORK INVOLVED

	PSYCHIATRISTS		EDUCATIONAL PSYCHOLOGISTS		SOCIAL WORKERS		CHILD PSYCHOTHERAPIST	
	1970	1971	1970	1971	1970	1971	1970	1971
Diagnostic Interviews	293	281	155	219			334	330
Treatment & Remedial Interviews	1, 290	1, 226	44	50			342	390
Clinic Interviews					1, 384	1, 380		
Domiciliary and Other Visits					1, 230	1, 378	32	64
School Visits			192	159				
TOTALS	1, 583	1, 507	391	428	2, 614	2, 758	708	784

SPEECH THERAPY

The following are extracts from a report provided by Mrs. S. Hudson-Smith, Consultant Speech Therapist:-

GENERAL INFORMATION:

Considerable attention has been paid to effecting liaison between the members of the Speech Therapy Staff, who now meet at termly intervals for discussion with the Senior Medical Officer for School Health. The Consultant Speech Therapist arranges area group meetings as and when the need arises. The interest that has been stimulated by such team activity has resulted in more imaginative methods of treatment being used with increasingly good developments.

By the appointment of two Senior Area Speech Therapists from January, 1972, opportunities for further unification of our Services should be considerable.

Interdisciplinary co-operation has been increased, giving much satisfaction to the Therapists who maintain a frequent exchange of cases with the Audiological and Psychological Departments. Mr. McConville, Educational Psychologist, has continued his work with speech impaired children on a County-wide basis; numbers have increased this year and there is still a waiting list.

Speech therapy is represented on the following Committees:-

Audiology Assessment Panels at Crowborough Clinic
and the Princess Alice Hospital, Eastbourne.

Speech Therapy Day Unit Assessment Panels.

Hill House Hospital, Rye, Staff meetings.

Speech Therapists have been given the opportunity of attending the following short courses during 1971, at their request, and sponsored by the E.S.C.C. :-

One member attended the Course on "Communication Problems" at Castle Priory College, Berkshire.

Two members attended the two-day course on "The Use of the Reynell Language Developmental Scales".

There appears to be increasing concern on the part of mothers and teachers about delayed speech and language in the 2 - 4 year old group. It is believed that the success with play methods for speech stimulation now used in conjunction with parent counselling have become more widely known and appreciated. Parents, Health Visitors, members of Play Groups and Nursery Schools frequently contact the Speech Clinics direct for guidance in ways of helping the pre-school child to communicate. It is believed that an extension of our Services to include more parent counselling for the under-fives could effect a considerable reduction in the cases referred after reaching school age, which should contribute to greater educational progress. Organised play groups are of considerable benefit in helping to augment speech therapy by stimulating speech and language in the company of other children.

SPEECH THERAPY DAY UNIT

The Special Unit has increased its numbers from eight to ten children during 1971, all of whom are having individual speech therapy four times weekly, with the addition of two other children who attend for speech therapy but who have rejoined their appropriate group in the School. The facilities offered by the Day Unit are proving of great value to the severely speech handicapped, and the need for placements continues to increase far beyond the number of vacancies available. Great interest has been shown by Educationalists, Psychologists, and others in the work carried out with the dysphasic children and this increases as the Unit becomes more widely known.

DISCHARGES 1971

Discharged to normal schools	3
Discharged to Special Schools	1
Left district but greatly improved before discharge	2

- (1) Identical twin boys (aged 6+) admitted to the Unit in January, 1970, has a meagre form of unintelligible speech. In April, 1971, they were able to return to an ordinary school with normal communication for all practical purposes.
- (2) A girl who entered the Unit in April, 1969, with gross articulatory disorder and who was unintelligible to both children and adults, had previously been receiving weekly speech therapy for about a year, with little progress. After three terms in the Unit, she was able to return to an ordinary school, where there is now no trace of her former speech handicap.

Follow-ups:

Follow-ups were made by the Consultant Speech Therapist of four cases, discharged in 1970-71, who were members of the original group when the Unit opened in April, 1969. In three instances, language structuring and articulation was considered normal with no trace of the former handicap. This fact was endorsed by teachers and parents alike. The fourth child, who was referred to a Special School, has made excellent progress in view of her generalised developmental retardation.

It was interesting to note the strong emotional attachment that these children still feel for the Staff and environment of the Unit, which they remember with great pleasure. A plea was made by each one independently for a return visit to the Unit, and, in consequence, all past pupils were invited to attend the Christmas Party. This party produced a 100% attendance and the reunion was a very happy occasion.

We now look forward to the Speech Therapy Day Unit being opened at Wallands School, Lewes, early in 1972. Although the Panel concerned with selection of candidates has not yet met, there is already a considerable waiting list of children referred from Speech Therapists for consideration.

CHILDREN REFERRED DURING 1971

School children	637
Pre-school children	252
Total	889

ACTION TAKEN

Receiving treatment	517
Awaiting treatment	200
No treatment required	64
Cases closed, refused, terminated or transferred to other Authorities	108
Total	889

TREATMENT

No. of children receiving treatment at 1.1.71.	505
No. of children added during 1971	259
No. of cases closed during 1971	247
No. of children receiving treatment at 31st December, 1971 ...	517

The number of children not included in the above figures who are seen at periodic intervals, i.e. monthly, 3-monthly, etc. 368.

SEVERELY SUB-NORMAL PUPILS

Arrangements are made for termly visits by a senior medical officer to the Schools for Mentally Handicapped children and every pupil at these schools is seen at least once a year. Under school-age children who may need to attend these schools too are seen annually and, of course, close liaison is maintained in all cases with field workers to check on and review progress. Audiology tests are now given to all severely sub-normal pupils on an annual basis. The Adviser for Deaf Children is involved in regard to severely sub-normal pupils and extracts from the reports by the Consultant Speech Therapist and Senior Educational Psychologist are given below.

SPEECH THERAPY

Considerable re-planning of the Speech Therapy Services has been a substantial part of this year's administration when, from April last, the mentally handicapped became the responsibility of the local Education Authority.

An exploration of the requirements of the patients in each School or Hospital became the initial method for determining future policy. After discussions with the Senior Medical Officer and the Hospital or School Staffs concerned, the Consultant Speech Therapist planned assessment sessions at each establishment. These are continuing but will take some time yet to complete. By these means it has been possible to select a rota of patients who are most likely to benefit from individual or group treatment as can be provided by the limited Staff at present available.

The investigation of cases seen to date reinforces previous findings that a very high proportion of the mentally handicapped are in need of intensive speech therapy but a lesser percentage are likely to derive sufficient benefit to justify the Speech Therapist's limited time. On these deductions the following compromise has been made:-

Present Speech Therapy Staff (and the newly appointed members starting in January, 1972), will each be responsible for a section of work with the mentally subnormal as part of their clinical programme. Special techniques have been developed for small groups which can be supervised by the Speech Therapist and carried out by the Teaching Staff and, where possible, the Hospital Staff in the case of adults.

With this in view, the Consultant Speech Therapist has given informal instruction to:-

- (a) The Teaching Staff at Hill House Hospital, Rye.
- (b) Staff at Glyne Gap School, Bexhill.
- (c) Staff at Pouchlands Hospital.
- (d) Hillside School, Portslade.

The Area Speech Therapist has also provided similar help for the Staff at Court Meadow.

This method has been in operation for some two or three months only, but is already showing some rewarding results.

Speech Therapists are giving treatment as follows:-

Hill House Hospital, Rye	1 session per week.
Glyne Gap School.	2 " " "
Pouchlands Hospital.	2 " " "
Hillside School, Portslade.	3 " " "
Court Meadow Training School.	4 " " "

Arrangements are in hand for increased sessions at Hill House Hospital and Glyne Gap School, and for treatment to start in January, 1972, at the following establishments:-

Laughton Lodge Hospital, Ringmer.
St. Helens Hospital, Hastings.
Princess Alice Hospital, Eastbourne.
Norman House, Bexhill.

