

AGENDA



CABINET

MONDAY, 1 JULY 2013

11.00 AM

**COUNCIL CHAMBER, COUNCIL OFFICES, ST PETERS HILL,
GRANTHAM**

Beverly Agass, Chief Executive

MEMBERS: Councillor Mrs. Linda Neal (Leader/Portfolio: Policy, Strategy and Strategic Partnerships), Councillor Paul Carpenter (Deputy Leader & Portfolio: Governance & Communication), Councillor Mrs Frances Cartwright (Portfolio: Grow the Economy and Economic Development), Councillor John Smith (Portfolio: Healthy Environment), Councillor Mike Taylor (Portfolio: Strategic Resources - Well Run Council), Councillor Terl Bryant (Portfolio: Good Housing) and Councillor Bob Adams (Portfolio Holder: Arts and Leisure)

Committee Support Officer: Lucy Bonshor 01476 40 61 20
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Members of the public are entitled to attend the meeting of the Cabinet at which key decisions will be taken on the issues listed on the following pages. Key decisions are marked *.

1. APOLOGIES

2. MINUTES

(Enclosure)

3. DISCLOSURE OF INTERESTS (IF ANY)

4. CULTURAL STRATEGY 2013/14

Report ED927 by the Grow the Economy and Economic Development Portfolio Holder and the Arts and Leisure Portfolio Holder

(Enclosure)

5. DISCRETIONARY COUNCIL TAX PAYMENT POLICY

Report HOF237 by the Head of Finance

(Enclosure)

6. LOCAL AUTHORITY MORTGAGE SCHEME - SCHEME EXTENSION

Report HOF240 by the Head of Finance

(Enclosure)

7. MATTERS REFERRED TO CABINET BY THE COUNCIL, SCRUTINY COMMITTEE OR THE POLICY DEVELOPMENT GROUPS

Scrutiny Review of Defibrillator Provision within South Kesteven District Council

(Enclosure)

8. ITEMS RAISED BY CABINET MEMBERS INCLUDING REPORTS ON KEY AND NON KEY DECISIONS TAKEN UNDER DELEGATED POWERS.

9. REPRESENTATIONS RECEIVED FROM NON CABINET MEMBERS

10. ANY OTHER BUSINESS WHICH THE CHAIRMAN, BY REASON OF SPECIAL CIRCUMSTANCES, DECIDES IS URGENT



MEETING OF THE CABINET
3 JUNE 2013 - 11.00 AM – 11.12 AM

PRESENT:

Councillor Paul Carpenter
Councillor Mrs Frances Cartwright
Councillor Mike Taylor
Councillor Terl Bryant

Councillor Mrs. Linda Neal - Chairman

Chief Executive (Beverly Agass)
Head of Finance (Richard Wyles)
Head of Development Services (Mark Williets)
Service Manager Planning Policy and Partnerships
(Karen Sinclair)
Service Manager Legal & Democratic Services/
Deputy Monitoring Officer (John Armstrong)
Cabinet Support Officer (Lucy Bonshor)

Non-Cabinet Members : Councillor Adam Stokes

CO1. APOLOGIES

Apologies for absence were received from Councillor Bob Adams and Councillor John Smith.

CO2. MINUTES

The minutes of the meeting held on 8th April 2013 were agreed as a correct record of the decisions taken.

CO3. DISCLOSURE OF INTERESTS (IF ANY)

None disclosed.

CO4. *ADOPTION OF WIND ENERGY SUPPLEMENTARY PLANNING DOCUMENT (SPD)

Decision:

Cabinet approves the following:

- a) **That the comments received in response to the public consultation on the draft Wind Energy Supplementary Planning Document (SPD) as set out in Appendix 2 to report PLA971 and the further consultation on the definition of small wind turbine as set out in Appendix 3 to report PLA971 are noted.**
- b) **That the proposed changes to the draft Wind Energy SPD as set out in Appendix 4 to report PLA971 are approved.**
- c) **That the Wind Energy SPD, as amended in accordance with recommendation b) above is adopted.**
- d) **That the SPD takes effect following the end of the call in period and that it is applied to all qualifying pre-application enquires, requests for scoping opinions and planning applications registered as valid after this date.**
- e) **That the following paragraphs and figures of the Landscape Character Assessment (2007) are rescinded: 1.20 (part only – reference to wind energy proposals), 4.33, 4.55, 4.76, 4.100, 4.132, 4.153, 4.172, 4.175 and Figure 28.**

Considerations/reasons for decision:

- 1) Report PLA971 from the Portfolio Holder for Grow the Economy and Economic Development.
- 2) The draft Wind Energy SPD was approved for the purposes of public consultation by the Cabinet on the 1st October 2012 (Report PLA 945) and consultation took place between October and November 2012 with a wide range of bodies as well as parish and town councils. A further four week consultation took place in April 2013 concerning the definition of small wind turbines.
- 3) The SPD provides guidance to planning officers, elected members, developers, local communities and the public on:
 - Key planning issues associated with wind energy developments during their construction, operation and decommissioning.
 - Criteria to be applied when determining applications for wind energy developments.
 - Good siting and design of wind energy schemes including how potential impacts can be minimised.
 - Information to be provided when submitting a planning application

- 4) The adoption of the Wind Energy SPD will be a material consideration in the determination of relevant planning proposals and, having been through a process of public consultation, can be given significant degree of weight.
- 5) Comments from the Portfolio Holder for Grow the Economy and Economic Development thanking the Service Manager Planning Policy and Partnerships and her team for the careful consideration of all responses received and the changes made to clarify the wording within the document.
- 6) Comments from the Portfolio Holder for Good Housing about the quantity of the responses received and the content therein.
- 7) Comments from the Portfolio Holder for Governance and Communication about not having specific wording within the document, therefore, judgements could be based on each individual application received and the information contained therein.

Other options considered:

Do not adopt the SPD – the alternative would be to rely on prospective developers hopefully engaging in pre application discussions prior to submitting a planning application. The preparation of the SPD is more positive in that it provides guidance to developers, SKDC offices and the general public on the key issues and impacts to consider in assessing or submitting a planning application for wind energy.

DATE DECISION EFFECTIVE:

Decision CO4 as made on 3rd June 2013 can be implemented by Wednesday 12th June 2013, unless subject to call-in by the Scrutiny Committee Chairman or any five members of the Council from any political group.

**South Kesteven District Council, Council Offices, St. Peter's Hill, Grantham,
Lincolnshire NG31 6PZ**

**Contact: Cabinet Support Officer - Lucy Bonshor Tel: 01476 40 61 20
e-mail: l.bonshor@southkesteven.gov.uk**

REPORT TO CABINET

REPORT OF: Grow the Economy and Economy Development Portfolio Holder and Arts and Leisure Portfolio Holder

REPORT NO: ED927

DATE: 1st July 2013

TITLE:	Cultural Strategy 2013/14 to 2015/16	
KEY DECISION OR POLICY FRAMEWORK PROPOSAL:	Key Decision	
PORTFOLIO HOLDER: NAME AND DESIGNATION:	Councillor Frances Cartwright – Portfolio Holder for Grow the Economy and Economy Development Cllr Bob Adams –Portfolio Holder for Arts and Leisure	
CONTACT OFFICER:	Corrine Garbett 406308 c.garbett@southkesteven.gov.uk	
INITIAL IMPACT ANALYSIS: Equality and Diversity	Carried out and Referred to in paragraph (7) below	Full impact assessment Required:
FREEDOM OF INFORMATION ACT:	This report is publicly available via the Your Council and Democracy link on the Council's website: www.southkesteven.gov.uk	
BACKGROUND PAPERS	South Kesteven Core Strategy 2010 http://www.southkesteven.gov.uk/CHttpHandler.ashx?id=3999&p=0 State of The District Report 2011 Economic Development Strategy Equality Impact Assessment	

1. RECOMMENDATIONS

To approve the Council's first medium term Cultural Strategy 2013/14 to 2015/16 as appended to this report.

2. PURPOSE OF THE REPORT

The purpose of the report is to outline the draft medium term Cultural Strategy, 2013/14 to -2016. The strategy's mission is for the district: 'to be recognised as a place that offers an excellent quality of life with a wide choice of rich and varied cultural provision, promoting high levels of involvement, inclusion and economic prosperity'.

3. DETAILS OF REPORT

The Cultural Strategy responds to the Council's priorities '**to grow the economy**' and '**create the environment to promote leisure, arts and culture**', by ensuring a coordinated approach to improving the cultural offer in South Kesteven. It provides a framework which helps address local needs and describes how aims and priorities can be delivered by working together with partners.

The Strategy considers the current priorities of the Council and reflects on the work undertaken through the:

- Core Strategy,
- Economic Development Strategy,
- State of the District Report and
- Research undertaken by Mouchel into the District's Arts and Cultural offer

to identify a series of interventions for the Council and our partners to address issues and challenges across the district.

The different roles that need to be adopted by the Council and partner organisations in order to deliver the strategy are highlighted. These include:

- Taking responsibility where appropriate for directly delivering projects
- Working with partner organisations to commission new projects
- Facilitating the delivery of initiatives by partners and the community

A clear vision for the district is outlined and descriptions are given of what the strategy will deliver for each of the towns and the rural hinterland.

