

68 CHILD DEATHS

A
CASE
OF
IN ACTION



I N T R O D U C T I O N

These few pages are written as a result of seeing a report circulated by Dr Perry, District Community Physician, on Infant Mortality. Our report is far from complete, but we release it because, unlike some officials, we do not have months to delay or time to argue about statistics, instead we believe the matter is so urgent that it should be made public immediately.

Copies of this report are being sent to:

Michael English MP
Jack Dunnett MP
William Whitlock MP
Reg Freeston MP
Chief Executives of the Nottingham City Council and Notts County Council
Peter Shore, Secretary of State for the Environment
T.U.C.
Shelter
Nottingham and District Trades Council
Secretaries of the local Community Health Councils
D.H.S.S.

Early in 1977 the Health Authorities produced a report entitled "A Study of child ill-health and infant deaths in Nottingham." They sent it out to doctors, they sent it out to Community Health Councils, to the local council and to nurses but they didn't send it out to the general public. In fact it has never been published, why?

Because the report is dynamite - it shows things that some people would rather not have revealed. It also reveals that they are doing little to change the situation. It shows that in one area of Nottingham 1 in 20 babies were dying before they reached one year old. And in other parts of Nottingham the figures are not much better. In the report's own words it states: "The increased health risk of infants reared in deprived areas of the City, a trend which is itself not surprising, is disturbingly high". In official double-talk this means the trend is criminal.

The report was prepared by a Health Care Planning Team which looked at two areas of the South Nottingham District and the North Nottingham District. Their report states that "whereas nationally all rates have remained static or shown some improvement, the Infant Mortality Neo-natal (Deaths in children under 4 weeks old) and Early Neo-natal (Deaths in children under 1 week old) have shown a deterioration in Nottinghamshire despite the smaller number of children being born for staff to care for. "In the South Nottingham District the Infant Mortality Rate is 4 per thousand higher than the national average" despite a lower birth rate than average.

The team looked also at the "County Deprived Areas Study" which assessed "relative deprivation" based on "housing, employment, income, education, crime and socio-cultural factors". Fourteen out of 136 areas in the whole county were called "highly deprived". Nine out of the 14 were in the City of Nottingham - Market, St Anns, Bridge, Radford, Lenton, Broxtowe, Manvers and Trent. Seven of the nine fell in the South Nottingham District.

This team found 39 infant deaths in the "Greater Nottingham Conurbation in 1975". "Seven of the highly deprived Wards were in the top ten places with the highest death rates. A glance at the map also revealed problem areas within otherwise non-deprived Wards, eg around Balloon Wood in the Abbey and Wollaton Wards."

Apparently another Doctor, R Madeley made "a special study of the post neo-natal deaths (4 weeks to one year) in Nottingham between 1974-6". He found "the areas having high mortality rates were found to be the most deprived socially - Market Radford, Lenton and Bridge Wards." Only 59 out of 68 deaths he studied "may be of a 'preventable' nature".

Most of the deaths occurred from 'infections' with the cause unknown in a previously apparently healthy infant. Most deaths occurred in the winter months and 95% of the deaths occurred before the age of 7 months.

But it's not just an alarming level of deaths that the study reveals but a very high level of illness. "The sample suggested that approximately 50% of the children under one in Radford, Lenton, St Anns and Market Ward could be admitted either to neo-natal units compared with about 27% on average for the Greater Nottingham Conurbation." The Team was not only concerned at the high rate of admissions in general but at the enormous disparity between the relatively affluent areas like Abbey Ward and Arnold compared with the highly deprived areas.

Since we have obtained this report we have also found a brief summary of Dr Madeley's findings which we report at the end. Ignoring congenital abnormalities this shows that the main causes of death are: inhalation of stomach contents and cot deaths (27), respiratory infections (19) and gastroenteritis (5). Moreover it makes it even clearer that 44 out of 68 were during the colder months from October to March, and out of these 68 deaths 42 occurred during the first three months of life.

Other papers circulated with these results show that officially they admit that "whilst (mortality rates) are likely to be ameliorated by responsive health service provision, they are just as much associated with extraneous factors - high unemployment, poor and overcrowded housing and other socio-economic factors where the approach required is one of positive discrimination in favour of the underprivileged areas as urged by the County Deprived Area Study in 1975.

All these reports contain plenty more figures like these, you might imagine since children are obviously in more danger, in certain areas, more facilities might be provided eg Health Visitors. However, it finds the opposite "the deprived areas do not in general have a higher than average ratio of staff, indeed they often have less than the average."

But that's it. The report circulated to the Health Councils hides almost as much as it reveals. It is only when you start reading other official pieces of paper and asking direct questions that more comes out. Between the lines it's easy to see that bad housing, poor facilities, low wages are direct factors in these unnecessary deaths. Doctor Perry, District Community Physician, agreed on the phone "possibly housing is a factor, other factors would be income, the sort of standard of living that they can afford."

He explained at length that the major steps being taken as a result of this report concerned Health Visitors and a Birth Monitoring System - "South Nottingham has allocated more money for Health Visitors" - "they should be spending more time in the district than in the clinic". He explained that five part monitoring system had been set up.

