

[Report 1969] / Medical Officer of Health, Scunthorpe Borough.

Contributors

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annual health report



BOROUGH OF SCUNTHORPE

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Scunthorpe,
Lincs.

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2. Home Help/Sitress In Service
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4. Laundry Service
5. Services of Health Visitor
6. Services of Welfare Officer
(Physically and Mentally Handicapped)
7. Emergency Bell Service
8. Meals Scheme.

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COMFORTS AVENUE,
SCUNTHORPE,
Lincs.

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1969

BOROUGH OF SCUNTHORPE

Mayor - (Alderman Mrs. Miriam Stacey Clay J.P.)
(Councillor Mrs. Alice Irene Cropper J.P. (From 6.10.69)

**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1969 FOR THE BOROUGH
OF SCUNTHORPE IN THE COUNTY OF LINCOLN PARTS
OF LINDSEY**

Alderman Mrs. V. Wilmshurst
Councillor J.A. Day
Councillor H.G. Heseltine
Councillor P. Howlett
Councillor T.C.S. Kent
Councillor G. Nottingham
Councillor M. Ross
Councillor W.P. Scott

Co-opted Member - Dr. E.H. Patten

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1929 FOR THE BOROUGH
OF SCUNTHORPE IN THE COUNTY OF LINCOLN PART
OF LINDSEY

PUBLIC HEALTH DEPARTMENT

Telephone No.
1463 (Internal)
Exchange

1969

BOROUGH OF SCUNTHORPE

Mayor - (Alderman Mrs. Miriam Stacey Clay J.P.
(Councillor Mrs. Alice Irene Cropper J.P. (From 6.10.69)

PUBLIC HEALTH COMMITTEE

Chairman - Alderman H. Spencer.

Vice-Chairman - Councillor Mrs. A.I. Cropper J.P.

Alderman L. Hornsby J.P.
Alderman C. Newlove
Alderman Mrs. V. Wilmshurst
Councillor J.A. Day
Councillor R.C. Heseltine
Councillor P. Howlett
Councillor T.G.S. Kent
Councillor C. Nottingham
Councillor R. Ross
Councillor W.P. Scott

Co-opted Member - Dr. R.H. Foxton

Environmental Health Clerk
MISS J. SMITH (Resigned 21.12.69)
MISS H. KITCHEN

PUBLIC HEALTH DEPARTMENT

Telephone No.
3463 (Internal
Exchange)

Comforts Avenue
Scunthorpe,
Lincs.

Medical Officer of Health and Medical Referee to the Borough Crematorium -
S. CHILDS., M.A., M.B., Ch.B., D.P.H., D.T.M., and H., D.P.A.
(Home Telephone No. 3867)

Deputy Medical Officer of Health and Deputy Medical Referee to the
Borough Crematorium -
Dr. N.D. PATON, M.B., Ch.B., D.P.H., D.T.M., and H.
(Home Telephone No. 2927)

Additional Medical Officer of Health -
DR. A.V. SHEARD, M.B., Ch.B., D.R.C.O.G., D.P.H.

Chief Public Health Inspector -
GEORGE O. ALLEN, F.A.P.H.I., M.Inst. P.C., Cert. Meat Insp.
(Home Telephone No. 5685)

Deputy Chief Public Health Inspector -
LEONARD J. HOWSON, A.M.R.S.H., M.A.P.H.I., Cert. Meat Insp.

Public Health Inspectors - Establishment 4
DONALD B. WHITE, A.M.R.S.H., M.A.P.H.I., Cert. Meat Insp.
JOHN F. ROBINSON, A.M.R.S.H., M.A.P.H.I., Cert. Meat Insp.
KENNETH ARTIST, A.M.R.S.H., M.A.P.H.I., Cert. Meat Insp., Dip. Shop Acts
Admin.
MICHAEL BUTLER, M.A.P.H.I., Dip. P.H.I.E.B.

Pupil Public Health Inspectors - Establishment 2
ALAN STEWART REED
JOHN ELVIN

Cleansing Depot Senior Staff
RONALD SYKES
ROBERT SYKES
FRED JOHNSON - General Foreman
ROY HILL - Plant Foreman

Environmental Health Clerks
MISS J. SMITHSON (Resigned 31.12.69)
MISS H. KITCHEN.

81 Workmen

Public Convenience Attendants
5 Whole-time
6 Part-time

Infectious Diseases Nurse

MRS. M. FORD, S.R.N., R.F.N. (Home Telephone No. 4634)

Chief Clerk

FREDERICK HENRY, M.R.S.H.

Senior Administrative Assistant

ARTHUR G. SIMPSON, D.M.A., M.I.L.G.A.

Senior Male Clerk

PETER T. KITCHING, A.M.R.S.H. (Appointed 21.4.69)

MAURICE L. JONES, A.C.C.S., A.M.R.S.H. (Resigned 23.3.69)

Clerical Officer

J.P. MICHAEL SCHERER (Appointed 7.5.69)

ROBERT D.J. AUSTEN (Resigned 2.3.69)

Clerks

MR. E. TILTMAN

MISS JEAN BARROWCLIFFE (Appointed 1.7.69)

MISS RUTH BOOTHBY

MRS. CHRISTINE BRATTEN

MRS. DORIS BROCKLESBY (Resigned 8.6.69)

MISS A.E. BURR (Resigned 16.6.69)

MISS HAZEL COLEMAN

MRS. PAMELA CUTHBERT (Appointed 21.7.69)

MRS. NANCY GREY

MRS. MOYA HARRIS

MRS. MINNIE HARRISON (Promoted to Asst. Home Help Organiser 2.9.69)

MRS. PEARL MILNER

MRS. GRACE NICHOLSON (Appointed 21.4.69)

MISS JANET PAIN (Appointed 13.1.69) (Transferred to Welfare Staff 19.8.69)

MRS. CHRISTINE PRIESTLEY (Appointed 21.7.69 - Resigned 7.12.69)

MRS. E.F. ROBERTSON (Resigned 31.10.69)

MRS. JANICE ROBINSON (Appointed 25.8.69)

MRS. MARY SIDDALL

MRS. CAROL VESSEY (Resigned 26.1.69)

MISS MARALYN WRIGHT

MR. L. JACKSON

MRS. J. AKESTER

Smoke Control Assistants

MISS DOROTHY FIRTH

MR. STAN TRENHOLM (Appointed 1.4.69)

Mortuary Assistant

ARTHUR COLE

DELEGATED HEALTH AND WELFARE SERVICES STAFF

Assistant Medical Officers of Health

DR. N.M. LAING, L.R.C.S.I., L.R.C.P.I.
DR. H.L. LAING, L.R.C.S.I., L.R.C.P.I., L.M. ROTUNDA

Area Dental Officers

MRS. M. CLAYTON, L.D.S., B.D.S.
MR. P.A. BETTS, L.D.S. (Appointed 1.3.69)

Dental Officer

MR. J. McCUTCHEON, L.D.S.

Dental Auxiliary

MISS A.L. ROBINSON

Dental Surgery Assistants

MRS. D. COMMON (Resigned 12.12.69)
MRS. S. ALLINSON
MRS. D. SPENCER
MRS. C.A. PATERSON
MRS. C. PRIESTLEY (Appointed 17.3.69) (Transferred to Borough Clerical
21.7.69)

Health Visitors (Establishment Whole-time 17)

MISS N. PARRISH, S.R.N., S.C.M., H.V. Cert. Group Advisor
MISS F.B. GISSEL, S.R.N., S.C.M., H.V. Cert. Group Advisor
MRS. H. SHARPLES, S.R.N., S.C.M., H.V. Cert.
MRS. G. SUTHERLAND, S.R.N., H.V. Cert. (Part-time 6.8.69)
MISS C. JESSOP, S.R.N., S.C.M., H.V. Cert. (Resigned 30.9.69)
MRS. F.O. ROUSE, S.R.N., S.C.M., H.V. Cert. (Part-time)
MRS. P. ELLIOTT, S.R.N., S.C.M., H.V. Cert. (Appointed F.T. 1.11.69)
MISS S.E. RANBY, S.R.N., S.C.M., H.V. Cert.
MRS. G. GALES, S.R.N., S.C.M., H.V. Cert.
MRS. J. HUGHES, S.R.N., S.C.M., H.V. Cert.
MRS. L.I. BRASIER, S.R.N., H.V. Cert. (Appointed 1.10.69)
MISS D.M. BALE, S.R.N., S.C.M., H.V. Cert. (Appointed 1.10.69)
MISS W. DAVIS, S.R.N., S.C.M., H.V. Cert.

Superintendent Nursing Officer

MRS. G.F. O'REILLY, S.R.N., S.C.M., R.F.N., Q.N.
(Home Telephone No. Bottesford 661)

Midwives (Establishment 8)

Tel. No.

MRS. K. BEDELLS, S.C.M.		3767
MRS. M. BEVERLEY, S.C.M. S.R.N. (Resigned 28.8.69)	Bottesford	694
MRS. M. CODDINGTON, S.R.N., S.C.M.	Bottesford	327
MRS. F. SNELL, S.C.M.		4465
MRS. R.H. GREEN, S.C.M.		61772
MRS. J. O'NEILL, S.R.N., S.C.M.		4321
MISS M. FOWLER, S.C.M. (Resigned 31.3.69)		
MRS. E.M. RASHLEIGH, S.R.N., S.C.M., (Appointed P.T. 2.9.69)		

District Nurses (Establishment 17)

MRS. B. FIDLING, S.R.N.		
MRS. M.M. HARVEY, S.R.N. (Full-time 1.6.69)		
MRS. B. HAWKE, S.E.N.		4954
MRS. P.A. HOUGHTON, S.R.N., Q.N.		4154
MRS. A.J. LYONS, S.R.N., Q.N.		61069
MRS. M. MAJOR, S.R.N., Q.N.		
MRS. J. MARPER, S.R.N.	Scawby	378
MRS. B. PEART, S.R.N., Q.N.		4081
MRS. K. RISPIN, S.R.N., Q.N.		3706
MRS. P.M. OATES, S.R.N.		2750
MRS. J. WOOD, S.R.N., Q.N.		5672
MRS. J. MELNYK, S.R.N., Q.N.	Bottesford	625
MRS. E. KIDDLE, S.R.N., Q.N.		61730
MRS. S. DOWSON, S.E.N., S.C.M. (Part-time)		61403
MRS. M.J. ELLIS, S.R.N. (Resigned 31.5.69)		3626
MRS. E. PRIESTMAN, S.R.N., Q.N.		
MR. R.J. CHIVERS, S.R.N., Q.N.		
MRS. R.M. TAYLOR, S.R.N., (Appointed part-time 2.9.69)		

Bathing Auxiliaries (Part-time)

MRS. D. HAVERCROFT
MRS. B. MORLEY
MRS. O. PORTER
MRS. M. WILLIAMS

Clinic Nurses

MRS. K.I. McCOURT, S.R.N. (Part-time)
MRS. J. PARKIN, S.R.N. (Resigned 30.6.69)
MRS. S. MALLIK, S.R.N., S.C.M. (Resigned 1.12.69)
MRS. J. O'FLYNN, S.R.N., S.C.M. (Part-time)
MRS. J. PLUMTREE, S.R.N. (Part-time)
MRS. A. DRINKALL, S.R.N. (Part-time)
MRS. K.A. SAUNDERS, S.R.N. (Appointed P.T. 16.6.69)
MRS. J. BOYNTON, S.R.N. (Appointed P.T. 1.8.69)
MRS. A. WELCH, S.R.N., S.C.M. (Appointed 16.6.69 - Away on Health Visitors Training Course).

Clinic Nurses (cont'd)

MRS. E. M. E. LAURENCE, S.R.N. (Part-time)
MRS. M. FOSTER, S.R.N.
MRS. D. OWEN, S.R.N.
MRS. P. A. COLEMAN, S.R.N. (Appointed 3.11.69)

Chiropodists (3)

JAMES GARDNER, M.CH.S., S.R.CH.
CHARLES WHITTAKER, L.CH., S.R.CH.
LESLIE WHITE, M.CH.S., S.R.CH., (Appointed 1.2.69)

Physiotherapist

One vacancy (part-time)

Occupational Therapists

MRS. P.D.N. JONES (Part-time)
MRS. S.J. BROWN (Appointed Part-time 8.9.69)

Senior Welfare Officer

ARTHUR L. ANDERSON, M.I.S.W., M.R.S.H. (Appointed 21.4.69)
GEOFFREY COWHAM, C.S.W., R.M.N. (Resigned 16.2.69)

Social Welfare Officer

MRS. D. C. GALE (Appointed Part-time 2.9.69)

Social Worker/Home Teacher for the Blind

KENNETH H. SMITH (Seconded on Social Worker Training Course 26.9.68)

Social Worker for the Physically Handicapped

MISS M. E. GRINDELL

Trainee Welfare Officers

PETER D. HASSETT
MISS J. G. PAIN (Appointed 19.8.69 Seconded on Social Worker Training Course 19.8.69)

Craft Instructors

GEORGE CROSS (Part-time)
MRS. G. BOLT (Part-time)
MRS. G. J. CARTER (Resigned 23.3.69)
MRS. E. FRENCH (Part-time)
MRS. M. SERGEANT
MRS. M. J. STARK (Appointed Part-time 21.4.69)

Home Help Organiser

MRS. H. LAVERICK (Home Telephone No. 5535)

Assistant Home Help Organiser

MRS. M. HARRISON (Appointed 2.9.69)

Home Helps

105

Social Worker

MRS. E.F. DEW

Welfare Assistant

MRS. O.W. THOMPSON (Resigned 16.2.69)

Mental Welfare Officers

EDWARD ARMSTRONG, C.S.W. (Resigned 6.7.69)

THOMAS B. BATTEN, S.R.N., R.M.N., R.M.P.A., C.S.W.

TREVOR BAKER

ERNEST A.C. YELL

Welfare Foods Clerk

MRS. B. CUNNINGHAM (Part-time)

School Nurse

MRS. M. WILLSMORE, S.R.N.

Audiometrician

MRS. M.M. O'HARA (Part-time)

Clinic Clerks

MISS M. BURFORD

Vaccination Assistant

MRS. W.J. LOWE, S.R.N. (Part-time)

St. Luke's Junior Training Centre Staff

MRS. D. SHANE, SUPERVISOR

MISS J.R. PARSONS ASST. SUPERVISOR

MRS. V.G. HAGUE ASST. SUPERVISOR (Appointed 6.10.69)

MRS. P.M. BERRY, ASST. SUPERVISOR (Resigned 3.10.69)

MRS. J. RUSSELL, ASST. SUPERVISOR

MRS. W.B. BATES, FEMALE ASST. SPECIAL CARE UNIT

MRS. M.A. SMITH, FEMALE ASST. SPECIAL CARE UNIT

MRS. S. LEVY, FEMALE ASST. SPECIAL CARE UNIT

MRS. P. SIMPSON, FEMALE ASST. SPECIAL CARE UNIT (Appointed P.T. 1.4.69)
(Resigned 19.12.69)

(2-10-69) (10-10-69)

Assistant Home Help Organizer
(10-10-69) (10-10-69)
MRS. M. HARRISON (Appointed 2.9.69)
MRS. M. HARRISON (Appointed 2.9.69)

Home Help

105
Social Worker
(10-10-69) (10-10-69)
MRS. M. HARRISON (Appointed 2.9.69)

Welfare Assistant

MRS. G.V. THOMPSON (Appointed 10.5.69)
Mental Welfare Officers
(10-10-69) (10-10-69)
EDWARD ARTHUR, C.V. (Appointed 6.7.69)
THOMAS R. BAYNE, S.M.N., F.M.P.A., C.C.M.
THOMAS R. BAYNE, S.M.N., F.M.P.A., C.C.M.

Welfare Pools Clerk
(10-10-69) (10-10-69)
MRS. D. GUNNINGHAM (Part-time)
School Nurse
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.

Clinic Clerk
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.

Vaccination Assistant
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.

St. John's Ambulance Training Centre Staff
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.

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MRS. A. WILLIAMS, S.M.N.
MRS. A. WILLIAMS, S.M.N.

ANNUAL REPORT 1969

To the Chairman and Members of the Health and Welfare Committee:

"But facts are chieles that winna ding
an downa be disputed."

Robert Burns

The year has passed smoothly so far as the health and welfare of the town is concerned. All the usual yardsticks of public health are contained in the section on statistics and are similar to last year's figures. No notable records appear to have been broken this year, and this is very unusual indeed.

Certain new features are worthy of mention. The first conversion of a house to enable a person to have a kidney machine at home was done during the year. All water supplied to the Borough became fluoridated in April. The liaison scheme between Health Visitors and General Practitioners was increased and extended. The pilot scheme for a Geriatric Day Centre has been continued. The Centre itself is flourishing and the whole idea of supplying meals for aged persons has been greatly extended by the various Community Centres in the town, nearly all of which run a luncheon club for the elderly or have plans to start one in the near future. This is a very welcome extension of the Borough scheme which concentrates on the relatively few seriously housebound aged persons who cannot be taken to the Community Centres or in fact to any place without the use of our special wheelchair carrying ambulances. A start was made on increasing the support for unmarried mothers by implementing the scheme outlined in one of my reports.

This year there are two illustrations on the cover. The first shows the stall with which the department graced a very successful Family Day occasion at Quibell Park. Family Day at Quibell Park now seems to be a firmly established event and because of the large number of people who attended, the stall was very successful in disposing of the various surplus products of our handicraft sections. The second illustration gives the details of a card system for contacting aged persons which has been in operation in the Borough for some time. The Ministry of Social Security, which issues pension books, knows the name and address of every pensioner in the town but quite rightly regards this information as strictly confidential. However, the local officer has fully co-operated in agreeing to put one of these cards in each new pension book issued and it is then up to the pensioner to make the first approach for any service required. The scheme has worked very well in the Borough.

So far as delegated health and welfare is concerned compulsory delegation has continued to operate very efficiently for the residents of the Borough who have received a very markedly improving service over the last few years. Relations with the County Council however, have as usual, not been so smooth. At a meeting of the County Establishment Committee in December I disagreed with the County Clerk on the establishment of delegated officers of the Borough, in that the information he was giving to the County Committee was not identical with the information that the County Officers had given to the Borough. I understand that this trivial point of difference, which should have been easily disposed of by a simple ascertainment of the facts, has as

To the Chairman and Members of the Health and Welfare Committee:

yet never been clarified and is now liable to be grossly exaggerated into a major point of disagreement.

A considerable revival of interest in major health centres in the town became apparent and meetings and correspondence culminated in a visit to the Ministry of Health in November when the way was laid clear for the Borough to build two large centres within the next twelve months if necessary. At this time there was a clear if unwritten understanding that the Borough would be responsible for everything except loan sanction, so, filled with enthusiasm, the Borough found two suitable sites and completed the architect's brief in a very short time. This brief, which included estimates which were accurate enough for applying for loan sanction, was completed in December, 1969. Since then the County Officers appear to have taken over the whole of the schemes and have started at the beginning again and appear to be proceeding at the usual cart-horse pace which will ensure long delays before any health centre appears in the Borough.

S. CHILDS,
Medical Officer of Health.

This year there are two illustrations on the cover. The first shows the staff with which the department entered a very successful Family Day occasion at Gifford Park. Family Day at Gifford Park now seems to be a fairly established event and because of the large number of people who attended, the staff was very successful in disposing of the various surplus products of our handiwork sections. The second illustration gives the details of a card system for contacting aged persons which has been in operation in the Borough for some time. The Ministry of Social Security, which issues pension books, knows the name and address of every pensioner in the town but quite rightly regards this information as strictly confidential. However, the local officer has fully co-operated in agreeing to put one of these cards in each new pension book issued and it is then up to the pensioner to make the first approach for any service required. The scheme has worked very well in the Borough.

So far as delegated health and welfare is concerned, the delegation has continued to operate very effectively for the residents of the Borough who have received a very markedly improving service over the last few years. Relations with the County Council, however, have not been so smooth. At a meeting of the County Rehabilitation Committee in December I discussed with the County Clerk on the establishment of delegated officers of the Borough, in that the information he was giving to the County Committee was not identical with the information that the County Officers had given to the Borough. I understood that this trivial point of difference, which should have been easily disposed of by a simple acceptance of the facts, has as

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LOCAL STATISTICAL INFORMATION

PAGE 1

Information regarding the health of the community is of great importance to the health department. It is the duty of the health department to collect and analyze this information in order to determine the health status of the community and to plan and implement health programs to improve the health of the community.

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PAGE 4

COMMUNITY HEALTH SECTION

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PERSONAL HEALTH AND WELFARE SECTION

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SCHOOL HEALTH SECTION

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REPORTS TO THE COMMITTEE

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	Southorpe	England and Wales
Area of the Borough	7,255 acres	
Population	69,720	
Population decrease	40	
Number of Inhabited Houses	22,292	
Density of Population per acre	9.53	
Rateable Value	£5,495,771	
Product of a Penny Rate	£22,795	
Live Births:-		

A LOCAL STATISTICAL INFORMATION

Rate per 1,000 population	18.56	16.3
Illegitimate Live Births per cent of total live births	10.6	8
Still Births:-		
Number (a) Legitimate M 6, F 11	23	
(b) Illegitimate M 4, F 2		
Rate per 1,000 total live and stillbirths	17.5	13
Total live and stillbirths	1,317	
Infant Deaths (deaths under one year)	30	
M 15, F 15		
Infant Mortality Rates:-		
Total infant deaths per 1,000 total live births	23.16	18
Legitimate infant deaths per 1,000 legitimate live births	22.5	17
Illegitimate infant deaths per 1,000 illegitimate live births	29.2	25
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 live births)	16.33	12
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 live births)	14.56	10
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	31.89	23
Maternal Mortality (including abortion) No. of deaths.	-	-
Rate per 1,000 total live and stillbirths	-	-

A LOCAL STATISTICAL INFORMATION

STATISTICS SUMMARISED FOR 1969

	Scunthorpe	England and Wales
Area of the Borough	7,895 acres	
Population	69,720	
Population decrease	40	
Number of Inhabited Houses	22,292	
Density of Population per acre	8.83	
Rateable Value	£5,495,771	
Product of a Penny Rate	£22,798	
Live Births:-		
Number (a) Legitimate M584, F 573)	1,294	
(b) Illegitimate M 68, F 69)		
Rate per 1,000 population	18.56	16.3
Illegitimate Live Births per cent of total live births	10.6	8
Still Births:-		
Number (a) Legitimate M 6, F 11)	23	
(b) Illegitimate M 4, F 2)		
Rate per 1,000 total live and stillbirths	17.5	13
Total live and stillbirths	1,317	
Infant Deaths (deaths under one year)	30	
M 19, F11		
Infant Mortality Rates:-		
Total infant deaths per 1,000 total live births	23.18	18
Legitimate infant deaths per 1,000 legitimate live births	22.5	17
Illegitimate infant deaths per 1,000 illegitimate live births	29.2	25
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 live births)	18.55	12
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 live births)	14.68	10
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	31.89	23
Maternal Mortality (including abortion) No. of deaths.	-	-
Rate per 1,000 total live and stillbirths	-	-

NUMBERS REGISTERED AS UNEMPLOYED AT THE SCUNTHORPE EXCHANGE

The following table gives the monthly average figure of the number of unemployed registered.

	<u>Men</u>	<u>Women</u>	<u>Total</u>
January	748	345	1,093
February	771	403	1,174
March	770	379	1,149
April	697	378	1,075
May	663	366	1,029
June	637	364	1,001
July	595	327	922
August	650	433	1,083
September	757	351	1,108
October	781	230	1,011
November	842	311	1,153
December	842	308	1,150
			<u>12,948</u>

NATIONAL HEALTH INSURANCE - NEW CLAIMS

Monthly Totals

January	-	2,282
February	-	1,988
March	-	4,395
April	-	2,191
May	-	1,784
June	-	1,375
July	-	1,271
August	-	1,562
September	-	1,536
October	-	1,800
November	-	2,121
December	-	3,140

VENEREAL DISEASES

The following table shows the number of persons residing in Scunthorpe who attended the clinic during 1969.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Syphilis (early)	-	-	-
Syphilis (late)	1	1	2
Gonorrhoea	16	6	22
Other Conditions	40	16	56
Total			80

WOODLANDS CREMATORIUM 1969

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Cremation of people formerly resident in the Borough	235	128	363
Cremation of people formerly non-resident in the Borough	252	168	420
April			—
May			783
June			—
July			—
August			—
September			—
October			—
November			—
December			—

PUBLIC MORTUARY 1969

The Borough owns and maintains a public mortuary sited adjacent to the Police Station and Courts. 123 bodies were received during the year and 110 post-mortem examinations were performed and also 2 post mortems carried out by the Home Office Pathologist.

<u>Total</u>	<u>Females</u>	<u>Males</u>	
—	—	—	Syphilis (early)
5	1	4	Syphilis (late)
22	8	14	Gonorrhoea
26	16	10	Other Conditions
80			Total

COMPARATIVE STATISTICS

Year	Population estimate to middle of each year	Area in acres	Density (persons per acre)	No. of inhabited houses	BIRTHS		DEATHS		Notified Infectious Disease	Notifications of Tuberculosis	Deaths from Cancer	Cancer Death Rate per 1,000 population		
					Number	Rate per 1,000 population	Under 1 yr. of age	At all ages						
1921	27,790	7,961	3.49	5,531	906	32.60	77	86.00	308	11.00	391	79	18	.647
1926	32,820	7,961	4.12	6,457	678	20.60	31	45.00	268	8.20	509	81	30	.914
1931	33,990	7,895	4.30	7,548	616	18.10	51	83.00	349	10.20	431	65	34	1.000
1936	38,740	7,895	4.90	9,970	712	18.30	40	56.10	360	9.20	377	83	37	.959
1941	45,840	7,895	5.80	12,450	855	18.65	37	43.07	408	8.90	1,082	59	44	.959
1946	48,960	7,895	6.20	12,558	1,009	20.60	30	29.73	424	8.66	825	77	70	1.429
1951	54,030	7,895	6.84	15,081	1,030	19.06	28	27.18	474	8.77	2,054	49	61	1.129
1952	54,930	7,895	6.97	15,516	1,038	18.91	37	35.61	422	7.68	841	40	80	1.456
1953	55,850	7,895	7.07	16,183	1,060	18.98	23	21.69	484	8.66	905	44	85	1.522
1954	56,520	7,895	7.16	16,777	1,040	18.43	23	22.10	543	8.89	777	43	92	1.627
1955	57,440	7,895	7.27	17,390	997	17.36	23	33.09	468	8.15	1,891	40	87	1.514
1956	58,760	7,895	7.44	17,999	1,093	18.60	29	26.53	496	8.44	1,215	28	70	1.191
1957	59,490	7,895	7.54	18,384	1,154	19.39	28	24.26	517	8.69	769	34	100	1.681
1958	60,700	7,895	7.69	18,783	1,164	19.18	30	25.77	554	9.13	1,635	32	107	1.763
1959	61,840	7,895	7.83	19,208	1,236	19.99	32	25.89	517	8.36	550	22	96	1.552
1960	63,090	7,895	7.99	19,739	1,288	20.42	28	21.74	545	8.64	441	19	101	1.600
1961	66,970	7,895	8.46	20,153	1,351	20.23	38	28.13	591	8.85	1,391	16	102	1.527
1962	68,130	7,895	8.63	20,450	1,445	21.21	37	25.61	570	8.37	447	23	95	1.394
1963	68,890	7,895	8.73	20,899	1,368	19.86	35	25.58	592	8.59	1,570	21	112	1.622
1964	69,600	7,895	8.82	21,082	1,463	21.02	33	22.56	572	8.22	833	19	115	1.652
1965	70,180	7,895	8.89	21,559	1,360	19.38	38	27.94	624	8.89	1,470	21	113	1.610
1966	70,980	7,895	8.99	22,048	1,331	18.75	30	22.54	610	8.59	1,572	15	121	1.70
1967	71,010	7,895	8.99	22,097	1,277	17.98	30	23.49	607	8.55	816	23	131	1.84
1968	69,760	7,895	8.84	22,099	1,320	18.92	27	10.45	651	9.33	1,131	7	140	2.01
1969	69,720	7,895	8.83	22,292	1,294	18.56	30	23.18	649	9.31	605	11	113	1.62

POPULATION OF THE BOROUGH

The Registrar-General's estimate of the mid-year population of the Borough in 1969 was 69,720, a decrease of 40 from the mid-year estimate for 1968. As the natural increase in population was 645 during the year - this figure represents the difference between the number of births and the number of deaths - it is clear that according to the Registrar-General's calculations there was a net migratory loss during 1969 of 685, compared with 1,919 during 1968. It would appear that the exodus of people from Scunthorpe Borough to other parts continued during 1969, but at only about one third of the rate at which this flow had taken place in 1969.

The birth rate in Scunthorpe fell slightly during 1969, but the fall was less than the average fall over the country as a whole. When, indeed, the standardised birth rates are compared, it is seen that Scunthorpe's birth rate fell at only one half the rate of the rest of the country.

Scunthorpe's illegitimate birth rate, the proportion of illegitimate births to all live births, fell very slightly from 10.76 per thousand in 1968 to 10.58 in 1969, but is still above that of the rest of the country.