103 severely sub-normal pupils were receiving regular treatment at December, 1971.

SCHOOL PSYCHOLOGICAL SERVICE

This work has been done by Mr. Wilkinson who had a special interest in the Junior Training Centres and followed up children's progress when they moved to Adult Centres. This has been a most valuable link.

The Committee this year agreed to a joint appointment, with the Hospital Board, of a psychologist to work in the Hospitals for Adult Severely Subnormal patients. (The appointment has since been made). The opportunity is now present for an extended and more continuous service for the mentally handicapped.

HEALTH EDUCATION

Perhaps it is appropriate to report fully on this subject instead of confining remarks solely to the education sphere. By this means the interdependence of both health and education may be understood. Mrs. B. M. Hampton was appointed Health Education Officer, taking up her post on the 1st September and her report follows:

I have spent much of my first six months in assessment and survey. I have met as many as possible of the workers already engaged in valuable Health Education throughout the county. I was also able to be a participant observer at many courses already arranged by Health and Education staffs. These include Technical College students' lectures and discussions, adult residential courses for teachers and others, teacher trainees' and health visitor trainees' lectures and discussions. I was fortunate also that some head teachers, in both primary and secondary schools, found it possible to introduce me at informal staff meetings and parent/teacher meetings. I have met and talked with Women's Institute, British Red Cross and Further Education groups incorporating many members of the general public.

It appears that the task ahead is two-fold:-

1. Operations to be continued and extended:

Identification of subjects for which there is a general need in the community for health education, and the collection and collation of suitable material. This work will be greatly assisted by the monthly returns of the County Nursing Service, showing Health Education duties undertaken. I am also enabled to compile a comprehensive list of professionally adequate personnel prepared to lecture on particular subjects and to expand existing services where necessary. This will enable me to organise and co-ordinate a comprehensive Health Education programme for all sections of the public, providing information on specific topics and stimulating interest in health matters in general, e.g. smoking, home safety, family planning. These should be regarded as important long term subjects and be given a continuum of attention, including the controlled use of impersonal media (leaflets, posters, etc.) and provide a useful background for more important personal approaches, e.g. interviews, films, talks.

The importance of Health Education applies with great force in the discussion of services and curriculum for children in school. Attitudes formed in childhood certainly affect behaviour and life patterns. My appointment jointly, by the Health and Education Committees is therefore of great value in the cultivation of a team approach to Health Education. The work of Health Visitors and other socio-medical workers in schools is proving of great value - not only the continuation of existing programmes but in initiating new work - particularly in Parent Craft with boys and girls and in studies of greater depth at Vith form level. P.T.A.'s are also being involved.

2. Organisation and co-ordination:

The Health Education centre should act as a reservoir of technical information and teaching media and should be the organisational focus of a Health Education programme. The main function of Health Education staff is to develop and support health teaching undertaken by professional personnel and to initiate new programmes with them. At the outset facilities will be, to some extent, limited to the basic materials necessary for existing programmes, tailored to meet the needs of this particular community.

In addition to the provision of this resources centre it is intended to initiate programmes which could be aimed at all age groups from infant to secondary level. These will be on particular topics but also will cover the day to day environmental problems of hygiene, dental care, basic diet, good grooming, personal and community health etc.

FUTURE DEVELOPMENT

(a) It is hoped to provide a Health Information Service to cover a wide range of topics. The possibility of using mass media must be further explored and encouragement given to local newspapers and radio to collaborate in this work.

(b) Evaluation of programmes and media. The basic programme offered should be designed to meet general and well-known community health needs. New programmes must have clearly defined objectives and be tested by the evaluation of a pilot run. The success of the programme will be measured by the increased use of a particular service, i.e. vaccination, cytology, etc.

Last year all schools were provided with H.E. working party reports prepared jointly by Health and Education Departments. We look forward to evaluating the syllabuses helped by the teachers and others who have implemented them; and hope to be in the position of advising on syllabus and curriculum development particularly in the area of personal relationships.

Health Education will eventually become an integral part of the schools' programme.

(c) Technical aspects. I am glad to say that the stock of visual aids, films, film strips etc. is now building up and in the near future details will be issued of all these, including books which are now available on loan.

Looking further ahead, we should think of providing our own material, using local known subject matter, and making use of radio and television.

(d) In-service training. The unique and useful situation in East Sussex of equal involvement of the Health and Education Departments in recognising the importance of Health Education provides great opportunity for in-service training. It also facilitates communication between many different professions participating in Health Education and in a position to influence habits and attitudes of the public. Opportunity for liaison and exchange of ideas is limitless and we hope to provide courses and seminars in the fields of personal relations, adolescent problems and the promotion of "health". It also enables specialist training and assistance to be given to community workers such as youthleaders, who have valuable opportunities to promote a healthy approach to life.

(e) Finally, it is hoped to produce a regular bulletin to keep everyone concerned abreast of the latest developments and resources available in the department.

Examples of duties undertaken by the Health Education Officer during the Autumn term 1971 were:

1. PERSONAL LECTURES to :-

- (a) Adult residential courses at Stafford House.
- (b) Teacher Trainees, Brighton College of Education.
- (c) Health Visitor Students, Brighton Poly.
- (d) Youth Club Groups at clubs and on courses.
- (e) P.T.A. meetings re sex education in primary schools.
- (f) W. I. Educational Groups.
- (g) School staff meetings.
- (h) Lewes Technical College students.
- (j) District Nurse Trainees.
- (k) Remedial Secondary children (first year and fourth year).
- (l) Sixth Form Liberal Studies students.

2. INTRODUCTIONS (short talk) to :-

- (a) Health Visitor groups.
- (b) School staffs.
- (c) Head Teachers.
- (d) Youth Leaders.
- (e) Family Planning Association.
- (f) Child Guidance Service.
- (g) County Council Clinics.
- (h) Further Education Advisers.

3. DEPARTMENTAL INTER-ACTION MEETINGS

- (a) Special Services, e.g. Colwood Centre.
- (b) National Children's Bureau.
- (c) Further Education Advisers.
- (d) Home Economics Group Meeting.
- (e) Joint lecture with Dr. Duncan Watney.
- (f) Forum Member at Stafford House In-service Teachers' course.
- (g) Preparing joint work involving T.V. schemes at Brighton Poly, Brighton College of Education.
- (h) Member of Working Party re Area 44 (Preventive Services) and co-opted by Geriatric and Primary Health Working Parties.
- (j) Assisting at Social Services meeting re Family Planning.
- (k) Marriage Guidance Council, P.R. course.

4. PILOT SCHEMES

- (a) Setting up fourth year leavers Parentcraft course, Sackville School.
- (b) Assisting with maladjusted leavers course, Davigdor School.
- (c) Introducing parents to sex education for sex education programmes for juniors.
- (d) Continuing Health Visitor Health Education meetings.
- (e) Working party meetings with neighbouring Health Education Officers.

5. INDIVIDUAL HELP given to :-

- (a) Health Visitors.
- (b) Schools.
- (c) Clinics.
- (d) Social Services.
- (e) Individual teachers by
 - (i) providing materials;
 - (ii) suggesting programmes and topics;
 - (iii) sending catalogues of available material;
 - (iv) inviting individuals to Department for advice on particular topics;
 - (v) demonstrating use of film and strip projectors to groups and individuals.

