



## Scrutiny Committee

**Wednesday 26 November 2014 at 7.00 pm**

Boardrooms 3,4 and 5 - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

### Membership:

#### Members

Councillors:

A Choudry (Chair)  
Colwill (Vice-Chair)  
Allie  
Daly  
W Mitchell Murray  
Oladapo  
Southwood  
Van Kalwala

#### Substitute Members

Councillors:

Agha, J Mitchell Murray, Nerva, RS Patel, Ketan Sheth, Stopp and Thomas

Councillors:

Kansagra and BM Patel

#### Co-opted Members

Ms Christine Cargill  
Mr Alloysius Frederick  
Mrs Hawra Imame  
Dr J Levison  
Vacancy (Parent Governor Representative)  
Vacancy (Parent Governor Representative)

#### Observers

Ms J Cooper  
Mrs L Gouldbourne  
Ms C Jolinon  
Brent Youth Parliament representatives

**For further information contact:** Bryony Gibbs, Democratic Services  
020 8937 1355, [bryony.gibbs@brent.gov.uk](mailto:bryony.gibbs@brent.gov.uk)

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**The press and public are welcome to attend this meeting**

# Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item	Page
<b>1 Declarations of interests</b>	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
<b>2 Deputations (if any)</b>	
<b>3 Minutes of the previous meeting</b>	<u>To Follow</u>
The minutes of the previous meeting are not currently available and will be circulated in advance of the meeting.	
<b>4 Matters arising</b>	
<b>5 Care Quality Commission Quality Compliance and Quality Improvement Action Plan</b>	1 - 26
The attached report from London North West Healthcare sets out their progress in responding to the findings and recommendations of the Care Quality Commission (CQC) inspection of Northwick Park Hospital.	
<b>6 Local Impact resulting from Changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital</b>	27 - 32
In February 2013 the North West London joint committee of Primary Care Trusts approved implementation of the Shaping a Healthier Future Programme. The reconfiguration commenced with the closures of the A&E units at Central Middlesex Hospital and Hammersmith and Fulham Hospital on 10 September 2014. The next stage of implementation is the planned changes to maternity services at Ealing Hospital. This report from Brent Clinical Commissioning Group sets out the anticipated impact that the changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital will have on Brent Residents.	
<b>7 Developing Central Middlesex Hospital</b>	33 - 44
The attached report from the Brent Clinical Commissioning Group (CCG) outlines the proposals and processes for deciding the new configuration	

of health services available from Central Middlesex Hospital.

**8 Promoting Electoral Engagement - Scrutiny Task Group report** 45 - 100

The report of the Scrutiny Task Group on promoting Electoral Engagement is attached for the committee's consideration.

**9 Scrutiny Committee Forward Plan** 101 - 102

The Scrutiny Committee's forward plan is attached for members' consideration.

**10 Any other urgent business**

Notice of items to be raised under this heading must be given in writing to the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.

**Date of the next meeting: Tuesday 6 January 2015**



Please remember to switch your mobile phone to ***silent*** during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.



**Scrutiny Committee**  
26 November 2014

**Report from the Assistant Chief  
Executive**

For Action

Wards Affected:  
ALL

**Northwick Park Hospital Care Quality Commission Quality  
Compliance and Quality Improvement Action Plan**

**1.0 Summary**

- 1.1 This covering report accompanies the report from London North West Healthcare on their progress in responding to the findings and recommendations of the Care Quality Commission (CQC) inspection of Northwick Park Hospital.
- 1.2 The Inspection report was published by the CQC on 20 August 2014 following an announced inspection conducted during late May 2014. The decision by the CQC to conduct a comprehensive inspection of both North West London Hospital Trust and Northwick Park Hospital, which is the main location for the trust, was prompted by areas of risk identified through the national monitoring system used by the CQC.
- 1.3 The findings of the CQC inspections highlighted a number of areas where both the Trust and Northwick Park Hospital were found to be requiring improvement. In the case of the critical care at Northwick Park Hospital this service was found to be inadequate. Across the five assessment areas for the Trust, each domain was found to 'require improvement'.
- 1.4 Of particular concern were the findings in relation to the A&E service at Northwick Park Hospital. This service was judged to 'require improvement' with continued staff shortages, over four hour waiting times and patients spending too long in A&E when they require hospital admission due to lack of bed capacity.
- 1.5 Since the inspection in May, the planned closure of the A&E Unit at Central Middlesex and Hammersmith Hospitals took place on 10 September 2014. In recent months the length of wait times at A&E at Northwick Park have been

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Version no.  
Date

reported by the NHS as being amongst the worst in the country. The new A&E facility at the hospital has not yet been opened and there has not been a confirmed date for its opening. In view of the approaching winter months, when additional pressure on A&E services and hospital admissions is generally experienced, the continued poor patient waiting times and delays to the new A&E facility are of critical concern to local residents and the Council.

1.6 The Compliance and Improvement Plan highlights some areas where full implementation of the recommendations is not due to be achieved until 2015. These are in relation to:-

- The midwifery staffing workforce plan.
- Repeat of the national maternity survey.
- Total additional bed capacity as currently planned.
- Achievement of the A&E medical staffing plan

Given the planned changes to maternity services in North West London, which are the subject of a separate report on the agenda these are matters of high importance.

## **2.0 Recommendations**

2.1 The committee is recommended to question representatives of the North West London Hospital Trust regarding their response to the findings to the CQC inspection of Northwick Park Hospital. Including the timescale for implementing improvements and their assurances on the safety of the A&E services provided to Brent residents.

## **3.0 Detail**

3.1 The North West London Hospitals NHS Trust manages three main sites: Northwick Park Hospital, St. Mark's Hospital in Harrow and Central Middlesex Hospital in Park Royal. Northwick Park Hospital has previously been investigated in relation to the poor quality of maternity services, which have been a particular focus for improvement activities. Figures published in October 2014 by the NHS indicated that Northwick Park Hospital has one of the worst performances in the country for patient waiting times in A&E.

3.2 The key findings from the inspection are summarised below:-

- The patient flow through the hospital impacted on patients waiting in the A&E department, in that patients were often bedded down in the A&E until a bed became available.
- Middle grade doctors did not always receive the training and supervision they required.
- Policies and protocols, particularly in surgery and critical care, were not always up to date and reflective of national guidance.
- Pressures on the critical care units were such that some patients were discharged too early and had to be re-admitted on some occasions.
- The pace of change in maternity services was slow, leading to potential risks for women using the service.

- In most areas the hospital was clean but in need of refurbishment.
- Overwhelmingly across the trust, the staff were found to be caring and compassionate towards patients, their family and friends.
- The stroke unit is an example of outstanding clinical practice.

3.3 The CQC made specific recommendations for improvement at Northwick Park Hospital concerning A&E and related services. These are set out below:-

- Ensure that there are appropriate numbers of staff to meet the needs of patients in the A&E department, surgical areas and critical care.
- Ensure that there are systems in place to assess and monitor the quality of services provided in A&E, critical care, surgery and maternity to ensure that services are safe and benchmarked against national standards.
- Review the coping strategies within A&E during periods of excessive demand for services.
- Empower senior staff to make changes to ensure that patients are safe in A&E in maternity.
- Review discharge arrangements in A&E and critical care to avoid re-admission to these areas.

3.4 Given the significant number of areas requiring improvement in the current A&E provision at Northwick Park Hospital reassurance is sought from the senior management of the NWLH Trust specifically concerning the implementation of actions and the safety of the A&E services available to Brent residents.

**Contact Officers**

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Brent Overview & Scrutiny Committee – 26<sup>th</sup> November 2014

**Care Quality Commission (CQC) Compliance and Quality Improvement Action Plans (NPH, CMH, St Mark's) update.**

**Summary:**

This report provides Brent Overview & Scrutiny Committee with an update on the achievement of the CQC Compliance Improvement Plan and progress on the development of the Trust Quality Improvement plan.

The CQC Compliance Improvement Plan is attached for reference. The plan demonstrates good compliance in achievement of the recommendations. The majority of actions are completed, and progress is being made in line with planned completion dates.

A few key requirements will not be achieved till 2015, these include: full implementation of the midwifery staffing workforce plan, repeat of the national maternity survey, reconfiguration of Jacks Place, total additional bed capacity as currently planned and achievement of the A&E medical staffing plan.

In addition to the CQC Compliance Improvement Plan a Trust Quality Improvement Plan (QIP) is currently being populated, this will address those issues raised following the inspection that were not required to be included as part of the Compliance Improvement Action Plan. The QIP will reflect the divisional action plans and support those initiatives that require Trust wide implementation. The QIP plan will have four main work streams, which will capture issues raised within the CQC reports and continue to achieve the Trust objectives of providing safe, high quality care. The four work streams are:

- Governance (e.g. policies, complaints, incidents)
- Workforce (e.g. safe staffing, appraisal)
- Patient Experience (e.g. Family and Friends Test net promoters score - acting on feedback)
- Environment (equipment, facilities, PLACE )

In addition a 'vision' for Quality is being developed which will be owned by staff, and communicated widely to all stakeholders as the Trust's core commitment to quality driven services. This will be integrated into governance systems and processes to ensure clear expectations are set, actions taken to close gaps, and effective monitoring and reporting to the appropriate Trust Board sub committees. To support this work a CQC Compliance Manager will be recruited.

Progress will also be reported to stakeholders including the Trust Development Authority (TDA) and Commissioners (Clinical Commissioning Groups). To avoid duplication of reporting one committee is being established by the TDA which will be co-chaired by the CCG and include other stakeholders e.g. CQC and HealthWatch.

**Conclusion**

Brent OSC is asked to note:

- good progress made in achieving the CQC Compliance Improvement Action Plan

- 
- development of the Trust's CQC Quality Improvement Plan
  - commitment to embed more effectively the Trust's commitment to safe, quality services
  - reporting and monitoring arrangements

# Care Quality Commission Compliance Improvement Plan

(Working Document)

Locations covered – Northwick Park, St. Mark's and Central Middlesex Hospitals

Version	Date	Author	Amendment / Change
1.0	4 <sup>th</sup> Oct 2014	C Thorne, Director of Governance	
1.2	17 <sup>th</sup> October	C Thorne, Director of Governance	Status updates to compliance plan
1.3	21 <sup>st</sup> October	C Flowers, Chief Nurse	Status updates to compliance plan

## Contents Page

<b>Contents</b>	<b>Page</b>
<b>Section 1:</b> Hospital Inspection Ratings	<b>3</b>
<b>Section 2:</b> Areas for Improvement	<b>4</b>
<b>Section 3:</b> Actions the Trust <b>MUST</b> take to improve	<b>5</b>
<ul style="list-style-type: none"><li>• Regulation 10</li><li>• Regulation 9</li><li>• Regulation 15</li><li>• Regulation 16</li><li>• Regulation 22</li></ul>	

## Section 1 – Hospital Inspection Ratings

As part of their hospital inspection regime the Care Quality Commission (CQC) looks at the quality and safety of the care provided based on the things that matter to people. They look at services to ensure they are;

- Safe
- Effective
- Caring
- Responsive to people’s needs
- Well led

Following inspection prior to merger with Ealing ICO NHS Trust, North West London Hospitals underwent inspection of its three main hospital sites. The CQC published a report and ratings for each hospital inspected, as well as an overall North West London Hospitals Trust rating.

<b>CQC Overall ratings for the NWLH Trust</b>		
Overall rating for NWLHT	Requires Improvement	●
Are services at this Trust safe?	Requires Improvement	●
Are services at this Trust effective?	Requires Improvement	●
Are services at this Trust caring?	Requires Improvement	●
Are services at this Trust responsive?	Requires Improvement	●
Are services at this Trust well led?	Requires Improvement	●
<b>CQC Overall ratings for three hospitals</b>		
Central Middlesex Hospital (CMH)	Good	●
Northwick Park Hospital (NPH)	Requires Improvement	●
St Mark’s Hospital (SMH)	Requires Improvement	●
		●

## Section 2 – Areas for Improvement

As part of the findings from the inspection of our hospitals the CQC produced a list of recommendations. These actions are grouped into actions that **MUST** be taken and those that **SHOULD** be taken to improve.

### Action that **MUST** be taken to improve:

- The Trust must ensure that there are appropriate numbers of staff to meet the needs of patients in the A&E department, surgical areas and critical care (NPH and SMH)
- The Trust must ensure there are systems in place to assess and monitor the quality of service provided in A&E, critical care, surgery and maternity, to ensure services are safe and benchmarked against national standards (NPH).
- The Trust must ensure that the environment is safe and suitable in Paediatric services (NPH)
- The Trust must ensure that equipment is available, safe and suitable within the Paediatric service (NPH)

### Action that **SHOULD** be taken to improve

- The staff should review medical and nursing levels particularly in areas which directly impact on care provided to patients such as SMH
- The Trust should ensure all staff are aware of escalation procedures and that these are followed
- The Trust should ensure all policies, procedures and protocols are based on national guidance and are in date.
- The Trust should ensure improvements are made to the Maternity service to ensure a cohesive, safe and effective service is provided to women
- The Trust should review and improve multi disciplinary working within Maternity services
- The Trust should improve appraisal rates for staff
- The Trust should take steps to improve its Friends and Family test rating
- The Trust should take steps to ensure staff receive feedback on incidents reported
- The Trust should improve visibility of the leadership and communication with staff, particularly at CMH to develop a sense of cohesion for the organisation.

## Section 3 – Actions the Trust MUST take to improve

This section lists the compliance actions that the Trust MUST take to improve.

The progress status of each action is indicated by the colour code below

Milestone Rating key :	
Completion Status	
	Delivered
	On Track
	Issues – Narrative description
	Not on track to deliver

The compliance action plan is overseen by the Clinical Performance and Patient Experience committee of the Trust Board.

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
<b>Actions the Trust MUST take to improve – Mission Critical Key Actions</b>							
<b>REGULATION:</b> Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.							
<b>KEY RISK:</b> People who use services and others were not protected against the risks associated with ineffective decision-making in order to protect their health, welfare or safety.							
1.	Very little information was systematically collected on the safety and quality of care and treatment provided within critical care.	ICNARC license application required - May 2014 Confirmed joining – June 5, 2014.	Clinical Director  Divisional General Manager / General Manager	August 2014	Joined – June 5, 2014. Data collection in place with NWL <i>Critical Care Network Quality measures uploaded</i> for first quarter of 2014/15 The nurse practice group has developed 'Safety Thermometer Measures' from published guidance. The results to be displayed on Quality Board which will located for patient, family and staff information The ICS, ICNARC and ACUBASE systems collate necessary data. Info flows between systems to be confirmed to reduce double entry. The ICS standard for data is a risk register and associated audit calendar which the CIRG is undertaking. ICU governance will become a platform for dissemination of learning points of incidents raised and investigated. ICNARC – Audit Manager appointed	Complete July 2014  Complete Sept 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		Clinical Lead role made explicit,  Focus on recruitment	Clinical Director  Divisional General Manager / General Manager	August 2014	Dedicated 1PA for development, leadership and overseeing of quality measure return.	Complete July 2014	De
				Dec 2014	<b>SHOs</b> - all 9 in post at present; one consultant (ACC) with direct responsibility for SHO recruitment. Additionally, we are in advanced talks about getting ICM trainees to replace some of our current Clinical Fellow posts in August 2015 <b>Middle Grades</b> - 3 in post. Interviews; 2 pulled out, one appointed but cannot start until August 2015. Jobs to be re-advertised <b>Consultants</b> - job description recently received from Regional Advisor. To be revised before plans for advert.		On Track

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		Recruitment to Audit Nurse Post	Clinical Director/DGM	Nov 2014	Complete	September 2014	Del
2.	There was a lack of up-to-date protocols and guidelines for staff to work from within surgery.	<p>Programme of update for guidelines and protocols by Clinical teams in line with best and evidence based practice.</p> <p>Draft and update catalogue of Medical Policies including</p> <ul style="list-style-type: none"> <li>• Sedation</li> <li>• Management of septic patient</li> <li>• Renal replacement</li> <li>• Deteriorating patient</li> </ul>	<p>Divisional Clinical Director</p> <p>Head of Nursing</p> <p>Divisional General manager (DGM)</p>	<p>Consult and write up to end of Oct 2014</p> <p>Approval during Nov 2014</p> <p>Publicise and test efficacy during Dec 2014</p>	<p><b>Protocols :-</b></p> <p>Sedation – Completed</p> <p>Renal replacement – Completed.</p> <p><b>Other progress includes:</b></p> <p>Analysis of complaints and incident data will be displayed on the Quality Board. It will also include actions taken and changes to practice that have been implemented.</p> <p>Dedicated ICU Clinical Governance Day for Friday 5th December. Agenda to be disseminated in due course</p> <p>Clinical Incident Review Group monitors risk register and reported incidents.</p>		On Track
3.	The maternity service did not respond to complaints in a timely manner, nor did it actively seek women's feedback on the maternity pathway.	<ul style="list-style-type: none"> <li>• Ensure clear display of Trust posters and information on: 'Listening, responding and improving your experience'</li> </ul>	<p>Director of Nursing</p> <p>Head of Patient Experience</p> <p>Head of Midwifery</p>	September 2014	<ul style="list-style-type: none"> <li>• Posters in place</li> <li>• Complaints Improvement plan</li> <li>• Women's Feedback Plan devised and being implemented.</li> </ul> <p><b>Evidence available.</b></p>	September 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		<ul style="list-style-type: none"> <li>Audit compliance</li> </ul>	DGM and Clinical Director for Women's and Children's services	Dec 2014			On track
		<ul style="list-style-type: none"> <li>Staff engagement workshop</li> </ul>	Director of Nursing HR Business Partner Head of Midwifery DGM and Clinical Director for Women's and Children's services	September 2014	First one undertaken. <b>Evidence available.</b>		On track
		Develop Complaints management improvement plan and trajectory for compliance with response standards and to sustain continued Trust wide performance	Director of Nursing Head of Patient Relations Head of Midwifery DGM and Clinical Director for Women's and Children's services	September 2014	Complaints management improvement plan <b>Evidence available.</b>	September 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		<ul style="list-style-type: none"> <li>Recruit designated maternity Patient Experience &amp; Quality Improvement Lead. (appoint interim)</li> </ul>	Head of Midwifery DGM and Clinical Director for Women's and Children's services	November 2014	Job description developed <b>Evidence available.</b>		On Track
		<ul style="list-style-type: none"> <li>Explore mechanisms for real time patient feedback</li> </ul>	Head of Patient Experience Head of Midwifery DGM and Clinical Director for Women's and Children's services	September 2014	Women's Feedback Plan devised and being implemented. Includes electronic real time feedback, equipment has arrived. <b>Evidence available.</b>		On track