Three themes have been highlighted which form the basis for the interventions, including:

- Promoting the wide ranging benefits of SK's culture
- Preserving and develop SK unique cultural offer
- Enabling and encouraging people to participate in SKs cultural activity

The draft strategy has been consulted on through different forums with officers, businesses and the public. It was taken to the Communities Policy Development Group on 16th May 2013. The Group endorsed the strategy and suggested minor amendments to the wording of the text, these have been incorporated.

4. OTHER OPTIONS CONSIDERED

To revise the existing council policies such as the Economic Development Strategy to include the cultural agenda. This was not considered appropriate due to the wide areas

the cultural strategy covers. Therefore it was felt that a dedicated cultural strategy was needed.

5. RESOURCE IMPLICATIONS

The strategy will be implemented through an action plan, which will be reviewed annually and appropriately resourced, and monitored by the PPMB.

6. RISK AND MITIGATION

Risk has been considered as part of this report and any specific high risks are included in the table below:

Category Risk	Action / Controls
Stakeholder engagement and private sector investment not realised.	The annual action plan will address market failure and external funding will be secured wherever possible to lever further investment.

7. ISSUES ARISING FROM IMPACT ANALYSIS

None

8. CRIME AND DISORDER IMPLICATIONS

None

9. COMMENTS OF FINANCIAL SERVICES

The action plan will be delivered utilising existing budgetary allocations and will inform the composition of the capital and revenue spending plans of the Authority going forward. There will be a requirement for financial support from other key partners in order to support the delivery of some of the actions and the necessary governance arrangements will need to be put in place to help ensure the funding is sustainable.

10. COMMENTS OF LEGAL AND DEMOCRATIC SERVICES

The legal implications of individual actions arising from the action plan will be assessed as and when the projects are developed.

11. COMMENTS OF OTHER RELEVANT SERVICES

12. APPENDICES:

Appendix Once: Cultural Strategy 2013/14 to 2015/16



Promote, Provide, Participate

SK CULTURAL STRATEGY 2013/14 TO 2015/16
South Kesteven District Council



STAMFORD • GRANTHAM • BOURNE • THE DEEPINGS

Vision

Our vision for 2021 is to create vibrant communities where people want to live, work and invest

Through our key priorities we intend to deliver by 2021:

- Thriving and sustainable market towns offering a better quality of life
- Recognition as a growing vibrant environment
- A place which attracts visitors and businesses
- A growing mixed economy offering improved prosperity and lifestyle
- A healthy and safe environment with improved transport links
- People living healthier lifestyles
- Town centres offering something for everyone
- A thriving entrepreneurial culture with increased high value jobs
- Good quality housing for all
- To capture, encourage and retain local talent
- Connected communities who are able to work or live anywhere in the district

Grow the economy

- Support and facilitate the growth of business
- Enable delivery of attractive retail and leisure offer
- Easy to do business with - look to say yes
- Promote infrastructure to support growth
- Skills - high value employment
- Attractive as a destination for investment

Promote leisure, arts and culture

- Support and enable development of a diverse economy - daytime and evening
- Enable wide ranging leisure opportunities
- Enable access to a balanced culture and arts programme
- Promote our heritage and tourism

Keep SK clean, green and healthy

- Enable development of our parks and open spaces
- Clean and attractive street scene
- Sustain high levels of recycling
- Reduce the carbon footprint of our organisation
- Encourage active and healthy lifestyles

Support good housing for all

- Ensure the right mixture of housing meets local needs
- Enlarge the development of lifetime homes
- Support the creation of neighbourhoods and communities
- Reduce fuel poverty

Introduction

The Cultural strategy sets out the requirements to deliver the Council's priority **'to grow the economy'** and **'create the environment to promote leisure, arts and culture'**, by ensuring a coordinated approach to improving the cultural offer in South Kesteven. It provides a framework which helps responds to local needs and describes how aims and priorities can be delivered by working together with partners.

Mission

'For the District to be recognised as a place that offers an excellent quality of life with a wide choice of rich and varied cultural provision, promoting high levels of involvement, inclusion and economic prosperity.'

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Aims

One of the Council's over arching aims for the district is to deliver physical growth in the form of new jobs, housing and infrastructure. This physical development needs to be complemented by cultural development to ensure strong, healthy and sustainable communities. As the economy recovers from recession, the challenge for South Kesteven over the short to medium term is to improve and promote a range of activities for the whole community to be able to engage in, which will help grow the district's economy, wellbeing and quality of life for its residents.

The council aims to do this by working with partners to:

Enable the delivery of an attractive retail experience

Support and enable development of a diverse economy – daytime and evening

Cultivate South Kesteven as a destination for investment

Promote our heritage and tourism

Enable the delivery of an attractive retail experience

Enable access to a balanced culture and arts programme

“ the challenge for South Kesteven over the short to medium term is to improve and promote a range of activities for the whole community ”

Working with Partners to deliver the strategy

The council will implement this strategy by working in partnership to add value, cultivating a supportive approach to achieve greater results and providing certainty where possible, to instil confidence in the market. We will do this by:

Working with partner organisations to commission new projects

Facilitating the delivery of initiatives by partners and the community

Taking responsibility where appropriate for directly delivering projects



Context

South Kesteven has a wealth of cultural assets that span a wide range of areas, including built and natural heritage, architecture, museums, libraries, sports, leisure, visual and performing arts, festivals and events, specialist retailers, markets and fairs.

The cultural provision is made up of activity provided by public, private, voluntary 'not for profit', charitable and religious organisations.

The district has a rich built heritage with more than 92 scheduled monuments, 2,148 listed buildings, 48 conservation areas and 10 registered historic parks and gardens. It has an historic environment with ancient market towns, villages, churches, manor houses, stately homes, castles, canals, parks, gardens and woodlands.

There is an established music and comedy scene, of varying genres that operate in our bars and pubs. We also have amateur music, singing, drama, orchestral and visual arts groups including brass bands and operatic societies. This is particularly vibrant in Grantham.

Across the district there are a number of private and voluntary run sports clubs that provide a range of sporting opportunities for adults, young people and children including football, rugby, tennis, hockey, netball, swimming, bowling, cycling, equestrian sports and water sports.

Established sports tourism, which is recognised on an international level, draws in visitors for events such as Burghley and Belton horse trials. Our high quality golf courses also attract visitors from across the country.

The district has a cultural offer that includes market towns, historic houses, beautiful countryside, arts, food, rural craft, markets, country shows and fairs, and festivals held throughout the year with stunning backdrops such as the Georgian town of Stamford.

The council is a major player in ensuring a diverse cultural offer is available across the district. We manage:

- Leisure Centres in Grantham, Stamford, Bourne and the Deepings.
- The Meres Centre, a 1200 seat venue in Grantham, attracting national and international acts
- Arts centres and theatres in Grantham and Stamford
- Tourist Information Centres in Stamford and Grantham
- Parks and open spaces across the district
- A programme of festivals and events

We also support and facilitate a number of partner events through the year.

One of the issues within the district is that the arts and cultural offer is fragmented, this strategy has specifically been developed to address this.

In summary, South Kesteven has a diverse set of cultural and sporting assets and organisations, from ancient market towns to stunning historic houses and art centres, internationally famous sporting events and numerous voluntary sports groups that serve the community and provide a wide cultural offer.



District wide Perspective: Where we are and where we want to be

The district already has a relatively wide cultural and leisure offer, in line with other districts of a similar size, and provides a good quality of life for residents. Stamford has been voted the best place to live in Great Britain by the Sunday Times 2013 Place Survey and Grantham was also highlighted as one of the best towns to live and commute into London.

It is recognised, however, that the quality and variety of the offer is not the same across the district and current

provision may not address the needs of all sectors of the community. Also the council has a strong ambition to deliver planned, sustainable growth in the district and increase the level of jobs, housing and opportunities for all residents. Therefore in view of the growing needs and diversity of our local population, this strategy reflects the requirement to actively maintain and improve the cultural and leisure provision in the area. The council is keen to work with the commercial sector to do this.

SK 2013

- A range of town centre activity with a limited evening economy offer
- Growing recognition of cultural provision and good quality of life
- Opportunities for inward investment to build on the arts and leisure offer in the town centres
- Reasonable levels of community participation which can be harnessed to improve community cohesion and civic pride
- Limited knowledge or evidence about how current provision meets local needs and supports the local economy.
- Growing sense of community with varying levels of cultural provision across the district

SK 2021

- Vibrant town centres offering a range of activities and cultural services for all sectors of the community.
- Thriving evening economy providing choice of leisure activities and a safe environment
- Strong cultural offer that acts as a catalyst for investment
- Provide equality of opportunities for residents to learn and develop skills through cultural provision
- Reputation as a district with strong community engagement and high quality of life.
- Have a strong sense of community, identity and place as the district's infrastructure and population grows.

What will this look like in our market towns and villages?

This medium term strategy focuses on promoting and developing the individuality and special qualities of each of our market towns.

