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**KINGSBRIDGE
URBAN DISTRICT COUNCIL**



REPORT
on the
Health of the Area
for the Year 1971

Presented by
The Medical Officer of Health and
Public Health Inspector



Kingsbridge Urban District Council

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Public Health matters are dealt with by the Public Health

and Highways Committee

KINGSBRIDGE URBAN DISTRICT COUNCIL

Report on the Health of the District for the Year 1971

PREFACE

Mr. Chairman, Ladies and Gentlemen,

I present herewith the Annual Report of the health of the district during 1971, drawn up on the lines of Department of Health and Social Security Circular 1/72 dated January 1972. Included in the Report is the Report of your Public Health Inspector.

From a Public Health viewpoint the year passed quietly with no call for special comment.

There was a small increase in population although the birth rate was below the national average, and this was brought about by migration into the district. The death rate approached the national average and was a little higher than in 1970. As usual most deaths were caused by cancer and circulatory disease.

I wish to thank members of the Council and staff for their help and co-operation during the year.

JOHN WILDMAN,

August 1972.

Medical Officer of Health.

SECTION A

VITAL STATISTICS AND GENERAL STATISTICS 1971

Table 1

Figures for 1970 are shown in brackets

POPULATION :

Estimated Mid-Year Population of Kingsbridge Urban District

3,540 (3,520)

Natural increase or decrease ... -5 (+10)

Migration in or out ... +25 (Nil)

Total increase or decrease ... +20 (+10)

GENERAL STATISTICS :

Area of Kingsbridge Urban District in Acres

1,148

Number of Inhabited Houses according to the Rate Books

1,270 (1,291)

Number of Houses per acre ... 1.106 (1.124)

Number of Persons per acre ... 3.083 (3.066)

Number of Persons per house ... 2.787 (2.727)

Dwellings owned by the Council ... 369

Rateable Value of District at 1st April

£151,837 (£148,489)

Sum Represented by a New Penny Rate

£1,451 (£596) (old currency)

Table 2

Figures for 1970 are shown in brackets

BIRTHS :

Standardised Live Birth Rate per 1,000 population 12.9 (17.3)

Area Comparability Factor for Births ... 1.17 (1.17)

Number of Live Births: Males Females Total

Total 21 18 39

Legitimate 21 18 39

Illegitimate 0 0 0

Number of Still Births 0 0 0

DEATHS :

Standardised Death Rate per 1,000 population ... 11.0 (10.6)

Area Comparability Factor for Deaths ... 0.89 (0.89)

Number of Deaths :	Males	Females	Total
All ages — Total	24	20	44
Deaths of Infants under 1 year	0	1	1
Number under 4 weeks of age	0	1	1
Number under 1 week of age	0	1	1
Infantile Mortality Rate per 1,000 Live Births	...	26.0	(19.0)
Comparisons with Rates for England and Wales			
Birth Rate	16.0 (16.0)	Death Rate	11.6 (11.7)
Infantile Mortality Rate	18.0 (18.0)		
(Infants under 1 year of age)			

CAUSES OF DEATH DURING 1971

		All ages		
		M.	F.	Total
B18	Other Infective and Parasitic Diseases ...	0	1	1
B19(2)	Malignant Neoplasm, Oesophagus ...	0	1	1
B19(3)	Malignant Neoplasm, Stomach ...	1	0	1
B19(6)	Malignant Neoplasm, Lung, Bronchus ...	1	0	1
B19(7)	Malignant Neoplasm, Breast ...	0	1	1
B19(8)	Malignant Neoplasm, Uterus ...	—	1	1
B19(11)	Other Malignant Neoplasms ...	2	0	2
B28	Ischaemic Heart Disease ...	8	3	11
B29	Other Forms of Heart Disease ...	1	5	6
B30	Cerebrovascular Disease ...	4	3	7
B46(6)	Other Diseases of Circulatory System ...	2	1	3
B32	Pneumonia ...	2	1	3
B33(1)	Bronchitis and Emphysema ...	0	1	1
B34	Peptic Ulcer ...	2	0	2
B42	Congenital Anomalies ...	0	1	1
B45	Symptoms and Ill Defined Conditions ...	0	1	1
BE47	Motor vehicle Accidents ...	1	0	1
TOTAL ALL CAUSES		24	20	44