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		<ul style="list-style-type: none"> <li>Develop women's feedback plan on maternity pathway, to include:               <ul style="list-style-type: none"> <li>➢ Improve response rate of F&amp;F test.</li> <li>➢ Themes and trends from on call supervisor of midwives and bleep holder</li> <li>➢ Repeat of national survey</li> </ul> </li> </ul>	Head of Patient Experience  Head of Midwifery DGM and Clinical Director for Women's and Children's services	Sept 2014  January 2015	Women's Feedback Plan devised and being implemented. <b>Evidence available.</b>	September 2014	Del  On track
		Improve feedback, learning and change through being incorporated into: <ul style="list-style-type: none"> <li>➢ Divisional Monthly Clinical Governance meetings.</li> </ul>	Head of Midwifery  DGM and Clinical Director for Women's and Children's services	October 2014	Women's Governance Board Meeting Agenda and minutes. <b>Evidence available.</b>	October 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
4	The lack of escalation processes in maternity.	Re-launch Maternity Early warning Signs MEOWS assessment and escalation tool	Director of Nursing and Medical Director	Re-launch in Sept 2014	Tool re-launched. <b>Evidence available.</b>	September 2014	Del
			Women's and children's services clinical management team	Audit of compliance November 2014	Tool in place <b>Evidence available.</b>		On Track
		Review bed management escalation protocol and re-launch  Review clinical escalation protocol and re-launch		Review and re-launch Sept 2014 Review and re-launch Nov 2014	Bed management escalation protocol reviewed and re-launched. <b>Evidence available</b>	September 2014	Del
				Audit of compliance November 2014	Draft clinical escalation protocol.		On track
		Establish joint midwifery and obstetrician handover		Establish Oct 2014  Audit of compliance January 2015	Joint midwifery and obstetrician handover in place <b>Evidence available</b>	October 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
<b>Actions the Trust MUST take to improve – Mission Critical Key Actions</b>							
<b>REGULATION:</b> Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare							
<b>KEY RISK:</b> Women who use maternity services at Northwick Park Hospital were not protected against the risks of receiving care or treatment that is inappropriate or unsafe							
5.	Women not having their individual needs met as comfort checks on the postnatal ward were not regular	Comfort Rounds in place requires an audit with process review to ensure outcome of regular checks noted is established	Director of Nursing Head of Midwifery	November 2014	Comfort round guidance re-launched. <b>Evidence available</b>  Audit in November		On Track
6.	Women may not have their safety and welfare ensured because behaviour and attitudes of some midwives towards women fell below expectations.	Provide ongoing customer care training.  Re-launch expected standards for staff attitude & behaviour	Director of Nursing Head of Midwifery Head of Patient Experience	September 2014  Review training compliance Dec 2014	New Trust wide Customer care training commissioned. Customer care policy devised Local 'customer care' positive attitude, resilience training in place. <b>Evidence available</b>	September 2014	Del  On track
		Re-launch Maternity services staff attitude and behaviour charter & card.	Director of Nursing Head of Midwifery Head of Patient Experience	October 2014	Trust 'Working together in partnership: A charter for patients, visitors and colleagues'  Maternity services staff attitude and behavior Charter <b>Evidence available</b>	October 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		Launch 'See something say something campaign' for staff to raise concerns	Director of Nursing Head of Patient Experience	Nov 2014	'See something say something campaign' for staff to raise concerns- launched. <b>Evidence available</b>	October 2014	Del
		Undertake observational audits to assess patient safety and welfare standards.	Head of Midwifery	(September 2014) October 2014	Timescale slipped to Oct 2014 due to availability of additional resource but has commenced. <b>Evidence available</b>		On Track
		Implementation of midwifery consultation paper to ensure right staff, right skills right place.	Director of Nursing  Divisional General Manager  Head of Midwifery	Consultation started Feb 2014 and completed March 2014. Implementation started 1 <sup>st</sup> April 2014, staged programme of completion for March 2015.	Final approved midwifery staffing service model <b>Evidence available</b>		On Track

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
<b>Actions the Trust MUST take to improve – Mission Critical Key Actions</b>							
<b>REGULATION:</b> Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises.							
<b>KEY RISK:</b> People who use services and others were not protected against the risks associated with the safety and suitability of premises							
7	<b>Jack's Place:</b> The design of the ward meant that many areas were not observable from the nurses' station, or the reception desk, which posed a safety risk when children were playing in the ward.	Review of ward configuration to be undertaken with options for changes being scoped and costed.	Director of Nursing Director of Estates and Facilities Paeds management team	May 2015	Meetings taken place and provisional plans proposed. <b>Evidence available</b>		On track
	The ward appeared clean, but it was cluttered which meant thorough cleaning could not be achieved.	Implement weekly monitoring of ward using PLACE template	Director of Nursing Director of Estates and Facilities Ward manager	May 2014	Monitoring in place. <b>Evidence available</b>	Complete May 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
8	<b>Jack's Place:</b> The treatment room and store room doors on the ward were left open, potentially allowing access to children.	Door now remains locked with ongoing spot checks	Ward manager	May 2014	Door now remains locked with ongoing spot checks <b>Evidence available</b>	Complete May 2014	Del
9	<b>Jack's Place:</b> On the day of visit, there were blood samples on a shelf in the open area of Jack's Place awaiting collection, because the pneumatic tube system to take samples to the laboratory was out of order.	New process to be in place for contingency in event of pneumatic tube failure	Divisional General manager  Ward manager	September 2014		September 2014	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
<p><b>Actions the Trust MUST take to improve – Mission Critical Key Actions</b></p> <p><b>REGULATION:</b> Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment.</p> <p><b>KEY RISK:</b> People who use services and others were not protected against the risks associated with the safety and suitability of equipment</p>							
10	<p><b>Jack's place</b> Not all equipment in the ward was on the trust's asset register, which was why service dates had been overlooked.</p>	<p>Asset register completed with service schedule update</p>	<p>Head of Estates Ward manager</p>	<p>May 2014</p>	<p>All equipment on asset register <b>Evidence available</b></p>	<p>May 2014</p>	<p>Del</p>
11	<p><b>Jack's place</b> Some electrical equipment did not have PAT testing dates, and trust records showed that on the children's ward 24% of equipment had passed their due date for servicing.</p>	<p>Devices register and maintenance status corrected and updated</p>	<p>Head of Estates Ward manager</p>	<p>May 2014</p>	<p>Maintenance completed <b>Evidence available</b></p>	<p>May 2014</p>	<p>Del</p>
12	<p><b>Neonatal unit</b> We noted that a fridge in the neonatal unit was iced up and there were gaps in the temperature recording.</p>	<p>Fridge defrosted with out of samples disposed of. HCA to add to rota of temperature recordings</p>	<p>Unit manager</p>	<p>May 2014</p>	<p>Immediate action taken on day <b>Evidence available</b></p>	<p>May 2014</p>	<p>Del</p>

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
<b>Actions the Trust MUST take to improve – Mission Critical Key Actions</b>							
<b>REGULATION:</b> Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.							
<b>KEY RISK:</b> People who use services did not always have their health and welfare needs met by sufficient numbers of appropriate staff							
13	There were inadequate staffing levels to provide safe care to patients within the major's treatment area in the A&E department.	Additional staffing will become available post CMH A&E closure.	Chief Operating Officer DGM Emergency division Clinical Director  Head of Nursing	Sept 2014	CMH A&E Department closed on 10 <sup>th</sup> September 2014. Medical and nursing capacity has been transferred to NPH A&E rota's, increasing medical workforce and reducing nursing vacancies that were being held.	Sept 2014	Del
		Review of rota will take place	DGM Emergency division Clinical Director	Oct 2014	Full rota review underway to better match capacity to demand peaks and support new ways of working in our new A&E department, which is due to open at NPH this winter.		On track
		Appointment of new clinical leads	DGM Emergency division Clinical Director	September 2014	Additional Clinical Director capacity has also been introduced to support the Emergency Pathway.	Complete	Del

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
		<p>Full Business case submitted for additional beds submitted to TDA</p> <p>Beds/4 hour performance – Estates Strategy, Carroll Ward, Treat &amp; Transfer CMH, Modular Units (up to 100 beds by Oct 2015)</p>	<p>Chief Operating Officer</p> <p>DGM Emergency division</p>	Oct 2015	<p>Carroll Ward opened as planned at 8am on 10<sup>th</sup> September 2014, introducing 20 new acute assessment beds at NPH. A treat and transfer system to utilize CMH bed capacity (where clinically appropriate) has commenced and continues to safely maintain expected patient flows. The estates strategy is being delivered in partnership with Clinical Strategic Group, who are currently overseeing planned use of the old A&amp;E Department space (creating 4 additional beds), redevelopment of Jenner Ward day care (8 additional beds) and Fletcher Ward (22 additional beds). These changes, along with the full modular ward plan (October 2015) continue to be subject to additional capital investment from the TDA as business case.</p>		On track
14.	There were low numbers of middle grade doctors in general surgery.	Review middle grade staffing numbers and allocation across general surgery to assure sufficient cover and move to Consultant delivered service with associated recruitment plan as required	<p>Medical Director</p> <p>DGM Surgery</p> <p>Clinical Director</p>	Oct 2014			On track

No	Recommendation	Key action	Responsible Exec / Manager	Date for completion	Progress	Date completed	RAG status
15	Medical staffing levels were very low in critical care. A large number of positions were filled by locums and clinical fellows. The trainees in the department were very junior and unable to take on many tasks independently.	Clinical Lead to be with dedicated time to develop unit this includes the clinical teams	Medical Director DGM Clinical Director	May 2014	Dedicated 1PA for development, leadership and overseeing of quality	Complete	Del
		Robust weekly MDT Programme and Mortality Review meetings	Medical Director  DGM Surgery Clinical Director	October 2014	Weekly Grand Round and Clinical Governance meeting includes feedback to staff minutes are published and posted in the unit. A 'Risky Business' newsletter to be published monthly.		On track
		Recruitment plan in place and in progress	Medical Director  DGM Surgery Clinical Director	January 2015	<b>SHOs</b> - all 9 in post at present; one consultant (ACC) with direct resp for SHO recruitment. Advanced talks about getting ICM trainees to replace some current Clinical Fellow posts in Aug 15 <b>Middle Grades</b> - 3 in post. Interviews; 2 pulled out, one appointed but cannot start until August 2015. Jobs to be re-advertised <b>Consultants</b> - job description recently received from Regional Advisor. To be revised before plans for advert.		On Track



**Scrutiny Committee**  
26 November 2014

**Report from the Assistant Chief Executive**

For Action

Wards Affected:  
ALL

**Local Impact resulting from changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital**

**1.0 Summary**

- 1.1 In February 2013 the North West London joint committee of Primary Care Trusts approved implementation of the Shaping a Healthier Future Programme. The reconfiguration commenced with the closures of the A&E units at Central Middlesex Hospital and Hammersmith and Fulham Hospital on 10 September 2014. The next stage of implementation is the planned changes to maternity services at Ealing Hospital. The final decision on the timing of the implementation of the changes to maternity services at Ealing Hospital is due to be taken on 26 November by Brent Clinical Commissioning Group(CCG) and Ealing Clinical Commissioning Group.
- 1.2 The report from Brent CCG on the agenda of this meeting of the Scrutiny Committee sets out the anticipated impact that the changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital will have on Brent Residents.
- 1.3 The main changes proposed to take place across North West London are as follows:-
- Consolidation of maternity and neonatal services into six sites rather than seven. The rationale for this is to provide obstetric care and mid-wife led care in fewer specialised sites with higher levels of consultant care available; and
  - To incorporate paediatric inpatient services from six sites to five and co-locate with paediatric emergency care and short stay/ ambulatory facilities.

Meeting  
Date

Version no.  
Date

- 1.4 As a result of these proposals Ealing Hospital would stop providing maternity services additional, while additional capacity would be developed in the remaining six sites to accommodate the displaced patients. Ealing Hospital maternity services were selected for closure as the unit currently has a lower level of births in comparison to other maternity units in North West London. As a consequence the CCG argues that providing the necessary level of consultant care and adequately staffing clinical support services is not sustainable and could lead to unplanned closure if continued in its current configuration.
- 1.5 The report provides data on the modelling undertaken to assess the impact of closure at Ealing on other receiving maternity units across West London. During 2013/14 1% (44) of all births that took place at Ealing Maternity Hospital, were to women resident in Brent. 43% of Brent women elected to attend North West London Hospitals for their child's birth and 41% attended Imperial College Healthcare.
- 1.6 Other maternity units across NW London are having their capacity increased to provide for 4,200 births displaced by the closure. Brent CCG estimates that no more than 250 women from Ealing will elect to attend Northwick Park Hospital for their delivery. An online booking service is being put in place to enable close monitoring of chosen locations of births. The final date and arrangements for the planned closure have yet to be agreed by CCGs across NW London. Representatives of NWL Hospital Trust and Brent CCG will confirm further arrangements following a meeting of the CCG Boards of Ealing and Brent on 26<sup>th</sup> November 2014.

## 2.0 Recommendations

- 2.1 The committee is recommended to question representatives of the CCG on:-
- the robustness of their modelling assumptions and assurance plan;
  - the timescale for their implementation; and
  - what contingency plans are in place in case any of the proposals turn out not to be possible or feasible.

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Brent Overview & Scrutiny Committee – 26<sup>th</sup> November 2014

## **Local impact resulting from changes to maternity, neonatal, paediatrics and gynaecology services at Ealing Hospital**

### **INTRODUCTION AND BACKGROUND**

In February 2013 the North West London Joint Committee of Primary Care Trusts (JCPCT) approved implementation of the Shaping a Healthier Future Programme (SaHF). Following a judicial review the Secretary of State (SoS) for Health made the decision in October 2013 to implement the programme in full. Implementation of this reconfiguration commenced with the closures of Central Middlesex and Hammersmith Hospitals Accident and Emergency Departments on 10<sup>th</sup> September 2014.

The next stage of reconfiguration is the changes to maternity services and the inter-dependent services at Ealing Hospital. Brent Clinical Commissioning Group is due to make a decision on delegating the decision on timing to Ealing Clinical Commissioning Group, along with the other CCGs across North West London, on 26<sup>th</sup> November 2014. Ealing Clinical Commissioning Group is due to make a decision on the timings of changes to maternity services, and the inter-dependent services at Ealing Hospital on 26<sup>th</sup> November 2014.

This paper summarises the anticipated impact on Brent residents of the changes to Ealing maternity, inpatient paediatrics services.

### **SUMMARY OF APPROVED CHANGES**

The SaHF programme, led by local clinicians, proposed changes to services in NWL that would safeguard high quality care and services for the local population. This included:

1. Consolidation of maternity and neonatal services from seven to six sites to provide comprehensive obstetric and midwife-led delivery care and neonatal care.
2. Consolidation of paediatric inpatient services from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay /ambulatory facilities.

It was agreed that the key trusts for these services would be Chelsea and Westminster, Hillingdon, London North West Healthcare Trust, Imperial and West Middlesex.

Ealing Hospital was approved as the site to stop providing full maternity and paediatric services, with other units in NWL being developed to manage the additional capacity of women and children previously seen at Ealing.

### **Rationale for moving maternity and the inter-dependent services from Ealing Hospital**

1. Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward

2. Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London
3. Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs
4. Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15
5. There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service

The SaHF Clinical Board have reviewed all maternity interdependent services at Ealing Hospital and confirmed that the following services are critically interdependent:

1. Neonatal service – Maternity units must have a 24/7 Neonatal unit
2. Gynaecology service - *emergency/ in-patient gynaecology* at Ealing Hospital needs to move due to the shared staffing for obstetrics and gynaecology. Day-case and outpatient care will be retained at Ealing Hospital
3. Paediatrics service – due to shared paediatric-neonatology staffing, *paediatric in-patient* services are not sustainable at Ealing Hospital for more than three months after the transition of maternity/ neonatology.

