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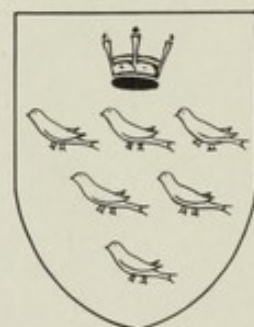
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# THE HEALTH OF THE COMMUNITY



**1972**



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Mr. Chairman, My Lord, Ladies and Gentlemen,

This may well be the last report, on the health of persons living in the Administrative County of East Sussex, to the County Council by their Medical Officer of Health. By this time next year, the new County Council and the new Health Authority for the area will have taken up their respective responsibilities. It is, in fact, the seventy-eighth report.

The first report - a review of the annual reports by local Medical Officers of Health by the County's Consulting Medical Officer, Dr. Leonard Wilde - was for the year 1894 and was presented to the County Council in February 1896.

It is a fascinating exercise to read through the reports of the past. They provide a most interesting record of the changing patterns of health, the services provided and the attitudes to health and disease. There can be no doubt that the County Council has, over the years, done a great deal to promote health, prevent disease and to provide for the sick and disabled.

I would like to record my appreciation of the work of the staff of the Department over the past year and the support they have given me. The work involved in preparing for re-organisation has inevitably placed an increased burden on all staff who, in spite of their anxieties about their future employment, have shouldered the extra responsibilities willingly.

As always, members of the County Council have shown an active interest in the work of the Department. It is a great encouragement to the staff to know that their work is appreciated and it gives me great pleasure to acknowledge the interest and encouragement given.

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 1972)

(a) Members of the County Council:

Mr. T. Benson	Mrs. M.L.J.A. Kirby-Turner
Miss M. Blount, M.B.E.	Mr. W.S. Macer
Mrs. M.L. Coltart	Mr. G. Madeley
Major R.W. Corkling	Mr. R. Mitchell
The Hon. Daphne Courthope, O.B.E.	Mrs. W.L. Norrish
Mrs. E.S. Dickson	Mr. H. Riley, O.B.E.
Mr. R.G. Edwardes-Jones	Brigadier L.M. Scott (Vice Chairman)
(Vice Chairman of the C.C.)	Lt. Col. E.M. Sheehan (Chairman)
Mr. L.A. Hammond	Mr. C.W. Shelford
Mr. A.B. Haworth-Booth	(Chairman of Policy & Finance Committee)
(Chairman of the C.C.)	Mrs. J. Waters

(b) Other Members:

Mrs. E. Boyden	Mrs. D.E. Farrer-Brown
Mrs. J.N. Kleinwort, M.B.E.	Dr. E.G. Sibley
Mr. R.B. Powell	Dr. J.A. Smart

Staff of the County Health Department and School

Health Service (as at 31st December 1972)

County Medical Officer of Health & Principal School Medical Officer	J.A.G. Watson, M.B., B.S., D.P.H., F.F.C.M.
Deputy County Medical Officer of Health & Deputy Principal School Medical Officer	R.G. Brims Young, M.B., Ch.B., D.P.H., M.F.C.M.
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.
School Health	Janet F. Waugh, M.B., B.S.
Administration	G. Williams, M.B., B.S., M.R.C.S., M.F.C.M. L.R.C.P., D.Obst., R.C.O.G., D.P.H., M.P.H.
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:	
* L.A. Collins, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.P.H.	
T.M.W. D'Arcy, M.B., B.Ch., B.A.O., D.P.H., M.D., D.T.M. & H.	
Elizabeth Ann Diment, 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.B.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 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 29, 30, 31 and 32.

## VITAL STATISTICS

### (a) General Statistics

	1971	1972
Area in statute acres (land and inland water)	494,583	494,583
Population (estimated mid-year)	446,410	452,340
Census	443,290	-
Rateable Value for whole county (estimated 1st April)	£24,496,281	£25,165,412
Product of a (new) penny rate whole county	£240,424 (Actual) 1971/72	£244,775 (Estimated) 1972/73

### (b) Extracts from vital statistics for the year

Live and Still Births		1971			1972		
Live Births		Male	Female	Total	Male	Female	Total
Legitimate		2724	2577	5301	2463	2336	4799
Illegitimate		218	171	389	193	157	350
Still Births							
Legitimate		20	34	54	19	24	43
Illegitimate		1	3	4	2	1	3
Total		2963	2785	5748	2677	2518	5195

	East Sussex	England and Wales
Live births rate per 1,000 population		
Local adjusted rate	13.6	
Crude Rate	11.4	14.8
Illegitimate live births per cent of total live births	7	9
Still births rate per 1,000 total live & still births	9	12
Deaths		
Infant deaths (under one year of age)	66	12,494
Infant mortality rates per 1,000 live births	13	17
— per 1,000 live legitimate births	12	17
— per 1,000 live illegitimate births	26	21

Neo-natal mortality rates (first four weeks) per 1,000 live births	9	12
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	8	10
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	17	22
Maternal Deaths - Abortion	-	25
- Other Causes	1	86
Total number of deaths	7,130	591,907
Death rate per 1,000 population		
- Crude Rate	15.8	12.1
- Local Adjusted Rate	9.8	12.1

# POPULATION, INCREASES AND AGE VARIATIONS

The following two tables have been taken from the Office of Population Censuses and Surveys 1971 East Sussex Report.

## Population 1801-1971 and intercensal variations

Note: From 1801 to 1891 the figures relate to a part of the Ancient County of Sussex as altered by the operation of the Counties (Detached Parts) Act, 1844, which approximates to the Administrative County (with associated County Boroughs). From 1891 to 1951 the figures relate to the Administrative County (with associated County Boroughs) as constituted in 1951, and from 1951 to 1971 to the same as constituted in 1971. The relations between the various areas are indicated by the differences between the two populations shown for 1891 and 1951 respectively.

Date of census	Population	Intercensal increase or decrease (-)	
		Amount	Per cent per year
a	b	c	d
1801, March 9/10	91,198		
1811, May 26/27	109,761	18,563	1.83
1821, May 27/28	142,030	32,269	2.61
1831, May 29/30	172,004	29,974	1.93
1841, June 6/7	192,032	20,028	1.11
1851, March 30/31	225,058	33,026	1.63
1861, April 7/8	251,028	25,970	1.10
1871, April 2/3	295,288	44,260	1.64
1881, April 3/4	359,099	63,811	1.98
1891, April 5/6	409,827	50,728	1.33
	(Ancient) (Admin.) 406,949		
1901, March 31/April 1	450,979	44,030	1.03
1911, April 2/3	487,070	36,091	0.77
1921, June 19/20	532,187	45,117	0.87
1931, April 26/27	546,864	14,677	0.28
1939, Mid-year estimate	570,200	23,336	0.51
1951, April 8/9 (1951 boundaries)	618,516	48,316	0.69
	(1971 boundaries) 614,547		
1961, April 23/24	665,904	51,357	0.80
1971, April 25/26	747,974	82,070	1.17

## Population by sex, age and marital condition

Age last birthday	All persons	Males					Females				
		Total	Single	Married	Widowed	Divorced	Total	Single	Married	Widowed	Divorced
a	b	c	d	e	f	g	h	i	j	k	l
Administrative County											
All ages	443,290	202,585	79,165	114,765	6,985	1,665	240,710	86,395	116,690	33,555	4,070
0-4	28,885	14,985	14,985				13,900	13,900			
5-9	30,905	16,030	16,030				14,875	14,875			
10-14	28,175	14,780	14,780				13,395	13,395			
15-19	24,260	11,985	11,850	135	*	*	12,275	11,520	755	*	*
20-24	26,385	13,005	8,595	4,390	*	20	13,375	5,400	7,900	5	70
25-29	25,020	12,325	3,025	9,165	10	125	12,695	1,810	10,630	30	230
30-34	22,500	11,050	1,460	9,400	10	180	11,450	1,095	10,010	65	280
35-39	22,180	10,870	1,135	9,535	20	180	11,310	1,045	9,840	115	305
40-44	23,755	11,295	1,145	9,930	40	180	12,460	1,350	10,540	235	335
45-49	25,485	11,945	1,075	10,580	105	190	13,540	1,540	11,000	550	455
50-54	25,175	11,460	930	10,185	165	175	13,720	1,595	10,595	1,035	490
55-59	29,365	13,040	1,000	11,510	335	195	16,325	2,145	11,675	2,000	505
60-64	32,965	13,875	955	12,145	615	165	19,085	3,065	11,910	3,605	510
65-69	33,405	13,930	930	11,875	985	140	19,475	3,655	10,160	5,230	430
70-74	26,845	10,150	590	8,225	1,275	65	16,695	3,615	6,535	6,290	255
75-79	18,710	6,450	375	4,730	1,315	35	12,260	2,860	3,405	5,870	125
80-84	11,700	3,510	190	2,140	1,170	15	8,190	2,045	1,325	4,765	55
85-89	5,515	1,450	90	680	675	5	4,065	1,060	330	2,660	15
90-94	1,710	395	25	135	235	*	1,315	345	65	900	5
95 and over	360	55	5	15	35	*	300	80	15	205	*



# POPULATION INCREASE AND VARIATION

The following two tables have been taken from the Office of Population Census and Surveys 1971 Census Report. (Source: 1971 Census Report, Table 1 and Table 2)

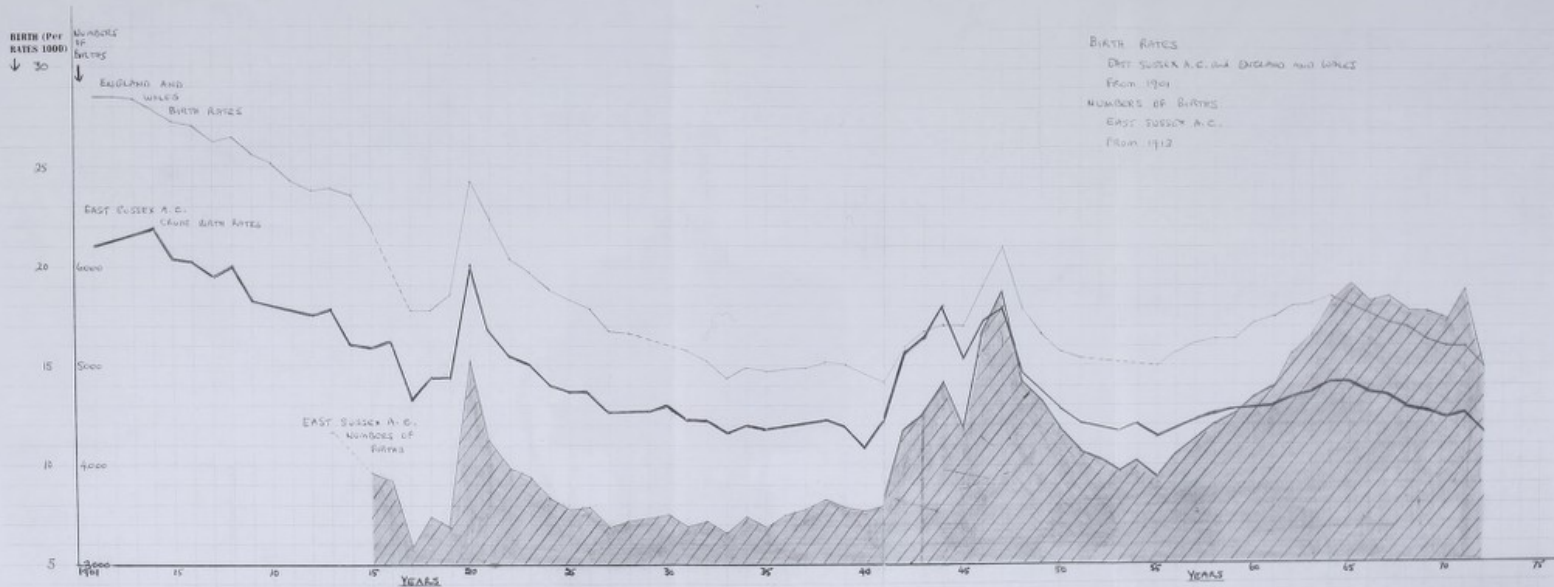
Table 1: Population 1961-1971 and inter-censal variations

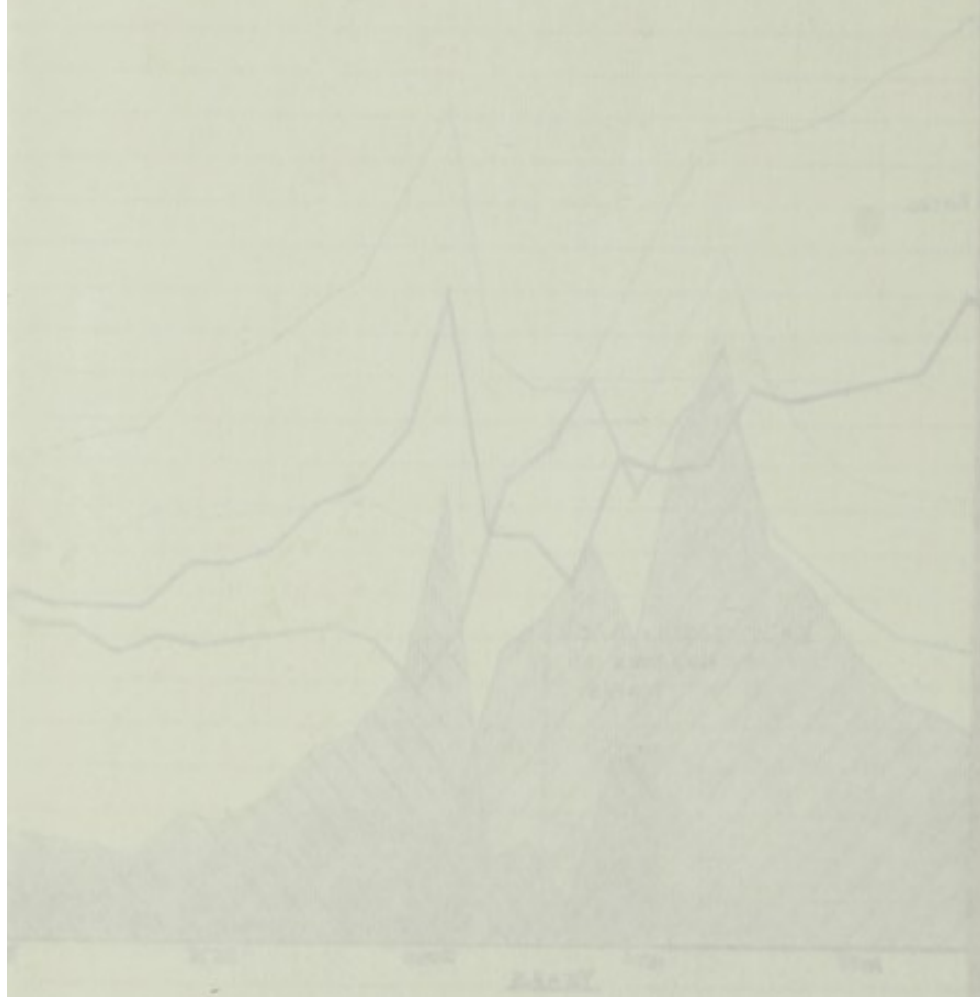
Table 2: Population 1961-1971 and inter-censal variations (continued)

Age group	Population 1961-1971		Inter-censal variations	
	1961	1971	1961	1971
0-4	1,000,000	1,050,000	50,000	50,000
5-9	900,000	950,000	50,000	50,000
10-14	800,000	850,000	50,000	50,000
15-19	700,000	750,000	50,000	50,000
20-24	600,000	650,000	50,000	50,000
25-29	500,000	550,000	50,000	50,000
30-34	400,000	450,000	50,000	50,000
35-39	300,000	350,000	50,000	50,000
40-44	200,000	250,000	50,000	50,000
45-49	150,000	200,000	50,000	50,000
50-54	100,000	150,000	50,000	50,000
55-59	80,000	120,000	40,000	40,000
60-64	60,000	100,000	40,000	40,000
65-69	40,000	80,000	40,000	40,000
70-74	20,000	60,000	40,000	40,000
75-79	10,000	40,000	30,000	30,000
80-84	5,000	20,000	15,000	15,000
85-89	2,000	10,000	8,000	8,000
90-94	1,000	5,000	4,000	4,000
95-99	500	2,000	1,500	1,500
100+	100	1,000	900	900

## Population by sex, age and marital condition

Age group	Male		Female		Total	
	1961	1971	1961	1971	1961	1971
0-4	500,000	550,000	500,000	550,000	1,000,000	1,050,000
5-9	450,000	500,000	450,000	500,000	900,000	950,000
10-14	400,000	450,000	400,000	450,000	800,000	850,000
15-19	350,000	400,000	350,000	400,000	700,000	750,000
20-24	300,000	350,000	300,000	350,000	600,000	650,000
25-29	250,000	300,000	250,000	300,000	500,000	550,000
30-34	200,000	250,000	200,000	250,000	400,000	450,000
35-39	150,000	200,000	150,000	200,000	300,000	350,000
40-44	100,000	150,000	100,000	150,000	200,000	250,000
45-49	80,000	120,000	80,000	120,000	160,000	200,000
50-54	60,000	100,000	60,000	100,000	120,000	160,000
55-59	40,000	80,000	40,000	80,000	80,000	120,000
60-64	30,000	60,000	30,000	60,000	60,000	100,000
65-69	20,000	40,000	20,000	40,000	40,000	80,000
70-74	10,000	20,000	10,000	20,000	20,000	40,000
75-79	5,000	10,000	5,000	10,000	10,000	20,000
80-84	2,000	5,000	2,000	5,000	4,000	10,000
85-89	1,000	2,000	1,000	2,000	2,000	4,000
90-94	500	1,000	500	1,000	1,000	2,000
95-99	200	500	200	500	400	1,000
100+	100	1,000	100	1,000	200	1,000







## RURAL WATER SUPPLIES AND SEWERAGE

The proposals submitted by district authorities for the extension of sewerage and water services, and the progress of these schemes, are set out in the following paragraphs.

### Battle Rural District

Proposals for the sewerage of Three Leg Cross, Ticehurst and Mill Corner, Northiam, were submitted and good progress was made on the main drainage scheme for Iden and Playden.

Extension of water services to Horns Corner Road, Catsfield, Padgham Farm Ewhurst and Park Farm area, Robertsbridge, were completed and proposals for Burnt Barn Farm Area, Ashburnham and a further extension of the water service at Jury's Gap, Camber were submitted but not undertaken in 1972.

### Chailey Rural District

The Newick and Sheffield Park Station area (Stage III) works of sewerage were started, and the main drainage schemes for Norton Village (and Bishopstone in Seaford Urban District), and the Newmarket and Littledown area were completed.

Proposals for an improved water service to Dallas Lane and Anchor Lane, Barcombe were submitted and the work completed during the year.

### Hailsham Rural District

Proposals for the extension of sewerage services at Polegate, Westham and to the Hankham Village area were submitted.

A start was made on the sewerage scheme for Waldron Parish and the major works on the Hailsham (Northern and Southern) Area scheme made further progress.

The main drainage schemes for Berwick and Selmeston, Lunsford Cross and Ripe Village were nearing completion at the year end.

### Uckfield Rural District

The works of extending the sewerage service in the Blackham Area, Withyham, were started and made good progress during the year.

### Summary

During 1972, two village drainage schemes were completed and work was progressing on a further eight schemes, three of which were nearing completion towards the year's end. The main areas of development in the county are already provided with piped water supplies and four minor extensions to serve more isolated communities were completed.

The position shows some improvement on the progress of recent years notwithstanding the continued economic restrictions.

## FOOD AND DRUGS AND MILK AND DAIRIES REGULATIONS

### Pasteurisers' Licences

In the administrative County area there are three principal pasteurising establishments with High Temperature Short Time processing plants.

Supervision of the arrangements for treatment and distribution of the milk has been continued and 270 samples submitted to be prescribed tests were reported to be satisfactory.

The efficiency of the bottle cleansing processes at these premises has been checked and 25 sample sets of bottles were submitted for laboratory examination.

At one dairy, intermittent failures to meet the required standards were investigated and attributed to the use of sterilising agent which had been purchased, in bulk, some 12 months previous and become ineffective.

## Milk Dealers' Licences

The number of designated milk licences in operation at the year end was 474.

Routine inspection of dealer's premises and arrangements has been maintained, and during the year 1,147 samples of milk were submitted to the prescribed tests.

Four samples of untreated milk from two farm sources and three samples of pasteurised milk from shops failed the keeping quality tests.