When asked about the fact that many deaths occurred during the winter and that this might be connected with the fact that families cannot afford sufficient heating, he replied "you could certainly say that. The cold, damp, lack of heat, could be factors." A particular danger area that he pointed out was "where the birth rate is low, if they've not been adequately fed . . ."

The National Situation

All these factors clearly spell out that more children from the Working Classes are dying early in life than the Middle Class. Many surveys have shown that the Health Services and freedom from disease are heavily biased towards the Middle Class, for instance

- men in Class 5 (unskilled manual) are twice as likely to die at work than men in Class 1 (professional)
- Titmuss found in a study in 1968 "we have learnt from 15 years experience of the Health Service that the higher income groups know how to make better use of the services; they tend to receive more specialised attention; occupy more of the beds in better equipped and staffed hospitals; receive more elective surgery; have better maternal care and are more likely to get psychiatric help and psycho-therapy than low income groups-particularly unskilled.

Thus, despite claims that we have a marvellous National Health Service open to all, the Health system is weighted against one class. This fact is not new, but there is a history of officials tending to hide or not discuss the problem. We say this example in Nottingham should be widely broadcast and failure to take immediate action can only lead us to conclude that not only do we have an unfair and unopen system of treatment but that officials and politicians, both locally and nationally, have an interest in keeping it that way.

So who is doing anything else? The Community Health Councils are meant to be the watchdogs of the Health Service but they tend to be heavily dominated by the Middle Class and Councillors. The first Councillor we contacted was on the

North Nottingham Health Council which considered the report of Dr Perry last year. When asked first of all whether she remembered anything about it, Cllr Mrs Leighton replied: "I can remember something about it . . . I seem to remember something about it but without going through my papers . . . I see so many papers . . . I'm very sorry I can't help". On 1st January 1977 there were 16 councillors and 16 members from voluntary organisations, however we could find no signs of the matter being taken up further.

Before Christmas we wrote to the Chief Executives of the City Council and County Council asking what they had done about the report. We've received no reply from the County but Mr Hammond has replied and we print his letter in full. With the arrogance of someone who is not personally involved, and who receives over £10,000 a year, he claims the problems are being dealt with.

We leave readers of this report to draw their own conclusions as to whether slashing the building programmes, selling as many houses as possible, cutting back on repairs, handing over land to private developers, helps those in housing need.

And we realise it's not just a local problem whilst some employers in Nottingham still pay such low wages, whilst social security heating allowances remain inadequate, while central government backs experiments like Balloon Wood, and then leaves tenants with huge electricity bills, whilst all these things happen the problems go on.

We therefore call on -

the Health Authorities to rediscuss the case

the Community Health Councils to place it on their next Agenda

local MPs to take the issue up in Parliament

the City Council to discuss the matter at the next Policy and Resources Committee

the DHSS to start an Inquiry and promise action to reduce these alarming death rates

SURVEY OF POST-NEONATAL DEATHS IN NOTTINGHAM

Results to date.

1. Place of Residence of Children who died in the Post-neonatal period 1974-76. City of Nottingham

<u>Ward</u>	<u>Deaths</u>
Market	6
Radford	10
Lenton	10
Bridge	7
Clifton	4
Robin Hood	3
St Anns	2
Portland	3
St Albans	2
Byron	7
Wollaton	5
Broxtowe	2
Manvers	1
Forest	2
Trent	2
University	1
Mapperley	1
Abbey	0
TOTAL	68

2. Cause of Death

Inhalation of stomach contents + Cot Deaths	27
Respiratory Infections	19
Congenital Abnormalities	9
Gastroenteritis	5
Meningitis	2
Epiglottitis	2
Cardiomyopathy	2
Otitis Media	1
Injuries when carry cot fell to floor	1
TOTAL	68

3. Month of Death

January	10	October - March	44
February	7		
March	5	April - September	24
April	8		
May	3		68
June	1		
July	2		
August	6		
September	4		
October	8		
November	8		
December	6		
TOTAL	68		

4. Age of Death

<u>No of months</u>	<u>No of deaths</u>
1-2	11
2-3	16
3-4	15
4-5	8
5-6	6
6-7	8
7-8	1
8-9	-
9-10	2
10-11	1
11-12	-
TOTAL	68

Well over 95% of the deaths occur before the age of 7 months. A death after this age is a rare event.

The letter that cares



City of
Nottingham

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The Guildhall
Nottingham NG1 4BT
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My Ref CE/MLC/Health 1
Please ask for Chief Executive
Your Ref.

17 January 1978

Dear Mr Hartshorne

Thank you for your letter of 19 December. I was sent a copy of the report you refer to by Dr Mason. The implementation of this report is a matter for the Community Health Services. In so far as any of the conditions described in the report are due to housing conditions, then these are being dealt with by the City Council through their slum clearance programme and their programmes for the provision of new and improved homes.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Michael Hammond'.

Chief Executive

MR J HARTSHORNE
NOTTINGHAM HOUSING ACTION GROUP
c/o 8 EREWASH GARDENS
TOP VALLEY
NOTTINGHAM

Michael Hammond
Chief Executive and Town Clerk.