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES NOTIFIABLE DISEASES

Table 1

Disease	Age group in years					
	Total	Under 1	1-4	5-14	15-64	Over 65
Measles	19	0	7	12	0	0

Table 2

Disease	Incidence by Quarters				
	Total	1st	2nd	3rd	4th
Measles	19	5	14	0	0

NATIONAL ASSISTANCE ACTS 1948 and 1951

No action was necessary under the National Assistance Acts of 1948 and 1951 for the removal of persons in need of care and attention and no persons were buried in accordance with Section 50 of the 1948 Act.

GENERAL PROVISION OF HEALTH SERVICES

1. Hospitals.

A General Practitioner Hospital with 13 beds is situated at Kingsbridge. Other hospitals which serve the district are at Plymouth and Totnes.

2. County Council Health Services.

Under the National Health Services Act 1946, the Devon County Council provides the following services :—

Domiciliary midwives, home nurses, health visitors, supervisory care of expectant and nursing mothers and children under five, ambulance services, vaccination and immunisation procedures.

Full details can be obtained from the County Medical Officer at Exeter.

3. Social Services (Devon County Council).

The Area Director of Social Services at The Family Welfare Centre, Bridgetown, Totnes (Tel. Totnes 3665), is responsible for providing a Social Work Service under the Children's Acts, The Mental Health Act 1959 and the National Assistance Acts, to the elderly, the mentally ill, the physically handicapped and homeless persons and families. The Social Services Department also administers the Home Help Service, the Social Work Service to Schools, the Occupational Therapy Services and Residential Homes and Centres.

4. Laboratory Service.

Bacteriological examinations of pathological specimens and samples of milk, water and ice cream are carried out at the Public Health Laboratory at Plymouth. The chemical analysis of water is undertaken by public analysts at Exeter, and also by the South West Devon Water Board.

5. Medical and Dental Services.

There are four general medical practitioners and three dentists in the town.

6. Mass Miniature Radiography.

A Mass X-Ray Unit visits the town regularly once a fortnight and members of the public are encouraged to attend for a chest X-ray.

ENVIRONMENTAL HEALTH

Report of the Public Health Inspector

In a year when cries of "Pollution!" rang out from all quarters and politicians and writers discovered a good bandwagon to jump on, local authorities quietly worked away throughout the country combating the many threats to the environment.

Despite the prophets of doom there is room for optimism but not complacency. There is almost no form of pollution that cannot be overcome given the inclination, legislation, money and resources, but the trouble stems from overpopulation and growth economies, and efforts to remedy individual causes of pollution are like masking the symptoms rather than curing the ailment.

We are fortunate to live in Kingsbridge where our problems though numerous are small in comparison with the densely populated areas.

Water Supply.

The water supply for the area was satisfactory both in quality and quantity and the few cases of difficulty that arose were due to local plumbing defects rather than any fault in the supply.

It is hoped that the South West Devon Water Board's difficulties in siting additional reservoirs will be soon resolved, to meet additional demands as the strain on the supply is an example of an increasing population exhausting the resources.

A further three cottages in the town, were found to have no internal water supply but were served by standpipes in yards. Action under the Housing Acts in the form of either improvement or demolition of unfit dwellings will remedy this situation.

Drainage and Sewerage.

A bright spot for Kingsbridge after years of frustration by the Government and other authorities, was the overcoming during 1971 of most of the obstacles in the path of the proposed sewage disposal scheme. Work on the new access road to the site was commenced and we look forward to starting the main contract works in 1972.

Many of the difficulties encountered during the year, with the town's sewerage system, were aggravated by tidal surcharge of the sewers and the lack of sewage disposal facilities, and the provision of such facilities is long overdue.

Housing.

Further efforts were made during the year to raise the standard of housing in the town.

Several dwellings were found to be unfit, suffering in the main from disrepair, dampness and poor internal arrangement and were lacking in the basic amenities.