COMPARATIVE STATISTICS

Year	Rate per 1,000 population	Number	Deaths		Births		Notified Infectious Disease	Notifications of Tuberculosis	Deaths from Cancer	Cancer Death Rate per 1,000 population
			At all ages	Live Births	Rate per 1,000 population	Rate per 1,000 population				
1969	10.58	736	193	267	10.58	10.58	193	11	18	10.58
1968	10.76	741	194	268	10.76	10.76	194	12	19	10.76
1967	10.85	746	195	271	10.85	10.85	195	13	20	10.85
1966	10.94	751	196	272	10.94	10.94	196	14	21	10.94
1965	11.03	756	197	273	11.03	11.03	197	15	22	11.03
1964	11.12	761	198	274	11.12	11.12	198	16	23	11.12
1963	11.21	766	199	275	11.21	11.21	199	17	24	11.21
1962	11.30	771	200	276	11.30	11.30	200	18	25	11.30
1961	11.39	776	201	277	11.39	11.39	201	19	26	11.39
1960	11.48	781	202	278	11.48	11.48	202	20	27	11.48
1959	11.57	786	203	279	11.57	11.57	203	21	28	11.57
1958	11.66	791	204	280	11.66	11.66	204	22	29	11.66
1957	11.75	796	205	281	11.75	11.75	205	23	30	11.75
1956	11.84	801	206	282	11.84	11.84	206	24	31	11.84
1955	11.93	806	207	283	11.93	11.93	207	25	32	11.93
1954	12.02	811	208	284	12.02	12.02	208	26	33	12.02
1953	12.11	816	209	285	12.11	12.11	209	27	34	12.11
1952	12.20	821	210	286	12.20	12.20	210	28	35	12.20
1951	12.29	826	211	287	12.29	12.29	211	29	36	12.29
1950	12.38	831	212	288	12.38	12.38	212	30	37	12.38
1949	12.47	836	213	289	12.47	12.47	213	31	38	12.47
1948	12.56	841	214	290	12.56	12.56	214	32	39	12.56
1947	12.65	846	215	291	12.65	12.65	215	33	40	12.65
1946	12.74	851	216	292	12.74	12.74	216	34	41	12.74
1945	12.83	856	217	293	12.83	12.83	217	35	42	12.83
1944	12.92	861	218	294	12.92	12.92	218	36	43	12.92
1943	13.01	866	219	295	13.01	13.01	219	37	44	13.01
1942	13.10	871	220	296	13.10	13.10	220	38	45	13.10
1941	13.19	876	221	297	13.19	13.19	221	39	46	13.19
1940	13.28	881	222	298	13.28	13.28	222	40	47	13.28
1939	13.37	886	223	299	13.37	13.37	223	41	48	13.37
1938	13.46	891	224	300	13.46	13.46	224	42	49	13.46
1937	13.55	896	225	301	13.55	13.55	225	43	50	13.55
1936	13.64	901	226	302	13.64	13.64	226	44	51	13.64
1935	13.73	906	227	303	13.73	13.73	227	45	52	13.73
1934	13.82	911	228	304	13.82	13.82	228	46	53	13.82
1933	13.91	916	229	305	13.91	13.91	229	47	54	13.91
1932	14.00	921	230	306	14.00	14.00	230	48	55	14.00
1931	14.09	926	231	307	14.09	14.09	231	49	56	14.09
1930	14.18	931	232	308	14.18	14.18	232	50	57	14.18
1929	14.27	936	233	309	14.27	14.27	233	51	58	14.27
1928	14.36	941	234	310	14.36	14.36	234	52	59	14.36
1927	14.45	946	235	311	14.45	14.45	235	53	60	14.45
1926	14.54	951	236	312	14.54	14.54	236	54	61	14.54
1925	14.63	956	237	313	14.63	14.63	237	55	62	14.63
1924	14.72	961	238	314	14.72	14.72	238	56	63	14.72
1923	14.81	966	239	315	14.81	14.81	239	57	64	14.81
1922	14.90	971	240	316	14.90	14.90	240	58	65	14.90
1921	15.00	976	241	317	15.00	15.00	241	59	66	15.00
1920	15.09	981	242	318	15.09	15.09	242	60	67	15.09
1919	15.18	986	243	319	15.18	15.18	243	61	68	15.18
1918	15.27	991	244	320	15.27	15.27	244	62	69	15.27
1917	15.36	996	245	321	15.36	15.36	245	63	70	15.36
1916	15.45	1001	246	322	15.45	15.45	246	64	71	15.45
1915	15.54	1006	247	323	15.54	15.54	247	65	72	15.54
1914	15.63	1011	248	324	15.63	15.63	248	66	73	15.63
1913	15.72	1016	249	325	15.72	15.72	249	67	74	15.72
1912	15.81	1021	250	326	15.81	15.81	250	68	75	15.81
1911	15.90	1026	251	327	15.90	15.90	251	69	76	15.90
1910	16.00	1031	252	328	16.00	16.00	252	70	77	16.00
1909	16.09	1036	253	329	16.09	16.09	253	71	78	16.09
1908	16.18	1041	254	330	16.18	16.18	254	72	79	16.18
1907	16.27	1046	255	331	16.27	16.27	255	73	80	16.27
1906	16.36	1051	256	332	16.36	16.36	256	74	81	16.36
1905	16.45	1056	257	333	16.45	16.45	257	75	82	16.45
1904	16.54	1061	258	334	16.54	16.54	258	76	83	16.54
1903	16.63	1066	259	335	16.63	16.63	259	77	84	16.63
1902	16.72	1071	260	336	16.72	16.72	260	78	85	16.72
1901	16.81	1076	261	337	16.81	16.81	261	79	86	16.81
1900	16.90	1081	262	338	16.90	16.90	262	80	87	16.90

BIRTHS IN THE BOROUGH OF SCUNTHORPE.

Year	Total Births	Recorded Birth Rate	Registrar-General's Comparability Factor	Standardised Birth Rate	Rate per 1,000 England and Wales	Ratio of local adjusted birth rate to National Rate
1956	1,093	18.60	0.94	17.48	15.7	1.11
1957	1,154	19.39	0.93	18.04	16.1	1.12
1958	1,164	19.18	0.93	17.84	16.4	1.09
1959	1,236	19.99	0.93	18.59	16.5	1.13
1960	1,288	20.42	0.93	18.99	17.1	1.11
1961	1,351	20.23	0.91	18.41	17.4	1.06
1962	1,445	21.21	0.91	19.30	18.0	1.07
1963	1,368	19.68	0.97	19.23	18.2	1.06
1964	1,463	21.02	0.97	20.39	18.4	1.10
1965	1,360	19.38	0.97	18.8	18.0	1.05
1966	1,331	18.75	0.97	18.19	17.7	1.03
1967	1,277	17.98	0.97	17.44	17.2	1.02
1968	1,320	18.92	0.97	18.3	16.9	1.08
1969	1,294	18.56	0.97	18.0	16.3	1.11

Year	Population	Increase of Population over previous year	No. of live births	No. of deaths	Natural increase (births -deaths)	Migratory increase.
1921	27,790	-	-	-	-	-
1922	28,530	740	729	278	451	289
1923	29,420	890	725	293	432	458
1924	30,970	1,550	786	324	462	1,088
1925	31,430	460	743	274	469	-9
1926	32,820	1,390	678	268	410	980
1927	33,050	230	606	321	285	-55
1928	31,660	-1,390	648	238	410	-1,800
1929	31,880	220	651	350	301	-81
1930	31,880	0	732	327	405	-405
1931	33,990	2,110	616	349	267	1,843
1932	34,190	200	591	325	266	-66
1933	34,590	400	553	359	194	206
1934	35,710	1,120	591	320	271	849
1935	37,710	2,000	750	340	410	1,590
1936	38,740	1,030	712	360	352	678
1937	40,270	1,530	812	394	418	1,112
1938	42,000	1,730	853	404	449	1,281
1939	43,940	1,940	923	388	535	1,405
1940	45,680	1,740	980	437	471	1,269
1941	45,840	160	855	408	447	-287
1942	44,990	-850	882	391	491	-1,341
1943	44,830	-160	970	389	581	-741
1944	45,750	920	1,098	395	703	217
1945	46,010	260	968	404	564	-304
1946	48,960	2,950	1,009	424	585	2,365
1947	50,220	1,260	1,163	415	748	512
1948	51,100	880	1,088	431	657	223
1949	52,030	930	1,022	445	577	353
1950	54,090	2,060	1,008	444	564	1,496
1951	54,030	-60	1,030	474	556	-616
1952	54,930	900	1,039	422	617	283
1953	55,850	920	1,060	484	576	344
1954	56,520	670	1,042	543	499	171
1955	57,440	920	997	468	529	391
1956	58,760	1,320	1,093	496	597	723
1957	59,490	730	1,154	517	637	93
1958	60,700	1,210	1,164	554	610	600
1959	61,840	1,140	1,236	517	719	421
1960	63,090	1,250	1,288	545	743	507
1961	66,790	3,700	1,351	591	760	2,940
1962	68,130	1,340	1,445	570	875	465
1963	68,890	760	1,368	592	776	-16
1964	69,600	710	1,463	572	891	-181
1965	70,180	580	1,360	624	736	-156
1966	70,980	800	1,331	610	721	-79
1967	71,010	30	1,277	607	670	-640
1968	69,760	-1,250	1,320	651	669	-1,919
1969	69,720	-40	1,294	649	645	-680

DEATHS - 1969

649 deaths occurred amongst Scunthorpe Citizens during 1969, compared with 651 during 1968, giving a crude or recorded death rate of 9.31 deaths per 1,000 inhabitants, and a standardised death rate of 13.59 deaths per 1,000 inhabitants. The ratio of the crude to the standardised death rate is the Registrar-General's comparability factor; and it indicates the higher proportion of younger people in the population of Scunthorpe than in the country at large. The standardised death rate may be directly compared with that for the whole country; which is 11.9 per thousand inhabitants, giving a ratio which is a rough indication of the average longevity in Scunthorpe, considered with reference to the average longevity in the whole country. The ratio of Scunthorpe's adjusted rate to the national rate was slightly improved, at 1.14, from the figure in 1968 of 1.16. This means that the average Scunthorpe Citizen may regard himself this year as likely to enjoy 88% of the totally hypothetical existence he might expect to enjoy if he were not a citizen of Scunthorpe, compared with the 86% he could count on last year.

The usual preponderance of male deaths was observed, 59% of all deaths being those of males, and once again the tendency for male deaths to occur earlier than female deaths was evident. 46% of all male deaths occurred before the age of 65 but only 30% of female deaths. 75% of the males who died, died before they were 75, but only 54% of the females. Of the females that died, 15% had achieved the ripe old age of 85, but only 7% of the men who died had done so.

"Ischaemic Heart Disease", formally called coronary or arteriosclerotic heart disease, remained the most important cause of mortality, 25% of all deaths being due to this cause compared with 26% in 1968. "Vascular Lesions of the Nervous System", or "Strokes", retained its position as the second most important cause in the case of females, and regained this position, from which it had been displaced in 1968 by both cancer of the lung and cancer of unspecified areas, in the case of males, causing 14% of all deaths. The third most important single cause of death was this year "Bronchitis and Emphysema" which occasioned an unprecedented number of male deaths this year and 8% of all deaths.

If the Registrar-General's causes are grouped into categories the usual order of importance is maintained for the first two categories with heart trouble causing 190 deaths and cancer 113, but thereafter, chest trouble, with 95 deaths, replaces cardiovascular disease, with 93 deaths as the third most important cause of death. Accidents caused 26 deaths compared with 35 in 1968, and the number of suicides was 6, compared with 5 in 1968.

DEATHS IN THE BOROUGH OF SCUNTHORPE

Year	Total Deaths	Recorded Death Rate	Registrar General's Comparability Factor	Standardised Death Rate	Rate per 1000 (England & Wales)	Ratio of Local Adjusted Death Rate to National Rate
1955	468	8.15	1.36	11.08	11.7	0.95
1956	496	8.44	1.48	12.49	11.7	1.07
1957	517	8.69	1.49	12.95	11.5	1.13
1958	554	9.13	1.49	13.60	11.7	1.16
1959	517	8.36	1.49	12.46	11.6	1.07
1960	545	8.64	1.49	12.87	11.5	1.12
1961	591	8.85	1.56	13.81	12.0	1.15
1962	570	8.37	1.56	13.06	11.9	1.10
1963	592	8.59	1.51	12.97	12.2	1.06
1964	572	8.22	1.51	12.41	11.3	1.10
1965	624	8.89	1.48	13.16	11.5	1.14
1966	610	8.59	1.49	12.80	11.7	1.09
1967	607	8.55	1.47	12.57	11.2	1.12
1968	651	9.33	1.48	13.81	11.9	1.16
1969	649	9.31	1.46	13.59	11.9	1.14

REGISTRAR GENERAL'S FIGURES FOR CAUSES OF DEATH DURING 1969

<u>Cause No.</u>		<u>Males</u>	<u>Females</u>	<u>Total</u>
B4	Enteritis and other Diarrhoeal diseases	2	-	2
B5	Tuberculosis of Respiratory System	1	-	1
B18	Other Infective and Parasitic diseases	-	1	1
B19(i)	Malignant Neoplasm, Buccal Cavity etc.	1	1	2
B19(ii)	" " Oesophagus	3	2	5
B19(iii)	" " Stomach	4	2	6
B19(iv)	" " Intestine	6	8	14
B19(v)	" " Larynx	-	2	2
B19(vi)	" " Lung, Bronchus	28	1	29
B19(vii)	" " Breast	-	11	11
B19(viii)	" " Uterus	-	5	5
B19(ix)	" " Prostate	4	-	4
B19(x)	Leukaemia	1	1	2
B19(xi)	Other Malignant Neoplasms	19	16	35
B21	Diabetes Mellitus	3	2	5
B46(i)	Other Endocrine etc., diseases	-	3	3
B23	Anaemias	-	1	1
B46(iii)	Mental disorders	-	2	2
B24	Meningitis	2	-	2
B46(iv)	Other diseases of Nervous System etc.,	3	5	8
B26	Chronic Rheumatic Heart disease	1	3	4
B27	Hypertensive Disease	3	3	6
B28	Ischaemic Heart Disease	108	53	161
B29	Other Forms of Heart Disease	14	11	25
B30	Cerebrovascular Disease	47	46	93
B46(v)	Other Diseases of Circulatory System	11	22	33
B31	Influenza	6	1	7
B32	Pneumonia	19	19	38
B33(i)	Bronchitis and Emphysema	43	8	51
B33(ii)	Asthma	1	-	1
B46(vi)	Other Diseases of Respiratory System	3	2	5
B34	Peptic Ulcer	1	-	1
B35	Appendicitis	1	-	1
B46(vii)	Other Diseases of Digestive System	2	5	7
B38	Nephritis and Nephrosis	5	1	6
B39	Hyperplasia of Prostate	1	-	1
B46(viii)	Other Diseases, Genito-Urinary System	-	4	4
B46(x)	Diseases of Musculo-Skeletal System	4	1	5
B42	Congenital Anomalies	4	4	8
B43	Birth Injury, Difficult labour, etc	4	3	7
B44	Other Causes of Perinatal mortality	5	6	11
B45	Symptoms and Ill-Defined conditions	1	-	1
BE47	Motor Vehicle accidents	11	2	13
BE48	All Other accidents	7	6	13
BE49	Suicide and Self Inflicted injuries	5	1	6
BE50	All Other External Causes	1	-	1
Total		385	264	649

AGE AND SEX DISTRIBUTION OF CAUSES OF DEATH BY REGISTRAR GENERAL RETURNS OF 50 GROUPS 1969.

Cause Number	0-4 M. F.	5-14 M. F.	15-24 M. F.	25-34 M. F.	35-44 M. F.	45-54 M. F.	55-64 M. F.	65-74 M. F.	75-84 M. F.	85-94 M. F.	95+ M. F.	Total M. F.
B4	2											2
B5							1					1
B18												1
B19(i)												1
B19(ii)							1	2	1	1		1
B19(iii)								1	1	1		3
B19(iv)							3	2	1	1		4
B19(v)								1	1	1		3
B19(vi)								8	1	3		12
B19(vii)								1	3	2		6
B19(viii)												
B19(ix)												
B19(x)												
B19(xi)												
B21												
B46(i)												
B23												
B46(iii)												
B24	1	1										2
B46(iv)			1									1
B26												
B27												
B28				3	4	14	2	31	10	35	15	108
B29						1		1	5	4	3	14
B30					2	1	1	14	4	13	11	47
B46(v)			1			2		2	4	4	4	11
B31						1		3	4	1	1	6
B32	3	1			1	1	1	12	1	5	5	19
B33					2			17	3	10	3	43
B33(ii)												1
B46(vi)						1		1	1	1		3
B34												1
B35												1

Continued overleaf

Cause Number	0-4 M. F.	5-14 M. F.	15-24 M. F.	25-34 M. F.	35-44 M. F.	45-54 M. F.	55-64 M. F.	65-74 M. F.	75-84 M. F.	85-94 M. F.	95+ M. F.	Total M. F.												
B46(vii)			1			1	1	2	4			2												
B38						1	1	1				5												
B39							1	1				1												
B46(viii)																								
B46(x)							2	1	1			4												
B42	4	2										4												
B43	4	3				1						4												
B44	5	6										5												
B45									1			1												
BE47	1		1				1					11												
BE48	2	1		5	1	2			4			7												
BE49				2		2	1			1		5												
BE50					1	1						1												
Total	22	13	2	1	8	3	6	3	14	9	37	14	89	36	110	66	71	79	24	38	2	2	355	264

INFANT DEATHS

Thirty infants died before their first birthday, three more than in 1968, giving an infant mortality rate of 23.18 deaths below one year for every thousand live births. This is a very disappointing figure. The ratio for the whole country is 18. This means that for Scunthorpe's figures not to be worse than those of the rest of the country, only 23 children should have died. If seven of the thirty deaths had been prevented, Scunthorpe figures would have been as good as those for the rest of the country; but the fact that seven more children died in Scunthorpe than, theoretically, would have died elsewhere, is a measure of how unsatisfactory Scunthorpe figures are.

In previous years the excess mortality has usually been found in the post-neo-natal period, from 4 weeks to 1 year, but in 1969 it is in the early neo-natal period, the first week of life, that most of Scunthorpe's excess mortality occurs. Nineteen babies died during the first week of life, out of 1,294 live births. The average area of England and Wales would have seen the death of thirteen babies during this period 24 babies died during the first four weeks of life, giving an excess of 8 deaths in Scunthorpe at this point. From then, to the age of a year, one less baby died than would have been expected to die elsewhere, bringing the excess deaths during the first year, as afore-said, to 7.

Prematurity would appear to be the main cause of Scunthorpe's excessive neo-natal mortality in 1969, as it is given as the sole cause of death in five cases, combined with Respiratory Distress Syndrome (Atelectasis) in another five, and is mentioned as a contributory cause in another case.

A fall in the incidence of prematurity would also help to lower the still birth rate. Of the twenty three still births that occurred, fifteen were complicated by prematurity, three by postmaturity, and only five were at term. The still birth rate was 17.5 compared with a national rate of 13. This was slightly lower than in 1968.

INFANT MORTALITY

The Infant Mortality rate is the number of babies under one year old who die during the year, related to the number of live births in the same year. This year thirty infants died and this gives a mortality rate of 23.18.

Number of infants dying in hospital 27

(War Memorial 19, Maternity Home 1, Isolation Hospital 1, Sheffield Hospital 4, Hull Royal Infirmary 1, Hull Maternity Hospital 1)

Number of infants dying at home 3

Year	Actual No.	Scunthorpe	England & Wales
		Rate	Rate
1956	29	26.53	23.8
1957	28	24.56	23.1
1958	30	25.77	22.5
1959	32	25.89	22.2
1960	28	21.74	21.8
1961	38	28.13	21.4
1962	37	25.61	21.7
1963	35	25.58	21.1
1964	33	22.56	19.9
1965	38	27.94	19.0
1966	30	22.54	18.9
1967	30	23.49	18.3
1968	27	20.45	18.0
1969	30	23.18	18.0

NEO-NATAL MORTALITY

The Neo-Natal Mortality Rate is the number of babies under four weeks of age who died during the year, related to the number of live births in the same year. This year fifteen babies in this age group died, twelve in the first seven days of life.

<u>Year</u>	<u>Actual No.</u>	<u>Scunthorpe Rate</u>	<u>England & Wales Rate</u>
1956	22	20.12	16.8
1957	18	15.59	16.5
1958	22	18.90	16.2
1959	32	16.18	15.9
1960	28	12.42	15.5
1961	25	16.28	15.3
1962	28	19.38	15.1
1963	22	16.08	14.3
1964	21	14.35	13.8
1965	27	19.85	13.0
1966	19	14.27	12.9
1967	17	13.31	12.5
1968	15	11.36	12.3
1969	24	18.55	12.0

PERINATAL MORTALITY

This is the ratio of the number of deaths in the first week of life, plus the number of stillbirths, to the total number of live and stillbirths expressed as the number per thousand total births.

<u>Year</u>	<u>England & Wales</u>	<u>Scunthorpe</u>	<u>Still Births</u>	<u>Total Perinatal Deaths</u>	<u>Under 1 week</u>
1956	36.7	43.9	30	48	18
1957	36.2	46.7	37	54	17
1958	35.0	3.2	24	43	19
1959	34.1	38.7	29	49	20
1960	32.8	38.5	35	51	16
1961	32.0	46.6	43	65	22
1962	30.8	40.5	34	60	26
1963	29.3	35.1	30	49	19
1964	28.2	23.55	23	35	12
1965	26.9	33.96	24	47	23
1966	26.3	34.56	29	47	18
1967	25.4	25.42	21	33	12
1968	25.0	30.42	28	41	13
1969	23.0	31.89	23	42	19

Cause of Death	Sex	Under 1 day	1-7 days	Total under 1 wk.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 wks.	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year	Place of Death			Cancer
														M.H.	Hospital	Home	
Prematurity	M	1	2	3				3	1				3		3		
	F	1	1	2				2					2		2	1	
Prematurity with Respiratory Disease Syndrome (Atelectosis)	M	1	2	3				3					3		3		
	F	2		2				2					2		2		
Maternal Eclampsia	M	1		1				1					1		1		
Prolapsd Cord	M	1		1				1					1		1		
Bronchopneumonia	M		1	1	1			2	2			1	4		4		2
	F	1		1				1					2		2		1
Congenital Abnormalities	M	1		1	1	1		3					3		3		
	F	1	2	3				3					3	2	1		
Gastroenteritis	M				1	1		2	1				3		2	1	1
	F																
Accident	M								1				1			1	1
	F																
Rh Incompatability	M			1									1		1		
	F	1						1									
Totals	M	5	5	10	3	2		15	4				19		17	2	4
	F	6	3	9				9	1			1	11	2	8	1	1

STILL BIRTHS 1969

Cause of Stillbirth

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Chronic disease in mother			
Acute disease in mother			
Diseases and conditions of Pregnancy and Childbirth	3	2	5
Absorption of Toxic substance of mother			
Difficulties in Labour	1		1
Other Causes in mother			
Placental and cord conditions	1	3	4
Birth injury	1		1
Congenital Malformation of Foetus	2	3	5
Diseases of Foetus and ill- defined causes	2	5	7
	—	—	—
	10	13	23
	—	—	—

STILLBIRTHS 1969 TABLE 2 (listed in chronological order).

No. In Register	Week Ended	Mother's Age	Gravida	Weight lb. oz.	Place Inst. Decm.	Cause
12	12.2.69	25	1	6	1	} 1a, Ante Partum Haemorrhage Hypertension
13	12.2.69	"	1	9	1 twins	
14	22.2.69	24	3 (1 live 1 S.B)	6. 0	1	
Leeds 4	22.2.69	19	1	7. 5	1	1a, Intrauterine Hypoxia
Derby 20	28.2.69	17	1	3. 8	1	1a, Intrauterine anoxia, placental insufficiency.
15	1.3.69	20	1	2. 6	1	1a, Macerated foetus (cause not known).
18	31.3.69	21	1	2. 4	1	1a, Anencephalic
19	31.3.69	25	1	6. 14	1	1a, Anoxia, b, arrested breech delivery
20	31.3.69	19	1	2. 12	1	11, Prem. labour.
3	14.6.69	25	2 (1 S.B)	not weighed	1	1a, Cerebral haemorrhage b, tear of tentorium
4	28.6.69	20	1	3. 15	1	1a, Hydrocephalic, hydramnios
3	30.6.69	30	1	2. 4	1	1a, P.E.T. 11, small baby, premature
Grimsby 4	30.6.69	29	4	5. 9	1	1a, Concealed accidental haemorrhage
5	6.9.69	21	2	4. 15	1	b, O. Rh-ve Mother C. antibody
6	20.9.69	37	7(1 S.B)	6. 7	1	11 erythroblastosis
7	20.9.69	28	6	1. 8	1	1a, Grossly abnormal baby b, Hydrops. 2nd twin
7b	30.9.69	28	1	2. 4	1	1a, Cause unknown
8	30.9.69	32	5(2 S.B)	5. 1 1/2	1	1a, Hydrocephalus and spina bifida
10	30.9.69	19	1	4. 14	1	1a, Anencephaly
9	25.10.69	31	1	6. 4	1	1a, Foetal anoxia, 11 prematurity
10	22.11.69	22	2	6. 6	1	1a, Prematurity
11	31.12.69	21	2	4. 3	1	1a, Intrauterine Death - cause unknown
12	31.12.69	24	2	1. 14	1	1a, Prolapsed umbilical cord, b, early rupture of membranes in twin pregnancy.
						1a, Placental insufficiency
						1a, Intrauterine infection. 11 Early anoxia
						1a, Placental insufficiency. 11 Heavy smoking
						1a, Placental insufficiency. b, pre eclampic toxemia.

Cases of Malformations Notified 1969

Congenital Malformation	Number detected: at birth	after birth	Date of Birth	Sex	Mothers Age	Gravida	Total
Anencephalus	1 S.B. 1 S.B.		22. 2.69 11. 9.69	M F	20 37	1 8(1 S.B.)	2
Hydrocephalus	1 1 S.B.		29.11.69 4. 9.69	F M	43 21	3 2	2
Spina Bifida	1	1	26.12.69 15. 8.69	F M	30 20	2 1	2
Palipes	1 1 1 1 1 1 1		5. 9.69 17. 6.69 3. 6.69 4. 5.69 15. 1.69 5. 1.69	M M M F M M M	24 24 21 22 23 31	5 1 1 3 2(1 misc) 4(2 misc)	6
Other specified malformations of leg or pelvis	1		30. 9.69	M	26	3	1
Unspecified limb malformations	1		2. 4. 69	F	30	3(1 misc)	1
Downes Syndrome	1 1		23. 8.69 20. 6.69	M M	46 19	2(1 misc) 1	2
Accessory Auricle		1	13. 5.69	M	35	5	1
Exomphalus	1 1		18.11.69 3.12.69	M M	20 30	1 9	2
Myelomenigocele	1		25. 9.69	M	17	1	1
Hypospadias	1 1		21. 5.69 24. 5.69	M M	29 23	4 9(5 live) 3 misc	2
Imperforated Anus	1		6.11.69	M	25	2	1
Grossly Abnormal	1 S.B. 1 1		4. 6.69 4. 6.69 3.12.69	F F F	30 30 19	1 1 twins 3	3
Total 26.							

INFECTIOUS DISEASES

CANCER

One hundred and thirteen deaths occurred from cancer in 1969, which is 27 less than the high number (140) in 1968. This represents a fall in the cancer fatality rate, which has been rising steadily in recent years. The most marked fall is in cancer of the stomach, which is the lowest it has been since 1952, but there has also been a definite lowering of the level of lung cancer from the very high figures of the last two years.

AGE AND SEX DISTRIBUTION OF DEATHS FROM CANCER

Age	Malignant Neoplasm, Stomach		Malignant Neoplasm, Lung		Malignant Breast		Neoplasm Uterus	Other Malignant & Lymphatic Neoplasms		Total	
	M	F	M	F	M	F	E	M	F	M	F
0-24											
25-									2		2
35-						1		1	2	1	3
45-	1		5		1		2	4	3	10	6
55-	1		12	1	6			8	6	21	13
65-	1	1	8		1		3	9	9	18	14
75-	1	1	3		2			12	6	16	9
Total	4	2	28	1	11		5	34	28	66	47

CANCER

Year	Malignant Neoplasm Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm Stomach	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Total	Population of Scunthorpe	Cancer Fatality rate per 1,000 population	Number of Deaths from all causes	% of deaths due to cancer
1956	20	1	10	3	36	70	58,760	1.19	496	14.11
1957	24	7	15	4	50	100	59,490	1.68	517	19.31
1958	23	2	11	2	69	107	60,700	1.76	554	19.31
1959	22	11	14	5	44	96	61,840	1.55	517	18.57
1960	31	7	9	6	48	101	63,090	1.60	545	18.53
1961	25	4	10	3	60	102	66,790	1.52	591	17.26
1962	26	8	13	6	42	95	68,130	1.39	570	16.67
1963	29	10	13	2	58	112	68,890	1.62	592	18.75
1964	21	10	18	8	58	115	69,600	1.65	572	20.10
1965	30	16	18	1	48	113	70,180	1.61	624	18.11
1966	25	9	16	4	67	121	70,980	1.70	610	19.84
1967	38	9	11	7	66	131	71,101	1.84	607	21.58
1968	42	8	17	2	71	140	69,760	2.01	651	21.51
1969	29	11	6	5	62	113	69,720	1.62	649	17.41

INFECTIOUS DISEASES

Including tuberculosis, 605 cases of notifiable infectious diseases were notified to the Health Department during 1969. Cases of notifiable infectious diseases discovered during the investigation of the notified cases, and cases of non-notifiable infectious disease, brought the total number of known cases of infectious disease in the Borough to 1,521 in 1969. These figures are much lower than the comparable figures in 1968, 1,131 and 2,099 respectively.

The 81 notifications of measles were the lowest ever recorded in Scunthorpe. Immunisation against this disease was started in April 1968 and it is tempting to attribute the new low number entirely to the effect of this measure. Measles has tended to run in biennial cycles and this year was expected to be a year with fewer cases than usual. However it is likely that the immunisation campaign has already started to have some effect and this should be more apparent as the years go by and the number of immunised children increases.

With the falling off in importance of measles, dysentery becomes the most important notifiable infectious disease in Scunthorpe, constituting more than half of all the cases notified i.e. 316 compared with 310 last year. Dysentery is endemic in Scunthorpe, and in the absence of any form of active immunisation, it is highly probable that there will continue to be two to three hundred cases every year in Scunthorpe until there is a major change in the standards of personal hygiene of the citizens of Scunthorpe. Infectious hepatitis, the second most important notifiable infectious disease, is also endemic in Scunthorpe. Cases occurred in every month of the year and affected all age groups. No active immunisation is yet possible against infectious hepatitis, but exposed groups of delicate susceptibles may be given passive protection for the period of risk. The modes of spread of dysentery and infectious hepatitis are probably basically similar, and the notification of 81 cases of infectious hepatitis in 1969, the highest number since this became a notifiable infectious disease in 1965, underlines the necessity for an improvement by the people of Scunthorpe in the standards of personal hygiene.

The death listed under "Other Infectious and Parasitic Diseases" was one of Herpes Zoster, which is caused by a virus similar to, and possibly identical with, the chickenpox virus.

The Registrar General records that two children died from meningitis during 1969 but in neither case was this from a notifiable form of the disease.

Seventeen cases of food poisoning were notified during 1969 and three more were discovered during the investigation of notified cases. Two cases were linked, both occurring in the same family, but the other eighteen were isolated cases. The causal organism was identified in seven cases. The two cases occurring in the same family were due to salmonella typhimurium, and one of the isolated cases also. The other four cases identified were due to staphylococcus aureus.

NOTIFIED INFECTIOUS DISEASES (Corrected) 1960-1969

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever	33	15	7	40	23	12	5	34	43	92
Whooping Cough... ..	39	53	15	123	80	3	35	161	31	4
Measles	285	1234	271	1224	497	1083	1318	372	700	81
Pneumonia*	6	20	9	9	4	5	7	1	4	-
Acute Poliomyelitis... ..	-	1	-	-	-	-	-	-	-	-
Paralytic... ..	-	-	-	-	-	-	-	-	-	-
Non-Paralytic	-	1	-	-	-	-	-	-	-	-
Encephalitis	-	1	2	-	-	-	-	2	-	-
Dysentery... ..	57	56	134	117	209	316	117	167	310	316
Puerperal Pyrexia*	1	2	1	-	2	1	-	1	4	-
Erysipelas*	6	2	1	3	1	1	3	2	4	-
Food Poisoning... ..	10	5	6	48	9	5	7	7	13	17
Meningococcal Infection ...	2	1	1	6	7	3	6	5	1	3
Malaria	1	-	1	-	1	-	-	1	-	-
Paratyphoid Fever	1	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum* ...	-	-	-	1	-	-	-	-	-	-
Pulmonary Tuberculosis ...	18	14	21	18	13	18	16	19	7	9
Non-Pulmonary Tuberculosis.	1	2	2	3	4	2	-	4	-	2
Infective Hepatitis... ..	-	-	-	-	-	41	74	43	14	81

* not notifiable from
1.10.1968

NOTIFIED INFECTIOUS DISEASES 1969, (Corrected in cases of revised diagnosis)

	Age unknown	Under 1	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 20	20 - 35	35 - 45	45 - 65	65 and over	TOTAL
Measles	3	8	14	12	11	16	13	2	2	-	-	-	-	81
Dysentery	14	40	44	35	20	12	27	15	12	51	18	17	10	316
Whooping Cough	1	-	-	-	-	2	1	-	-	-	-	-	-	4
Scarlet Fever	4	-	1	4	7	6	46	21	2	1	-	-	-	92
Food Poisoning	-	-	1	1	-	-	2	3	-	4	1	4	1	17
Infective Hepatitis	1	-	1	-	2	6	25	19	6	13	3	4	1	81
Pulmonary T.B.	-	-	-	-	-	-	-	1	-	1	1	5	1	9
Non-Pulmonary T.B.	-	-	-	-	-	-	-	-	1	-	1	-	-	2
Meningitis	-	1	-	-	-	-	1	-	-	-	-	1	-	3
Encephalitis	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	23	49	61	53	40	42	115	61	23	69	24	31	13	605

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	20	37	13	15	20	12	7	8	7	8	4	2	153
Pneumonia	-	1	-	3	3	2	1	-	-	2	-	-	12
Broncho Pneumonia	-	-	1	-	-	1	-	-	-	-	-	-	2
Whooping Cough	1	3	-	-	3	-	-	-	-	3	-	-	10
Measles	50	18	6	5	4	1	4	2	3	1	4	-	98
Dysentery	24	47	48	23	27	22	9	17	50	25	24	14	330
Gastro Enteritis	1	10	-	4	3	-	-	2	4	-	2	-	26
Chicken Pox	16	24	75	27	75	97	12	-	7	1	-	4	338
Mumps	20	6	2	13	21	24	-	-	3	9	1	31	127
Food Poisoning	1	-	-	-	5	-	3	5	1	2	2	1	20
Erysipelas	1	-	-	1	1	-	1	-	-	-	1	-	5
Meningitis	-	-	-	-	-	1	-	-	1	1	-	-	3
Puerperal Pyrexia	1	-	-	-	-	-	-	-	-	-	-	-	1
Influenza	-	-	9	-	-	-	-	-	-	-	-	-	9
Scabies	2	1	6	-	1	2	1	-	1	4	2	1	21
Impetigo	-	-	-	-	1	-	-	-	-	4	-	3	8
Rubella	3	2	-	-	4	-	1	-	-	1	2	1	14
Infective Hepatitis	3	2	3	5	5	6	8	7	9	14	14	14	90
Pink-eye	-	-	1	-	-	-	-	-	-	-	-	-	1
Rheumatic Fever	1	-	-	-	-	-	-	-	-	-	-	-	1
Encephalitis	-	-	-	-	-	1	-	-	-	-	-	-	1
Paratyphoid B.	-	-	-	-	-	-	-	-	-	-	-	-	-
Observations	28	25	19	16	20	19	3	16	37	30	22	15	250
Total	172	176	183	112	193	185	50	57	123	105	78	87	1521

ANNUAL RETURN OF FOOD POISONING 1969.