## SUMMARY OF THE CASE FOR CHANGE

### Maternity and neonatal

- There are an increasing number of women with complex healthcare needs during pregnancy
- This requires an increased consultant presence in obstetrics in order to reduce maternal mortality and poor outcomes
- It was agreed that this will be done by consolidating obstetrics into a smaller number of units with more consultant cover on the labour ward, as approved by the JCPCT and SoS in February 2013 and October 2013 respectively

### Paediatrics

- Some children can be provided care at home or in an ambulatory setting as appropriate
- Staffing levels at Ealing Hospital are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels
- For high quality care, units need to be staffed properly. It was agreed that this would be done by concentrating emergency paediatric care and neonatal care into a smaller number of units, as approved by the JCPCT and SoS in February 2013 and October 2013 respectively

### Gynaecology

- The current clinical opinion is that emergency and in-patient gynaecology at Ealing Hospital needs to move to alternative sites simultaneously with (or soon after) maternity transition due to the shared staffing for obstetrics and gynaecology.
- Day-case and outpatient care will be retained at Ealing Hospital and the staffing for this will be facilitated via the recent merger between Ealing Hospital and North West London Trust (now called London North West Healthcare Trust).

- Further work is required to understand the agreed gynaecology model to be retained at Ealing Hospital and the impact this will have for staff and trainees at Ealing and therefore the wider trainee rotations elsewhere in the system in NWL.
- The volume of activity this change will affect is minimal and no adverse impact is expected on the local health economy

### **IMPACT ON BRENT SERVICES AND RESIDENTS**

The impact on Brent residents and NHS services of the changes to maternity and inter-dependent services at Ealing Hospital is not expected to be significant.

#### **Maternity services**

In 2013/14 there were a total of 4795 births by women resident in Brent. Of these only 1% (44 births) happened at Ealing Hospital. The majority of Brent women chose North West London Hospitals (43%, 2057 births) or Imperial College Healthcare (41%, 1971 births).

In the same year Ealing Hospital performed a total of 2,407 deliveries; one of the smallest units in London.

The other maternity units across NWL are putting in place additional capacity to receive the maternity activity from Ealing; and by 2015 the other units will provide a total additional capacity of 4,200 births. Northwick Park Hospital has confirmed that it is able to receive some additional activity, however our modelling indicates that no more than 250 Ealing women per year will elect to use Northwick Park as their delivery unit of choice. Resultantly, additional capacity is planned which will comfortably facilitate the receipt of this activity.

It is not anticipated that the changes would prevent Brent women from booking a delivery at their local hospital or one of the other units in NWL.

A Maternity Booking Service (MBS) is being set up (commissioned) to manage demand and capacity to protect women's choice and improve patient experience. Imperial College Healthcare Trust have been selected to implement and manage the operation of this service.

Further studies were recently undertaken with women and GPs in Ealing to establish the actual increases likely at each maternity unit across NWL. This validated the modelling undertaken as a part of the SaHF Decision Making Business Case and confirmed that the number of Ealing women likely to use Northwick Park for their delivery will be fewer than 250 per annum.

#### **Paediatric services**

Ealing Hospital's paediatric services are relatively small and as a result the impact on moving the activity elsewhere is small. Based on current paediatric inpatient activity it is estimated that the other trusts across NWL will collectively need to accommodate an additional 21 A&E attendances per day and a total of 16 additional in-patient and observation beds (replacing the 16 currently in place at Ealing Hospital). Further modelling is being done to confirm these numbers. Indicative feedback from all Trusts suggests that they are in a position to transfer this activity by summer 2015.

**Gynaecology services**

Further work is being done to model the changes required to gynaecology at Ealing Hospital and the impact this would have elsewhere in the system in NWL. The volume of activity this change will affect is minimal and no adverse impact is expected on the local health economy

**Assurance**

A rigorous and robust assurance process is being put in place to ensure capacity and readiness of receiving sites. This assurance process will have multiple domains which are likely to cover topics such as;

1. Quality
2. Workforce
3. Operational and capacity
4. Communications and engagement
5. Travel and Access
6. Equalities
7. Finance
8. Emergency Preparedness, Resilience and Response (EPRR)
9. System Assurance
10. Risk of delay

Brent CCG, along with the other 7 CCGs across North West London will be involved in the assurance process. The changes will be implemented at the optimum time and when it is safe to do so.

**Conclusion**

The impact on Brent residents and NHS services of changes to maternity and inter-dependent services at Ealing Hospital is not expected to be significant. Local services have the capacity to receive additional activity from Ealing without causing a negative impact on accessibility for Brent residents.

Brent CCG will update Brent OSC on the outcome of the Ealing CCG decision on 26 November 2014 and confirm the planned timings for implementing the changes, noting that this will go through a rigorous and robust assurance process and the changes will take place when it is safe to do so.

 <p><b>Brent</b></p>	<p align="center"><b>Scrutiny Committee</b> 26 November 2014</p> <p align="center"><b>Report from the Assistant Chief Executive</b></p>
<p>For Action <span style="float: right;">Wards Affected: ALL</span></p>	
<p><b>Developing Central Middlesex Hospital.</b></p>	

## 1.0 Summary

- 1.1 This covering report accompanies the paper from Brent Clinical Commissioning Group (CCG) outlining the proposals and process for deciding the new configuration of health services available from Central Middlesex Hospital.
- 1.2 Under the acute services reconfiguration set out within Shaping a Healthier Future (SaHF) agreed in 2013, Central Middlesex Hospital (CMH) has been defined as a local and elective hospital. Initial implementation of these proposals has resulted in the closure in September 2014 of the A&E unit at CMH. The remaining services due to be delivered from CMH include a 24/7 Urgent Care Centre, outpatient services, diagnostics, elective services and primary care. Further work on the SaHF structure has resulted in proposals to locate other services at CMH, in order to maximise the utilisation of the site. A Strategic Outline Case has proposed that detailed consideration be given to locating the following services at CMH:-
- An elective orthopaedic centre.
  - Mental Health inpatient facility relocated from the site at Park Royal.
  - A GP and primary care 'hub'.
  - A Genetics laboratory relocated from Northwick Park Hospital.
  - Relocation of rehabilitation beds currently at Willesden.
- 1.3 In 2014 the Strategic Outline Case was approved by the required CCG and NHS Boards and an Outline Business Case is currently being developed by Brent CCG to explore the detailed financial and service implications of the proposals for CMH.

- 1.4 As part of the development of the Business Case travel analysis, Equality Impact Assessments and a number of stakeholder consultation events have been held during 2014.
- 1.5 The report from Brent CCG sets out the findings so far in developing the business case, timings for reaching a decision and the implications for future service provision.

## **2.0 Recommendations**

- 2.1 The committee is recommended to consider the proposals from Brent CCG for the future configuration of services at Central Middlesex Hospital and their rationale. It is also recommended to consider the implications for access to health care services for Brent residents.

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Brent Overview & Scrutiny Committee – 26<sup>th</sup> November 2014

## **Developing Central Middlesex Hospital**

### **Background and Context**

With the agreement in 2013 to implement Shaping a Healthier Future (SaHF) and the change in services that sees Central Middlesex Hospital (CMH) become a Local and Elective hospital, Brent CCG in liaison with NWL CCGs and providers, now has the opportunity to redefine and transform how care is provided on this important site for the benefit of Brent residents.

As a local and elective hospital defined by SaHF, the services delivered at Central Middlesex Hospital are to include a 24/7 Urgent Care Centre (UCC), outpatients services, diagnostics, elective services and primary care.

We have done further work on how we can build on these services to offer a wider variety of services, ensuring that we are fully utilising what is some of our best NHS estate within North West London.

This additional work resulted in a Strategic Outline Case (SOC) being created and approved by North West London commissioners and providers for CMH which would offer additional services on site such as an; Elective orthopaedics centre, Mental health inpatient facility, primary care 'hub' and genetics laboratory.

The SOC also considered which services may benefit by being co-located on the CMH site, for which the rehabilitation beds currently located at Willesden have been considered.

We are currently developing an Outline Business Case (OBC) which builds much greater detail to scoping all of these services, including their layout within the site, how they would operate, staffing requirements and costs.

### **Proposals and Impact for Patients**

The intention is that a range of additional services will be provided at the CMH site to fully utilise this facility for the benefit of Brent and the NWL wide population, ensuring the long term clinically viable and financially sustainable future of the CMH site.

A Strategic Outline Case (SOC) was developed during 2013 and subsequently approved by the required boards in 2014. A SOC is a very preliminary assessment of costs, benefits, risks and funding and affordability and this was the first and initial step that was taken to scope a range of services that could be provided at CMH.

We are now developing an Outline Business Case (OBC) that builds upon the initial proposals and work undertaken in the SOC to further refine and develop the range of services at CMH. The OBC will provide more detailed development of the services than is contained in the SOC which will allow a more accurate costing of the services and ensuring clinical and financial viability.

### **Stakeholder Engagement**

During the SOC stage there were a range of stakeholder engagement activities including a workshop on 14<sup>th</sup> January 2014 and a public engagement meeting on 19<sup>th</sup> February 2014.

As part of the SOC, travel analysis on affected patient/carer journeys was undertaken on the range of services affected. This analysis showed that there are no significant impacts that would prevent the inclusion of the range of services being considered for CMH. Similarly, equalities impact consideration highlighted no significant impacts that would prevent the range of services being progressed.

Further equalities and travel impact analysis is now being undertaken for those services that are being progressed at the OBC stage.

### **Proposed range of additional services being developed under the SOC:**

- Hub Plus for Brent—providing an extended range of community based services for Brent residents including primary care (GP services), out-patient appointments, diagnostics, community services and the relocation of the rehabilitation beds from Willesden Centre for Health
- Elective Orthopaedic Centre for London North West Healthcare NHS Trust and Imperial College Healthcare NHS Trust
- Relocation of mental health services from Park Royal
- Relocation of regional genetics service from Northwick Park Hospital



## Public engagement/consultation considerations for services planned to be sited at CMH

Following patient and public engagement during development of the SOC, further appropriate patient and public engagement has been undertaken from June to October in further developing the additional services being proposed for location at CMH.

The patient engagement element of this programme has been developed in collaboration with the patient representative members of the Partnership Board (which meets regularly to ensure this programme is appropriately governed and that key decisions can be made to ensure it is making appropriate progress). An engagement matrix has been developed to ensure that appropriate engagement is being conducted for the key service developments. The matrix is being used to track and review the engagement activities undertaken during the OBC development and will be further used to specify any ongoing engagement and consultation requirements necessary on completion of the OBC to meet health and care legislation.

A patient engagement event for CMH took place on 17<sup>th</sup> July 2014, which was well attended and gave patients and the public an opportunity to hear about the proposals being considered for CMH and to help us further develop and refine the options. These options will undergo further engagement until they are well enough defined for the OBC. A future public engagement event on CMH is taking place at the Brent Health Partners Forum on 19<sup>th</sup> November 2014.

It is noted that the majority of the proposed changes have already been subject to formal stakeholder consultation as part of Shaping a Healthier Future (SaHF).

An element of the Hub Plus proposed for re-location at CMH is the rehabilitation beds and community services currently based at Willesden Centre for Health and Care which was not addressed within SaHF. The clinical review identified a positive impact for patients in co-locating the rehabilitation beds on the CMH site due to it being sited with a wider range of services and support. The relocation from Willesden to CMH is a distance of 2 miles.

Travel analysis on affected patient/carer journeys was undertaken at SOC stage and overall it suggested that there were no significant impacts that would prevent relocation of the rehabilitation beds from Willesden. It is however noted that this would provide both positive and negative travel impacts for some patients and their carers dependent on where they live in the borough. CMH has good public transport links and it also benefits from ample and increased parking facilities compared to Willesden (which has very limited availability of parking both on site and in the vicinity). Patients requiring rehabilitation services are usually transported to the service via hospital transport services so there would be little impact for the patients being transported to CMH instead of Willesden. The main travel impact would be on carers or family in visiting patients at the CMH site.

**Brent CCG intends to continue engaging with stakeholders including patients and the public in planning for the possible relocation of rehabilitation beds and community services from Willesden Centre for Health and Care to CMH.**

The community services moving from Willesden relates to staffing required to deliver the rehabilitation services as well as some other teams that provide outreach services to the population, for example; district nurses and health visitors who will continue to see patients in their usual care settings, ie; at home, at GP practices and at health centres.

**Development of the clinical models for services planned to be sited at CMH**

Clinical models were developed through a series of workshops with clinicians and staff, enhanced by engagement sessions with service users and the public, and one to one meetings with clinical staff. This indicated the following:

- Elective Orthopaedic Centre: It was suggested that greater learning could be obtained through engagement with South West London Elective Orthopaedic Centre. The Director and Chief Nurse of the South West London Elective Orthopaedic Centre met with operational management and clinicians from London North West Healthcare NHS Trust and Imperial Healthcare NHS Trust on 15<sup>th</sup> October 2014

- Brent Hub Plus: An additional c.20 rehabilitation beds are to be relocated from Willesden, care co-ordination and patient education functions as well as continuing to progress discussions with GPs to relocate to CMH (led by NHS England)
- Mental Health – the clinical model was agreed to be appropriate if it included:
  - the psychiatric intensive care unit;
  - the mother and baby centre; and
  - quality improvements through enhanced designs to include additional open space, de-escalation space and therapeutic space.

### **Refining forecast activity levels for services planned to be sited at CMH**

Activity levels were brought up to date to incorporate 2013/14 activity levels which were used to develop refined forecast activity levels for 2017/18.

### **Developing an estates solution**

During the development of the clinical model clinicians stressed the importance of the co-location of the psychiatric intensive care unit (PICU). This service was not planned to move to CMH but it became clear that this would be needed to be co-located to maintain/improve the patient and staff experience. In addition, clinicians and the public emphasised the importance of open space, de-escalation space and therapeutic space. This required significant changes to be made to the hospital and compromises would have had to be made. Furthermore, the bespoke nature of the Mother and Baby Unit would require significant changes to be made to CMH in order to achieve a fit-for-purpose design.

The combination of further spatial demands arising from the clinical model development and refined activity forecasts indicated the requirement for approximately 6,000 m<sup>2</sup> to 7,000 m<sup>2</sup> in excess of the available space in CMH.

The additional requirements for mental health identified in developing the clinical model were incorporated into the estates plans and costed. It was agreed by Central North West London NHS Foundation Trust (the mental health provider), SaHF, London North West Healthcare Trust and BHH CCGs that the increase in capital cost arising from the enhancements for mental health services would not be economically appropriate and that CNWL would independently review other opportunities.

In order to determine the prioritisation of services to be located in CMH the following redesign principles were adopted by the CMH Working Group and ratified by the CMH Partnership Board:

1. As far as possible, space is used for the purpose it was initially intended. This would help to ensure that the capital costs required for refurbishment could be minimised
2. As far as possible, reasonable clinical co-locations will be achieved. This would help to maximise the operational efficiencies delivered at CMH
3. The high level building layout should be such that:
  - a) Ground floor – reserved for walk in services
  - b) First floor – reserved for beds and theatres
  - c) Second floor – remains largely unchanged

This would allow for a logical flow of services which builds on the existing service configuration at CMH.

The result of this prioritisation further validated the exclusion of the mental health services (as proposed in the SOC and expanded as the result of consultation for the clinical model). Including mental health services would mean that the future use of areas of CMH would not be as originally intended, resulting in high capital costs to change the hospital when there were other services which could use more of the hospital as it is currently designed.

Central North West London NHS Foundation Trust (the mental health provider) is supportive of this decision and will independently review other opportunities.

### **Details of the proposed additional services**

#### **(i) Brent Hub Plus providing an extended range of community based services for Brent residents**

This was proposed within SaHF and therefore formal stakeholder consultation has already been undertaken. This included primary care (c. 7,500 list size), community and Out of Hospital services, including access to diagnostics that were intended to be sited at Central Middlesex Hospital, and the intention to work up these plans with appropriate patient and public engagement in the co-design to provide a positive impact.

This proposal includes up to c. 167,000 out-patient appointments being provided from CMH and would result in the majority of Brent residents attending CMH for their out-patient appointments. As services will be co-located this will provide patients with the opportunity to receive a wider range of services from a single site and having the opportunity to organise appointments as a one stop service, reducing the need for multiple visits.

The relocation of rehabilitation beds (c. 40) and community services from Willesden Centre for Health to CMH was not addressed within SaHF. The clinical review identified a positive impact for patients on co-locating the rehabilitation beds on the CMH site due to it being sited with a wider range of services and support. The relocation from Willesden to CMH is a distance of 2 miles.

Travel analysis on affected patient/carer journeys was undertaken at SOC stage and overall it suggested that there are no significant impacts that would prevent relocation of the rehabilitation beds from Willesden. It is however noted that this would provide both positive and negative travel impacts for some patients and their carers dependent on where they live in the borough. CMH has good public transport links and it also benefits from ample and increased parking facilities compared to Willesden (which has very limited availability of parking both on site and in the vicinity). Patients requiring rehabilitation services are usually transported to the service via hospital transport services so there would be little impact for the patients being transported to CMH instead of Willesden. The main travel impact would be on carers or family in visiting patients at the CMH site.

Brent CCG would welcome the view of Brent OSC on the possible relocation of the rehabilitation beds from Willesden Centre for Health to CMH so that should this option be assessed as viable and approved at OBC stage, that any further engagement and consultation requirements can be built into the development timeline.