This was attributed to improper storage and failure to turn over stocks in proper rotation and repeat samples were satisfactory.

## VENEREAL DISEASES

The following table has been compiled from returns by the Royal Sussex County Hospital, Brighton, Royal East Sussex Hospital, Hastings, Kent and Sussex Hospital, Tunbridge Wells, Croydon General Hospital and the Royal Surrey County Hospital, Guildford.

Local Health Authority area of residence of patient	Number of New Cases in the Year				
	Totals of all conditions	Syphilis		Gonorrhea	Other genital infections
		Primary & Secondary A1-A2	Other A3-A8		
HOVE	545	4	2	115	206
Rest of Admin. County of East Sussex	508	3	3	105	182
<b>TOTAL</b>	<b>1053</b>	<b>7</b>	<b>5</b>	<b>220</b>	<b>388</b>







## HEALTH CENTRES

(Section 21, National Health Service Act, 1946).

Building work commenced in June for the new health centre, with dispensary, at Crawley Down: completion will be about the middle of 1973. Plans were completed for health centres at Hurstpierpoint, Newick and Newhaven, and final approval is awaited from the Department of Health and Social Security to these schemes. Building work should commence on these projects early in 1973. Preliminary discussions have taken place with doctors regarding health centre provision at Haywards Heath, Uckfield, Battle and Heathfield, and these projects have now been included in the Capital Building Programme.

Attendances for all services at Hailsham Health Centre have maintained a steady increase throughout the year, and it was necessary, through local demand, to increase the number of family planning and cytology clinics. The large hall has been used extensively for nursing service training sessions and for meetings of associated professional bodies and associations.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Child Health Clinics

(National Health Service Act, 1946, Section 22)

The trend towards general practice well baby clinics continued during the year, thereby slightly decreasing local health authority child health clinics. Sixty seven clinics holding 547 sessions were held in 1972 (70 clinics holding 768 sessions in 1971). Although the drop in clinics and sessions was comparatively small, the attendances showed a considerably greater decrease; 10,441 in 1971 but only 8,795 in 1972.

### Congenital Dislocation of the Hip

Ten cases were found during the year - three more than in 1971.

### Congenital Malformations

Out of a total of 88 children notified as having congenital malformations observable at birth, 25 had more than one abnormality. (Twelve resided in the Brighton, 38 in the Eastbourne and 12 in the Hastings Districts of the proposed East Sussex Health Area).

The classifications are as follows:-

25	affecting the central nervous system
2	" the eyes and ears
19	" the alimentary system
13	" the heart and great vessels
6	" the uro-genital systems
23	" the limbs
10	" the other parts of musculo-skeletal systems
10	" the other systems
8	" the other malformations

### Recuperative Holidays

Fifteen holidays were provided this year, either as recuperation from illness (4 came within this category), or as a prevention against illness (11 in this category) - mostly for the elderly. This was an increase of five cases over the previous year.



### Welfare Foods

The number of distribution centres has reduced from 104 to 84. Some shops have decided not to distribute the tablets and drops.

Although national dried milk is now fortified by the addition of vitamins C, D and iron, there has been a decrease in the sales of this product. This is mainly attributable to maternity hospitals starting babies on proprietary foods.

### DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING

In February, 1972, the Department of Health and Social Security issued a circular entitled 'Aids to Improved Efficiency in the Local Health Services - Deployment of Nursing Team'.

This circular emphasised the importance attached to measures for the prevention of ill health, and the trend towards maximum treatment, care and after care, of patients outside hospital.

The circular also reiterated the previous policies, in that local health authorities are expected to make every effort to maintain, and develop, local health services whilst they remain under local authority administration.

Three ways in which authorities can help during the transitional period are suggested in the circular; these are outlined below, along with my comments.

#### Improved Deployment of Nursing Teams in the Group Association with General Practice and the Hospital Service.

I am happy to write that there is 97% "group attachment" in the community. The only areas without Primary Health Care Teams are Battle and Herstmonceux.

Cross Boundary arrangements are in operation between East Sussex and West Sussex, Surrey and Brighton. Negotiations are taking place for similar arrangements with Eastbourne early in 1973. The two remaining areas, where it is not yet possible, are Hastings and Kent.

These arrangements mean that staff of the Primary Health Care Team visit the patients registered with their practice wherever they reside.

Integration of the Midwifery Service. It is hoped that a scheme for the mid Sussex area will be introduced early in 1974.

Working parties are being appointed to consider similar schemes in the Hastings and Brighton catchment area. Meanwhile local authority midwives in the Cuckfield and Crowborough areas are delivering babies of certain patients in the hospitals. This provides continuity of care for some mothers and their new babies.

Hospital Liaison. Co-operation between Hospital, Social Services and Local Health Authority staff, in the mid Sussex area, has greatly improved the continuity of care for patients receiving treatment in Cuckfield Hospital. This scheme was the topic of a National Day Conference at the King's Fund Hospital Centre in October. Since then I have had visitors from other authorities interested in implementing similar schemes.

There is a similar scheme in the Hastings area and there are plans for one to commence in Eastbourne early in 1973.



Early Implementation of the Recommendation of the Working Party on Local Authority Nurse Management Structure.

The recommendation, of the Mayston Report, relating to more senior staff being employed, were only partly implemented owing to financial stringency. Two nursing officers were appointed this year, one in August for the Burgess Hill area, and one in December for the Hailsham area. It will obviously not be possible to have the complete management structure by "integration day", 1st April, 1974.

Local Studies Designed to Identify Existing and Likely Future Need for Health Care in the Community and to Assess the Service Implications of Such Need.

The nursing staff are constantly identifying need in the normal course of their work.

During 1972 the nursing staff were deeply involved in the Survey on Aging and, as would be expected, carried the major burden of the interviewing.

They also took part in national surveys, and nursing officers have used certain areas, for example community night nursing, as subjects for their projects, in conjunction with their management courses.

Domiciliary Staff Ratios are discussed in the circular.

Taking into account the particular difficulties in this area, such as populations structure, and travelling distances, it is obvious that our present position of one health visitor and one district nurse to approximately 4,100 persons is inadequate.

The area probably needs one health visitor, and one nurse, to 3,000 people.

Part 11 Midwifery School

Twenty-five pupils entered the school during the year, eighteen took the Central Midwives Board Examination and passed at the first attempt. Seven new entrants will take the examination in June, 1973. One pupil required only three months training for acceptance on the Roll of Midwives, and one pupil left after three months.

Since the beginning of 1973, the Central Midwives Board have discontinued the clinical part of the Second Examination. This means that the three case studies, prepared by pupils, now form the basis of discussion in their examination.

The training requirements have not changed during the last year, although Central Midwives Board policy is turning towards Single Period Training for the future. The position of the East Sussex Part II School is under consideration.

VACCINATION AND IMMUNISATION

(East Sussex Including Hove and Portslade)

The recommendations of the post-implementation study, mentioned in last years report, have been put into operation with considerable benefit.

The continuing success of the scheme depends largely on the initial approach to parents, by health visitors, in encouraging participation in the scheme for routine protection against disease. Family doctors are generally satisfied with the scheme.



The following tables record work done in the administrative county and give comparisons for previous years.

Primary courses given against diphtheria/tetanus/pertussis

	0-5 yrs.of age	5-15 yrs. of age	Total
1970	3205	691	3896
1971	5066	95	5161
1972	5140	146	5286

Primary courses given against poliomyelitis

	0-5 yrs.of age	5-15 yrs. of age	Total
1970	3140	127	3267
1971	5105	227	5332
1972	5143	328	5471

Re-inforcing doses against diphtheria-tetanus

	0-5 yrs.of age	5-15 yrs. of age	Total
1970	4643	2645	7288
1971	4355	4035	8390
1972	4768	2431 *	7199

Re-inforcing doses against poliomyelitis

	0-5 yrs.of age	5-15 yrs. of age	Total
1970	4040	3172	7212
1971	4136	4854	9090
1972	4749	2802 *	7551

\* The fall in the number of re-inforcing doses is due to the postponement of issuing reminders to parents. Reminders will be sent out in 1973 consistent with the raising of the school leaving age.

Vaccination against measles

	0-5 yrs.of age	5-15 yrs. of age	Total
1970	4395	472	4867
1971	5557	254	5811
1972	6167	571	6738

Vaccination against rubella

	Girls 11-14 yrs.of age
1970	775
1971	846
1972	1732

# Vaccination against smallpox

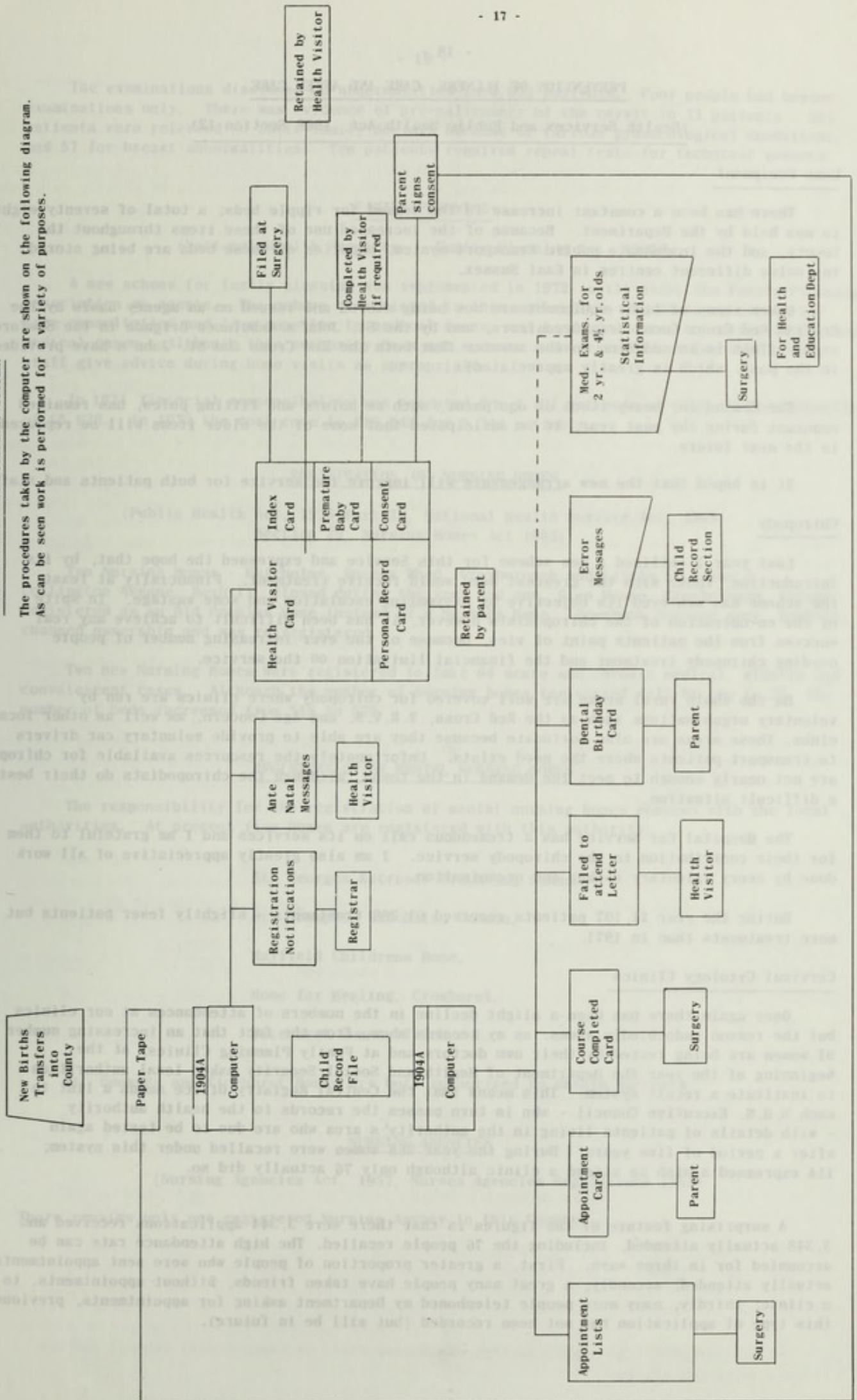
Primary Vaccination			Re-Vaccination		
	AGE OF CHILD		Total	AGE OF CHILD	
	0-5 yrs.	5-15 yrs.		0-5 yrs.	5-15 yrs.
1970	3139	328	3467	313	2197
1971	3507	101	3608	278	1248
* 1972	745	36	781	40	135
					175

\* In conformity with national policy, and agreement with the Local Medical Committee, the appointment facility for the vaccination of children against smallpox was withdrawn from the computer programme in early 1972.

For B.C.G. Vaccinations see Section II, page 61.

# CHILD RECORDS - COMPUTERISED SYSTEM.

The procedures taken by the computer are shown on the following diagram.  
As can be seen work is performed for a variety of purposes.





## PREVENTION OF ILLNESS, CARE AND AFTER CARE

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

### Loan Equipment

There has been a constant increase in the demand for ripple beds; a total of seventy-eight is now held by the Department. Because of the increased use of these items throughout the County, and the inadequate public transport system, supplies of these beds are being stored in twelve different centres in East Sussex.

Other items of light equipment are now being stored and issued on an agency basis by the British Red Cross Local Area Organisers, and by the St. John's Ambulance Brigade in the Seaford area. (This is in addition to the service that both the Red Cross and St. John's have provided in the past, which is greatly appreciated).

The demand for heavy items of equipment, such as hoists and lifting poles, has remained constant during the past year; it is anticipated that some of the older items will be replaced in the near future.

It is hoped that the new arrangements will improve the service for both patients and staff.

### Chiropody

Last year I outlined a new scheme for this Service and expressed the hope that, by its introduction, those with the greatest need would receive treatment. Financially at least, the scheme has achieved its objective by preventing escalation and some wastage. In spite of the co-operation of the chiropodists however, it has been difficult to achieve any real success from the patients point of view, because of the ever increasing number of people needing chiropody treatment and the financial limitation on the service.

On the whole rural areas are well covered for chiropody where clinics are run by voluntary organisations such as the Red Cross, W.R.V.S. and Age Concern, as well as other local clubs. These areas are also fortunate because they are able to provide voluntary car drivers to transport patients where the need exists. Unfortunately the resources available for chiropody are not nearly enough to meet the demand in the towns, although the chiropodists do their best in a difficult situation.

The Hospital Car Service has a tremendous call on its services and I am grateful to them for their contribution to the chiropody service. I am also greatly appreciative of all work done by every voluntary worker and organisation.

During the year 11,107 patients received 61,288 treatments - slightly fewer patients but more treatments than in 1971.

### Cervical Cytology Clinics

Once again there has been a slight decline in the numbers of attendances at our clinics but the reason undoubtedly stems, as my records show, from the fact that an increasing number of women are being tested by their own doctors and at Family Planning Clinics. At the beginning of the year the Department of Health and Social Security asked local authorities to institute a recall system. This means that the Central Registry Office sends a list to each N.H.S. Executive Council - who in turn passes the records to the health authority - with details of patients living in the authority's area who are due to be tested again after a period of five years. During the year 268 women were recalled under this system; 114 expressed a wish to attend a clinic although only 76 actually did so.

A surprising feature of the figures is that there were 3,344 applications received and 3,348 actually attended, including the 76 people recalled. The high attendance rate can be accounted for in three ways. First, a greater proportion of people who were sent appointments actually attended; secondly, a great many people have taken friends, without appointments, to a clinic; thirdly, many more people telephoned my Department asking for appointments, previously this type of application has not been recorded (but will be in future).



The examinations disclosed no abnormalities in 2,872 patients. Four people had breast examinations only. There was evidence of pre-malignancy of the cervix in 11 patients : 394 patients were referred to their family doctors because of various gynaecological conditions, and 57 for breast abnormalities. Ten patients required repeat tests for technical reasons.

#### FAMILY PLANNING

(National Health Services - Family Planning Act, 1967)

A new scheme for family planning was implemented in 1972, still using the Family Planning Association as agents. The scheme, restricted to this authority's residents, provides for free consultation and free supplies to medical cases, and free advice and consultation for non-medical cases. Although this authority does not operate a domiciliary service the nursing staff give advice during home visits as appropriate.

In 1971 financial responsibility was accepted for 1,191 patients at cost to the Authority of £5,633. In 1972 the cost rose to £19,145 for 5,741 patients.

#### REGISTRATION OF NURSING HOMES

(Public Health Act, 1936 Part IV, National Health Service Act, 1948  
Section 29, Nursing Homes Act 1963)

Two Nursing Homes - Fairholme, Queens Road, Crowborough and Little St. John's, Collington Avenue, Bexhill, closed during the year and one, Glen House, Crowborough, became registered as an Old Peoples Home instead of a Nursing Home. Rosebank Nursing Home, Bexhill, changed ownership and was re-registered.

Two new Nursing Homes were registered to take 64 acute and chronic medical, elderly and convalescent cases. Although the number of nursing homes registered fell by one to 29, the number of beds increased from 545 to 575.

#### REGISTRATION OF MENTAL NURSING HOMES

The responsibility for the registration of mental nursing homes remains with the local authorities. At present five homes are registered with this authority:

St. Georges Retreat, Ditchling Common,

St. Josephs, Ditchling Common,

Mayfield Childrens Home,

Home for Healing, Crowhurst,

Ticehurst House, Ticehurst.

St. Georges and Ticehurst House are both authorised to detain patients.

#### NURSING AGENCIES

(Nursing Agencies Act, 1957, Nurses Agencies Regulations 1961)

There remains only one registered Nursing Agency in this County.



### MEDICAL SOCIAL WORK

The grant provided by the County Council to help chest and heart patients continues to be much appreciated. In the financial year 1972/73 approximately £1,400 will have been spent: £765 on milk and extra nourishment, and £635 in assisting with fuel bills. After the 1st April 1974 it is hoped that there may be some way of helping with the fuel bills of elderly folk, who may be housebound during the winter months. This especially applies to single people living alone as the Medical Social Worker has found that they just cannot afford the cost of keeping themselves warm.

The Seal Sale Fund available first for T.B. patients, and more recently for chest and heart patients generally, is no longer being raised. The Sussex Rural Community Council have stopped running the appeal. There is a little money left from the last collection, (Christmas 1971), and the Medical Social Worker has been glad to call on this to meet certain special needs, such as help with the cost of holidays and T.V. licences. She has had considerable help from other charities including "Invalids-at-Home", "The Elderly Invalids Fund", and Service charities.

As in former years a considerable part of the Medical Social Worker's time has been spent administering grants from the National Society for Cancer Relief. Patients suffering from cancer are referred by G.P.'s, Health Visitors and fellow Medical Social Workers in the hospitals. Apart from the financial grant it is the supportive help of a home visit that seems to be so much appreciated both by the patients and by their relatives. The Medical Social Worker can often advise about Homes for terminal care and help relatives to make a decision about this.

### MARIE CURIE MEMORIAL FOUNDATION

This Foundation was established in 1948 as an independent voluntary organisation to provide nursing and other assistance to cancer patients being nursed in their own homes. The "Day and Night Nursing Service" and the "Area Welfare Grants Scheme" are administered by me on behalf of the Foundation.

During the year 16 patients received help from the "Night Nursing Service" and 19 from the "Welfare Scheme" by way of comforts such as milk, eggs, fruit, brandy, whisky or additional toilet requisites.

### AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

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

<u>MAIN STATION</u>	<u>SUB STATION</u>	<u>STAFF</u>	<u>VEHICLES</u>
Hove	-	31 2 vacancies	12
Bexhill	-	15	4
	Battle	6	3
	Rye	6	2
Lewes	-	16	7
	Hailsham	8	2
	Heathfield	5	2
	Newhaven	9	3
Burgess Hill	-	8	4
	Haywards Heath	11	3
	Uckfield	4	1
East Grinstead	-	10	4
	Crowborough	5	2
		<hr/> 134	<hr/> 49

In addition there ten radio control assistants based at Lewes County Control and one at Hove Ambulance Station.



### Communications

Each main station is in direct radio communication with County Control which receives 999 emergency calls. Messages can be passed direct to the area without any possible delay through telephone exchanges, or alternatively messages can be passed to ambulances on the road, which can be diverted to a road accident or other emergency.

Telex has now been installed in County Hall and is regularly in use for passing information regarding the movement of patients to other ambulance services (particularly those in the London area); similarly requests to meet patients in this area are received by this system. I foresee a greater use of Telex in the new health service structure especially for communication between area ambulance controls and hospitals.

### Hospital Car Service

With one exception area transport officers have established their offices at the main ambulance stations. Here they can liaise with area superintendents about the allocation of sitting case transport. Lack of accommodation at Hove Ambulance station prevents an Hospital Car Service area transport office being established there.