Grantham – ‘Cultivating visual and performing arts’

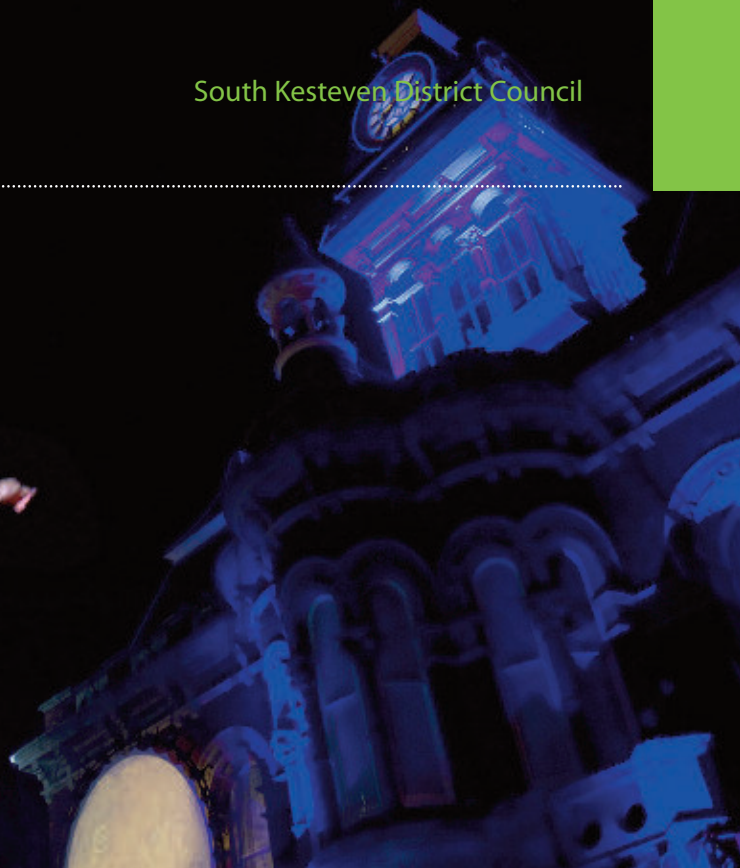
- A cultural quarter with an improved Cinema and Leisure complex development
- Improved public realm and performance space at St Peter’s Hill
- Thriving Arts Centre forming the hub of cultural activity and creative network
- An active family entertainment scene
- Parks and green spaces linked to the town and viewed as part of the whole town experience
- Known nationally for hosting exciting festivals and events e.g. Gravity Fields
- Vibrant street entertainment and artists
- Thriving markets with local crafts and produce
- Growth and development embracing town heritage and building on links to famous people
- Reputation of being a creative, active centre.



Stamford – ‘Preserving heritage and architecture’

- Thriving evening economy based around high quality food and drink offer, cultural events and demonstrations
- Daytime coffee culture and active family entertainment
- Active town trails and heritage activities
- River based leisure activities
- Independent and specialist retailers
- Established film and TV location
- Increased overnight stay visitors and day visitors
- Thriving market town with national appeal
- Reputation as the finest Georgian town in UK, with stunning architecture and built environment.





Bourne – ‘championing community spirit and participation’

- Charming bustling market town with range of independent and national retailers
- Renowned locally for its waterways, open spaces, parks and Lido
- Preserved ancient 400 acre woodland
- Wide variety of active clubs and community organisations
- Good schools and colleges with a diverse range of learning opportunities and courses
- Birth place of BRM, Hereward the Wake, Charles Worth
- Wide local appeal as a self contained town offering all of life’s essentials



Market Deeping, Deeping St James and our rural Hinterland – ‘Sparkling jewels in a rich landscape of opportunity’

- Known for their high quality local fresh food and drink offer
- Magnificent Gardens and beautiful stately homes
- Idyllic Country Manor House Hotels
- Peaceful surrounding countryside, bridle paths and cycle routes
- Golf courses and water sport venues
- Rich variety of social sports and leisure clubs for youth and adults
- Specialist local events such as Music in Quiet Spaces



How will we achieve this?

In 2010 we took part in collaborative work with partners to develop a Cultural Strategy for Lincolnshire. This county-wide strategy set out three themes: 'Promote, Provide and Participate'. These themes have been adopted in this document to compliment the county strategy and set out our specific priorities in South Kesteven:-

Theme 1: To promote the wide ranging benefits of SK's culture

Theme 2: To preserve and develop SK unique cultural offer

Theme 3: To enable and encourage people to participate in SKs cultural activity

The initiatives identified under each theme below will be delivered over three years. Annual action plans will be drawn up with detailed measures and targets to achieve the strategy's ambitions across the district and improve the provision in each of our market towns.

Theme 1 To promote the wide ranging benefits of SK's culture

We will endeavour to do this through:

1. Maximising promotion of SK cultural offer to residents and visitors by producing a comprehensive communication plan across the district
2. Understanding and identifying more effective ways of reaching customers and business investors locally, regionally and beyond
3. Working with partners to market key cultural assets and events in each of the towns, and encouraging cross marketing as much as possible
4. Encouraging active life styles and engagement with positive cultural activities to people of all ages across the district
5. Establishing an electronic programme of events and activities for the whole district
6. Building a virtual 'cultural community' using social media
7. Championing cultural ambassadors and help their voice to be heard
8. Developing strong relationships with businesses in the cultural and tourism sectors to maximise opportunities
9. Cultivating a reputation as being an entrepreneurial area with successful business growth
10. Promoting our market towns as thriving service hubs and the evening economy



Theme 2

To preserve and develop SK's unique cultural identity

We will endeavour to do this through:

1. Attracting new business into the town centres to increase the leisure, retail and evening economy
2. Mapping cultural activity across the district and identifying areas for increased provision
3. Encouraging physical development of the town which complements the heritage and aesthetically enhances the cultural townscape.
4. Recognising the value of the visitor economy to the district and champion the hospitality sector
5. Maximising the use of existing cultural facilities and ensure their on-going viability by shaping provision around local needs and being ambitious for the district
6. Raising reputation of district and putting us on the map by improving the quality of the local cultural provision
7. Actively lobbying the film and TV industry to consider the area for their productions
8. Levering investment into the district to stimulate cultural activities such as festivals and events



Theme 3

To enable and encourage people to participate in SKs cultural activity

We will endeavour to do this through:

1. Working with partners to increase the number of opportunities to volunteer through cultural provision by establishing 'friends' and 'champion' programmes.
2. Reviewing and developing rural provision in partnership with other public sector and voluntary sector organisations
3. Seeking to provide additional facilities through planning and opportunities afforded by growing communities
4. Cultivating a sense of community in new housing growth areas particularly in Grantham where 7000 new houses have been allocated.
5. Work with cultural providers, community base training providers and the education sector to ensure cultural learning opportunities are maximised
6. Develop community champions for the district through training, leadership, investment and encouragement from different sectors of the community
7. Building knowledge of communities, identity and sense of pride



Achieving success how it will be measured?

The strategy will be implemented through an agreed annual action plan, appropriately resourced, with targets and deadlines, monitored by the Project Performance Management Board.



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REPORT TO CABINET

REPORT OF: Head of Finance

REPORT NO: HOF237

DATE: 1st July 2013

TITLE:	Discretionary Council Tax Payment Policy	
KEY DECISION OR POLICY FRAMEWORK PROPOSAL:	Key Decision	
PORTFOLIO HOLDER: NAME AND DESIGNATION:	Councillor Mike Taylor Portfolio: Strategic Resources - Well Run Council	
CONTACT OFFICER:	R Wyles (01476) 406210 r.wyles@southkesteven.gov.uk C Scott (01476) 406240 c.scott@southkesteven.gov.uk	
INITIAL IMPACT ANALYSIS:	Carried out see background paper	Full impact assessment Required: No
Equality and Diversity		
FREEDOM OF INFORMATION ACT:	This report is publicly available via the Your Council and Democracy link on the Council's website: www.southkesteven.gov.uk	
BACKGROUND PAPERS	http://moderngovsvr/ieListDocuments.aspx?CId=495&MId=2859&Ver=4 Equality Analysis Stage one	

1. RECOMMENDATION

Cabinet is asked to approve the proposed Discretionary Council Tax Payment Policy. The policy is based upon the existing Discretionary Housing Payment scheme (DHP) which is funded by government grant.

2. PURPOSE OF THE REPORT

The current Discretionary Housing Payment scheme (DHP) provides customers with further financial assistance, in addition to any other welfare benefits, when the Council considers that help with housing costs is required. Until 31st March 2013, these payments could be made to assist people who have severe difficulties with their council tax payments. However, following the abolition of council tax benefit from April 2013, DHPs can no longer be made towards council tax liability.

It has therefore been approved by Council as part of its budget proposals for 2013/14 that a locally funded scheme should be set up to help with cases of extreme hardship that may arise following the introduction of the local Council Tax Support scheme (CTS). The purpose of the report is to present the proposed policy which would provide the framework within which Benefit Officers would assess individual cases for eligibility for a Discretionary Council Tax Payment (DCTP).

For the most part, the DCTP Policy has been written to mirror the Council's DHP policy, however an important proposed change in the qualifying criteria is the criteria in order to financially support low income working households.

3. DETAILS OF REPORT

Proposed Discretionary Council Tax Payment Policy

Introduction

The Discretionary Council Tax Payment scheme provides additional funding to help Working Age (in-work) claimants (see conditions of entitlement below) who are experiencing exceptional hardship arising from the introduction of Localised Council Tax Support. To qualify for consideration for assistance under this scheme the customer must already be getting some Council Tax Support.

Awards of Discretionary Council Tax Payments may be made where a tax payer has a short term financial difficulty that means they are unable to pay their Council Tax in full. Awards will normally be for a defined period and have the effect of reducing the monthly contribution a tax payer has to make towards their bill.