The community services moving from Willesden relates to the staffing required to deliver the rehabilitation services as well as some other teams that provide outreach services to the population, for example; district nurses and health visitors who will continue to see patients in their usual care settings i.e.: at home/at GP practices and at health centres.

#### **(ii) Elective Orthopaedic Centre for London North West Healthcare NHS Trust and Imperial College Healthcare NHS Trust (c. 5,000 procedures).**

An Elective service was proposed within SaHF proposals. This included the intention to undertake elective activity at Central Middlesex Hospital and the intention to work up these plans with appropriate patient and public engagement in the co-design of such services to provide a positive impact. It is noted that this engagement will need to be as wide as possible to include patients from further afield than Brent. The recent engagement event on 17th July included stakeholder and patient representatives from across Brent, Harrow, Ealing and Hammersmith & Fulham. The clinical review identified a positive impact for patients on setting up a dedicated centre for elective orthopaedic procedures that will bring about improved patient outcomes including reduced length of stay in hospital, lower infection and complication rates and higher patient satisfaction due to it being a single speciality service.

### **(iii) Relocation of genetics from Northwick Park Hospital**

This option was not addressed within SaHF. However, this is a laboratory service. Patients are seen across multiple healthcare sites for their outpatient appointments and this will not change as a result of relocation of the laboratory services. The clinical review identified a positive impact in allowing Northwick Park Hospital to develop and expand other services at the Northwick Park Hospital site.

### **Patient Engagement and Consultation**

Further patient and public engagement is planned including the Brent Health Partners meeting on 19<sup>th</sup> November, with other engagement scheduled at the appropriate time.

### **Importance of Decisions**

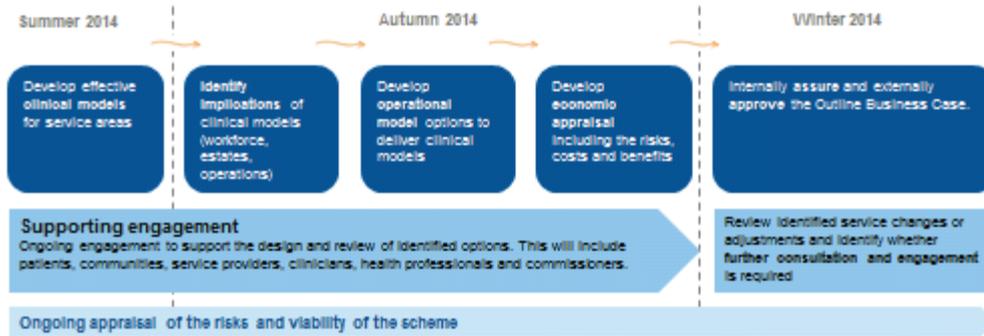
The relocation of rehabilitation beds from Willesden to CMH increases under-utilisation at Willesden Centre for Health and would result in increased costs to Brent CCG who holds the head lease for the site. The potential cost to Brent CCG of increasing empty space at Willesden and the requirement to subsidise rental costs for new services at both CMH and Willesden is high. The CMH site currently runs at an annual loss of £10.8M and the impact of moving services from Willesden adds a further c. £2m cost at Willesden to Brent CCG. Brent CCG is pursuing a number of initiatives to mitigate these potential increased costs, in partnership with NWL CCGs and providers as we expect the pressure to be absorbed across a number of organisations. The future decisions on CMH and Willesden have major service and financial considerations for Brent CCG and residents for many years to come.

### **Next Steps**

The OBC is being developed with stakeholder engagement across Brent and wider North West London for two elements of the OBC: Hub Plus for Brent and Elective Orthopaedic Centre.

Throughout the OBC process Brent CCG has and will engage with stakeholders and patients and public representatives to ensure that plans for services are tailored to the local population and an effective outcome for patients is achieved. **Brent CCG would welcome views of Brent OSC on the services being considered for CMH, support and advice on engagement in this process, and endorsement of the plans and approach detailed for the utilisation of CMH. Further engagement will be built into the development timeline should the OBC be approved to proceed to Full Business Case stage.**

The OBC will go through a formal approvals process through the affected statutory organisations, in the same way as was undertaken for the SOC approvals process.



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# **Promoting Electoral Engagement**

## **A Scrutiny Task Group Report**

**November 2014**

## **Index**

<b>Chair's Foreword.....</b>	<b>3</b>
<b>Task Group Membership.....</b>	<b>4</b>
<b>Executive Summary.....</b>	<b>5</b>
<b>Recommendations.....</b>	<b>7</b>
<b>1.0 Introduction- scope and purpose of the task group's work.....</b>	<b>9</b>
<b>2.0 Methodology.....</b>	<b>10</b>
<b>3.0 Background and Policy Context.....</b>	<b>10</b>
<b>4.0 Key Facts and Findings.....</b>	<b>11</b>
<b>5.0 Emerging themes.....</b>	<b>12</b>
<b>6.0 Development of comprehensive IER Roll-out Programme and communications strategy.....</b>	<b>13</b>
<b>7.0 Need for effective working with partners.....</b>	<b>14</b>
<b>8.0 Enhanced civic engagement with the community.....</b>	<b>25</b>

## Chair's Foreword



This task group was established in response to the challenges posed by the introduction of Individual Electoral Registration (IER), the most significant change in the electoral system for 100 years. The right to vote is fundamental to democracy and it is for this reason that Brent Council's new administration has made this issue a corporate priority.

Brent has always had a significant level of under-registration. However, the transition to IER presents an opportunity to better understand how significant the problem is, and more importantly, offer practical proposals as to how Brent, and our partners, can improve registration.

To ensure a successful transition to IER, the council must also change the way we work, the way we engage with partners and to engage more with community groups and residents. The council must champion voter registration, by making the case for civic participation. As we have subsequently found out, however, not being included on the electoral register could also mean being unable to undergo a credit reference check which can significantly impede an individual's ability to access financial services, including a mortgage or even a mobile phone contract.

Brent is an incredibly diverse borough; no two wards look alike. Through our investigations, we have discovered that even within neighbourhoods and polling districts, there is a large variance in voter registration. This means that we need to a bespoke plan to target those most at-risk of not registering and to concentrate efforts in the areas most in need and make best use of communications tactics that target those who are hardest to reach.

Consequently, a successful transition to IER is not something that the council can do on its own. It will require a huge joint effort across council services and local stakeholders, partner agencies and community organisations.

Unlike previous scrutiny task groups, the approach taken in this instance has shown that by working more collaboratively with service areas, issues and findings can be actioned much more quickly.

I would like to thank the numerous officers and councillors who sat on the task group and the many witnesses who kindly devoted their time to contribute to this report.

Cllr Neil Nerva

Chair, Individual Electoral Registration Scrutiny Task Group

November 2014

## **Task group membership**

- Cllr Neil Nerva (chair)
- Cllr Tom Miller
- Cllr Janice Long
- Cllr Tayo Oladapo
- Cllr Arshad Mahmood
- Cllr Rita Conneely
- Cllr Aisha Hoda-Benn

Policy support has been provided by James Curtis (Policy Officer) and Christopher Young (Senior Policy Officer).

In order to complete the work, the task group gathered evidence from a number of internal and external partners. We would like to thank the following colleagues from within Brent Council and our partners, who have provided invaluable insight throughout this process.

### **Brent Council:**

- James Diamond (Communications)
- Sean O'Sullivan (Electoral Services - ERO)
- Peter Goss (Democratic Services)
- Dr John Birkett (Research and Intelligence)
- Jo McCormick (Partnerships and Participation)
- Tessa Awe (CVS Brent)
- Freda Owusu (Brent Housing Partnership)
- Tony Hirsch (Policy and Performance)
- Carl Holloway (Media Relations)
- Cllr Michael Pavey (Deputy Leader of the Council)
- Thomas Cattermole (Member Services)
- Nicola Mclean (Brent Youth Services)
- Dr Melanie Smith (Director of Public Health)
- Phillip Porter (Director of Adult Social Care)

### **External Partners:**

- The Electoral Commission
- Francis Henry (Daniel's Estate Agents)
- Ann O'Neil (Brent Mencap)
- Lesley Spencer (Manchester City Council)
- Elisabeth Pop (Hope not Hate)
- Manpreet Chhokar (Hope not Hate)
- Chris Ruane MP (Political and Constitutional Reform Committee)

## Executive Summary

Individual Electoral Registration (IER) was introduced through the Electoral Registration and Administration Act 2013 and, from June 2014, all newly registered voters must be registered under the new system. IER requires each person to register individually rather than having one person in the household supply the details of everyone living at a particular address. In addition to a current address, it also requires two personal identifiers - further proof of identity and eligibility – in the form of a National Insurance (NI) number and a date of birth.

The introduction of IER, therefore, presents the council with significant challenges as well as a range of opportunities to improve voter registration across Brent, as uncovered by the task group's investigations. One of the more unique opportunities presented by the transition to IER is that, over the course of this process, a much clearer picture of under-registration may be developed and, in turn, targeted through an intelligence-led communications strategy.

This task group was established with the over-arching aim of ensuring that as many of Brent's residents are transferred to the new system as possible. Further outcomes include the following:

- To ensure that a clear and coherent IER roll-out programme and communications strategy is developed for promoting electoral engagement in the borough, with a particular focus on under-represented groups;
- Ensure that the council and elected members are engaging with local communities around civic participation and voter registration;
- Harness the expertise of local VCS organisations to reach out to residents;
- Ensure that the maximum people in the borough are successfully transferred to the new system with a target rate of 95%; and
- Increase the proportion of local people on the electoral register.

Prior to the first revised register being published on 1 December 2014, a confirmation 'dry-run' data-matching exercise, which cross-referenced data from the Department for Work and Pensions (DWP) with local electoral registers was undertaken to confirm electors' addresses. In Brent, 67.6% of electors were successfully matched; this is significantly below the national average of 79% but just below the London average of 68%.

A Red, Amber, Green (RAG) rating has been assigned to each individual to indicate the extent to which they have been successfully matched. Red indicates that no-one at the property has matched, Amber indicates discrepancies at the property (e.g. someone whose name has recently changed), whereas Green indicates a full match.

The matching exercise has allowed the council to identify what the lowest matching polling districts are. Consequently, the report recommends the Electoral Services team make a concerted effort to target the polling districts with the highest overall number of Amber and Red matches. Whilst the matching exercise has revealed the geography of under-registration, the demographics of under-registration have been more difficult to establish. Therefore, the report recommends that more work is required to establish the demographic trends of under-registration as these may have implications for the IER roll-out.

After considering evidence taken from key officers from Brent Council's services, voluntary and community sector organisations and other key stakeholders, this report advocates a threefold approach for improving voter registration as a whole and for targeting the lowest-matching polling districts:

1. The need for a comprehensive IER roll-out programme and communications strategy which is characterised by intelligence-led targeting of areas and at-risk community groups. The strategy should use clear and effective messaging;
2. The need for more effective work with partners including the voluntary and community sector, housing and other statutory and non-statutory partners; and
3. The need for enhanced civic engagement with the community (e.g. improved civic education and greater outreach by elected members).

The risk of under-representation due to the shift to IER remains considerable. In previous years Brent's Electoral Services team, through their registration drives and canvasses, have achieved registration rates of 95%. What the matching, therefore, tells us is that – even as snapshot – voter registration is not as accurate as we would like to think. Moreover, the Electoral Commission estimates that some 7.5 million eligible voters nationally will not be registered to vote in more is not done to promote electoral registration.

## Recommendations

In light of the facts and findings highlighted in this report, the task group makes the following recommendations. These recommendations, which can be broadly grouped into three themes, include:

### **Theme 1: the need for a comprehensive IER roll-out programme and communications strategy**

1. Carry out further work to establish key target groups so that bespoke tactics may be used to reach more eligible voters. This would include an assessment the audiences attitudes, opinions and motivations as well as any potential language barriers there may be;
2. When developing the IER roll-out programme, the lowest matched polling districts and wards should be primarily targeted during canvassing;
3. The Electoral Services team should work with all council departments and partners to adopt an 'every contact counts' approach to ensure contact with residents is maximised, including email footers, automated messaging and library card and blue badge applications;
4. Proximity and broadcast messaging and social media should be considered as part of the communications strategy;
5. The communications team should engage young people to be actively involved in the development of communications materials aimed specifically at young people;
6. The communications team should develop messages around the benefits of civic participation and why it is important to register as well as the negative consequences of not being listed on the register;
7. Leaflets and posters about IER should made clearer and the headings made bold, snappy and straightforward to better communicate with residents with learning difficulties and visual impairments. A QR code<sup>1</sup> could also be placed on leaflets to direct people to the website;
8. Postal communications with electors should include a covering letter that is straightforward and easy to understand;
9. It should be made clear in the council's covering letter that unique identifiers other than an National Insurance (NI) number can be used to, details about unique identifiers should also be placed on the website; and
10. Brent's website should have a link directing people to the Jobcentre Plus website where they can obtain a NI number if they do not have one.

### **Theme 2: the need for more effective working of partners including the voluntary and community sector, housing and other statutory and non-statutory partners**

11. Electoral Services should engage Adult Social Care (ASC), Public Health and external partners such as the NHS and Brent Mencap to ensure that potentially vulnerable residents are successfully registered;
12. Electoral Services should work with ASC to develop clear guidelines to inform both residential and domiciliary carers of their civic duties regarding those under their care, they must also inform residents under their care about IER as part of the 'making every contact count' programme;

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<sup>1</sup> A code that by read by any imaging device (e.g. a smartphone) which links to further information.

13. The council's Public Health function should encourage sign-up to IER through its commissioned services;
14. The council should ensure that polling stations are fully accessible to disabled residents and that staff are appropriately trained;
15. Full advantage is taken of the opportunities presented by landlord licensing and that the information gleaned from licensing is fed directly into the IER roll-out programme;
16. Clear guidelines for canvassing Brent Housing Partnership (BHP) properties must be developed, the names and numbers of tenancy officers obtained and confirmation letters provided to canvassers by BHP;
17. Canvassers should also include visits to specialty shops catering to residents from different backgrounds;
18. Commonwealth, EU and new citizens should be encouraged to sign-up to IER by incorporating information and forms about IER into a welcome pack;
19. The Electoral Services team work with GP practices, dentists, opticians and pharmacies to encourage voter registration;
20. Electoral Services and Housing should monitor the developments around 'right to rent' for any impact it might have on information gathering and communication with residents;
21. Electoral Services should scope the possibility of working with estate agents in Brent to incorporate IER registration into potential welcome packs alongside council tax forms and utility company registration forms;
22. Electoral Services should scope the capacity to work with The University of Westminster and other higher education institutions such as the College of North-West London to integrate into enrolment processes similar to a model used by Manchester City Council;
23. Brent Council should work with the Greater London Authority (GLA) to lobby Parliament to introduce legislation similar to the National Voter Registration Act (NVRA); and
24. Electoral Services should work with Brent Youth Services and Bite the Ballot to register young people.

**Theme 3: the need for enhanced civic engagement with the community (e.g. improved civic education and greater outreach by elected members)**

25. Electoral Services should work closely with Brent's Partnerships and Engagement team and CVS Brent to take full advantage of the VCS sector, both in terms of delivering registration services and in providing information to the council about outreach work in the community; and
26. The council and elected members work closely with Hope not Hate (HnH) to better engage with local VCS organisations and elected members should support Electoral Services to do this.

## 1.0 Introduction – the scope and purpose of the task group’s work

Individual Electoral Registration (IER) has been described as the most significant change to the electoral system in the last 100 years. The IER system went live in June 2014 and is expected to fully supplant the current Household Electoral Registration system on 01 December 2015 with the aim of making the process of registration more convenient and secure. IER is different from the current system in that it requires each person to register individually, instead of one person in a household supplying the details of everyone living at that address. Online registration will be available from the start of IER and it is hoped this will help everyone who is eligible to vote to have control over their own registration. Another key difference is that registration will now become an annual process, meaning voters will have to re-register prior to each election.

The introduction of IER has highlighted the challenge of low levels of voter registration and civic engagement, both of which have been significant issues in Brent for a number of years and need addressing. Consequently, a number of issues raised in this document would be of relevance in spite of the introduction of IER. At this point, it is unclear how many eligible voters there are in Brent who, for a number of reasons, may not be registered to vote.

The purpose of this particular task group is to ensure that all of Brent’s residents are successfully transferred onto the new electoral roll. Therefore, the task group’s intended outcomes are:

- To ensure that a clear and coherent IER roll-out programme and communications strategy is developed for promoting electoral engagement in the borough, with a particular focus on under-represented groups;
- Ensure that the council and elected members are engaging with local communities around civic participation and voter registration;
- Harness the expertise of local VCS organisations to reach out to residents;
- Ensure that the maximum people in the borough are successfully transferred to the new system with a target rate of 95%; and
- Increase the proportion of local people on the electoral register.

After considering evidence taken from key officers from Brent Council’s services, voluntary and community sector organisations and other key stakeholders, this report advocates a threefold approach for improving voter registration as a whole and for targeting the lowest-matching polling districts:

1. The need for a comprehensive IER roll-out programme and communications strategy which is characterised by intelligence-led targeting of areas and at-risk community groups. The strategy should use clear and effective messaging;
2. The need for more effective work with partners including the voluntary and community sector, housing and other statutory and non-statutory partners; and
3. The need for enhanced civic engagement with the community (e.g. improved civic education and greater outreach by elected members).