The Hospital Car Service continues to function very efficiently under the control of the County Director and Organiser, Mrs. M.Y. Hastings. I would like to record my appreciation of Mrs. Hastings, her area transport officers and drivers, for their work in 1972.

### Day Hospitals

The conveyance of geriatric patients to day hospitals continues to increase. A further increase is envisaged since notice has been given that this type of hospital care will be extended still further.

### Vehicles and Equipment

The problems arising from a rural county like ours, in establishing a balanced establishment of vehicles, are complex; it is found that demands vary considerably from day to day, and ambulances have to be used for non urgent as well as accident and emergency work. A number of sitting patients who cannot be accommodated in cars can now be carried in ambulances fitted with two trolley type stretchers. Greater flexibility in the use of vehicles so adapted, leads to greater economies. Previously it was not thought safe to seat patients on the old type stretcher fitments.

Upon the Department of Health and Social Security's recommendation for the use of Entonox as an analgesic in cases of injuries, half the vehicles were equipped with this apparatus. Reports from ambulancemen on its value have been encouraging. The other half of the fleet will be equipped with Entonox during the coming year.

### Training

The standard of attainment continues to rise due to higher standards of training, and the attendance of new recruits for six week training courses at the Southern Regional Training school at Bishop Waltham.

At Bishop Waltham eleven ambulancemen attended the six week course, thirteen attended a two week refresher course, five attended an officers course, two attended a control officers course and one attended an instructors course. One officer attended a fortnights management course at Minehead. Six officers attended a supervisors basic and follow up course run by the Southern Home Counties Provincial Council at Dorking.

The In-Service training has continued at Bexhill, where all personnel attended a five day refresher course.

In-service hospital training has also continued and extended from the Brighton hospitals to Cuckfield, Hastings and Tunbridge Wells hospitals, and has been enthusiastically received by those members attending. All the staff will shortly have received this training which covers a week in all hospital emergency units, including intensive care unit and theatre work, as well as the accident and emergency receiving wards.



## Competitions

The East Sussex County Council kindly agreed to be the host authority for the Regional Competition; and both the County and Regional Competitions were held at Bexhill. The East Sussex team won the Victor Ludorum Trophy for the highest points gained over the three tests; and they were placed second in both the team test and attendants test. The results were most encouraging considering that our teams were completing against eleven other local authority teams in the south east region. The Chairman of the County Council, Mr. A.B. Haworth-Booth, and the Chairman of the Health and Housing Committee, Lt. Col. E.M. Sheehan, and other members of the Health and Housing Committee attended on this occasion.

## Long Distance Journeys

During 1972 700 patients were conveyed by rail as part of their journey to or from hospital.

## Emergencies

Arrangements exist between East Sussex County Council and all adjoining authorities to cover emergencies along our common boundaries. 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.

PATIENTS CARRIED					
<u>AMBULANCES</u>	1968	1969	1970	1971	1972
(a) <u>Total No. of patients</u>	108,124	110,948	111,446	105,192	113,889
Handicapped persons and geriatric patients included in (a)	37,760	36,643	35,831	35,446	36,602
<u>HOSPITAL CAR SERVICE</u>					
(b) <u>Total No. of patients</u>	168,065	224,893	232,432	272,938	283,830
Handicapped persons and geriatric patients included in (b)	41,919	47,409	54,254	66,257	65,855

MILEAGE					
<u>AMBULANCES</u>					
(c) <u>Total No. of miles</u>	754,881	783,873	813,572	815,377	865,479
Mileage for handicapped persons and geriatric patients included in (c)	151,069	160,140	149,576	136,328	140,956
<u>HOSPITAL CAR SERVICE</u>					
(d) <u>Total No. of miles</u>	1,596,184	2,237,920	2,363,708	2,744,133	2,891,823
Mileage for handicapped persons and geriatric patients included in (d)	587,770	681,642	763,330	910,357	940,174

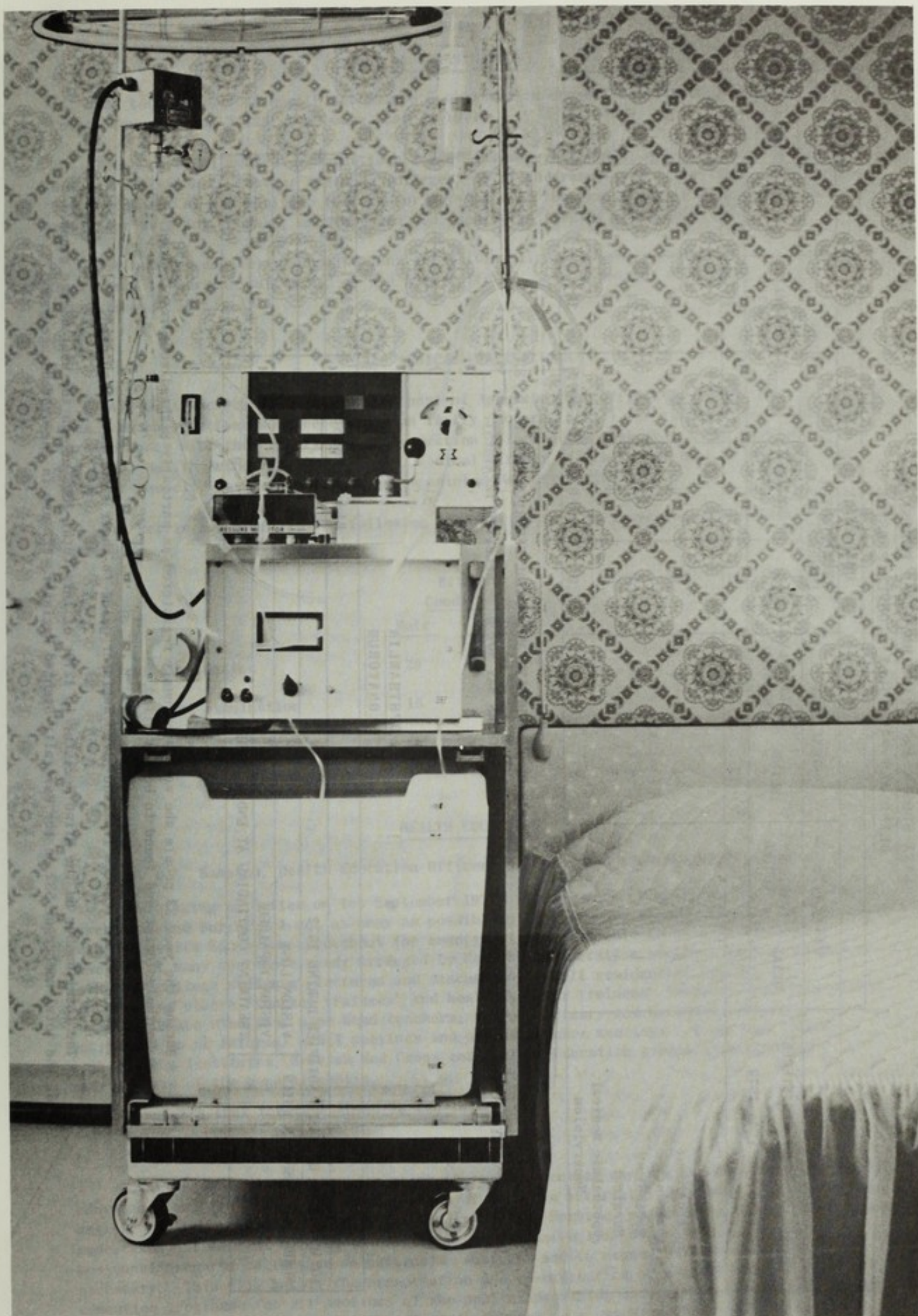
## HOME DIALYSIS

In 1968 it became a duty of local health authorities to make any necessary adaptations which would permit patients to continue dialysis treatment at home.

Since 1968 fourteen patients have been referred to me.

At the end of 1972 seven patients were still undergoing treatment at home.





HOME DIALYSIS MACHINE INSTALLED.



EAST SUSSEX INCLUDING HOVE AND PORTSLADE  
BLIND AND PARTIALLY SIGHTED PERSONS

	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 1972	17	18	12	10	2	0	123	79	154	107		
*Recommended:												
No treatment	6	0	1	0	0	0	58	16	65	16		
# Treatment												
Medical	1	1	2	2	1	0	23	24	27	28		
Surgical	9	2	1	1	0	0	4	5	14	8		
Ophthalmic Medical Supervision	1	12	8	6	0	0	40	38	49	56		

\* 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, OTHERS MAY NOT HAVE RECEIVED TREATMENT.

OPHTHAMLIA  
NEONATORUM

		BLIND PERSONS	PARTIALLY SIGHTED PERSONS
TOTAL NUMBER OF CASES NOTIFIED DURING 1972		1	0
NUMBER OF CASES IN WHICH	VISION LOST	0	0
	VISION IMPAIRED	1	0
	TREATMENT CONTINUING AT END OF YEAR	0	0

During the year 33 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 1278; of this total 1058 are in the over 65 age group. Of the total number of 532 on the Partially Sighted Register, 422 are in the over 65 age group.



### MEDICAL EXAMINATIONS

The total number of health statements, submitted in connection with employment by the County Council, was 2,428, (443 more than in 1971).

There were 651 medical examinations given: 152 more than 1971: 436 in respect of candidates seeking admission to teacher training colleges; 19 at the request of other local authorities; 134 in respect of men applying to join, or serving with the East Sussex Fire Brigade; the remainder were for roadmen, ambulancemen and candidates seeking employment as teachers.

Two hundred and thirty applications for driving licences were received for consideration in respect of persons suffering, or who have suffered, from a medical disability. This compares with 181 in 1971.

### 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. Inspector of Factories for the year 1972.

	<u>Without Conditions</u>		<u>Conditional</u>	<u>Provisional</u>
	<u>Male</u>	<u>Female</u>		
First examination	29	13	-	-
Subsequent examination	16	5	-	-
Totals	45	18	-	-

### HEALTH EDUCATION

Mrs. B.M. Hampton, Health Education Officer, has provided the following report.

After taking up duties on 1st September 1971, I spent much of my first six months in assessment and survey. I 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 included 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, introduced me at informal staff meetings and parent teacher meetings. I met and talked with Women's Institutes, 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 the organisation and co-ordination of 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.

## 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 are, to some extent, limited to the basic materials necessary for existing programmes, tailored to meet the needs of this particular community and to implement many school programmes based on our resources.

### 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.

(c) Technical aspects. We hope to enlarge the resource centre, particularly the library, and to make available on loan more visual aid equipment. Looking further ahead, we should think of providing our own material, using local, known subject matter and making use of radio and television to make a resource centre for Health Education available to all.

However, since April 1st we have made great strides. Mr. Ridley, our technician, has been appointed and Mrs. Southerden, whose help at the outset was on a part-time basis, is now full time. With the addition of the staff we are able to see the resource centre as being much more operational. Library facilities are improved and we are able to obtain abstracts from journals, etc. for all professional staff in the Health Department. The public library resources are also available to us, through the Health Department, enabling us to borrow articles and papers from almost any journal.

Other visual aid facilities include the loan of film projectors, slide projectors, the overhead projector and, for exhibition purposes, the carousel projector. We are now in a position to stage exhibitions for public places or, as I envisage, in schools as part of teaching programmes, e.g. in anti-smoking campaigns, to back up face to face teaching. The use of slides, filmstrips and 16 mm. films, also available on loan, can be backed up by other materials, e.g. pamphlets, posters, etc., to form a teaching pack rather than an isolated "one off" event.

Working on a fairly tight budget in this year, we have managed to cover most basic topics in health and hygiene, from ante-natal care to preparation for retirement. The choice has been made by me, personally, or by the vote of personnel who have been at previews (a feature which should be extended). An example of this is the purchase of the film "Better Dead", which was previewed in June by seventy-seven people from the Police, Social Services, Further Education, plus nursing personnel and psychologists.

As a result of the Working Party's draft report on Health Education, prepared in 1971, many teachers have written in asking for in-service training in health education. Others have bewailed the lack of resources for health education. To some extent the second of these difficulties has been resolved, but the teachers must be informed of the facilities and this cannot be brought about without the co-operation of the Advisory Services. At the moment the Health Education section is situated physically in the School Health Department. We have the use of two rooms and are already finding the situation very cramped, particularly with the expansion of the library. The Health Department has been very helpful in extending our facilities wherever possible and our budget of £2,000 seems to have served us fairly well.



However, the rooms are not ideal as we have no water and no facility for previewing film materials, etc. It would be ideal also to have a room with facilities for small group discussion and film shows.

It is hoped to produce a regular bulletin to keep everyone concerned abreast of the latest developments and resources available in the department.

#### SUMMARY

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 specialised training and assistance to be given to community workers, such as Youthleaders, who have valuable opportunities to promote a healthy approach to life.

Since the resignation of Mrs. Hampton, at the end of September, the Department has been without an Health Education Officer; the new officer should be installed early next year.

#### DISPLACED UGANDAN ASIANS

##### MARESFIELD CAMP RECEPTION CENTRE.

Following the decision in October, 1972 to open Maresfield Camp as a Reception Centre for displaced Ugandan Asians, the Department of Health and Social Security requested the County Council as the local health authority, to accept the following responsibilities.

1. In co-operation with the Department of the Environment to provide a camp medical centre.
2. To carry out a medical check on all arrivals which was to include; surveillance of vaccination status, physical examination, freedom for infection, chest x-ray and, or tuberculin testing and referral for treatment and care when and if necessary.
3. To act as the co-ordinator of health services in consultation with the local National Health Service Executive Council and the Camp Administrator.

Nine hundred and fifty-eight Ugandan Asians were admitted to the Camp in the four and a half months of its existence.

In December, it was thought that the Camp might prove to have a longer period of utilisation than at first expected. This belief was supported in January, 1973, by the closure of Hobbs Barracks, in nearby Surrey, and the transfer of 120 of its residents to Maresfield.

For this reason a survey of the residents was undertaken to establish a handicap register. The medical and social needs of those on the register were catalogued. (These records, as also the medical records, were transferred to the appropriate medical officer of health whenever a person moved).

When the decision to close the Camp was made known in late January, 1973, the rate of departure of the residents increased rapidly. On the day of closure the 267 Ugandan Asians remaining were transferred to Helmsell Camp, Lincolnshire.



During the existence of the Reception Centre 16 families obtained accommodation in East Sussex: three families settled in East Grinstead, three families in Pound Hill, two families in Haywards Heath, one family in each of the following areas, Chailey, Falmer, Fletching, Maresfield, Newhaven, Seaford, Uckfield and Westfield.

#### Medical Checks

Ninety-eight per cent of the 958 Ugandan Asians were physically examined, ninety per cent underwent chest x-rays and residents under 16 years of age were tuberculin tested. Twenty-eight of those x-rayed were referred to the chest clinic, 138 of those tuberculin tested were given B.C.G. vaccinations, and a further 28 who were tuberculin positive were referred to the chest clinic.

Only children with a normal chest x-ray and those who had failed to react to tuberculin testing were released to schools outside the camp: those children who reacted to tuberculin were not released until x-ray clearance of the chest was obtained.

Eighteen Ugandan Asians without valid smallpox vaccination certificates were placed under a 14 day surveillance, and 15 of them were vaccinated. Three babies under 6 months of age were not vaccinated.

One family of seven, contacts of a case of typhoid fever, were placed in isolation in the medical centre until their faecal bacteriological status was established and the necessary measures instituted.

#### General Practitioner Service

The East Sussex National Health Service Executive Council appointed a full-time general practitioner, and we supported him with a district nurse and part-time Health Visitor. He provided the normal surgery facilities and, outside surgery hours, he was on call. His off duty hours were covered by a local group practice.

#### Camp Hygiene

The maintenance of an acceptable standard of hygiene in the ablution facilities was a constant problem to the District Medical Officer, his staff and the Camp Administrator.

#### Babies Milk Kitchen

The camp accommodation provided was such that the mothers could not prepare bottle feeds for their children. As the caterers were unable to provide this service, a temporary babies milk kitchen was instituted, in the medical centre, under the control of a State Registered Nurse. Each mother was given twice daily babies bottles prepared to the individual child's needs. Steps were taken to provide the facilities for the mothers to accept their individual responsibilities.

#### Well Baby Clinic

A once fortnightly session was held, initially with doctor present.

#### Family Planning Clinic

Four family planning clinics were held at the Camp. They were provided by the Family Planning Association on the same financial basis as in the rest of the County.



## ADMINISTRATIVE COUNTY OF EAST SUSSEX

## CHIEF VITAL STATISTICS FOR THE YEAR 1972

## LIVE BIRTHS, STILLBIRTHS AND DEATHS

DISTRICTS	Area in Statute Acres (Land & Inland Waters)	Population estimated by Registrar General Mid 1972	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. OF RESPIRA- TORY IN	DEATHS FROM LATE EFFECTS OF RESPIRA- TORY IN
			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 *		
URBAN AREAS																		
Bexhill M.B.	7,993	33,980	254	7.5	13.1	-	-	-	-	-	-	-	-	817	24.0	10.1	-	-
Burgess Hill U.D.	2,026	19,830	336	16.9	16.1	3	9	7	21	5	15	5	15	182	9.2	10.3	-	-
Cuckfield U.D.	3,911	26,350	327	12.4	13.1	2	6	8	24	7	21	6	18	366	13.9	10.0	-	-
East Grinstead U.D.	6,600	19,240	291	15.1	15.1	2	7	3	10	3	10	2	7	260	13.5	9.9	-	-
Hove M.B.	3,946	72,280	509	8.3	10.5	6	10	7	12	5	8	5	8	1,491	20.6	10.3	-	-
Lewes M.B.	1,993	14,140	147	10.4	11.6	-	-	1	7	-	-	-	-	162	11.5	10.4	-	-
Newhaven U.D.	1,772	10,180	137	13.5	13.8	2	14	1	7	-	-	-	-	150	14.7	10.9	-	-
Portslade-by-Sea UD	1,951	18,270	268	14.7	13.2	3	11	6	22	4	15	4	15	183	10.0	10.0	-	-
Rye M.B.	1,027	4,450	65	14.6	16.6	-	-	2	31	1	15	1	15	54	12.1	9.2	-	-
Seaford U.D.	4,274	17,730	146	8.2	11.9	3	20	-	-	-	-	-	-	300	16.9	7.4	-	-
TOTALS	35,493	236,440	2,570	10.9	12.9	21	8	35	14	25	10	23	9	3,965	16.8	9.9	2	2
RURAL DISTRICTS																		
Battle R.D.	117,147	34,170	353	10.3	14.1	6	17	2	6	1	3	-	-	550	16.1	9.7	-	-
Chailley R.D.	64,184	32,700	401	12.3	14.5	2	5	7	17	6	15	5	12	496	15.2	9.1	1	-
Cuckfield R.D.	70,996	39,380	456	11.6	13.5	4	9	6	13	5	11	4	9	446	11.3	9.7	-	-
Hailsham R.D.	94,666	54,330	571	10.5	14.2	4	7	6	11	4	7	3	5	985	18.1	10.0	1	-
Uckfield R.D.	112,096	55,320	798	14.4	14.8	9	11	10	13	6	8	5	6	688	12.4	9.9	1	-
TOTALS	459,090	215,900	2,579	11.9	14.3	25	10	31	12	22	9	17	7	3,165	14.7	9.7	3	-
WHOLE ADMINISTRATIVE COUNTY - TOTALS	494,583	452,340	5,149	11.4	13.6	46	9	66	13	47	9	40	8	7,130	15.8	9.8	5	2

\* The rate for England and Wales was:

14.8 Live births per 1000 population

12 Stillbirths per 1000 live and stillbirths

12.1 Deaths per 1000 population.



NUMBER OF DEATHS AT DIFFERENT PERIODS OF  
LIFE IN THE ADMINISTRATIVE COUNTY DURING  
THE YEAR 1972

SEX	URBAN AREAS (BOROUGH AND URBAN DISTRICTS)										SEX	RURAL DISTRICTS													
	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	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	1754	11	3	6	3	17	10	19	62	242	580	801	MALES	1574	17	5	4	8	10	15	16	63	230	524	682
FEMALES	2211	14	7	2	1	13	8	15	42	161	461	1487	FEMALES	1591	5	4	8	5	4	3	20	54	129	333	1026
TOTALS	3965	25	10	8	4	30	18	34	104	403	1041	2288	TOTALS	3165	22	9	12	13	14	18	36	117	359	857	1708

## CAUSES OF AND AGES AT DEATH DURING THE YEAR 1972

[illegible]

\* AS USED BY OFFICE OF POPULATION CENSUSES AND SURVEYS.





