

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

Cabinet Delegated Decisions

4 October 2023

TITLE:	Defibrillator Maintenance
PORTFOLIO HOLDER:	Councillor Cawley - Portfolio Holder for Communities
CONTACT OFFICER:	David Smith - Head of Communities and Climate Change
WARDS INVOLVED:	All

Appendices Attached – None

1. Reason for the Report

- 1.1 The Community Overview & Scrutiny Panel agreed to review the current provision of Automated External Defibrillators across the District and to consider what, if any, support could be provided by the District Council. This report provides some background information to allow the Panel to decide on appropriate next steps.

2. Recommendation

- 2.1 That the Council agrees to enter into a contract to manage Community Public Access Defibrillators across the district at an annual cost of up to £23,000 for the next two years to allow other funding approaches and options to be further considered.

3. Executive Summary

- 3.1 A defibrillator delivers a shock which can restart someone's heart after it stops beating (cardiac arrest). If this is done within a few minutes of the heart stopping, it improves the chances of survival. Automated defibrillators require no training to use. Defibrillators that are made available for use in public spaces are commonly known as Community Public Access Defibrillators (CPADs).
- 3.2 There are around 60,000 cases of suspected cardiac arrest every year, but fewer than 1 in 10 people survive an out of hospital cardiac arrest.

Defibrillation within 3–5 minutes of collapse can produce survival rates of up to 50–70%.

- 3.3 Across England, automated defibrillators are more often placed in wealthier areas and where people work; whereas most (80%) out-of-hospital cardiac arrests occur in residential areas, with areas that include more places of work seeing fewer cardiac arrests
- 3.4 There are approximately 130 AEDs across the Staffordshire Moorlands. Local discussions have revealed that many of these devices are unregistered or unmaintained.

4. **How this report links to Corporate Priorities**

- 4.1 Improving health is a priority under Aim 1 of the Corporate Plan: To help create a safer and healthier environment for our communities to live and work

5. **Alternative Options**

- 5.1 Three main options have been identified:
 - Highlight the issues that have been identified by the Working Group to the Chair of Staffordshire and Stoke-on-Trent Integrated Care Board and Staffordshire's Director of Public Health as the lead agencies for health provision in the district.
 - Provide a contribution towards a district-wide contract with AEDonate for management of local AED provision, with the expectation that any town and parish councils that wish to participate would also provide a contribution. The contract with AED could be held by a Town or Parish Council, or the District Council, as a lead agency for the scheme.
 - Fully fund AEDonate to manage AED provision across the district at an initial cost of £15,000 - £23,000 (depending upon option).

6. **Implications**

6.1 Community Safety - (Crime and Disorder Act 1998)

None

6.2 Workforce

None

6.3 Equality and Diversity/Equality Impact Assessment

People from minority ethnic groups and those from more deprived areas are most at risk of out-of-hospital cardiac arrest.

6.4 Financial Considerations

There is no existing Council budget for supporting Automated External Defibrillators provision.

Some Town and Parish Councils provide funding for their local schemes, but this is a mixed picture across the district.

6.5 Legal

The Council does not have any specific duties with respect to provision of AEDs. Responsibility for health provision largely sits with the newly formed Integrated Care Boards (ICBs) and the County Council in terms of public health.

The Health and Care Act 2022 established ICBs and abolished clinical commissioning group. Staffordshire Moorlands is covered by the Staffordshire and Stoke-on-Trent ICB. All ICBs and its partner trusts and foundation trusts are required to prepare a five-year forward plan to meet the health needs of the local population. One of the key themes of the local ICB plan is “*working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods*”.

The Health and Social Care 2008 imposes a duty for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas. The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to the UK Health Security Agency (formerly Public Health England).

6.6 Climate Change

No direct implications.

6.7 Consultation

Initial discussions have taken place at the Community Overview & Scrutiny Panel, the Defibrillator Maintenance Working Group, and with AEDonate.

6.8 Risk Assessment

The District Council does not currently have any responsibility for CPADs other than those provided at Council properties. If the Council agrees to take on a degree of responsibility for the provision of CPADs then it exposes itself to a degree of reputational, and possibly financial, risk in the event of service failure.

Depending upon the funding model (if any) followed, then the Council may expose itself to increasing costs as more AEDs are provided across the district without having any control over

provision.