SCHOOL EYE CLINICS

Parents of children discovered with eye defects at school examinations are given the option of their children attending one of the County's Clinics listed below or arranging with their family doctors for the children to be examined by an Optician of their choice:-

<u>Clinic</u>	<u>No. of Sessions</u>	<u>Children found to have errors of refraction (including squint)</u>	<u>Children for whom spectacles were prescribed.</u>
BEXHILL	9	56	43
BRIGHTON	15	121	88
EASTBOURNE	20	234	214
EAST GRINSTEAD	15	104	76
HAYWARDS HEATH	37	437	303
ST. LEONARDS	12	76	66
TUNBRIDGE WELLS	23	263	166
TOTALS	131	1,291	956

B. C. G. VACCINATION SCHEME

Owing to the resignation of Dr. Sheila Thwaites it was not possible to arrange for this scheme to be carried out in the County area during 1971. Instead children who missed vaccination in 1971 will be given the opportunity to join in the scheme next year.

EMPLOYMENT OF CHILDREN

One of the conditions regulating the employment of school children in the administrative area of the County is that the Principal School Medical Officer shall supply to the employer a certificate that the employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education. During the year 738 certificates were issued by the school medical officer for this purpose.

CHILD CARE CLASSES

Senior boys and girls in 17 schools have continued to receive instruction in Child Care from the Health Visitors. 451 pupils took the examination. 410 passed 125 of them with credit.

SCHOOL MEALS SERVICE

The total number of schools in the County with self-contained kitchens is 174 and 40 schools received meals from the 2 central kitchens or from other schools.

MILK IN SCHOOLS SCHEME

SUPPLIES

The County Schools participating in this scheme are supplied with milk under contract by thirty six licensed dairymen and all receive pasteurised milk as recommended.

Supervision of these arrangements has been continued and 49 representative samples covering all sources of supply were submitted to laboratory examination and reported to be up to the required standard.

The present arrangements for the supply of milk to schools are considered to be satisfactory.

PROVISION OF MILK AND MEALS (AMENDMENT No. 2) REGULATIONS, 1971.

These regulations stopped the supply of free school milk to children of junior age from the end of the summer term 1971. The regulations allowed, however, the continuance of the supply of free milk on medical grounds and 74 certificates for this purpose were issued during the autumn term.

SCHOOL SWIMMING POOLS

During the year five new swimming pools came into operation and there is now a total of 82 pools at County Schools. Fourteen of these are major or permanent pools at Comprehensive or Secondary schools and 68 are "learner" type pools at Junior schools.

All the pools are operated on systems of continuous circulation, filtration and chlorination and the condition of the water and ancillary provisions are kept under observation by the County Health Inspectors who advise on all matters relating to safety and hygiene.

At present 11 of the pools have heated water and installation of heating systems for a further 25 pools is under consideration. Coupled with the variable weather and "loading" conditions, the use of heated water requires closer control and more efficient filtration and sterilisation and recommendations to this end being implemented.

Routine testing and sampling of the water for bacteriological examination is undertaken throughout the swimming season and with few exceptions the general standard of maintenance has continued to be satisfactory.

FURTHER EDUCATION ESTABLISHMENTS

Advice of a general nature on health matters was made available where required. This concerned first aid provision, the setting up of an advisory service and occasional talks.

A total of 362 medical examinations were carried out for students who had been selected to attend Colleges of Education for teacher training courses.

EXTRACTS FROM THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR HOVE SCHOOL HEALTH SERVICE - 1971

As in 1970 the medical staff situation for 1971 was disastrous, in fact for a total of 17 months, I was the only doctor in the department. The total number of full medical examinations carried out was about 200 less than in the previous year. All this and other work was carried out by that small gallant team of sessional doctors, who never let us down, and to whom we extend our grateful thanks.

I am pleased to record that Doctor Garwood joined us from West Sussex County Council in November, and in time I shall be pleased to hand over to him the day-to-day administration of this service.

At the time of writing it is highly likely that the medical establishment shall be increased by one, which should permit the work of the School Health Service to be carried out more efficiently and effectively.

There was a small reduction in the number of periodic medical inspections carried out during the year, but with a full establishment next year this deficit should be made up.

The number of heads examined for vermin increased by 21.3% over the 1970 figure and the number of heads found to be infected increased by 119%. In view of the present fashion for young men to wear their hair long, an increase was expected, but certainly not such a massive increase as now recorded. Long hair is not the only reason for this increase and it would appear that parents are paying less attention to the general hygiene of their children. So much of the Health Visitor's time is spent in Health Education, one wonders how much of it is sinking in.

Screening tests for vision are now carried out five times during the child's school life, which enables the department to detect early errors of refraction.

During the year 15 school children were examined and classified as follows:-

Deaf	Nil.	Maladjusted	5
Partial hearing	Nil.	Physically handicapped	5
Partially sighted	Nil.	Educationally backward	5
Epileptic	Nil.		

All these children were satisfactorily placed to meet their own special individual needs.

The waiting list for speech therapy continues to increase and it does take a long time for a child on the list to receive treatment from the Therapist. The Authority has now agreed to convert premises for group therapy use, which will reduce the waiting period considerably. The table set out below in this report gives some idea of the work done in this section.

The Child Guidance and School Dental Services continue to do valuable work in the Borough. One does not have much day-to-day contact with these services, but this good and valuable work still goes on.

I am most grateful to all officers and staff, both County and Borough, who have carried out their various duties so diligently during year. The department could not operate without them. I would particularly mention the work of the Health Visitors and School Nurses.

Doctor Watson and Mr. O'Sullivan have been of considerable help to me and this I gratefully acknowledge. The heads of our schools have also been most co-operative and I thank them for this.

I am most appreciative of the support I have received during the year from members of the Education and Special Services Committees.

N. I. Condon.

SPEECH THERAPY 1971

Type of Defect	Under Treatment			Normal	Discharged				
	Improved	Not Improved	Total		Improved to Maximum	Parents Request	Left School or Area	Non-Attendance	Total
Stammer	5	-	5	3	3	1	2	1	10
Dyslalia	14	1	15	24	1	2	5	-	32
Dysphasia	22	3	25	11	1	1	7	9	29
Cleft Palate	1	-	1	-	-	-	-	-	-
Dyspraxia	4	-	4	-	-	-	-	1	1
Other conditions	2	-	2	1	-	-	1	-	2
TOTAL	48	4	52	39	5	4	15	11	74

Number under review	...	...	...	...	23
Waiting list, December 1970	...	...	...	...	59
Investigation of new cases	...	...	...	...	87
New cases added for treatment	...	...	...	...	54
Pre-school children seen (a) Treatment	...	...	...	...	20
(b) Investigation	...	...	...	...	49

**EXTRACTS FROM STATISTICAL RETURNS
TO THE DEPARTMENT OF EDUCATION AND
SCIENCE**

MEDICAL INSPECTION AND TREATMENT

TABLE A. - PERIODIC MEDICAL INSPECTIONS

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 a 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 recorded at Part II	Total individual pupils
(1)	(2)	No.	No.	(5)	(6)	(7)	(8)
1967 and later	499	499	-	-	11	22	33
1966	3,968	3,967	1	-	49	110	159
1965	2,201	2,201	-	-	42	84	126
1964	596	596	-	-	17	16	33
1963	329	329	-	-	9	17	26
1962	432	432	-	-	20	15	35
1961	1,152	1,152	-	-	39	54	93
1960	2,401	2,401	-	-	66	56	122
1959	947	947	-	-	30	22	52
1958	331	331	-	-	6	14	20
1957	1,054	1,054	-	-	19	18	37
1956 and earlier	2,042	2,042	-	-	58	35	93
TOTAL	14,952	14,951	1	-	366	463	829

Column (3) total as a percentage of Column (2) total

99.99%

Column (4) total as a percentage of Column (2) total

00.01%

TABLE B - OTHER INSPECTIONS

NOTES:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection

Number of Special Inspections 802

Number of Re-inspections 7,794

Total 8,596

TABLE C - INFESTATION WITH VERMIN

NOTES: - All cases of infestation, however slight, should be included in Table C.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 61,719