## CAUSES OF DEATH BY LOCAL GOVERNMENT AREAS 1972.

DEATHS, IN OR BELONGING TO EACH DISTRICT AT ALL AGES																					
		BOROUGH					URBAN DISTRICTS *								RURAL DISTRICTS						
Abbreviated List Number	CAUSE OF DEATH	BEXHILL	HOVE	LEWES	RYE	TOTALS	BURGESS HILL	CHICHESTER	EAST GRINSTEAD	NEWMARKET	PORTSLADE BY SEA	SEAFORD	TOTALS	BATTLE	CHICHESTER	CUCKFIELD	HAILSHAM	UCKFIELD	TOTALS	ADMINISTRATIVE COUNTY TOTALS	
B4	Enteritis & other Diarrhoeal Diseases	-	2	-	-	2	-	2	-	-	1	-	3	-	-	-	-	1	1	6	
B5	Tuberculosis of Respiratory System	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	5	
B6(1)	Late effects of Respiratory T.B.	-	1	-	-	1	-	-	-	1	-	-	1	-	-	-	-	-	2		
B6(2)	Other tuberculosis	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	1	2	
B18	Other infective and Parasitic Diseases	1	6	-	-	7	-	-	-	-	-	-	-	2	-	2	1	-	5	12	
B19(1)	Malignant Neoplasm - Buccal Cavity etc.	1	8	1	-	10	3	1	1	-	-	-	5	2	2	6	2	10	25		
B19(2)	Malignant Neoplasm - Oesophagus	5	9	2	-	16	1	2	1	-	1	2	7	2	3	4	8	4	21	44	
B19(3)	Malignant Neoplasm - Stomach	19	16	-	-	35	6	1	2	3	5	10	27	8	4	6	13	6	37	99	
B19(4)	Malignant Neoplasm - Intestine	19	36	5	2	62	4	10	7	9	5	15	50	13	17	10	29	24	93	205	
B19(5)	Malignant Neoplasm - Larynx	2	1	-	-	3	1	-	-	-	-	-	1	1	1	-	-	-	2	6	
B19(6)	Malignant Neoplasm - Lung Bronchus	45	59	11	3	118	4	16	8	8	16	10	62	29	19	23	38	30	139	319	
B19(7)	Malignant Neoplasm - Breast	10	25	4	-	45	3	9	7	1	2	13	35	14	15	15	18	22	84	164	
B19(8)	Malignant Neoplasm - Uterus	4	4	1	-	9	1	-	-	4	-	1	6	2	3	-	5	8	18	33	
B19(9)	Malignant Neoplasm - Prostate	10	12	-	2	24	1	2	3	-	1	2	9	1	1	5	12	5	24	57	
B19(10)	Leukaemia	2	10	-	1	13	-	1	-	1	1	3	6	2	3	5	5	2	17	36	
B19(11)	Other Malignant Neoplasms, etc.	33	63	5	2	103	9	18	13	3	7	11	61	23	21	31	56	42	167	331	
B20	Benign and unspecified neoplasms	1	2	-	-	3	-	3	1	-	-	-	4	1	-	1	-	2	4	11	
B21	Diabetes Mellitus	2	16	-	-	18	3	3	4	3	2	-	15	7	2	5	6	4	24	57	
B46(1)	Other Endocrine etc. Diseases	2	4	1	1	8	1	-	1	-	-	-	2	-	2	2	1	1	6	16	
B23	Anaemias	1	2	-	-	3	-	1	2	1	1	-	5	1	3	1	1	1	7	15	
B46(2)	Other Diseases of Blood etc.	-	-	1	-	1	-	1	-	-	-	-	1	-	-	-	1	1	2	4	
B46(3)	Mental Disorders	1	4	-	-	5	-	1	8	-	-	1	11	20	1	1	4	5	31	47	
B46(4)	Multiple Sclerosis	2	1	-	-	3	-	-	-	1	-	1	2	1	1	1	1	4	9	22	
B46(5)	Other Diseases of Nervous System	8	17	2	1	28	2	2	5	2	2	2	15	5	6	3	9	6	29	72	
B25	Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	
B26	Chronic Rheumatic Heart Disease	6	15	3	-	24	2	5	-	-	4	1	12	6	4	2	8	5	25	61	
B27	Hypertensive Disease	10	20	3	2	35	1	5	3	3	2	1	15	11	10	6	11	18	56	106	
B28	Ischaemic Heart Disease	215	462	48	8	733	55	102	54	38	36	81	366	140	153	111	282	180	866	1965	
B29	Other Forms of Heart Disease	34	73	7	2	116	9	24	12	4	6	15	70	22	31	25	78	34	190	376	
B30	Cerebrovascular Disease	107	249	22	12	450	31	59	41	34	30	59	254	98	72	64	171	109	514	1218	
B46(6)	Other Diseases of Circulatory System	55	85	10	4	154	5	13	18	2	13	17	68	17	19	23	51	29	136	361	
B31	Influenza	1	5	-	1	7	1	2	2	1	1	-	7	2	2	4	3	7	18	32	
B32	Pneumonia	58	86	11	5	160	13	33	20	10	10	12	23	111	46	31	31	70	50	238	499
B33(1)	Bronchitis and Emphysema	32	49	4	-	85	3	11	9	5	9	11	48	17	19	19	32	16	103	236	
B33(2)	Asthma	-	2	1	-	3	1	-	-	-	-	2	3	1	1	1	1	-	4	10	
B46(7)	Other Diseases of Respiratory System	5	4	2	-	11	1	4	3	1	2	4	15	4	5	5	5	8	27	53	
B34	Peptic Ulcer	7	10	-	-	17	1	1	1	-	2	4	9	3	6	3	5	2	19	45	
B35	Appendicitis	7	2	-	-	9	-	-	-	-	-	-	1	1	-	1	1	3	6	16	
B36	Intestinal Obstruction and Hernia	5	6	-	-	11	-	2	-	-	4	1	9	3	1	2	1	2	9	29	
B37	Cirrhosis of Liver	3	11	-	-	14	-	1	1	-	-	1	3	-	-	1	4	2	7	24	
B46(8)	Other Diseases of Digestive System	7	17	1	2	27	-	4	2	3	1	2	12	9	7	6	8	7	37	76	
B38	Nephritis and Nephrosis	4	7	1	-	12	-	1	1	1	3	1	7	4	2	2	6	3	17	36	
B39	Hyperplasia of Prostate	3	3	-	1	7	1	-	1	1	-	-	3	1	-	1	2	-	4	14	
B46(9)	Other Diseases, Genito-Urinary System	6	4	2	-	12	2	2	-	1	1	2	8	7	4	2	6	7	25	46	
B41	Other Complications of Pregnancy, etc.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	
B46(10)	Diseases of skin, Subcutaneous Tissue	1	1	-	-	2	-	-	-	-	-	-	-	1	-	-	-	-	2	4	
B46(11)	Diseases of Musculo-Skeletal System	3	7	2	-	12	-	1	-	1	1	1	4	3	1	3	4	3	14	30	
B42	Congenital Anomalies	2	4	-	2	10	6	4	1	2	-	1	13	1	5	3	3	4	16	39	
B43	Birth Injury, Difficult Labour, etc.	-	3	-	-	3	2	2	1	-	-	-	6	1	-	3	2	4	10	19	
B44	Other Causes of Perinatal Mortality	-	1	-	-	1	1	2	-	-	2	-	5	-	-	2	-	-	2	8	
B45	Symptoms and Ill defined Conditions	-	4	2	1	7	-	1	18	-	1	1	21	4	2	1	2	9	18	46	
BE47	Motor Vehicle Accidents	6	12	3	1	22	2	6	2	2	1	-	13	5	1	5	9	13	33	68	
BE48	All Other Accidents	7	35	5	-	47	2	5	2	3	6	1	19	4	8	5	7	4	28	94	
BE49	Suicide and Self-Inflicted Injuries	3	13	-	-	16	1	2	2	-	1	-	6	4	3	2	3	4	16	38	
BE50	All Other External Causes	3	1	-	1	5	1	1	1	-	-	-	3	3	1	-	-	-	4	12	
TOTAL ALL CAUSES		817	1491	162	54	2524	182	366	260	150	183	300	1441	550	496	446	985	698	3165	7130	

\* AS USED BY OFFICE OF POPULATION CENSUSES AND SURVEYS.





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## INTRODUCTION

*"Phased Introduction - It is not to be expected that the new management structure decided upon by the new NHS Authorities ..... will be introduced immediately on or after the Appointed Day. The first consideration of the Authorities will be to ensure that the existing services continue to function during the re-organisation"*

(DHSS Circular HRC (73) 2nd January, 1973).

The above indicates what may be expected immediately on reorganisation. These ideas had, however become obvious, to those concerned in gathering opinions preparatory to reorganisation, sometime before the circular attempted to clarify the position.

This time last year there was little concept of the complexity of the problem involved. My last report referred to a study being carried out at Sussex University and added that in the interim period the service should not be allowed to stagnate. From the University Study came pointers where to direct attention. From mid - 1972, when the real work of preparing for the event started, it proved so demanding of resources (not all efforts were productive) that the maintenance of the School Health Service was not easily achieved. Pre-school and selective medical examinations did not get much beyond the pilot scheme stage and, apart from minor modifications to schemes, the only innovation successfully implemented was the use of the Keystone vision testing machine.

Pressure of work to prepare further for reorganisation is unlikely to reduce, for, at the time of writing this Report, only an outline of a new organisation was beginning to take shape. The emerging pattern promises an intelligent and practical future organisation. Much etching in of the outline needs to be done but these details can only be added when decisions are taken. They will have to await the formation of shadow Area Health Authorities in the second half of 1973, Royal Assent to the Bill and appointment of senior officers (designate) to Regional and Area Health Authorities.

Recommendations have been made for the setting-up of three Health Districts, which will be combinations of the following local government District Authorities:

Brighton	Brighton CB; Hove and Lewes MBs; Newhaven and Portslade UDs; and Chailey RD.
Eastbourne	Eastbourne CB; Seaford UD with Hailsham and Uckfield RDs.
Hastings	Hastings CB; Bexhill and Rye MBs and Battle RD.

It is expected that the operational provision of health services will, in the main, be managed by the team of officers appointed for this purpose at Health District level. Both this tier of administration and that of Area will co-ordinate the services of the local and County area respectively, and they will be responsive to public opinion by the creation of a suitable system for the interchange of advice on planning and policies. At Area this will provide for Local Government members to serve on the Health Authority and for Joint Consultative Committees to be set up.

So that transfers of staff, premises, equipment and records are not all attempted on the Appointed Day one system has been agreed for the prior transfer to West Sussex, to be completed by about February 1974, - others between the County Boroughs and the County are not yet to be decided. Some specific research in regard to Child Health field is to be conducted early in 1973 when staff from all aspects concerned will be represented. Other exercises will be conducted as necessity arises and time allows.

With the size of the task to be undertaken and the limited time available, it seems that the statement in italics at the head of this report sets out the only realistic approach.





STAFF OF THE SCHOOL HEALTH SERVICE

AS AT 31st DECEMBER, 1972.

Principal School Medical Officer	J. A. G. Watson, M.B., B.S., D.P.H., F.F.C.M.
Deputy Principal School Medical Officer	R. G. Brims Young, M.B., Ch. B., D.P.H., M.F.C.M.
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:**

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

T. M. W. D'Arcy, M.B., B.Ch., D.P.M., M.D., D.T.M. & H.

Elizabeth A. Diment, M.B., B.S., (Sydney)

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

Jane Lodwick, B.A., 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.)	<u>Doctor</u>	<u>Schools</u>
	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 )	Chantry, All Saints and Sidley
	Dr. I.O. Carlisle )	
	Dr. J.H.K. Mackie )	
	Dr. M.M. Wicks )	
	Dr. L.N. Grant )	
	Dr. N.B. Davey )	
	Dr. G.N. Hunter	Little Common & St. Peter's & St. Paul's
	Dr. J.D. Morris	Down Infants, Juniors and St. Mary Magdalen
(Chailey R.D.C.)		
	Dr. Anne P. Barnes	Barcombe, Chailey (2 schools), Hamsey and Newick
(Cuckfield R.D.C.)		
	Dr. L.R. Haire	Balcombe
	Dr. J.D. Thompson	Handcross

(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 & Burwash
Dr. Anne P. Barnes	Danehill & Fletching

Health Education Adviser: Post Vacant

**Psychiatrists:**

H.V.W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M.  
M.D.A. Heller, M.B., M.R.C.P., M.R.C.Psych., 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.  
M.G.E. Morgan, B.A. M.R.C.P., M.Phil.  
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:**

Miss O.M. Baker, M.A. (Psychology), Dip. Ed.  
Mr. A.J. Bennett, B.A., Dip. Ed. Psy.  
R.S. McConville, B.A. (Psychology)  
Mrs. M.Radon, B.Sc.  
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:**

Mrs. P.S. Charlton  
Miss S. Ellis, B.A.  
Mrs. F.E. Harris, B.A. (Hons.)  
Mrs. S. Korner, M.A. (Cantab) Dip. Soc.St.



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

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

+ vacancy for trainee social worker

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:

Miss R.M. Bain, L.C.S.T.

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

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

Mrs. M.A.C. Davies, L.C.S.T.

\*Mrs. I.M. Fletcher, L.C.S.T.

Mrs. P.A. Le Prevost, L.C.S.T.

Mrs. J.E. MacNair, L.C.S.T.

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

Mrs. H.C. McCullagh, L.C.S.T.

Mrs. V.A. Moffatt, L.C.S.T.

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

Mrs. W.S. Wetherill, L.C.S.T.

\*Joint Appointment - East Sussex/Hove

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

Visiting Teachers of the Deaf:

Mrs. E.M. Donovan

Miss J.V. Howard

Miss J. Kennedy

Mrs. J. Melhuish

P. Wilson

Audiology Technicians:

Mrs. E.W. Caulfield

Mrs. M.E. Godlewski

Ophthalmic Specialists:

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

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

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

A.M. Roy, M.B., Ch.B., D.O.M.S.

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:**

**Medical Officer of Health:** N.I. Condon, M.B., Ch.B., B.A.O., D.P.H., L.M.

**Senior Medical Officer:** R.E. Garwood, M.B., B.S.

**Senior Assistant Medical Officer:** Daphne M. Kirkman, M.R.C.S., L.R.C.P., M.B., B.S.,  
D.P.H., D.C.H.

**Sessional Doctors acting as School Medical Officers:**

**Dr. Ada Firth**

**Dr. Dorothy Lucas**

**Dr. Jane Wade**

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

**\*Mrs. I.M. Fletcher, L.C.S.T.**

**\*Joint Appointment - East Sussex/Hove.**

**STAFFING**

**Medical Officers**

Dr. Anne Barnes, who will continue to act as School Medical Officer at certain schools, and Dr. Mary Fletcher, both left for general practice. Their replacements are Dr. Elizabeth Diment and Dr. T.M.W. D'Arcy respectively.

**Health Education Adviser**

Mrs. B.M. Hampton left towards the end of the year to become deputy Head at Mayfield Girls' Comprehensive School. Mr. K.V.J. Haseltine has been appointed to the post and will take up his duties on 1st May, 1973.

**Educational Psychologists**

Seven Area Psychologists were in post at the beginning of the school year. To these were added Mrs. M. Radon, a joint Education Committee/Hailsham Hospital Committee appointment. She worked mainly with mentally handicapped adults in hospitals in the County. A further Area Psychologist was appointed for September, 1972 (Mr. A.J. Bennett): a large part of his time will be devoted to the pressing needs of the mentally handicapped children in Hill House Hospital, Rye.

Three Area Psychologists left the service at the end of the year. Mr. D. Gold, who had made a valuable contribution to the schools in Burgess Hill and Haywards Heath, left to take up a senior post on the Isle of Wight. Mrs. S.A. Morris, East Grinstead, resigned for personal reasons and has since moved to London. Mr. I. Archibald, Hove and Portslade, resigned on promotion to a post with the I.L.E.A. All three areas were still without their own psychologist though an appointment has been made for Hove and Portslade (Miss N. Durward) from January, 1973. The existing staff provide an emergency service in the areas and cover the needs of the Child Psychiatric Clinics.

**Social Workers**

Only one new Social Worker appointment to the service has been made during the course of the year under review; that of Mrs. P. Charlton to the Crowborough Clinic. In turn this appointment has allowed Mrs. S. Korner, who was previously working at Crowborough, to move to the Lewes Clinic where for some time there has been a need for an increase in the number of social work sessions. This part-time appointment was made within existing establishment.

It was not possible by the end of the year to appoint a trainee Social Worker to the Child Guidance Service for which post the establishment was increased from September.



## Speech Therapists

Miss R.M. Bain was appointed as additional full-time Speech Therapist from January and the second additional post was filled by part-time services provided by Mrs M.A.C. Davies, Mrs. V.A. Moffitt and Mrs. D.V. Rockey.

The Hove establishment was increased by 15 hours per week from September and, as certain East Sussex staff had left in July, this allowed a joint full-time appointment to be made. Mrs I.M. Fletcher was appointed to the post.

Miss P.A. Tufnell (full-time) and Mrs. N. Hill, Mrs. J.B. Smith and Mrs. D.V. Rockey (part-time staff) left during the year and were replaced variously by Mrs. H.C. McCullugh (full-time) and by part-time services provided by Mrs. P.A. Prevost, Mrs. J.E. MacNair and Mrs. W.S. Wetherill.

## MEDICAL INSPECTION AND TREATMENT

The number of maintained schools in the County is 217 comprising:-

<u>Schools</u>	<u>Number</u>
Comprehensive	12
Grammar	4
Secondary Modern	17
Primary	176
Special	8

The number of children on the register of the Authority's schools during the Autumn term 1972 was 62,538 - an increase of 3.8% 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 1971 are given for comparison)

	<u>1971</u>	<u>1972</u>
Routine	14,952	12,457
Special	802	485
Re-examinations	7,794	5,454
*Medical examinations not needed	Nil	113
	<u>23,548</u>	<u>18,509</u>

\* This entry follows the introduction of a system of selective examinations for children aged 10/11 years. This system is restricted to the larger Junior Schools served by a full-time School Medical Officer.

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, together with the postponement of most leavers' examinations until 1973 as a result of the raising of the school leaving age.

## PRE SCHOOL MEDICAL EXAMINATIONS

This pilot scheme, which allows children aged 4½ years to have routine medical examinations, continued throughout the year. It is arranged in one of two ways:-

### Medical Examinations at Surgeries

The family doctors at Seaford and Forest Row participate fully in this scheme, as does one practice in Haywards Heath. Information supplied from computer records is used to identify children concerned, and appointments are made for the medical inspection when the child attends the surgery for the reinforcing inoculation due at 4½ years of age. Appointments are posted to those few parents who had refused their children the protection of immunisation.

### Clinic Medical Examination

Two methods of arranging pre-school medical examinations are being used by School Medical Officers, i.e.:-

#### (a) Clinic Sessions arranged specially

Here sessions are arranged in school holidays when appropriate children (aged 4¼ - 4¾) are seen. Basically this applies only in East Grinstead but see next paragraph.

#### (b) Infant Welfare Clinic Work

At Burgess Hill and Haywards Heath where children are examined annually before entering school, the opportunity is taken when children aged 4 + attend the Clinic to give the pre-school medical examination. This system is supplemented by arranging special sessions (as above for East Grinstead) to accommodate those children who did not attend the normal monthly Clinic session.

In all cases more time is allowed for pre-school medical examinations and these include urine testing. The "teething" problems of the system have been overcome and subject to available resources the scheme is capable of expansion. Experience in the pilot scheme will be most useful in the re-organised N.H.S. were it then to be decided to adopt it more widely.

## APPOINTMENT OF GENERAL PRACTITIONERS AS SCHOOL

### MEDICAL OFFICERS

By the end of the year 28 doctors had agreed to participate in this scheme, which covers the Northern and Eastern parts of the County. Forty seven primary schools are involved in this scheme and three secondary schools.