So far, the London Borough of Brent is the only local authority that we are aware of to undertake scrutiny work on Individual Electoral Registration. The new administration in Brent has made scrutiny of electoral registration a corporate priority. The transition to IER also raises issues of equality and diversity, many of which are addressed within this report’s findings and recommendations. The council must ensure it is fulfilling its public sector equality duties and this extends to civic participation and voter registration.

## 2.0 Methodology

The task group drew on a range of quantitative and qualitative data for this project which can be broadly grouped into four categories:

**Quantitative:** drawn from the DWP and collated by Brent's Research and Intelligence team. Data has also been obtained from the credit referencing agency Experian and the Office for National Statistics;

**Qualitative – evidence given:** consisting of face-to-face evidence and presentations given by relevant experts and stakeholders to the task group;

**Qualitative – consultation:** consisting of telephone and face-to-face consultation with relevant organisations such as the Electoral Commission; and

**Qualitative – secondary research:** consisting of the desktop-based collation of existing pieces of policy literature on the subject and examples of best practice from elsewhere.

## 3.0 Background and Policy Context

Individual Electoral Registration (IER) was introduced through the Electoral Registration and Administration Act 2013 and from June 2014 all newly registered voters must be registered under the new system. IER requires each person to register individually rather than having one person in the household supply the details of everyone living at a particular address. It also requires further proof of identity and eligibility in the form of a National Insurance (NI) number, date of birth and current address. Online registration will be available from the start of IER and it is hoped this will help everyone who is eligible to vote to have control over their own registration. Another key difference is that registration will now become an annual process, meaning voters will have to re-register prior to each election.

Low levels of voter registration and civic engagement have been significant issues in Brent for a number of years and, consequently, a number of issues raised in this document would be of relevance in spite of the introduction of IER. At this point, it is unclear how many eligible voters there are in Brent who, for a number of reasons, may not be registered to vote and the transition to IER underscores this more important, ongoing issue which needs addressing.

The Electoral Commission has mandated that local authorities - and their Electoral Registration Officers (EROs) - set a timetable for local strategies to be developed in order to transition to the new system. Prior to the first, revised, register being published on 1 December 2014 a data matching exercise, known as the confirmation 'dry run', was undertaken to confirm existing local electoral registers with addresses taken from a database at the Department for Work and Pensions (DWP). This was done to accurately match individuals to their addresses.

A Red, Amber, Green (RAG) rating system was assigned to each individual on local registers to illustrate the extent to which they matched. Red indicated no-one at the property was successfully matched; Amber indicated discrepancies at the property (e.g. someone who goes by a shortened or nickname); Green indicated a full match.

As well as the confirmation dry run, the Electoral Commission also requested that local authorities cross-reference DWP data with local records, such as Council Tax databases.

Brent was one of the local authorities which the Electoral Commission reported as having not done this. However, having consulted with Electoral Services, this was not undertaken due to IT problems and the Commission was subsequently informed.

All electors who have been successfully matched in this process will be automatically transferred to the new role and have been written to with confirmation of their status. For households that have been matched Red or Amber, the council has sent out a household inquiry form; this is, in effect, the equivalent of the traditional canvass form. Following the return of the household inquiry form, an invitation to register must be sent out to each eligible person requesting their date-of-birth and national insurance numbers.

Two reminders will be sent and followed up by household visits if necessary. It remains a civil offence not to return the forms and Electoral Registration Officers (EROs) may impose a civil penalty of £80 for not doing so. The first revised electoral register will then be published on 01 December 2014, after which there will be a follow-up canvass of those who initially failed to register.

Following this, an order will be laid before Parliament in August 2015 to fully conclude the transition to IER when the full register is expected to be published on 01 December 2015. However, if no order is laid by Parliament, the transition period could extend to 2016. At this point those who have not provided the correct documentation will be removed from the electoral roll.

The risk of under-representation due to the transition to IER remains considerable, particularly when there is already a high level of under-registration in the UK as a whole. As of July 2014, the Electoral Commission estimated the figure to be as high as 7.5 million voters, some 15% of people eligible to vote.

In introducing IER a year earlier than scheduled, the government acknowledged that local authorities may be put under increased pressure to deliver the changes to implement the new system. The Cabinet Office, therefore, has made it clear that any activities which create additional costs will be met by top-up funding to support the transition to IER. As is the case elsewhere, there is some concern in Brent that the new system will lead to a long-term increase in work which will not be matched by government funding. The task group has been told that such additional funds have been made available through yearly ring-fenced Cabinet Office grants to support the transition to IER. So far, these include the following:

- £11,000 in August 2013; and
- £217,641 in 2014/15.

Although funding arrangements have not yet been disclosed for 2015/16, Brent's Electoral Services team are expecting a similar level of grant funding for further work.

#### **4.0 Key Facts and Findings**

- IER came into law in June 2014, from which point electors must register individually through the new system;
- Key features of IER include:
  - The traditional method of household registration will cease and all electors will be required to make an annual separate individual application;
  - All applicants will have to supply two personal identifiers, usually their date of birth and national insurance number (see Appendix A); and

- The need for handwritten signatures has been removed, thus allowing applicants to register online using an electronic signature.
- Brent's Electoral Services produced a Public Engagement Strategy in the Spring of 2014 (see Appendix B) and the communications team are in the process of developing a strategy which will be informed by the new register to be published in December 2014;
- Electoral services currently employ 3.5 full-time members of staff<sup>2</sup> and two temporary fixed-term staff. This number, however, is increased at key moments in the electoral cycle from within Democratic Services. Based on benchmarking done by the department across 15 London boroughs, the Electoral Services capacity in Brent is considerably smaller when compared with the other boroughs. Brent currently has a ratio of 00.32 members of Electoral Services staff relative to the size of the electorate, compared with an average of 00.69 across the other boroughs surveyed;
- The electoral services team has a budget of £217,000 in 2014/14 from a Cabinet Office grant allocated for the transition to IER. Similar levels of funding are expected for 2015-16;
- There is a lack of clarity around e-registration and the potential for registration fraud and identity theft;
- Nationally, the matching exercise revealed 79% Green matches, 3% Amber and 18% Red.
- Overall 67.6% of electors in Brent were successfully matched, just under the London average of 68%;
- Brent is an incredibly diverse borough and no two wards are the same. Something which further highlights the need for a bespoke approach to engaging with key community groups and areas;
- There is a need for greater engagement with vulnerable residents and their representative groups (VCS organisations);
- Similarly, there is a need to increase engagement on civic participation in the borough, particularly amongst Brent's young people and minority ethnic groups;
- Large numbers of Brent's residents speak English only as a second language;
- The Electoral Commission's (statutory) registration form is not as clear as it could be and important information is missing;
- There are a number of internal and external partners within the housing sector and higher education that are ideally placed to feed into the strategy and to help with voter registration;
- Thirty-two per cent of Brent's residents are now living in the PRS which is characterised by short-term tenancies and, therefore, are at an increased risk of not registering;
- There are a number of negative consequences of being removed from the electoral register besides not being able to vote, of which residents need to be aware; and
- The committee is pleased to hear that Electoral Services are looking to recruit an additional staff member to assist in implementing IER.

## 5.0 Emerging themes from evidence taken by the task group

Given the scope of the reforms to electoral registration and likely impact of not preparing well for the transition to IER, the task group felt that it was important to take evidence from as wide a range of council officers, voluntary and community groups and other local and national stakeholders. This section draws on these discussions and highlights

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<sup>2</sup> Here 3.5 members of staff means 3 full-time and one part-time.

recommendations in line with the evidence and best practice as it was heard by task group members.

Throughout the course of the task group's work three recurrent themes emerged from which the task group's recommendations have been drawn, including:

1. The need for a comprehensive IER roll-out programme and communications strategy which is characterised by intelligence-led targeting of areas and at-risk community groups. The strategy should use clear and effective messaging;
2. The need for more effective work with partners including the voluntary and community sector, housing and other statutory and non-statutory partners; and
3. The need for enhanced civic engagement with the community (e.g. improved civic education and greater outreach by elected members).

## **6.0 Development of a comprehensive IER roll-out programme and communications strategy**

The development of a comprehensive IER roll-out programme and communications strategy must take into account the fact that data collected and used through the dry-run matching exercise provides only a snap-shot in time picture of low matching households.

Having consulted with colleagues in the Research and Intelligence team, the engagement strategy has identified the highest (and lowest) matching wards as well as those best and worst performing polling districts. This breakdown will guide efforts to target those areas where matches are lowest.

Allied to this place-based approach of targeting particular polling districts, an effective communications strategy must be at the heart of the IER roll-out programme. It must convey the appropriate messages about IER to the groups identified as most at-risk and be tailored to the demographics of the borough. Crucially, this will be dependant on producing clear and effective communications products and utilising the most appropriate mediums to reach these demographics.

### **6.1 Place-based targeting**

Representatives of Electoral Services and Research and Intelligence teams told the task group that they have conducted a full breakdown of the results and highlighting the lowest and highest matching wards and polling districts. This is important because it will enable Electoral Services and Communications colleagues to target specific polling districts and wards with the highest overall number of Amber and Red matches.

Based on a weighted average<sup>3</sup> the highest matching wards in Brent were Kenton (79%); Queensbury (76%); Welsh Harp and Dollis Hill (74%) and Fryent and Stonebridge (73%). With the exception of Stonebridge, these wards share similar characteristics that typically characterise high voter registration, such as higher relative affluence, owner-occupancy and low levels of transiency.

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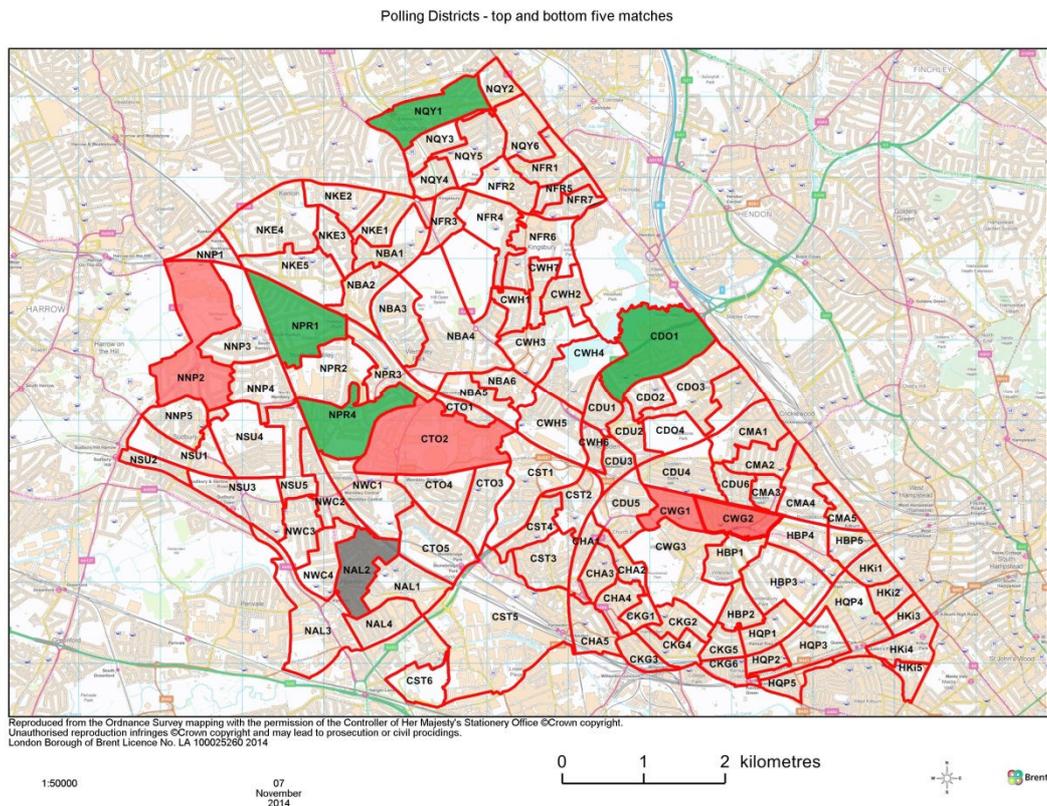
<sup>3</sup> It is important to note that some of the lowest matching wards may be attributed, in part, to the fact that there are fewer people within these particular polling districts, making like-for-like comparisons difficult.

The lowest matching wards (Amber and Red) in Brent are: Willesden Green and Mapesbury (56%); Kilburn (58%); and Kensal Green and Brondesbury Park (61%). These wards tend to contain more mixed demographic trends.

Interestingly, both the highest and lowest matching polling districts are not necessarily located within either the highest or lowest matching wards as a whole. A breakdown of postal voters who have not been successfully matched is also included as Appendix C.

Figure one, below, illustrates the top five highest and lowest matched polling districts in the borough.

**Figure 1: Top five highest and lowest matching polling districts**



The highest matching polling districts in Brent are:

- NAL2 - Alperton (3037);
- NPR1 - Preston (2771)
- CDO1 – Dollis Hill (2695);
- NPR4 - Preston (2612); and
- NWC1 – Wembley Central (2574).

The lowest matching polling districts (Amber and Red) in Brent are:

- CTO2 - Tokyngton (1675);
- CWG2 – Willesden Green (1528);
- CWG1 – Willesden Green (1326);

- NNP2 – Northwick Park (1262); and
- NAL2 – Alperton (1165).

Interestingly, one polling district (NAL2) located in Alperton which is highlighted above in grey has the highest number of Green matches (highlighted in green) and the fifth highest number of Amber and Red (highlighted in red) matches. This is due to this polling district having the largest population of any polling district in Brent.

**The task group recommends that when developing the IER roll-out programme, the lowest matched polling districts and wards are targeted.**

## 6.2 Targeted communications

The Electoral Services' Public Engagement Strategy, which has identified some general demographic characteristics prevalent in low matching wards which may be helpful in developing a robust and inclusive communications strategy. However, the diverse and changing nature of the borough as a whole means that no assumptions may be made about the low-matching wards and polling districts as a factor leading to households from these backgrounds not being registered to vote. **The task group, therefore, recommends further work be carried out to establish key target groups so that bespoke tactics may be used to reach more eligible voters. This would include an assessment of what, if any language barriers there may be.**

### 6.2.1 Every contact counts - maximising council contacts with residents

Throughout the work of the task group, it became apparent that one of the simplest forms of communication with residents has largely been over-looked. Members questioned why information on the changes to voter registration were not displayed on emails and automated messaging services, such as those used by customer services when a resident places a call to council and is held a queue.

Brent's libraries and leisure centres are another great point of contact between the council and residents. These facilities not only distribute information but also accept applications from residents, particularly from those new to the area. Applications for library cards, blue badges and leisure centre memberships would be ideal contact points for registering new voters. Likewise, private leisure centres and gyms could also be contacts to engage new voters.

**The task group, therefore, recommends the Electoral Services team adopt the NHS' 'every contact counts' approach to ensure contact with residents is maximised to include email footers, automated messaging, library card and blue badge applications. This approach should also be extended to council and private leisure centres and gyms.**

### 6.2.2 Proximity, broadcast messaging and social media

Communications officers told the task group that the tactics of the strategy were yet to be decided on as officers in electoral services were still registering electors through the national campaign and the letters sent out over the summer. However, officers did say that there are a number of ways of targeting the hard-to-reach groups, mentioned above and one method that may be employed is broadcast messaging. Broadcast messaging differs from text messaging in that it does not require specific phone numbers but can be sent to all mobile

phones within a given area. The broadcast messaging service is always available, as the network is not used for other messages and only mobile phone operators can send messages. The US-based broadcast messaging service 'Nixle' which is widely used by a range of law enforcement agencies and municipal departments to inform citizens could serve as an example of best practice here. This kind of service could be used much more widely by the council if it is successful.

A further challenge encountered by the task group was how to canvass Brent's residents who reside in private, gated developments that are often difficult to access and frequently have strict security rules about who can enter. Broadcast messaging could help to reach residents in these kinds of properties. It could also help to inform people in the PRS who may still be registered at a previous address.

In giving evidence to the task group on potential tactics, the communications officers suggested that broadcast messaging in the form of texts and emails, within a given proximity of Red and Amber polling districts, could be an effective means of reaching certain groups such as young professionals and other target groups who might be otherwise missed.

Communications officers also suggested utilising social media marketing to target residents in this kind of housing as well as young people (18-24) who are often more technologically aware than our older residents.

**Given the potential for the use of proximity and broadcast messaging, the task group recommends that any communications strategy consider these potentially powerful tactics as well as social media platforms to reach out to target groups.**

### 6.2.3 Promoting the positive and negative effects of not being on the register

From the outset, the task group has been keen to learn from colleagues as to what messages may reach those who may not engage through the national campaign. As such, members were keen to emphasise that the council ought to be promoting electoral registration and the positive benefits of civic participation.

In addition to the positive benefits to civic engagement, members also wanted to establish what other, non-democratic, reasons there were for registering to vote and being included on the register. According to both the Electoral Commission and Experian<sup>4</sup>, the primary consequence of being removed from the register is that it can make it difficult to undergo a credit check and, in-turn, significantly impede an individual's ability to access financial services, including the following:

- Bank accounts (both current and savings);
- Mortgages;
- Mainstream consumer credit;
- Utility contracts (gas, electricity etc.);
- Mobile phone and internet contracts;
- Insurance;
- Access certain public services such as obtaining a passport;
- Apply for certain jobs, particularly in financial services; and

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<sup>4</sup> Experian, "Credit Report Basics"

- Rent a property (a credit check is sometimes required in the referencing stage).