(b) Total number of individual pupils found to be infested 119

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944). 15

(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944). Nil

Number of Special Inspections
Number of Re-inspections
Total

200.20
20.00
220.20

Number of Special Inspections
Number of Re-inspections
Total

2.77
2.23
5.00

PART II - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

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

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin.....	T	23	6	19	48	-
		O	248	29	94	371	-
5	Eyes - a. Vision.....	T	171	68	121	360	6
		O	792	200	477	1,469	15
	b. Squint.....	T	32	6	3	41	1
		O	125	9	46	180	5
	c. Other.....	T	7	-	1	8	-
		O	24	3	5	32	-
6	Ears - a. Hearing	T	81	15	20	116	4
		O	472	29	122	623	14
	b. Otitis Media.....	T	21	-	2	23	-
		O	70	17	34	121	-
	c. Other.....	T	13	-	2	15	-
		O	44	2	13	59	2
7	Nose and Throat.....	T	23	3	3	29	-
		O	447	28	60	535	4
8	Speech.....	T	44	3	7	54	1
		O	309	6	56	371	3
9	Lymphatic Glands.....	T	5	1	1	7	-
		O	111	11	9	131	-
10	Heart.....	T	7	3	4	14	-
		O	78	9	51	138	-
11	Lungs.....	T	17	6	8	31	-
		O	195	24	61	280	-
12	Developmental - a. Hernia.....	T	22	3	5	30	-
		O	57	1	14	72	-
	b. Other.....	T	25	4	25	54	-
		O	99	23	88	210	-
13	Orthopaedic - a. Posture.....	T	3	6	7	16	-
		O	49	14	45	108	1
	b. Feet.....	T	25	6	15	46	-
		O	233	24	104	361	3
	c. Other.....	T	7	5	9	21	-
		O	99	20	55	174	1
14	Nervous System - a. Epilepsy.....	T	1	-	-	1	-
		O	46	5	26	77	-
	b. Other.....	T	1	2	-	3	-
		O	41	6	13	60	-
15	Psychological - a. Development.....	T	9	2	4	15	2
		O	323	26	233	582	8
	b. Stability.....	T	5	1	5	11	-
		O	164	19	109	292	6
16	Abdomen.....	T	2	2	1	5	-
		O	69	10	29	108	-
17	Other.....	T	5	3	5	13	-
		O	42	19	62	123	1

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND

SECONDARY SCHOOLS (including Nursery and Special Schools)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint)	1,826
TOTAL	1,828
Number of pupils for whom spectacles were prescribed	1,163

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	29
(b) for adenoids and chronic tonsillitis	481
(c) for other nose and throat conditions	17
Received other forms of treatment	-
TOTAL	527
Total number of pupils still on the register of schools at 31st December, 1971, known to have been provided with hearing aids:-	
(a) during the calendar year 1971	22
(b) in previous years	139

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	321
(b) Pupils treated at schools for postural defects	15
TOTAL	336

TABLE D. - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	Number of pupils known to have been treated
Ringworm - (a) Scalp	Nil
(b) Body	3
Scabies... ..	3
Impetigo	41
Other skin diseases	22
TOTAL	69

STAFF OF COUNTY DENTAL SERVICE

1971

Mr. J. J. Smith

Chief Dental Officer and Principal School Dental Officer

Mr. J. J. Smith

SECTION III

Deputy Chief Dental Officer and Deputy Principal School Dental Officer

Mr. J. J. Smith

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COUNTY DENTAL SERVICE

EAST SUSSEX INCLUDING HOVE AND PORTSLADE

Mr. J. J. Smith

Mr. J. J. Smith

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STAFF OF COUNTY DENTAL SERVICE

1971

Chief Dental Officer and Principal School Dental Officer

MR. C. K. FENTON EVANS, L.D.S. U.Dur.

Deputy Chief Dental Officer and Deputy Principal School Dental Officer

MR. I. A. M. MITCHELL, L.D.S.R.C.S.

Area Dental Officers

MR. A. R. AMDOR, L.D.S.R.C.S.

MR. T. H. A. PALLIN, L.D.S.R.C.S.

MRS. S. A. PARK, L.D.S.R.C.S.

Senior Dental Officer

MR. S. G. PILLOW, B.D.S. U.Bris.

Orthodontist

DR. DUDLEY BARKER, L.D.S., D.Orth. R.C.S., M.R.C.S., L.R.C.P.

Dental officers

MR. J. G. DIXON, L.D.S.R.C.S.

MR. B. DYSTERRE-CLARK, L.D.S.R.C.S.

MR. D. P. FAWKNER, L.D.S.R.C.S.

MR. J. V. GOLDIE, L.D.S.R.C.S. (Part-time) (Retired 31.1.71)

MR. R. SHERWOOD MOCKETT, L.D.S.R.C.S.

MR. A. P. SPACKMAN, L.D.S.R.C.S.

MR. R. C. TAYLOR, L.D.S.R.C.S.

MR. D. J. WHEELER, B.D.S. (appointed 22.3.71)

Sessional Dental Officers

MR. M. J. COWELL, B.D.S., L.D.S.R.C.S.

MRS. S. M. EVANS, L.D.S. U.Dur.

MR. R. A. POYNTZ, B.D.S. U.Dur.

MISS G. M. RODGERS, L.D.S.R.C.S.

MRS. C. SANDER, B.D.S.

MRS. J. M. SHARPLES, L.D.S.R.C.S.

MRS. L. SMITH, B.D.S. (Lond), L.D.S.R.C.S.

Dental Auxiliaries

MISS L.M. HOLDEN

MISS S.M. ROUSSET (Appointed 1.9.71)

Anaesthetists

DR. A. BEWLEY, M.B., B.Ch., B.A.O., D.A. (Eng.), D.A.R.C.P.S.I. (Dub).

DR. R. BEWLEY, M.B., B.Ch., B.A.O. (Dublin)

DR. J.E. BRIFFA, B.Sc., Malta, M.D., D.A., (Eng.), F.F.A.R.C.S.

DR. A.F. BUCK, M.B., B.S., D.A., (Eng.)

DR. M. FIELDING, M.B., F.F.A., R.C.S.

DR. N.G.S. FISHER, M.B., Ch.B., F.F.A.R.C.S.

DR. G.R. GERSON, M.B., B.S. Lond. M.R.C.S. (Eng.) L.R.C.P. (Lon) D.Obst. R.C.O.G.
F.F.A.R.C.S., D.A. (Eng.)

DR. T. PARKES, M.B., B.S. (Lond).

DR. P.C. SCHOFIELD, M.B., Ch.B. (Birm) M.R.C.S. (Eng) L.R.C.P. (Lond) B.D.S.,
L.D.S. (Manch) D.A. (Eng).

DR. D.H. SIVADEVAIAH, L.M.S.S.A., D.A. (Eng).

DR. P.H. VENN, M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A. (Eng).

1971

COUNTY DENTAL SERVICE

Report of the Principal School Dental Officer and Chief Dental Officer

For the first time in a number of years, the loss of professional staff has to be reported. Mr. J.V. Goldie retired in January at the end of twenty five years service with the Authority and Mr. R.A. Poyntz resigned to take up a hospital appointment.

As anticipated in my report for last year, it was not possible to fill the dental auxiliary vacancy at Hailsham until September in spite of repeated advertising. The training of Dental Auxiliaries is limited to one school and the output is inadequate to meet the needs of local authorities. It would seem that additional training facilities must be created if any effective increase in the number of working Auxiliaries is to be attained. Although the extension of training facilities is beyond the control of this Authority, further encouragement of teenagers from our own schools to undertake this training in the hope of their returning to work in East Sussex would give, perhaps, some surety of being able to satisfy our future requirements.