Consideration will be given as to whether all other discounts and sources of help have been exhausted. Where appropriate, decisions will be deferred until other avenues have been explored. Therefore payments will normally be made in unusual or extreme circumstances where additional help would alleviate hardship.

Conditions for entitlement

- The tax payer must:
 - be entitled to Council Tax Support.
 - appear to South Kesteven District Council to require some further financial assistance (in addition to the benefit or benefits and support to which they are entitled) in order to meet their council tax charge.
 - Claimant (or Partner) must be in work or taking proactive steps to overcome worklessness

Awards

Normally awards will be made towards the current council tax charge rather than past debts. It is not expected that a significant award will be made towards past periods and tax payers should make applications for assistance within a reasonable time of their knowing that they will not be able to meet their monthly instalments.

Consideration will be given in particular to residents who have been clearly making an effort to pay their Council Tax, who have been engaging with us and are taking steps to resolving their financial difficulties. A higher priority will be given to those with short term difficulties; and a lower priority to people whose financial commitments are unsustainable and likely to remain so.

In making decisions on discretionary payments, the Council will also be mindful of national objectives to promote an individuals responsible behaviour, for example in the choice of a home or engagement in activities to address worklessness, debt or problematic behaviour.

Where a request for a discretionary payment has been refused, repeat requests will not be considered unless the resident can demonstrate that the situation has worsened significantly or a substantial period of time has elapsed.

The Council recognises that there may be circumstances in which Discretionary Council Tax Payments will be made other than as set out above. All awards are at the discretion of South Kesteven District Council.

Making a claim

The Council can decide how claims will be made, and can request further information to support its decision making process.

The proposed approach is that wherever a person either requests a Discretionary Council Tax Payment, or it is clear to the officer looking at the Council Tax Support award that a Discretionary Council Tax Payment would be of assistance, the customer should complete a Discretionary Council Tax Payment application form. This is not essential, but it is the most effective way to gain all the information required to make a decision on the Discretionary Council Tax Payment claim.

Decision letters will be sent to the tax payer. This will set out whether an award has been made, and if so, the amount and duration of the award.

Challenging decisions

Where a customer believes that a decision is incorrect they can ask for it to be reconsidered. It is proposed that this is undertaken by an independent officer who was not involved in the original decision. There is no right of appeal through the Valuation Tribunal Service for discretionary decisions however a legal challenge may be made where the law permits.

Payment and overpayments

Discretionary Council Tax Payments will always be made directly onto the appropriate council tax account. South Kesteven District Council will recover any overpaid awards by adjusting the level of discount on the Council Tax bill where a tax payers circumstances change.

Financial implications of proposed changes

The council has agreed to fund the DCTP Scheme for 2013/14 at £30,000. The fund is a fixed budget and therefore when the fund is exhausted no further DCTP's can be paid within the financial year.

The proposal was considered by Resources PDG at its meeting on 28th March 2013 and was given its full support.

4. OTHER OPTIONS CONSIDERED

None

5. RESOURCE IMPLICATIONS

Existing resources are expected to be sufficient to cover the additional work arising from DCTP applications.

6. RISK AND MITIGATION

None

7. ISSUES ARISING FROM IMPACT ANALYSIS

Impact Analysis attached at Appendix 1.

8. CRIME AND DISORDER IMPLICATIONS

None

9. COMMENTS OF FINANCIAL SERVICES

A budgeted allocation of £30K has been included in the budget framework for 2013/14. Once a policy has been approved, the allocation of the provision will be carefully distributed based on the eligibility of the applicant.

10. COMMENTS OF LEGAL AND DEMOCRATIC SERVICES

The Council has already determined regulations relating to a council tax support scheme in accordance with the Local Government Finance Act 2012. S.10 of that Act, introduced 13A(1)(c) of the Local Government Finance Act 1992 in accordance with which authorities have a discretion to apply a further reduction in council tax bills.

The Department of Communities and Local Government has introduced guidance for the localisation of council tax support. It is recommended that any proposed scheme follows the guidance given.

11. COMMENTS OF OTHER RELEVANT SERVICES

12. APPENDICES:

None

Appendix 1



South Kesteven District Council

Equality Analysis (Stage 1)

Discretionary Council Tax Support Payments

Service Area: Revenues & Benefits	Lead officer: Craig Scott	Date of Analysis 18 March 2013
	Assessors: Lee Sirdifield Craig Scott	
	Neutral Assessor: Carol Drury	
<p>1. Name and description of policy/service/function/strategy :</p> <p>Discretionary Council Tax Support Payments</p> <p>The Welfare Reform Act 2010 introduced numerous changes to the way that the welfare benefit system will operate in the future. A major change impacting on local authorities is the replacement of Council Tax Benefit with a localised council tax support system. A full impact assessment was undertaken for this change.</p> <p>Given the magnitude of this change it has been proposed that a discretionary scheme is introduced to help those most in need with a specific focus on those in low paid employment.</p> <p>A draft policy has been produced for member consideration.</p> <p>Is this a new or existing policy?</p> <p>This is a new policy</p>		

		Scheme changes. The discretionary fund will provide officers with the ability to mitigate the effects of these changes in exceptional cases.
Disability	<u>Neutral</u>	The Council Tax Support Scheme already mitigates the financial impact for this group. It is therefore less likely that they will need to access this fund.
Race	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Gender Reassignment	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Religion or Belief	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Sex	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Sexual Orientation:	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Pregnancy and Maternity	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Marriage and Civil Partnership	<u>Not relevant</u>	The proposed scheme does not impact specifically on this group.
Carers	<u>Neutral or positive</u>	The Council Tax Support Scheme already mitigates the financial impact for this group. It is therefore less likely that they will need to access this fund.

<p>Other Groups (e.g. those from deprived (IMD*) communities; those from rural communities, those with an offending past)</p>	<p><u>War Pensioners</u></p>	<p>The Council Tax Support Scheme already mitigates the financial impact for this group. It is therefore less likely that they will need to access this fund.</p>
--	-------------------------------------	---

*(IMD = Indices of multiple deprivation)

3. What equality data/information did you use to inform the outcomes of the proposed policy/service/function/strategy? (Note any relevant consultation who took part and key findings)

An extensive analysis was completed in advance of the Council Tax Support Scheme being introduced. We have used the same data to inform the discretionary policy and target support to those in need.

If there are any gaps in the consultation/monitoring data, how will this be addressed?

The discretionary scheme allows us to consider needs on a case by case basis. This will help officers to adjust the awards made should unexpected needs present themselves.

4. Outcomes of analysis and recommendations (please note you will be required to provide evidence to support the recommendations made): Please tick one of the options.

- a. No major change needed: equality analysis has not identified any potential for discrimination or for negative impact and all opportunities to promote equality have been taken

If you have ticked option (a) go to stage 3

- b. Adjust the proposal to remove barriers identified by equality analysis or to better promote equality. Please complete the questions in the box below.

b.1 In brief, what changes are you planning to make to your proposed policy/service/function/strategy to minimise or eliminate the negative equality impacts?

b.2 Please provide details of whom you will consult on the proposed changes and if you do not plan to consult, please

provide the rationale behind that decision.

If you have ticked option b go to Stage 2

- c. Adverse impact but continue** Please provide an explanation in the box below that clearly sets out your justification for continuing with the proposed policy/function/service/strategy. You should consider in stage 2 whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

If you have ticked option c please go to Stage 2

- d. Stop and remove the policy/function/service/strategy as equality analysis has shown actual or potential unlawful discrimination**

Signed (Lead Officer): C Scott

Date completed: 17 June 2013

REPORT TO CABINET

REPORT OF: HEAD OF FINANCE

REPORT NO: HOF240

DATE: 1st July 2013

TITLE:	Local Authority Mortgage Scheme – approval of scheme extension	
KEY DECISION OR POLICY FRAMEWORK PROPOSAL:	N/A	
PORTFOLIO HOLDER: NAME AND DESIGNATION:	Councillor Mike Taylor Well Run Council Portfolio Holder	
CONTACT OFFICER:	Richard Wyles – Head of Finance 01476 406210 Email: r.wyles@southkesteven.gov.uk	
INITIAL IMPACT ASSESSMENT:	Carried out and Referred to in paragraph (7) below:	Full impact assessment Required:
Equality and Diversity	N/A	
FREEDOM OF INFORMATION ACT:	This report is publicly available via the Your Council and Democracy link on the Council’s website: www.southkesteven.gov.uk	
BACKGROUND PAPERS		

1. RECOMMENDATION

It is recommended that:

- Cabinet give consideration to the continuation and extension of the LAMS scheme and recommend a further amount £1M to the Lloyds TSB Bank Plc scheme and;
- Cabinet give consideration to the inclusion of the additional lenders Leeds Building Society and Teachers Building Society having taken into account the information provided in the report.

- Cabinet recommend the increase of the maximum loan size per application to £147,250.

2. PURPOSE OF THE REPORT

The LAMS scheme has been in operation for a year and the purpose of the report is to provide an update on its impact and to recommend the continuation and extension of the scheme.

3. DETAILS OF REPORT

Background

The Local Authority Mortgage scheme (LAMS) is designed to help increase the supply of affordable housing for those who need it, and to help the local housing market and thereby the local economy.