**Therefore, the task group recommends that the communications strategy develop messages around the benefits of civic participation and why it is important to register, as well as any negative consequences of not being listed on the register.**

#### 6.2.4 Advertising and the registration form

When discussing the communications materials sent out to residents, representatives from Electoral Services showed members of the task group the letters and registration form, as noted above.

Ann O’Neil, CEO of Brent Mencap, stated that individuals with learning difficulties may not be able to understand what the messages are and what is required of them. Specifically, the advertisement with hands (see Appendix D) contained too many, small-font words. The statutory registration form, developed by the Electoral Commission (see Appendix E) and the Household Enquiry Form (see Appendix F), could also be more straightforward. In particular, members believed that it was not immediately obvious that the form still has to be returned even if there is no-one in the household that is eligible to vote. Members of the task group also commented that the registration form could be improved in a similar way to the advertising materials.

**In line with the suggestion made by representatives from Brent Mencap, the task group recommends that any advertising is made clearer and that headings are kept bold, snappy and straightforward to better communicate with residents (see appendices G and H for examples of best practice from other local authorities). It is also recommended that the covering letter sent out by Brent’s Electoral Services be made more straightforward and easy to understand.**

A further issue raised by the task group was that it is not immediately clear on the registration form that identifiers such as a driving licence and passport can be used to register as well as an NI number. This has implications for Brent as there are certain groups, such as some Muslim women and older Irish men, the latter who mainly worked informally in the construction industry who never applied for an NI number.

**Therefore, the task group recommends that it is made clear in the council’s covering letter that unique identifiers other than an NI number can be used to register (see appendix A for further information); details about unique identifiers should also be placed on the website. In addition to this, it is recommended that the council places a link on the website directing people to the Jobcentre Plus website where they can obtain a NI number if they do not have one.**

## **7.0 Need for effective use of partners including the voluntary and community sector, housing and other statutory and non-statutory partners**

### **7.1 Increased engagement through the Voluntary and Community Sector (VCS)**

Brent’s VCS organisations are often very successful at communicating with some of the borough’s hardest-to-reach groups and frequently offer unique services to communities in Brent. For this reason, they are ideally placed to feed into the roll-out of IER, specifically by working more closely with Electoral Services during the canvassing periods. In giving

evidence to the task group, officers in Partnerships and Engagement suggested that Brent VCS organisations could play a threefold role:

- Reach those least likely to register: this element of the IER roll-out programme and communications strategy would centre on engaging particular groups of residents through targeted and group-specific outreach. It is also hoped that engagement through Brent's VCS will help to engender trust as independent bodies amongst marginalised groups in the borough. In this capacity, VCS organisations will be able to represent particular communities allowing them to interface better with the council.

Given that VCS organisations are embedded in particular communities, they are ideally placed to work with the council to focus and deliver services for the strategy in particular neighbourhoods and utilise existing networks of funded projects or places.

- Highlight barriers to trust: In this capacity, Brent's VCS organisations can feed into the strategy by advising where resident issues are not resolved and where barriers to trust between the council and Brent's residents exist. In this capacity, Brent VCS organisations are also well placed to lobby the council and central government on issues and gaps in provision. More generally they are likely to reach communities that are less likely to engage.
- Share experiences of civic participation projects: Local VCS organisations such as Brent Mencap can use their local knowledge and expertise to feed-in relevant information. Local democracy events may also provide an ideal opportunity for such experiences and expertise to be fed into the IER roll-out programme.

Brent's Partnerships and Engagement team work with CVS Brent to interface with Brent VCS organisations across the following:

- Neighbourhood and community intelligence networks;
- Alternative models of engagement and successful projects;
- Voluntary sector intelligence and networks;
- Opportunities to work with funded organisations; and
- Knowledge from funding projects and co-producing services.

It was also suggested by Tessa Awe of Brent CVS that there may be scope for co-production of the strategy with representatives from Brent's VCS organisations. The most relevant VCS organisations is included as Appendix I to this report for ease of access.

**As such, the task group recommends that the council work closely with Brent's Partnerships and Engagement team and CVS Brent to take full advantage of the VCS sector, both in terms of delivering registration services and in providing information to the council about outreach work in the community.**

## 7.2 Increased engagement through adult social care contracts, public health and disability networks

The task group took evidence from officers in Public Health, Adult Social Care (ASC) and Brent Mencap about the potential role that all three could play in feeding into the roll-out of IER through core frontline services.

### 7.2.1 Adult Social Care (ASC)

Representatives from Brent's Adult Social Care told the task group that nationally under-registration is particularly high amongst residents with learning difficulties, with approximately only 10% being registered to vote. Despite this 79.8% of residents in A1 social care in Brent are on the electoral register, which is higher than the general Brent population of 67.6%.

The types of care may receive can be broadly grouped into the following two categories:

1. Service users; and
2. Those outside the reach of formal services.

Service users can be informed and encouraged to register directly when they come into contact with formal council services. The second group is harder to reach; it was suggested by officers from ASC that reaching the second group would require partnership working with local VCS organisations such as Brent Mencap. **Therefore, the task group recommends that Electoral Services works with both ASC and external partners such as Brent Mencap to ensure that residents with learning difficulties are successfully registered.**

Representatives from ASC also told the task group that the IER roll-out could make use of the NHS' 'Making Every Contact Count' programme which encourages all staff to engage in conversations about healthy living on a day-to-day basis whenever they come into contact with service users. **It is, therefore, recommended by the task group that ASC staff inform residents about IER as part of the 'making every contact count.'** **To counteract such difficulties, the task group recommends that the council develops clear guidelines to inform both residential and domiciliary carers of their civic duties regarding those under their care.** This would ensure that they are aware that those in care have the same voting rights as everyone else. This should be integrated into contracts.

**The guidelines and contract clauses must also inform carers that people in both residential and domiciliary care often:**

- **Need someone else to help them interpret and understand any written information. This could include letters, leaflets, flyers, or surveys posted through their doors;**
- **Need support to fill in any forms, or other requests for information. This could be registering to vote, or filling in a ballot paper;**
- **Need support to access and find out about information that is of interest to them. This could be finding out what a political party thinks about a key issue, or what different candidates in an election are saying; and**
- **Need support to understand the democratic process and to engage in it. This could be contacting their political representatives about something that is important to them.**

### 7.2.2 Public Health

The Director of Public Health told the task group that two of the main commissioned services that would be most appropriate to engage with are the substance misuse and mental health services.

The Director of Public Health said:

“Civic engagement is promoted by Public Health for residents in recovery from substance misuse and mental health problems. Whilst this is a relatively small proportion of Brent’s residents, service users could be registered when they come into contact with health services, both as part of the IER roll-out and their recovery process.”

Brent’s Director of Public Health also told the task group that for those in formal services, registering to vote may not be a priority for patients during an acute illness or the early stages of recovery. However, the informal service pathway provides an opportune time to integrate civic participation into an individual recovery programme.

**The task group recommends that the council’s Public Health function should encourage sign-up to IER through its commissioned services.**

A further issue raised was that there may be a correlation between not being on the electoral register and not being registered with a GP. Working with NHS England would enable the council to establish accurate figures about the number of residents who are registered with GPs and who may or may not be on the electoral roll; the council could then encourage GPs to sign up residents to IER when they register with a new practice.

**Therefore, the task group recommends that the Electoral Services team work with GP practices, dentists, opticians and pharmacies to encourage voter registration.**

### 7.2.3 Disabilities

Residents with disabilities are also identified as being at risk of failing to register. Ann O’Neil, the Chief Executive of Brent Mencap, told the task group:

“Thirty-three per cent of people with a learning disability in the borough are not registered to vote. Two to three percent of Brent’s population of 312,000 people have learning difficulties – this is a substantial number of people not on the electoral register.”

There are two primary reasons for this; the first is that many people with learning disabilities incorrectly believe that they don’t have the legal right to vote. The second is the way in which political parties communicate – using complex jargon can make it difficult for residents with learning difficulties to engage and understand the issues. In addition to this, one in five people in England have low literacy levels and may also find it hard to engage for similar reasons.

**The task group further recommends that the council ensure that polling stations are fully accessible to disabled residents and that staff are appropriately trained.**

Ann O’Neil, CEO of Brent Mencap, also made the following suggestions:

- That the council prepares an accessible short article and info sheet for inclusion in Brent newsletters which could also be distributed via social media;
- IER could be raised as an issue at Brent Connects forums in the near future;

- Newsletters could be sent by the council to tenants and residents groups, including the multi-faith forum and other partnership groups;
- Messages could be placed on council transport buses;
- All voluntary sector groups with grants or contracts could be mandated to prove they were registering clients and include it in their procurement gateway questions;
- Have members attend Annual General Meetings for VCS organisations to raise the issue of IER;
- Involve CCG partners and use their engagement events such as the next Health Partners Forum; and
- Place leaflets at health centres and GPs and ask community nursing teams to hand them out to people who are housebound.

### 7.3 Housing

The task group met with officers from Housing to discuss the changing nature of Brent's housing sector and what impact it might have on voter registration, as well as the potential to improve registration through landlord licensing in the Private Rented Sector (PRS).

Given the demographic trends associated with those who are at risk of not registering, the task group has identified a number of partners in the borough who may be ideally placed to feed into the IER roll-out programme. As the electoral register ties people to a specific address, any effective strategy must take into account Brent's housing context. There are a number of housing factors in the borough that present challenges for the roll-out of IER, including:

- High levels of population turnover means people are often registered at the wrong address; and
- Large numbers of people in Houses of Multiple Occupation (HMOs) which often have short leases and short-term residents. There is also the potential for overcrowding and sub-letting and there could be properties where people are in the UK illegally or have overstayed their visa.

#### 7.3.3 Estate agents and private landlords

A new and significant phenomenon for Brent is the vast growth of the PRS during the last decade, with 32% of residents now living in the sector. This is primarily concentrated in the south of the borough but is increasing in the north. Francis Henry, from Daniels Estates who have several branches in Brent, was asked to give evidence to the task group on the potential role that private landlords and estate agents could play in informing residents about IER. He told the task group that:

“Council tax forms are one of the first things we ask new tenants to complete if they have not yet done so. We have a checklist of things to do, but electoral registration is not on it. We could build IER into a welcome email that we send out to new tenants. I think many estate agents would be happy to do this as it would make both them and the landlord look professional. Email is the cheapest way of doing this.”

**Therefore, the task group recommends examining the possibility of working with estate agents in Brent to incorporate IER registration into potential welcome packs alongside council tax forms and utility company registration forms etc.**

Francis Henry also raised a few issues that might occur once this process commences:

“Overcrowding and agency fees mean that people are more likely to give false information on their tenancy agreements as fewer tenants mean fewer fees payable to estate agents.”

The impact of this is that both estate agents and the council do not have exact information on how many people are actually living in any given property. Francis Henry suggested that the way to combat this is for a single, fixed fee regardless of the number of tenants. This would provide a greater accuracy in knowing who is living in each property as the incentive to illegally sub-let or not declare additional tenants is reduced.

To provide further incentive for private landlords to do this, it may be an idea to remind them that from an immigration perspective, landlords are responsible for who occupies their property even if they are not signed up to the tenancy agreement i.e. a sub-let.

In addition to this, encouraging private landlords to register their tenants could be further incentivised by highlighting the dangers of identity theft to private landlords who do not register their tenants.

There is also the question of whether estate agents are renting or officially managing the property. Francis Henry told the task group that if an estate agent is collecting the rent then they are effectively managing the property, but this may cause confusion as to who is checking to see if tenants are on the electoral register. **Consequently, the task group recommends that, as part of the licensing procedure, clear guidelines are developed around this issue.**

#### 7.3.4 Landlord Licensing

In order for the council to better cope with this increase in the PRS, licensing is being introduced in January 2015 which is mandatory for larger HMOs, some smaller HMOs and all PRS properties in Wembley Central, Harlesden and Willesden Green. Landlord licensing presents a number of opportunities for improving voter registration, including:

- A more complete and up-to-date record of PRS housing;
- Coverage of high-risk properties;
- Better knowledge of, and contact with landlords;
- Better informed landlords and the ability to work with them to encourage registration; and
- Encouragement of longer-term tenancies, improved conditions and greater market stability.

**The task group recommends that full advantage is taken of the opportunities presented by landlord licensing and that the information gleaned from licensing is fed directly into the IER roll-out programme.**

#### 7.3.4 Brent Housing Partnership (BHP)

BHP, Brent Council's Arms Length Management Organisation, manages the 13,600 council properties in Brent; BHP has a direct role in encouraging residents to live independently whilst providing a range of services such as repairs, collecting rent and managing disputes between neighbours. Therefore, they are ideally placed to inform their residents about the

changes to IER. Officers from BHP gave evidence to the task group and suggested the following possibilities:

- Include IER registration forms in the welcome pack sent out to all new BHP tenants welcoming them to their property. To do this BHP require a number of registration forms from Electoral Services;
- BHP publish a quarterly magazine in which they could place an advert informing their residents about the changes to voter registration;
- BHP run resident talkback sessions as well as other consultation forums where they could raise the issue;
- BHP hold resident communication group meetings where they help clients to engage civically – this could also be an ideal forum for raising the issue; and
- A recent restructuring of the customer response team has opened up the opportunity to engage residents over the phone which we could potentially examine.

**The task group recommends that the above suggestions are adopted. At the same time it is recommended that clear guidelines for canvassing BHP properties are developed, the names and numbers of tenancy officers obtained and confirmation letters provided to canvassers by BHP.** BHP has said that they are happy to allow canvassing in their properties provided security guidelines are adhered to.

#### 7.3.2 Right to Rent

Under Right to Rent, private landlords will have to check the right of prospective tenants to be in the country; failure to do this could lead to landlords being fined up to £3,000. By legally requiring that landlords obtain evidence of identity and citizenship prior to letting to new tenants, the council should be able to build up a clearer picture of two of the groups most at risk of not signing up to IER and where they are concentrated, these are:

- New migrants; and
- People in the PRS.

A clearer picture of these two groups could subsequently inform a more accurate and targeted IER roll-out programme. **Therefore the task group recommends that the council monitor the developments around right to rent for any impact it might have on information gathering and communication with residents.**

#### 7.4 Universities and Colleges

Given that young people and people in short-term accommodation are two of the groups identified as being at risk of not registering, it has been suggested that a high number of students will be too.

The University of Westminster has two halls of residence in Brent; Victoria Hall and Student Court which are managed by an external provider. At present neither the University nor the external provider are taking any steps to register students in either of the halls. Electoral Services, however, have attended fresher's week at local higher education institutions to register students.

Manchester City Council (MCC) has worked with both the University of Manchester (UoM) and Manchester Metropolitan University (MMU) in order to make sign-up to IER part of their enrolment process.

This system works well, as many of the same questions required for university enrolment are similar to the questions required for sign-up to IER. Whilst this has been fully integrated into the enrolment process, it is not compulsory and, as such, students can opt out if they wish.

A major caveat is that IER as part of university enrolment is far easier to do if the university has an internal enrolment system. If the university has an external enrolment system this cannot be done without the possibility of incurring significant costs. For this reason, MCC has had far more success in working with MMU than UoM as the former has an internal enrolment process but the latter an external one.

MCC has covered the costs incurred by universities, as it was established that it would be more cost effective to do this than alternative methods of student enrolment to IER. MCC is also engaged in a large communications campaign throughout Manchester universities utilising leaflets and other forms of communications to inform people about the transition to IER.

**Therefore, the task group recommends that the council scopes the capacity to work with The University of Westminster and other institutions with high numbers of students such as the College of North-West London to potentially develop a student model of IER registration that could be integrated into enrolment processes similar to the Manchester model.**

## 7.5 Other public services

A wider question raised by the task group was the role that public bodies can play in registering people with whom they come into contact.

In the United States the National Voter Registration Act (NVRA) 1993 serves as the framework for individual US states' registration laws. The aim of the Act is to increase registration and turnout in US elections. The NVRA does this by mandating that other public bodies register people who are unregistered whenever they come into contact with them.

The most common public body to provide registration services under the NVRA in the US is the state-level motor vehicle registration and licensing agencies – as such, NVRA came to be known as the 'motor-voter law' and some 37.1% of registrations in the US now come from this.<sup>5</sup>

Labour have said they will implement a similar system if they win power at the next general election.<sup>6</sup> Chris Ruane MP, who sits on the cross-party Political and Constitutional Reform Committee, told the task group that:

“This could serve the dual purpose of not only registering people, but also building a better demographic profile of those not registered with the potential for developing a single cross-service database.”

**The task group recommends that Brent Council and the GLA effectively lobby Parliament to introduce legislation similar to the NVRA.**

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<sup>5</sup> The Electoral Reform Society (09/12/13) “Electoral Registration – Order and Regulations briefing”, House of Lords Grand Committee

<sup>6</sup> Mason, Rowena (20/02/14) “Labour is considering allowing voters to register on election day”, *The Guardian*

## 8.0 Enhanced civic engagement with the community

### 8.1 Young people

Young people (16-24) are one of the groups identified as being at risk. Brent Youth Services are currently working with an organisation called 'Bite the Ballot' that is aiming to boost registration. Bite the Ballot is a non-partisan organisation that seeks to boost the civic engagement of young people. Electoral Services could potentially work with Bite the Ballot to engage with young people in the borough.

