

Adult Social Care and Health Select Committee

Review of Defibrillators

Outline Scope

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Which of our strategic corporate objectives does this topic address?

The Council Plan 2017-20 contains the following objective:

- Address ill health prevention

The review is in line with the following Policy Principle:

- Developing strong and healthy communities

What are the main issues and overall aim of this review?

Approximately 80% of out-of-hospital cardiac arrests (OHCAs) occur in the home and only 20% in public places. Emergency services in England respond to around 60,000 OHCAs per year with resuscitation attempted in around 28,000 cases. The average overall survival to hospital discharge in those with attempted resuscitation is 8.6% - therefore it is clear to see that OHCA is a very serious event with generally poor outcomes.

The introduction and use of community-located Defibrillators (or Automated External Defibrillators – AEDs) has been seen as a response to the need to improve care for people undergoing cardiac arrest. Used in conjunction with Cardio-Pulmonary Resuscitation (CPR), AEDs can enable early intervention by members of the public/on-site staff prior to the arrival of medically trained personnel.

Some defibrillators are available in Stockton Borough but are not necessarily accessible 24 hours. It is understood that some static devices are available at Tees Active sites and some schools. Community-based AEDs are often provided for by charitable organisations or financed through fund-raising or donation on an individual basis.

The review will investigate the evidence for AED, their availability, accessibility and utilisation in Stockton Borough and make recommendations on improving the response to OHCA.

The Committee will undertake the following key lines of enquiry:

- What is the background to the use of AEDs, and the treatment of cardiac arrest?
- What is the evidence in support of the use of AEDs?
- What are the views and linkages to the emergency services and local health services?
- What is the evidence in relation to the prevalence of related medical conditions and incidence of resuscitation/AED use in the local area?
- What are the views of the local population on AED?
- Where are AEDs currently located in Stockton Borough? How accessible are they? How often have they been used?
- Which organisations have sourced, funded and maintained existing AEDs? Has there been training with staff (e.g. schools, leisure centres etc) on how to use AEDs?
- How are the locations of current AEDs publicised? / How would future publicity take place?
- What are the maintenance requirements and responsibilities for AEDs?

Who will the Committee be trying to influence as part of its work?

Cabinet

Expected duration of review and key milestones:

5 Months

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- AED Briefing Note (SBC Public Health)
- Resuscitation Council Guidance and Guidelines

New information:

- Mapping of existing and potential locations for AEDs in Stockton Borough
- Prevalence data on medical conditions / Incidence of AED use / AED-intervention

- NICE Guidance

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)

What specific areas do we want them to cover when they give evidence?

A and E staff/ resuscitation unit at North Tees and Hartlepool NHS Foundation Trust

Treatment of cardiac arrest, potential benefits of AEDs

North East Ambulance Service

Location of AEDs, views on use of AEDs, training and support programmes, installation and links to ambulance service response

Town Centre representatives – SBC Town Centre staff, shopping centres, Tees Active

Location of existing AEDs, views on increasing numbers

Parish/Town Councils/ Community Groups/Schools

Location of existing AEDs, views on increasing numbers

Cleveland Fire Brigade

Community training programmes (eg. Heartstart), co-responder programme

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Desktop research, Committee meetings, demonstration, surveys

How will key partners and the public be involved in the review?

Seek feedback on awareness, location and utilisation/ confidence to use of existing AEDs

How will the review help the Council meet the Public Sector Equality Duty?

The review should give due consideration to the following:

The Equality Act 2010 protects everyone from discrimination on grounds of nine Protected Characteristics. The Council is under a Duty to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

The Health and Wellbeing Strategy 2012-2018 contains the following objective:

Create and develop healthy sustainable places and communities

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

- Development of a clear position on the benefits of AEDs
- A analysis of the options for increasing the number of publically accessible AEDs in Stockton Borough

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	Prior to 27 April	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	27 April	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	16 May	Select Committee
Publicity of Review	Determine whether Communications Plan needed		Link Officer, Scrutiny Officer
Obtaining Evidence	Understanding the case for AEDs (or additional separate session)	13 June	Select Committee
	Options for delivery	11 July	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	12 September	Select Committee
Circulate Draft Report to	Circulation of Report		Scrutiny Officer

Stakeholders			
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	28 September	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	10 October	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	24 October	Executive Scrutiny Committee
Report to Cabinet/Approving Body	Presentation of final report with recommendations for approval to Cabinet	16 November	Cabinet/ Approving Body