## HANDICAPPED PUPILS

During 1972, 327 pupils were classified as handicapped, as follows:-

Blind	-
Partially sighted	1
Deaf	4
Partially hearing	3
Slow learning	281
Epileptic	-
Maladjusted	21
Physically handicapped	15
Speech defect	1
Delicate	1



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	5					5
Partially sighted	17	7	-	-	-	24
Deaf	30	7	-	-	-	37
Partially hearing	4	5	-	50 + Pre-school 28	-	87
Slow learning (Cat. A) (including mentally handicapped pupils)	83	485	8	1537	1	2114
Epileptic	9	-	-	-	-	9
Maladjusted	91	3	7	-	-	101
Physically handicapped	56	16	1	29	-	102
Speech	-	-	1	18	-	19
Delicate	12	1	-	-	4	17
TOTALS	307	524	17	1662	5	2515

#### SERVICE FOR HEARING IMPAIRED

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

During 1972 there has been a marked increase in the number of school age and pre-school children needing regular help from Visiting Teachers of the Deaf. Ever improving liaison with hospital authorities and other Local Authority Departments has led to a closer awareness of the needs of children with marginal degrees of deafness. A child who has coped in the primary school is sometimes found to need auditory help in the secondary school, due to the increased pace of specialist work. The most significant growth in numbers this year is with pre-school children. This early start in language work and parent guidance will help these boys and girls considerably when the age of school placement is reached.

A total of 152 East Sussex children now wear hearing aids.

#### CASE REFERRALS

In 1972 reports were made on 721 children of whom 280 were new cases. This makes a total of 4,440 since the inception of the service in 1965.

Due to a modified system of retest carried out by the Health Department Audiometricians, very few, slight, transient losses of hearing, are now referred to this department. In the past year, therefore it has been possible to concentrate on the continuing assessment and educational treatment of those children with a known, significant degree of deafness.

#### CHILDREN WITH NORMAL HEARING

Some children seen as part of a wider assessment were found to have normal hearing. Of the remainder, approximately 90% subsequently recovered an acceptable degree of hearing following surgical intervention. The most marked improvements were achieved by the insertion of grommets into the eardrums.

#### CHILDREN UNDER OBSERVATION

On 31st December 117 children remained under observation and the majority of these were awaiting or undergoing medical help.



### CATEGORY "C" HEARING LOSS

The 384 children in this category are known to have a slight hearing loss, their teachers and parents are aware of the difficulty, and the possibility of medical help has been investigated. Each of these children is now retested annually and if deterioration is suspected further assessment of the child's educational need is made.

### CATEGORY "B" HEARING LOSS

At present 27 children wear hearing aids and cope in their local schools without regular help from a Visiting Teacher of the Deaf. The children in this category have in the past received intensive help and have now largely overcome the handicapping effect of their hearing loss. Termly management visits, and an annual retest are made.

### CATEGORY "A" HEARING LOSS

During 1972 an additional 18 children have been listed for auditory/language help. In all, 78 children are seen in their schools or homes by Visiting Teachers of the Deaf. Usually one visit per week is made, but this is increased when more intensive help is indicated.

An increasing number of pre-school children are seen. In some cases the deafness is diagnosed before the age of one year in which case the development of speech and language and the early acceptance of a hearing aid allow the child to make optimal progress before the start of formal schooling. At 3+ these children benefit from the social, language-rich environment of a playgroup at County expense. The importance of parent guidance at this early stage cannot be over stressed.

### CATEGORY "S" PLACEMENTS

There are now 47 children attending special schools for the deaf as weekly boarders (40) or on a daily basis (7). Although more children are being integrated into ordinary schools the number of special school placements remains stable as parents of deaf children tend to move to this area to be close to special facilities.

Boston Spa School for the Deaf	- Yorkshire	1
Hamilton Lodge School for the Deaf	- Brighton	12
Mary Hare Grammar School for the Deaf	- Newbury	4
Mill Hall Primary School for the Deaf	- Cuckfield	8
Nutfield Priory Secondary School for the Deaf	- Redhill	7
Ovingdean Hall School for the Partially Hearing	- Brighton	10
Portley House Primary School for the Deaf	- Caterham	2
Royal School for the Deaf	- Margate	2
Tewin Water School for the Partially Deaf	- Welwyn	1
		<hr/>
		47

Two Portslade children attend the Brighton Partially Hearing Unit.

### IN-SERVICE TRAINING

County policy of encouraging members of the team to attend courses and professional meetings does much to ensure that teachers keep up with modern developments. In a new field such as that of educo-audiology where there is much growth this is essential for the well-being of our hearing impaired children.

Apart from the routine guidance offered to parents and teachers by the Visiting Teachers of the Deaf two opportunities for counselling have arisen during 1972. In liaison with the Brighton Region National Deaf Children's Society a series of discussion evenings in the west, north and east of the County have been well attended by parents. At Stafford House, Hassocks in October a two day course on deafness provided helpful speakers, and allowed parents, teachers, medical personnel and all interested in the deaf to meet and discuss common problems.

### LIAISON

There is now considerable contact with the Audiology Departments of the various hospitals in the area, and it is hoped that the parents of our deaf children will derive security from this liaison.



## EQUIPMENT

It is pleasing to be able to report that East Sussex Children have access to whatever hearing equipment they need. Many children have a type of degree of deafness which necessitates a sophisticated commercial aid: when necessary this is provided. Similarly Speech Training Units for all of the younger children are provided, loop aid systems and radio link sets are in use in special cases. Provision, good servicing, repair and replacement of equipment although costly, is essential and is rewarded by the success of the children and their ability in many instances to cope in their local school.

## THE FUTURE

Unfortunately the suggestion for an East Sussex Junior School for the deaf outlined in my 1971 report has not been supported by the Regional Working Party. Although a trust has been formed and Mill Hall School for the Deaf is now to continue, there is still a shortage of places for the more seriously impaired children in this area. I feel that the need for a maintained school for the deaf in East Sussex remains.

In the past year there has been continuing liaison with the three boroughs: we were represented when Hastings Education Committee appointed a new peripatetic teacher. The appointment of an extra teacher referred to under the heading of Staffing is a joint venture with the Borough of Eastbourne. One may hope that the future provision for hearing impaired children in the New East Sussex area will be a full and comprehensive one. The need is for a strong team of Visiting Teachers of the Deaf to help children attending ordinary schools, and for the addition of a Unit for Partially Hearing children in the Eastbourne/Polegate area to add to a system of units functioning in Brighton and Hastings. If an East Sussex School for the Deaf could be added to this, provision in the area would be complete.

## AUDIOMETRIC SCREENING TESTS

A full programme of routine audiology testing was conducted in 1972 and tests were also arranged for children outside school entry range where such tests were requested specially. It is believed that the network now used gives as near comprehensive coverage as practicable.

Ideally the system for routine testing is planned in conjunction with the visit to the school by the School Medical Officer. Where ever 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 the 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 arrangements with the Adviser for Deaf Children as a check on certain children e.g. (category "C" and other cases) plus children newly admitted to Special Schools.

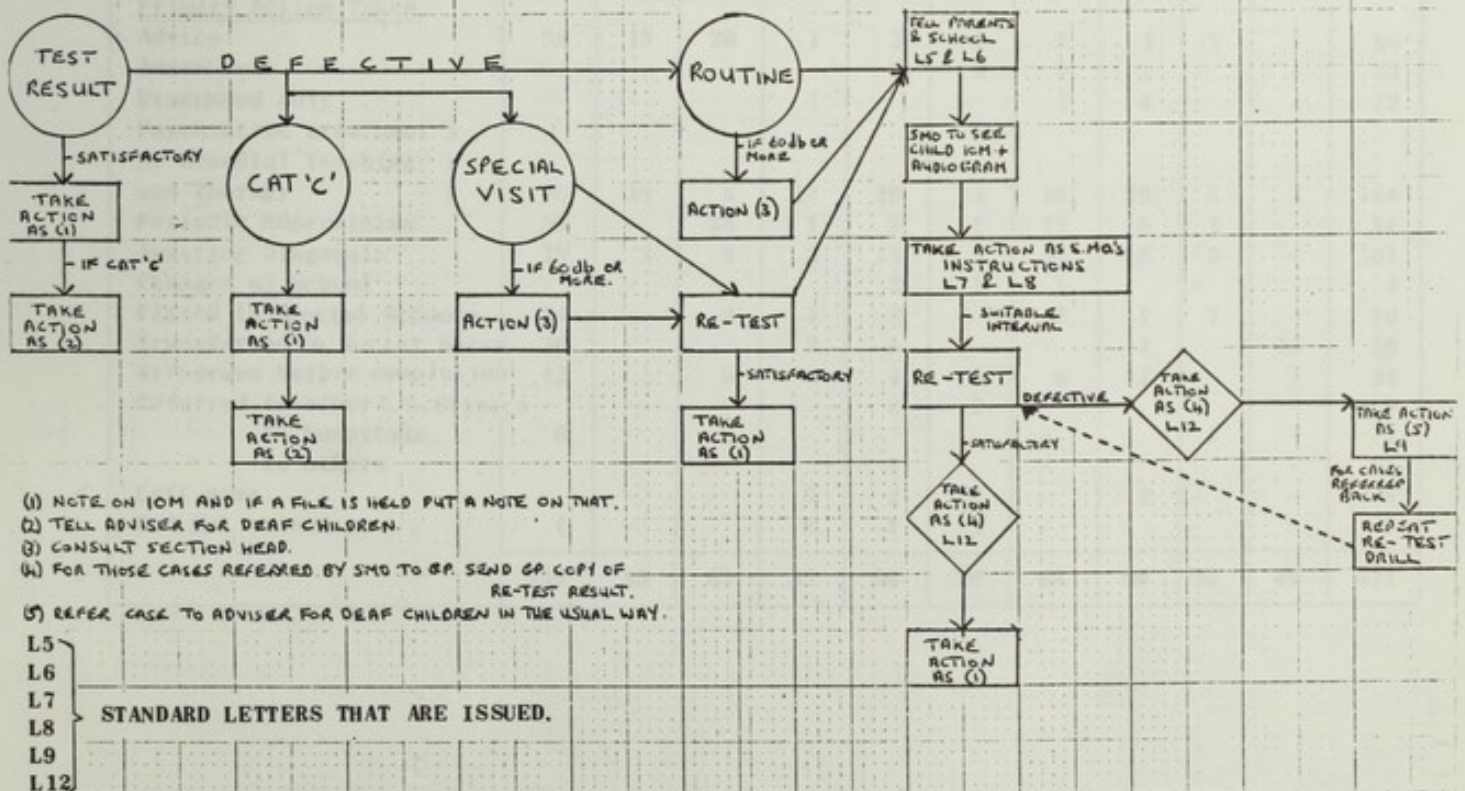


The record of the year's work is given below:-

Detail	Total	Remarks
Routine screening: No. of schools visited	144	20 of these schools were visited twice.
No of children who: a) Passed screening test b) Failed screening test	7,903 699 <hr/> 8,602	See note below.
Special test: No. tested	239	These tests were requested specially by doctors, health visitors or teachers.
Re-test: Routine (See note a) Category 'C' (See note b)	652 104	These may have resulted from (a) second check before referral to school medical officer or (b) review referrals.

All children who failed routine screening tests are followed-up. This action depends on the degree of hearing loss found or the stage of routine testing being undertaken and the drill conforms to the following flow-chart:-

### AUDIO-TESTING - ACTION TO TAKE FOLLOWING A TEST - WHETHER ROUTINE OR SPECIAL





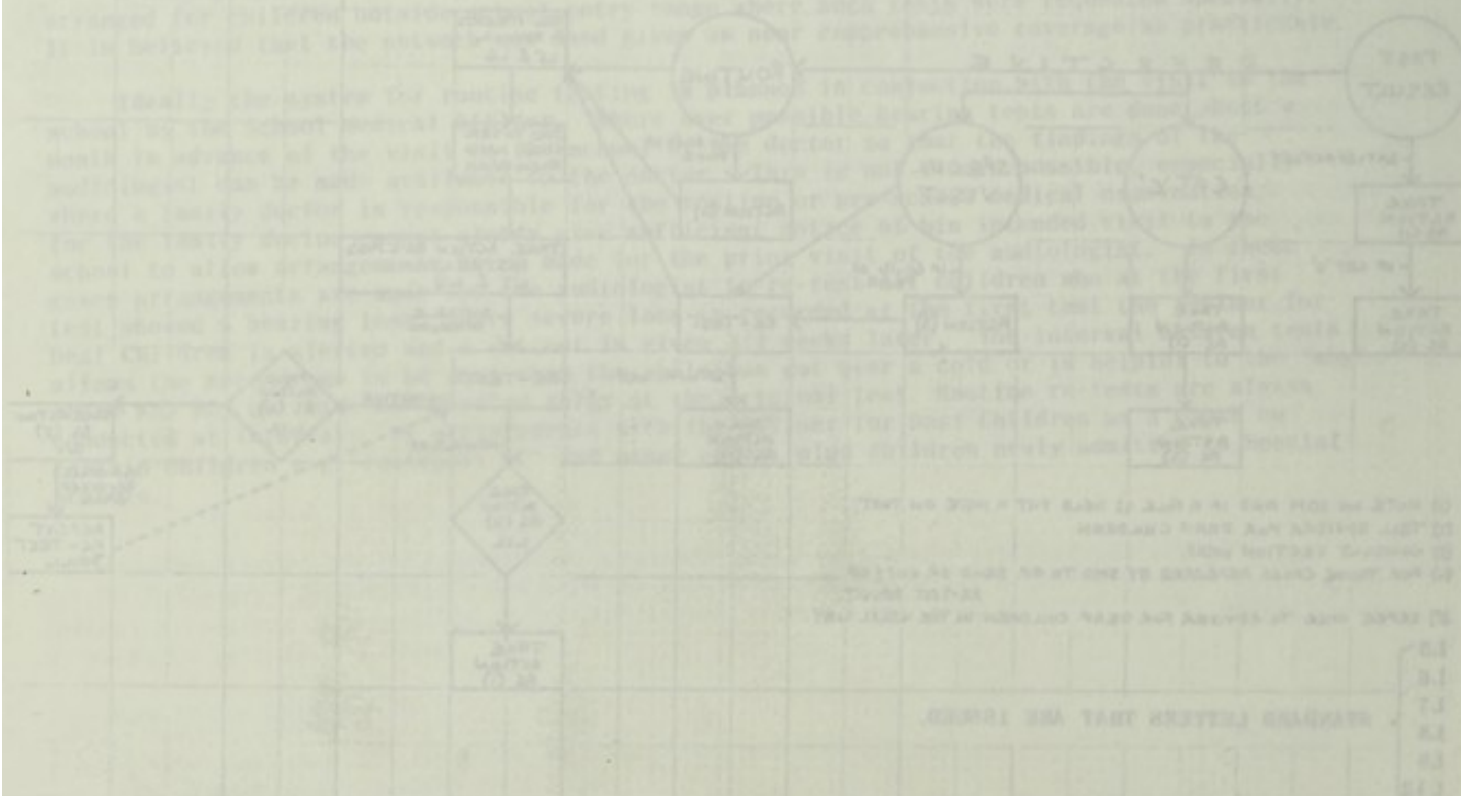
'KEYSTONE' VISION TESTING, 1972.

The Keystone Vision Testing machine which became available in July was used to check the sight routinely of children at secondary or special schools in the 12 year old age group. The machine is used in conjunction with the audiology van, to ease the problems of school accommodation, and both audiology technicians work together in conducting the tests. As the Keystone machine was not available throughout the whole year it was only possible to visit 16 of the 42 schools concerned.

Approximately 7 weeks work with the Keystone machine resulted in visits to 16 schools when 1,550 children were tested and of whom 1,239 were found to have no defect. The majority of the 311 children found with defective sight were known previously to the School Health Service and subject to periodic review - any new cases were referred to the School Eye Clinic concerned.

This machine test both distant and near vision, colour vision and latent squint.

All children who failed routine screening tests are followed-up. This action depends on the degree of hearing loss found or the stage of routine testing being undertaken and the child conforms to the following flow-chart:-



# CHILD GUIDANCE SERVICE

This Service is best illustrated by work done, details of which are given in the following tables. A note of the work for 1971 is given for comparison purposes:

## CHILD GUIDANCE STATISTICS, 1972

CLINIC	TOTAL 1971	Bexhill	Burgess Hill	Crowborough	E. Grinstead	Hailsham	Lewes	Portslade	Shelley	Stonepound	TOTAL 1972
<b>Referred by</b>											
Medical Officers	35	2	5	8	4	1	9	13	-	-	42
Family Doctors	131	17	16	10	17	7	22	35	-	-	124
Health Visitors	8	-	9	1	1	1	1	10	-	-	23
Hospitals	14	3	4	2	1	1	3	2	-	-	16
Education Department	19	-	-	-	4	-	-	-	-	-	4
"    Psychologists	64	17	21	6	18	4	15	19	-	-	100
Schools/Colleges	8	-	4	-	7	1	2	-	-	-	14
Social Services	16	2	-	1	3	2	2	9	12	19	50
Courts Prob. Officers	50	1	-	-	2	-	1	-	20	26	50
Parents	16	2	-	4	8	2	6	9	-	-	31
Transfers from other clinics	28	1	-	-	1	1	2	-	-	-	5
Others	7	-	8	1	-	-	1	2	-	-	12
<b>New Cases Total</b>	<b>396</b>	<b>45</b>	<b>67</b>	<b>33</b>	<b>66</b>	<b>20</b>	<b>64</b>	<b>99</b>	<b>32</b>	<b>45</b>	<b>471</b>
<b>Main Reason for Referral</b>											
Personality & Emotional	102	3	28	9	10	7	25	62	1	-	145
Habit	39	4	9	-	7	6	3	6	-	-	35
Educational & Vocational	22	-	3	2	10	-	1	1	3	-	20
Educational slow learning	-	-	-	-	1	1	5	-	-	-	7
Special exams-Courts	8	-	-	-	1	-	-	1	3	26	31
Special exams-placements	17	2	-	1	6	-	2	6	3	19	39
Other	-	-	-	-	-	-	3	-	-	-	3
Did not attend	1	-	-	-1	-	1	-	-	-	-	2
Behaviour	207	36	27	20	31	5	25	23	22	-	189
	396	45	67	33	66	20	64	99	32	45	471
<b>Primary Action Taken</b>											
Advice	58	15	20	1	3	2	5	3	17	-	66
Assessment	-	-	-	-	2	2	5	1	-	-	10
Discussed only	-	-	-	5	-	-	3	4	-	-	12
Psychiatric treatment ) or Remedial Teaching ) and Therapy )	96	26	6	12	20	3	15	19	1	2	104
Periodic Supervision	58	-	24	1	9	1	13	5	1	-	54
Awaiting Diagnosis	75	3	8	3	13	5	14	50	5	-	101
Changes of School	-	-	-	-	2	1	1	-	-	-	4
Placed in Special Schools	24	-	2	1	3	-	2	1	7	-	16
Transferred to Social Servs.	36	-	-	2	4	-	-	2	-	42	50
Withdrawn before completion	42	1	6	3	4	1	6	12	-	1	34
Referred to other C.G. Clinics	-	-	-	-	2	3	-	-	-	-	5
"    to hospitals	6	-	1	-	-	-	-	-	1	-	2
"    to others	-	-	-	-	1	-	-	-	-	-	1
Left area	-	-	-	3	2	1	-	2	-	-	8
Did not attend	1	-	-	2	1	1	-	-	-	-	4
	396	45	67	33	66	20	64	99	32	45	471



CHILD GUIDANCE STATISTICS 1972

\* B. (Boys)  
G. (Girls)

CLINIC	TOTAL 1971	* Bexhill		Burgess Hill		Crowborough		E. Grinstead		Hailsham		Lewes		Portslade		Shelleys		Stonepound		TOTAL 1972	
		B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
PRE-SCHOOL	32	1	-	6	5	1	1	3	1	1	1	2	2	9	1	-	-	-	-	23	11
L.E.A. 5-7	60	8	3	3	2	7	-	2	1	2	4	7	5	6	6	4	3	-	-	39	24
8-11	116	8	3	19	9	6	5	13	6	3	1	13	6	29	12	4	3	-	-	95	45
11 +	163	16	1	11	5	6	6	27	4	4	3	13	12	12	12	13	5	-	45	102	93
INDEPENDENT SCHOOLS																					
5-7	4	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2
8-11	4	-	-	2	-	-	-	-	-	-	-	1	-	2	1	-	-	-	-	5	1
11 +	16	2	2	3	1	1	-	5	4	-	1	2	1	5	2	-	-	-	-	18	11
LEFT SCHOOL	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
	396	35	10	45	22	21	12	50	16	10	10	38	26	63	36	21	11	45	283	188	
		45		67		33		66		20		64		99		32		45	471		

CHILD GUIDANCE STATISTICS 1972

CLINIC	TOTAL 1971	Bexhill	Burgess Hill	Crowborough	E. Grinstead	Hailsham	Lewes	Portslade	Shelleys	Stonepound	TOTAL 1972
Analysis of treatment old - new cases											
Advice	28	2	13	10	-	-	6	-	1	-	32
Improved (closed)	63	17	27	8	10	21	8	13	-	-	104
Not Improved	7	1	2	-	-	4	1	-	-	-	8
Transferred	28	6	-	3	6	4	2	2	-	-	23
Closed/Withdrawn/Refused	78	8	6	5	1	6	1	16	1	-	44
On-going (under treatment or supervision)	373	49	115	27	38	27	58	75	-	-	389
Transferred to special school	33	-	4	5	4	1	5	-	7	-	26
Diagnostic only	47	-	-	-	-	-	-	2	22	45	69
Admitted to Hospital	7	-	3	-	-	-	2	-	1	-	6
Left Area	22	7	3	6	10	3	2	2	-	-	33
Left school	35	7	3	3	13	1	7	2	-	-	36
	721	97	176	67	82	67	92	112	32	45	770
Summary of Work done by Psychiatrists											
Diagnostic interviews	281	38	36	23	47	13	36	40	32	45	310
Treatment interviews	1226	153	158	105	166	44	324	217	4	-	1171
	1507	191	194	128	213	57	360	257	36	45	1481
Educational Psychologists											
Diagnostic Interviews	219	29	43	15	26	12	-	11	-	-	136
Remedial Interviews	50	-	13	-	5	-	-	-	-	-	18
School visits	159	26	25	2	24	5	-	4	-	-	86
	428	55	81	17	55	17	-	15	-	-	240
Social Worker											
Clinic Interviews	1380	254	55	141	250	82	426	142	-	-	1350
Home Interviews	1378	95	362	162	154	127	580	282	-	-	1762
	2758	349	417	303	404	209	1006	424	-	-	3112
Child Psychotherapist											
Treatment Sessions	330	-	-	-	-	-	-	415	-	-	415
Clinic Interviews	390	-	-	-	-	-	-	276	-	-	270
Visits	64	-	-	-	-	-	-	42	-	-	42
	784	-	-	-	-	-	-	727	-	-	727



## SOCIAL WORK IN THE CHILD GUIDANCE CLINICS

It should be borne in mind that the Child Guidance Clinic team in dealing with cases often need to resolve problems within a family unit or school situation. This involves contact with schools, other specialist professional or social workers, probation officers, police and others. The value of recommended advice given by Clinic teams is measured by its continued and ready acceptance by all concerned.