The scheme requires the Local Authority to provide a financial indemnity of up to 20% of a mortgage for potential home-buyers who qualify for Local Authority support, and who meet the strict lending criteria set by the lender. The indemnity could be un-funded or 'cash backed'. That is an agreed figure can be lodged with Lender (Bank or Building Society) or merely given in the form of a financial undertaking. The criteria will be set by the participating LA in conjunction with the mortgage provider.

At its meeting in March 2012, Council gave its approval for the implementation of a local scheme in partnership with Lloyds Bank Plc up to a limit of £1M and approved plans to extend the scheme across other lenders as they enter the scheme up to a total of £5M subject to a full analysis of impact against priorities of the first £1M and subject to budget provision.

The scheme went live in June 2012 and an analysis of the take up of the scheme is provided below:

Month	Offers made (in month)	Completed	Cumulative indemnity amount
July	1	-	£19,800
August	2 (3)	-	£61,800
September	3 (6)	2	£111,550
October	5 (11)	2	£183,150
November	2 (13)	5	£213,600
December	2 (15)	8	£251,400
January	2 (17)	13	£288,400
February	4 (21)	14	£364,375
March	3 (24)	16	£425,650*

*Remaining indemnity as at 31 March 2013 £574,350

In term of postcode analysis, the 24 applications received to date are received in respect of the following postcode areas:

NG31 – 17
 NG32 – 1
 NG33 – 1
 PE9 – 5

In accordance with the Council’s decision, the opportunity has been taken to give consideration to the inclusion of additional lenders to the scheme. Below is a listing of the lenders currently included in the LAMS scheme (as supplied by Sector Treasury Services Ltd).

Lender	Geographical area	Cash backed scheme	Non cash backed scheme	New Build	Readiness to launch	Bps above standard	Branches	Minimum indemnity
Furness BS	Local – North west	n/a	Yes	TBC		n/a	TBC	£0.5M
Leeds BS	National	Yes	n/a	Yes	Active	40	Yes	£0.5M
Leek United BS	Staffordshire, Derbyshire, Cheshire and Shropshire	n/a	Yes	No	Active	n/a	Yes	£0.5M
Lloyds Bank	National	Yes	n/a	No	Active	70	Yes	£1M
Marsden BS	Pendle (initially)	n/a	Yes	TBC	Ready	n/a	Yes	£0.5M
Teachers BS	National	n/a	Yes	TBC	Active	n/a	TBC	£0.5M or less
Kent Reliance BS	Initially Kent but national for future	n/a	Yes	TBC	Ready	n/a	intermediaries	£0.5M

Of the above it is considered that Leeds Building Society and Teachers Building Society would be of interest to the Council due to their national presence. Teachers BS has the limitation of being available to only teachers and education professionals however the inclusion of the lender could help attract professionals wishing to relocate into the district. (At the time of writing the report the Council has been notified that Leeds BS has yet to confirm its available capacity for additional authorities).

The average property value for the South Kesteven scheme is £97,529 and the average loan value is £90,111 which gives an average loan to value % of 92.60%.

It is accepted that the take up of the scheme is less in the south of the district and work is underway to understand the reasons for this which is potentially a combination of a reduced number of available properties within the limit of £125,000 price banding, reduced amount of local publicity and awareness of the scheme by Lloyds TSB Plc and fewer applicants meeting the overall criteria of scheme eligibility and therefore unable to proceed with the application.

Lenders require the maximum individual loan size to be stipulated at the inception of the scheme (ie 95% of the average property valuation locally) rather than the maximum actual property valuation. For South Kesteven the maximum loan size per application towards which assistance may be given to a first time buyer is up to and including £118,750 (95% of £125,000). It is proposed to raise this property valuation threshold to £155,000 which will ensure all suitable property values are included and will potentially act as a catalyst to increase the number of

successful applications in the PE9 area of the district. This would increase the maximum loan size to £147,250. To complement the increase in the loan size it is also proposed to replenish the Lloyds Bank scheme to the £1M.

Resources PDG considered this matter at their meeting on 30 May 2013 and recommended an additional £500K should be placed with Lloyds TSB and that the maximum loan value be increased to £147,250. However they did not recommend any further lenders be considered at this time but agreed to review this position on a regular basis.

4. OTHER OPTIONS CONSIDERED

None applicable

5. RESOURCE IMPLICATIONS

None applicable

6. RISK AND MITIGATION

None applicable

7. ISSUES ARISING FROM EQUALITY IMPACT ANALYSIS

None applicable

8. CRIME AND DISORDER IMPLICATIONS

None applicable

9. COMMENTS OF FINANCIAL SERVICES

Financial considerations are included in the report.

10. COMMENTS OF LEGAL AND DEMOCRATIC SERVICES

Any extension of the existing scheme and any new scheme will require the appropriate specific authorities relating to that scheme. Whilst the Council has approved a potential spend on further schemes, the detail of the terms of the existing scheme or any new scheme were not known at the time and must be appropriately authorised.

11. COMMENTS OF OTHER RELEVANT SERVICES

None applicable

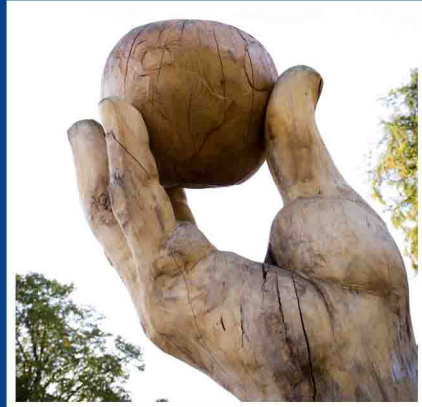
12. APPENDICES

None



Defibrillator provision within South Kesteven District Council

Scrutiny Review



your council working for you

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Foreword and Acknowledgements

Following the high profile resuscitation of footballer Fabrice Muamba during a football match using a portable defibrillator, we wanted to find out whether South Kesteven District Council had any defibrillators and if not, whether it should have.

The Scrutiny Committee set up this working group to investigate the issue. After an introductory report (ENV578) at its meeting on 22 January 2013 the committee agreed key lines of enquiry which we subsequently investigated and addressed. This has formed the basis of our recommendations.

Thanks to...

The working Group would like to thank the following individuals, groups and organisations who gave up their time and shared their experience and knowledge by providing evidence and answering questions:

- Professor Douglas Chamberlain (cardiologist and Editor Emeritus of 'Resuscitation' the official journal of the European Resuscitation Council)
- David Price (Environmental Health Services Manager)
- Michael Chester (Operations Manager from Grantham Meres Leisure Centre)
- David Hickman (Clinical Trainer, LIVES) and Stephen Hyde (Marketing and Fundraising Manager, LIVES)
- John Armstrong (Legal and Democratic Services Manager)
- Tracey Elliott (Governance and Risk Officer)
- Staff first aiders who responded to the working group's questionnaire

Councillor Paul Cosham (Chairman)
Councillor Mrs Rosemary Kaberry-Brown
Councillor Bob Sampson
Councillor Mrs Judy Smith

1.0 Introduction

When the heart beats at an abnormal rhythm (arrhythmia), it can beat too fast, too slow or stop beating. When an arrhythmia causes the heart to stop beating, a patient suffers a cardiac arrest. Causes of cardiac arrest include: coronary heart disease, heart attack, electrocution, drowning or choking.

Without medical attention, the patient will die within a few minutes. People are less likely to die if they have early cardiopulmonary resuscitation (CPR) and defibrillation, which means delivering an electric shock to restore the heart to its normal rhythm. Electrical defibrillation is the only effective therapy for cardiac arrest caused by ventricular fibrillation.¹

Every year, more than 100,000 people in England alone die from cardiovascular disease² and 83,000 across the UK die of a heart attack³. Around 30,000 people each year have a cardiac arrest outside of hospital⁴.

Survival rates for patients who suffer cardiac arrest decrease by 10% with every minute that passes. Chances of survival are optimised through rapid intervention including defibrillation within 4-6 minutes. After that time brain damage begins to occur.⁵

¹ NIH: National Heart, Lung and Blood Institute, viewed 1 February 2013, <http://www.nlm.nih.gov/medlineplus/cardiacarrest.html>

² Boots Health, viewed 4 February 2012, <http://www.webmd.boots.com/heart-disease/guide/automated-external-defibrillators>

³ British Red Cross, viewed 11 February 2013, <http://www.redcross.org.uk/About-us/Media-centre/Press-releases/2012/November/Lifesaving-fundraisers-coming-to-a-street-near-you>

⁴ St John Ambulance, 11 February 2013, <http://www.sja.org.uk/sja/training-courses/training=news/guide-to-defibrillators.aspx>

⁵ The DeFib Centre, viewed 8 February 2013, http://www.thedefibcentre.co.uk/defib_work_place.htm

2.0 What is the Council's Current Provision

2.1 Legislative requirements

Requirements for first aid provision in the work place are set out in the Health and Safety (First Aid) Regulations 1981.

The legislation provides guidance on:

- Managing the provision of first aid (first aid kit, equipment, rooms, etc.)
- Requirements and training for first aiders
- Requirements for appointed persons
- Making employees aware of first aid arrangements
- First aid and the self-employed
- Cases where first aid regulations do not apply

2.2 Current cover

The council has arrangements in place to meet the requirements of the regulations with first aid provision (equipment and 19 staff) at suitable locations. Defibrillation equipment is not covered by nor specified within the regulations.