One of these dwellings consisted of a small living room on the ground floor with a staircase rising off it to the only first floor bedroom. A gas cooker was used in a cupboard under the stairs. There was no internal water supply, water being fetched from a standpipe in the front yard, no sink, waste water being disposed of in a drainage gully in the yard, and no other washing facilities of any kind. The cottage being hemmed in on all sides by other buildings, also suffered from very poor natural lighting and ventilation. The Council imposed a Demolition Order on the cottage.

The pace of dealing with these dreadful dwellings is largely governed by our ability to re-house the tenants and I would urge further consideration be given to building new accommodation particularly for older people who are more often found in these unfit cottages.

Appeals were made to the County Court by the owner of two cottages against Demolition Orders. The appeals were upheld and the Council ordered to accept undertakings by the owner to carry out repairs and improvements. In my opinion this was a pity for in this case demolition of the cottages would have greatly improved the amenities of the surrounding dwellings, and would have been for the greater good.

Applications for improvement grants increased during 1971 and some worthwhile work was completed with the aid of grants. However, in my opinion the grant scheme is not helping those in most need. If it was intended to encourage landlords to improve their property for their existing tenants, or help young people improve property at the lower end of the market, the policy is not succeeding, the reverse is in fact happening. Landlords now find it profitable to wait for vacant possession, indeed to encourage their tenants to vacate knowing the value of the property to be greatly enhanced by the prospect of an improvement grant.

Young people trying to buy their first home now find themselves outbid by speculators or people financially able to embark upon elaborate improvement schemes.

True, many houses are improved and saved from slow decay, that would not be without the aid of grants, but I think the successive governments' policy of blindly seeking the greatest number of improved properties for political point scoring regardless of effect, is short term and may prove to be unwise if not more carefully regulated in future.

Three applications for qualification certificates were received in 1971 but on inspection the dwellings were found to be in poor repair. In accordance with the Council's policy the owners were notified of the defects and given an opportunity to remedy them before formal consideration of the applications.

Repair notices were served on several dwellings in private ownership. In one case the period of a statutory notice under section 9 of the Housing Act, 1957, expired and the Council is now carrying out the work in default of the owners and will recover the costs.

The number of complaints received and minor house repairs dealt with was slightly less than the previous year, and it is hoped this is evidence that we are beginning to turn the tide of housing repairs and maintenance.

Number of complaints alleging house defects	...	...	...	167
Minor housing repairs dealt with	...	...	...	160
Notices served	...	...	...	4
Statutory Notices served	...	...	...	2
Notices complied with	...	...	...	5
"Time & Place" Notices served	...	...	...	5
Demolition Orders served	...	...	...	2
Undertakings accepted	...	...	...	8
Applications for improvement grants	...	...	...	12
Applications refused	...	...	...	1
Improvement grants completed	...	...	...	3

Nuisances, etc.

Number of complaints received alleging nuisances	...	...	9
Other complaints	...	...	10
Notices served	...	...	15
Notices complied with	...	...	10
Other complaints remedied	...	...	6

Pest control was ably carried out by Mr. W. Peck during the year and no insurmountable difficulties were encountered. Routine test baiting and surveys of sewers and areas prone to rodent infestation were carried out.

Food

The Food Hygiene (General) Regulations, 1970, came into operation on the 1st March, 1971, and imposed higher standards on food handlers, particularly in respect of protection from contamination of food on display. There is some ambiguity in the interpretation of this part of the new regulations, as it is required that open food while exposed for sale is kept covered or screened from possible sources of contamination "where reasonably necessary." Until this is clarified by test cases taken by the large authorities, I have adopted the policy of drawing the attention of food handlers in the town to these regulations and explaining their responsibilities, and in the more obviously exposed cases, have requested food handlers to either abate the practice or devise suitable screening arrangements.

Following is a list of food premises grouped as far as possible into principal trades:—

Supermarkets/Grocers	...	...	...	...	...	13
Butchers	...	...	...	...	...	4
Bakers/Confectioners (2 bakehouses)	...	...	...	...	...	9
Wet & Fried Fish Shops (1 mobile)	...	...	...	...	...	4
Greengrocers	...	...	...	...	...	4
Restaurants & Cafes	...	...	...	...	...	7
Public Houses	...	...	...	...	...	9

In addition to the above there were various ice-cream and mobile food vendors operating on the town.