The Bite the Ballot Community Engagement Officer (CEO) programme was created in 2013 with the purpose of placing young and inspirational individuals in local authorities to engage, inform and register all young people in the area so that they can fully participate in civic life. Candidates will have to be embedded in their communities to take account of differing local characteristics. The CEO will undertake the following key activities:

- Visit schools, youth groups and student unions in the area to deliver sessions and encourage registration;
- Develop relationships with local educational establishments and community groups;
- Engage young people on a peer-to-peer basis; and
- Assist the council with their youth outreach work.

An officer from Brent Youth Services told the task group that working with Bite the Ballot, Brent Youth Services are planning to:

“Undertake decision/policy-making exercises with young people aimed at illustrating the trade-offs that are inherent in policymaking. We will also try to make it clear to Brent’s young people that when they don’t vote they do not have a voice – we will illustrate this by pointing out that the cuts to public spending have fallen disproportionately on young people precisely, because young people vote less.”

The task group was also informed that young people involved in the Brent Youth Parliament could potentially engage in focus groups to inform the communications strategy. **The task group recommends that the council work closely with Bite the Ballot to register young people and that young people be actively involved in the development of communications materials aimed specifically at young people.**

### 8.2 Hope not Hate

Members of the task group met with representatives from the anti-racism advocacy group 'Hope not Hate' (HnH) to discuss voter registration which is part of HnH's national strategy particularly amongst disenfranchised groups. Elisabeth Pop from HnH described how working with external partners such as trade unions and faith groups had led to a number of successes in the north of England and could, therefore, be replicated in London.

In addition to this, Elisabeth Pop told the task group how HnH had worked closely with universities on the University of Manchester campus where they recently signed-up over 150 university students on a typical day of canvassing. She also described how HnH are planning to canvass with Westminster University (which has a hall of residence in Brent) in November.

Manpreet Chhokar from HnH, who has been involved in community engagement in Brent, told the task group:

“One of the problems I constantly encounter in Brent is disengagement on the frontline and this is a problem as it is people on the frontline who have the power. We need to kick-start a campaign focussing on civic engagement – informing and reminding people of the value of civic engagement.”

When asked by a member of the task group what three things she would like to see in Brent, Manpreet Chhokar suggested the following:

- Aspirations to be met through positive change in the community;
- More VCS organisations heading into communities to engage with them; and
- More community engagement by council members.

**The task group recommends that Brent Council and elected members work closely with HnH to better engage with local VCS organisations and that elected members support Electoral Services to do this. As HnH are planning to canvass in the borough, it is also recommended that the council scope out suitable canvassing locations such as Kilburn market or the London Designer Outlet shopping centre in Wembley.**

### 8.3 European Union, Commonwealth subjects and new citizens

European Union (EU), Commonwealth and other new citizens are identified as one of the groups most at risk of not registering. **As such, the task group recommends that we encourage Commonwealth citizens to sign-up to IER by incorporating information and forms about IER into a welcome pack.** This could be done through the council’s Community Access Strategy.

**The task group also recommends that sign-up to IER be integrated into citizenship ceremonies for new citizens.** Voter registration could form part of citizenship ceremonies as a key aspect of such ceremonies is promising to respect the rights and freedoms of the UK.

**It is also recommended that canvassers also include visits to specialty shops catering to residents from these and other diverse backgrounds.** Elected members could help with this by placing posters in shops catering specifically to EU, commonwealth and new citizens and work directly with larger employers in the borough such as Ikea and Tesco to canvass large numbers of residents. Community notice boards could also be an ideal place to display flyers about IER.

## **Appendix A – Registration Requirements**

In order to register, an individual would normally need to provide the following primary document, including:

- National Insurance number;
- Date of Birth; and
- Current address.

If a resident does not have a fixed address they can still register using a temporary address by making a 'declaration of a local connection' at a local electoral office. If an individual does not know their date-of-birth then they can provide an approximate age.

If a resident does not have an NI number when registering through IER, the Electoral Services team may contact them to prove their eligibility to vote. The types and quantities of documents required to successfully establish an applicant's identity are as follows:

### **Documents which may be used in place of an NI number to prove eligibility**

Route 1: Applicants may provide any ONE document from table 1 to establish their identity

Route 2: Applicants who cannot provide any documents from table 1 can provide ONE document from table 2 and TWO additional documents from either table 2 or table 3 to establish their identity

Route 3: Applicants who cannot provide any documents from tables 1 or 2 can provide FOUR or more documents from table 3 to establish their identity.

**Table 1 - Primary Identification Documents**

<b>Document</b>	<b>Notes</b>
Passport	Any current passport
Biometric residence permit	UK issued only
EEA ID Card	Must still be valid
Photocard part of current driving licence	UK or Isle of Man or Channel Islands full or provisional
Northern Ireland Electoral ID Card	

**Table 2 - Trusted Government Documents**

<b>Document</b>	<b>Notes</b>
Old-style paper version of a current driving licence	United Kingdom only
Current photo driving licence	Any other than UK and Crown Dependencies
Birth certificate	UK and Crown Dependencies only
Marriage or Civil Partnership certificate	UK and Crown Dependencies only
Adoption certificate	UK and Crown Dependencies only
Firearms licence	UK and Crown Dependencies only
Police bail sheet	UK and Crown Dependencies only

**Table 3 - Financial and Social History Documents**

<b>Document</b>	<b>Notes</b>	<b>Issue date and validity</b>
Mortgage statement	UK, Crown Dependencies or EEA	Issued in the last 12 months
Bank or Building Society Statement	UK, Crown Dependencies or EEA	Issued in the last 3 months
Bank or Building Society account opening confirmation letter	UK and Crown Dependencies	Issued in the last 3 months
Credit card statement	UK, Crown Dependencies or EEA	Issued in the last 3 months
Financial statement e.g., pension or endowment	UK, Crown Dependencies or EEA	Issued in the last 3 months
Council Tax statement	UK and Crown Dependencies	Issued in the last 12 months
Utility bill	UK and Crown Dependencies - not mobile phone bill	Issued in the last 3 months
P45 or P60 statement	UK and Crown	Issued in the last 12 months



**LONDON BOROUGH OF BRENT**  
**INDIVIDUAL ELECTORAL REGISTRATION**  
**PUBLIC ENGAGEMENT STRATEGY**

## **INDIVIDUAL ELECTORAL REGISTRATION PUBLIC ENGAGEMENT STRATEGY**

### **1.0 Introduction**

- 1.1 Individual electoral registration, which comes into effect in June 2014 when local authorities will begin confirmation data matching, has been described as the biggest change to the process of electoral registration for over 100 years. While it is a major change for electoral services staff, a major part of the challenge will be to inform the public of what changes are taking place and what they must do in order to register to vote or remain registered to vote.
- 1.2 This strategy identifies the means by which the necessary messages will be conveyed and in particular what approaches will be adopted for those groups who are known to be less likely to be registered.

### **2.0 Confirmation Dry Run**

- 2.1 Brent's registration data was matched against the Department of Work and Pensions database in July 2013. Overall 67.6% of the electors in the register were successfully matched. This was just under the London average of 68% where matching rates ranged from 46.9% to 83.3%.
- 2.2 There was a wide variation in the results in Brent's individual wards. The highest match (79%) occurred in Kenton ward while the lowest (56%) was in Mapesbury and Willesden Green wards.

Alperton	70%
Barnhill	71%
Brondesbury Park	61%
Dollis Hill	74%
Dudden Hill	68%
Fryent	73%
Harlesden	62%
Kensal Green	61%
Kenton	79%
Kilburn	58%
Mapesbury	56%
Northwick Park	70%
Preston	72%
Queen's Park	62%
Queensbury	76%
Stonebridge	73%
Sudbury	69%
Tokington	68%
Welsh Harp	74%
Wembley Central	67%
Willesden Green	56%

- 2.3 The 2011 census results present wide-ranging data about the nature of the wards in Brent which may help to explain differing confirmation rates and inform the strategy for publicising IER to those residents who were not successfully matched. The results of the 2011 census show that Kenton ward has the highest proportion of owner occupation and the largest percentage of people aged over 65. 58% of the population described themselves as of Asian origin and 30% as white. Both Mapesbury and Willesden Green wards on the other hand had a much smaller percentage of over 65s and owner occupation. Additionally there were a larger number of one person households in these two wards.
- 2.4 The outcome of the dry run in each ward mirrors the response rate in the canvass. Harlesden is consistently one of the lowest responding wards and in 2012 was the lowest despite having improved on previous years. Mapesbury has become the next poorest responding ward and showed a drop in the response rate in 2012 from the previous year. Kensal Green, Kilburn and Willesden Green are consistently amongst the lowest responding wards but have all showed significant improvement over the last few years. Queens Park is another low responding ward which has shown a slight improvement over the last few years. Brondesbury Park fell below the borough average for the canvass last year for the first time.
- 2.5 A breakdown of census results for each ward is set out in Appendix A.
- 2.6 One factor emerging from the dry run that is likely to give rise to confusion among the electorate is the degree to which electors in the same household had varying results in the data matching.

Green and red matches	19,783 (17%)
Green and amber matches	2,816 (2.5%)
Red and amber matches	1,923 (1.7%)
Green, red and amber matches	1,368 (1.2%)

These results are likely to create a number of calls to the Council seeking an explanation and staff will need to be trained and prepared to respond to queries when they occur.

### **3.0 Demographic Characteristics of the Borough**

- 3.1 The 2011 census results demonstrate that Brent is a highly diverse borough. Less than half (45%) of the borough's residents were born in the United Kingdom, the smallest percentage in London. More than 10% of the population were born in the European Union, a slightly smaller number in Africa and 20% in the Middle East and Asia. Nonetheless almost a third of the population has been resident in the United Kingdom for more than 10 years, which is the highest proportion in England and Wales. Fuller information on the social composition of the borough can be seen at <https://intelligencehub.brent.gov.uk>

3.2 As shown above, those wards that had a lower than average match rate also have a lower than average response rate to the annual canvass. The wards in question are:

Brondesbury Park  
Harlesden  
Kensal Green  
Kilburn  
Mapesbury  
Queens Park  
Willesden Green

With the exception of Brondesbury Park which featured amongst the lowest responding wards for the canvass last year for the first time, not surprisingly all these wards have some common characteristics:

- Higher than borough average levels of deprivation
- Significant black and/or Asian communities with Harlesden having a black and Asian majority
- Significant muslim communities
- High number of single person households
- High rented sector, both private and public

#### **4.0 Public Engagement**

4.1 The racial composition of the borough alone suggests that a varied strategy will be required in order to convey the appropriate messages about IER to the local community. In addition, other groups in society are known to be less likely to be included in the electoral register – the 18-24 age group, those living in rented accommodation and frequent movers. People in these categories are less likely to achieve a positive data match and to this group can be added those who are living in residential institutions such as homes for elderly people or hostels for people with disabilities. Elderly people who are normally registered to vote may also be challenged by the new arrangements replacing a system to which they have long been accustomed.

4.2 Messages about IER will need to be delivered to the following groups

- The whole population
- The whole electorate
- Those electors who are positively matched with the DWP in 2014
- Those electors who do not positively match
- Residents who are not currently registered to vote

4.3 In order to deliver these messages, the Electoral Services team will rely on the help of partners inside and outside the local authority.

- The Electoral Commission who will be producing templates for use by local authorities and carrying out a nationwide campaign which the Council will accompany with its own publicity
- Council Communications team for design of materials, assistance and guidance on publicity

- Council Consultation team for its network of local community groups and access to local authority forums
- Council Children and Families department for data on school 6<sup>th</sup> form students
- Brent Housing Partnership for information houses in multiple occupation and register of landlords
- Council Customer Services
- University of Westminster accommodation managers
- Victoria Hall of Residence accommodation managers
- Northwick Park Hospital residential accommodation managers
- Secondary schools
- Local NUS offices
- Local media
- Council canvassers

## 5.0 Evaluation of Strategy

5.1 The clearest sign of success for the strategy is the number of electors included in the electoral register remaining at previous years' levels. An additional criterion will be the extent of reach achieved by the various components of the strategy. The number of properly completed and incomplete Household Enquiry Forms and Invitations to Register returned during the canvass will also be monitored.

## 6.0 Partners – Internal and External.

Partner	Contact Person	Contact Details
Electoral Commission	London Office	020 7271 0500 londonofficeinbox@electoralcommission.org.uk
Communications Team	Cheryl Curling	x 1063
Consultation Team	Owen Thomson	x 1055
Children and Families	Greg Smith	x 3184
Brent Housing Partnership	Gerry Doherty	gerry.doherty@bphhousing.co.uk
Customer Services	Margaret Read	x 1521
University of Westminster	Amanda Edwards	020 7911 5000, ext 66152 a.edwards06@westminster.ac.uk
Victoria Hall of Residence		0845 404 4300 wembley@victoriahall.com
Northwick Park Hospital residential accommodation	Maria Moriarty	020 8782 4891 maria.moriarty@londonstrategichousing.com
Local National Union of Students		020 7911 5000 uwsuadmin@westminster.ac.uk

INDIVIDUAL ELECTORAL REGISTRATION  
PUBLIC ENGAGEMENT STRATEGY FOR LONDON BOROUGH OF BRENT

<b>Target Group</b>	<b>Channels and Purpose</b>	<b>When</b>	<b>Partners/internal depts.</b>	<b>By Which Means</b>	<b>Responsible Officer(s)</b>	<b>How to evaluate</b>
All electorate	Information disseminated through the Brent Magazine	May to June 2014	Communications Team	Articles and ads in magazine	Sean O'Sullivan	Monitor responses to office
All electorate	The attention of local media drawn to key changes and milestones	May to August 2014	Communications Team	Press releases and press briefings in lead-up to CLR and canvass	Sean O'Sullivan	Monitor responses to office
All electorate	Notices in Council reception areas raising public awareness	May to June 2014	Libraries, Housing offices	Poster	Matt Willis	Monitor responses to office
All electorate	Letters to residents' associations and community groups plus offer to address meetings to raise awareness of IER	May to June 2014	Consultation Team	Written communication and leaflet	Ermine King	Monitor responses to office
All electorate	Develop web pages on IER to provide ongoing information through each stage of the transition and include link with instructions to online portal	May 2014	Web Team	Council website	Matt Willis	Monitor number of hits on website pages
All electorate	Social media using short specific messages on actions required, timescales etc	June 2014	Communications	Social media and emails to electors on ER database	Matt Willis	Monitor responses to office
All electorate	Issue raised at local forums	May to June 2014	Consultation Team	Attendance at meetings, written briefings/flyer for attendees	ER Team	Level of interest at meetings

<b>Target Group</b>	<b>Channels and Purpose</b>	<b>When</b>	<b>Partners/internal depts.</b>	<b>By Which Means</b>	<b>Responsible Officer(s)</b>	<b>How to evaluate</b>
All electorate	Incoming telephone calls dealing with general inquiries and specific questions	May to June 2014	Call Centre & Customer Services	Training and written materials for staff meeting/speaking to callers on regular basis	ER Team	Number of calls to office, hopefully fewer if call centre can manage queries
Residents in institutions	Letter to Officers in Charge urging they assist those under their care	June 2014 and August 2014	Managers of residential institutions	Written communication	Ermine King	Residents in institutions successfully registered
Students	Poster for common areas raising awareness	June 2014	NUS, accommodation managers	Poster (as in Council reception areas)	Matt Willis	Monitor responses to office
School students	Letter to schools raising awareness	June 2014	Children & Families, Head Teachers and Heads of 6 <sup>th</sup> Sixth Form	Written communication	Ermine King	Monitor registration of school students against schools data
School students	Notice in 6 <sup>th</sup> form common rooms raising awareness	June 2014	Children & Families, Communications	Poster (as in Council reception areas)	Sean O'Sullivan	Monitor registration of school students against schools data
BME Groups	Letter to community groups plus poster for display encouraging registration take-up	June 2014	Consultation Team	Written communication and poster (as in Council reception areas)	Sean O'Sullivan & Ermine King	Registraton rate in areas with large BME groups is at pre-IER levels
BME Groups	Offer to attend meetings of community groups to explain implications of changes	June 2014	Consultation Team	Written communication and attendance at meetings	ER Team	Number of meetings attended
Private Rented Sector	Letter to landlords requesting they ensure awareness raised among their tenants	June 2014	Private Sector Housing, Brent Private Tenants Rights Group	Written communication	Sean O'Sullivan	Registraton rate in areas with large number of private tenants is at pre-IER levels

<b>Target Group</b>	<b>Channels and Purpose</b>	<b>When</b>	<b>Partners/internal depts.</b>	<b>By Which Means</b>	<b>Responsible Officer(s)</b>	<b>How to evaluate</b>
Private Rented Sector	Letter & poster to licensed HMOs requesting they ensure awareness raised among their tenants	June 2014	Private Sector Housing	Written communication and poster (as in Council reception areas)	Sean O'Sullivan	Registraton rate in areas with large number of private tenants is at pre-IER levels
Home Movers	Form and information to be included with new Council Tax accounts raising general awareness	August 2014 onwards	Council Tax	Letter & form	Ermine King	% of forms returned
New Citizens	Produce and distribute leaflet to attendees at citizenship ceremonies	August 2014 onwards	Registrars, Communications	Leaflet	Sean O'Sullivan, ER/Democratic Services	Successful registration of new British citizens
Low registration groups	Target hard to canvass polling districts and increase publicity in those areas	June 2014	Communications	Promotional publicity	ER Team	Registration rate in hard to canvass districts is at pre-IER levels