1. (a) Food Poisoning Notifications (Corrected) as Returned to Registrar General

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
1	5	9	3	17

(b) Cases Otherwise Ascertained

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-	-	-	3	3

(c) Symptomless Excreters

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-	-	-	-	-

(d) Fatal Cases

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
-	-	-	-	-

2. Particulars of Outbreaks

	No. of Outbreaks		No. of Cases		Total No. of Cases
	Family Outbreaks	Other Outbreaks	Notified	Otherwise Ascertained	
Agent Identified	1	-	2	-	2
Agent not Identified	-	-	-	-	-

3. Single Cases

	No. of Cases		Total No. of Cases
	Notified	Otherwise Ascertained	
Agent Identified	5	-	5
Agent not Identified	10	3	13

Annual Report of the Department of Health

No. of Cases	Total No. of Cases	No. of Deaths				Total No. of Deaths
		Identified	Not Identified	Other	Unexplained	
1	100	10	10	10	10	10
2	100	10	10	10	10	10
3	100	10	10	10	10	10
4	100	10	10	10	10	10
5	100	10	10	10	10	10
6	100	10	10	10	10	10
7	100	10	10	10	10	10
8	100	10	10	10	10	10
9	100	10	10	10	10	10
10	100	10	10	10	10	10
11	100	10	10	10	10	10
12	100	10	10	10	10	10
13	100	10	10	10	10	10
14	100	10	10	10	10	10
15	100	10	10	10	10	10
16	100	10	10	10	10	10
17	100	10	10	10	10	10
18	100	10	10	10	10	10
19	100	10	10	10	10	10
20	100	10	10	10	10	10
21	100	10	10	10	10	10
22	100	10	10	10	10	10
23	100	10	10	10	10	10
24	100	10	10	10	10	10
25	100	10	10	10	10	10
26	100	10	10	10	10	10
27	100	10	10	10	10	10
28	100	10	10	10	10	10
29	100	10	10	10	10	10
30	100	10	10	10	10	10
31	100	10	10	10	10	10
32	100	10	10	10	10	10
33	100	10	10	10	10	10
34	100	10	10	10	10	10
35	100	10	10	10	10	10
36	100	10	10	10	10	10
37	100	10	10	10	10	10
38	100	10	10	10	10	10
39	100	10	10	10	10	10
40	100	10	10	10	10	10
41	100	10	10	10	10	10
42	100	10	10	10	10	10
43	100	10	10	10	10	10
44	100	10	10	10	10	10
45	100	10	10	10	10	10
46	100	10	10	10	10	10
47	100	10	10	10	10	10
48	100	10	10	10	10	10
49	100	10	10	10	10	10
50	100	10	10	10	10	10
51	100	10	10	10	10	10
52	100	10	10	10	10	10
53	100	10	10	10	10	10
54	100	10	10	10	10	10
55	100	10	10	10	10	10
56	100	10	10	10	10	10
57	100	10	10	10	10	10
58	100	10	10	10	10	10
59	100	10	10	10	10	10
60	100	10	10	10	10	10
61	100	10	10	10	10	10
62	100	10	10	10	10	10
63	100	10	10	10	10	10
64	100	10	10	10	10	10
65	100	10	10	10	10	10
66	100	10	10	10	10	10
67	100	10	10	10	10	10
68	100	10	10	10	10	10
69	100	10	10	10	10	10
70	100	10	10	10	10	10
71	100	10	10	10	10	10
72	100	10	10	10	10	10
73	100	10	10	10	10	10
74	100	10	10	10	10	10
75	100	10	10	10	10	10
76	100	10	10	10	10	10
77	100	10	10	10	10	10
78	100	10	10	10	10	10
79	100	10	10	10	10	10
80	100	10	10	10	10	10
81	100	10	10	10	10	10
82	100	10	10	10	10	10
83	100	10	10	10	10	10
84	100	10	10	10	10	10
85	100	10	10	10	10	10
86	100	10	10	10	10	10
87	100	10	10	10	10	10
88	100	10	10	10	10	10
89	100	10	10	10	10	10
90	100	10	10	10	10	10
91	100	10	10	10	10	10
92	100	10	10	10	10	10
93	100	10	10	10	10	10
94	100	10	10	10	10	10
95	100	10	10	10	10	10
96	100	10	10	10	10	10
97	100	10	10	10	10	10
98	100	10	10	10	10	10
99	100	10	10	10	10	10
100	100	10	10	10	10	10

Applications for Chimney Sweeps and Scaffolds

	Chimneys	Scaffolds
Received	2	2
Approved	2	2

B COMMUNITY HEALTH SECTION

Area No. 3 was approved by the Ministry and works of conservation commenced.

440 houses were subjected to gasul procedure in Areas No. 7 and 8. Total of 3035 visits and 480 interviews were made by the two mobile control assistants.

Conversions to

Electricity	18
Gas	217
Solid-Fuel	154
Mixed Fuel and Appliances	5
Control Heating	43
Ignition only	3
	440

During the past eight years, seven areas have been confirmed and it can be seen from the following table that the half way stage has been reached.

B COMMUNITY HEALTH SECTION

CLEAN AIR

Applications for Chimney Heights and Boilers.

	<u>Chimneys</u>	<u>Boilers</u>
Received	2	2
Approved	2	2
<u>SMOKE CONTROL AREAS.</u>		

Area No. 8 was approved by the Ministry and works of conversion commenced.

440 houses were subjected to grant procedure in Areas No. 7 and 8. A total of 3035 visits and 480 interviews were made by the two smoke control assistants.

Conversion to

Electricity	18
Gas	217
Solid Fuel	154
Mixed Fuels and Appliances	5
Central Heating	43
Ignition only	3
	440

During the past eight years, seven areas have been confirmed and it can be seen from the following table that the half way stage has been reached.

Public Supplies: 54 satisfactory; 0 unsatisfactory

Private Supplies: 3 satisfactory; 3 unsatisfactory

Details of Chemical samples taken throughout the year are shown separately.

The unsatisfactory chemical and bacteriological samples were from the bungalow supplied by spring water. The samples were warned to boil before drinking and also to clean out the storage tank.

SMOKE CONTROL AREAS

Operative Date	Area No.	Acreage	Houses		Total
			Private	Council	
1. 6.61	1	313	245	1200	1445
1. 6.62	2	1350	2113	-	2113
1. 6.63	3	180	961	459	1420
1. 6.64	4	96	683	60	743
1.12.66	5	712	1527	1161	2688
1. 3.68	6	132	609	332	941
1.10.69	7	212	580	700	1280
	8				1413
	TOTAL	2995	6718	3912	10630
	FULL TOTAL IN ENTIRE TOWN	7895	13580	8907	22487
	% age UNDER SMOKE CONTROL	38%	40%	45%	47%

WATER SUPPLY

The following information has been supplied by the Borough Engineer:-

(a) Consumption in N.L.W.B. area for year ending 31.12.69

Domestic:	1,529,000,000	gallons
Metered:	1,810,000,000	gallons
Total	3,339,000,000	gallons

Estimated population on 30.6.69 (Registrar General): 125,170

Consumption per head per day

Domestic:	33.0	gallons
Metered:	39.6	gallons
Total	72.6	gallons

As mentioned in previous years, comparison by population is no longer a reliable basis for estimation of consumption in Scunthorpe, since metered consumption continues to rise disproportionately in parts of the Board's area of supply outside the Borough.

An alternative calculation, based on average quantities leaving the reservoirs, results in an estimated average daily consumption of 4.13 m.g.d.

Water Supplies (Domestic)

(i) Number of samples taken for Chemical Examination:-

Public Supplies: 19 satisfactory; 0 unsatisfactory

Private Supplies: 3 satisfactory; 1 unsatisfactory

(ii) Number of samples taken for Bacteriological Examination:-

Public Supplies: 54 satisfactory; 0 unsatisfactory

Private Supplies: 1 satisfactory; 8 unsatisfactory

Details of Chemical samples taken throughout the year are shown separately.

The unsatisfactory chemical and bacteriological samples were from the bungalow supplied by spring water. The occupiers were warned to boil before drinking and also to clean out the storage tank.

Swimming Baths

Samples of water were taken at regular intervals from the Public Baths and also the swimming pools attached to schools. The results are tabulated below:

	Bacteriological		Chemical	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Public Baths	7	1	3	0
Henderson Avenue Junior School	7	1	1	0
John Leggott Grammar School	7	1	2	0

All unsatisfactory samples were followed up with satisfactory samples.

Paddling Pools

6 samples of water were taken during the summer months. The following are the results:-

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Central Park	3	0
Sheffield Park	3	0

Public Baths Attendance Figures

The Baths, Entertainments and Catering Officer has supplied the following attendance figures for 1969:-

Number of swimmers (excluding school parties) using the baths	-	146,080
Number of swimmers (school parties) using the baths	-	34,350
		180,430

CHEMICAL ANALYSIS - WATER 1969

MAINS

Date taken	6-3-69	15-3-69	15-3-69	30-4-69	9-6-69
Where taken	Well 4 - 18 Dunstall St.	9 Westerdale	177 Scotter Rd	243 Queensway	95 Fox St.
<u>Physical Characteristics</u>					
Suspended matter	Trace	None	None	None	None
Appearance of a column 2' long	Turbid Yellowish	Clear Colourless	Clear Colourless	Clear Colourless	Clear Faintly Yellow
Taste	-	Normal	Normal	Normal	Normal
Odour	None	None	None	None	None
<u>Chemical Examination</u>					
Total solids dried at 180°	1072.0	556.0	553.0	546.0	616.0
Chlorides in terms of Chlorine	76.0	44.0	44.0	51.0	78.0
Equivalent to Sodium Chloride	125.3	72.5	72.5	84.0	128.6
Nitrates	Faint Trace	None	None	None	None
Nitrates as Nitrogen	5.44	7.94	7.98	3.49	0.46
Poisonous metals	LO.04	LO.04	LO.04	LO.04	LO.04
Total hardness	504.0	188.0	176.0	178.0	226.0
Temporary hardness	280.8	188.0	176.0	178.0	115.2
Permanent hardness	223.2	-	-	-	110.8
Oxygen absorbed in 4 hrs. @ 80°F	0.84	0.24	0.28	0.48	0.40
Ammoniacal Nitrogen	0.064	0.056	0.024	0.014	0.040
Albuminoid Nitrogen	0.120	0.072	0.072	0.048	0.064

Date taken	6-3-69	15-3-69	15-3-69	30-4-69	9-6-69
Where taken	Well 4 - 18 Dunstall St.	9 Westerdale	177 Scotter Rd.	243 Queensway	95 Fox St.
Free Chlorine	-	None	None	None	0.03
Sodium Bicarbonate	-	49.4	78.0	66.2	-
P.H. Value	7.0	7.4	7.3	7.1	7.4
<u>Bacteriological Exam.</u> B. Coli Test (MacConkeys Bile Salt Lactose Broth)	-				
Probable number of coliform organisms per 100 ml.	-	0	0	0	0
<u>Remarks</u>	Water not fit to drink on above analysis	Sat.	Sat.	Sat.	Sat.

CHEMICAL ANALYSIS - WATER

MAINS

Date taken	17-6-69	17-6-69	31-7-69	20-8-69	20-8-69
Where taken	35 Collinson Ave.	30 Collinson Ave.	Spring Poultry Fm. Crosby H.	68 Ashdowne Ave.	Health Insp. Dept.
<u>Physical Characteristics</u>					
Suspended matter	None	None	Faint Trace	None	None
Appearance of a column 2' long	Clear Colourless	Clear Faintly Yellow	Clear Colourless	Clear Colourless	Clear Colour- less
Taste	Normal	Normal	Normal	Normal	Normal
Odour	None	None	None	None	None
<u>Chemical Examination</u>					
Total solids dried at 180°	618.0	620.0	650.0	608.0	508.0
Chlorides in terms of Chlorine	71.0	72.0	36.0	78.0	48.0
Equivalent to Sodium Chloride	117.0	118.7	59.2	128.6	79.1
Nitrates	None	None	None	None	None
Nitrates as Nitrogen	0.70	0.94	1.97	0.71	5.96
Poisonous metals	LO.04	LO.04	LO.04	LO.04	LO.04
Total hardness	210.0	212.0	524.0	216.0	218.0
Temporary hardness	120.2	125.3	285.0	110.0	212.5
Permanent hardness	89.8	86.7	239.0	106.0	5.5
Oxygen absorbed in 4 hrs. @ 80°F	0.16	0.20	0.40	0.08	0.16
Ammoniacal Nitrogen	0.056	0.064	0.32	0.040	0.040

Date Taken	17-6-69	17-6-69	31-7-69	20-8-69	20-8-69
Where taken	35 Collinson Ave.	30 Collinson Ave.	Spring Poultry Fm Crosby H.	68 Ashdowne Ave.	Health Insp. Dept.
Albuminoid Nitrogen	0.112	0.120	0.48	0.032	0.032
Free Chlorine	None	None	-	None	None
Sodium Bicarbonate	-	-	-	-	-
P.H. Value	7.7	7.7	7.0	7.2	6.9
<u>Bacteriological Exam.</u> B. Coli Test (MacConkeys Bile Salt Lactose Broth)			B coli present	-	-
Probable number of coliform organisms per 100 ml.			18+	-	-
<u>Remarks</u>	7 Lc brown suspended matter was iron and Manganese compounds. These are not injurious to health. No injur- ious metals were detected. In the P.A.'s opinion, both samples were fit for drinking and general purposes.		No signs of gross pollution but type 1B Coli abundant. Clean the well before another sample.	Sat.	Sat.

CHEMICAL ANALYSIS - WATER

Date taken	10-9-69	18-9-69	18-9-69	12-11-69	12-11-69
Where taken	Poultry Fm. Crosby Hill	4 Spilsby	P.H.I. Dept.	44 Newland Drv.	Clover Dairies
<u>Physical Characteristics</u>					
Suspended matter	Faint Trace	None	None	None	None
Appearance of a column 2' long	Clear Colourless	Clear Colourless	Clear Colourless	Clear Colourless	Clear Colourless
Taste	Normal	Normal	Normal	Normal	Normal
Odour	None	None	None	None	None
<u>Chemical Examination</u>					
Total solids dried at 180°	674.0	488.0	496.0	454.0	564.0
Chlorides in terms of Chlorine	33.0	49.0	49.0	47.0	71.0
Equivalent to Sodium Chloride	54.4	80.7	80.7	77.5	117.1
Nitrates	None	None	None	None	None
Nitrates as Nitrogen	2.95	7.44	6.97	4.98	0.65
Poisonous metals	10.04	10.04	10.04	10.04	10.04
Total hardness	512	198.0	198.0	206.0	196.0
Temporary hardness	280	198.0	198.0	206.0	140.0
Permanent hardness	232	None	None	None	56.0
Oxygen absorbed in 4 hrs. @ 80° F	0.16	0.24	0.20	0.20	0.32
Ammoniacal Nitrogen	0.048	0.064	0.032	0.016	0.096

Date taken	10-9-69	18-9-69	18-9-69	12-11-69	12-11-69
Where taken	Poultry Fm. Crosby Hill	4 Spilsby	P.H.I. Dept.	44 Newland Drv.	Clover Dairies
Albuminoid Nitrogen	0.032	0.080	0.112	0.064	0.040
Free Chlorine	-	None	None	None	None
Sodium Bicarbonate	-	30.4	35.4	37.1	-
P.H. Value	7.2	7.2	7.1	7.2	7.3
<u>Bacteriological Exam.</u>					
B. Coli Test (MacConkeys Bile Salt Lactose Broth)	18+	0	0	0	0
Probable number of coliform organisms per 100 ml.					
<u>Remarks</u>	Bacteriolog- ically still shows pollution	SAT.	SAT.	SAT.	SAT.

CHEMICAL ANALYSIS - WATER

MAINS

Date taken	9-12-69	9-12-69
Where taken	36 Station Road	P.H.D.
<u>Physical Characteristics</u>		
Suspended matter	None	None
Appearance of a column 2' long	Clear Colourless	Clear Colourless
Taste	Normal	Normal
Odour	None	None
<u>Chemical Examination</u>		
Total solids dried at 180°	542.0	484.0
Chlorides in terms of Chlorine	72.0	55.0
Equivalent to Sodium Chloride	118.7	90.6
Nitrates	None	None
Nitrates as Nitrogen	1.17	4.38
Poisonous metals	LO.04	LO.04
Total hardness	216.0	214.0
Temporary hardness	216.0	214.0
Permanent hardness	None	None
Oxygen absorbed in 4 hrs. @ 80°F	0.24	0.32
Ammoniacal Nitrogen	0.080	0.120
Albuminoid Nitrogen	0.104	0.056
Free Chlorine	None	None
Sodium Bicarbonate	-	1109
P.H. Value	7.3	7.2
<u>Bacteriological Exam.</u>		
B. Coli Test (MacConkeys Bile Salt Lactose Broth)	0	0
Probable number of coliform organisms per 100 ml.		
<u>Remarks</u>	Sat.	Sat.

FOOD AND DRUGS

1. MILK

The two local dairies continue to bottle all the milk sold in the town.

The following licences are in force:-

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised": 2

Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised": 2

Dealer's (Pre-Packed) Licence authorising the use of the special designation "Pasteurised": 4

Dealer's (Pre-Packed) Licence authorising the use of the special designation "Ultra Heat Treated": 5

Dealer's (Pre-Packed) Licence authorising the use of the special designation "Sterilised": 127

Samples of both heat treated and untreated milk were taken for testing and analysis throughout the year and details of results follow.

All untreated samples were taken from churns prior to heat treatment. All unsatisfactory samples were retaken, with satisfactory results.

It is interesting to note that a local vending machine company ceased to sell cartons of milk and the supplies of school milk were substantially reduced during the year.

RESULTS OF SAMPLES OF HEAT TREATED AND UNTREATED MILK

Bacteriological

Number of samples taken	Satisfactory	Unsatisfactory	Unsatisfactory		
			Methylene Blue	Phosphatase	Turbidity
Homogenised.....40	40	-	-	-	-
Pasteurised.....49	49	-	-	-	-
Sterilised.....42	42	-	-	-	-
Total.....131	131	-	-	-	-

Gerber

Number of samples taken	Satisfactory	Unsatisfactory
Untreated.....96	90	6
Heat Treated..... 3	3	-
Total.....99	93	6

Ice Cream

There are three premises registered for the manufacture of ice cream and 199 premises registered for the storage and sale of this commodity.

During the year, both chemical and bacteriological samples of ice cream were taken. Following are the results:-

Number and type of samples taken	Grade			
	1	2	3	4
Bacteriological.....31	15	11	4	1
Chemical.....10	Satisfactory		Unsatisfactory	
	10		0	

Ice cream samples having a resultant grade of 3 or 4 were subsequently followed up with satisfactory samples.

Unsatisfactory	Blue	1	1	1	1
	Phosphatase	1	1	1	1
	Alkalinity	1	1	1	1

Unsatisfactory	1	1	1
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FOOD SAMPLING (CHEMICAL)

145 informal samples of food and drugs were taken during the year under the Food and Drugs Act, 1955. Three were unsatisfactory. Details are as follows:-

<u>ITEM</u>	<u>TOTAL</u>
Asprin.....	3
Baking Powder.....	3
Beer - Lager.....	3
Bicarbonate of Soda.....	3
Borax Powder.....	3
Camphorated Oil.....	6
Castor Oil.....	4
Cheese.....	4
Cordial.....	1
Cough Mixture.....	3
Cream.....	5
Currants.....	3
Curry Powder.....	3
Epsom Salts.....	3
Eucalyptus Oil.....	3
Fishcakes.....	3
Flavouring.....	3
Glycerine.....	4
Ground Almonds.....	3
Ground Ginger.....	4
Ice Cream.....	10
Indian Brandee.....	3
Iodine, Tincture of.....	3
Jelly.....	3
Liquorice Powder.....	3
Margarine.....	3
Marzipan Almond.....	3
Olive Oil.....	4
Orange Drink.....	3
Pepper, White.....	3
Pork Pies.....	3
Raisins.....	3

ITEMTOTAL

Saccharin Tablets.....	2
Sage & Onion Stuffing.....	3
Sauce.....	3
Sausages, Beef.....	4
Sausages, Pork.....	3
Sausage Rolls.....	3
Seidlitz Powder.....	3
Sultanas.....	3
Sweeteners, Artificial.....	3
Tartar, Cream of.....	3
Zinc and Castor Oil.....	3

Grand Total 145

The following table shows the results of the unsatisfactory samples:-

No. of sample	Nature of Sample	Formal/ Informal	Report	Action Taken
4346	Saccharin Tablets	Informal	Contained 14.8 mgm. saccharin per tablet - This is a slight excess over the Artificial Sweeteners in Food Regs.	Stock with drawn from sale - Wholesaler notified.
4354	Castor Oil BP.	Informal	Sample had an acid value in excess of BP requirements	Stock with drawn from sale - Wholesaler notified.
4400	Tincture of Iodine BP	Informal	Sample contained a slight excess of Potassium Iodide (2.76%)	Stock with drawn from sale - Wholesale notified.

MEAT INSPECTION

The meat at the public abattoir and the private slaughterhouse continues to receive full inspection.

PUBLIC ABATTOIR

There was a decrease in the following animals inspected.

	<u>1969</u>	<u>1968</u>
Beasts	5,701	6,332
Calves	26	71
Sheep	6,765	9,723

With an increase in the number of pigs from 12,071 to 12,620

PRIVATE SLAUGHTERHOUSE

There was a decrease in the number of both sheep and pigs inspected. Pigs from 2,702 to 2,441 and sheep from 581 to 411.

CONDEMNATION

There is very little change in the amount of meat condemned for diseases other than Tuberculosis and Cysticercus Bovis.

The carcasses condemned were affected with:

Cattle.....	2 - Septicaemia
	1 - Multiple Abscesses
Sheep.....	1 - Gangrenous Mastitis
	3 - Dropsy and Emaciation
Pigs.....	25 - Multiple Abscesses
	7 - Oedema
	2 - Pyaemia
	6 - Septic Peritonitis
	1 - Jaundice
	1 - Carcinoma
	1 - Septic Metritis
	2 - Emaciation

UN SOUND MEAT

The amount of meat condemned for tuberculosis decreased, but the incidence of Cysticercosis increased.

The total quantity of meat condemned at the abattoir and at the private slaughterhouse was less than the previous year.

ANIMALS SLAUGHTERED - 1969

The Following Table shows the number of Animals Slaughtered during 1969

Month	Abattoir				Fisher's	
	Beast	Cows	Calves	Sheep	Pigs	Sheep
January.....	421	-	7	475	981	-
February.....	465	-	5	466	1023	-
March.....	573	-	4	580	1310	-
April.....	450	-	-	439	1005	-
May.....	555	-	-	296	1220	-
June.....	401	-	-	445	807	7
July.....	432	-	-	409	756	45
August.....	497	-	2	798	975	38
September.....	448	-	3	899	836	64
October.....	467	-	3	845	1020	97
November.....	598	-	2	786	1317	88
December.....	394	-	-	327	1369	72
Total	5701	-	26	6765	12620	411
						2441

UNFIT MEAT SURRENDERED 1969

The following table shows the amount of meat surrendered after examination, giving weight in pounds and the disease or cause of unfitness.

Disease	Jan..	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Tuberculosis	225	170	99	131	167	146	115	101	56	116	199	138	1663
Abscesses	825	1039	806	911	1005	673	690	828	906	786	745	573	9787
Arthritis	65	50	67	66	68	52	70	35	25	51	63	85	697
Actinomycosis	0	90	10	30	0	10	50	30	210	120	210	0	760
Injury	97	52	64	95	32	0	51	50	24	143	72	13	693
Cysticercus Bovis	4	76	0	10	35	8	128	64	75	103	95	90	688
Dropsy and Emaciation	0	201	0	0	0	0	0	463	0	276	0	0	940
Fevered	29	0	15	0	0	0	0	0	0	0	0	0	44
Septicaemia	0	0	0	0	0	539	114	0	95	294	0	729	1771
Decomposition	154	0	0	26	0	69	349	250	668	121	140	23	1800
Moribund	0	0	0	0	0	0	0	0	0	0	0	0	0
Inflammation and Pneumonia	393	364	337	271	311	225	404	196	329	225	207	244	3506
Parasitical Infestation	663	324	802	1109	915	882	1930	1358	1385	1369	1198	1307	13242
Other Conditions	0	37	6	24	0	6	100	0	8	15	4	0	200
	2455	2403	2206	2673	2533	2610	4001	3375	3781	3619	2933	3202	35791

CARCASSES INSPECTED AND CONDEMNED 1969

	Cattle excluding cows	Cows	Calves	Sheep	Pigs
Number killed.....	5701	-	26	7176	15061
Number inspected.....	5701	-	26	7176	15061
<u>All Diseases except Tuberculosis and Cysticerci:</u>					
Whole carcasses condemned	3	-	-	4	45
Carcasses of which some part or organ was condemned.....	1821	-	-	103	1461
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci.....	31.9	-	-	6.96	10.0
<u>Tuberculosis only:</u>					
Whole carcasses condemned.....	-	-	-	-	-
Carcasses of which some part or organ was condemned.....	-	-	-	-	74
Percentage of the number inspected affected with Tuberculosis.....	-	-	-	-	0.5
<u>Cysticercosis:</u>					
Carcasses of which some part of organ was condemned	53	-	-	-	-
Carcasses submitted to treatment by refrigeration.....	2	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

At the end of the year there were 685 premises registered in the Borough under the above Act. These were divided as follows:-

	Number registered during 1969	Number on register at end of year
Offices	10	125
Retail Shops	11	489
Wholesale Premises	1	12
Catering Establishments	1	56
Fuel Storage Depots		3
TOTAL =	23	685

A total of 1002 visits were made during the year to all types of premises and the following contraventions were noted:-

TYPE OF CONTRAVENTION	Number Found
Cleanliness	2
Overcrowding	-
Thermometers	14
Temperature	1
Ventilation	-
Lighting	1
Sanitary Conveniences	4
Hot and Cold Water	7
Wash Hand Basins	1
Supply of Drinking Water	-
Clothing Accommodation	1
Seating Facilities	-
Seats (Sedentary Workers)	-
Eating Facilities	-
Floors, Passages and Stairs	2
Guarding of Machinery	-
Protection of young persons from dangerous machines	-
Training of young persons working with dangerous machines	-
Prohibition of Heavy Work	-
First Aid Boxes	8
Provision of necessary forms	16

NOTICES SERVED AND ABATED

Premises	Number of notices served	Number of notices abated
Shops.....	40	43
Offices.....	2	3

The difference between the number of notices served and those abated due to the fact that some notices have been carried forward from the previous year.

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Workplace	Number of Persons Employed
Offices.....	1113
Retail Shops.....	2617
Wholesale Premises.....	168
Catering Establishments open to the Public.....	312
Canteens.....	3
Fuel Storage Depots.....	18
TOTAL =	<u>4231</u>

Total Males :- 1399

Total Females :- 2832

Number of Inspectors appointed under section 52 1) of the Act : 6

ACCIDENTS

During the year, under Section 48 of the Act, 11 accidents were reported to this Department. These are detailed in the two following tables.

REPORTED ACCIDENTS

WORKPLACE	NUMBER REPORTED		TOTAL NUMBER INVESTIGATED	ACTION RECOMMENDED			
	FATAL	NON-FATAL		PROSECUTION	FORMAL WARNING	INFORMAL ADVICE	NO ACTION
Offices	-	-	-	-	-	-	-
Retail Shops	-	9	9	-	-	9	-
Wholesale Shops, Warehouses	-	-	-	-	-	-	-
Catering Establishments open to the public, canteens	-	2	2	-	-	2	-
Fuel Storage Depots	-	-	-	-	-	-	-
TOTAL	-	11	11	-	-	11	-

ANALYSIS OF REPORTED ACCIDENTS

ACCIDENT	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS, WAREHOUSES	CATERING ESTABLISHMENTS OPEN TO PUBLIC, CANTEENS	FUEL STORAGE DEPOTS
Machinery	-	1	-	-	-
Transport	-	-	-	-	-
Falls of Persons	-	3	-	-	-
Stepping on or striking against object or person	-	1	-	1	-
Handling Goods	-	3	-	1	-
Struck by falling object	-	-	-	-	-
Fires and Explosions	-	-	-	-	-
Electricity	-	-	-	-	-
Use of hand tools	-	-	-	-	-
Not otherwise specified	-	1	-	-	-

FOOD AND DRUGS ACT 1955: FOOD HYGIENE (GENERAL) REGULATIONS 1960

Details of Food Premises

Category	No.	Fitted to comply with Reg. 16	Fitted to comply with Reg. 19	Premises where Reg. 19 applies
Dairies	2	2	2	2
Ice Cream Manufacturers	2	2	2	2
Fish Products	46	46	46	46
Cafes	35	35	35	35
Butchers	49	49	49	49
Bakers/Flour Confectioners	26	26	26	26
Grocers	153	153	153	153
Others	50	50	25	25
	363	363	338	338

The category "cafe" includes:

- 17 cafes proper
- 3 cafes attached to multiple stores
- 7 fish restaurants
- 13 restaurants attached to public houses/
hotels

This list does not include the following:

- 46 off licences and public houses
- 3 cinemas
- 2 bingo halls
- 1 theatre

giving a grand total of 415 premises where food is handled.