The following extracts are taken from a report submitted by Mr. J. Chisnell, Principal Social Worker:-

This year attention has been focused on the impending changes which the National Health Service and Local Government Reorganisation is likely to make on the Child Guidance Service. In order to explore matters of common interest, the regular meetings of the Child Guidance Social Workers now includes colleagues working in clinics in the County Boroughs which will become part of the new East Sussex area in 1974. Among other topics discussed, careful consideration has been given to the future administrative structure of the Child Guidance Service. The views and comments of the meetings particular insofar as they affect social workers, have been recorded so that they can be taken into consideration in planning the new structure.

Consideration of the future of the Service does in turn require a reappraisal of the role of the clinic social worker. He or she has developed particular skills in working with emotionally disturbed children and their families. This expertise needs to be available to other workers in contact with children who are similarly at risk. This role of advisor becomes increasingly more important at a time when most social workers outside of the Child Guidance Service assume a generic role and so are afforded less opportunity of specialising.

Inevitably making a more specialist contribution to the Service requires increased emphasis to be placed on training. The link with the University Social Work Department continues to flourish. Currently two clinics are providing field work placements for students on the Master's Degree course at Sussex. In turn this affords the social worker supervising the students the opportunity of continuing contact with the University Department. In-service training for the social workers currently working in the clinics is also an important aspect of the training programme. However in order to allow the social worker to make an effective contribution as an advisor, it is in the area of professional training that attention still needs to be focused. During the coming year it is anticipated that one of the clinic social workers will be seconded onto a professional training course. At the same time a trainee social worker post has also been created, with the object of further strengthening the professional social work team. All these developments will ensure that the social workers continue to make an effective contribution to the Child Guidance Service.

### FAMILY CLINICS

The two types of Family Clinic continued during 1972. At Lewes the sessions were held most Friday mornings. These are informal and run something on the lines of a playgroup with observations of the childrens' behaviour being made by the clinic staff - an experienced doctor and health visitor. The Educational Psychologists see cases as appropriate.

At Hailsham facilities exist at the Health Centre whereby family doctors working there can refer cases to the Educational Psychologist. Since a full time Education Psychologist has been based at the Health Centre, from September, it is expected that better opportunities for consultations will come about.

<u>Referred by</u>	<u>Lewes</u>	<u>Hailsham</u>
General Practitioner	10	4
School Medical Officer	-	1
Health Visitors	7	-
Parents	4	-
Head Teachers	1	-
	<hr/> 22	<hr/> 5



Main Reason for Referral

	<u>Lewes</u>	<u>Hailsham</u>
Emotional disorders	4	4
Habit disorders	7	-
Behaviour disorders	9	1
Social problems	2	-
	<u>22</u>	<u>5</u>

Primary Action Taken

One/Two interview(s)	8	4
Continued Support	14	1

Age on Referral

Under 5	4	-
5 - 7	7	1
8 - 11	10	-
11 +	1	4
	<u>22</u>	<u>5</u>

THE COUNTY PSYCHOLOGICAL SERVICE

(NB: This report relates to the School year ended 31.7.72)

The following are extracts from a report by Mr. A.H. Morgan, Senior Educational Psychologist:-

Following the last Annual Report, it was agreed that the title "School Psychological Service" should be changed to "The County Psychological Service" to reflect the Committee's care for children's needs in whatever situation they might first show themselves. Previous annual reports have dealt piecemeal with particular aspects of the work. These are now co-ordinated to give a single view of all the work done for children, whether it is undertaken in schools, clinics, Homes, assessment centres or their own homes.

The basic pattern of work described in the last annual report has been maintained in the present year. There has been an increase in the number of children referred from about 1,200 to 1,500, with an increasing emphasis on very young children and those over statutory school age; referrals from secondary school have also increased considerably.

It may be helpful to outline some of the changes in emphasis which are beginning to take place, and to mention some particular developments.

- (i) The psychologist team. The psychologists now meet regularly as a single group and in smaller working party sections, in order to increase their effectiveness and improve communications. A system has been operating which monitors certain parts of their work as a basis for evaluation. National and regional in-service courses have been attended and progress is being made with the mounting of evening courses by Sussex University. As the number of psychologists increases the desirability, and the possibility, of some specialisation grows. So far this has been directed to the mentally handicapped and the speech, and hearing impaired, but the time is coming when fresh thought should be given to this differentiation of function.
- (ii) A "comprehensive" approach. Children's problems are complex in themselves, but they are fully meaningful only in the social context in which they occur. They may be only presenting symptoms, pointing to other difficulties in the home, the school or the community itself - and which may, in fact, be the ones to be recognised, and perhaps dealt with, first. On the



whole, children are referred because other people find them disturbing. Often, too, of course, workers from other agencies will already be occupied with them, their families, or their social groups.

The service has therefore sought more and more to relate its efforts to those of others engaged on the same problems. The Social Services Department is made aware of the children with whom we deal, so that we may co-ordinate efforts when we share families. A particular instance of this is the Problem Case Conferences in Secondary Schools which have been fostered by Mr. L.D. Green, Assistant Education Officer: here the school staff, the Social Worker, the Education Welfare Officer, and the Psychologist meet to discuss common problems. A similar multi-disciplinary group meets at Hill House Hospital, Rye, including the medical and nursing staff. Similar links have been forged with the Advisory Staff for Special Education and could, with profit, be made with other Advisory Staff. The result has been a greater flexibility and variety in the teams in which psychologists work, going beyond the traditional Child Guidance pattern.

- (iii) The need to review children's progress. Identification of children's needs is not enough. They need treatment, and this treatment needs regular review in the light of changes which will occur. There has been a big increase in the number of such reviews made by psychologists - some 350 this year. A comprehensive review procedure has been established for children in schools for educationally subnormal children and for children in boarding schools for maladjusted pupils. This is gradually being extended and systematized for children in schools for the mentally handicapped and for those in special classes in ordinary schools.

(iv) Some Service developments

- (a) With the formation of a second class for speech defective children at Lewes, the referral rate for children with communication handicaps has increased.
- (b) The psychologist working in the hospitals for mentally handicapped adults, after a survey of the provision, set up programmes for the personal-social development of those inmates incapable of taking part in Occupational or Industrial Therapy and yet not unresponsive to their surroundings. Many of the "adult referrals" in the tables below were patients assessed and selected for this. The educational/recreational needs of the other patients should be one of the next objects of attention.

A small number of hospital patients attend outside employment, Adult Training Centres or Adult Work Centres.

- (c) There are some adults for whom "Home Tuition" is provided. Their low literacy levels have created personal or employment difficulties and the Authority has provided individual teaching in suitable cases. This year, however, small groups have been formed in further education establishments where, less isolated from the community, they can have the benefits of mutual support and of the 'club' atmosphere of the establishment.
- (d) Three peripatetic teachers began work in primary and secondary schools. They take slow-learning children who need a one-to-one relationship if they are to progress. Such children are not only backward but will usually be emotionally or socially unstable. First impressions of the result of this work are encouraging.
- (e) Attention has already been drawn to the increasing involvement of the psychologists with the 'treatment' of the children identified as "in need". This is true not only of those handicapped persons in hospitals or special schools, but of children remaining within the ordinary school system but receiving there some form of special help.
- (f) Problem Case Conferences in Secondary Schools. Mention has been made of these meetings in which officers from the various departments of the Authority meet in school to consider children who are showing difficulties, and to correlate their actions. A by-product of this is that each department finds itself re-examining its own methods of working. In schools, for example, the pastoral care system is subject to re-examination to improve the efficiency with which it identifies, and then cares for, its children in trouble.



(v) Research

Mr. Gold submitted his report on the use of the "Talking Typewriter" in schools, and Mr. Wilkinson has continued his research with a Children's Projective Test, which is now becoming more widely known. A follow-up is being made of children leaving school who fail to adjust to employment.

It is hoped that the Authority's psychologists will have opportunities to join University staff in research projects, especially where children in East Sussex schools are involved.

(vi) Prevention

It is not enough to identify children in need, to provide special help and to review their progress. At the same time, steps should be taken to prevent, or to ameliorate the effects of, some of the children's problems. The schools, for example, make a major contribution to the mental health of their communities. To the people already carrying responsibility here, the psychologist also has a contribution to make.

COUNTY PSYCHOLOGICAL SERVICES - STATISTICS FOR SCHOOL YEAR 1971-72

SUMMARY

Number of children referred or awaiting investigation during school year 1971-72.

	Hove	Cty. Area	Total
1. From Waiting List (1.8.71)	21	169	190
2. New referrals during current school year	212	1296	1508
Total	233	1465	1698

Disposal

	Hove	Cty. Area	Total
Number of children seen:-			
(i) Primary recommendation made	189	1177	1366
(ii) Inquiries proceeding	-	50	50
(iii) Inquiries begun, child withdrawn before completion	2	7	9
Withdrawn before being seen	14	54	68
Number of children still on waiting list (1.8.72)	28	177	205
Total	233	1465	1698

Information about children referred in the school year 1971-2:-

(a) Source of Referral

	Hove	Cty. Area	Total
C.E.O./B.E.O.	15	92	107
Head Teachers	156	756	912
P.S.M.O.	13	147	160
P.S.M.O. (Child Psychiatric Clinic)	18	129	147
Social Services Department	2	103	105
Parents	8	50	58
Others	-	19	19
Total	212	1296	1508

(b) Schools attended by "children" referred in the school year 1971-2: -

	Hove	Cty. Area	Total
Pre-school	10	31	41
Infant	16	261	277
Junior	121	581	702
Secondary Modern	38	136	174
Comprehensive	4	69	73
Grammar	13	5	18
Special Schools	9	110	119
Independent Schools	1	44	45
Over-School Age	-	59	59
<b>Total</b>	<b>212</b>	<b>1296</b>	<b>1508</b>

(c) \*Reasons for referral of new referrals in the school year 1971-72

	Hove	Cty. Area	Total	
C.E.O./B.E.O.				
Transfer queries	10	18	28	
Applications for assistance with Boarding School fees	1	13	14	
Attendance problems	3	13	16	
Adult Slow Learners	-	15	15	
Others	1	33	34	
Total	15	92	107	
Head Teachers				
Slow Learners	111	469	580	
Other learning problems	14	63	77	
Socially disruptive behaviour	15	107	122	
Personal emotional difficulty	11	82	93	
Others	5	35	40	
Total	156	756	912	
P.S.M.O.				
Speech Therapists, S.M.O., etc.	6	71	77	
General Practitioners	1	11	12	
Hospitals	6	40	46	
Others	-	25	25	
Total	13	147	160	
Psychiatrists	Total	18	129	147
Social Services Department				
Reception Centre	-	33	33	
Remand Home	-	40	40	
Community Homes	-	3	3	
Other individual referrals	2	27	29	
Total	2	103	105	
Parents	Total	8	50	58
Others	Total	-	19	19
TOTAL	212	1296	1508	

- \* The reasons are those given in the referral: they do not necessarily reflect the problems eventually identified.



Immediate primary action taken (on all children seen in the current school year)

	Hove	Cty. Area	Total
Discussed - With adults concerned, but not accessed individually in detail	8	46	54
Assessment only (i.e. at request of a team, other than school staff : Educational Psychologists report is then incorporated in a wider report)			
Child Guidance Clinic	36	127	163
Shelleys (Soc. Services Assesst. Centre)	-	33	33
Stonepound (Remand Home)	-	40	40
Hospital	2	-	2
Speech Therapist	-	1	1
Partial Hearing team	-	-	-
Others	-	3	3
Assessment and advice to referring agency	22	214	236
Assessment with planned follow-up	4	134	138
Assessment with therapy	9	16	25
Assessment and recommendation for special educational provisions:-			
Special in Ordinary school	-	16	16
Educational Peripatetic Remedial Tchg.	-	21	21
Treatment Other Part-Time Help	5	74	79
Special Class	55	247	302
Tutorial Class	9	35	44
Speech Unit	-	16	16
"Home Tuition" - Child	2	3	5
Adult	-	6	6
Special School - E.S.N.	20	23	43
Mentally Handicapped	2	7	9
Other	-	5	5
Boarding School	-	6	6
Assessment and referral to other agency for further help			
Child Guidance Clinic	7	47	54
Hospital	1	-	1
S.M.O.	2	4	6
Speech Therapy	-	6	6
Hearing Advice	-	4	4
Social Services	4	12	16
Other	3	34	37
Other Action	-	2	2
Further action pending	-	50	50
TOTALS	191	1232	1423

## SPEECH THERAPY

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

### GENERAL INFORMATION:

Case referrals have been received from widely varying sources showing an ever increasing awareness of communication problems on the part of doctors, teachers, health visitors and parents. The decrease in the total referrals for 1972 is partly accounted for by a reduction of 50% in the Hove area; Miss Bentley Speech Therapist, states that this is due to the closure of Hangleton Clinic for alterations since September and re-organisation for the new Speech Unit. In other areas there has been very gradual lessening of referrals from children of school age, with an increase in the numbers of pre-school children, which is believed to indicate the benefit derived from early attention. It will be noted that an increase in the numbers treated in 1972 has resulted in a reduction in the waiting list.

The importance of case investigation, by means of assessment, continues to be an essential preliminary to successful treatment in the Speech Clinics, and often needs to be of multi-disciplinary nature.

Considerable re-organisation and adaptation of the speech therapists programmes has been necessitated by changes of sessional staff, but in spite of this the important team working has been maintained.

Experimental methods for pre-school treatment and parent counselling have been introduced with a satisfactory outcome and, in some instances, a lessening of the need for individual therapy for very young children. Talks given for mothers of pre-school children and staff of play schools have proved most popular. The aim is to establish better understanding of the child's speech development and to prevent communication disorders arising. Parents have valued being able to discuss such matters with the Speech Therapist and amongst themselves.

In the Haywards Heath area, the Senior Speech Therapist has participated in talks arranged by the health visitors for mothers, nurses and midwives, health visitors and students, to the advantage of all concerned.

Some tape recordings on speech development have recently been acquired by the Consultant Speech Therapist, and when edited should be useful for loan to organised groups.

An outstanding result from the Consultant Speech Therapist's case file:-

A 10 year old girl born with multiple handicaps (diagnosed as Treacher Collins Syndrome). Speech was unintelligible until a few years ago due to central deafness, repaired cleft palate, partial immobility of the tongue, and deformities of face and mouth. She was discharged on review early in 1972 having attained normal speech for all practical purposes and with a developing interest in reciting poetry and literature. She was recommended to follow her treatment with a course of speech training from a local elocution teacher; this resulted in an entry to Hastings Musical Festival, where she gained an Award of Merit in open competition for the recitation of a poem which she had composed herself. This is surely an example of youthful perseverance and applied intelligence in the face of great handicaps, resulting in unusual achievement.

### SPEECH THERAPY DAY UNITS:

Sidley C.P. School, Bexhill.

There are now 8 full-time pupils in the Sidley Day Unit and 5 additional children attending several times a week for speech therapy (the majority of these have graduated back to former schools after discharge, but need to continue some treatment until their speech is fully restored).

It is gratifying to report the following:-

- 8 discharges back to normal school;
- 1 discharge to Special School;



an increase of 5 discharges over 1971. Follow-ups have been carried out on all discharges from previous years, showing progress maintained with no relapses. In most instances teachers report that speech communication is quite normal. Many pupils have needed placement in special classes for remedial help with reading, which is to be expected after such verbal deprivation.

An extension of our work has been effected by taking the children on visits outside the school for shopping expeditions and other common experiences. The object has been to stimulate interest in the understanding and use of language, which is not only popular but effective.

An example of persistence rewarded after earlier failure is noted in the following case:-

A non-communicating girl admitted to the Unit in September, 1971, when aged five years. No progress took place during the first three terms but rather regressive behaviour towards infantile habits. Negativism was marked, with noisy utterance but no meaningful words attempted either at home or school. She showed intelligent response to individual play material but not to sharing toys with others. She was referred to the Wolfson Centre, University of London, for further investigation which endorsed the findings made locally, and recommended retention at the Day Unit. From September, 1972, this girl started to babble, which rapidly evolved into a recognisable vocabulary of words and phrases which she now uses to communicate with others at home and school. Although her articulation is still confused, she talks with sufficient intelligibility to be understood and with consequent improved behaviour.

#### Wallands C.P. School, Lewes

The eagerly awaited Lewes Day Unit was opened at Wallands School for the summer term. An Assessment Panel was formulated whose initial task was the consideration of suitable candidates from an extensive list of referrals. Preference was given to the junior aged pupils whose need was considered greater than those about to start school. Eight children comprised the selected group, and the waiting list is under regular review for the allocation of places as they become available.

Obviously, two terms is an inadequate period on which to assess much in the way of results, especially as staffing problems produced setbacks during the first term.

Parents are encouraged to keep in close association with the Speech Therapist and Teacher, which mainly has to be done by telephone rather than visiting, as the journey is often difficult. The first Parents Open Evening was very successful, producing 100% attendance and establishing rapport between all concerned.

One child shows especial benefit from her six months in the Unit, having made the equivalent of two years progress in the acquisition of expressive language and improved articulation. On entry she had very meagre powers of communication and unintelligibility. She is now well on the way to resolving her speech handicap.

#### New Speech Therapy Pre-School Play Unit, (Hove).

This is an experimental project opened at Hove in November, 1972, designed to provide facilities for the non-communicating and speech handicapped pre-school children in this area. Sessions take place each weekday afternoon for two hours with a trained Play Group Supervisor assisted by the children's mother. A Group Training Scheme is being operated by Miss Bentley, in charge of speech therapy at Hove, whereby a technique for speech stimulation and language learning is made part of the play school routine.

Miss Bentley reports that initially many of the children are unable to play successfully and those that do maintain an unnatural silence. After so short a time there has been a degree of improvement in all the group and a striking change for the better in two of them.