In the event of a cardiac arrest on site, first aiders would be relied on to give CPR while awaiting a response which would be provided by East Midlands Ambulance Service and the Lincolnshire Integrated Voluntary Emergency Service (LIVES).

The breakdown of first aiders across the organisation is as follows:

Location	Section(s)	Number of trained staff
Main offices	Customer Services	3
	Housing Management	1
	Revenues & Benefits	1
	Property Services	2
	Total	7
Guildhall Arts Centre	Cultural	5
Bourne Community Access Point	Leisure & Amenities	1
Markets	Leisure & Amenities	1
CCTV	Community Safety & Licensing	1
Depot	Waste & Recycling	2
Miscellaneous	Property Services	2

First aiders have all completed a first aid at work certificate. This is refreshed every three years.

During the group's interview with the district council's Environmental Health Services Manager, Mr Price advised the group that records showed a very small number of incidents that required the attendance of a first aider (one incident each year between 2009 and 2011).

The working group learned that while there was no category for recording cardiac incidents within health and safety statistics there were no recorded incidences of heart attacks. Excluding the leisure centres, there were no reports of cardiac arrests at council-operated venues between 2008 and 2013.

2.3 Beyond the legislation

A number of individuals from whom the working group received evidence challenged legislative provision and gave an analogy between defibrillators and fire extinguishers. They stated that fire extinguishers were required by law yet the risk of being killed by a fire was lower than suffering a cardiac arrest.

An e-petition created by the Oliver King Foundation, which called for the Government to take action on Sudden Adult Death Syndrome, included a request that the Government introduce defibrillators to all public buildings by 2017. When it closed on 10 February 2013 the petition had received 110,657 signatures. As the petition achieved over 100,000 signatures it would be debated by the House of Commons Backbench Business Committee. The issue was debated on 25 March 2013 where a resolution for the Committee to further consider the question was agreed.

A government response was also supplied by the relevant government department, which included:

"With regard to providing defibrillators in all public buildings, the National Defibrillator Programme, which was coordinated by the Department of Health from 2000, began placing automated external defibrillators in public places. From February 2007, responsibility for continuing the legacy of the National Defibrillator Programme was devolved to ambulance trusts. Most of the ambulance trusts across the UK have community resuscitation departments or similar, which work to place defibrillators in the community, and in areas of need."⁶

⁶ The Oliver King Foundation – SADS (2013) HM Government e-petition, viewed 22 February 2013, <http://epetitions.direct.gov.uk/petitions/29399e-petition>

Section 3 of this report will include investigations into static automatic external defibrillators and the community schemes which run alongside the Ambulance Trust.

3.0 Community Provision

3.1 What are the different community defibrillator schemes?

The group's research identified several different examples of community defibrillator schemes.

- LIVES-style first responder schemes where volunteers provide cover in their local communities
- Arrangements within individual organisations (e.g. business, school, college, etc)
- Public access defibrillators: defibrillators positioned at strategic points in public places (e.g. airports, railway stations and villages, town and city centres)

3.2 LIVES First Responders

The Lincolnshire Integrated Voluntary Emergency Service (LIVES) is a collection of medics and first responders who volunteer their time to respond to emergencies in their communities.

When a 999 call is placed, the LIVES medic or responder on call in the area will receive notification of incidents when an ambulance is despatched. LIVES responders attend patients with breathing difficulties, strokes, heart attacks, collapse, chest pain or cardiac arrests and provide basic life support before the ambulance arrives.

LIVES aims to support First Responder groups in every community in Lincolnshire. They are managed by an elected local co-ordinator and plan their own on-call rota.

A minimum of five volunteers is required to set up a scheme. Ideally every community would have 24-hour cover 365 days a year but this might not be possible if there are only a few volunteers. The group established through its interviews that it was often harder for Community First Responder groups to provide cover during working hours, because many of the volunteers would themselves be working.

It costs approximately £4,000 to train and equip a group of volunteers. First Responder training is carried out over three days covering all the skills a first responder would need including basic life support and use of a defibrillator. Training is provided by experienced trainers and reflects the best of current first aid and emergency care practice in the UK. Each first responder has to complete written and practical tests and must undergo annual requalification.

On 25 April 2013, the LIVES website reported that there were 158 First Responder groups operating throughout Lincolnshire with 20 groups in South Kesteven (Allington, Barkston, Bourne, Carlby, Caythorpe and Fulbeck, Claypole, Colsterworth, The Deepings, Folkingham, Grantham East, Grantham West, Langtoft, Long Bennington, Morton, Pontons, Ropsley and Welby, South Witham, Stamford West, Swayfield and Woolsthorpe by Belvoir).

During its evidence gathering, the working group discovered that North Kesteven District Council had three staff members who were trained as LIVES responders who formed a local scheme. Defibrillation equipment is kept within the Council Offices. The authority makes provision for those staff members who are First Responders to attend emergencies off-site.

3.3 Arrangements within individual organisations

Some organisations have defibrillators on-site for use within that organisation including larger businesses, schools and colleges (including Grantham College). Also of note was the defibrillator kept for use at the Meres Leisure Centre, Grantham.

3.4 Public Access Defibrillators (PADs)

Representatives from LIVES identified Heathrow Airport as an example of a good practice in respect of public access defibrillator scheme; LIVES representatives cited a survival rate of 76%. Automatic External Defibrillators (AEDs) were placed at the airport so that wherever a patient might be, they would be within two minutes of a defibrillator.

Similar arrangements are made in railway and underground stations. A number of European countries were cited where defibrillators are placed in public squares and buildings. In this country, there are increasing numbers of rural villages which have publicly accessible defibrillation equipment.

The Community Heartbeat Trust, a national charity focused on provision of defibrillation services to local communities, is approaching parish councils within the district. They support the locating of defibrillation equipment in a range of public spaces including disused telephone boxes, on the side of village halls, sports pavilions and pubs.

Examples of public access defibrillators within the district include Pickworth and Colsterworth with Folkingham and Sapperton both interested in PADs.

3.5 Community provision V public access defibrillators

While it is difficult to quantify the impact of defibrillation on survival rates, a number of studies have shown a positive correlation. The Public Access Defibrillation trial which covered 24 sites in the USA and Canada between July 2000 and September 2003 attempted a direct comparison of the application of CPR against CPR with defibrillation by varying the treatment provided across the test sites. The percentage of patients who survived to discharge from hospital was higher when a combination of CPR and defibrillation was used (14 of 97 (14.43%) patients in the CPR only group opposed to 29 of 139 (20.86%) patients in the CPR and defibrillation group)⁷.

In a study which ran from April 2000 to November 2002 on the Department of Health's National Defibrillator Programme, Whitfield *et al* reported that "[t]he 25% observed survival was appreciably higher than is generally obtained with out-of-hospital cardiac arrests treated by conventional ambulance systems."⁸ In this study resuscitation was considered successful if a patient was discharged alive from hospital.

A clinical paper by Colquhoun *et al* (2008) further compared the rate of resuscitation when defibrillation was applied in a number of different circumstances including by laypeople using static automatic external defibrillators and mobile defibrillators by community responders.

Table 1 at appendix 1 to the report shows the outcome in three groups of patients defined according to responder and location. It demonstrates that a patient's survival rate is improved in circumstances when a defibrillator is used (from an average of 1.6% when no shock is applied to 18% when a shock is applied).

The table also shows a correlation between the response and the survival rate; the faster defibrillation occurs, the greater the chance of survival. When a shock is applied by a first responder in the home, the survival rate achieved in the study was 5.1%. A shock applied by a first responder outside the home saw the survival rate increase to 9.8%. When a shock was delivered using an on-site external defibrillator the survival rate in the study rose to 30.5%.

The investigation highlighted the importance of fast reactions as "regardless of whether shocks were given, more patients attended by on-

⁷ Nichol, G *et al* (August 2009). Cost-effectiveness of Lay Responder Defibrillation for Out-of-Hospital Cardiac Arrest. *Annals of Emergency Medicine*. **Volume 2** (no. 2), pages 226-235.

⁸ Whitfield, R *et al* (2005). The Department of Health National Defibrillator Programme: analysis of downloads from 250 deployments of public access defibrillators. *Elsevier Resuscitation* **64**, pages 269-277.

site personnel achieved ROSC [return of spontaneous circulation]...or survived...than when attended by CFRs (Community First Responders) with mobile AEDs outside the home."⁹

Colquhoun's research also concluded that "The results were very much better when the AED was immediately available as part of the on-site strategy than when it had to be transported to a patient...For the on-site strategy to be effective, there must be a considerable density of units in the vulnerable area. Inevitably the chance of any one AED being used is small but if it is used then the chance of success is high. In the 'mobile' strategy the number of units required is relatively small, they tend to be used more frequently, but with appreciably less success."¹⁰

All three studies indicate that a fast response by lay individuals "on the ground" can lead to increased likelihood of resuscitation and a better long-term prognosis than relying on community response schemes. The working group's investigation of the LIVES organisation highlighted that the voluntary nature of the organisation meant that a response could not be guaranteed 24 hours a day, 7 days a week. The working group considered whether this could provide sufficient cover for all of the District Council's activities from the day-to-day running of the council offices to out-of-hours activities at the arts centres.