Registrations under the Food and Drugs Act, S.16

Manufacture of ice cream..... 2

Storage and sale of ice cream..... 95

Manufacture of pressed, pickled and preserved foods..... 29
(includes 2 fish)

FOOD HYGIENE (GENERAL) REGULATIONS 1960

Food Shops

The number of shops involved in informal action was 36.

Contraventions were as follows:-

Provision of forms.....	10
First Aid	4
Thermometers	5
Temperature	1
Hot Water Supply	3
Wash Hand Basins	3
Redecoration Required	19
Repairs	5
Defective W.C.	1
Defective Wall Surfaces	1
Refuse Storage	1
	—
	53

SHOPS ACT 1950

Non Food Shops

The number of shops involved in informal action was 7.

Contraventions in these shops were as follows:-

First Aid.....	1
Thermometers	2
Hot Water Supply	1
Wash Hand Basin	1
Defective W.C.	1
Cleanliness	1
Repairs	2
	-
	9
	-

PUBLIC MARKETS

There has been close co-operation with the Architect's and Markets' Departments in connection with the plans for the new Food Hall at Scunthorpe and the new market development at Ashby.

MISCELLANEOUS PREMISES

Pet Animals Act 1951

There are four premises registered by the Town Clerk. Supervision of these is by an Inspector of the Royal Society for the Prevention of Cruelty to Animals.

Riding Establishments Act 1964

There are no persons holding a licence to set up a Riding Establishment in the Borough.

Animal Boarding Establishments Act 1963

Two persons are licensed under this Act to run Establishments. The two premises were subject to inspection during the year and were found to be satisfactory.

Rag, Flock and Other Filling Materials Act 1951

There are three premises on the Rag, Flock Register. These were all visited during the year and no contraventions were noted. Three samples were taken and all confirmed to standard.

Hostels

Redbourne Works Hostel has accommodation for 95 persons, and there are few vacancies.

Caravan Sites and Control of Development Act 1960

The number of vans on the municipal site at Manifold Road still continues to decrease. At the end of the year, there were 45 vans, compared with 49 the previous year. Four site inspections were carried out during the year, all proving generally satisfactory. Two caravans were inspected on the site.

The private site still operates with its maximum capacity of 40 caravans. Eight inspections of the site were carried out and seven caravan inspections were carried out in connection with overcrowding and living conditions.

The land on Station Road, adjacent to the cattle market, continues to be used as winter quarters for showmen. The site generally houses about 15 vans and is usually left in a tidy state when the families leave for the annual round of fairs.

Rent Acts 1957

No certificates of disrepair were either issued or revoked during the year.

Scrap Metal Dealers Act 1964

There were 25 dealers registered under the Act, 8 of which were itinerant collectors. Routine visits were made during the year to all scrap metal stores.

NUISANCES

Noise Abatement Act 1960.

The Department received 18 complaints of noise nuisance during the year, 6 commercial, 12 domestic. All were fully investigated and with the co-operation of the firms and persons concerned, all the nuisances were abated.

Public Health Acts 1936 and 1961

Details of nuisances abated and improvements effected in 1969 by informal action are given below:-

<u>Type of Nuisance</u>	<u>Informal Action</u>	<u>Formal Action</u>	<u>Total</u>
Internal house repairs	155	-	155
External House repairs.....	55	-	55
Dustbins to be provided.....	14	-	14
Drains cleared by Local Authority.....	728	-	728
Drains cleared after notice to owner.....	-	-	-
Drains repaired.....	24	-	24
W.C.'s repaired	21	-	21
Infestations (excluding rats and mice).....	31	-	31
Accumulations of refuse and rubbish.....	17	-	17
Nuisances from animals and birds.....	1	-	1
Nuisances from burning rubbish, bonfires, etc.	1	-	1
Houses cleansed.....	2	-	2
Dirty yards cleansed.....	4	-	4
<u>Housing Inspection (General)</u>			
Complaints received.....	853		
Houses inspected.....	295		
Visits made.....	1116		

HOUSING

New Houses

84 houses were built by the Local Authority, 2 by the County Council and 122 by private builders.

Other Houses

The demolition of the older houses in the East End Development plan is continued.

Odd houses are still found which are unfit for habitation and which are dealt with by the usual procedure of the Housing Act of 1957.

These were:-

- 20 Trafford Street.
- 11 Trafford Street.
- 9 Queen Street, Ashby.

The problems of the sub-standard houses in the Earl Street, Beauchamp Street area is receiving special attention.

Housing Act 1957

Two clearance areas were declared

2 - 9 Queen Street, Ashby,

10 -14 Queen Street, Ashby.

These were followed up by a Compulsory Purchase Order which included No. 1 Queen Street as a "grey" house.

The order had not been confirmed by the Ministry at the end of the year.

Sub-Standard Housing

Cold Water Supply

There are only 11 occupied dwellings without mains water in the house. At one bungalow, the supply is spring water, there being no mains supply within a reasonable distance.

At the remaining 10 houses, the supply is in the washhouse in 4 instances and the others have stand pipes in the yard.

The reasons for the decrease in numbers without internal supplies are that the properties remain empty pending alteration to business premises or are empty houses in areas of redevelopment.

Water Closets.

There is only 1 occupied bungalow that has a pail closet. There is no sewer within a reasonable distance. The remaining 6 houses are either derelict or unoccupied and likely to remain so.

60 Properties are not connected to a public sewer, 49 have septic tanks and 11 have cess pools.

Housing Act 1969

This new legislation came into force in August.

The department is concerned with many aspects of the Act, but the first impact was shown in the application for qualification certificates for an owner to increase rents. Thirteen such applications were received in December and had not been completed at the end of the year.

HOUSING

Number of New Houses erected during the year:

By the Local Authority.....	84
By other Local Authorities.....	2
By other bodies or persons.....	122
Number allocated for replacing houses subject to Demolition Orders or otherwise demolished.....	-

Inspection of Dwelling Houses during the year:

Total number of dwelling houses inspected for housing defects (Under Public Health or Housing Acts).....	295
Number of inspections made for the purpose.....	1411

Remedy of defects during the year without service of formal notices:

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers.....	186
--	-----

Action under Statutory Powers during the year:

1. Proceedings under Public Health Acts:-

(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied.....	4
(b) Number of dwelling houses in which defects were remedied after service of formal notices:	
(i) by owners.....	1
(ii) by local authority in default of owners.....	-

2. Proceedings under the Housing Acts:-

(a) Number of dwelling houses in respect of which notices were served requiring repairs.....	-
(b) Number of dwelling houses which were rendered fit after service of formal notices:-	
(i) by owners.....	-
(ii) by local authority in default of owners.....	-

(iii)	number of unfit houses purchased by local authority in accordance with Housing Acts.....	2
(c)	Number of certificates of disrepair issued.....	-
3.	Slum Clearance - proceedings under the Housing Acts:-	
(a)	Number of dwelling houses in respect of which Demolition Orders were made (Individual unfit houses only).....	-
(b)	Number of dwelling houses demolished in pursuance of Demolition Orders (Individual unfit houses only).....	-
(c)	Number of dwelling houses, or parts, subject to Closing Orders.....	4
(d)	Number of dwelling houses, or parts, rendered fit by undertakings.....	-
*(e)	Number of dwelling houses included in confirmed Compulsory Purchase Order.....	-
(f)	Number of dwelling houses demolished in pursuance thereof.....	-
(g)	Total number of dwelling houses on which Demolition Orders are operative and which are still occupied except under the provisions of Sections 34, 35 and 46 of the Housing Act 1957.....	-
(h)	Total number of dwelling houses, occupied under Sections 34, 35 and 46 of the Housing Act 1957.....	-
(i)	Houses demolished or closed voluntarily by owner which would otherwise have been the subject of statutory action to secure demolition or closure.....	-
*	Two clearance areas declared - not yet confirmed No. of houses.....	14

Housing Act 1949 - 59

Number of dwellings for which applications for grants have been received:

Standard Grant..... 47

Discretionary Grant..... 3

Number of dwellings subject to grant:

Standard Grant..... 47

Discretionary Grant..... 3

Number of houses owned by local authority which have been the subject of grant aid by the Ministry..... 86

HOUSES IN MULTIPLE OCCUPATION

- (A) (i) Number of cases of overcrowding relieved during 1969:- 5
(ii) Number of persons concerned in such cases :- 35
- (B) (i) Number of dwellings overcrowded at the end of the year:- 1
(ii) Number of families dwelling therein:- 2
(iii) Number of persons dwelling therein:- 9

MULTI - OCCUPATION

- (A) Number of houses on register at end of year:- 126
(B) Number of visits made for all purposes:- 247

Formal Action

- (C) (i) Number of Management Orders served (Section 12) Nil.
(ii) Number of Directions to prevent or reduce overcrowding (Section 19) Nil.
(iii) Number of Notices requiring execution of works (Section 15) served 3
(iv) Number of Notices requiring execution of works (Section 15) abated. 1

Informal Action

	SERVED	ABATED
(D) (i) To Cleanse	3	3
(ii) To provide hot water	3	3
(iii) To provide dustbins	2	2
(iv) To remove refuse	2	2
(v) For other facilities and defects	15	15
	25	25

During 1969 a special "family survey" was carried out, and all the "family" houses were inspected and measured up to the revised standard. Notices were served wherever they fell below that standard, except in respect of the absence of bathrooms. The results of the survey are tabulated as follows:-

Completely satisfactory:- 22

Without a bathroom:- 6

Without hot water (Notice Served) 2

Without adequate cooking facilities
(Notice Served) 1

Disrepair; Cooker required,
overcrowding (Notice Served) 1

32

Of the six houses without a bathroom, four were in the older areas where it would be unreasonable if not structurally impracticable to require the provision of one.

In one of the other cases the family had just left, and in the last one, if one removed the lodgers in order to make a bathroom the house would no longer be a House in Multiple Occupation.

The great difficulty in trying to do things for families in Houses in Multiple Occupation is that the families move so frequently, and sometimes, gravitate to the least desirable residences. Nevertheless it is with the families, particularly where there are children, that our main concern must be.

On the 25th August the Housing Act 1969 came into effect with a new definition of houses in multiple occupation and a strengthening of our powers to deal with them.

PREVENTION OF DAMAGE BY PESTS ACT 1949

	Agriculture	Non-Agricultural
(1) The Minister may, by order, declare any area to be a pest-infested area.		
(2) The Minister may, by order, declare any area to be a pest-free area.		
(3) The Minister may, by order, declare any area to be a pest-control area.		
(4) The Minister may, by order, declare any area to be a pest-eradication area.		
(5) The Minister may, by order, declare any area to be a pest-prevention area.		
(6) The Minister may, by order, declare any area to be a pest-management area.		
(7) The Minister may, by order, declare any area to be a pest-monitoring area.		
(8) The Minister may, by order, declare any area to be a pest-research area.		
(9) The Minister may, by order, declare any area to be a pest-training area.		
(10) The Minister may, by order, declare any area to be a pest-awareness area.		
(11) The Minister may, by order, declare any area to be a pest-education area.		
(12) The Minister may, by order, declare any area to be a pest-information area.		
(13) The Minister may, by order, declare any area to be a pest-advice area.		
(14) The Minister may, by order, declare any area to be a pest-help area.		
(15) The Minister may, by order, declare any area to be a pest-support area.		
(16) The Minister may, by order, declare any area to be a pest-assistance area.		
(17) The Minister may, by order, declare any area to be a pest-cooperation area.		
(18) The Minister may, by order, declare any area to be a pest-partnership area.		
(19) The Minister may, by order, declare any area to be a pest-alliance area.		
(20) The Minister may, by order, declare any area to be a pest-union area.		
(21) The Minister may, by order, declare any area to be a pest-federation area.		
(22) The Minister may, by order, declare any area to be a pest-league area.		
(23) The Minister may, by order, declare any area to be a pest-society area.		
(24) The Minister may, by order, declare any area to be a pest-institute area.		
(25) The Minister may, by order, declare any area to be a pest-academy area.		
(26) The Minister may, by order, declare any area to be a pest-university area.		
(27) The Minister may, by order, declare any area to be a pest-college area.		
(28) The Minister may, by order, declare any area to be a pest-school area.		
(29) The Minister may, by order, declare any area to be a pest-hall area.		
(30) The Minister may, by order, declare any area to be a pest-theatre area.		
(31) The Minister may, by order, declare any area to be a pest-stadium area.		
(32) The Minister may, by order, declare any area to be a pest-arena area.		
(33) The Minister may, by order, declare any area to be a pest-amphitheatre area.		
(34) The Minister may, by order, declare any area to be a pest-circus area.		
(35) The Minister may, by order, declare any area to be a pest-fair area.		
(36) The Minister may, by order, declare any area to be a pest-market area.		
(37) The Minister may, by order, declare any area to be a pest-bazaar area.		
(38) The Minister may, by order, declare any area to be a pest-exhibition area.		
(39) The Minister may, by order, declare any area to be a pest-show area.		
(40) The Minister may, by order, declare any area to be a pest-festival area.		
(41) The Minister may, by order, declare any area to be a pest-caravan area.		
(42) The Minister may, by order, declare any area to be a pest-motel area.		
(43) The Minister may, by order, declare any area to be a pest-camp area.		
(44) The Minister may, by order, declare any area to be a pest-site area.		
(45) The Minister may, by order, declare any area to be a pest-ground area.		
(46) The Minister may, by order, declare any area to be a pest-field area.		
(47) The Minister may, by order, declare any area to be a pest-park area.		
(48) The Minister may, by order, declare any area to be a pest-garden area.		
(49) The Minister may, by order, declare any area to be a pest-estate area.		
(50) The Minister may, by order, declare any area to be a pest-property area.		
(51) The Minister may, by order, declare any area to be a pest-place area.		
(52) The Minister may, by order, declare any area to be a pest-spot area.		
(53) The Minister may, by order, declare any area to be a pest-point area.		
(54) The Minister may, by order, declare any area to be a pest-line area.		
(55) The Minister may, by order, declare any area to be a pest-area area.		
(56) The Minister may, by order, declare any area to be a pest-region area.		
(57) The Minister may, by order, declare any area to be a pest-district area.		
(58) The Minister may, by order, declare any area to be a pest-county area.		
(59) The Minister may, by order, declare any area to be a pest-province area.		
(60) The Minister may, by order, declare any area to be a pest-state area.		
(61) The Minister may, by order, declare any area to be a pest-nation area.		
(62) The Minister may, by order, declare any area to be a pest-world area.		
(63) The Minister may, by order, declare any area to be a pest-universe area.		
(64) The Minister may, by order, declare any area to be a pest-cosmos area.		
(65) The Minister may, by order, declare any area to be a pest-space area.		
(66) The Minister may, by order, declare any area to be a pest-time area.		
(67) The Minister may, by order, declare any area to be a pest-matter area.		
(68) The Minister may, by order, declare any area to be a pest-energy area.		
(69) The Minister may, by order, declare any area to be a pest-force area.		
(70) The Minister may, by order, declare any area to be a pest-motion area.		
(71) The Minister may, by order, declare any area to be a pest-change area.		
(72) The Minister may, by order, declare any area to be a pest-effect area.		
(73) The Minister may, by order, declare any area to be a pest-result area.		
(74) The Minister may, by order, declare any area to be a pest-consequence area.		
(75) The Minister may, by order, declare any area to be a pest-impact area.		
(76) The Minister may, by order, declare any area to be a pest-outcome area.		
(77) The Minister may, by order, declare any area to be a pest-event area.		
(78) The Minister may, by order, declare any area to be a pest-incident area.		
(79) The Minister may, by order, declare any area to be a pest-circumstance area.		
(80) The Minister may, by order, declare any area to be a pest-condition area.		
(81) The Minister may, by order, declare any area to be a pest-situation area.		
(82) The Minister may, by order, declare any area to be a pest-position area.		
(83) The Minister may, by order, declare any area to be a pest-status area.		
(84) The Minister may, by order, declare any area to be a pest-quality area.		
(85) The Minister may, by order, declare any area to be a pest-quantity area.		
(86) The Minister may, by order, declare any area to be a pest-degree area.		
(87) The Minister may, by order, declare any area to be a pest-level area.		
(88) The Minister may, by order, declare any area to be a pest-grade area.		
(89) The Minister may, by order, declare any area to be a pest-class area.		
(90) The Minister may, by order, declare any area to be a pest-order area.		
(91) The Minister may, by order, declare any area to be a pest-sort area.		
(92) The Minister may, by order, declare any area to be a pest-size area.		
(93) The Minister may, by order, declare any area to be a pest-age area.		
(94) The Minister may, by order, declare any area to be a pest-color area.		
(95) The Minister may, by order, declare any area to be a pest-shape area.		
(96) The Minister may, by order, declare any area to be a pest-form area.		
(97) The Minister may, by order, declare any area to be a pest-style area.		
(98) The Minister may, by order, declare any area to be a pest-type area.		
(99) The Minister may, by order, declare any area to be a pest-kind area.		
(100) The Minister may, by order, declare any area to be a pest-species area.		

	<u>Agriculture</u>	<u>Non-Agricultural</u>
	<u>Property</u>	<u>Property</u>
Total number of properties in the district	7	25,424
Total number of properties (including nearby premises) inspected following notification.....	6	1,290
Number infested by (i) rats.....	6	516
(ii) mice.....	-	44
Total number of properties inspected for rats and/or mice for reasons other than notification.....	-	717
Number infested by (i) rats.....	-	6
(ii) mice.....	-	2

In February, the rodent operative gave notice and the Council decided to engage the services of a firm to contract for the control of rats and mice.

This had proved to be a satisfactory decision.

More occupiers of trade premises are becoming conscious of their obligations under the Act and are contracting with one of a number of firms who specialise in this type of service.

On the maxim that prevention is better than cure, it is hoped that during the next years, there will be a decrease in the number of infestations.

WORKPLACES AND FACTORIES

	<u>With Power</u>	<u>Without Power</u>
Bakers.....	12	1
Boots and Shoes.....	11	0
Butchers.....	19	0
Clothing.....	5	0
Concrete Manufacturers.....	5	0
Crisps.....	1	0
Cycle Repairs.....	4	0
Dairies.....	2	0
Dry Cleaners.....	7	0
Egg Packing.....	1	0
Engineering.....	47	0
Fish Products.....	3	0
Florist (Wreaths).....	1	0
Furnishers.....	4	1
Garages.....	72	1
Gas Works.....	2	0
Ice Cream Manufacturers.....	2	0
Iron and Steel Subsidiaries.....	27	0
Jewellers.....	1	0
Joinery.....	36	0
Ladies' Wear.....	4	1
Leatherwork.....	1	1
Mineral Waters.....	1	0
Monumental Masons.....	2	0
Motor Cycles.....	10	0
Music Shops.....	0	0
Paper Baling.....	1	0
Plastics.....	2	0
Plumbers and Glaziers.....	4	0
Poultry.....	1	0
Printing and Photography.....	9	2
Radio, Electric & T.V.	16	2
Scrap Metal Dealers	19	6
Slaughterhouses.....	2	0
Vegetable Packing.....	3	0
Weigh Scales.....	1	0
Corn Miller.....	0	0
Glass.....	1	0
	<u>339</u>	<u>15</u>

FACTORIES ACT 1961

The following tables contain the prescribed particulars which are required by Section 153(1) of the Factories Act, 1961, to be furnished in the Annual Report with respect to matters under Parts I and VIII of that Act which are administered by the Council:-

PART I OF THE ACT

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

	Number on Register	Inspection.	Number of	
			Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities.....	15	16	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority...	339	242	8	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	17	17	-	-
Total.....	371	275	8	-

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1).....	1	1	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3).....	-	-	-	-	-
Inadequate ventilation (S.4).....	-	-	-	-	-
Ineffective drainage of floors (S.6)....	-	-	-	-	-
Sanitary Conveniences (S.7).....					
(a) Insufficient	4	3	-	5	-
(b) Unsuitable or defective.....	2	2	-	1	-
(c) Not separate for sexes.....	2	2	-	-	-
Other offences against the Act (not including offences relating to Outwork)	4	4	-	-	-
TOTAL	13	12	-	6	-

PART VIII OF THE ACT

Section 133 and 134:

Section 133: Number of out-workers in August list required by Section 133 (1)(c):-

Making Wearing Apparel..... 8

Section 134: -

POULTRY INSPECTION

1. Number of processing plants: 1
2. Number of birds processed during the year: approx. 100,000
3. Type of birds processed: mainly hens, broilers and capons.
4. Percentage of birds rejected as unfit for human consumption: 2½%
5. Weight of poultry rejected as unfit for human consumption: approx. 6,000 lbs.

General oversight is maintained over the inspection of poultry by the poultry slaughtering staff.

An experienced spotter from the staff of the firm carries out a general visual inspection, removing suspect poultry for further inspection.

Category	Number of birds	Weight (lbs.)
(a) Unsuitable or defective...	2	12
(b) Not suitable for export...	2	12
(c) Other offences against the Act (not including offences relating to outbreak)	4	24
TOTAL	8	36

PART VIII OF THE ACT

Section 133 and 134:

Section 133: Number of out-workers in August last
regulated by Section 133 (1)(a):-

Making Working Appointments..... 2

Section 134:

REFUSE COLLECTION

Agreement was reached in January between management and men for the introduction of Works Study on the collection rounds. For a diversity of reasons, however, less than 50% of the rounds have so far been checked over.

It has been difficult to maintain a regular service in certain areas of the town due to increased number of new premises.

More large concerns are changing from a number of smaller bins to one bulk $1\frac{1}{4}$ cubic yard container. The container service is taxed to its capacity and it is now very necessary for a change of rounds to be completed. Until the Works Study section has completed their survey, there is little that can be done.

REFUSE DISPOSAL

The type of hammers in the pulveriser appears to have solved the problem of breaking down the refuse. There is however, need for much research to be carried out on the material of which the hammers are made. Various metals and welds are being used to find the right combination.

One of the disadvantages of a single line system of disposal is that a major breakdown in any one of the lines causes a complete stoppage and the refuse has to be tipped in a crude condition. The only solution is better maintenance. Maintenance through the central depot has not been satisfactory. Remote control never is and the lines of communication have been poor. It was however, pleasing to note that the new Transport Officer, appointed at the end of the year has certainly improved the arrangements.

Experimental work on the tip has continued and it looks as if the estimation of tip life can be simplified by correct tipping and compaction. The compacted refuse averages less than two cubic yards per ton.

TRANSPORT

A full year of servicing under a central repair depot has taken place and like the Refuse Disposal Plant, vehicles have not been efficiently serviced but there now appears to be some improvement.

TRADE REFUSE

All trade premises now pay for the collection of refuse. This has meant considerable time, energy and patience on behalf of the General Foreman. Many traders still believe their waste should be collected free and no doubt any changes in the future legislation will allow for this to be done.

MISCELLANEOUS COLLECTION

The collection of excess refuse continues to be a good service in the town. The amount collected has dropped with the use of the Civic Amenities Tip. It is pleasing to be able to answer a call for collection within 48 hours.

Once again it is necessary to report that the Civic Amenities Tip in Midland Road continued to be misused. It is supposed to be a tip for excess household refuse, but there is a large problem concerned with the disposal of brick rubble etc. and much of it has been dumped on this site and caused extra work and money bull-dozing it flat.

It was necessary to incur expenditure in digging out soil to allow for more refuse and to fence off the area to prevent unauthorised tipping. The work to be done to complete this task is to make a compound in which the refuse can be dumped and then cleared away the next day. There has been a drop in the number of derelict cars brought for disposal.

REPORT

A full year of working under a central repair depot has taken place and like the Refuse Disposal Plant, vehicles have not been efficiently serviced but there are signs to be seen improvement.

WASTE

All trade premises now pay for the collection of refuse. This has meant considerable time, energy and patience on behalf of the General Foreman. Many traders still believe their refuse should be collected free and no doubt any changes in the future legislation will allow for this to be done.

TABLE 1 - MAN POWER

Service	Designation	Number
Refuse Collection	General Foreman	1
	Drivers	13
	Spare Drivers	3
	Carriers	30
Miscellaneous Collection	Driver/Collector	1
Salvage Collection	Drivers	4
	Mates	4
Refuse Plant	(1) Foreman	1
	(2) Chargehand/Yardman	1
	(3) Weighman	1
	(4) Hopperman	1
	(5) Refuse Sorters	4
	(6) Tin Baler Operative	2
	(7) Incinerator Operative	1
	(8) Paper Salvage Operatives	5
	(9) Fork Lift Driver	1
	(10) Pool Labourers	4
Refuse Disposal Tip	Tractor Drivers	3

1969

TABLE II - VEHICLES

No.	Service	Reg. No.	Make	Type	Cap.	Year
1.	Collection	86 CFU	Karrier	Dual Type Bulk Con.	18 c.y.	1962
2.	Collection	658 CBE	S.D.	T.Y. Pakamatic	50 c.y.	1962
3.	Collection	21 GBE	S.D.	T.N. Pakamatic	20 c.y.	1964
4.	Collection	BBE 277B	S.D.	T.N. Pakamatic	20 c.y.	1964
5.	Collection	DFU 133C	Karrier G.W.	Ramillies	20 c.y.	1965
6.	Collection	GFW 221D	Karrier G.W.	Ramillies	35 c.y.	1966
7.	Collection	HFU 396D	Karrier Gamecock	Ramillies	35 c.y.	1966
8.	Collection	HFU 810D	Karrier Gamecock	Ramillies	35 c.y.	1966
9.	Collection	JBE 133E	S.D.	T.N. Pakamatic	20 c.y.	1967
10.	Collection	LFW 233F	S.D.	T.B.N. Pakamatic	20 c.y.	1967
11.	Collection	MFU 988F	S.D.	T.Y. Pakamatic	20 c.y.	1968
12.	Collection	OFU 314G	S.D.	T.B.Z. Pakamatic	37 c.y.	1968
13.	Collection	RBE 204G	S.D.	T.Z.B. Pakamatic	37 c.y.	1969
1.	Reserve Collection	TBE 153	Karrier	MKV Side-Loader	10 c.y.	1959
2.	Reserve Collection	YFU 323	Karrier Gamecock	Bin lift dual tip	18 c.y.	1961
1.	Misc. Collection	NFW 745	Karrier	Van	8 c.y.	1956
1.	Paper Salvage Collection	VBE 542	Karrier	Van (reserve)	16 c.y.	1960
2.	"	812 CFU	Karrier	Van	16 c.y.	1962
3.	"	DFU 957C	Karrier	Van	16 c.y.	1965
4.	"	NFU 475F	Karrier	Van	16 c.y.	1968
5.	"	SFU 674H	Karrier	Van	16 c.y.	1969
1.	Refuse Disposal	EBE 298C	Ford	2000 Tractor		1965

TABLE II - CONTINUED

No.	Service	Reg. No.	Make	Type	Cap.	Year
2.	Refuse Disposal	FFU 421D	Ford	2000 Tractor		1966
3.	"	KFU 516/E	Inter-nation	Hough 4 Wheel Drive Tractor Shovel		1967
4.	Res. Ref. Disposal	279 BFU	Karrier	Blenheim converted to open lorry. Tip use only.		1962
5.	Refuse Disposal & Bulk Collection	480 EFW	Karrier	Open drop-side lorry		1963
1.	Refuse Plant			Fork Lift	12 cwts lift	1961
2.	Refuse Plant			Fork Lift	15 cwts lift	1966
1.	Miscellaneous	SBE 284	Karrier	Converted lorry used as spare tip lorry		1958
2.	Miscellaneous	CBE 754C	Ford	Van Utility - used by General Foreman Supervision etc.		1965
3.	Miscellaneous		K.E.F	Pedestrian Sweeper		1964
4.	Miscellaneous	OFW 207G	Ford	Transit Van - used by P.H.I. for sampling disinfestations etc. Also used as spare salvage van or misc. collections		1968

1,385 tons of paper salvage were brought in by the four salvage vans from shops and offices.

Stock of paper bales at 31st December, 1969, approximately 10 tons. The remaining 370 tons disposed of came mainly from households.

TABLE III - WEIGHT OF REFUSE COLLECTED

<u>Year</u>	<u>Tons</u>	<u>Loads</u>	<u>Bins Collected</u>
1962	14,275	12,414	1,229,982
1963	15,448	11,342	1,286,141
1964	17,364	11,290	1,361,137
1965	17,848	11,307	1,402,557
1966	17,668	10,566	1,316,819
1967	18,632	11,075	1,338,180
1968	18,832	10,852	1,355,557
1969	19,137	10,746	1,382,487

TABLE IV - ANALYSIS OF MISCELLANEOUS COLLECTIONS.

<u>Description</u>	<u>No. of Collections - 1969</u>
Scrap Metal - Bedsteads etc.	477
Furniture	804
Paper Salvage	122
Excess Refuse	615
Total.....	<u>2,018</u>

Refuse Direct to Tip - Brick Rubble, Soil, etc. approx 3,000 tons
 (brought in by other Corporation Departments and Contractors.)

TABLE V - DETAILS OF WEIGHT AND VALUE OF SALVAGE SOLD

Period 1st January to 31st December, 1969

	T.	C.	Q.	Value		
Paper	1744	16	2	£18297.	4s.	5d.
Baled Tins	646	2	1	£3529.	17s.	1d.
Scrap Metal	122	2	3	£590.	15s.	7d.
Textiles	149	8	1	£918.	3s.	6d.
Woodwool	2	15	1	£41.	8s.	9d.
Non-Ferrous Scrap	4	4	3	£443.	4s.	2d.
	<u>2669</u>	<u>9</u>	<u>3</u>	<u>£23820.</u>	<u>13s.</u>	<u>6d.</u>

	Tons						Value			
	Jan to Dec 1968			Jan to Dec 1969			Jan to Dec 1968		Jan to Dec. 1969	
Paper	1654	1	3	1744	16	2	15499	1 8	18297	4 5
Baled Tins	528	16	3	646	2	1	2521	2 10	3529	17 1
Scrap Metal	367	13	2	122	2	3	525	15 3	590	15 7
Textiles	150	19	2	149	8	1	1107	14 6	918	3 6
Woodwool	4	12	0	2	15	1	69	1 3	41	8 9
Non-Ferrous Scrap	6	8	3	4	4	3	736	7 6	443	4 2
	2712	12	1	2669	9	3	£20459	3 0	£23820	13 6

1,385 tons of paper salvage were brought in by the four salvage vans from shops and offices.

Stock of paper bales at 31st December, 1969, approximately 30 tons. The remaining 370 tons disposed of came mainly from householders.

TABLE V - DETAILS OF WASTE 1953

Period 1st January to 31st December, 1953

PUBLIC CONVENIENCES

Instructions were given for the Avenue Vivian Conveniences to be demolished rather than spend a considerable amount of money to repair damage done by vandals.

Agreement was reached to build a toilet block in Laneham Street. This will be manned by part-time labour.

It has been necessary to close the conveniences at Britannia Corner and the Market area at 10.15 p.m. instead of midnight. This has been done due to the amount of vandalism caused after 10.00 p.m. and the fact that the toilets have been used for sleeping by the homeless.

	Jan to Dec 1953	Jan to Dec 1952	Jan to Dec 1951	Jan to Dec 1950
Paper	174 1 5	174 1 5	174 1 5	174 1 5
Salad Tins	528 10 3	528 10 3	528 10 3	528 10 3
Scrap Metal	367 12 2	367 12 2	367 12 2	367 12 2
Textiles	150 19 2	149 8 1	149 8 1	149 8 1
Woodwork	150 19 2	149 8 1	149 8 1	149 8 1
Non-Petroleum Scrap	6 8 3	4 4 3	4 4 3	4 4 3
	2713 12 1	2669 9 3	2669 9 3	2669 9 3

1,265 tons of paper salvages were brought in by the four salvage vans from shops and offices.

Stock of paper before 31st December, 1953, approximately 30 tons. The remaining 270 tons disposed of same mainly from householders.