During the year, two new mobile dental clinics were brought into service. These clinics, completely redesigned to accommodate modern equipment and to satisfy the concept of four-handed supine dentistry, now provide within their rural areas ideal facilities for the provision of treatment using up-to-date techniques.

Three further surgeries - Old Shoreham Road, Haywards Heath and Seaford - were also re-equipped to present day standards. Unfortunately, the newly built and equipped surgery at Bexhill was severely damaged by fire and was still unusable at the close of the year. The closure of this clinic for so long a period and of the other three during the installation of the new equipment, together with the absence on sick leave for six months of one member of staff, had an appreciable effect on the service but the willingness of all staff to operate in different parts of the county enabled at least a limited but continuous service to be provided in all areas.

In spite of the loss of sessions the number of pupils attending our clinics and the amount of treatment provided have both been raised. The number and percentage of pupils inspected were increased when compared with the previous year but an annual inspection for all was not achieved. The increased need and demand for treatment - to some extent the result of increased National Health Service charges and the apparent partial withdrawal of practitioners from the Health Service - from an ever increasing school population now exceeds that which the present service is capable of providing.

The annual increase in school population alone is equivalent to the need for one additional dental officer. Unless additional premises and staff become available it is likely that the situation will worsen. The aim of an annual inspection has been given priority and this has necessitated abandoning six-monthly recall schemes and refusing requests for intermediate inspections - both measures causing concern to parents and staff alike. Only emergency cases can now be seen outside the routine inspection and treatment programme.

As the period between inspections lengthens, so the amount of treatment found to be necessary at each inspection increases. The additional time required to provide this treatment further delays the next inspection. The failure to provide frequent and regular inspection and treatment results in a growing number of emergency cases which even further delays the next inspection. This pattern can be seen to be developing; in 1969 the Service treated 906 emergency cases, in 1970 the number increased to 1,095 and in 1971, 1,375 cases. A 50% increase over two years. The effects of a retarded and inadequate inspection programme are cumulative and progressive and the present situation must give grounds for serious concern.

The demand for orthodontic treatment has also increased in spite of various controls which have had to be imposed and additional manpower will be necessary if this demand is ever to be fully met.

Not only should expanded facilities for inspection and treatment be made available, but preventive measures should also be introduced - dental health education, closure of school tuckshops, topical application of solutions and fissure sealants and the fluoridation of domestic water supplies. Until dental health education becomes effective, it is feared that tuckshops will continue to be a curse and children will continue to eat the types of foodstuffs which will lead to a race of toothless Billy Bunters. In the present situation, all available time is devoted to repairing the ravages of disease and none is available for prevention.

The fluoridation of domestic water supplies remains the most effective and cheapest preventive measure and one must hope that the day will soon dawn when it is adopted on a national basis. In a letter to the American Dental Association, President Nixon succinctly expresses the plea for fluoridation and, in this case at least, what is true in the United States is equally true in this country -

"Our scientists have joined with practising dentists in advancing the prevention of tooth decay and curtailment of other destructive disorders. Fluoridation of community drinking water is but one example of their common effort.

The future strength of our nation depends heavily on the health of our children. Throughout the year ahead, let us all - dentists, scientists, and private citizens - resolve to do our part in the commitment to make a lifetime of dental health a reality for every American child."

The appointment of the Authority's first Health Education Officer is welcomed although no dental health education campaign has been possible so far. Now that a start has been made in organising health education on a proper basis, it is hoped it will not be long before adequate staff and finance are provided to enable a planned and comprehensive programme of dental health education to be introduced.

The inclusion in a computer programme of the scheme for sending a birthday card to every child on its third birthday, has ensured full coverage of the county. The card suggests to the mother that her child should now be inspected, and 962 accepted the invitation to attend one of the Authority's dental surgeries. If, as a result of early attendance, the child is prevented from developing one cavity then the cost of sending the third year birthday card to that child is more than met by the saving in cost of the filling which would be necessary.

The time devoted to, and the treatment provided for, the pre-school child and the expectant and nursing mother show a further increase. Details are provided in the accompanying table.

The details of the pending fusion of local authority, hospital and general practitioner services were still awaited at the close of the year. This lack of information on the proposed structure of the new Health Services and on the future of the local authority service is beginning to cause anxiety and uncertainty and is affecting recruitment to the service. The sooner firm proposals are made known the better. Only then will local authorities be able to plan ahead in the light of possible commitment and staff decide on their future professional life. In the meantime, every effort must be made to ensure that our Dental Services are developed as fully as possible so that a well organised service providing truly comprehensive treatment for all pupils is handed over to whoever is to be its new master for it would seem that, no matter what is to be the controlling body, initially the standard of service available to the patients will be no better than that existing at the time of change over. Action now will guarantee a high level of dental care for patients within our boundaries for a number of years ahead.

I should like to thank my colleagues and their staff for the assistance they have given me during the year, and in particular, the staff of the Dental Service for their loyal support and for their efforts during a difficult year.

C.K. Fenton Evans.

Principal School Dental Officer
and Chief Dental Officer.

1971

SCHOOL CHILDREN

<u>1st Inspection in year</u>	<u>1970</u>	<u>1971</u>
Number inspected at school	36,991	40,227
Number inspected at Clinic	3,892	4,930
	<u>40,883</u>	<u>45,157</u>
Requiring treatment	21,356 (52.7%)	24,013 (53.2%)
Offered treatment	18,595 (45.5%)	21,289 (47.1%)
Treated	9,996	10,866
<u>Treatment</u>		
Sessions devoted to treatment	6,068.43	6,494.33
Number of attendances (treatment)	31,413	33,056
<u>Fillings</u>		
a) Permanent	23,417	25,055
b) Deciduous	15,186	16,171
	<u>38,603</u>	<u>41,226</u>
<u>Extractions</u>		
a) Permanent	1,688	1,603
b) Deciduous	4,658	3,904
	<u>6,346</u>	<u>5,507</u>
Orthodontic cases treated	726	798
Orthodontic cases completed	184	186
Ratio teeth filled : extracted		
a) permanent	10.8:1	12.1:1
b) Deciduous	2.7:1	3.6:1

Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children Under five</u>	
	<u>1970</u>	<u>1971</u>	<u>1970</u>	<u>1971</u>
Examined	158	197	1,526	2,184
Requiring treatment	152	183	753	1,042
Courses of treatment comm.	150	184	722	934
Courses of treatment comm.	93	137	686	920
Fillings	527	596	2,401	3,256
Extractions	95	114	385	481
Scaling and/or Gum treatment	72	92	126	180
Dentures	24	11	Nil	-
No. of sessions (equivalent)	336.25 (1970)		541.63 (1971)	

1971

ORTHODONTIC TREATMENT

	<u>1971</u>
Cases continued from 1970	483
Cases commenced in 1971	<u>315</u>
Cases receiving treatment in 1971	<u>798</u>
Cases completed	186
Cases discontinued	<u>46</u>
	<u>232</u>
Cases carried to 1972	566
Number of removable appliances fitted	516
Number of fixed appliances fitted	<u>119</u>
	<u>635</u>
Number referred to Hospital Consultant	2
Number of teeth extracted for orthodontic purposes	1,416