Conclusion

Having considered the importance of early intervention following a cardiac arrest, the working group was convinced of the benefits of defibrillation and the importance of having access to defibrillators on-site.

While the working group understood that current first aid provision within the authority fulfilled statutory requirements they did not feel that relying on a response from LIVES, which was a voluntary organisation without 24/7 cover, was sufficient.

The working group agreed that the next stage of its investigation should look at the possibility of installing defibrillators in Council building and the costs and practicalities associated with that.

⁹ Colquhoun, M.C. (2008). A national scheme for public access defibrillation in England and Wales: Early results. *Elsevier*. **78**, pages 275-280

¹⁰ Ibid.

4.0 About defibrillators

4.1 What different types of defibrillators are there?

An automatic external defibrillator is a portable device that can check the heart rhythm, diagnose arrhythmias and, where needed, shock the heart into a normal rhythm.

4.2 How do they work?

Two electrode pads are placed on a patient's bare chest. The AED will analyse a patient's condition; during this period it is important that nobody touches the patient. If the patient's heart is in a shockable rhythm the system will charge in preparation for giving a shock (the two heart rhythms that are shockable with automatic external defibrillators are ventricular fibrillation and ventricular tachycardia). The device will tell the user to ensure no one is touching the patient and deliver the shock. A voice prompt will tell the user to resume CPR immediately after the shock for a period of two minutes, then there will be further analysis of the patient and the administration of further shocks as required¹¹.

Similar prompts are given by semi-automatic external defibrillators however human intervention is required to initiate a shock at the device's instruction.

4.3 What training is needed?

LIVES trains its first responders in basic first aid and life support over three days. Representatives stressed that it is not essential for an individual to receive training in order to use an AED. However they advised that a key element of their half-day training concentrates on building confidence.

St John Ambulance provides a comprehensive 4-hour introductory course which should be renewed at a 2-hour annual refresher training session.

The Department of Health community defibrillator scheme incorporated a 4-hour basic life support training session for all lay-volunteers¹².

In Scandinavian countries school programmes teach children how to use defibrillators from an early age

In illustrating how simple AEDs were to use, the representatives explained that at public events they would call on children from the

¹¹ Resuscitation council (UK), accessed on 8 February 2013, <http://www.resus.org.uk/pages/GL2010.pdf>

¹² Colquhoun *et al* (2008) *op cit*

audience to carry out demonstrations. LIVES also ran training sessions on defibrillator use in conjunction with local secondary schools.

4.4 How often does training need refreshing?

Training is not considered essential by LIVES representatives in order to use defibrillators.

The Council staff's first aid training is refreshed every three years. If SKDC used LIVES as the provider for first aid at work training and purchased defibrillators, then the sessions would include the use the equipment.

The training provided by St John Ambulance is certified for one year, after which a delegate must complete a refresher course to keep their certification current.

4.5 What is the shelf-life of a defibrillator?

Defibrillators need updating regularly to make sure they meet the latest requirements. Representatives from LIVES informed the working group that equipment can be kept current through software upgrades, which they can provide at little or no cost when defibrillators are purchased from them.

4.6 What are their maintenance requirements?

When LIVES representatives gave evidence to the working group, they explained the processes for checking the equipment. The machine performs self-checks on a daily basis during the night. A warning light and audible tone provide an alert to indicate any maintenance issues. They also explained that as part of the checks, the machines would partially charge weekly and fully charge on a monthly basis. If SKDC agreed to introduce defibrillation equipment in its offices, it would be the responsibility of the staff to check and maintain the equipment.

4.7 What consumables are needed?

- Pads – These are single use and need replacing on a regular basis to ensure sufficient adhesion. Pads have a shelf-life of approximately two years before they lose their adhesiveness. Pads should not be used if they exceed their use-by dates.
- Batteries – AEDs can be purchased with chargeable or non-rechargeable batteries.
- Packs – LIVES recommended keeping a pack with a razor, pocket mask and absorbent cloth with the defibrillator.

Conclusion

Members of the working group agreed that a fully automatic external defibrillator provided the best option for treating a patient and providing confidence and reassurance for the user.

5.0 Costs

5.1 How much does a unit cost?

The representatives from LIVES informed the working group that a fully automatic external defibrillator would cost £1,350 if purchased through them. Training was included in the cost. Each defibrillator purchased would generate approximately 12 training spaces. The working group noted that if purchased through LIVES, there would be discounts for buying in quantity.

St John Ambulance also offers defibrillator packages that include training:

	Description	Price*
Package 1	Defibrillator, carry case, responder kit plus training for 1 person on a scheduled 4-hour comprehensive starter course	£1195
Package 2	Defibrillator, carry case, responder kit plus training for up to 8 people on a 2-hour AED refresher course (delegates must have completed the 4-hour comprehensive starter course)	£1495
Package 3	Defibrillator, carry case, responder kit plus training for up to 8 people on 4-hour comprehensive starter course	£1695

**Prices listed on website from 2012¹³*

5.2 How much does training cost?

Examples of AED packages that incorporate training in their price are detailed above.

If the authority decided to purchase defibrillators from a different supplier places could be booked on specific courses not associated with the packages. St John Ambulance runs a 4-hour comprehensive training course which costs £95 per person and an AED 2-hour requalification course which costs £55 per person. Prices are based on delegates attending scheduled courses rather than specific sessions for the authority delivered on-site.

One option to train staff on-site became apparent during the group's interview with Michael Chester, who advised that he was trained to teach people how to use defibrillators.

¹³ St John Ambulance, accessed on 7 May 2013, <http://www.sja.org.uk/sja/training-courses/training-news/guide-to-defibrillators.aspx>

5.3 What are the ongoing costs?

With the exception of consumables, the primary potential ongoing cost is any software upgrade. There would also be small costs associated with ensuring defibrillators were action-ready, as they would require a constant trickle charge of power.

5.4 How much do consumables cost?

The different consumables required were:

- Pads (shelf-life 2 years) - £25
- Single-use battery (battery life approximately 2 years) - £250
- Rechargeable battery (battery life 5-7 years) – £1,000.

LIVES representatives recommended that single use batteries provided better value for money than re-chargeable batteries.

5.5 Is there any grant funding available?

The working group could not find any grant funding that would cover defibrillator provision for the organisation. A number of websites sign-posted the British Heart Foundation as a potential grant funder however there was no information on active schemes to which the authority could apply.

It was noted however, that funding may be available for community defibrillator schemes. If the Council agreed to set up a community responders scheme like North Kesteven District, through which officers would attend off-site incidents, funding may be available and equipment would be available for use by those responders on-site.

5.6 Leasing an AED

One alternative to purchasing an AED is rental. Preliminary research identified two companies that would hire AEDs, both for one-off events, or longer-term leases.

Elite Medical Group hires AEDs for £20 a week (£1,040 per annum), including an annual maintenance check, general maintenance including repair should a fault be identified¹⁴. The Council could seek to negotiate an improved rate for a longer-term lease.

Bull Products provides a number of different lease agreements. The longest available lease is three years. The package featuring the Zoll AED

¹⁴ Elite Medical Group accessed 7 May 2013. <http://www.elitemedicalgroup.co.uk/rent-a-defibrillator/>

costs £39.80 a month (£477.60 p.a.) and the package featuring the Life Point Pro AED costs £26 a month (£312 p.a.)¹⁵.

If the Council was to hire defibrillation equipment, it would still be responsible for the cost of the pads. If a hired defibrillator was used, it would be collected and replaced with a new machine. Data within the old machine would be studied thoroughly.

¹⁵ Bull Products accessed 7 May 2013.

<http://www.defibrillatoruk.co.uk/products/defibrillator-rental/rental-packages.php>

6.0 The practicalities of implementing a defibrillator scheme at SKDC

6.1 Would first aid trained staff use a defibrillator?

The Environmental Health Services Manager raised concerns that staff might be reluctant to use a defibrillator and those staff members who were first aiders might not want to be charged with the additional responsibility. The working group decided to investigate this by carrying out questionnaires with first aid trained members of staff.

The working group sent out questionnaires to first aid trained staff within the authority to which ten responses were received. The length of time for which individuals have been first aiders varies from 1 month to 16 years. 9 out of the 10 respondents had applied their first aid training, 8 of whom were confident in its application. When asked about defibrillators, two respondents stated that they had received training on the equipment, with one using a defibrillator in a real-life situation.

The first aiders were asked whether they would be interested in being trained to use defibrillators, 6 said they would, 2 said they would not (one of these two said they would not be refreshing their first aid certificate). Of the respondents, 2 expressed concerns about whether they were insured to treat members of the public in addition to staff. The respondents who were supportive of the introduction of defibrillators agreed that their introduction would be worth it as they could save someone's life. 2 respondents said they were prepared to train but expressed apprehension about the possibility of using defibrillators.

6.2 Feedback from Leisure Connection Staff

The working group interviewed Michael Chester who was the Operations Manager for Grantham Meres Leisure Centre. He explained that the leisure centre had a defibrillator on site. A risk assessment identified the potential usefulness of a defibrillator because of some users' vulnerability as the centre operated a GP referral scheme.

The defibrillator at the Leisure Centre had been used once in 18 months by an on-duty lifeguard. In this instance resuscitation was successful (the patient was taken to hospital and subsequently discharged).