MATERNITY AND CHILD WELFARE SERVICES

No major changes occurred in 1965 in the arrangements made by San Diego County Council to fulfill its responsibilities to provide services under Section 22 of the National Health Act. As will be seen in the following table, the number of attendances at the clinic during 1965 was 37,534, a 12.7% increase over the 33,330 attendances in 1964. The clinic session started in 1965 at Parkinson Avenue attended by an interpreter was continued during the whole of 1965, although the interpreter was not available for the later part of the year. Dr. Hall, Consultant Paediatrician to the County Council, was the medical officer in charge of the clinic.

C PERSONAL HEALTH AND WELFARE SECTION

Meetings for taking blood samples from expectant mothers were held at Parkinson Avenue on the first Monday of every month. 22 mothers-to-be attended during 1965.

Relaxation classes for expectant mothers were held at Parkinson Avenue, Ashby and Riddings. 151 mothers-to-be made 356 attendances at Parkinson Avenue, 55 made 570 attendances at Ashby, and 54 made 257 attendances at Riddings. Altogether 343 mothers made 1,183 attendances, slightly more than in 1964 when 333 mothers made 1045 attendances.

At these relaxation classes the whole process of child-birth is explained to the expectant mothers and any doubts or queries they may have are explained to them. In addition, in the mothercraft section, talks are given on infant management up to school age, and practical demonstrations are arranged on the feeding and bathing of babies. Infant games and songs are taught to mothers and babies. Infant games and songs are taught to mothers and babies. Infant games and songs are taught to mothers and babies.

The "Toddler" sessions, to which mothers are encouraged to bring their young children for medical advice, continued to be held at Ashby, Ashby Avenue and Riddings Clinic. 36 defects requiring referral were referred for referral. 36 defects requiring referral were referred for referral. 36 defects requiring referral were referred for referral.

Exercises continued to be held at Parkinson Avenue on the first Monday of every month. 22 mothers-to-be attended during 1965. 22 mothers-to-be attended during 1965. 22 mothers-to-be attended during 1965.

RECOMMENDATIONS

It is recommended that the City of New York be authorized to acquire the property of the New York Central Railroad Company, and to use the same for the purpose of constructing a new and improved system of rapid transit.

PERSONAL HEALTH AND WELFARE SECTION

The Commission on the Administration of the City of New York has the honor to acknowledge the receipt of the report of the Committee on the Administration of the City of New York, and to express its appreciation for the valuable information contained therein.

MATERNITY AND CHILD WELFARE SERVICES

No major changes occurred in 1969 in the arrangements made by Scunthorpe Borough Council to fulfil its responsibilities to provide services under Section 22 of the National Health Act. As will be seen in the following table, the total number of attendances made at all the clinics during 1969 was 31,634, a 12.7% increase over the 28,030 attendances in 1968. The extra session started in 1968 at Parkinson Avenue attended by an interpreter was continued during the whole of 1969, although the interpreter was not available for the later part of the year. Dr. Bell, Consultant Paediatrician to the Scunthorpe War Memorial Hospital continued to hold two weekly sessions, one at Parkinson Avenue Clinic and the other at Ashby.

Sessions for taking blood samples from expectant mothers were held at Parkinson Avenue on the first Monday of every month. 22 mothers-to-be attended during 1969.

Relaxation classes for expectant mothers were held at Parkinson Avenue, Ashby and Riddings. 161 mothers-to-be made 356 attendances at Parkinson Avenue, 98 made 570 attendances at Ashby, and 84 made 267 attendances at Riddings. Altogether 343 mothers made 1,193 attendances, slightly more than in 1968, when 333 mothers made 1046 attendances.

At these relaxation classes the whole process of child-birth is explained to the expectant mothers and any doubts or anxieties they may be experiencing alleviated. In addition, in the mothercraft section, talks are given on infant management up to school age, and practical demonstrations arranged on the feeding and bathing of babies. Student nurses doing obstetrical training at the Maternity Home attended these relaxation and mothercraft sessions as observers.

The 'Toddlers' sessions, to which mothers are encouraged to bring their young children for 'birthday medicals', continued to be held at Ashby, Parkinson Avenue and Riddings Clinic. 86 defects requiring referral were discovered amongst the 688 toddlers attending at all the clinics, and arrangements made for their further treatment. In addition 83 defects which should correct themselves naturally were discovered and are being observed.

Midwives continued to conduct antenatal examinations at Parkinson Avenue on Thursday afternoons on those women who found it more convenient to be examined at a clinic than in their homes. 141 mothers attended pre-natally for a total of 634 examinations, and 14 attended for post-natal examination.

INFANTS ATTENDING CHILD HEALTH CLINICS DURING 1969

Centre.	Number under one at first attendance.	Number of children attending during year who were born in:-						Total number who attended during Year.	Number of attendances during year made by children who were born in:-						Total attendance during the year	Number of sessions held.	Average attendance at each session (per session)	Number seen by Doctor for Consultation.
		69	68	67	66	65	64		69	68	67	66	65	64				
Ashby	466	341	423	162	114	73	20	1133	4,913	3,060	629	327	138	90	9,157	166	55.1	1026
Parkinson Avenue	419	358	293	94	35	18	10	808	3,654	2,416	475	167	106	69	6,797	205	33.1	1,426
Riddings	318	255	267	145	78	46	20	811	3,982	2,653	516	105	126	63	7,445	105	70.9	1,101
Westcliff	227	200	124	53	6	60	4	447	2,516	1,025	200	122	64	91	4,018	101	39.7	795
Berkeley	101	85	116	56	18	12	6	293	1,201	1,679	347	132	52	30	3,441	50	68.8	338
Brumby	62	57	35	16	10	4	4	126	338	226	92	55	38	27	776	22	35.2	148
Totals	1,593	1296	1258	526	261	213	64	3618	16,514	11,059	2259	908	524	370	31,634			

WELFARE FOODS SERVICE - DISTRIBUTION

	National Dried Milk	Cod Liver Oil	Vitamin A & D Tablets	Orange Juice
Parkinson Avenue	4,045	322	334	4,046
Ashby	3,456	309	342	5,752
Riddings	1,827	178	136	3,232
Berkeley	638	89	96	1,802
Westcliffe	1,049	127	106	2,310
Brumby	89	9	2	259
	11,104	1,034	1,016	17,401

Total receipts during the period 1st January, 1969 to 31st December, 1969 amounted to - £2,957. 16s. Od.

THE "AT RISK" REGISTER

The "At Risk" register, started in 1967, represents all those children who are known to have a slightly greater risk of showing some deviation from the normal in their development than other children who have not been brought particularly to the notice of the Health Department. Health Visitors keep an especially watchful eye on these children and their progress is reviewed at regular intervals. If, with the passage of time, the developmental milestones, which were at risk, are successfully passed, the children are removed from the register. If a definite handicap is diagnosed, registration of that fact is made, but they are still retained on the "At Risk" register as it is unfortunately true that a child with one definite handicap is more likely to have another than a child about whom no information is available.

At the start of 1969, 507 were on the register. 277 were removed during the year and 385 added, giving a total of 711 on the register at the end of the year.

CARE OF UNMARRIED MOTHERS.

The Lincoln Diocesan Board for Social Welfare continued to act as the agents of the Borough Council in carrying out this service by making appropriate enquiries into cases where difficulties are anticipated, and bringing to the Council's notice those cases where financial assistance is required towards the cost of maintenance at a Mother and Baby Home. During 1969 grants were made in 3 cases for accommodation at such homes for periods of 14 - 16 weeks.

PREMATURE BABY SERVICE

A premature baby is defined as one weighing $5\frac{1}{2}$ lbs or less at birth. As the birth weight is made the sole criterion of prematurity, it is likely that some full term infants of low birth weight due to defective intrauterine nutrition are included in the return, and it is possible that some infants of short gestational period are excluded because of their high birth weight.

89 premature babies were born in Scunthorpe in 1969, as compared with 71 in 1968. Only 3 of these took place outside hospital, and these were immediately transferred to hospital and all survived.

Of the 86 premature births which occurred in hospital, 15 died. 4 babies were below 2lbs 3 ozs and they all died within 24 hours. 7 babies were between 2 lbs 3 ozs and 3 lbs 4 ozs and of these 4 died and 3 survived the first day, to die within a week. Of the 22 babies between 3 lbs 4 ozs and 4 lbs 6 ozs all but one survived the first 24 hours, and only one died within a week. All 16 babies between 4 lbs 6 ozs and 4 lbs 15 ozs survived. Of the 31 babies over 4 lbs 15 ozs one died within 24 hours and one within one week.

The care of the premature babies being nursed at home required 633 visits by the premature baby nurse, compared with 719 visits during 1968.

THE "AT RISK" REGISTER

The "At Risk" register, started in 1963, represents all those children who are known to have a slightly greater risk of showing some deviation from the normal in their development than other children who have not been brought particularly to the notice of the Health Department. Health Visitors keep an especially watchful eye on these children and their progress is reviewed at regular intervals. If, with the passage of time, the developmental milestones, which were at risk, are successfully passed, the children are removed from the register. If a definite handicap is diagnosed, registration of that fact is made, but they are still retained on the "At Risk" register as it is unfortunately true that a child with one definite handicap is more likely to have another than a child about whom no information is available.

At the start of 1969, 603 were on the register. 277 were removed during the year and 385 added, giving a total of 711 on the register at the end of the year.

MIDWIFERY SERVICE 1969

At the beginning of 1969 the number of Midwives employed was seven. Two Midwives resigned during the year and were not replaced, as the demand for home Midwifery is gradually falling in the town, owing to the rise in hospital admissions and the falling birth rate.

One Midwife is engaged full time on the care of premature babies. The other Midwives attended 58 mothers at their home confinements, as compared with 118 in 1968. At 7 of these home confinements a doctor was present at the birth, but in the other 51 cases the midwife officiated alone.

The care of these mothers required 1,116 visits. In addition 6,053 home visits were paid looking after the 1,137 mothers, who having had their babies in hospital, returned home before the tenth day.

The ante-natal care of mothers required 2,660 visits to the houses of patients, 449 social visits were paid to see whether home conditions were suitable for home confinements, and 1,219 other visits were found necessary in the course of providing the service. Thus a grand total of 11,497 visits to homes were made by the Borough Midwives in 1969. This is a decrease of 2,141 from the 13,638 visits made in 1968, a fall of 15.7%

HEALTH VISITORS

The staffing position with regard to these very important workers continued to improve during 1969. Though one health visitor resigned to take up an appointment overseas, two were recruited, and the part-time appointment of another changed to a full time appointment. At the end of the year eleven full time and one part-time health visitor were employed in the statutory services under section 24 of the National Health Services Act.

During the year the Health Visitors paid 14,471 home visits, as itemised below, almost the same number as in 1968, when 14,618 home visits were made.

<u>Type of Case</u>	<u>No. of Visits 1969</u>
Children under 1 year	5,371
Children 1 - 5 years	6,257
Mentally disturbed persons	59
School Children	1,083
Infectious diseases	84
Discharges from hospital	7
T.B. Cases	9
Other cases	1,601
	14,471

The "At Risk" register, started in 1963, represents those children who are known to have a slightly greater risk of showing deviation from the normal in their development than other children who have not been brought particularly to the notice of the Health Department. Health Visitors keep an especially watchful eye on these children and their progress is reviewed at regular intervals. If, with the passage of time, the developmental milestones, which were at risk, are satisfactorily reached, the children are removed from the register. If a definite handicap is diagnosed, registration of that fact is made, but they are still retained on the "At Risk" register as it is unfortunately true that a child with a definite handicap is more likely to have another than a child about whom no information is available.

At the start of 1969, 603 were on the register. 277 were removed during the year and 385 added, giving a total of 711 on the register at the end of the year.

GERIATRIC VISITORS

This scheme was outlined in the Socialist Commentary of January, 1966, as part of a very comprehensive survey of future social policy for our old people. The Borough Council approved the introduction of the scheme of Geriatric Visitors but the County Council would not approve it and only allowed it to be started provided any Geriatric Visitors so appointed were held against any unfilled Health Visitors establishment post. The scheme started with one part-time nurse and has quite rapidly expanded until there are now 5 qualified nurses, all part-time workers, operating the scheme. These nurses work in co-operation with the General Practitioners in the town and take their case-loads from the General Practitioner. They do not overlap practices but one Geriatric Visitor usually works with more than one practice except in the case of the large group practices. The visitors maintain contact on behalf of the doctors with the old people in the practice. They also ensure that the older patients obtain the various social and welfare services when they are required. During the year these visitors paid 3,849 visits to the homes of old people. This is a slight decrease on the visits they paid in 1968.

338 new patients were added to the visiting lists of the geriatric visitors during 1969, and at the end of the year 336 males and 746 females were being visited. Of these, 64 were being regularly taken to the Day Centre for the Elderly at 34 High Street, 336 were receiving chiropody treatment, 184 the services of a bathing attendant, 124 the services of the Welfare Officer for the Physically Handicapped, 69 those of the Welfare Officer for the Blind, 109 were receiving Meals on Wheels and 267 getting Home Help.

During the year 216 geriatric patients were admitted to convalescent homes for a period of two weeks on the average.

Loan of Nursing Equipment

Under this scheme, items of nursing equipment are available for loan on loan for patients to be nursed at home. Among the major items loaned during 1969 were 43 hospital-type bedsteads, 83 commodes, 44 ambulatory mattresses, 31 enema sets, 10 self-lifting poles, 8 cot sides, 2 hydraulic hoists, 7 pulleys, 3 ripple machines and 100 wheelchairs. £15,000 worth of equipment was loaned during 1969 at a cost of £12,400 compared with £13,400 in 1968 at a cost of £12,017.

HOME NURSING SERVICE, 1969

The equivalent of sixteen full-time Home Nurses were busily employed throughout the year. On 1st January, 1969, 308 cases were being nursed, and 1,237 new cases came under treatment during the year.

Of the new cases, 493 were medical, 741 were surgical and 3 others. Of all the cases nursed, 106 were under five years old, and 434 over 65 years old.

The care of these patients required 47,464 visits by the Home Nurses during 1969 almost the same as in 1968, when 47,587 visits were paid.

Bathing Service

This service is ancillary to the nursing service. During 1969 the Bathing Attendants made 3,981 visits, as compared with 4,281 visits in 1968. This is the first time that there has been a fall in the number of visits paid for the purpose of bathing not connected with the availability of Bathing Attendants, and this indicates that the service, now fully meeting the need for it in the town, will, in future, fluctuate slightly in accordance with that need.

The Essential Laundry Service

This service is also complementary to the nursing service, in that it provides for the issue, collection and laundering of drawsheets as required, on the recommendation of any doctor or an officer of the Health and Welfare Department; but, unlike the bathing service, it is still expanding. 295 cases used the service in 1969, compared with 250 cases in 1968, an 18% increase, which compares with the 25% increase of the service in 1968. 254 users of the service were 60 years of age or over, and in 96 cases the service was required for over three months.

Loan of Nursing Equipment

Under this scheme, items of nursing equipment are available for issue on loan for patients to be nursed at home. Among the major items issued during 1969 were 43 hospital-type bedsteads, 83 commodes, 44 dunlopillo mattresses, 31 enuresis sets, 10 self-lifting poles, 8 cot sides, 2 hydraulic hoists, 7 pulleys, 3 ripple machines and 100 wheelchairs.

12,000 incontinence underpads were issued during 1969 at a cost of £228 compared with 13,400 in 1968 at a cost of £201.

TUBERCULOSIS

The situation with regard to tuberculosis continued to be satisfactory during 1969, though there was a slight rise in the number of notifications compared with the exceptionally low figure for 1968. The number of cases on the Borough Register fell by eight during the year, but an indication that tuberculosis is still an important hazard lies in the fact that two of the new notifications were of children. Fortunately this does not mean, as it would have in the recent past, that the two children notified are condemned to a shortened life of permanent invalidism. With modern methods of treatment there is every hope that, in a comparatively short time they will be removed from the register as completely recovered, as four people were during 1969.

All persons appointed by the Local Authority to work with children are examined and X-rayed to limit the danger of infection of children. During the year 4 nurses, 117 teachers and 2 dental staff were so examined.

Three males and one female on the Borough register were supplied with extra nourishment, in the form of milk and eggs, to their diet in 1969.

TUBERCULIN TEST AND B.C.G. VACCINATION

<u>Contacts</u>		<u>School Children</u>	
No. skin tested	32	No. skin tested	988
No. found positive	-	No. found positive	27
No. found negative	32	No. found negative	961
No. vaccinated	48	No. vaccinated	959

TUBERCULOSIS 1969

<u>Year</u>	<u>New Cases</u>			<u>Cases on Borough Register</u>		<u>Deaths</u>		
	<u>Pul-monary</u>	<u>Non Pul-monary</u>	<u>Total</u>	<u>Pul-monary</u>	<u>Non Pul-monary</u>	<u>Pul-monary</u>	<u>Non Pul-monary</u>	<u>Total</u>
1960	18	1	19	337	57	2	-	2
1961	14	2	16	216	22	1	-	1
1962	21	2	23	235	24	2	-	2
1963	19	4	23	246	27	-	1	1
1964	13	4	17	250	28	1	-	1
1965	19	2	21	264	29	1	-	1
1966	15	-	15	211	29	2	-	2
1967	19	4	23	234	34	2	-	2
1968	7	-	7	225	35	2	-	2
1969	9	2	11	205	36	1	-	1

TUBERCULOSIS 1969

<u>Age</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulm.</u>		<u>Non Pulm.</u>		<u>Pulm.</u>		<u>Non Pulm.</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0-	-	-	-	-	-	-	-	-
5-	-	-	-	-	-	-	-	-
10-	-	1	-	-	-	-	-	-
15-	-	-	1	-	-	-	-	-
20-	-	-	-	-	-	-	-	-
25-	-	1	-	-	-	-	-	-
35-	1	-	-	-	-	-	-	-
45-	1	1	1	-	-	-	-	-
55-	3	-	-	-	1	-	-	-
65 and over	1	-	-	-	-	-	-	-

TUBERCULOSIS 1969

	PULMONARY				NON-PULMONARY				GRAND TOTAL
	MALES	FEMALES	CHILDREN	TOTAL	MALES	FEMALES	CHILDREN	TOTAL	
No. of cases on T.B. Register 31.12.68	118	69	23	210	13	17	5	35	245
Transferred in from other areas during the year	1	1	-	2	-	-	-	-	2
Transferred from child to adult at school leaving age	5	7	-12	-	2	-	-2	-	-
New cases notified during the year	6	2	1	9	1	-	1	2	11
TOTAL	130	79	12	221	16	17	4	37	258
No. of cases written off register:									
(1) Recovered	2	2	-	4	-	-	-	-	4
(2) Removed to other areas	4	-	-	4	-	-	1	1	5
(3) Lost sight of	-	-	-	-	-	-	-	-	-
(4) Re-diagnosed as carcinoma	2	-	-	2	-	-	-	-	2
(5) Deaths from T.B.	1	0	-	1	-	-	-	-	1
from other causes	3	2	-	5	-	-	-	-	5
TOTAL	12	4	-	16	-	-	1	1	17
No. of cases on T.B. Register 31.12.69	118	75	12	205	16	17	3	36	241

Cervical and Breast Cancer Screening Service

During 1969 this service was provided at Ashby Clinic, where 69 clinic sessions were held. 667 women attended for examination, compared with the 535 examined in 1968. Of these 3 were found to be positive, giving a rate of only 0.45%, compared with the 1.3% of 1968 and previous years. There were four cases labelled as 'atypical' or 'doubtful' and these cases are being followed up. In two cases the examination of the breasts did not seem to exclude breast cancer, and three abnormal conditions were discovered by the urine test which accompanies the examination. These, and twenty six other local and minor conditions discovered at the examination, were referred to the general practitioners of the patients concerned.

As this service started in January 1966, by the end of the year almost 4 years had elapsed since the ladies first examined under the scheme had obtained their clearance. Since re-examination is necessary after five years and advisable after an even shorter interval, towards the end of the year a start was made to the recall for further checking of those ladies first examined. Depending on the pressure of demand of new cases, it is hoped to arrange for the re-examination of old cases about every three years.

Cytology Sessions Held at Ashby Clinic - 1969

No. of Attendances	Number Found Atypical	Number of Carcinoma	Number Found Doubtful	Others	
				Negative	Negative with other Conditions
667	3	3	1	629	31

Summary of Negative Results

Other Conditions:

- 1 Cystic Swelling - medial side right leg
- 1 Swelling labia minoria
- 5 Cervical polyp
- 2 Blood in urine
- 12 Trichomonas
- 1 Albumin ++
- 2 Lumps on breast
- 3 Unable to attempt smear
- 3 Monilia

respectively.

£6. 13s. 6d. was expended under this scheme during 1969.

Scunthorpe.

VACCINATION AND IMMUNISATION

The campaign of immunisation of as many susceptibles possible against Diphtheria, Tetanus, Whooping Cough, Poliomyelitis, Measles and Smallpox continued in Scunthorpe during 1969 in accordance with the recommendations of the Ministry of Health Circular 29/68.

The practice of offering immunisation at the schools to susceptible children in their first and last school years has been continued.

It is doubtful if the number of measles immunisations at present being accepted is sufficient to abort future epidemics of this disease, but the low acceptance rate may be partly due to the large number of children who have had measles. As the number of natural cases of measles falls due to the immunisation it is to be hoped that the acceptance rate for measles immunisation in the early years of life will increase. Primary immunisation against measles will have to be at least as high as primary immunisation against polio if the excellent effects of immunisation obtained in the case of that disease are to be obtained in the case of measles.

There was a falling off in the acceptance rate of vaccination against smallpox in 1969. 419 vaccinations being performed compared with 578 in 1968; but as this number is still considerably in excess of the number on numerous occasions in the recent past, no anxiety is felt on this score.

Pos. of Attendances	Found Atypical	Found of Christmas	Found - doubtful	Negative	Negative with other conditions
687	3	1	1	629	34

Summary of Negative Results Other Conditions:

- 1 Cystic Swelling - medial side right ear
- 1 Swelling labia minora
- 3 Cervical polyp
- 2 Blood in urine
- 12 Trichomonas
- 1 Albumin ++
- 2 Lumps on breast
- 3 Unable to attempt smear
- 3 Mollusc

VACCINATION & IMMUNISATION 1969

Primary Immunisation of persons under 16 years

Type of Vaccine	Under 1	1 yr.	2 yrs.	3 yrs.	5-9	10-15	Total
Diphtheria	-	-	-	-	1	-	1
Tetanus	-	1	-	3	13	358	375
Diphtheria/Tetanus	-	3	-	1	84	4	92
Triple (Diph/Tet/ Pertussis)	6	454	165	17	42	8	692
Poliomyelitis: Salk	-	6	8	-	-	-	14
Sabin	139	468	58	24	115	48	852
Measles	1	169	212	138	234	8	763

Reinforcing Immunisation of persons under 16 years

Type of Vaccine	Under 1	1 - 2	2 - 3	3 - 4	5 - 9	10-15	Total
Diphtheria	-	-	-	-	1	-	1
Tetanus	1	-	-	3	10	461	475
Diphtheria/Tetanus	-	1	13	4	694	19	731
Triple (Diph/Tet/ Pertussis)	1	10	25	7	95	8	146
Poliomyelitis: Salk	-	-	5	1	2	-	8
Sabin	6	12	37	14	769	430	1268

SMALLPOX VACCINATION 1969

	Under 1	1 - 2	2 - 4	5 - 15	Total
Smallpox	2	211	190	16	419
Smallpox revaccination	-	-	-	175	175

HEALTH EDUCATION 1969

The work of making the population of the country healthy and of keeping it healthy has been carried on in an organised manner for well over a hundred years now with specially trained staff advising the community in the ways and means most suitable to it at the time. These ways and means have not in fact changed greatly for many years but the emphasis on which is the most suitable means has changed a great deal. In the past pure food and water, good housing and efficient cleansing of the surroundings took first place, later the use of medicines and of immunisation and vaccination rose to first priority and now the most important is the teaching of health rules to the healthy to prevent them from becoming ill. This is the function of Health Education and this aspect of the work of the department requires the appointing of a full time Health Education Officer to give it direction and effectiveness.

Pamphlets and advertising matter were distributed as before, and certain points were emphasised by displays in the Health Department itself. In addition to all advice given on an individual basis, the following lectures and talks were given by members of the health staff.

The Medical Officer of Health gave 4 lectures to different groups of nurses.

Mrs. O'Reilly, Superintendent Nursing Officer, gave 14 lectures during the year; 10 on nursing and 3 on home safety and emergency midwifery, and one as part of the local Red Cross examination.

Mrs. Laverick, Home Help Organiser, gave 8 lectures on the Home Help and Sitter in Service.

Miss Parrish Health Visitor Group Advisor, arranged the weekly Mothercraft class at the Ashby Clinic.

Miss Gissell, Health Visitor Group Advisor, organised the weekly Mothercraft classes at Riddings Clinic.

Miss Davis, Health Visitor, gave a series of talks to students attending a Home Office course for potential Housemothers, at Parkinson Avenue Clinic. She also gave weekly talks on Mothercraft and also 12 lectures to student nurses on the Health and Welfare Services. Miss Davis also gave a talk to student teachers on the Health and Welfare requirement of Local Immigrants.

Mrs. Elliott, Health Visitor, gave three lectures at the Hospital on the Work of the Health Visitor and from September gave weekly lectures to 2nd year students at the Lindsey Technical College, taking the Home Office Residential Child Care Course. She also, alternately with Miss Ranby, gave a weekly lecture at a General Practitioner's ante-natal clinic.

Miss Ranby, Health Visitor, gave a series of Health Education talks at Foxhills School as well as assisting in the weekly Mothercraft talks at the Ashby and Riddings Clinics.

Mrs. Gale, Health Visitor, gave two lectures to University students on Drug Addiction and Health Education, and also a series of 12 talks to secondary school girls at Foxhills School and Parkinson Avenue Clinic. Mrs. Gale also, together with Miss Davis and Mrs. Brasier, organised the weekly Mothercraft talks at the clinic.

Miss Bale, Health Visitor, assisted in the weekly Mothercraft sessions at Ashby Clinic.

Mrs. Ford, the Infectious Diseases Nurse, gave two talks on Home Safety.

The Public Health Inspectors gave 6 lectures at the Refuse Disposal Plant and 8 at the Abattoir with special reference to the rules of hygiene for these establishments, as well as a course of 9 lectures to students at a local co-operative Society, and 6 talks to Women's Guilds.

Mrs. Dew, Welfare Officer for the Blind, gave a talk to the Home Safety Committee at the Civic Centre on "Work with the Blind and some Aspects of Home Safety".

CHIROPODY - 1969

With the appointment of Mr. White on the 1st February, 1969, the complement of Borough Chiropodists returned to its usual figure of three.

During the year, 8,387 treatments were given to 2,147 persons. In 1968 7,724 treatments were given to 1,778 persons.

Of the treatments given, 259 were given at the Lindsey County Council Old Peoples Homes, 6,063 were given at the Borough Clinics, and 2,065 were given at the homes of patients unable to travel to the clinics. The great majority of patients treated were elderly, but 91 were physically handicapped and 5 were expectant mothers.

During 1969 the average number of treatments per person per year fell from 4.3, the average in 1968, to 3.9, in spite of the increase in the total number of treatments given. This is due to the disproportionate increase in the number of persons requiring chiropody.

HOME HELP AND SITTER IN-SERVICE

The following table summarizes these services for 1969. Taking both the services together, it will be seen that 497 cases received 72,867½ hours service during the year. Compared with 1968 when 491 cases received 82,457¼ hours service, there has been a small rise in the number of persons requiring home help, and a fall in the amount of home help required by these persons. In 1962, the year in which the responsibility of the service was delegated, 228 persons in all received 28,781¼ hours service. In the seven years since then the number of persons catered for has more than doubled, and the amount of service given has increased by an even higher proportion. Only now, when there has been a slight fall in the need for the service during the past year, can confidence be felt that the amount of service given is limited only by the need for it, and not by the capacity of the arrangements made by the local authority to supply it. I forecast in 1964 that the 'ceiling' of the need for this service would be at about the level where the amount of service, in hours per year, equalled the population of the Borough. As will be seen, I was not far out in my estimations. At the end of the year, 84 Home Helps and 1 Sitter-in were being employed on a part-time basis.

On 132 occasions, when the Home Help or Sitter-in service was asked for, investigation revealed an alternative solution to the problem, and that the service was not, in fact, required.

HOME HELP SERVICE		Aged	Sick & T.B.	M.D.	Maternity	Others	Problem Families	Total
No. of cases supplied	398		33	4	19	43	9	496
No. of hours supplied	57,514		7,762½	692½	505	4,630¾	1,355½	72,460¾
SITTER-IN SERVICE								
No. of cases supplied	1							1
No. of hours supplied	406¾							406¾

1969 Report
MENTAL HEALTH SERVICES

This section gives care and after-care for subnormal and mentally ill patients of all grades. Each officer carries a case load of all types of patient, providing support and help as required.

Mr. T.B. Batten returned from Manchester College of Commerce in July, 1969, where he was awarded the Certificate of Social Work. Mr. E. Armstrong, C.S.W., left the department and is now employed as a Senior Mental Welfare Officer by Lancashire County Council. Mrs. Brown, Occupational Therapist, joined the department and is organising craft and social activities for the Social Club.

The following table gives the number of statutory duties under the Mental Health Act, 1959, arranged according to the sections of the Act under which action was taken:-

Section 5	-	25
" 25	-	33
" 26	-	17
" 29	-	48
" 60	-	3
" 40	-	4
		130

A total of 90 Social Histories were supplied by the Social Workers to Consultant Psychiatrists and 5,280 supportive visits were made. Patients receiving home visits totalled 276 and officers were called out of office hours on 162 occasions. Office interviews in H.Q. numbered 800.

The Ladies' and Men's Social Groups continued their social and craft activities throughout the year. They jointly held a Christmas Family Evening, attended by over 100 adults and children. The compere was Mr. A. Simpson and entertainment was provided by Mr. G. O'Hara, Miss Carole Mundy and Mr. Golubivic and friend, the pianist was Mrs. France.

Following liaison between the department officers, Dr. Garry (Psychiatrist Harmston Hall Hospital) and the Employment Officer, Redbourn Steelworks, the Sheltered Work Scheme originally enjoyed by St. John's Hospital has now been extended to Harmston Hall Hospital.

Officers attended Lindsey County Council Social Services Staff Development Courses held at Horncastle, which commenced September 16th, 1969.

Other activities include attendance at Liaison Committees, visiting Training Centres, and Hospital Case Conferences.

As in past years, short term care has been arranged with Harmston Hall Hospital for subnormal children during the holiday months and in special cases at times as required.

OCCUPATIONAL THERAPY IN MENTAL HEALTH SERVICE

The "Ladies Friendship Circle" has been held three times a week throughout the year; two morning sessions being devoted to craft work and Wednesday afternoons to social meetings.

In March 1969, the club moved to 34 High Street but since that time, membership has dwindled and it is generally felt that it is due to the move although the address was widely circulated. No talks have been arranged as it has been impossible to guarantee an audience. There were so few members in May that they joined with the Blind on a joint visit to Belton House and enjoyed the outing very much.

The highlight of the year for the ladies was a very enjoyable outing to Chester Zoo which was arranged by Mrs. Bolt. The annual Coffee Evening and Sale of Work in December was not as successful as in previous years. The Club's Christmas Party was small, partly due to the nature of people's illnesses.

Craft work has been mainly dress-making for members themselves or their families and also miscellaneous saleable items and some art work.