1972

ORTHODONTIC TREATMENT

	1971	1972
Cases continued from 1970	772 64	105 22
Cases completed in 1971	508 2	508 2
Cases requiring treatment in 1971		
Cases completed	508 2	508 2
Cases discontinued		
Cases carried to 1972	508 2	508 2
Number of removable appliances fitted	508 2	508 2
Number of fixed appliances fitted	508 2	508 2
Number referred to Hospital Consultant	508 2	508 2
Number of teeth extracted for orthodontic purposes	508 2	508 2
Cases completed	508 2	508 2
Cases discontinued		
Cases carried to 1972	508 2	508 2
Number of removable appliances fitted	508 2	508 2
Number of fixed appliances fitted	508 2	508 2
Number referred to Hospital Consultant	508 2	508 2
Number of teeth extracted for orthodontic purposes	508 2	508 2
Cases completed	508 2	508 2
Cases discontinued		
Cases carried to 1972	508 2	508 2
Number of removable appliances fitted	508 2	508 2
Number of fixed appliances fitted	508 2	508 2
Number referred to Hospital Consultant	508 2	508 2
Number of teeth extracted for orthodontic purposes	508 2	508 2

ORTHODONTIC TREATMENT

	1970	1971	1972
Cases completed	508 2	508 2	508 2
Cases requiring treatment in 1971			
Cases completed	508 2	508 2	508 2
Cases discontinued			
Cases carried to 1972	508 2	508 2	508 2
Number of removable appliances fitted	508 2	508 2	508 2
Number of fixed appliances fitted	508 2	508 2	508 2
Number referred to Hospital Consultant	508 2	508 2	508 2
Number of teeth extracted for orthodontic purposes	508 2	508 2	508 2
Cases completed	508 2	508 2	508 2
Cases discontinued			
Cases carried to 1972	508 2	508 2	508 2
Number of removable appliances fitted	508 2	508 2	508 2
Number of fixed appliances fitted	508 2	508 2	508 2
Number referred to Hospital Consultant	508 2	508 2	508 2
Number of teeth extracted for orthodontic purposes	508 2	508 2	508 2

NAME	PERCENTAGE
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SECTION IV

GENERAL HEALTH SERVICES

BOROUGH OF HOVE AND PORTLAND URBAN DISTRICT

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1971	1970
812	804
808	810
1,420	1,414

BOROUGH OF HOVE STAFF EMPLOYED ON DELEGATED FUNCTIONS

(as at 31st December, 1971)

Medical Officer of Health	N. I. Condon, M.B., B.Ch., B.A.O., D.P.H.
Senior Medical Officer	R. E. Garwood, M.B., B.S., (As from 29.11.71)
Senior Medical Officer in Department	Vacant
Area Nursing Officer	Miss K. R. Bryant, S.R.N., S.C.M., H.V., Q.N.
Deputy Area Nursing Officer	Miss K. Brackley, S.R.N., S.C.M., H.V., Q.N.
Assistant Area Nursing Officer	Miss B. E. Browning, S.R.N., S.C.M., H.V. Cert., Q.N.
Speech Therapist	Miss B. J. Bentley, L.C.S.T.

During the year the post of Deputy Medical Officer of Health was redesignated Senior Medical Officer, and Dr. R. E. Garwood was appointed to this new post on the 29th November, 1971.

The two posts of Assistant Medical Officer were also dispensed with and a new one, that of Senior Medical Officer in Department created. This post was not filled at the end of the year, but it is hoped to make an appointment early in 1972.

Several of the established Health Visiting Staff retired or resigned during the year, notably Miss Perrin, Mrs. Petherick and Miss Wigner, all of whom had been on the staff for a number of years. It is sincerely hoped that they will have a happy retirement.

Mrs. Sheriff and Miss Ray were both successful in passing the Health Visitors examination and subsequently joined the staff as Health Visitors.

Mrs. Knott, Mrs. Martin and Miss Cummings also joined the Health Visiting staff during the year.

Several members of the nursing and midwifery staff resigned during the year and fresh faces joined our ranks.

During 1971 the Social Services Department finally got into its stride and the Home Help, Mental Health and Day Nursery sections passed from the Health Department to their administration, along with the staff involved.

HOVE BOROUGH

VITAL AND GENERAL STATISTICS 1971

Population - Mid. 1971 (General Register Office Estimate)	72,010
Rateable Value (1st April, 1971)	£ 6,464,385
Sum represented by a penny rate	£ 61,273

DEATHS

	<u>1970</u>	<u>1971</u>
Male	654	612
Female	816	886
Totals	<u>1,470</u>	<u>1,498</u>

VITAL AND GENERAL STATISTICS 1971 (Cont.)

DEATHS PER 1000 POPULATION	1970	1971
Crude Rate	20.8	20.8
Locally adjusted rate	11.0	11.0
Rate for England & Wales	11.7	11.6
MOTHERS AND INFANTS		
LIVE BIRTHS		
Male	360	404
Female	316	366
Totals	676	770
LIVE BIRTHS PER 1000 POPULATION		
Crude Rate	9.6	10.7
Locally adjusted rate	13.1	14.6
Rate for England & Wales	16.0	16.0
Illegitimate Live Births (per cent of total live births)	15.0	16
Stillbirths	8	11
Rate per 1,000 total live and still births	12	14
Total Live and Still Births	684	781
Infant Deaths (deaths under one year)	18	6
Infant Mortality Rates (under 1 year of age)		
Total Infant deaths per 1,000 total live births	27	8
Legitimate infant deaths per 1,000 Legitimate live births	24	6
Illegitimate infant deaths per 1,000 Illegitimate live births	39	16
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	22	5
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	19	5
Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still births)	31	19
Maternal Mortality (including abortion)		
Number of deaths	Nil	Nil

PORTSLADE-BY-SEA U.D. VITAL STATISTICS

	1970	1971
POPULATION (MID YEAR ESTIMATES BY GENERAL REGISTER OFFICE)	18,650	18,190
<u>DEATHS</u>		
Male	105	97
Female	96	86
Totals	201	183
DEATHS PER 1000 POPULATION		
Crude Rate	10.8	10.1
Locally adjusted rate	10.8	10.1
Rate for England & Wales	11.7	11.6
<u>LIVE BIRTHS</u>		
Male	171	178
Female	164	193
Totals	335	371
LIVE BIRTHS PER 1000 POPULATION		
Crude Rate	18.0	20.4
Locally adjusted rate	17.6	20.0
Rate for England & Wales	16.0	16.0
Illegitimate Live Births (percentage of all live births)	7	5
Stillbirths	8	2
Rate per 1,000 total live and still births	23.0	5
Total live and stillbirths	343	373
Infant Deaths (under 1 year)	10	7
Deaths under 1 year per 1,000 total live births	30	19
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	22	20
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	130	-
Neo-natal mortality rate, deaths under 4 weeks, per 1,000 live births	24	13
Early neo-natal mortality rate, deaths under 1 week, per 1,000 total live births	24	11
Perinatal mortality rate, still births and deaths, under 1 week combined per 1,000 total live and still births	47	16
Maternal mortality number of deaths	-	-

INFECTIOUS DISEASES

	HOVE		PORTSLADE	
	1970	1971	1970	1971
DYSENTRY	2	2	-	-
FOOD POISONING	31	5	2	-
INFECTIVE JAUNDICE	10	10	18	2
MALARIA	-	2	-	-
MEASLES	268	429	50	232
SCARLET FEVER	23	15	16	16
WHOOPING COUGH	9	5	2	15
TOTALS	343	468	88	265

TUBERCULOSIS REGISTER AS AT DECEMBER 1971

	1970	1971
HOVE	512	507
PORTSLADE	110	112

CARE OF MOTHERS AND YOUNG CHILDREN

CONGENITAL MALFORMATIONS

The following table sets out the actual number of notifications received during 1971.

	Live Births	Still Births
January	4	-
February	1	-
March	1	-
April	3	-
May	-	-
June	2	-
July	1	-
August	-	-
September	2	1
October	-	-
November	-	-
December	-	-
	14	1

WELFARE FOODS SERVICE

National Dried Milk, cod liver oil, A and D tablets and orange juice are obtainable at all Infant Welfare Clinics in the Borough of Hove, Urban District of Portslade and at the Mothercraft Training Society, Dyke Road, Hove.