# CHILDREN REFERRED DURING 1972.

School children .....	473
Pre-school children .....	312
	785

## ACTION TAKEN

Receiving treatment .....	560
Awaiting treatment .....	117
No treatment required .....	34
Cases closed, refused, terminated or transferred to other authorities .....	74
	785

## TREATMENT

No. of children receiving treatment at 1.1.72.	517
No. of children added during 1972	297
No. of cases closed during 1972	254
No. of children receiving treatment at 31.12.72	560
No. of children receiving period treatment i.e. monthly, 3-monthly etc. ....	362

## SEVERELY SUB-NORMAL PUPILS

Arrangements are made for termly visits by a senior medical officer to the Schools for Mentally Handicapped Children; Court Meadow, Glyne Gap, Hillside and Hill House Hospital School; so that every pupil at these schools is seen at least once a year. Under school age children, who may eventually need to attend these schools, are seen annually too, and of course close liaison is maintained in all cases with field workers to check on, and review, progress.

### Physiotherapy

Mrs. B. R. Dixon has continued as part-time physiotherapist to Hillside School, working for two sessions per week. We were very fortunate in obtaining the services of Mrs. A. Clifford, who was appointed part-time physiotherapist to Court Meadow School in April. Their work has been invaluable. The children attending Hill House Hospital school receive physiotherapy from the part-time physiotherapist appointed to the hospital, Mrs. Pearson. It is unfortunate that so far it has not been possible to find a suitable physiotherapist for Glyne Gap School.

### Orthopaedics

Dr. F.A. Pearson, Senior Hospital Medical Officer, (Orthopaedics) at Chailey Heritage Hospital, visited Court Meadow and Hillside Schools twice during the year to give most useful advice on specific orthopaedic problems.

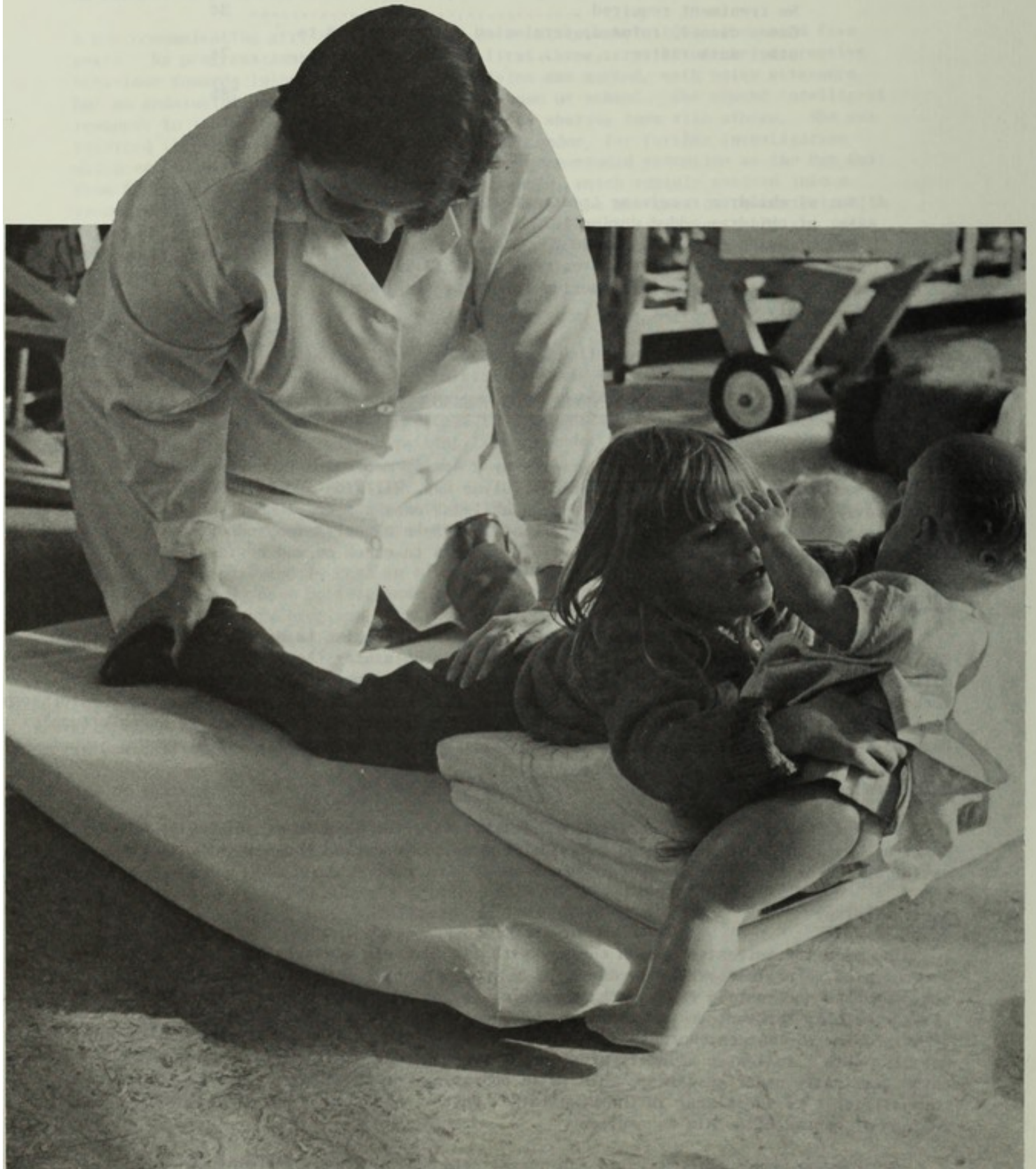
### Speech Therapy

The need for intensive speech therapy with the severely mentally handicapped has been demonstrated with greater clarity during this year. However, the slow rate of progress achieved does not justify the speech therapists giving more than a very limited time. This is particularly relevant to the adult in the hospital. A practical scheme has been organised for the speech therapists to give one or two weekly sessions to the pupils in schools, with a follow-up of daily practice by the teaching staff, who are co-operating enthusiastically under guidance. This is in operation for the children but is proving more difficult to administer in the hospitals. Further study is being given to new methods of approach in this connection.

One hundred and twenty severely sub-normal patients received treatment during the last year.



CHILDREN'S HEALTHY LIVING



## Deaf Children

The Adviser for Deaf Children, Mr. M. Harding, is involved with severely subnormal deaf children, both pre-school and those attending the schools for the mentally handicapped. Two pre-school children and nine children attending these schools received help during the year from the Teachers for the Deaf, who spent one session per week at the appropriate schools.

## Review Panels

During December a review panel was set up at Hill House Hospital School, which it was decided should meet monthly, to carry out comprehensive assessments on each child at least once a year. This will provide close liaison between all the field workers involved with each child so that the various aspects of their development can be discussed and any necessary investigations recommended. The relevant senior medical officer is obviously very much involved with this panel. It is anticipated that similar review panels will gradually be set up at all the schools for the mentally handicapped.

## Private Establishments for Severely Subnormal Children

The appointment of part-time teachers to the Brighton and Hove Spastics Society Day Centre, Hamilton House, and to the Mayfield Childrens' Home is welcomed. Both establishments contribute greatly to the care and development of a number of pre-school and school-age subnormal children.

## Hill House Hospital, Rye

To provide ideal facilities for the care and maximum developmental progress of severely sub-normal children, it is recognised that there must be close communication and co-ordination between the medical, educational and social services. It is very pleasing to learn that a new concept at Hill House Hospital is envisaged which will involve these three disciplines more closely, initially in a pilot scheme to improve the quality of life of the patients and to provide training, and where necessary re-education, within the hospital and the hospital school.

Greater communication and co-ordination between the Medical Subnormality Service and the educational and social services within the community is to be encouraged.

## B. C. G. VACCINATION SCHEME

The scheme was resumed during the year under report. It is estimated that all eligible children, including those omitted from the scheme in 1971, will have been vaccinated by mid April, 1973.

The recently revised Medical Memorandum on B.C.G. Vaccination, by the Department of Health and Social Security, recommends vaccination in the case of weak positive reactions to the tuberculin test. Arrangements have been made for this procedure to be adopted in the County in 1973.

## STATISTICAL SUMMARY RELATING TO THE B. C. G. SCHEME

### FOR SCHOOL CHILDREN AND STUDENTS 1970 AND 1972 (COUNTY AREA)

Details	1970	1972
(a) ACCEPTANCE RATE		
Number of schools and colleges visited	61	38
Total children eligible	4,829	2,565
Consents received	4,156	2,154
Percentage of acceptances	86.1%	84.00%



(b) RESULTS OF ROUTINE SKIN TESTS

	1970	1972
Number skin tested	3,556	1,848
Number positive	458	306
Number negative	2,940	1,420
Percentage positive	12.9%	16.6%
Not vaccinated	158	122

Children not vaccinated are reviewed the following year. Vaccination may not have been given for various reasons (e.g. absence from school or vaccination contra-indicated at the time).

(c) RESULTS OF SKIN TESTS WHERE PUPILS HAD PREVIOUSLY RECEIVED B.C.G. VACCINATION

Number skin tested	263	144
Number positive	232	131
Number negative	31	13

SCHOOL EYE CLINICS

Parents of children who are discovered with eye defects at school examinations are given 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:-

Clinic	No. of Sessions	Children found to have errors of refraction (including squint)	Children for whom spectacles were prescribed
Bexhill	10	79	57
Brighton	13	113	86
Eastbourne	20	257	231
East Grinstead	12	113	79
Haywards Heath	39	415	302
St. Leonards	15	104	54
Tunbridge Wells	23	232	174
TOTALS	132	1,313	983

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 645 certificates were issued by the school medical officer for this purpose.

CHILD CARE CLASSES

Senior boys and girls in 21 schools have continued to receive instruction in Child Care from the Health Visitors. 359 pupils took the examination. 302 passed 102 of them with credit.

SCHOOL MEALS SERVICE

The total number of schools in the County with self-contained kitchens is 171 and 41 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 forty-one licensed dairymen: all the schools receive Pasteurised milk as recommended.

Supervision of these arrangements has been maintained and forty-nine samples of the milk, submitted for laboratory examination, were reported to be up to the required standard.

The sources and quality of these supplies 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: 93 certificates for this purpose were issued during the autumn term.

### SCHOOL SWIMMING POOLS

During the year seven new swimming pools came into operation and there are now a total of 89 pools at County Schools. Fourteen of these are major or permanent pools at Comprehensive or Secondary Schools and seventy-five are "learner" type pools at Junior Schools.

Seventeen of the pools have heated water and installation of heating systems is under consideration for a further twenty-three pools. Eight pools are covered and eighty-one are open-air types.

All the pools have 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 aspects relating to safety and hygiene.

The inclement weather of spring and early summer 1972 resulted in many pools being neglected with consequent deterioration of the water. When these conditions had been rectified, routine sampling and testing of the water throughout the remainder of the season showed satisfactory results, and in the majority of cases, the required standards were maintained.

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



### MORBIDITY REGISTER

During the latter part of 1967 a "Handicapped Index" was planned by the Health Department with the aim of better co-ordination of the services and of providing continuity of care for handicapped children and adolescents throughout East Sussex.

The Index provided for:-

- a) The recording of all cases of handicap needing follow up.
- b) A system of Nominated Visitors responsible for maintaining contact with each case. Nominated Visitors were drawn from the staff of the County, Education, Social Services, Health, Departments and also from voluntary organisations.
- c) The issue of monthly computer aide memoire sheets to the Nominated Visitors.
- d) The interchange of information between various staff and the Health Department to ensure all cases currently needing oversight were included in the Index.

### Coding System

A coding system was devised in the Department to provide as much information as possible in each case. The handicap of each person was represented by six digits. The first two analysed the handicap by systems of the body, the second pair of digits analysed the condition by its cause, if this was known, and the final pair of digits indicated the medical diagnosis.

### Morbidity Register

Since the Handicapped Index Scheme was first devised limitations in its usefulness and statistical accuracy had gradually become apparent. The scheme was only a functional one and because of computer limitations it could not be expanded. However the opportunity to transfer the Index from the initial restricted system, which used the Sussex University Computer, to the County computer with its enlarged facilities, called for an immediate reappraisal and reorganisation of the scheme.

### Revised Format

The aim of the revised scheme is to obtain a comprehensive record of all children and adolescents in East Sussex who have a disease or abnormality of a chronic or recurrent nature which might incapacitate to some degree. This record can then act both as a statistical and a functional record.

Once all appropriate children and adolescents are recorded on the register the computer will start issuing two-part print-outs periodically to the family doctors as to their respective patients. Copies of the print-out will be sent to Health Visitors who work with the family doctors, and they will become responsible for ensuring that active cases have the necessary follow up and supervision from any of the appropriate services: this will replace the nominated visitor arrangements previously used. One part of the print-out will be cases needing action and the second part of the print-out will hold details for record purposes only.

The computer as well as issuing these periodic print-outs will also retain a "computer memory", for statistical purposes, of deaths and removals from the county.

The initial addition of cases to the Morbidity Register is nearing completion and the first print-outs will then be issued.

The coding system, as originally devised, will continue to be used and further information on multiple diseases or abnormalities will be added to the register as more computer facilities become available.

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30th May, 1973.



EXTRACTS FROM THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR HOVE

SCHOOL HEALTH SERVICE - 1972

More medical examinations were carried out this year by our local staff, who also cover the Portslade schools, than last year. The number of pupils who received a full medical inspection in Hove and Portslade during the year was 1745, and in 1971 the figure was 1340. The standard of health among these pupils was very high.

Though the number of inspections for head infestation decreased slightly, the percentage of pupils found to be infested increased. Compared with 1967, the number of head inspections has almost doubled and the number of infested heads has increased more than five-fold. It goes without saying that the modern trend for the young male to have longer hair contributes greatly to this increase, also to a certain lowering of standards of hygiene in some households. There is no evidence to suggest that our form of treatment is producing resistant vermin.

It is of the utmost importance to detect as early as possible defects in vision and hearing, which can be responsible for a child's failure to progress in school. Every attempt is made to test the school child's vision five times during its school life. Hearing tests are carried out by the Health Visitors long before the child enters school. However, to be certain an audiometric test is carried out by an experienced operator during the child's first year in school. Should there be any deviation from the normal the child is usually seen by the School Medical Officer, who carries out a medical examination. Should the doctor not be entirely satisfied the child is recommended for examination by one of the local Consultants. The family doctor is aware of the Medical Officer's opinion and of the Consultant's advice and action if necessary.

For some time now there has been a long waiting list for the referred child to be seen by the Speech Therapist. It has long been our view that the setting up of a pre-school unit for group treatment would reduce this waiting list and would provide therapy at a much earlier date. This has many advantages, not only has it psychological benefits but also it is hoped that the child will have completed therapy prior to school entry, thus it also has academic advantages as it will not be necessary for the child to miss time at school while attending the Speech Therapist.

The group unit began in September 1972 and though it is still in its early days, already this form of treatment has produced excellent results, which are being watched with interest by many education authorities.

In September we appointed another School Nurse to help us in our work. This appointment has made it much easier for us to carry out our school programme.

N. I. Condon.

**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
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 and later	855	855	-	-	6	19	25
1967	2436	2435	1	-	46	64	110
1966	2346	2346	-	-	41	100	141
1965	513	513	-	-	11	26	37
1964	284	284	-	-	8	9	17
1963	236	236	-	-	4	6	10
1962	922	921	1	-	21	17	38
1961	2063	2063	-	113	40	63	103
1960	949	949	-	-	26	14	40
1959	198	198	-	-	8	5	13
1958	589	589	-	-	22	13	35
1957 and earlier	1066	1066	-	-	34	21	55
TOTAL	12457	12455	2	113	267	357	624

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

99.98%

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

00.02%

**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	485
Number of Re-inspections	5,454
Total	5,939



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	88,888
(b)	Total number of individual pupils found to be infested	216
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).	3
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).	Nil

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 ... ..	3
Errors of refraction (including squint)	1,803
<b>TOTAL</b>	1,806
Number of pupils for whom spectacles were prescribed ... ..	1,206

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 ... ..	9
(b) for adenoids and chronic tonsillitis	303
(c) for other nose and throat conditions	59
Received other forms of treatment	-
<b>TOTAL</b>	371
Total number of pupils still on the register of schools at 31st December, 1972, known to have been provided with hearing aids:-	
(a) during the calendar year 1972	21
(b) in previous years	119

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	327
(b) Pupils treated at schools for postural defects	-
<b>TOTAL</b>	327

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 ... ..	8
Scabies... ..	1
Impetigo ... ..	31
Other skin diseases ... ..	31
<b>TOTAL</b>	71





STAFF OF COUNTY DENTAL SERVICE

1972

Chief Dental officer and Principal School Dental officer

MR. C. E. PENTON EVANS, L.D.S., U.Dent.

**SECTION III**

Deputy Chief Dental officer and Deputy Principal School Dental officer

MR. I. A. W. RYDALL, L.D.S., R.C.S.

Area Dental officers

MR. A. E. JONES, L.D.S., R.C.S.

MR. T. R. C. PULLIN, L.D.S., R.C.S.

**COUNTY DENTAL SERVICE**

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

Senior Dental officer

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

Orthodontist

DR. DAVID RAPER, L.D.S., D.Dent., R.C.S., R.R.C.S., L.R.C.P.

**EAST SUSSEX INCLUDING HOVE AND PORTSLADE**

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

MR. E. DISTANCE-CLARK, L.D.S., R.C.S.

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

MR. J. R. HARRIS, L.D.S., R.C.S. (Appointed Feb. 1972)

MR. R. SHERRING ROBERTS, L.D.S., R.C.S.

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

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

MR. R. J. WATKINS, L.D.S. (Resigned 1.12.72)

Seasonal Dental officers

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

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

MR. R. A. PHOENIX, B.D.S., U.Dent.

MRS. G. M. DODDERS, B.D.S., R.C.S.

MRS. C. SORREY, B.D.S.

MRS. J. R. SHAPLIN, L.D.S., R.C.S.

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



SECTION III

COUNTY DENTAL SERVICE

EAST SUSSEX INCLUDING HOVE AND PORTLAND

STAFF OF COUNTY DENTAL SERVICE

1972

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. M. IRWIN, L.D.S., R.C.S. (Appointed Feb. 1972)

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, L.D.S. (Resigned 1.12.72)

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 (Resigned Oct. 1972)

MRS. V. STILLMAN, Sessional (Appointed 30.11.72)

Anaesthetists

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

DR. A.M. HAINES, M.B., Ch.B., D.C.H., D.A., F.F.A., R.C.S.,

DR. H.C. MIDDLETON, M.R.C.S., L.R.C.P., F.F.A., R.C.S., D.A.

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

DR. K.W. ROBINSON, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lon.), R.C.S. (Lon.)

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.)

DR. P.B. WEMYSS-GORMAN, M.B., B.Chir., M.R.C.S., L.R.C.P., F.F.A. R.C.S.

1972

COUNTY DENTAL SERVICES

Report of the Chief Dental Officer and Principal School Dental Officer

The programme of re-equipping clinics continued and during the year a further three were dealt with - Rye, East Grinstead and Uckfield. It is hoped that the programme will be completed in the coming year.

Although the number of sessions worked was the same as in 1971, the measures introduced last year aimed at giving priority to the provision of an annual inspection resulted in an increased number of children being inspected. Because of the rise in school population, however, the percentage of the total school population inspected (74.4%) remained the same.

In my last report I commented, with some concern, on the increasing number of emergency cases which result from the failure to provide regular and frequent inspections and treatment. It is sad to record that this trend has continued and the 1,714 cases seen represents a 24.6% increase over the previous year.

The demand for treatment again increased; the positive acceptance rate moving sharply from 51% (1971) to 60%. This increase and the rise in the number of emergencies dealt with may also reflect the difficulties in some areas of patients being able to obtain treatment from sources other than our own clinics. The improved facilities now provided have also played a part in attracting new patients and in the course of the year, one fifth of the total school population were provided with treatment by the School Dental Service.

The resignation of the Health Education Officer delayed the development of the proposed dental health education programme. The demand for treatment has so absorbed the clinicians time that no great expansion has been possible in providing preventive treatment, although a start has been made in providing the topical application of fluorides to suitable patients. It is felt that an effective health education effort is required before each and every person attends regularly for treatment; before plaque control techniques are followed meticulously by each individual; before otherwise responsible people cease to counter efforts to reduce dental disease by wilfully making available to children food commodities known to be cariogenic and before there is full acceptance by the general public of the principle of fluoridation of public water supplies.

In a recent letter to local authorities on the dangers of 'between-meal' snacks, the Department of Health and Social Security state "The counter arguments in favour of the provision 'tuck', range from discussions on profit to the child who presents himself at school without breakfast and the possible dangers of children buying sweets or buns outside school premises. Whatever weight such arguments carry, when such food is provided a basic rule for dental health is being violated and the school has become a less healthy environment as a result." Surely, every authority should ensure that their schools provide a healthy environment for the children in their care. With 37% of those over 16 years of age being completely edentulous, it is obvious that much work in the field of prevention is necessary.