Mrs. Dew had been helping with the Circle in addition to her work with the Blind until Mrs. S. Brown, Occupational Therapist started working with the Ladies Circle in October. At that time membership was very low and several members required transport as they were unable to travel alone. Mrs. Bolt, the Craft Instructor with the club remains on the premises throughout every session, so enabling Mrs. Brown to do the home visits, transporting, general enquiries and planning. In two months Mrs. Brown received 20 new referrals; after investigation she felt that only 3 could not be helped by the club. By the end of the year there were 18 members, some who attended more regularly and frequently than others; there were also seven people whom Mrs. Brown visited at home in an endeavour to help them make the next step to the club and the community.

Mrs. Brown started craft sessions for men on same days as the women but run separately. Three men attended at different times and produced wire coathangers.

In December, the Mental Health Department held a "Family Evening" consisting of various entertainments. The response was better than hoped for and the evening went very well thanks to all the helpers concerned and the artists who gave their services free.

SCUNTHORPE JUNIOR TRAINING CENTRE AND SPECIAL CARE UNIT

St. Luke's Training Centre is staffed by a Supervisor, Senior Assistant Supervisor and two Assistant Supervisors. The Special Care Unit has 4 part-time female assistants.

The majority of the trainees are transported to the Centre in a bus on which an escort is provided.

The following table gives the number of pupils on the attendance roll as at 31st December, 1969.

<u>Training Centre</u>		<u>Special Care Unit</u>	
Borough	25	Borough	14
County	18	County	4

There is a constant waiting list of children requiring placement at the Centre but owing to the fact that there are few senior children likely to be transferred away from the centre the availability of places is not likely to improve in the immediate future. It has however been possible to alleviate the overcrowding in the Special Care Unit by reducing the number of children from 20 to 18.

During the year St. Luke's accepted students from the Nottingham and Sheffield Colleges of Technology who were engaged on the Diploma Course for Teachers of Mentally Handicapped Children.

Activities enjoyed by the pupils included a trip to the Civic Theatre by the senior class and a day outing to Cleethorpes in July. Sports Day continued to be a day to look forward to with teams from Grimsby and Gainsborough competing.

The month of May was officially the Centre's "open" month for parents but this proved to be disappointing as only ten parents visited the school.

A Jumble Sale was held to raise funds for the school and the year was brought to a conclusion with the usual Christmas festivities i.e. Party and Carol Service.

Officers attended Ministry of Social Services Staff Development Courses held at Harrogate, which commenced September 16th, 1969.

Other activities include attendance at Liaison Committees, visiting Training Centres, and Hospital Case Conferences.

In the past years, short term care has been arranged with Harrogate Hall Hospital for municipal children during the holiday months and in special cases at times as required.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS - 1969

As shown in the table, 152 persons were registered as blind at 31.12.68. During 1969 18 new registrations were made; 4 cases already registered whilst resident elsewhere were transferred to this Authority; 16 cases on the register died; 3 left the area; thus at the end of the year 155 persons in the Borough were registered as blind.

The number registered as partially sighted decreased by 1. There were 8 new registrations and 2 whose sight had deteriorated were transferred to the blind register. There were 7 deaths, thus at the end of the year there were 38 persons in the Borough registered as partially sighted.

The majority of these 193 people are over the age of 65 years and there are more women than men affected. It is this age group in the main who attend the social craft activities at 34, High Street.

Classes which we held on Tuesday and Wednesday each week have proved to be therapeutic in that loneliness and depression are relieved by the social contacts which are made. These people participate in group therapy and craft work activities.

Two children are receiving residential educational training in special schools for the blind. Other children of school age are attending local schools and will eventually be offered training courses. Two adolescents are undergoing courses of vocational training and one adult is attending a residential training course in social mobility.

All these people were visited by Mrs. Dew, Welfare Officer for the blind, during 1969. Aids were provided at special concessional rates by the voluntary societies and these were used to advantage. Aids include radios, talking book service, braille reading, braille clocks, watches, dominoes and games, toys, domestic and gardening appliances and educational aids.

During the year Mrs. Dew has attended lectures at Caxton Hall, London. Dr. Mary Tate, M.B., Ch.B., D.P.H., D.Obs., R.C.O.G., lectured on "The Early and Comprehensive Assessment of the Visually Handicapped Child".

Miss Nova Gibbs, Educational Psychologist, lectured on "Similarities and Differences Between Blind and Sighted Children".

Social Activities, Outings and Holidays

Craft classes are held at 34, High Street each Tuesday and Wednesday and are organised and supervised by Mrs. Dew, Welfare Officer for the Blind. The part-time instructor, Mrs. Bolt, and some voluntary workers do a magnificent job of work by assisting and helping the blind people in whatever way they can.

Each Friday a group of blind people meet at the craft centre, 34 High Street to listen to news read from local newspapers after which discussion ensues over afternoon tea.

On the first Thursday of each month there is a social at 34, High Street. All kinds of suitable games are played after which tea is served by voluntary workers.

In February, 1969, Mrs. Dew escorted 36 blind people to the ABC Cinema, Scunthorpe, during one evening to hear the 'Desert Song' performed by local artists. Much enjoyment was derived by the blind people both from the show and from the exciting atmosphere of the theatre.

On the 21st May Mrs. Dew and voluntary workers escorted 50 blind people to "Belton House". A tour of the house was organised and guides gave a commentary which was informative and interesting. An excellent dinner and tea were prepared and served for them in the Camelia Restaurant where they were made very welcome by the management.

At the Easter social a parade of Easter Bonnets was organised. Both men and women entered the competition and entered into the fun of the occasion. A full chicken dinner was presented to the winner and 6 brown eggs went to the runner-up. All entrants received a chocolate Easter egg.

A Fancy Dress Parade was organised at Whitsuntide and again a splendid and enthusiastic effort was made by all the blind people. The show was colourful and spectacular and created a lot of interest and amusement.

On July 3rd the Scunthorpe Rotary Club invited the blind people to Cleethorpes. Transport was provided and a beautiful tea was served at the Winter Gardens.

Mrs. Dew took 53 blind people to Scarborough by coach on August 15th for a day out. Dinner and tea were served at a Scarborough restaurant and they returned to Scunthorpe at 10.30 p.m.

R.N.I.B. Holidays were arranged for 16 blind persons. 3 at Craven Lodge, Harrogate, and 13 at Alma Court Hotel, Scarborough. Mrs. Dew accompanied the group to Scarborough and escorted them on outings, to theatres, tours and walks along the promenade. The R.N.I.B. Hotel has every facility to help the blind person be as independent as possible and all derived pleasure and benefit from the holiday.

Christmas Festivities

The Christmas Party was held on 18th December from 2.30 p.m. until 8.45 p.m.

The Mayor, Councillor Mrs. Cropper graced the tea table when 85 people sat down to a tea of turkey, ham and trifle with real dairy cream. The Woodpeckers concert party provided an enjoyable evenings entertainment. The Rotary Club and '68 Club very kindly organised the transport on this occasion.

The following table shows the number of persons on the Borough Blind Register during 1969:-

	Male	Female	Total
Number on register at 31st December, 1968	64	88	152
Number of Scunthorpe people registered in 1969	5	13	18
Number of registered blind persons who moved to this area in 1969	1	3	4
	70	104	174
Removals from register -	Male	Female	Total
Removals to other areas	2	1	3
Deaths	6	10	16
Total on Blind Register at end of year	62	93	155

The Register of Partially Sighted Persons is as follows:-

	Male	Female	Total
Number on register at 31st December, 1968	13	26	39
New registrations during 1969	3	5	8
Total	16	31	47

Removals from register by:-

	Male	Female	Total
Transfer to blind register	1	1	2
Deaths	4	3	7
Total on Partially Sighted Register at end of year	11	27	38

Welfare of the Physically Handicapped

No. of persons registered as physically handicapped at end of 1968	Cases deleted from register during 1969.	Additions to register during 1969	Total on Register at 31.12.69
301	50	110	361

As shown above, the number of persons in Scunthorpe registered with the Local Authority as being seriously and permanently physically handicapped increased by 20% during 1969, from 301 to 361. As part of the statutory provision for the welfare of these persons, structural alterations and adaptations to their homes have been carried out on 10 occasions, such as the provision of ramps, widening doors for wheel-chairs, the provision of hand-rails and hand-grips, etc. 148 aids and appliances, from electric page turners to electrical toothbrushes, from special forks to walking aids, were issued during the years as necessary to help the disabled to cope with their disabilities.

Miss Grindell, the Borough Welfare Officer for the Physically Handicapped visited regularly all the persons on the register, putting them in touch as necessary, with other branches of the Health Department and the Scunthorpe Branch of the Lindsey Society for the Physically Handicapped, which is concerned in the organisation of fund-raising activities and in the provision of social amenities for the physically handicapped. The exertions of the Society enabled 43 disabled persons, accompanied by 42 relatives or friends, to attend the Civic Theatre, in January, for 40, accompanied by 38 relatives or friends to attend the County Rally of the Physically Handicapped at R.A.F. Manby in July, and for 15 to have a holiday.

Two Sunday afternoon church services were attended by 63 disabled and 60 non-disabled persons. Television licences were renewed for 43, and radio licences for 2. Small grants of money were made by the Lindsey Society for the Physically Handicapped on five occasions, once for the cost of redecoration, once for repairs to a T.V. set, once towards the purchase of special gloves, once to the cost of a paraffin heater and once to the road fund tax on a three-wheeler car.

The Social Club for the Physically Handicapped continued to meet fortnightly at Bughtric House, and there was a special Xmas party attended by 15 of the handicapped.

By an arrangement with Scunthorpe Borough Council, 4 persons on the register attend the Brumby Wood Lane Spastic Centre daily.

During the year a Craft Instructress, Mrs. M. J. Stark, was appointed mainly to supervise in their own homes the craft and recreational activities of those of the physically handicapped who do not attend the Remedial Recreation Centre. The variety of crafts undertaken by her clients includes embroidery, tapestry, mosaics, crochet, painting, knitting, toy making, french polishing, dressing dolls and jewellery making, while the recreational activities include stamp collecting and jig-saw puzzle solving. At the end of the year she had 29 home clients on her books. Mrs. Stark did not succeed in making the older persons who attend the Geriatric Day Centre, at 34, High Street, enthusiastic about craft activities during the limited time they attend at the centre. They prefer to devote their hours to more social and recreational activities and 'being companionable' leaving the longer periods at home for craft work. Mrs. Stark works in close collaboration with the Occupational Therapist and staff of the Recreation Centre.

DISABILITY	Age 0-15	Age 16-29	Age 30-49	Age 50-64	Age 65+	Total
Amputation		1	5	6	5	17
Arthritis & Rheumatism			2	21	103	126
Congenital Malformations	3	7	3		4	17
Digestive Diseases		3	2	13	29	47
Injuries		3	10	8	21	42
Organic Nervous Diseases		15	23	30	37	105
Neuroses Psychoses						-
Tuberculosis (Resp)			1			1
Tuberculosis (Non-Resp)						-
Others	1			1	4	6
Total	4	29	46	79	203	361

OCCUPATIONAL THERAPY FOR THE PHYSICALLY HANDICAPPED

Mrs. P.D.N. Jones, Occupational Therapist (part-time) for the Physically Handicapped submitted the following report.

"1969 was my first full year in office as Occupational Therapist for the Borough.

The first 2-3 months were spent getting to know the activities of the Health and Welfare Department, by visiting other members of staff, day centres, clinics etc., in order to assess the scope offered for Occupational Therapy.

I found the work hard to begin with as I had no previous experience of local authority work, and I was also hampered by being a complete newcomer to the area.

I commenced my casework by visiting and assessing all the patients already receiving domiciliary craft work. I found this section of the work required building up. In the middle of 1969 I was fortunate to have Mrs. Stark to work with me as a Domiciliary Craft Instructor. She was well qualified for the job and I was soon able to hand over the diversional work completely, except for new referrals which I visit initially for assessment.

ASSESSMENT

A new assessment card was printed enabling me to obtain a full picture of the problems of each new referral, and to assess their needs i.e. Rehabilitation Activities of Daily Living, Medical Condition Craft Work.

I found several cases requiring some type of Remedial therapy at home, and contacted the G.P.'s concerned.

In the case of activities of Daily Living I discussed most cases with Miss Grindell, particularly where aids were concerned. Several joint visits have been made.

REFERRALS

Once I had made myself known to other members of the team I found I was able to obtain new referrals, the majority of cases coming from Miss Grindell.

I found there was a considerable lack of knowledge amongst the G.P.'s as to the scope offered by Occupational Therapy. However having spent some time explaining to them I now find them very helpful.

SUMMARY

Towards the latter half of the year I found myself increasingly involved in the activities of the Remedial Centre, as most of my work could be carried out there to the best advantage.

1969 has been a very satisfying year for me and I feel that we are now offering the Physically Handicapped a comprehensive Occupational Therapy service. The number of patients receiving craft instruction at home was doubled and many new patients are receiving rehabilitation at the Remedial Centre."

DAY CENTRE FOR THE ELDERLY

This service for the elderly, which started in December, 1968, continued and increased during 1969. The Geriatric Day Centre at 34, High Street was open on 201 days during 1969, and a total of 1,757 attendances were made. Up to September attendances were arranged twice weekly for twenty, but as the waiting list was increasing it was decided, as from September, to have forty people attending once weekly rather than twenty twice weekly, though this decision was not popular with those who found their visits curtailed.

At present 33 ladies and 7 men, whose average age is 78-80 years, attend weekly. There is a waiting list of twenty, but some of the people in this list already attend when regular members are, for any reason, unable to.

In the morning they are collected and transported to the Geriatric Day Centre, where they are given a suitable and nourishing lunch. In the afternoon simple handicrafts are available, but most of the members prefer to play cards, dominoes or bingo. Slides and travel films are occasionally shown, but these sessions are kept short so as not to over-tire the members. After tea they are taken back to their homes.

During the summer the main trip arranged was to Normanby Hall, with a meal provided, but there were also trips to Scawby Woods to see the Rhododendrons. All these were very much appreciated. In the winter there were visits to the Civic Theatre to see 'Old Time Variety' and the Pantomime, and there was a Christmas Party on December 13th.

The weekly visit to the centre has become the highlight of the week for many of these old folks. A change from dull apathy to a keen enjoyment of the autumn of life has frequently been evident and has been most gratifying to the staff of the Geriatric Day Centre.

NURSERIES AND CHILD MINDERS ACT, 1948

Section 60 of the Health Services and Public Health Act of 1968, which came into force on 1st November, 1968, made certain changes in the Nursery and Child Minders Act of 1948. In particular it defined a "substantial part of a day" as a period of two hours or longer, and this made it obligatory on all playgroups to register after that date.

The number of Childminders in the Borough has now increased from seven to forty-seven caring for a total of 96 children. This is a direct result of the changes in legislation. The number of registered playgroups increased from 13 to 18 and they provide sessional care for a total of 482 children.

WELFARE OF THE DEAF

During 1969, the Lincolnshire Deaf Committee continued to be responsible for the Welfare Services for all people in the Borough registered as deaf.

Mr. K.D. Jones, continued as Senior Social Welfare Officer for the Deaf, together with Mrs. K.D. Jones, also a Social Welfare Officer for the Deaf, but on a part-time basis.

At the end of 1969, 40 persons in Scunthorpe were registered as deaf without speech, inasmuch as they had no useful hearing and their usual mode of communication was by signs, finger-spelling or writing. 9 were registered as deaf with speech, inasmuch as, with or without a hearing aid, they had little or no useful hearing but normally communicated by speech, and 166 were registered as hard of hearing, inasmuch as they had, with a hearing aid, some useful hearing and normally communicated by speech, listening and lip-reading.

Included in the above figures are 30 children under sixteen who are registered as being in need of the welfare services for the deaf.

SOCIAL WELFARE

In 1967 the County Council approved the establishment of a general purpose welfare officer for the town, and it was soon clear this was a valuable extension of the welfare work of the department. In February 1969 the Senior Welfare Officer, Mr. Cowham, resigned and was replaced by Mr. A. L. Anderson, M.I.S.W., M.R.S.H. who wrote the following report.

"Every possible opportunity has been taken to meet and co-operate with various bodies in the welfare sphere for the purpose of extending the services to all in need of them, and make the Department known more extensively in the Borough of Scunthorpe.

Contact has been made with the Department of Health and Social Security; the Ministry of Social Security; the Police; the W.R.V.S., Probation Office; representatives of the Lions and a solicitor on behalf of one of his clients.

Two schools, the Frederick Gough Comprehensive and the Brumby Comprehensive, were visited during December to arrange and collect toys, books, etc., gathered by the pupils for distribution amongst children who otherwise would probably not get anything at Christmas time.

Luncheon clubs for elderly people have been visited and two new clubs were opened, for the Park Community Association and the Westcliff Community Association.

A number of visits were made to the Geriatric Day Centre; the Blind Day Centre and the Remedial Recreation Centre, where, on one occasion much time was spent on urging the delivery of an order for timber.

The number of interviews, including visits made, for the period was 965; which included such problems as follows:-

Financial Problems:

These problems arose through the loss of employment; sickness and debts, and sometimes by contacting the Department or creditor the problems have generally been eased. 89

Family Problems:

Problems in this category are caused by many things which include threats of eviction from homes; the cutting off of supply of gas or electricity; house fires; hire-purchase; the need for clothing or furniture. Clothing and furniture have been supplied where possible; help given to settle into a new home, and advice given in financial management and bereavement. One firm was considering obtaining a Court Order for arrears of payments until discussed with this Department, then it was decided the firm would 'write off' the account. 359

Accommodation:

Advice and assistance given in matters of accommodation, such as Council housing, rooms, caravans and lodgings.

81

The Elderly:

The problems of the elderly can be very time consuming and include collecting pensions, arranging for meals-on-wheels service, the Home Help service, enlisting the aid of relations or friends and when considering making application for Part III accommodation, taking to view a home. 295

Marital Problems:

These were people seeking advice in respect of another's cruelty; desertion of one spouse or the other, or of cohabitee, of trouble caused by alcoholic drinks and of husbands staying out all night. Also advice when husband committed to prison, and on procedure for getting a legal separation.

28

Gifts:

Many people have kindly offered clothing and furniture to the Department for distribution to people in need of such items, and we are grateful to them all. 10 prams, 3 cots and mattresses, 19 bedsteads and assorted furniture on 18 different occasions have been distributed to problem families.

Staff:

During the absence from duty of the officer for the blind some of them were visited at their homes, supplies taken for handicraft work, and their finished work collected. One blind person was taken to her dentist to keep the appointments made for her by the Department.

Families with major problems have been helped by the concerted efforts of various officers and organisations. In one particular case the whole family was sent on holiday, in which time the house repairs were done, a voluntary organisation decorated most of the rooms and the washer and spin dryer were repaired. The money required for this work was provided by the Ministry of Social Security and a grant from the British Heart Foundation via the County Welfare Officer. The Home Help service was provided full time daily for a long time at this house.

Applications for Part III accommodation have to be referred to the Area Welfare Officer, but a waiting list is received occasionally.

Lists have been prepared for the supply of food parcels and for outings in private cars during the summer."

Meetings Attended:

Scunthorpe Association for the Elderly.
Clergy/Social Workers Luncheon Club.
Lincoln Association for the Elderly, Lincoln.
Case Co-ordinating meetings.
Conference, Department of Health and Social Security, Nottingham.
Staff Development Course, Horncastle.

The Remedial Recreation Centre, Oswald Road.

Following the major alterations to 98 and 100 Oswald Road completed in 1968 the occupational and social centre for the physically handicapped made a considerable advance during 1969. Whereas in 1967 the numbers attending had declined to 11 men attending the workshop attached to the centre, 36 persons of both sexes were attending by the end of 1968, and in 1969 the number rose to 50. Though the difficulties of transportation are important; the main factor against even more patients attending is the shortage of staff available. More patients would have meant that the existing ones would not have received the individual treatment so necessary in helping them either to live with their handicap or assist them in returning to work.

The staff of the Centre is made up of:-

- (1) Mrs. M. Sergeant, Craft Instructess (full-time) and in charge of the administration of the Centre.
- (2) Mrs. P. Jones Occupational Therapist (Part-time).
- (3) Mr. G. Cross, Craft Instructor (part-time).
- (4) Mr. F. Stark, Workshop Assistant and Driver (part-time).
- (5) Mrs. L. Holmes, Caretaker (part-time).

Each new member attending has a treatment programme arranged for him by the Occupational Therapist according to his or her individual needs with regard to general rehabilitation for return to work, recreational activities and re-socialisation, diversional occupational therapy and craft work, instruction in activities of daily living, and specific remedial therapy arranged in consultation with his general practitioner or consultant. The Occupational Therapist herself supervises the more severely handicapped people requiring specific exercises and assessment. There is a wide variety of craft activities available, including printing, weaving, wrought iron and metal work, ceramics, handcarving and modelling, as well as the wood-work traditionally carried on in the workshop.

The Centre did very well in the Craft Competition at the County Rally held at R.A.F. Manby. The ladies section won four cups and five certificates, and the workshop section one cup and seven certificates. All profits from the sale of articles produced are put to the outings and activities arranged for members, which this year included a trip to Skegness and a Christmas Party, with a dinner of food supplied by local traders, cooked on the premises by the staff.

The use of a Borough Ambulance equipped with a lift for the transport of wheelchair cases greatly eased the transport problems and enabled certain patients formerly house-bound to take part in the activities at the centre.

The swimming and physiotherapeutic sessions organised by the Remedial Recreation Club at the Borough Baths continued separately.

The Remedial Recreation Centre, Oswald Road.

1968-1969

Following the major alterations to 28 and 100 Oswald Road completed in 1968 the Occupational and Medical Centre for the physically handicapped made a considerable advance during 1969. Between 1967 and 1969 the number attending had declined to 11 men attending the workshop attached to the centre. 35 persons of both sexes were attending by the end of 1968 and in 1969 the number rose to 50. Though the difficulties of transportation are important; the main factor against even more extensive activities is the shortage of staff available. More staff would have meant that the existing ones would not have received the individual treatment so necessary in helping them attain to live with their handicap or handicap them in returning to work.

1969-1970

The staff of the Centre is made up of:-

(1) Mrs. M. Morgan, Chief Therapist (part-time) and in charge of the administration of the Centre.

(2) Mr. J. Jones, Occupational Therapist (part-time).

(3) Mr. C. Jones, Craft Instructor (part-time).

(4) Mr. P. Blair, Workshop Assistant and Driver (part-time).

(5) Mrs. L. Roberts, Caterer (part-time).

Each new member attending has a treatment programme arranged for him by the Occupational Therapist according to his or her individual needs with regard to general rehabilitation for return to work, recreational activities and re-socialisation, diversional occupational therapy and craft work.

Instruction in activities of daily living, and specific remedial therapy, are arranged in consultation with the general practitioner or consultant. The Occupational Therapist himself supervises the more severely handicapped people requiring specific work and assessment, while there is a wide variety of craft activities available, including weaving, woodwork, metalwork and metal work, ceramic, painting and modelling, as well as the wood-work traditionally carried on in the workshop.

The Centre also very well equipped with a lift for the transport of wheelchairs and a range of transport problems and enabled certain patients formerly house-bound to take part in the activities at the centre.

The swimming and physiotherapy sessions organised by the Remedial Recreation Club at the Barnard Hotel continued separately.

1970-1971

1971-1972

1972-1973

1973-1974

1974-1975

1975-1976

1976-1977

1977-1978

1978-1979

1979-1980

1980-1981

1981-1982

1982-1983

1983-1984

1984-1985

1985-1986

1986-1987

1987-1988

1988-1989

1989-1990

1990-1991

1991-1992

1992-1993

Report of the School Medical Officer 1969

4,709 children out of the 14,750 were actually examined in 1969 under the scheme at present in force whereby all children attending Borough schools are actually examined three times during their school career, first as entrants, then, in their last year at a junior school, and lastly as leavers.

D SCHOOL HEALTH SECTION

The number of intermediate examinations has been reduced to their first year at a secondary school, in addition to all children in the last year at junior schools, in the process whereby a change was made from the former scheme, under which the intermediate examinations had been carried out at the secondary schools, to the present arrangements. The former scheme, which had been instituted when junior schools were very few in the 1940s, became unnecessary with the institution of the comprehensive system in 1968.

At the routine examinations 1,300 defects were discovered amongst the children examined which were either under treatment, or required further treatment or observation by the child's practitioner or a consultant. The ratio of 27% defects per 1,000 children examined was higher than in 1968, when 26% defects were found per 1,000 children examined. In addition, 32% defects requiring, for the moment, nothing more than observation by the school medical officer were found, at a rate of 9% defects per 1,000 children examined. This rate was also higher than in 1968, when 10% defects requiring observation only were found per 1,000 children, but the increase in number is fully explained by the extra number of intermediate examinations carried out, as the intermediate examinations are always the ones at which the maximum number of defects, especially visual, are discovered. When allowance is made for this, it will be found that the slow but steady improvement in the health of the school children of Southampton Borough since the attached table to have commenced between 1965 and 1968 has actually continued into 1969.

Year	No. of Children	No. of Defects	No. of Defects Recorded
	Given Periodic Exam.	Recorded	Per 1,000 Children Examined
1965	3,922	2,189	558.1
1966	3,881	1,995	513.8
1967	4,137	1,962	474.1
1968	3,760	1,691	450.0
1969	4,709	2,224	472.3

D SCHOOL HEALTH SECTION

Report of the School Medical Officer 1969

4,709 children out of the 14,780 were medically examined in 1969 under the scheme at present in force whereby all children attending Borough schools are medically examined three times during their school career, first as entrants, then, in their last year at a junior school, and lastly as leavers.

The number examined was larger than usual, as certain of the intermediate examinations had to be performed on children in their first year at a secondary school, in addition to all children in the last year at junior schools, in the process whereby a change was made from the former scheme, under which the intermediate examinations had been carried out at the secondary schools, to the present arrangements. The former scheme, which had been instituted when junior schools were busy with the 11+ examination, became unnecessary with the institution of the comprehensive system in 1968.

At the routine examinations 1,300 defects were discovered amongst the children examined which were either under treatment, or required either treatment or observation by the child's practitioner or a consultant. The ratio of 276 defects per 1,000 children examined was higher than in 1968, when 269 defects were found per 1,000 children examined. In addition, 924 defects requiring, for the moment, nothing more than observation by the school medical officer were found, at a rate of 196 defects per 1,000 children examined. This rate was also higher than in 1968, when 181 defects requiring observation only were found per 1,000 children, but the increase in numbers is fully explained by the extra number of intermediate examinations carried out, as the intermediate examinations are always the ones at which the maximum number of defects, especially visual, are discovered. When allowance is made for this, it will be found that the slow but steady improvement in the health of the school children of Scunthorpe Borough shown in the attached table to have occurred between 1965 and 1968 has actually continued into 1969.

Year	No. of Children	No. of Defects	No. of Defects Recorded
	Given Periodic Exam.	Recorded	Per 1,000 Children Examined
1965	3,922	2,189	558.1
1966	3,883	1,955	503.5
1967	4,137	1,962	474.3
1968	3,760	1,691	450.0
1969	4,709	2,224	472.3

SCUNTHORPE SCHOOLS 1969

I am indebted to Mr. J. Edmonds, Borough Education Officer, for the following information showing the number of boys and girls in each school in the Borough as at 31st December, 1969.

Number on Roll in Borough Schools

Number on Roll

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Ashby Infants' School	65	74	139
Ashby Junior School	145	131	276
Berkeley Infants' School	87	100	187
Berkeley Junior School	82	62	144
Blessed Augustine Webster Primary	171	146	317
Brumby Junior Boys' School	371	-	371
Brumby Junior Girls' School	-	267	267
Brumby Comprehensive School	504	238	742
Bushfield Road Infants' School	81	91	172
Crosby Infants' School	148	136	284
Crosby Junior School	227	228	455
Enderby Road Infants' School	149	118	267
Foxhills Comprehensive School	366	374	740
Frodingham Infants' School	155	162	317
Grange Lane Infants' School	131	113	244
Grange Lane Junior School	188	175	363
Henderson Avenue Infants' School	121	138	259
Henderson Avenue Junior School	264	243	507
High Ridge Comprehensive School	542	526	1,068
John Leggott College	403	404	807
Lincoln Gardens Infants' School	128	117	245
Lincoln Gardens Junior School	165	165	330
Parkwood Infants' School	143	98	241
Parkwood Junior School	151	130	281
Priory Lane Infants' School	131	161	292
Priory Lane Junior School	211	201	412
Riddings Infants' School	135	117	252
Riddings Junior School	219	211	430
Riddings Comprehensive School	476	458	934
Rochdale Road Infants' School	79	68	147
Rochdale Road Junior School	168	175	343
Scunthorpe C.E. Primary School	168	159	327
St. Bede's R.C. Comprehensive School	222	203	425
St. Bernadette's R.C. Primary School	227	217	444
St. Hugh's Special School	90	74	164
Thomas Sumpter Comprehensive School	476	412	888
Westcliffe Infants' School	154	154	308
Westcliffe Junior School	194	197	391
Totals	7,737	7,043	14,780

Children found unsuitable for education at school, during the calendar year ended 31st December, 1969.

Number of children who were the subject of new decisions recorded under Section 57(4) of the Education Act 1944.....2

Table A.

	Scarlet Fever	Whooping Cough	Measles	Dysentery	Pneumonia	Pink Eye	Chicken Pox	Mumps	Meningitis	Scabies
Ashby Infants	2	-	-	4	-	-	11	18	-	1
Ashby Junior	2	-	-	-	-	-	-	-	-	-
Berkeley Infants	-	6	1	1	-	-	5	34	-	-
Blessed Augustine Webster	1	-	-	-	-	-	-	-	-	-
Bottesford Infants	1	-	1	1	-	-	-	-	-	-
Brumby Junior	6	-	-	-	-	-	1	-	-	2
Brumby Comprehensive	2	-	1	1	-	-	1	-	-	2
Bushfield Road Infants	2	-	1	-	-	-	5	8	-	-
Crosby Infants	4	-	-	-	-	-	2	-	-	-
Crosby Junior	9	-	-	-	-	-	-	-	-	3
Enderby Road Infants	2	-	14	3	-	-	18	3	-	1
Frederick Gough Comprehensive	4	-	-	1	1	-	-	-	-	-
Frodingham Infants	9	-	-	3	-	-	17	3	-	1
Foxhills Comprehensive	5	-	-	1	-	-	-	-	-	1
Grange Lane Infants	3	-	-	2	-	-	2	2	-	-
Grange Lane Junior	-	-	-	3	-	-	-	-	-	-
Henderson Avenue Infants	1	2	1	-	-	-	12	-	-	-
Henderson Avenue Junior	2	-	-	2	-	-	-	-	-	-
High Ridge Comprehensive	1	-	1	1	-	-	-	-	-	-
John Leggott College	-	-	-	-	-	-	-	-	-	-
Lincoln Gardens Infants	1	-	-	2	-	-	1	-	1	-
Lincoln Gardens Junior	1	-	-	3	-	-	1	-	-	-
Lynton Preparatory	-	-	4	-	-	-	-	-	-	-
Parkwood Infants	2	-	2	3	-	-	-	-	-	-
Parkwood Junior	-	-	-	1	-	-	-	-	-	-
Priory Lane Infants	12	2	2	2	-	1	62	8	-	3
Priory Lane Junior	-	-	1	-	-	-	-	-	-	-
Riddings Infants	-	-	9	2	-	-	37	31	-	2
Riddings Junior	1	-	1	3	-	-	-	-	-	-
Riddings Comprehensive	1	-	-	4	-	-	-	-	-	-
Rochdale Road Infants	3	-	1	2	-	-	8	12	-	-
Rochdale Road Junior	7	-	-	1	-	-	13	1	-	1
Scunthorpe C.E. Primary	12	-	-	2	-	-	-	2	-	1
St. Bernadette's	12	-	1	3	-	-	-	-	-	-
St. Bede's	4	-	-	2	-	-	-	-	-	-
St. Hugh's	2	-	-	-	-	-	-	-	-	-
St. Luke's	-	-	-	-	-	-	-	-	-	-
Thomas Sumpter Comprehensive	4	-	1	2	-	-	-	1	-	-
Westcliffe Infants	13	-	-	6	-	-	74	1	-	1
Westcliffe Junior	6	-	-	3	-	-	3	-	-	-
Total	137	10	42	64	1	1	273	124	1	19

TABLE A Continued.