The table below sets out the quantities issued over the past five years.

	1967	1968	1969	1970	1971
National Dried Milk Powder (Full/Half Cream)	5577	5319	5720	3995	1962
Cod Liver Oil (Bottles)	776	869	747	781	252
A and D Tablets (Packets)	947	851	723	804	575
Orange Juice (Bottles)	13601	12321	13128	13591	12202
Vitamin Drops (Bottles)	-	-	-	-	1470

The form in which welfare foods are issued has, and is, gradually changing.

Vitamin drops and tablets will replace both orange juice and cod liver oil (drops for children and tablets for expectant and nursing mothers).

Also in the future National Dried Milk will be fortified by the addition of vitamin C and of iron.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING

(National Health Service Act 1946, Sections 23, 24 and 25)

HEALTH VISITING

The work of the Health Visitor is gradually becoming centred more on the General Practitioner's surgery than on the Local Authority Clinic as a result of the Attachment Scheme.

The number of child health sessions held at the Clinics have, therefore, again been reduced and there is now only one session a week at each Clinic. The Health Visitors are still based at the Local Authority Clinics, but it is hoped that, in the future, they will be able to work from the same premises as the General Practitioners.

Two of the Clinics in the area are used by General Practitioners as surgery premises and here close contact is able to be maintained between the General Practitioner and the Health Visitor. Lack of accommodation is restricting the progress of this closer liaison.

The range of duties covered by the Health Visitor has changed and her work is now not solely with the young and the elderly, but with people of all age groups.

The Geriatric Health Visitors continue to work at full pressure, each year showing an increase in the number of visits paid by them. Statistics, however, do not always show the complexity of problems with which they have to deal and which are very time-consuming.

The Health Visiting Staff have also been involved with the District Nurses in the pilot scheme with Brighton and, like the District Nurses, did not meet with any great problems.

We have been fortunate in keeping our numbers of staff up to establishment level.

MIDWIFERY

The Domiciliary Midwifery Staff are up to the establishment level.

The scheme whereby domiciliary midwives go into Southlands Hospital to deliver certain mothers continues. The midwives are nursing mothers discharged early from both Southlands and the Royal Sussex County Hospitals. A high proportion of mothers are now discharged early.

The staff are also taking part in mothercraft classes at the Royal Sussex County Hospital. They are also attending nine General Practitioner ante-natal sessions weekly.

During the year we have had four student midwives from Cuckfield Hospital who were undertaking their Midwifery Part II training.

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1971 (Hove and Portslade)

Number of Domiciliary Confinements attended by Midwives under N.H.S. arrangements -

Doctor not booked	-	
Present at Delivery	-	Nil
Not present	-	Nil
Doctor booked	-	
Present at Delivery	-	8
(either the booked doctor or another)		
Not present	-	25

Deliveries by Domiciliary Midwives in Hospital - 39

Number of cases delivered in Hospital but discharged and attended by Domiciliary Midwives before the tenth day - 975

DISTRICT NURSING

This year has seen the commencement of two new schemes, one for closer co-operation between the Hospital and Community Nursing Services, and one between ourselves and the neighbouring Local Authority of Brighton.

Arrangements were made during the year for small teams of District Nursing Sisters to be "attached" to some of our local Hospitals. One member of a team visits the Hospital each week, meets the Ward Sisters and any patients who are likely to be discharged during the coming week. She is then able to find out full details of the treatment the patient has received in Hospital and will need on discharge.

The District Nursing Sister is able to discuss with the patient the care that will be available on their return home. Equally she is able to give relevant information to the Hospital Nursing Staff about patients who have been admitted and who were cared for at home prior to admission. This two-way system provides for improved patient care with some continuity between home and hospital.

The second scheme concerns the crossing of Local Authority boundaries. In June, a pilot scheme was started, involving the nursing staff attached to one General Practitioner Practice in Hove and one General Practitioner Practice in Brighton. It was agreed that each team of nursing staff would visit all patients of their respective General Practitioners, where ever these patients lived.

This pilot scheme worked well and the many teething troubles expected did not occur. Consideration will shortly be given to a similar scheme working in conjunction with West Sussex County Nursing Staff.

It has been decided that all nursing staff will work in this manner as soon as arrangements can be made in the forthcoming year.

Our staff position has remained satisfactory and we have not had difficulty in replacing staff.

Two of our State Registered Nurses and one of our State Enrolled Nurses have taken the National District Nurse Training Course during the year and all three were successful in obtaining their certificates.

The figures show an increase of work during the year and, despite the continual pressure of work, the nursing standards have remained high.

HEALTH EDUCATION

The work in this field continues to expand and become more varied in nature.

Health Visitors are using their teaching skills in more schools, and subjects range from those suitable for the school entrant to the school leaver.

The pattern of mothercraft and ante-natal teaching has changed with the opening of the new Maternity Unit at the Royal Sussex County Hospital. Classes for mothers booked at this Unit are now held at the Hospital, and our Domiciliary Midwives and Health Visitors take part in the teaching, working in close liaison with their Hospital colleagues.

Classes are still held in two of our Clinics for mothers due to be confined at Southlands Hospital.

Health Education continues in all Clinics through the use of many excellent projects and displays arranged by the staff. Many people use these premises, and with three of them now used as surgeries by General Practitioners, a much wider age range can be reached.

The Health Visitors, of course, continue education through their personal visiting of people in their own homes, and they increasingly have contact with the whole family rather than just the young mother.

One Health Visitor is attending a Day Release Course in Health Education Studies, and is gaining considerable amount of knowledge to assist her in this work.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

(National Assistance Act, 1948, and National Assistance

(Amendment) Act, 1951)

Before using these powers both the Medical Officer of Health and the patient's own General Practitioner must be satisfied that this measure is absolutely necessary.

It was necessary, during 1971, to use these powers on six occasions in Hove and once in Portslade.

IMMUNISATION AND VACCINATION

(National Health Service Act, 1946, Section 26)

Computerisation of immunisation and vaccination records, relating to children born since 1st January, 1965, was completed at the end of 1971.

The scheme was designed to enable a general practitioner to organise the immunisation and vaccination of his own patients by using the East Sussex County Council computer. Because of the scheme more immunisations and vaccinations are being given at general practitioners' surgeries, as opposed to local authority clinics.

All the doctors concerned with the scheme either operate an appointment or a reminder system. The latter is mainly for doctors with smaller practices where the number of children involved is too small to hold a regular session. (In these cases the parents are asked to contact the doctor for an appointment as against being invited to attend on a set date).

I think that most doctors would agree that the scheme has relieved them of a considerable amount of clerical work, and because of the scheme's comprehensive nature I feel that the immunity rate, which is already high, will improve further.

IMMUNISATIONS AND VACCINATIONS, CHILDREN UNDER 16 YEARS OF AGE

PRIMARY IMMUNISATIONS AND VACCINATIONS				
	HOVE		PORTSLADE	
	1970	1971	1970	1971
DIPHTHERIA - WHOOPING COUGH - TETANUS	638	755	426	571
POLIOMYELITIS	695	813	430	591
MEASLES	524	514	224	308
SMALLPOX	441	402	277	276
RUBELLA	74	74	6	19

REINFORCING IMMUNISATIONS AND VACCINATIONS				
	HOVE		PORTSLADE	
	1970	1971	1970	1971
DIPHTHERIA - TETANUS	416	724	252	388
TETANUS	-	322	-	160
POLIOMYELITIS	842	1109	459	586
SMALLPOX	323	174	41	107

In July I was advised by the Department of Health that the Joint Committee on Vaccination and Immunisation had recently reviewed the indications for offering vaccination against smallpox, and had concluded that the chances of the introduction of smallpox into Great Britain have substantially diminished. Therefore they decided that it was no longer necessary to recommend vaccination against smallpox as a routine procedure in early childhood.