Neil Rodgers
Executive Director (Place)

**Web Links and
Background Papers**

www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr/learn-cpr-in-15-minutes
<https://evidence.nihr.ac.uk/alert/automated-defibrillators-needed-in-deprived-areas/>
<https://cks.nice.org.uk/topics/cardiac-arrest-out-of-hospital-care/background-information/prognosis/>
<https://evidence.nihr.ac.uk/alert/automated-defibrillators-needed-in-deprived-areas/>
[https://www.resuscitationjournal.com/article/S0300-9572\(21\)00444-5/fulltext](https://www.resuscitationjournal.com/article/S0300-9572(21)00444-5/fulltext)
<https://www.aeddonate.org.uk/>
<https://www.thecircuit.uk/>

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7. Detail

7.1 A defibrillator delivers a shock which can restart someone's heart after it stops beating (cardiac arrest). Automated defibrillators require no training to use. Defibrillators that are made available for use in public spaces are commonly known as Community Public Access Defibrillators (CPADs).

7.2 The NICE website reveals that:

- There are around 60,000 cases of suspected cardiac arrest every year, but fewer than 1 in 10 people survive an out of hospital cardiac arrest.
- Immediate initiation of CPR can double or quadruple survival from out of hospital cardiac arrest.
- Defibrillation within 3–5 minutes of collapse can produce survival rates of up to 50–70%.

7.3 Research¹ shows that AEDs are most likely to be placed in areas with the least need for them. They are more often placed in wealthier areas and where people work; they are less common in deprived areas. Most (80%) out-of-hospital cardiac arrests occur in residential areas, with areas that include more places of work seeing fewer cardiac arrests. People from minority ethnic groups and those from more deprived areas are most at risk of out-of-hospital cardiac arrest. The research showed that automated defibrillators were more common across England in:

¹ Brown, T., Perkins, G., et al (2021) Are there disparities in the location of automated external defibrillators in England? Resuscitation, vol 170, p28-35.

- the most affluent areas (45% had at least 1 device) compared with the most deprived areas (27% had at least 1 device);
- urban areas (64% had at least 1 device) compared with rural areas (36% had at least 1 device);
- areas in which most people are White;
- places with fewer residents and more places of work;
- the South than the North; and
- areas with a higher proportion of people aged 65 years and older.

7.4 The Health and Safety Executive (HSE) recommend that certain businesses have defibrillators and others assess to see if they should have one. The assessment includes:

- how many people may be passing through, or near, your workplace (chances of cardiac arrest increases with more people)
- the age of those people (cardiac arrest is more likely as you get older)
- the location (this may affect emergency service response times).

7.5 Some businesses choose to have defibrillators without a needs assessment to show their commitment to keeping their colleagues and local community safe.

7.6 Defibrillators were historically registered with local ambulance services in separate databases. The Circuit, which is funded by the NHS, British Heart Foundation, Resuscitation Council UK, and St John Ambulance, was developed to join up all the previous databases into one central overview.

7.7 When defibrillators are registered on The Circuit, their location and status is instantly synchronised with the emergency services' systems ensuring that their information is always up to date and that people who are on the scene when a cardiac arrest occurs can get to the nearest working defibrillator quickly. Certain information must be provided when registering a defibrillator to give confidence to the ambulance services that the defibrillator is well maintained and will be emergency-ready if it is needed in an emergency:

- Address, location and surroundings;
- Brand, model and serial number;
- Times and dates when it's accessible;
- Pad expiry dates;
- Confirmation it is displaying its ready signal; and
- Access code (if applicable).

7.8 AEDdonate is a Staffordshire- based charity that is committed to improving survival from out of hospital cardiac arrests, supporting the placement and use of Automated External Defibrillators (AED) to local communities. The charity is able to provide support in some areas through the Tesco Bags of Help community grant scheme: www.aeddonate.org.uk/apply-for-funding/

- 7.9 Town and Parish Councils and others are able to apply for part funding of a defibrillator via the British Heart Foundation: www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators/apply-for-a-public-access-defibrillator
- 7.10 The British Heart Foundation also provide free, on-line CPR training through their RevivR programme: www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators/apply-for-a-public-access-defibrillator.