	Impetigo	Infective Hepatitis	Gastro Enteritis	Influenza	Rubella	Rheumatic Fever	Observations	TOTAL
Ashby Infants	-	-	-	-	-	-	-	36
Ashby Junior	-	1	-	-	-	-	2	5
Berkeley Infants	-	-	-	-	-	-	2	49
Blessed Augustine-Webster	-	1	-	-	-	-	-	2
Bottesford Infants	-	-	-	-	-	-	-	3
Brunby Junior	-	4	-	-	-	-	-	13
Brunby Comprehensive	1	2	-	-	1	-	2	13
Bushfield Road Infants	-	-	-	-	3	-	1	20
Crosby Infants	-	-	1	-	-	-	2	9
Crosby Junior	-	1	1	-	-	-	2	16
Enderby Road Infants	-	-	-	-	-	-	-	41
Frederick Gough Comprehensive	-	1	-	-	-	-	2	9
Frodingham Infants	-	5	-	-	-	-	4	42
Foxhills Comprehensive	-	-	-	-	-	-	1	8
Grange Lane Infants	-	4	-	-	-	-	2	15
Grange Lane Junior	-	3	-	-	-	-	3	9
Henderson Avenue Infants	4	-	1	-	-	-	4	25
Henderson Avenue Junior	-	-	-	-	-	-	1	5
High Ridge Comprehensive	-	1	-	-	1	-	1	6
John Leggett College	-	2	-	-	-	-	-	2
Lincoln Gardens Infants	-	-	-	-	-	-	2	7
Lincoln Gardens Junior	-	-	-	-	-	-	3	8
Lynton Preparatory	-	-	-	-	-	-	-	4
Parkwood Infants	-	1	-	-	-	-	2	10
Parkwood Junior	-	1	-	-	-	-	-	2
Priory Lane Infants	1	-	-	6	6	-	6	111
Priory Lane Junior	-	2	-	-	-	-	-	3
Riddings Infants	2	4	-	-	1	-	6	94
Riddings Junior	-	6	-	-	-	-	1	12
Riddings Comprehensive	-	9	-	-	-	-	2	17
Rochdale Road Infants	-	1	-	-	-	-	2	29
Rochdale Road Junior	-	-	-	-	-	-	-	23
Scunthorpe C.E. Primary	-	2	-	-	2	-	2	23
St. Bernadettes	-	2	1	-	-	-	3	22
St. Bedes	-	-	-	-	-	-	1	7
St. Hughs	-	1	-	-	-	-	-	3
St. Lukes	-	3	-	-	-	-	-	3
Thomas Sumpter Comprehensive	-	2	-	-	-	-	4	14
Westcliffe Infants	-	11	-	-	-	-	6	112
Westcliffe Junior	-	4	-	-	-	-	4	20
Total	8	74	4	6	14	1	73	852

SCHOOL MEDICAL INSPECTIONS, 1969

Defect Code No.	Defect or Disease	Entrants (1st age group)		Periodic Inspection Leavers (3rd age group)		Others		Total	
		Requiring treatment	Requiring observa- tions	Requiring treatment	Requiring observa- tions	Requiring treatment	Requiring observa- tions	Requiring treatment	Requiring observa- tions
4.	Skin	41	13	27	2	42	6	110	21
5.	Eyes - a. vision	37	31	229	41	269	134	535	206
	b. squint	72	4	16	2	62	9	150	15
	c. other	3	1	1	1	4	1	8	3
6.	Ears - a. hearing	14	51	6	6	31	33	51	90
	b. otitis media	8	5	7	-	12	4	27	9
	c. other	1	2	-	-	4	-	5	2
7.	Nose and Throat	28	65	4	-	13	18	45	83
8.	Speech	3	83	-	2	-	11	3	96
9.	Lymphatic Glands	1	9	-	-	-	2	1	11
10.	Heart	11	24	2	5	9	13	22	42
11.	Lungs	30	10	14	1	18	10	62	21
12.	Developmental -	-	2	-	-	2	2	2	4
	a. hernia	-	17	7	12	22	35	36	64
13.	Orthopaedic	7	1	1	-	3	2	7	3
	a. posture	3	1	3	-	9	16	30	66
	b. feet	18	49	10	1	5	16	29	31
	c. other	14	14	1	-	17	1	21	1
14.	Nervous System -	3	-	1	-	2	2	4	2
	a. epilepsy	2	-	-	-	17	1	21	1
	b. other	3	-	-	-	2	2	4	2
15.	Psychological -	3	19	12	1	50	9	65	29
	a. development	8	16	2	-	24	29	34	45
	b. stability	2	2	-	-	2	-	4	2
16.	Abdomen	12	33	14	8	23	37	49	78
17.	Other								

SCHOOL MEDICAL INSPECTIONS 1969

A

Defect Code No.	Defect or Disease	Requiring treatment	Requiring treatment per 1,000 examined	Requiring observation
4.	Skin	110	23.4	21
5.	Eyes - a. Vision	535	113.6	206
	b. squint	150	31.9	15
	c. other	8	1.7	3
6.	Ears - a. hearing	51	10.8	90
	b. otitis media	27	5.7	9
	c. other	5	1.1	2
7.	Nose & Throat	45	9.6	83
8.	Speech	3	0.6	96
9.	Lymphatic glands	1	0.2	11
10.	Heart	22	4.7	42
11.	Lungs	62	13.2	21
12.	Developmental -			
	a. hernia	2	0.4	4
	b. other	36	7.6	64
13.	Orthopaedic -			
	a. posture	7	1.5	3
	b. feet	30	6.4	66
	c. other	29	6.2	31
14.	Nervous system -			
	a. epilepsy	21	4.5	1
	b. other	4	0.8	2
15.	Psychological -			
	a. developmental	65	13.8	29
	b. stability	34	7.2	45
16.	Abdomen	4	0.8	2
17.	Other	49	10.4	78
Total		1,300	276.1	924

SCHOOL MEDICAL INSPECTIONS 1969

B

Defect Code No.	Defect or Disease	Requiring observation per 1,000 examined	Treatment and Observation	Treatment and obser- vation per 1,000 examined
4.	Skin	4.5	131	27.8
5.	Eyes - a. vision	43.7	741	157.4
	b. squint	3.2	165	35.0
	c. other	0.6	11	2.3
6.	Ears - a. hearing	19.1	141	29.9
	b. otitis media	1.9	36	7.6
	c. other	0.4	7	1.5
7.	Nose and Throat	17.6	128	27.2
8.	Speech	20.4	99	21.0
9.	Lymphatic glands	2.3	12	2.5
10.	Heart	8.9	64	13.6
11.	Lungs	4.5	83	17.6
12.	Developmental			
	a. hernia	0.8	6	1.3
	b. other	13.6	100	21.2
13.	Orthopaedic			
	a. posture	0.6	10	2.1
	b. feet	14.0	96	20.4
	c. other	6.6	60	12.7
14.	Nervous System			
	a. epilepsy	0.2	22	4.7
	b. other	0.4	6	1.3
15.	Psychological			
	a. development	6.2	94	20.0
	b. stability	9.6	79	16.8
16.	Abdomen	0.4	6	1.3
17.	Other	16.6	127	27.0
Total		196.2	2224	472.3

SCHOOL MEDICAL INSPECTIONS 1969

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring treatment	Requiring observation
4.	Skin	-	-
5.	Eyes - a. vision	4	-
	b. squint	-	-
	c. other	-	-
6.	Ears - a. hearing	3	2
	b. otitis media	-	-
	c. other	-	-
7.	Nose and throat	-	-
8.	Speech	4	5
9.	Lymphatic Glands	-	-
10.	Heart	1	-
11.	Lungs	1	1
12.	Developmental - a. hernia	-	-
	b. other	-	-
13.	Orthopaedic - a. posture	-	-
	b. feet	-	-
	c. other	-	-
14.	Nervous System - a. epilepsy	-	-
	b. other	-	-
15.	Psychological - a. development	15	4
	b. stability	7	1
16.	Abdomen	-	-
17.	Other	1	2

SCHOOL MEDICAL INSPECTIONS 1969

Age Groups Inspected (by years of birth)	No. of Pupils Inspected	Number of Children found to require treatment (including cases under treatment, but excluding dental diseases and infestation with vermin)			Physical Condition	
		For defective vision (excluding squint)	For any other condition recorded	Total individual children requiring treatment	S (Satisfactory)	U (Unsatisfactory)
1965 and later	92	3	17	18	92	Nil
1964	709	7	115	119	709	Nil
1963	646	19	85	98	646	Nil
1962	101	6	18	21	101	Nil
1961	27	1	6	7	27	Nil
1960	10	1	1	2	10	Nil
1959	105	11	21	28	105	Nil
1958	984	121	131	230	984	Nil
1957	750	108	135	219	750	Nil
1956	162	29	29	52	162	Nil
1955	436	67	40	97	436	Nil
1954 and earlier	687	162	80	216	687	Nil
Total	4,709	535	678	1,107	4,709	Nil

Supervision cases 3,558, Specials 66.

ROUTINE AUDIOMETRIC AND VISION TESTING

Vision testing of 5 year olds in school

Routines

Number Tested	No Action	Referred to Eye Clinic	Re-test	Wearing Glasses Satisfactory	Glasses Referred to Eye Clinic
1,634	1,419	60	105	50	-

Specials

Number Tested	No Action	Referred to Eye Clinic	Re-test	Wearing Glasses Satisfactory	Glasses Referred to Eye Clinic
621	209	44	328	31	3

Vision testing of 9 year olds in school

Routines

Number Tested	No Action	Referred to Eye Clinic	Re-test	Wearing Glasses Satisfactory	Glasses Referred to Eye Clinic
1,048	841	34	106	64	3

HEARING TESTS

Hearing tests of 5 year olds, 9 year olds and Specials

	Number Tested	Referred to School Medical Officer	Referred for Re-test	Number without hearing loss	Cases confirmed deafness No.	%
Routine Examinations of 5 year olds	1,618	42	108	1,468	12	0.80
Routine Examinations of 9 year olds	963	28	70	865	15	1.55
Special Examinations	1,183	206	567	410	50	4.23
Total	3,764	276	745	2,743	77	2.05

Verminous Conditions:

During the year 14,146 examinations were carried out, and 189 pupils, or 1.33% of the pupils inspected, were found to be infested to some degree.

Minor Ailments:

During the year 49 children attended the minor ailments clinic at Parkinson Avenue where minor dressings and treatments are carried out.

School Clinic:

The following table shows the number of children who attended the three weekly clinics:-

Treatment of Defects

The procedure for the disposal is unaltered.

Disposal of new cases found at routine inspection in 1969

Number of cases referred to G.P.s	70
Of these the following action was taken:-	
Number of cases referred to specialists	34
Treated by G.P.s	10
No treatment necessary	5
No reply from G.P.s, or number of cases pending	21
Number of cases referred to specialist by School Medical Officer	78
Number of cases referred to eye clinic	190
Number of cases attended eye clinic	158
Number of cases awaiting appointment at eye clinic	19
Persistent refusals and discharged from eye clinic	6
Number of cases attending private optician	7

Eye Clinic

Out of a total of 1,096 children who attended the eye clinic during the year 458 children were prescribed glasses.

Ear, Nose and Throat Defects

107 known children had operations for tonsils and adenoids.

Ultra-Violet Light Treatment

During the winter months there were 63 sessions held at the two clinics. A total of 99 attendances were made. 6 children attended for the first time.

HANDICAPPED PUPILS

The following table illustrates the position concerning handicapped pupils in the Borough as on 31st December, 1969

Category	New cases ascertained	Cases removed from register	Remaining on register at end of year	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	Not at school	Number awaiting admission to special schools
Blind	-	-	2	0.14	2	-	-	-
Partially sighted	2	1	3	0.20	-	3	-	-
Deaf	-	2	3	0.20	3	-	-	-
Partially Hearing	8	5	20	1.35	-	20	-	-
Physically Handicapped	2	4	36	2.44	9	24	3	1
Delicate	6	4	18	1.22	1	17	-	1
Educationally Subnormal	76	59	289	19.55	138	151	-	61
Maladjusted	3	4	12	0.81	4	7	1	8
Epileptic	4	1	10	0.68	-	10	-	1
With Speech Defects	14	5	40	2.71	1	39	-	-
Total	115	85	433	29.30	158	271	4	72

DENTAL REPORT, 1969

STAFF

<u>Area Dental Officers</u>	Mr. P. Betts Mrs. M. Clayton
<u>Dental Officer</u>	Mr. J. McCutcheon
<u>Dental Auxiliary</u>	Miss L. Robinson
<u>Dental Assistants</u>	Mrs. S. Allinson Mrs. D. Common resigned December 1969 Mrs. C. Paterson Mrs. D. Spencer

Mr. P. Betts joined the staff in 1969 as Area Dental Officer for the Riddings and Westcliff area.

Mrs. Common moved to another part of the County and therefore had to resign her position as Dental Assistant.

We have been unable to find another Auxiliary to replace Miss Hopkinson.

There was an increase in the number of dental inspections and courses of treatment in 1969 compared with 1968, when staff was reduced in number due to resignations and ill health.

Dental Health

Every five year old commencing school in September 1969 received an Oral Hygiene Kit. This contained a toothbrush, toothpaste and mug accompanied by a short letter on dental health. These kits are produced by a well known dental firm and sold to Local Authorities at a very low cost.

Miss Robinson, the Dental Auxiliary is continuing to visit schools and Playgroups, giving talks and demonstrations on Dental Health.

To be effective, Dental Health must be treated as a practical subject - not abstract.

There are still a number of schools in the "Borough" which sell sweets and biscuits during mid-morning or mid-afternoon breaks. This increases the time teeth are at risk by contact with cariogenic material. Few children brush their teeth after eating sweets and biscuits at school. Carbohydrates are of a filling nature and can reduce a child's appetite for the mid-day meal.

Some confusion must arise in a child's mind when his school sells him food which the dentist tells him is bad for his teeth. This could nullify the effects of the Dental Health Education.

While appreciating the important contribution to school funds these sales make, there are less harmful foods. These fall into two categories:

- (a) Apples, pears, celery, carrots and cheese
- (b) Salted nuts, peanuts and raisins, crispbread and crisps.

making a wide choice to replace the traditional sweets and biscuits.

MATERNITY AND CHILD WELFARE

The Local Authority Dental Service may offer treatment to Priority Classes:-

- (1) Children under 5 years
- (2) Expectant and Nursing Mothers

Under 5 Age Group

There is a steady demand for treatment by children in this age group. Although many come for emergency treatment, there is an increase in the numbers seeking regular dental inspections and conservation.

In the Borough of Scunthorpe it is hoped to start a Birthday Card Scheme whereby cards are sent to certain age groups under 5, suggesting that parents should start taking their children for regular dental "check-ups" to their own Dental Practitioner or to one of the Local Authority Dental Clinics.

Expectant and Nursing Mothers

The number in this group seeking treatment from the Local Authority Dental Clinic is low. This is to be expected. The National Health Service has been in operation for over 20 years. The majority of women visit their own Dental Practitioner. There are exceptions e.g. Immigrant mothers who become familiar with the varied services offered by Clinics through contact with a Health Visitor, or by attending a baby clinic. It may be that their child has received dental treatment following a Routine School Dental Inspection. Therefore they too come to the Clinic for their Dental Treatment.

Table Showing Dental Inspection and Treatment

Sessions Devoted to 1969

Inspection	77
Treatment	1,293
Dental Health Education	218
<u>Inspections</u>	
A. First Inspection at School	8,346
B. First Inspection at Clinic	1,670
C. Number of Children re-inspected at School or Clinic	195
Total Inspected	10,211
Number of A and B found to require treatment	5,086
Number of C found to require treatment	86
Total found to require treatment	5,172
Number of A and B offered treatment	4,755
<u>Attendances and Treatment</u>	
First Visit	3,177
Subsequent Visits	3,788
Total Visits	6,965
Additional courses of treatment commenced	122
Fillings - permanent teeth	5,093
Fillings - deciduous	1,116
Permanent teeth filled	4,496
Deciduous teeth filled	1,071
Permanent teeth extracted	1,128
Deciduous teeth extracted	3,527
General anaesthetics	1,913
Emergencies	401
Number of pupils X-rayed	178
Prophylaxis	670
Teeth otherwise conserved	19
Number of teeth root filled	37
Inlays	17
Crowns	31
Courses of treatment completed	3,722

Table Showing Dental Inspection and Treatment

Orthodontics

Cases remaining from previous year	-
Cases commenced during year	8
Cases completed during year	4
Cases discontinued during year	1
Number of removable appliances fitted	10
Number of fixed appliances	-
Pupils referred to hospital consultant	3

Prosthetics

Pupils supplied with F.U. or F.L. dentures	-
Pupils supplied with other dentures	38
Number of dentures supplied	45

Anaesthetics

General anaesthetics administered by dental officers	-
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Non-School Dental Work for Year 1969

M & C.W.

A. Attendance and Treatment

First visits
Subsequent visits

Total visits

Number of additional courses of treatment other than first course commenced during year

Treatment provided during the year - number of fillings

Teeth filled

Teeth extracted

General anaesthetics given

Emergency visits by patients

Patients X-rayed

Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)

Teeth otherwise conserved

Teeth root filled

Inlays

Crowns

Number of courses of treatment completed during the year

Children 0-4 (incl.)	Expectant and Nursing Mothers
168	60
146	205
314	265
11	5
166	125
124	119
333	208
158	33
60	16
2	11
17	35
-	-
-	1
-	-
-	-
213	78

B. Prosthetics

Patients supplied with F.U. or F.L. (First time)

Patients supplied with other dentures

Number of dentures supplied

17
8
34

C. Anaesthetics

General anaesthetics administered by Dental Officers

nil

D. Inspections

Number of patients given first inspections during year

Number of patients in A and D above who required treatment

Number of patients in B and E above who were offered treatment

Children 0-4 (incl.)	Expectant and Nursing Mothers
260	84
94	65
94	65

E. Number of Dental Officer Sessions Devoted to Maternity and Child Welfare Patients

For treatment

For health education

115
-

M & C.V.

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE

258 children were seen by Dr. Nicholl between January 1st and December 31st, 1969, from the Borough of Scunthorpe.

A. Attendance and Treatment	
Number of additional courses of treatment other than first course, commencing during year	11
Number of fillings	125
Teeth filled	118
Teeth extracted	208
General anaesthetics given	33
Emergency visits by patients	16
Patients X-rayed	11
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	35
Teeth otherwise corrected	1
Teeth root filled	-
Inlays	-
Crowns	-
Number of courses of treatment completed during the year	16

B. Prosthetics	
Patients supplied with V.V. or F.I. (First time)	17
Patients supplied with other dentures	8
Number of dentures supplied	34

C. Anaesthetics	
General anaesthetics administered by Dental Officers	111

D. Inspections	
Number of patients given first inspection during year	260
Number of patients in A and B above who required treatment	94
Number of patients in B and C above who were offered treatment	94

E. Number of Dental Officer Sessions devoted to Maternity and Child Welfare Patients

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE

250 children were seen by Mr. Nicholl between January 1st and December 31st, 1937, from the Borough of Southorpe.

E. REPORTS TO THE COMMITTEE

REPORTS

During the year several reports on various subjects were made to the Health and Welfare Committee and those not dealt with elsewhere in the report are gathered together in this section.

I am indebted to Dr. Sheard for the very careful and exhaustive report on the elderly in Scunthorpe which is included with his permission.

Report of the Medical Officer of Health on the Geriatric Day Centre Pilot Scheme at 34 High St.

The Scheme commenced on Monday the 2nd December, 1968 at 34 High Street and uses the lounge and kitchen on the ground floor. It operates on four days a week and was designed to serve the frail, elderly, normally house-bound persons of both sexes who do not need hospital nursing or specialised nursing care and who are unsuitable for the normal old people's clubs and associations in the town. The purpose was to provide a meeting place for the lonely and housebound, to provide a good meal, to give some relief to relatives, to increase the care and supervision already provided by this authority, to provide social and recreational activities, to provide special activity or care such as occupational therapy, remedial exercises and chiropody, and finally by these means to delay the need for admission to homes for the elderly.

A list of 209 persons was gathered from the various members of the department and out of this list a total of 24 persons were invited and signified their willingness to attend. These were divided into two groups of 12 each and each group attended on two days a week. Group (A) on Monday and Thursday and Group (B) on Tuesday and Friday. Of these twenty four, two persons have not attended at all, 3 have decided not to continue attendance, 9 persons made 100% attendance and out of a total possible attendance figure of 163 an actual attendance of 113 was obtained. This must be considered as very favourable considering that the scheme was started in December, and several people did not attend over the Christmas Period, a few were ill and some places were kept open for persons who later decided not to come. The age range is from 65 to 90 years. Follow-up visits were made when people did not attend. Several of the attenders have got physical defects such as poor sight, bad hearing, heart disease, arthritis, senile confusion and Parkinsonism. Some of the attenders have been housebound for long periods before attending this centre. One person has been housebound for five years apart from visits as an out-patient to the hospital, two persons have been housebound for three years, five persons have been housebound for approximately a year, and several have been housebound for three to nine months. There are several who can only get out, if transport is available from relatives who can also transport a wheelchair.

Further information

The group of 24 is made up as follows:-

Males

3

Females

21

Ages	65 - 69 years - 5	12 live alone
	70 - 74 years - 5	10 are on the Register of Physically Handicapped Persons.
	75 - 79 years - 4	
	80 - 84 years - 8	14 Receive Home Help Services.
	85 - 90 years - 2	7 Get meals on wheels.

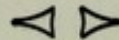
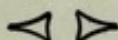
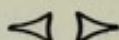
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Activities

The activities which have been carried out are those suited to the elderly. Initially cards, dominoes, sewing and knitting plus the opportunity for conversation with other attenders were sufficient. Soon interests widened and discussions on stamp and coin collecting and other hobbies were held. A carol concert and carol singing as a group and a recorded concert of the "Messiah" were included to fit in with the festive season. Future activities may include film shows and film slide shows, hairdressing and handicrafts. All members of the group enjoy general talk and discussion. Both groups are probably too small and would probably benefit by having the numbers increased to around 20.

Staffing

So far this has mainly been carried out by the Geriatric Nurses and the Senior Welfare Officer, with some voluntary assistance. The ambulance driver has been of considerable help, both in serving the meals, cleaning and clearing-away during his lunch break, and in helping the people in and out of the ambulance. If the scheme is to continue and to expand then a certain amount of regular staff will require to be employed. Probably one or two part-timers on four days a week would be sufficient provided they are well chosen. So far as transport is concerned the ambulance is fully employed in collecting the ten or twelve normally collected. The time taken is considerably longer than was originally expected. It takes fully two hours to collect the Friday Group, because these are fairly handicapped and need considerable help, even within the ambulance when it fills up, and an extra attendant to accompany the ambulance driver is required. Afternoon tea has been supplied, but both the groups are very satisfied with a cup of tea and cake or biscuit.



REPORT OF THE MEDICAL OFFICER OF HEALTH ON COMPARATIVE ESTABLISHMENT OF MENTAL WELFARE OFFICERS WITH THAT OF THE COUNTY OF LINDSEY EXCLUDING SCUNTHORPE.

Some two years ago the Borough Council approved an increase of establishment of Mental Welfare Officers from three to four. This was approved by the Joint Sub-Committee with the County Council, but was turned down by the County Council. One year ago the same proposal was put to the County Council. It was once again approved by the Joint Sub-Committee but was refused by the County Council. Two years ago a proposal approved by the Borough Council that all three Mental Welfare Officers be regraded from A.P. III to A.P. IV was turned down by the County Council. One year ago the same proposal that all three Mental Welfare Officers be regraded from A.P. III to A.P. IV was approved by the Borough Council but was turned down by the County Council. This year the most senior of the Mental Welfare Officers, a fully qualified officer, appealed. His appeal was supported by the Borough Council for regrading from A.P. III to A.P. IV. This appeal was turned down by the County Council, although in consideration of his duties, he was allowed to be paid ex gratia the sum he would have received if he had been regraded to A.P. IV. At that meeting the Chairman of the Appeals Sub-Committee requested the County Officers to supply to the Borough Officers full details of the County Establishment, and salary gradings of the County Mental Welfare Officers' service. This information reached me on the 18th of June, 1969. The following is a statement of the position within the Borough and outside the Borough.

	Lindsey County Council excluding the Borough of Scunthorpe	Borough of Scunthorpe
Population	293,790	70,000
Case-load	1,014	1,005
Per Officer divided by 9 (2 H.Q. staff don't have case-loads)	112	335
Statutory Admissions	182	279
Establishment	11	3
Salary Gradings	1 S.O. 5 A.P.V. 1 A.P. IV 4 National Scale	3 National Scale

The Chairman of the Borough Finance Committee recently announced in Council that the Borough Council at present paid more than 50% of the County Rate. It will be seen from the figures that the case-load carried by the Borough Officers and the load of statutory admissions handled by the Borough Officers is very, very much greater than the comparative loads carried by the County Officers. The Borough Officers also work under the difficulty that all the psychiatric beds are 30 miles away as are all the consultant psychiatrists. It will also be seen from the table that the salary gradings for the Borough have been allowed to lag very far behind the salary gradings for the equivalent officers in the County. I understand that at present further representations are being made to the County Committees seeking further increases in the establishment of Mental Welfare Officers in the County. The information which will be laid before the County Committees has been refused me, and I am informed that the County Clerk decided that this information must not be given to the Borough until the County Council has considered it. It appears to me that this would have been an admirable opportunity of putting both the County and the Borough case to the County Committees at one and the same time so that they could be considered together to avoid any discrepancies such as now exist.

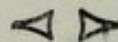
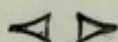
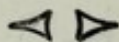
Recommendations

I recommend that the establishment of Mental Welfare Officers in the Borough should be altered as follows.

1. Senior Officer on A.P.V., who would be in administrative charge of the Mental Welfare Section.
2. Four Officers on A.P.IV. This grade to be open to fully qualified officers only.
3. One trainee Mental Welfare Officer on the Welfare Officers' grade.

The case-load of the Mental Welfare Officers in the Borough is very heavy and staffing should be adjusted to be able to handle the case-load. Apart from this, the Borough is considerably in advance of the County in its attempts to organise both a preventive service and a post-hospital supporting service and to this end has already had a psychiatric club for females and a psychiatric club for males running in the town for some time. This has of course made a considerable further demand on the Mental Welfare Officers' time and this is reflected in the higher level of staffing suggested.

I recommend that these changes be carried out as soon as possible.



REPORT OF THE MEDICAL OFFICER OF HEALTH

ON

WELFARE SERVICES FOR THE DEAF AND HARD-OF-HEARING

This report is in accordance with Minute 16 of the Health Committee of 21st October, 1968.

This service is provided for under the National Assistance Act, 1948, and is delegated.

The duties of a Social Welfare Officer are to provide information for the preparation of Registers - under the 3 headings of:-

- i deaf without speech.
 - ii deaf with speech.
 - iii hard-of-hearing
- b) Casework and visiting service at home or elsewhere.
 - c) Assistance in overcoming, or alleviating, effects of the disability.
 - d) Give advice, (social, health or remedial services), guidance, general social welfare.
 - e) Interpretation service.
 - f) Practical assistance in own homes.
 - g) Social centre, games, recreational facilities, handicrafts.
 - h) Religious Services.
 - i) Residential Homes.
 - j) Assist with holidays.
 - k) Youth Club meetings.
 - l) Old People's meetings.
 - m) Women's meetings.
 - n) Escorting and general welfare.
 - o) Help with seeking employment.
 - p) Further education classes - via Education Committee.
 - q) Lip reading classes.

The present numbers on the registers as supplied by the Clerk of the Lindsey County Council are as follows.

Lincolnshire Deaf Committee - 13th November, 1968

	<u>Deaf without Speech</u>	<u>Deaf with Speech</u>	<u>Hard of Hearing</u>	<u>Children</u>	<u>Total</u>
GRIMSBY	23	10	-	12	45
HOLLAND	28	10	12	18	68
KESTEVEN	29	14	49	22	114
LINCOLN	23	15	-	14	52
LINDSEY	48	14	8	108	178
SCUNTHORPE	16	8	5	23	52

(The figures for the Borough of Scunthorpe given at the Lincolnshire Deaf Committee - 9th November, 1967, were as follows:-

<u>Deaf without Speech</u>	<u>Deaf with Speech</u>	<u>Hard of Hearing</u>	<u>Children</u>	<u>Total</u>
28	8	35	22	93)

I am not satisfied with the validity of these figures for this Borough and in the absence of a suitable qualified officer there is no way of obtaining the accurate register which is necessary, I have figures which indicate around 124 known cases in the Borough.

Social work with deaf people means regular contact with their hearing relatives also attempting to help with the complex problems of parents whose sons or daughters are deaf. Social Welfare Officers for the deaf must show concern for the whole family as well as for the individual - children are liable to take advantage of deaf parents, as they very soon learn of their limitations.

The responsibilities of a Social Welfare Officer for the deaf, are particularly heavy, and frequently he is the only person to whom the deaf can turn - no matter how personal or confidential the subject may be - therefore the Officer must be counsellor, friend, advisor and treat these matters confidentially.

It would seem that the geographical area: mentioned as the largest single unit for deaf welfare in England; is far too large for the present staff of the Lincolnshire Deaf Committee. The staff appears to be one Senior Social Worker, one Part-time Worker and a Trainee. This appears inadequate, even according to the Lincolnshire Deaf Committee allocation, which is one Senior Welfare Worker for every 120 deaf people - in addition to 2 Officers for the first 120.

The deaf person should be visited at home regardless of whether or not he attends a social club. At home he is more relaxed and can think more clearly when discussing his affairs, than when at a club or even an Office; he requires privacy - also the Officer can meet the family and advise where this seems necessary. The Seeborn Committee has already indicated that there are considerable advantages in organising help in smaller and more compact areas and where deaf people are in a small area, with a Social Worker to supervise, it is easy to maintain more regular home visiting, and they have short distance to travel to a Social Club. For instance, the deaf living in Scunthorpe, could be supervised, visited and catered for by an Officer of the Borough of Scunthorpe, who would also be more easily available in an emergency.

COST: In Appendix C of the Report of the Lincolnshire Deaf Welfare Committee, dated 13th November, 1968, the estimated cost for 1968-69 was £470 to Scunthorpe Borough; the estimate for 1969-70 is £645; and an Officer appointed to the Scunthorpe Authority on the minimum salary of the Officer Grade, would cost £850, an increase of £205, on the estimated cost for 1969-70, and a full-time officer would then be available in the Borough of Scunthorpe.

REPORT OF THE MEDICAL OFFICER OF HEALTH

It is recommended,

- (a) That the Borough ask for an establishment of one Deaf Welfare Officer who might be made available part-time to work in the County area near Scunthorpe until such time as the case-load in the Borough builds up to the full-time allocations.
- (b) That the Borough withdraw from the joint scheme as soon as an officer is obtained.

Items numbered 1 to 9 inclusive have already been approved by the Borough Council.