This recommendation was received with mixed feelings by the medical profession, some doubting the wisdom of this decision. However the computer was stopped from issuing appointments for smallpox vaccination.

Rubella vaccination was made available in September, 1970, to girls between their eleventh and fourteenth birthdays. The vaccinations are given by general practitioners, the invitations being offered to the parents through the secondary schools.

The initial response to rubella vaccination was very poor indeed, and in order to try and create greater interest a further letter was sent to each parent in December, 1971, accompanied by an explanatory leaflet. By the end of the year there were signs that this had stimulated interest, but any increase in statistics as a result will not be available until 1972.

CHIROPODY SERVICE

(Health Services and Public Health Act, 1968, Section 12)

As in previous years the demands on this particular service were considerable, and it is a constant battle to keep the waiting list down to reasonable proportions.

Unfortunately Mrs. Fine one of our chiropodists retired during the year and so far has not been replaced. The other chiropodists were able to take on extra sessions and in this way the loss of Mrs. Fine has been minimised. It is hoped to make another appointment in 1972.

The majority of patients are eligible for free treatment. The remainder pay the full charge of 25p.

I would like to thank the Hospital Car Service for their help in transporting patients to the chiropodist's surgeries during the year.

The following tables give some indication of the work done.

	<u>1970</u>	<u>1971</u>
Number of patients treated	1354	1591
Number of actual treatments	6290	7883

FAMILY PLANNING

(National Health Services (Family Planning) Act, 1967)

The Family Planning Association acts as an agent in providing a family planning service for the residents of Hove and Portslade.

During the year 1971 the arrangement in operation was that in medically approved cases the cost of advice and supplies would be borne by the health authority. In all other cases a fee was paid by the patient.

The estimated number of patients from Hove was 3,303: of these the authority accepted financial responsibility for 208.

Approximately 472 Portslade residents attended the clinic. Of these the authority accepted financial responsibility for 67 patients.

CYTOLOGY

(Health Services and Public Health Act 1968, Section 12)

Sixty seven clinics were held in Hove, for Hove and Portslade residents, during 1971. 993 smears were taken and of these approximately 600 were return visits of ladies who attended in 1968.

The statistics are lower this year for two possible reasons. First, more people are either having the test done at the Family Planning Clinic or by their general practitioner. Secondly, it was not anticipated that 1971 would be a busy year for re-calls. The service commenced in Hove and Portslade in November, 1965, and 1966 was a very busy year. I have been operating a three year re-call system, consequently 1969 was a busy year and it was anticipated that the next busy year would be 1972.

In October I was advised by the Department of Health and Social Security that from the 1st January, 1972, a five year National Re-call System will come into effect. It was always stated that a period of re-call will be five years, but like some other authorities, we have operated a three year system. (It is still thought by many that this is more desirable and that five years is too long.) The new system will make a difference to the attendance in 1972. In fact it had an effect on the last three months of 1971, as any woman applying since 1st October for her three year check has been told that the recommended time is three years. I must point out that any woman with a particular reason for wanting a test in under that time is able to have an appointment.

It is never so easy to arrange clinics when the numbers of applicants are small, and so with fewer clinics required, it is not always easy to give a suitable appointment. Until we settle down to the routine of five year re-calling, I anticipate that our numbers will be low.

Number of applications (1st time) received 393

Number of smears taken (some of these were three year recalls) 993

Number referred to General Practitioners 286

Number of positives 2

HOME HELP SERVICE

(Health Services and Public Health Act 1968, Section 13)

Because of difficulties related to delegated powers the Home Help Service did not join the new Social Services Department until 1st October, 1971. The change not only means new offices and a new Department, but also a new look at all referrals to the Department. These have now to be considered in the light of casework and the family unit to be taken as a whole and not as before helping only an individual. It means that a home help can be requested where there are able bodied members of a family living at home. (It is not easy for the home helps to adjust to this way of thinking.)

Recruitment was somewhat easier, and at one period 71 part time home helps were employed. The number of home helps employed as at 31st December, 1971 was 69 part time; equivalent to 33 full time. There were two pay increases during the year so that at the end of the year staff were receiving 39.29p per hour.

The caseload continued to expand and the highest number of cases attended in any one week was 563. As the population ages the requests for home helps increase and here one must pay tribute to all the voluntary organisations in the town who are called upon in emergencies, and also provide a magnificent service. Without their help our service would be inundated and unable to cope. I am grateful for the co-operation of Medical Practitioners, Health Visitors, Social Workers and others involved in providing the Home Help Service.

The following table gives some indication of the work carried out by the Home Help Service during 1971.

	Aged 65 or over on first visit in 1971	Aged under 65 on first visit in 1971				
		Chronic sick & Tuberculous	mentally disordered	maternity	others	Total
Number of cases	818	17	-	17	85	937
Number of hours	45,813	4,516	300	418	5,456	56,503

HOME NURSERY

The Day Nursery has continued to provide places for babies and pre-school children, needing full time day care outside the home. The accommodation for 51 children has been very fully utilised and there have always been others, needing the facilities, but awaiting admission.

The help has mainly been given to one-parent families, but also to others at times of illness and in special social need. By daily contact with these parents, assistance and guidance can often be given, this may include putting them in contact with the agencies that can help them. Meanwhile the children benefit from the regular routine and nursery school activities.

The staff changes have been few, except for the intake of new students to replace those who have completed their training. All students entered passed the Nursery Nurses' Examination Board's examination.

As from 1st October the Nursery became a part of the Social Services Department and directly administered by the East Sussex County Council.

MENTAL HEALTH

(National Health Service Act, 1946, and Mental Health Act, 1959)

This year has been one of anticipation and change for the Department, first the question of which and how many of the recommendations contained in the "SEEBOM" Report would be implemented, and later the related legislation contained in the Social Services Act, 1971. In brief, this legislation took away from the Hove Borough Council the authority to provide a service in accordance with the Scheme of Delegation 1961, and in particular the duty to provide an adequate Mental Health Service. Unlike most local authorities the Mental Health functions were not transferred to the new Social Services Department in April, 1971, this did not take place until October, 1971.

In reviewing the work carried out under delegated authority from the East Sussex County Council, one is impressed by the expertise that has been built up by, on the one hand, the General Practitioners and the Mental Welfare Officers, and on the other, by the Consultant Psychiatrists and the hospital staff in the field of mental disorder, to the benefit of all who reside within the area. One of the most significant achievements brought about by the co-operation of this group of personnel is the rise in the number of informal admissions to hospital and the most welcome drop in the use of compulsory procedures.

Amongst the many other changes envisaged by the introduction of the Mental Health Act, 1959, has been the provision of an Assessment Clinic and Day Hospital for the psycho-geriatric patient. Unfortunately the lack of a Day Centre in the area leaves a large gap in the provision of a comprehensive service designed to achieve a high standard of mental health.

In the field of mental handicap much has been achieved by the provision of a Junior School at Hillside and the Belgrave Adult Training Centre at Portslade. On the residential side a Hostel for adult girls has been provided, on Tuesday evenings a Social Club is the venue for some fifty to sixty members. With the development of these community orientated services it has been possible to decrease to a considerable degree the pressure on the Hospital Services. The majority of admissions are for short-term care during the long summer school holidays.

The number of referrals continued at much the same rate and during the period the delegation scheme was in operation the recorded number of referrals totalled nearly 4,000.

When the Mental Health Services were transferred to the newly formed Social Services Department for the Hove and Portslade area, the case load carried by the four members of staff totalled 350.

This report would not be complete without paying tribute to the co-operation by all members of the statutory authorities in the area and in particular to the numerous voluntary agencies.