Staffordshire Moorlands

- 7.11 The Moorlands has an ageing population profile with greater health care needs, disability, and poor health; and rising obesity levels across the population. Between 2011 and 2021, the district saw an increase of 22.7% in people aged 65 years and over, a decrease of 8.4% in people aged 15 to 64 years, and a decrease of 5.0% in children aged under 15 years. The healthy life expectancy in the district is 65 years. The population of the district in 2021 was 95,800 with around 30% living in rural settings..
- 7.12 Ambulance waiting times can vary considerably given the rural settings of many of our communities. As of 2021, Staffordshire Moorlands was the fifth least densely populated of the West Midlands' 30 local authority areas, with around one person living on each football pitch-sized area of land. Figures from 2022, reveal that 'category 1' patients in the Leek area, which would include those in cardiac arrest, were waiting an average of 14 minutes, which is doubled the target response of within 7 minutes. For category 2 time-critical medical emergencies such as heart attacks or strokes, people were waiting around 111 minutes (almost two hours) in the ST11 postcode area (which includes Blythe Bridge, Cresswell and Caverswall) and for 10% of patients the wait could be more than five hours (compared to an 18 minute target).
- 7.13 There are approximately 130 AEDs across the Staffordshire Moorlands with many of these having been installed by town and parish councils. Investigations have revealed that many of these devices are unregistered or unmaintained. In response to these concerns the Communities Overview & Scrutiny Group established a Defibrillator Maintenance Working Group to examine the issue and suggest ways forward. The Working Group appointed Cllr Lyn Swindlehurst as Chair and Councillor John Jones as Vice-Chair. The group had cross-party membership and met on three occasions: 1 December 2022, 18 January 2023 and 16 June 2023. The group received inputs from Jamie Richards - Chief Executive Officer, AEDdonate and Dave Swarbrook (Defibrillator Guardian (Volunteer) for Leek).
- 7.14 The Working Group identified three priorities to guide its work:
- To consider introducing a standardised approach in the Moorlands, due to the amount of variance around the maintenance and associated costs of defibrillators
 - To ensure all defibrillators were rescue ready and listed correctly for use.
 - To establish current costs and determine whether the District Council could financially support the maintenance of defibrillators in the area.

- 7.15 AEDonate provided the group with a summary of community public access defibrillator (CPAD) maintenance that set out the current position, identified the problems with the current approach, and described actions (targets) to respond to the identified problems (Appendix A). The key problems brought to the attention of the Working Group by AEDonate were:
- Defibrillators not being registered or properly maintained to ensure that they are available and 'emergency ready' when required to be used by a member of the public
 - CPAD showing as 'emergency ready' despite having out of date pads and flat batteries.
 - A "worrying" lack of awareness within the community of how to perform cardiopulmonary resuscitation (CPR) and the need to regularly check and maintain defibrillators.
 - The original nominated Guardian (usually identified solely by an email address) no longer fulfilling the role expected of them. This may be for a variety of reasons such as a change of circumstances or a change to their email address that means that they no longer receive prompts from The Circuit. In some cases, the Guardian is still in position but does not have access to funding for the required consumables to maintain the defibrillator in an 'emergency ready' state.
- 7.16 AEDonate informed the Working Group that they had been made aware of 17 CPAD sites within Staffordshire Moorlands in 2022 (representing an initial investment of approximately £35,000 of community funds) that were not registered on The Circuit and as such would not have been accessible to a member of the public making a 999 call with 90% of the unregistered devices being held in locked cabinets. One site, on a sports ground, had pads which expired in 2017. Some of these sites had devices that had been subject to a national product recall because they incorrectly showed a full battery when in fact the battery was fully drained.
- 7.17 In some cases, AEDonate already have existing contracts to maintain AEDs on behalf of town/parish councils, others are maintained by local volunteers (sometimes utilising town/parish council funding) and others, as outlined above, are not currently maintained.
- 7.18 AEDonate provided a proposal, outlining two main options, for providing support to resolve the problems that had been identified (Appendix B).
- 7.19 **AED Funding Pot.** Create a community fund for the community to order AED pads and batteries. This fund could be on a first-come first-served basis until the fund has been utilised. AEDdonate could manage this and report back on a monthly, quarterly or yearly basis. This could either fully or partially fund replacement consumables. An annual pot of, for example, £10,000 would potentially support servicing of approximately 20 devices per year.
- 7.20 **AED Management Scheme.** Create a scheme available across the Staffordshire Moorlands managed by AEDdonate. This would support CPAD sites across the Staffordshire Moorlands and would be available to any

community that is signed up to the scheme. This would introduce an element of control by requiring each site to:

- register with AEDdonate and comply with scheme guidance and rules.
- be a CPAD site with 24/7 availability.
- be registered on 'The Circuit'.
- have a health check with remediation to ensure the site is 'emergency ready'.
- link their AED Circuit registration to AEDdonate Corporate account.
- have at least 1 nominated guardian as a point of contact.

7.21 The Ready to Respond Maintenance plan currently costs £119.20 per year per site with AEDdonate. This would equate to £15,496 based on 130 AEDs but this cost would clearly rise if other defibrillators are added to the system.

7.22 AEDonate have suggested an approach where support would be provided in 'bundles' comprising 50 defibrillators per bundle at a cost of £7,450 inc VAT per bundle. The cost of covering all current, known AEDs would be £22,350. Under this approach, additional defibrillators could be added to the scheme at any time during the agreement subject to capacity being available with an existing contracted bundle, or additional 'bundles' purchased.