Because of the financial losses incurred, the main suppliers of apples to schools withdrew from the Apples for Schools Scheme, but a secondary supplier has operated the scheme in a small part of the county throughout the whole year and 376,580 apples were sold.

The present standard of equipment and facilities maintained by the Authority has made possible the provision of more advanced forms of treatment. The improved service thus available has resulted not only in an immediate benefit to the patient regularly attending the clinic but also in the ability to be of assistance in a much broader field.

At the request of general dental practitioners, arrangements have been made to provide treatment under general anaesthesia for children who proved to be virtually untreatable within the resources available to the practitioner in his own surgery, and the County's orthodontist has advised on the diagnosis and treatment planning of cases referred to him.



General anaesthetic sessions are now being used within the training programme of trainee anaesthetists, providing suitable facilities and standard of supervision for the gaining of experience in the administration of anaesthetics for dental treatment.

Official visits have been made by overseas surgeons and delegates to examine and discuss the organisation, and type of service, provided by the County, and visits by students from one of the London dental schools are now part of their final year's curriculum. Such links are the beginning of an integration of the various branches of dentistry and and it is hoped that the removal in April, 1974, of real and imaginary barriers which now exist will lead to an even greater development of this co-operation and mutual assistance. However, in tearing down one set of barriers there is the danger of erecting new ones. It will be essential to establish close liaison between the new area health authorities and local government - particularly the education department - to ensure the continued development and improvement of the dental service made available to the child population.

Although the number of expectant and nursing mother examined fell and the number of pre-school children examined increased, the total of courses of treatment completed in both classes remained constant. The pre-school attendance was again encouraged by the sending of third year birthday cards, and children are now being seen before treatment is required, giving the opportunity of introducing the patient and its parents to preventive procedures.

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.

C. K. Fenton Evans,

Principal School Dental Officer  
and Chief Dental Officer.

1972

School Children

<u>1st Inspection in year</u>	<u>1971</u>	<u>1972</u>
Number inspected at school	40,227	42,342
Number inspected at Clinic	4,930	4,392
	<u>45,157</u>	<u>46,734</u>
Requiring treatment	24,013 (53.2%)	23,298 (49.9%)
Offered treatment	21,289 (47.1%)	20,125 (43.1%)
Treated	10,866	12,098
<u>Treatment</u>		
Sessions devoted to treatment	6494.33	5936.17
Number of attendances (treatment)	33,056	33,422
<u>Fillings</u>		
a) Permanent	25,055	25,836
b) Deciduous	16,171	14,784
	<u>41,226</u>	<u>40,620</u>
<u>Extractions</u>		
a) Permanent	1,603	2,021
b) Deciduous	3,904	4,345
	<u>5,507</u>	<u>6,366</u>
Orthodontic cases treated	798	823
Orthodontic cases completed	186	212
Ratio teeth filled: extracted		
a) Permanent	12.1:1	10.6:1
b) Deciduous	3.6:1	3.3:1

Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children Under five</u>	
	<u>1971</u>	<u>1972</u>	<u>1971</u>	<u>1972</u>
Examined	197	134	2,184	2,397
Requiring treatment	183	122	1,042	1,004
Courses of treatment commenced	184	138	934	951
Courses of treatment completed	137	109	920	917
Fillings	596	577	3,256	2,601
Extractions	114	77	481	461
Scaling and/or gum treatment	92	67	180	212
Dentures	11	8	-	-
No. of sessions (equivalent)				
	= 541.63 (1971)		533.625 (1972)	



1972

**ORTHODONTIC TREATMENT**

	1972
Cases continued from 1971	566
Cases commenced in 1972	257
	<u>823</u>
Cases completed	212
Cases discontinued	59
	<u>271</u>
Cases carried to 1973	552
Number of removable appliances fitted	596
Number of fixed appliances fitted	163
	<u>759</u>
Number referred to Hospital Consultant	1
Number of teeth extracted for orthodontic purposes	1,279

4,345	3,904
6,308	5,507
823	798
212	186
10.6:1	12.1:1
2.3:1	2.8:1

**Maternity and Child Welfare**

Children under five	1971	1972	Expected and Nursing Mothers	1971	1972
Examined	2,307	2,184	Examined	197	134
Receiving treatment	1,084	1,042	Receiving treatment	183	122
Courses of treatment commenced	921	924	Courses of treatment commenced	181	128
Courses of treatment completed	917	920	Courses of treatment completed	127	109
Fillings	2,401	2,326	Fillings	298	277
Extractions	481	481	Extractions	114	77
Sealing and/or gum treatment	212	180	Sealing and/or gum treatment	82	67
Restorations			Restorations	11	8

823,625 (1972)

241,63 (1971)

(NOTE: continued on p. 78)

18 & 21

Medical Officer

Senior Medical Officer

Medical Officer of Health

22

Area Nursing Officer

23

18 & 21

24

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### GENERAL HEALTH SERVICES

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### BOROUGH OF HOVE AND PORTSLADE URBAN DISTRICT

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**BOROUGH OF HOVE STAFF EMPLOYED ON DELEGATED FUNCTIONS**

(as at 31st December, 1972)

**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.

**Senior Medical Officer in Department**

D.M. Kirkman, M.R.C.S., L.R.C.P., M.B.,  
B.S., D.C.H., D.P.H.

**Area Nursing Officer**

Miss K.R. Bryant, S.R.N., S.C.M., H.V., Q.N.

**NURSING OFFICERS**

Miss K. Brackley, S.R.N., S.C.M., H.V., Q.N.

Miss B.E. Browning, S.R.N., S.C.M., H.V., Q.N.

Mr. R.W. Holden, S.R.N., R.M.N., Q.N.

**Speech Therapist**

Miss B.J. Bentley, L.C.S.T.



HOVE BOROUGH

STATISTICS

Population - Mid. 1972 (Estimated by Office of Population Censuses and Surveys) 72280

	DEATHS	1971	1972
Male		612	585
Female		886	906
Totals		1,498	1,491
DEATHS PER 1000 POPULATION			
Crude Rate		20.8	20.6
Local adjusted rate		11.0	10.3
Rate for England & Wales		11.6	12.1
LIVE BIRTHS			
Male		404	321
Female		366	279
Totals		770	599
LIVE BIRTHS PER 1000 POPULATION			
Crude Rate		10.7	8.3
Local adjusted		14.6	10.5
Rate for England & Wales		16.0	14.8
Illegitimate Live Births (per cent of total live births)		16	14
Stillbirths		11	6
Rate per 1,000 total live and still births		14	10
Total Live and Still Births		781	605
Infant Deaths (deaths under one year)		6	7
Infant Mortality Rates (under 1 year of age)			
Total Infant deaths per 1,000 total live births		8	12
Legitimate infant deaths per 1,000 Legitimate live births		6	10
Illegitimate infant deaths per 1,000 Illegitimate live births		16	23
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)		5	8
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)		5	8
Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still births)		19	18
Maternal Mortality (including abortion) Number of deaths		Nil	Nil

PORTSLADE-BY-SEA U.D.

STATISTICS		1971	1972
POPULATION (MID YEAR ESTIMATES BY OFFICE OF POPULATION CENSUSES AND SURVEYS)		18,190	18,270
DEATHS			
Male		97	102
Female		86	81
Totals		183	183
DEATHS PER 1000 POPULATION			
Crude Rate		10.1	10.0
Local adjusted rate		10.1	10.0
Rate for England & Wales		11.6	12.1
LIVE BIRTHS			
Male		178	130
Female		193	138
Totals		371	268
LIVE BIRTHS PER 1000 POPULATION			
Crude Rate		20.4	14.7
Local adjusted rate		20.0	13.2
Rate for England & Wales		16.0	14.8
Illegitimate Live Births (percentage of all live births)		5	4
Stillbirths		2	3
Rate per 1,000 total live and still births		5	11
Total live and stillbirths		373	271
Infant Deaths (under 1 year)		7	6
Deaths under 1 year per 1,000 total live births		19	22
Details of legitimate infants under 1 year per 1,000 legitimate live births		20	23
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births		-	-
Neo-natal mortality rate, deaths under 4 weeks, per 1,000 live births		13	15
Early neo-natal mortality rate, deaths under 1 week, per 1,000 total live births		11	15
Perinatal mortality rate, still births and deaths, under 1 week combined per 1,000 total live and still births		16	26
Maternal mortality, number of deaths (including abortion)		Nil	Nil



**CASES OF NOTIFIABLE DISEASES**

DISEASE	HOVE		PORTSLADE	
	1971	1972	1971	1972
SCARLET FEVER	15	19	16	20
WHOOPING COUGH	5	1	15	-
MEASLES	429	32	232	70
DYSENTERY	2	3	-	-
FOOD POISONING	5	1	-	-
INFECTIVE JAUNDICE (Infective Hepatitis)	10	4	2	3
MALARIA	2	-	-	-
MENINGITIS	-	1	-	-
TUBERCULOSIS - RESPIRATORY	7	8	4	-
TUBERCULOSIS - MENINGES AND C.N.S.	-	-	-	-
TUBERCULOSIS - OTHER FORMS	-	1	-	1
<b>TOTALS</b>	<b>475</b>	<b>70</b>	<b>269</b>	<b>94</b>

**VENEREAL DISEASE**

Number of new cases in the Hove area during 1972.

Total all Venereal Conditions		SYPHILIS				Gonorrhoea		Other Genital Infections		Other Conditions	
		Primary & Secondary		Other							
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
352	193	3	1	2	-	86	29	126	80	135	83

All cases are required to attend a Special Clinic held at the Royal Sussex County Hospital, Brighton, as there is no Venereal Disease Clinic situated in Hove.

The total new cases decreased by 61 (1971 - 606, 1972 - 545).

There was a decrease in the number of cases of Gonorrhoea from 184 in 1971 to 115 in 1972.

**TUBERCULOSIS REGISTER**

AGE YEARS	HOVE		PORTSLADE	
	1971	1972	1971	1972
Under 1				
1 - 5				
5 - 10				
10 - 15	4	3	-	-
15 - 20	1	1	1	1
20 - 25	12	12	4	3
25 - 35	43	38	7	6
35 - 45	80	74	27	27
45 - 65	240	227	49	50
Over 65	127	131	24	25
<b>TOTALS</b>	<b>507</b>	<b>486</b>	<b>112</b>	<b>112</b>

# CARE OF MOTHERS AND YOUNG CHILDREN

## CONGENITAL MALFORMATIONS

Number of notifications received for Hove and Portslade.

1972	Live Births	Stillbirths
January	-	-
February	1	-
March	-	-
April	-	1
May	-	-
June	1	-
July	-	-
August	-	-
September	-	-
October	2	-
November	-	-
December	-	-
Totals	4	1

## WELFARE FOODS SERVICE

National Dried Milk, A and D tablets and vitamin drops, are obtainable from all Infant Welfare Clinics in Hove and Portslade, and in addition, from the Mothercraft Training Society, Dyke Road, Hove.

ISSUED	1967	1968	1969	1970	1971	1972
National Dried Milk Powder (Full/half cream) packets	5577	5319	5720	3995	1962	1321
Cod Liver Oil - bottles	776	869	747	781	252	-
A and D Tablets - packets	947	851	723	804	575	492
Vitamin Drops - bottles	-	-	-	-	1470	1987
Orange Juice - bottles	13601	12321	13128	13591	12202	3141

The change in the form of welfare foods, that are supplied, has continued: tablets and drops have replaced cod liver oil and almost replaced orange juice.

National Dried Milk is now fortified by the addition of vitamins C D and by iron.

## HOVE AND PORTSLADE CHILD HEALTH CLINICS

Number of children who attended during 1972				Number of Sessions				
Born in 1972	Born in 1971	Born 1967-1970	Total	Medical Officers	Health Visitors	G.P. 's Employed on a Sessional Basis	Hospital Medical Staff	Total Number of Sessions
665	570	405	1640	172	5	70	-	247

Number of children referred to own General Practitioner from Clinic Medical Officers during the year = 16.



## NURSING SERVICES

### National Health Service Act, 1946

#### Sections 23, 24 and 25.

During 1971 a pilot scheme was started concerning the crossing of local authority boundaries by the nursing staff in Hove and the nursing staff in Brighton: this was mentioned in the last Report. The scheme is in operation for all the nursing staff, having started in April this year. After eight months of working, the scheme is running smoothly, although there has been some increase in the distance covered each day by certain of the staff. It is hoped to start such a scheme with the West Sussex County Council nursing staff early in 1973. This method of working means that each general practitioner, or group of general practitioners, has only one team of nursing staff attached to the practice. The nursing team is able to give care to all those patients requiring help, who are on the general practitioners list, regardless of where the patient lives.

We are gradually increasing the number of State Enrolled Nurses and Nursing Auxiliaries working for the District Nursing Service, thus releasing the State Registered Nurse to take on the duties for which she has been trained. Having achieved the right balance of staff attached to a group of general practitioners, they can work with the general practitioner as a team - the Primary Health Care Team, consisting of a State Registered District Nursing Sister, one or more State Enrolled Nurses and Nursing Auxiliaries, Health Visitors and a Midwife.

In October we altered our nursing management structure to be in line with the proposals made in the Mayston Report for Nursing Management in Local Authorities. Miss. K.R. Bryant, the Area Nursing Officer, now has three Nursing Officers to assist her, Miss K.R. Brackley, who was Deputy Area Nursing Officer, Miss B.E. Browning who was Assistant Area Nursing Officer and Mr. R.W. Holden who was promoted from the district nursing staff to be the third Nursing Officer. Each Nursing Officer is responsible for a unit of staff, of mixed disciplines, and deals with the day to day management of field workers.

Four district nurses undertook District Nurse Training during the year, and were successful in obtaining the National District Nurse Certificate. We welcomed to our staff two newly trained health visitors who were sponsored by the authority: they started duties at the end of September. Five pupil midwives from Cuckfield Hospital took the district part of their training in the area under the supervision of our Domiciliary Teaching Midwives.

Our liaison schemes with the local hospitals have continued to progress. We are grateful to the hospitals both for their co-operation in such schemes, and for the many invitations they have extended to our staff to attend lectures and films on a variety of subjects connected with the profession.

Every few months a group of students and pupil nurses, from the School of Nursing, spend a day out with health visitors and district nurses, as part of their training, to gain first hand knowledge of nursing in the community.

The staff position has remained satisfactory throughout the year, and we have been fortunate in obtaining new staff whenever vacancies have occurred. Staff have continued to provide a service of high standard despite the many pressures that are continually put upon them.

# HEALTH VISITING AND TUBERCULOSIS VISITING (Hove and Portslade)

	No. of Cases
1. Total number of cases	7,406
2. Children born in 1972	918
3. Other children aged under 5,	2,794
4. Persons aged between 5 and 16.	141
5. 17 and 64.	525
6. 65 and over.	2,622
7. Households visited on account of tuberculosis.	257
8. Households visited on account of other infectious diseases.	22
9. Households visited for any other reason.	127

MIDWIFERY		
	Discharged within	
Number of cases delivered in hospitals and other institutions and discharged and attended by domiciliary midwives.	2 days	170
	3/7 days	482
	8 or more days	91
		743
Number of domiciliary confinements attended by midwives under NHS arrangements		11
Number of hospital confinements conducted by domiciliary midwives.		32

## NUMBER OF CASE CONFERENCES ATTENDED BY HEALTH VISITORS WITH:-

1. Social Workers.	102
2. Hospital Staff.	70
3. General Practitioners.	241
4. Any combination of above.	194
5. Others (i.e. none of the above present)	239
Total	846

## HOME NURSING

Place where first treatment, during year by the home nurse, took place.	Number of persons treated during year aged			
	Under 5	5-64	65 & over	Total
1. Patient's home.	4	384	1722	2110
2. Health Centres.	-	-	-	-
3. GPs premises (excluding those in health centres)	5	143	90	238
4. Hospital.	-	-	-	-
5. Maternity and child health centres.	-	-	-	-
6. Residential homes.	-	4	42	46
7. Elsewhere.	-	50	46	96
Total	9	581	1900	2490



## HEALTH EDUCATION

Last year one of our health visitors attended a day release course in health education studies. This health visitor is now spending approximately 50% of her time in organising health education schemes in the area, and in assisting the other health visitors with the provision of equipment and visual aids, necessary for their own health education programmes.

Health education is often talked about as a subject separate from the rest of the health visitor's duties. However, it must always be remembered that probably the greatest part of health education is done by the individual health visitor or district nurse talking to the individual in her own home.

Many excellent projects and displays have been shown in the clinics. Classes for antenatal mothers have continued both in the local authority clinics and in the Maternity Unit at the Royal Sussex County Hospital. The number of health visitors teaching in schools is increasing, and a wider range of subjects are being taught; the syllabus is changing as the needs of the participants change.

### Health education sessions

#### Number of health education sessions attended by health visitors

1. At health centres	0
2. At general practitioners premises	65
3. At maternity and child health centres	278
4. At school	190
5. In hospital	65
6. Elsewhere	22
	<hr/> 620

### 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 1972, to use these powers on eight occasions in Hove and not at all in Portslade.

## IMMUNISATION AND VACCINATION

### (National Health Service Act, 1946, Section 26)

The majority of immunisation and vaccination records are now on the East Sussex County Council computer. Appointment are issued centrally from Lewes. Please see Section I, page 14 of the Report for details.

#### IMMUNISATIONS AND VACCINATIONS OF CHILDREN UNDER 16 YEARS OF AGE

PRIMARY IMMUNISATIONS AND VACCINATIONS				
	HOVE		PORTSLADE	
	1971	1972	1971	1972
DIPHTHERIA - WHOOPING COUGH - TETANUS	755	629	571	336
POLIOMYELITIS	813	662	591	335
MEASLES	514	681	308	353
SMALLPOX	402	* 56	276	* 42
RUBELLA	74	316	19	86

REINFORCING IMMUNISATIONS AND VACCINATIONS				
	HOVE		PORTSLADE	
	1971	1972	1971	1972
DIPHTHERIA - TETANUS	724	615	388	391
TETANUS	322	225	160	74
POLIOMYELITIS	1,109	731	586	426
SMALLPOX	174	4 *	107	11 *

- \* In conformity with national policy and in agreement with the Local Medical Committee, the appointment facility for routine vaccination of children against smallpox, was withdrawn from the computer programme.

3,384 doses of Lymph (for vaccination against smallpox) were issued to general practitioners.

#### CHIROPODY SERVICE.

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

Towards the end of 1972 we were able to recruit another chiropodist to work from his own premises, to replace Mrs. Fine, who retired during 1971.

It has always proved most difficult to find local chiropodists willing to work for the Council, particularly as they are required to be State Registered, and the fees permitted by the Whitley Council have never been very attractive.

During the year it was once again necessary to close the waiting list for some months in order to clear the back log of patients awaiting treatment. This was not necessary in respect of Portslade.

The charge to patients remained at 25p, except for those in receipt of Supplementary Pensions for whom there was no charge.

The Hospital Car Service have again proved most helpful in cases where transport was necessary, and I would like to thank them once again for their valued help.

CHIROPODY	1970	1971	1972
Number of patients treated	1,354	1,591	1,618
Number of actual treatments	6,290	7,883	7,633

#### FAMILY PLANNING

(National Health Service Family Planning Act, 1967)

In April, 1972, a new scheme was adopted, still using the Family Planning Association as agents. The scheme provides, for all residents of Hove and Portslade, free consultations; with free contraceptive supplies for medical cases.



# CYTOLOGY

(Health Services and Public Health Act 1968 Section 12)

New arrangements came into force on 1st January, 1972, for the recalling of women whose previous cytology test result was negative.

The original National Cervical Screening Service started in January 1967. In October, 1971, the Department of Health and Social Security announced that a national recall system would begin in 1972.

The recall of the patient is now initiated from Southport where the National Health Service Central Register is maintained. A reminder is sent via the local health department five years from the date of the previous test.

Previously, this authority along with others ran a three year recall scheme. Consequently 1972 which was to have been a busy year (the service started in 1966 with recall in 1969) showed a decrease in the number of smears taken. 1974 should be the next year for the greatest numbers.

Many women still prefer to attend before the five years has elapsed and of course they are not refused an appointment.

Number of applicants	413
Number of smears	585
Number referred to general practitioners	130
Number of positive results	3

# REGISTRATION OF NURSING HOMES

(Public Health Act, 1936 Part VI, National Health Service Act, 1948, Section 29, Nursing Homes Act, 1963).

1972	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during year	2	-	13	13
Homes whose registrations withdrawn during year	2	-	35	35
Homes on register at end of year	24	-	479	479