6.3 Is there a risk to staff of litigation? Is there any case law?

Colquhoun *et al* briefly considered the risk of litigation. They highlighted that there was no legal impediment under UK law that would protect lay-users, highlighting 'Good Samaritan' legislation, exemplified by the USA and Canada. While there is an absence of legislation to protect the user of

a defibrillator, the conclusion is drawn that “the present legal climate...makes it very unlikely that an operator or their responsible organisation could be sued for consequences arising from responding to an emergency in a PAD [public access defibrillator] scheme.”¹⁶

Cardiff University Health Centre published a number of considerations to determine the need for defibrillators on campus which included legal implications. They surmised that a person who attempted resuscitation would only be liable “if negligent intervention directly causes injury which would not otherwise have occurred or if it exacerbates an injury.”¹⁷ There was some concern in the paper that a rescuer may be held liable for substantial damages if the standard of care he or she employed fell below that which could be expected of him/her in the given circumstances, whether a trained or lay-person. Conversely the working group considered that failure to take action could also lead to litigation.

The working group asked for advice from the Legal and Democratic Services Manager in respect of potential liability in relation to CPR and AEDs. His response explained that the same areas of legal liability arose with traditional methods of resuscitation as with defibrillation. Three areas of common law were highlighted: trespass to the person on the grounds an intervention constituted a battery to the victim, negligence for breach of duty of care to them and liability for assault in criminal law. This would mean that a claim could be brought either by the victim or, in the event of their death, by their estate. If the actions of the rescuer led to serious personal injury or death the court could order them to pay damages by way of compensation.

A person who attempted resuscitation would only be liable in a claim of negligence if the intervention left a patient in a worse position than he would have been had no action been taken. This would include directly causing injury which would not otherwise have occurred or exacerbating an injury. It is more easily envisaged how intervention of a rescuer using traditional resuscitation methods might potentially leave a patient worse off than using an AED. For example inappropriate administration of chest compressions can cause damage to the chest wall or organs.

In addition to the rescuer, third parties could also be held responsible under the law and would include those who train rescuers, those who provide and maintain the equipment and those who administer the system under which the rescuers operate.

Consideration was also given to whether the Council could be found potentially liable by not providing AEDs. Under English Law there can be liability in negligence for failing to provide appropriate safety precautions

¹⁶ Colquhoun (2008) *op cit.*

¹⁷ Judge, J (May 2009) Cardiff University Health Centre

on premises. An employer is also under a statutory duty to provide first-aiders in the workplace for the benefit of his employees under the Health and Safety at Work Act 1974 and subsequent Health and Safety (First Aid) Regulations 1981. As previously stated, the Council fulfilled its statutory responsibilities.

Before the introduction of defibrillation equipment, an assessment would need to be made which considered the potential benefit against likely harm, recognising the profile of users of that facility and how likely they are to have a cardiac arrest.

The representatives from LIVES brought an additional risk to the working group's attention; if a patient was treated with consumables that were out of date, relatives may be able to make a successful claim if the patient cannot be resuscitated.

6.4 Are staff insured to use a defibrillator?

The working group interviewed the Council's Governance and Risk Officer about insurance. She confirmed that first aiders were insured to treat staff and members of the public. She added, having spoken to the Council's underwriters, that if the working group recommended acquisition of defibrillators, a risk assessment would need undertaking but their use on staff and customers would be insured. The preference of the underwriters was that first aiders trained in the use of the equipment provide treatment, however if an untrained member of staff was required to treat a patient with a defibrillator, they too would be insured.

Conclusion

The working group identified a number of different means through which the Council could acquire defibrillators. An assessment into the most appropriate arrangements to provide cover for the authority would need considering taking account of one-off and ongoing costs.

As a response to comments made by the Environmental Health Services Manager, the working group discovered a general willingness amongst first aiders to train in defibrillation. Follow-up work on liability and insurance raised no greater concern than the risks associated with CPR.

7.0 Recommendations

1. That the Council install automatic external defibrillators in its buildings across the district (Grantham offices, area offices, Bourne Community Access Point, arts centres and the Alexandra Road depot). The quantity and location should be determined by site surveys of each building.
2. LIVES should be invited to attend a meeting of the Council to raise awareness about the importance of defibrillators.
3. LIVES should be invited to run a drop-in session for staff to raise awareness of the importance of defibrillators and to try and identify individuals who could become users of defibrillators.
4. LIVES be considered as the provider for South Kesteven District Council's first aid training courses.
5. Raise awareness of defibrillators and the international defibrillator symbol through Members' news and the staff newsletter.

Appendix 1

Table 1: Outcome in three groups of patients defined according to responder and location

Responder	No. (%)	Patients shocked			Patients not shocked		
		No. (%)	ROSC* no. (%)	Survival no. (%)	No. (%)	ROSC no. (%)	Survival no. (%)
On-site automatic external defibrillator	437 (28.6)	347 (79.4)	163 (47.0)	106 (30.5)	90 (20.6)	7 (7.8)	7 (7.8)
First responder outside home	255 (16.7)	132 (51.8)	37 (28.0)	13 (9.8)	123 (48.2)	8 (6.5)	1 (0.8)
First responder at home	838 (54.8)	256 (30.5)	45 (17.6)	13 (5.1)	582 (69.5)	20 (3.4)	5 (0.9)
Whole group	1,530	735 (48.0)	245 (33.3)	132 (18.0)	795 (52.0)	35 (4.4)	13 (1.6)

*ROSC defined as return of spontaneous circulation on leaving scene

Information extracted from Colquhoun, M.C. (2008).

South Kesteven District Council

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South Kesteven District Council

Equality Analysis (Stage 1)

Introduction of Defibrillators

Service Area:	Lead officer: Jo Toomey	Date of Meeting 14/06/13
Scrutiny Committee	Assessors:	
Legal & Democratic Services	Neutral Assessor: Carol Drury	

Gender Reassignment	Potential for a positive impact	See general comments For any person undergoing gender reassignment it is intensely personal.
Religion or Belief	Potential for a positive impact	See general comments Certain faiths will require that both male and female operators of any defibrillation equipment are available.
Sex	Potential for a positive impact	See general comments Both male and female operators of any defibrillation equipment would need to be available.
Sexual Orientation	Potential for a positive impact	See general comments
Pregnancy and Maternity	Unknown	Advice would need to be taken from a medical professional on any potential risks prior to the introduction of defibrillation equipment.
Marriage and Civil Partnership	Potential for a positive impact	See general comments
Carers	Potential for a positive impact	See general comments
Other Groups (e.g. those from deprived (IMD*) communities; those from rural communities, those with an offending past) *(IMD = Indices of multiple deprivation)	Potential for a positive impact	See general comments
General comments	Defibrillation can be successful regardless of any protected characteristic. A patient's dignity and privacy must be respected. Before the introduction of defibrillation equipment, legal advice would need to be sought regarding the potential to treat a patient with a 'Do Not Resuscitate' order.	

3. What equality data/information did you use to inform the outcomes of the proposed policy/service/function/strategy? (Note any relevant consultation who took part and key findings)

In producing the proposal, consultation was undertaken with medical professionals (Professor of Cardiology), voluntary sector first responders, Leisure Connection, council staff and councillors with specialist knowledge.

If there are any gaps in the consultation/monitoring data, how will this be addressed?

Consideration needs to be given to the impact of using defibrillators on patients with the characteristics: disability, race, religion or belief and pregnancy and maternity. We also need to consider the potential risks associated with patients with active DNRs.

Should we introduce defibrillation equipment, all of the above would need to be addressed prior to installation and be covered in any related training and policy for use.

4. Outcomes of analysis and recommendations (please note you will be required to provide evidence to support the recommendations made): Please check one of the options.

a)	No major change needed: equality analysis has not identified any potential for discrimination or for negative impact and all opportunities to promote equality have been taken	<input type="checkbox"/>
<i>If you have checked option a) you will need to complete a Stage 3 analysis when your policy/service/function/strategy has been implemented</i>		
b)	Adjust the proposal to remove barriers identified by equality analysis or to better promote equality.	<input type="checkbox"/>
<i>If you have checked option b) you will need to answer questions b.1 and b.2</i>		
c)	Adverse impact but continue	<input type="checkbox"/>
<i>If you have checked option c1) you will need to answer questions c.1</i>		
d)	Stop and remove the policy/function/service/strategy as equality analysis has shown actual or potential unlawful	<input type="checkbox"/>

b.1 In brief, what changes are you planning to make to your proposed policy/service/function/strategy to minimise or eliminate the negative equality impacts?

Should the Council introduce defibrillation equipment, a stage two equality analysis will need to be undertaken to address the concerns raised in the box above (3).

- b.2 Please provide details of whom you will consult on the proposed changes and if you do not plan to consult, please provide the rationale behind that decision.**

We will speak to people with medical and legal knowledge to address the queries raised.

If you have checked option b) you will need to complete a Stage 2 equality analysis

- c.1 Please provide an explanation in the box below that clearly sets out your justification for continuing with the proposed policy/function/service/strategy.**

If you have checked option c) you will need to complete a Stage 2 equality analysis. You should consider in stage 2 whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

Signed (Lead Officer):
(Name and title)

Jo Toomey
Principal Democracy Officer

Date completed:

14/06/13

Signed (Neutral Assessor):
(Name and title)

Carol Drury
Community Engagement and Policy Development Officer

Date signed off:

14/06/13