Statement of Work	Other Remarks
The following proposals are submitted to the Council for their consideration as at present being a temporary scheme from a Council House, General Medical Practitioner also has a contract to provide for a temporary surgery. (See 11/1/50)	Department of Health and Social Security has included this project on the list for loan account for 1950/51.
The Provision Hospital to meet the needs of the town North of the A16 Trust Road which is at present served by a clinic built over 20 years ago on a restricted site.	Approved by Borough, County and Executive Councils, after joint consultation with the Regional Hospital Board, General Medical Practitioner, Dentist, Apothecary and Pharmacist.
The Provision Hospital to meet the needs of the town North of the A16 Trust Road which is at present served by a clinic built over 20 years ago on a restricted site.	Approved by Borough, County and Executive Councils after joint consultation with the Regional Hospital Board, General Medical Practitioner, Dentist, Apothecary and Pharmacist.

REPORT OF THE MEDICAL OFFICER OF HEALTH

ON THE DEVELOPMENT OF HEALTH AND WELFARE SERVICES IN THE BOROUGH

CAPITAL PROJECTS

In view of Ministry of Health Circular No. 19/68 the 10 year Development Plans for Capital Projects were not reviewed last year by the Borough or County Councils. Instead a short term programme for 3 years was produced and in accordance with Circular No. 10/69 from the Department of Health and Social Security this 3 year programme has this year been reviewed and approved by the Borough Council as indicated below. Circular 19/68 indicated that towards the end of 1969 authorities would be asked to submit revised plans for the period up to and including 1979/80 and in this respect I am making my recommendations by reproducing the list of projects already in the programme approved by the Borough Council and adding 3 projects which are vital for proper development of community care services in this Borough.

Items numbered 1 to 9 inclusive have already been approved by the Borough Council.

It would seem that the geographical area mentioned as the largest single unit for deaf welfare in England; is far too large for the present staff of the Lincolnshire Deaf Committee. The staff appears to be one Senior Social Worker, one Part-time Worker and a Trainee. This appears inadequate, even according to the Lincolnshire Deaf Committee allocation, which is one Senior Welfare Worker for every 120 deaf people - in addition to 2 Officers for the first 120.

The deaf person should be visited at home regardless of whether or not he attends a social club. It has to be remembered and we think more clearly when discussing his affairs, that deaf people often do not want to be seen in public - also the Officer must visit the family and advise where this seems necessary. The Scunthorpe Deaf Club has already indicated that there are considerable advantages in having a small unit in smaller and more compact areas and where deaf people live in small groups, with a Social Worker to supervise, it is easy to maintain more regular home visiting, and they have short distance to travel to a Social Club. For instance, the deaf living in Scunthorpe, could be supervised, visited and catered for by an Officer of the Borough of Scunthorpe, who would also be more easily available in an emergency.

Cost: In Appendix C of the Report of the Lincolnshire Deaf Welfare Committee, dated 15th November, 1967, the estimated cost for 1968-69 was £470 to Scunthorpe Borough; the estimate for 1969-70 is £645; and an Officer appointed to the Scunthorpe Authority on the minimum salary of the Officer Grade, would cost £2500. An increase of £225, on the estimated cost for 1969-70, would make time officer would then be available in the Borough of Scunthorpe.

No.	Year	Project	Location and Size	Statement of Need	Other Remarks
1	1970/71*	Health Centre	Westcliff, Scunthorpe (Population 8,000 rising to 12,000)	<u>New Provision Urgently</u> required to meet the needs of this expanding area which is at present served by a temporary clinic from a council house, General medical practitioners also use a council house for temporary surgery facilities.	*Department of Health and Social Security has included this project on its list for loan consent for 1970/71.
2	1970/71	Health Centre	Town Area (to serve estimated population of 30,000)	<u>New Provision Required</u> to meet the needs of the town North of the A18 Trunk Road which is at present served by a clinic built over 30 years ago on a restricted site.	Approved by Borough, County and Executive Councils, after joint consultations with the Regional Hospital Board, General Medical Practitioners, Dentists, Opticians and Pharmacists.
3	1970/71	Health Centre	Ashby Area (to serve estimated population of 30,000)	<u>New Provision Required</u> to meet the needs of the town south of the A18 Trunk Road which is at present served by a small purpose built clinic without facilities for General Medical Practitioners.	Approved by Borough, County and Executive Councils after joint consultations with the Regional Hospital Board, General Medical Practitioners, Dentists, Opticians and Pharmacists.

No.	Year	Project	Location and Size	Statement of Need	Other Remarks
4	1970/71*	Day Centre for the Mentally Ill	Ashby Area (50 places per session)	<u>New Provision Required</u> to meet the needs of community care both preventive and after-care for Mental Health Services of the Borough with heavy caseloads. Social clubs at present exist in adapted temporary premises of limited size.	*Department of Health and Social Security has included this project on its list for loan consent for 1970/71. This project has been removed from 1970/71 programme by the County Council (Minute No. 11 of Health Committee of 24th March, 1969, refers)
5	1970/71	Day Nursery	Borough Area (50 places)	<u>New Provision Required</u> to meet the needs of expanding town, with a predominantly young population which has no such facilities other than part-day care provided by voluntary playgroups.	This project has been removed from the capital programme for 1970/71 by the County Council. (Minute No. 11 of the Health Committee of 24th March, 1969 refers).
6	1970/71	Extensions to Special Care Unit - Junior Training Centre	St. Luke's Junior Training Centre - Special Care Unit (additional 12 places)	To meet increased demand for places for a unit which takes children from areas outside the Borough.	The County Council transferred this project from current year to 1970/71 programme (Minute No. 11 of the Health Committee of 24th March, 1969 refers.)

No.	Year	Project	Location and Size	Statement of Need	Other Remarks
7	1972/73	Adult Training Centre	Borough Area (80 places)	<u>New Provision Required</u> to meet the needs of the Borough which has no such provision. At present served by limited number of places in County Council Centre outside the Borough Area.	This project has previously been approved by the Borough Council for the 1971/72 programme.
8	1972/73	Workshop for the elderly	Borough Area (60 places)	<u>New Provision</u> To meet increasing need for community care services for the rapidly growing retired population.	Limited Day care for the Elderly exists at present in temporary adapted premises for 12 places per day.
9	1972/73	Day Centre for Psychiatric Geriatrics	Borough Area (30 places)	<u>New Provision</u> To meet the needs of community care for those cases not requiring hospital or residential placement.	
10	Not allocated	Day Centre for Physically Handicapped	Site not determined To provide 200 places	<u>New Provision</u> An immediate requirement	There are no purpose designed facilities either existing or programmed for the Physically Handicapped in either the Borough or the County.

No.	Year	Project	Location and Size	Statement of Need	Other Remarks
11	Not allocated	Central Kitchen	Site not determined To provide for 1,000 lunches daily with expansion potential to 5,000 daily.	To provide suitable meals for Meals on Wheels, old peoples luncheon clubs and the various centres on this schedule.	
12	1969/70	6 Personnel carrying vehicles with electric lifts for wheelchair patients		To be used in association with the other capital projects relating to aged persons and handicapped persons.	Submitted last year and turned down by the County Council.

Report of the Medical Officer of Health on the Department of
Health and Social Security, Letter of 21st November, 1969

The letter which is from the Chief Medical Officer to the Ministry and which has been sent to all Medical Officers of Health and Clerks of local Health Authorities and those exercising delegated functions, is as follows:-

"Dear Doctor,

Accidental Hypothermia

I wrote to you on this subject in December, 1966 (ref: CMO 24/66), and I am well aware that authorities have gone to much trouble to ensure that their staff are aware of the dangers both to the very young and to the elderly. However, the risk recurs, particularly in severe weather, and a further reminder may not be untimely.

Between October, 1968 and March, 1969 there were 92 deaths in England and Wales in which hypothermia was either the prime cause or contributed materially to the effect of excessive cold, hunger or exposure. It is likely also that hypothermia was a complicating factor in many other illnesses. A short note will appear in the January issue of "Health Trends".

May I ask you once again to ensure that appropriate staff are equipped with low-reading thermometers and are aware of the principles of preventive action which offers the main hope of success. You may also wish to raise the question with the Local Medical Committee. Copies of this letter are being sent to Clerks and Chief Welfare Officers, and also to Secretaries of Boards of Governors of Teaching Hospitals."

Yours sincerely,

G.E. GODBER

Chief Medical Officer.

In 1967 I drew the attention of the Health and Welfare Committee to this problem as follows:-

"Report of the Medical Officer of Health on Cold Injury

I refer to the two leaflets circulated to the Committee. These are being distributed by the department at clinics and elsewhere.

It is advised that the Committee agree a policy regarding statements in the press on the use of non approved fuels in times of stress or scarcity, in view of the serious contradictions between the officers, the members, the Member of Parliament and members of other local authorities on this matter previously.
October, 1967".

This report was Minuted as follows:

Minute No. 20 (23.10.67)

"Cold Injury"

The Medical Officer of Health presented two leaflets issued by the National Association of Maternal and Child Welfare, which were being distributed by the department at clinics and elsewhere.

Resolved: That these be received."

The purpose of this 1967 report was to obtain some policy guidance from the committee in the event of an occasion or occasions arising which placed officers in the same department in the position of giving contradictory advice.

On the last occasion the public were unfortunately given the impression that the only choice was to risk freezing to death or being prosecuted for burning coal. It is advisable that clearer policy decisions be made and minuted this year in view of the expected shortage of approved solid fuels.

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U. S. COHEN

Chief Medical Officer.

This report was minuted as follows:

Minute No. 20 (23.10.67)

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE CARE OF UNMARRIED MOTHERS

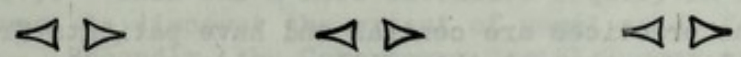
My Social Welfare Officer who is working with unmarried mothers and single girls who are pregnant has reported to me that she has two good type girls who she is convinced will make good citizens and bring up their children in a satisfactory manner if given a chance to do so.

The Officer suggests that if accommodation could be made available for these two girls they could probably do shift work alternately and keep their babies at the same time. The Officer is willing to take on the responsibility of visiting and supporting the girls.

This is a new venture in the Borough and requires an advanced, tolerant and humane outlook by the members of the Council, the Public and the Officers concerned if it is to be reasonably successful.

There is at present a scheme to build a purpose-built home for single parent families in the Borough and if this project ever comes to fruition then it is likely that these girls could be given the choice of transferring to the new accommodation.

I recommend that the Council give very favourable consideration to the request that housing accommodation be made available to these girls.



SURVEY OF THE ELDERLY IN SCUNTHORPE.

AIM OF SURVEY

The intention has been to estimate the extent of unmet need for health and community services among elderly people living at home in the Borough of Scunthorpe.

It was thought that this information would be useful for the planning of services in the Borough.

A questionnaire was drawn up to obtain information on:

- (a) The physical state of the disabled and the extent of some disabilities known to be common in the aged.
- (b) Their social situation, and the amount of help from the community, received and needed.
- (c) Some aspects of housing related to health.
- (d) The extent to which present health and welfare services are used, and needed.

THE SAMPLE

Two group practices, Drs. Yager, Agnew and Leitch, and Drs. Stanford, O'Connor, Clyne, McGuane and O'Neill, made available lists of people over the age of 70 who were registered with them. The sample was taken from all one list plus the first hundred alphabetically of the other list.

Both the practices are central and have patients from all parts of the town. It was thought they will provide a sample representative of the whole town.

Names outside the Borough boundary were removed, and people found to be away in hospital or residential homes were not included.

This produced a list of 518 people. 51 could not be contacted or traced and there were 5 refusals giving a final 462 completed questionnaires.

The 1966 sample census gave a total population over age 70 in the Borough of 3,320. So 13.9% of the total group were interviewed.

Assuming there is no great bias in the selection of the sample, it is large enough to give results applicable to the total group within reasonably narrow limits of error. For instance, if a characteristic were found in 50% of the sample, it would have a standard error (S.E.) of 2.32. The true proportion in all the over 70's in the town could be expected to lie between the 95% confidence limits of 2 S.E., in this case 45.4% to 54.6%. For a characteristic in 10% of the sample the S.E. would be 1.39, indicating a true proportion somewhere in the range 7.22% to 12.78%. Results are expressed to the nearest 1% for proportions over 10%, and to the nearest 0.1% for proportions below 10%.

METHOD

The interviews were conducted by one medical officer in the Health and Welfare Department, Dr. A. Sheard, and by five geriatric visitors, Mrs. A. Drinkall, Mrs. J. O'Flynn, Mrs. E.M.E. Lawrence, Mrs. D. Owen and Mrs. J. Plumtree. All of these are state-registered nurses with experience in geriatrics, and are quite used to assessing the health and welfare of the elderly in their daily work.

After the first interviews, the questionnaire was amended. A section intended to assess the emotional and mental state was left out as it was found too difficult to administer. Questions about when they had last visited a dentist or optician were added.

A few days before the intended visit a letter was sent explaining the purpose of the survey and requesting the person's assistance. The fact that it was being arranged with the co-operation of their own doctor was mentioned, and this helped to win people's confidence. The number of refusals was small and many people expressed their thanks at the interest being shown in them.

The interviewing took longer than expected and was done in the latter half of 1969 and the early months of 1970. Questions about outside activities, and house heating, may be affected by this spread over winter and summer months.

The responses were coded and transferred to punch cards for sorting and counting.

The main sources of comparison are firstly the survey of the Elderly in Redbridge, 1968 (1). This was a more extensive enquiry in London but had the same objectives, to discover the extent of unmet needs for health and welfare services. Secondly, the Government Social Survey of the Elderly by Amelia Harris (2). This was a sample of thirteen local authorities representing people over 65. There is no agreement as to when one becomes "Elderly" and in comparing results, their differences have to be borne in mind. The higher the age limit for inclusion, the greater will be the expected needs and problems.

DEMOGRAPHY

In the sample, 33% were men which compares with the 1966 census figure for the Borough of 36.76%. 46% were below 75 and 54% over 75 years in the sample, compared with 42% below and 58% above 75 years in the census. So it appears that the sample is fairly representative of the group, with some under-representation of men and of the older people. This may be due to a greater proportion of the older people and of men being in residential homes and hospitals, and so excluded from the survey.

The people interviewed were in all parts of the town; 49% were north of the railway which runs through the middle of the town, and 51% were south of it.

HEALTH AND MEDICAL ATTENTION

The people were asked some questions about visits to their doctor and

about their general health, in an attempt to make some assessment of the general level of physical fitness among the elderly.

Nearly a third had seen their doctor within the previous month and nearly two thirds in the previous three months. This included people who had been ill recently but were now better, people calling for regular prescriptions, and those having regular supervisory visits.

Several people remarked that they would like to see their doctor more often but had difficulty in getting to the surgery and did not like to ask for a home visit.

Contacts with the doctor:

Scunthorpe 70 + Redbridge, 75 +

		<u>cumulative</u>	
0 - 1	12%		
- 1 month	32%	44%	18%
- 3 months	17%	61%	
- 6 months	13%	74%	57%
- 1 year	11%	85%	79%
- 2 years	6.7%		
- 5 years	4.1%		
5 + years	3.2%		

From this it appears that the old people in Scunthorpe are in contact with their doctors more often than in London. This may indicate a higher sickness and disability rate in the town, but could equally be due to people availing themselves of the service more readily.

The geriatric visitors are paying visits to the elderly in co-operation with the doctors, to relieve him of some of the routine work and to find out unreported illness.

The great majority of the elderly therefore, are under fairly regular medical supervision.

There were 67 people in the survey, 14%, who had not seen their doctor for over a year - of these 67, 25 had some symptom or disability. This included people with slight symptoms which may not be serious, but which needed investigating, and it suggests there is a considerable problem of unreported illness.

The people being interviewed were asked specifically about six symptoms which are common in the elderly, listed below. A question about "pains" or "rheumatism" was not asked because this could include anybody with an occasional muscular twinge and would be misleading. Most rheumatic disorders would be included as a walking defect.

Symptom	Numbers	%
Breathless	86	19
Swollen ankles	61	13
Urinary complaints	26	6
Bowel complaints	65	14
Foot complaints	73	16
Walking defect-slight	53	11
" " -moderate	39	8
" " -Severe	23	5
No complaints	181	39

Age and sex of people with no complaints:

Under 75, 96: over 75, 85.

It is seen that the proportions with individual complaints were quite low, though a number had more than one. 39% had no complaints and a high proportion of these were the older ones, over 75.

Over 70, physical complaints do not appear to increase proportionally with age. The oldest people represent a hardy remnant of the population, the weaker numbers of which die off before reaching that age. But also, people over 75 may accept symptoms as due to "old age" and fail to report them.

87 of the people, 19%, were classified as "housebound". This included all those unable to get out once a week or more, for whatever reason. Of these, 72 were women and 15 men. This difference is not entirely accounted for by physical symptoms, so it appears that women accept being confined to the house more readily than men.

The 19% housebound were a higher proportion than that found in other surveys. In the Redbridge survey of over 75's there were 17%. Townsend (3), summarising a number of surveys in 1959, found that about 10% of people of pensionable age were confined to their homes.

Six people were considered regularly bed-fast at the time of the survey. This small proportion, 1.3%, suggests there is not a numerically large problem of totally dependent people at home, though of course their calls on the health and welfare services are out of all proportion to their numbers.

VISION

People were asked to read a card with some small newsprint, 1/16" high, and some large newsprint 1/4" high.

In this way it was fairly easy to detect those with a partial visual handicap, those who could read the large but not the small print. Assessment of severe visual handicap, i.e. blindness, was less easy. It included those who could not read the large print, and also some who could not see well enough to get about the room easily.

	Total	Partially sighted	Blind
Eyes tested less than 2 years ago	276	23	13
Eyes tested more than 2 years ago	186	14	4
	462	37	17

It is seen that the majority were getting regular eye tests, within two years, but a substantial minority were not having regular tests. Some said they had never had their eyes tested. It was sometimes said or implied that they could not afford new spectacles, or they could not get out to the opticians. The people concerned did not all know that the eye test is free, that the cost of spectacles can be met by Social Security if necessary; or that an optician can attend a patient's home to conduct a test when necessary.

There were 17 people classified as blind, plus two who were too ill to be tested. Most of the blind had had a recent eye test and seemed to be getting the welfare services they needed. Three of them appeared to be in need of registering and help from the blind welfare officer who were not already getting it.

Only two of the partially sighted were being seen by the blind welfare officer. It seem likely that more people would benefit by being registered as partially sighted. They could be helped by the welfare officer in ensuring that spectacles are maintained in a usable condition, provision of large print books, and other individual help.

DENTURES

People were asked whether they had dentures, and when they last saw a dentist. It was found that 422, or 91% had dentures. Many of them had not seen a dentist for a long time:

Saw dentist	0 - 5 years ago	246	53%
" "	5 -10 " "	71	15%
" "	10+ " "	138	30%
Not known		7	2%

In many cases the dentures were ill-fitting or defective, and in some cases they were only a partial set, accompanied by decayed teeth. Many people complained about this but seemed resigned to it and again the expense of treatment seemed to be putting some people off seeing the dentist.

Some of those without dentures had no teeth at all and were chewing with their gums. They complained about "having to live on slops", and that they "cannot eat a square meal".

People who have a full set of dentures do not require attention from a dentist so long as they remain satisfactory. Nevertheless it seems surprising that 30% of the total had not seen a dentist for ten years or more.

HEARING

137 people, 30%, were unable to hear a forced whisper at conversational range. Of these, 53, 39%, possess hearing aids.

There seems little doubt that most of the remainder could benefit from a hearing aid.

Most of those who had hearing aids found them useful though not all. One person had spent £20 on a "private" aid but then found it was less effective than his Health Service one. However, there were some who complained that the Health Service aids are too "cumbersome".

A small number of "stone deaf" people were living in poor circumstances. It is almost impossible to get through to them and they lead lonely isolated lives.

SOCIAL CONTACTS

People were asked about the size of the household, and those living alone were asked about the frequency of their contacts with others.

Living with spouse	207	45%
Living with other than spouse	138	30%
Living alone	127	25%

Threequarters of those interviewed were not living alone. They were with their husband or wife, or with other relatives, or in a few cases with lodgers or landlady. It is assumed that these are reasonably secure, having someone to turn to immediately in time of illness or other need.

102 of the 117 living alone, 85%, had relatives living in the town. This high proportion indicates a good deal of family stability in that some at least of the children do not usually move far away from their parents, though they are not in the same household.

The people living alone were asked about the frequency of their contacts with others:

Sees relatives or friends daily	64	55%
" " " " twice weekly	23	20%
" " " " once weekly	21	18%
" " " " occasionally	9	8%

This shows there is a small proportion of severe social isolation, i.e. people living alone and seeing a friend or relative less than once a week - 9 out of the total 462 - plus a larger group of 44 people living alone who have regular but not daily contacts. This totals 53, or 12% of the sample, who are at serious risk if anything should happen to them suddenly.

Only 18 out of the 117 living alone said they would like to have more visitors. This was perhaps an unfair question since it is difficult to think of visitors as being welcome without first knowing who they are. But it suggests that a conscious sense of loneliness is not very common. This means that people are not motivated to seek social support and the services they require. There is a need to identify the isolated people and arrange some form of daily contact, either from relatives or neighbours or a geriatric visitor or other welfare worker where necessary.

Help in this respect is being obtained from the Scunthorpe Association for the Elderly. Seven people in the survey were being seen by volunteers arranged in this way and the interviewers thought that a further 14 would benefit from this scheme. This suggests that the service could usefully be trebled.

INTERESTS

Some questions were asked about activities and interests in the home and outside.

In the home, 88% had a television set, which compares closely with 87% at Redbridge, 69% said that reading was a regular interest and of these, 28% were housebound or had moderate to severe walking defect. This suggests a big potential demand for a housebound reader's scheme. Gardening was frequently mentioned as a hobby, though a few said they could not cope with the garden and would appreciate help.

Regarding outside interests, 13, or 2.8% were in regular part-time employment. 103, or 22% were regular club attenders, the same proportion as in Redbridge, and 13% were church attenders. A further 12% mentioned regular visits to friends, pubs, bingo, Civic Theatre, going fishing etc. There were 268, or 58% who apparently had no regular outside activities.

The impression was gained that people had plenty of interest within their homes, but many had little active interest outside it. This suggests a big potential of people who could take part in and contribute to their community if interesting activities were brought to their notice and, where necessary, transport provided.

TELEPHONE

The people being interviewed were asked if they had a telephone, or access to one at a friend or a call box within a short distance of their home. 330, 71% said they had.

Of the remaining 132 who did not have a phone nearby, 27 were living alone. This is 5.8% of the total sample, so a scheme to assist the over 70's living alone to obtain the use of a telephone would involve about $5.8\% \times 3,320 = 193$ people in the Borough.

HOLIDAYS

People were asked when they last had a week or more away from home for a holiday, including staying with friends:

Holiday	0 - 1 year ago	260	56%
	1 - 2 years "	41	9%
	2 - 3 " "	23	5%
	3 + " "	138	30%

The 56% who had a holiday within a year compares with 52% among the over 75's in the Redbridge survey.

It appears that a large proportion of the elderly are not getting regular holidays. The 138 who had not taken a holiday in the previous 3 years included 14 who had never been on holiday in their lives.

Some of the people seen had been on caravan holidays arranged by the council and appreciated this.

If all over 70's who had not been away for 2 years were offered help to arrange a holiday, this would involve about 1,500 people. Not everyone would want to avail themselves of this. The Redbridge survey suggested the response might be only 14%.

DAY CENTRE

They were asked about possible interest in a day centre for the elderly in the town. It was explained that this would be "a pleasant social centre open every day with meals available at reasonable prices and transport available if required". 89 out of the 462, 19%, said they would definitely like to attend such a centre and a further 35 said they might like to attend.

So there is a fairly large body of support for the day centre idea.

The Health and Welfare Department run a day centre for the elderly and the Hospital has plans for something similar. This is for the minority of elderly people who are chronically sick or handicapped and need nursing supervision and rehabilitation.

The general day centre concept is more social, being for the majority of elderly people who are independent and whose main needs are for company, cooked meals, pastimes and if possible, light employment. Other suggested activities include handicraft work, games, reading, hairdressing, chiropody, laundry room with washing machines, television, music, lectures and films.

30% of those in favour of a day centre were living alone, 33% were already attending a club but wanted to go out more often.

Transport would be the key to success of such a scheme. This would be needed by all except car owners and the fit people within walking distance of the centre. Some supplement to the regular bus service would be required linked to the opening and closing times of the centre.

If the age group were extended down to 65, and assuming the same proportion were interested, this suggests a possible total clientele of $19\% \times 5,000 = 950$ people.

If each attended 3 days a week, this indicates that centres catering for 475 people would be fully used every weekday.

The old people's clubs and luncheon clubs at present operating are partly answering this need but there is further scope for expansion of their facilities and hours of opening, or for new centres, or both.

HOUSING

Some questions were asked about house ownership and about basic facilities.

The following table shows the proportion of the elderly in the survey who were in houses lacking an indoor toilet, fixed bath, or hot water. Comparison is made with the figures for the whole town as given in the 1966 census, and also with the best and worst figures in the 13 areas studied in the Government Social Survey.

	Scunthorpe Survey 70 +	All Scunthorpe 1966 Census	Govt. Social Survey Other Areas
Outdoor toilet	17%	13%	12.7% - 38.7%
No fixed bath	4.3%	4.8%	9.1% - 33.6%
No hot water	2.8%	4.1%	7.5% - 23.3%

This shows that a higher proportion of the elderly have outdoor toilets, though they are no worse off as regards baths and hot water. There is no evidence that as a group the elderly occupy the worst housing.

Comparison with the Government Social Survey shows that the proportion of people lacking these 3 amenities is relatively low for the town as a whole. This is largely due to the large proportion of the people being in modern council houses, 40% of which in the survey were purpose built for the elderly.

House ownership in Scunthorpe:

	Survey, 70 + 1966 census, all ages		
Owner occupier	265	57%	49%
Private tenant	91	20%	13%
Council House	106	23%	38%

A high proportion of the elderly are in private accommodation. While much of this is of a high standard, 16% of the owner-occupied houses lacked one of the 3 amenities, and 30% of private-tenanted houses, in the survey. Of the council houses in the survey, 5.6% had outside toilets.

Many of the owner-occupiers in old houses said they wished to move to a modern flat or bungalow, but they saw no hope of getting one and they were doubtful about being able to sell their present house.

There is clearly a need for more purpose-built accommodation for the elderly, and also help to provide basic amenities in the older private houses.

54% did not possess a refrigerator. It is an expensive item for many pensioners, though less than the television owned by 87%. Many people did not appreciate that a "fridge" is an important aid to good health.

A question about the method of house heating showed that 50% had open fires, 32% other individual fires and 17% central heating.

The "other individual fires" were mainly gas and electric; only 2 were paraffin heaters.

No conclusions can be drawn from this about the effectiveness of heating. Central heating is theoretically ideal but in many cases people cannot afford to run it properly and they would be better served by having individual heaters where they are needed.

The proportion with open fires seems high. These are a potential danger to the elderly as well as being hard work. 74 people had open fires burning without fire-guards at the time of interview.

PERSONAL SERVICES

Foot Treatment

	Scunthorpe Survey, 70+	Government Social Survey 65+	Redbridge Survey, 75+
Receiving chiropody	138 30%	15% - 30%	31%
Needing chiropody	44 9.5%		

Only a very few were having treatment from a private chiropodist, the majority having the Local Authority service.

The proportion receiving treatment is high relative to other areas but quite a large number were considered in need of chiropody by the interviewers. Many of these were housebound.

As the service in the Borough was maintained by 3 chiropodists at the time of the survey, it appears that one extra chiropodist would be needed to supply the total demand.

Home Help

A small number of people had private domestic help; these are not included in the figures.

	Scunthorpe Survey, 70+	Government Social Survey, 65+	Redbridge Survey, 75+	Lambeth Survey, 75+
Receiving Home Help	10.2%	0.8 - 8.9%	8%	15% (Quoted in the Red- bridge Survey)
Needing Home Help	2.2%	2.3 - 9.0%	3%	

The assessment of need for home help is not easy in a brief visit, and really requires a detailed assessment of help available from relatives. Also, it is debatable as to what degree of need justifies provision of a home help.

The unmet need of 2.2% is based on a small number which may not be reliable. However, it suggests that an increase of the home help service by roughly one-fifth would meet the total need.

Meals-on-Wheels

	Scunthorpe Survey, 70+	Government Social Survey, 65+	Redbridge Survey, 75+
Receiving meals-on-wheels	14 2.6%	0.5% - 1.9%	2%
Needing meals-on-wheels	12 3.0%		2%

There were 30 people in the survey not getting at least one hot meal every day. 6 of these were having the Meals-on-Wheels service.

It is known that the present service is overloaded, with a waiting list of up to 6 months. It issues only 2 meals a week, which may not always be sufficient to improve nutrition.

Again, the survey result indicates that the provision compares well with other areas but it should be more than doubled to meet the total need. However, increases in luncheon clubs and day centres would cater for some of this need.

HOME NURSING AND RELATED SERVICES

	Scunthorpe Survey, 70 +	Government Social Survey, 65 +
Home Nurse Attending	22 4.8%	1.2% - 4.0%
Home Nurse Needed	NIL	
Nursing Aids, Having	4	
Nursing Aids, Needing	1	
Bathing Attendant, Attending	13 2.8%	
Bathing Attendant, Needed	1	
Essential Laundry, Having	5 1.1%	
Essential Laundry, Needed	NIL	

The figures show that only a small proportion of the elderly population is in need of these specialised services, and there was little or no evidence of unmet needs for them.

The essential laundry service is at present only for incontinent people and the need for laundry was judged only on this basis.

Wheelchair

Having	19	4.1%
Needing	8	1.7%

Walking Aids

Having	13	2.8%
Needing	2	

A significant number of people appeared to be in need of a wheelchair. Some of them had thought about this but had decided their doors or steps were not suitable; these could of course be adapted, if necessary at the Council's expense.

The people who have wheelchairs are mainly suffering from orthopaedic conditions of the legs or hips. Those suffering from medical conditions e.g. strokes could often benefit just as much.

Emergency Bell

Having	25	5.4%
Needing	6	1.3%

This is a bell and flashing light placed in the front window to attract passersby when the occupant is in trouble.

It was found that many of the elderly living alone do not want it, though others considered it very useful.

SUMMARY

Most of the elderly, over 70, were receiving regular medical attention. A number of people were not in regular contact with their doctors and had symptoms which might indicate treatable illness.

A high proportion of people, 19% were getting out of the house less than once a week. These were mostly women, and it was not always accounted for by physical symptoms.

More than half the people interviewed had not had an eye test within two years. Almost all the blind were receiving regular attention but a larger group of partially sighted might benefit from registration and help with welfare.

Almost a third of the people seen had not seen a dentist for 10 years or more. Decayed teeth and defective dentures were quite common.

Most of the people who were seriously deaf used, or had attempted to use, a hearing aid. A number of people with moderate deafness would probably benefit from hearing aids.

A quarter of the elderly people seen lived alone. 12% were both living alone and without regular daily contacts.

5.8% of people were living alone and without a telephone that they could use nearby.

Over a third of the people had not been away on holiday for 3 years or more. About one-fifth were in favour of a day centre for the elderly.

The proportion of the elderly in council houses is rather low relative to the rest of the town. A high proportion of owner-occupied and private-tenanted houses were lacking basic facilities.

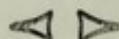
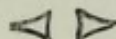
Considering the personal services, there appears to be an unmet demand which is considerable for meals-on-wheels and chiropody; less so for home helps and wheelchairs; and little if any for nursing and related services, on the criteria currently used.

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