Number of food premises registered under Section 16 of the Food and Drugs Act, 1955:—

Manufacture and storage of ice-cream for sale	...	...	...	8
Preparation or manufacture of sausages etc.	...	...	...	8
Dairies registered under the Milk & Dairies Regulations	...	...	...	3
Notices served	...	...	...	4
Notices complied with	...	...	...	3

The total weight of food condemned as a result of voluntary surrender was 1,009 lbs. consisting mainly of damaged and defective canned products, frozen food and wholesale meat joints. The increase over the previous year's total was due mainly to the loss of frozen food from refrigerator breakdowns which continues to be a major cause of food wastage. Perhaps consideration should be given by large retailers to the provision of auxiliary equipment to cope with refrigerator breakdowns, instead of tolerating this huge waste of food.

The Kingsbridge and Salcombe Port Health Authority received an application during the year from a local shell-fisherman to extract shellfish from the estuary commercially. The Order made by the Authority under the Public Health (Shell Fish) Regulations, 1934, prohibits the sale of shellfish from the estuary unless an approved method of cleaning has been undergone. As it was proposed that the treatment process be established and operated in Kingsbridge, I was asked to investigate the effectiveness of the process, carry out routine sampling of the shellfish, and report to the Authority.

The prototype apparatus relied upon the recycling of sterilised sea water containing a free chlorine residual, and trial runs were carried out on batches of periwinkles, welks, cockles, mussels and clams, intermediate and final samples being taken during treatments.

The results of the Public Health Laboratory Service, bacteriological examinations showed :—

1. The shellfish were generally remarkably lightly contaminated by faecal indicator organisms (potential food poisoning bacteria).
2. The univalve species (winkles, welks) that do not filter feed but "graze," had total bacterial counts that were relatively high, probably because these organisms were within the intestinal canals of the shellfish and therefore not readily accessible to the disinfecting action of the chlorine.
3. The bivalve species (cockles, mussels, clams) were not completely sterilised by the process, probably due to their not re-cycling the water because of the residual chlorine content.
4. Because of the difficulty in controlling the pH (acidity/alkalinity) and the chlorine residual it was uncertain if the shellfish were opening in the treatment plant, to allow self-cleansing to take place.

In the light of the above results, the experience obtained and advice given by the Fisheries Laboratory of the Ministry of Agriculture, Fisheries and Food, Burnham-on-Crouch, it was decided it was necessary to re-design the plant and process. This the shellfisherman did and the results obtained during the first half of 1972 are encouraging.

Meat Inspection

Further efforts were made to keep the slaughterhouse up to the minimum legal requirements. There was a small increase in the number of lambs but a decrease in cattle slaughtered during the year.

The incidence of disease, etc., among both cattle and sheep dropped to almost half that of the previous year.

Carcases and Viscera inspected and condemned in whole or part :—

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	78	—	1	1075	—	—
Number inspected	78	—	1	1075	—	—
All disease except Tuberculosis and Cysticerci	—	—	—	—	—	—
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	31	—	—	50	—	—
Percentages of the number inspected affected with disease etc.	39.7	—	—	4.7	—	—
Tuberculosis only :		Nil				
Cysticercosis :	1	—	—	—	—	—

Offices and Shops

There was some improvement in the overall working conditions for office and shop staff. This trend has been helped by new employers coming to the town who, when a new business is established or an existing one changes hands, invariably set about improving the premises and providing better staff facilities. This has the very healthy effect of making employers realise that if they wish to keep good staff they must pay attention to their working conditions.

New registrations during 1970	...	...	...	...	...	8
Informal notices served	...	...	...	...	...	6
Informal notices complied with	...	...	...	...	...	9

FACTORIES ACT, 1961

PRESCRIBED PARTICULARS ON THE ADMINISTRATION

OF THE FACTORIES ACT, 1961

Part 1 of the Act

1. INSPECTIONS for the purpose of provision as to health (including inspections made by the Public Health Inspector).

Premises	Number in Register	Inspections	Written Notices	Number of Occupiers Prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4, 5 and 6 are to be enforced by Local Authorities	—	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local Authority	42	6	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
Total	42	6	—	—

2. Cases in which defects were found : NIL.

Part VIII of the Act

OUTWORK

There are no outworkers.