**APPENDIX A**

**200 CENSUS RESULTS BY WARD**

Ward	Electors	65+	White	Black	Asian	Xtian	Muslim	Hindu	Jewish	Owned	Private Rented	Social Rented	1 Person H'holds	Low standard of English
Alperton	11026	9.5	18.2	11.3	64.7	27.2	11.9	47.4	0.1	56.7	31.1	12.1	18.5	14.3
Barnhill	11361	12.3	30.3	18.5	37.3	38.5	23.3	18.7	2.3	45.8	27.6	26.6	26.1	7.3
Bron Pk	9284	12.1	56.2	11.6	16.6	42.4	17.1	10.1	0.5	44.8	33.7	21.5	35.6	4.7
Dollis Hill	8984	11.3	35.7	21.3	30.6	43.9	31.3	10.1	0.5	53.2	24.7	22.1	22.8	8.4
Dudden Hill	10326	9.7	44.1	20.2	23.6	46.1	23.5	7.6	1.3	44.7	35.4	19.9	26.0	8.7
Fryent	9660	11.8	37.3	10.9	40.9	41.0	21.2	20.4	1.4	57.9	28.3	13.9	22.4	7.8
Harlesden	10353	8.0	33.0	40.0	14.4	54.6	21.8	3.7	0.2	23.5	32.4	44.0	34.3	9.3
Kensal Gn	9490	9.0	47.7	25.3	14.7	53.7	14.3	5.2	0.7	37.3	36.0	26.7	34.4	7.8
Kenton	9791	17.2	30.0	5.1	57.9	25.7	12.1	36.0	5.5	73.7	20.7	5.6	18.6	6.6
Kilburn	11706	8.6	50.0	24.6	11.4	47.7	16.8	2.0	1.4	25.2	29.8	45.0	39.7	4.3
Mapesbury	10379	8.3	56.6	12.6	17.9	45.5	16.6	3.1	3.3	35.1	45.7	19.2	33.1	5.5
Northwick Pk	10111	13.2	31.2	10.2	51.0	36.7	16.0	25.4	0.9	63.2	20.6	16.2	25.2	5.3
Preston	10898	12.4	30.0	13.7	45.9	34.6	19.5	26.3	2.9	56.6	30.8	12.6	21.6	8.2
Queen's Pk	10463	8.6	63.0	13.2	12.0	47.4	8.7	4.2	2.6	44.8	35.3	19.9	30.7	3.7
Queensbury	11192	12.2	27.1	11.1	54.1	32.8	17.4	35.0	0.5	61.6	23.2	15.3	19.2	9.2
Stonebridge	10934	8.7	23.5	47.2	17.0	49.9	28.2	6.3	0.2	20.8	16.9	62.3	29.1	7.6
Sudbury	10554	10.5	22.7	13.9	55.6	32.4	17.9	34.2	0.2	51.1	33.9	15.0	23.6	9.2
Tokyington	11188	11.3	23.7	20.9	46.6	38.6	18.9	27.8	0.3	52.8	35.2	12.0	22.5	9.3
Welsh Harp	9685	11.4	38.7	18.2	31.6	48.9	19.8	15.9	0.8	51.4	29.4	19.2	27.1	9.5
Wembley C	11030	9.7	14.0	13.8	66.1	25.1	16.3	45.0	0.1	49.4	35.0	15.6	19.4	12.4
Willesden Gn	9909	7.6	47.3	19.2	21.4	50.4	17.0	6.0	0.8	28.3	44.9	26.8	32.2	8.2

Sources: 2011 census and electoral register as at 1 October 2013.

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### **Appendix C – Postal voters not successfully matched**

During the task group, members requested a breakdown of postal voters across Brent who were not successfully matched during the confirmation dry run. A total of 2739 postal voters were not successfully matched in Brent with the lowest matching wards being Dollis Hill where 71 postal voters were not successfully matched and Queens Park where 55 were not successfully matched.

The top five polling districts in Brent where postal voters were not successfully matched are:

1. Dollis Hill (71)
2. Queens Park (55)
3. Mapesbury (52)
4. Welsh Harp (51)
5. Brondesbury Park (50)

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# Make sure you are registered to vote for the General Election on 7 May 2015

The way you register to vote has changed. If you are already registered to vote, Brent Council has written to you to explain the changes. You may have received a registration form which you should fill in and return as soon as possible.

If you are not registered to vote, go to [www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote) or contact Electoral Services.



020 8937 1372  
[electoral.services@brent.gov.uk](mailto:electoral.services@brent.gov.uk)



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4<sup>th</sup> Floor  
Civic Centre  
Engineers Way, Wembley  
HA9 0FJ

[www.brent.gov.uk](http://www.brent.gov.uk)

Tel: (020) 8937 1372



LEGAL AND PROCUREMENT

11 April 2014

Dear Resident

**Your vote matters. The way you register to vote is changing so make sure you're in. Go to [www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote) to register**

The way you register to vote is changing. It only takes a few minutes, and will mean you can vote at elections.

**Register to vote**  
**It's simpler, clearer and faster online**  
**[www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote)**



If you don't have access to a computer, tablet or smartphone, fill in the attached form. Then post it back to us in the envelope provided (postage is free). You can also complete an application by telephone to the number at the top of this letter but you will need to provide your date of birth and your national insurance number.

Once we've checked your details, we'll send you a letter or email to confirm if you've been added to the electoral register.

To find out more about the changes or the circumstances in which we will impose a fine, go to [www.gov.uk/yourvotematters](http://www.gov.uk/yourvotematters).

Yours sincerely

Sean O'Sullivan  
Electoral Services Manager

## Individual Registration Form

 **Go online**

You can fill in this form at  
[www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote)

# Register to vote

Only one person can register to vote using this form.

Use **black ink** and write in **CAPITALS** or go online at  
[www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote)

## Your name and address

Forename(s)

[FIRSTNAME] [MIDDLENAME]

Surname

[SURNAME]

Your address

If your name or address are wrong, write the correct details here.

Postcode

Do you live at another address?

 No  Yes

If we have printed information which is incorrect, please cross it out and write the correct information.

## Changed your name in the last 12 months?

 No  Yes

If yes, please give us your previous name.

Please tell us the date you changed your name (DD MM YYYY).

If you also live at another address don't give us the address now, but we may ask you for more information later.

For example, you may have got married.

## Moved in the last 12 months?

 No  Yes

If yes, please give any previous address where you have lived during the last year.

Postcode

If this address was overseas, were you registered in the UK as an overseas voter?

 No  Yes

**Don't know your exact date of birth?**  
Please give the date of birth you put on other official documents (for example, your passport or driving licence) or tick one of the boxes.

## Your date of birth (DD MM YYYY)

If you don't know your date of birth, please tick if you are:

 Under 18  18–70  Over 70

**Your nationality**


**If you have more than one nationality**, please include them all. You can only register to vote in the UK if you have leave to remain. We may check your immigration status with the Home Office before we include you on the electoral register.

**Your National Insurance number**

You may find this on your payslip, or on official letters about tax, pensions or benefits.

**If you cannot tell us your National Insurance number**, we may need to ask you for proof of your identity. We will contact you about this, and it may take longer to deal with your application.

**Don't know your date of birth, nationality or National Insurance number?**

Please tell us why.

**Contact details**

Telephone number(s)

Email address (if you have one) in CAPITALS

You don't have to give us your contact details, but if you do it will help us if we need to contact you about your registration.

**The open register**

I don't want my name and address to be included in the open register.

There's more information about the open register on page 4 of this form.

**Can't vote in person?**

If you are unable to go to the polling station in person on polling day, please choose how would you like to vote and we will send you a form.

- By post
- By proxy (someone voting on your behalf)

You can also download an application form from [www.aboutmyvote.co.uk](http://www.aboutmyvote.co.uk).

**Declaration**

To the best of my knowledge, the information in this form is true. I understand that the information I have given on this form will be used on the electoral register.

I understand that if I do not make an application for registration when required to do so I could face a fine of £80.

I understand that it is an offence to knowingly give false information in this form, and that I could face a fine of up to £5,000 and/or up to six months in prison.

**Signature**

**Date (DD MM YYYY)**

**Now sign and return the form**

Send the signed form in the reply-paid envelope – or to the address on page 1 of this form.

# Other information

## When we receive your form

- ▶ If we need more information – for example, about another address or, if you are a Commonwealth citizen, about your immigration status – we will contact you.
- ▶ If you are eligible, we will send you confirmation that you are on the electoral register. If you are aged 16 or 17, we will let you know when you are on the register.

## The open register

### There are two registers. Why?

Using information received from the public, registration officers keep two registers – the electoral register and the open register (also known as the edited register).

#### The electoral register

The electoral register lists the names and addresses of everyone who is registered to vote in public elections. The register is used for electoral purposes, such as making sure only eligible people can vote. It is also used for other limited purposes specified in law, such as:

- detecting crime (e.g. fraud)
- calling people for jury service
- checking credit applications.

#### The open register

The open register is an extract of the electoral register, but is not used for elections. It can be bought by any person, company or organisation. For example, it is used by businesses and charities to confirm name and address details.

Your name and address will be included in the open register unless you ask for them to be removed. Removing your details from the open register does not affect your right to vote.

You can find more information about both registers and how they may be used at [www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote).

## Your personal information

We will only use the information you give us for electoral purposes. We will look after personal information securely and we will follow the Data Protection Act 1998. We will not give personal information about you and the other people in your household to anyone else or another organisation unless we have to by law.



# Who is eligible to vote?

Use **black ink** and write in **CAPITALS**.


**Go online**

You can register to vote at  
[www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote)

## Address

Postcode

## Please list everyone who is eligible to register to vote

### Person 1

Forename(s)	Surname
<input type="text"/>	<input type="text"/>
Nationality	Telephone number
<input type="text"/>	<input type="text"/>
Email address (if they have one) in CAPITALS	
<input type="text"/>	

### Person 2

Forename(s)	Surname
<input type="text"/>	<input type="text"/>
Nationality	Telephone number
<input type="text"/>	<input type="text"/>
Email address (if they have one) in CAPITALS	
<input type="text"/>	

### Person 3

Forename(s)	Surname
<input type="text"/>	<input type="text"/>
Nationality	Telephone number
<input type="text"/>	<input type="text"/>
Email address (if they have one) in CAPITALS	
<input type="text"/>	

### Person 4

Forename(s)	Surname
<input type="text"/>	<input type="text"/>
Nationality	Telephone number
<input type="text"/>	<input type="text"/>
Email address (if they have one) in CAPITALS	
<input type="text"/>	

### Who is eligible to register to vote?

You can register to vote in the UK if you are:

- resident (usually live) in the UK, and
- aged 16 or over (but you will not be able to vote until you are 18).

You must also be either:

- a British, Irish or European Union citizen, or
- a Commonwealth citizen who has leave to remain in the UK or who does not require leave to remain in the UK.

### Nobody eligible to register to vote?

Go to page 3.

You don't have to give us their telephone number and email address. But if you do, it will help if we need to contact them about their registration. Please check that everyone is happy for you to give us their contact details.

**Person 5**

Forename(s)

Surname

Nationality

Telephone number

Email address (if they have one) in CAPITALS

**Person 6**

Forename(s)

Surname

Nationality

Telephone number

Email address (if they have one) in CAPITALS

**More than 6 people eligible to register?**

Contact us using the details on page 1 and we will send you another sheet.

**Nobody eligible to register to vote?**

Please explain why.

- The property is empty
- This is solely a business premises
- This is a second home
- None of the residents are eligible to vote because of their nationality. Please give their nationalities.

- Other reason. Please state.

**Declaration**

To the best of my knowledge, the information in this form is true. I have checked with everybody on the form that the information about them is correct. I understand that it may be an offence not to give the information asked for in this form or to give false information.

I understand that if I do not give the information asked for in this form, I could face a fine of up to £1,000 – and if I knowingly give false information, I could face a fine of up to £5,000 and/or up to six months in prison.

**Signature****Date (DD MM YYYY)****Full name (please use CAPITALS)**

If the occupier cannot complete this form (for example, nobody lives at this address) the person who is in charge of the property must complete it instead. Please tell us who you are – for example, landlord.

**Now sign and return the form**

Send the signed form in the pre-paid envelope – or to the address on page 1 of this form.



## HOW DO I REGISTER?

Registering to vote is straightforward.

- 1 Go to [www.gov.uk/register-to-vote](http://www.gov.uk/register-to-vote)
- 2 Fill in your name, address, date of birth and a few other details. You'll also need your National Insurance number, which can be found on your National Insurance card, or in official paperwork such as payslips, or letters about benefits or tax credits.
- 3 Look out for confirmation from your local electoral registration staff to say you're registered.

If you don't have access to the internet or can't use it, your local electoral registration staff will be able to help you to register.

## ABOUT VOTER REGISTRATION

You need to register in order to be able to vote in elections and referendums. The way you register to vote has changed in 2014.

The new system means:

- You can now register online.
- Everyone has become responsible for registering themselves. Under the old system the 'head of every household' could register everyone who lived at their address.
- You need to provide a few more details to register – including your National Insurance number and date of birth. This is to make the electoral register more secure.

## WHY SHOULD I REGISTER?

To vote: You need to register in order to be able to vote. If you aren't registered to vote, you won't have the chance to have a say on who represents you.

Some people also register to vote because they want to apply for credit. This is because credit reference agencies use the register to confirm where someone lives when they apply for credit in order to counteract fraud.



## BUT I THOUGHT I WAS ALREADY REGISTERED TO VOTE?

If you have registered yourself at your current address since 10 June 2014 in England and Wales or 19 September 2014 in Scotland – and you have not moved home since – you will be registered to vote under the new system.

You will also be registered to vote if you received information at your current address telling you that you are registered under the new system. If you are unsure whether you are registered under the new system, contact your local electoral registration staff.

## WHAT IF I DON'T REGISTER?

Not only will you not have a say at future elections and referendums, but if you don't respond to requests for information from your local electoral registration staff offices you could be at risk of getting fined £80.

The registration system has changed and even if you were registered in the past you may need to register again now.



Electoral Services  
Bristol City Council  
T: 0117 922 3400  
E: [electoral.services@bristol.gov.uk](mailto:electoral.services@bristol.gov.uk)



**YOU NEED TO BE  
REGISTERED IN ORDER  
TO VOTE.**



**YOUR VOTE MATTERS  
MAKE SURE YOU'RE IN**



**MAKE SURE YOU'RE  
REGISTERED TO VOTE!**



**You can now register to vote online.**

If you're studying at MMU you can register as part of enrolment until 30 October at [www.mmu.ac.uk/enrolment](http://www.mmu.ac.uk/enrolment)

After 30 October, please register at [www.gov.uk/register tovote](http://www.gov.uk/register tovote)

**YOUR VOTE MATTERS  
MAKE SURE YOU'RE IN**



Were you aware that you need to register to vote in order to have your say in the next election? If you're not registered to vote, you won't have the chance to have a say on who represents you.

### **DID YOU KNOW:**

- » That you can register to vote at both your home and term-time address
- » You have to be registered in Manchester to be able to vote in Manchester
- » If you have contacted the Council regarding council tax, you still need to register to vote
- » If you live in halls, you will still need to register to vote
- » Registering to vote can improve your credit rating. If you are applying for a phone contract, loan or any other form of credit, being on the electoral register will help.



## **Appendix I – Relevant CVS Organisations**

Brent CVS have provided the following list of top-ten relevant CVS organisations to assist the council with the roll-out of IER. The organisations have been selected in terms of their reach and effectiveness and how well established in their respective communities. These are

1. Brent Citizens Advice Bureau
2. Help Somalia Foundation
3. Iraqi Welfare Association
4. Tamil Association of Brent
5. Camden Somali Cultural Centre
6. Jazari Community Centre
7. Advice4Renters
8. Brent Irish Advisory Service
9. Brent Mencap
10. Preston & Mall Youth Community Centre

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**Scrutiny Committee  
Forward Plan 2014/15**

<b>Date of Committee</b>	<b>Agenda items</b>	<b>Responsible officers</b>
Wednesday 26 <sup>th</sup> November 2014	<ul style="list-style-type: none"> <li>• Maternity Services at Northwick Park</li> <li>• Progress on response to CQC inspection</li> <li>• Proposals for services at Central Middlesex Hospital</li>   <li>• Final report of the Promoting Electoral Registration task group</li> </ul>	<p>North West London Hospital's Trust and CCG.</p> <p>Chair of Task group and Cathy Tyson, Head of Policy and Scrutiny.</p>
Tuesday 6 January 2015	<ul style="list-style-type: none"> <li>• Safer Brent Partnership – update on progress. (request to include specific report on the implementation of Prevent)</li>   <li>• Voluntary Sector initiatives</li>   <li>• Report from the Budget Scrutiny Panel</li> </ul>	<p>Borough Commander Met Police Christine Gilbert, Chair of Safer Brent Partnership, Chris Williams, Head of Community Safety.</p> <p>Ben Spinks, Assistant Chief Executive.</p> <p>Chair of Task group</p>
Tuesday 10 February 2015	<ul style="list-style-type: none"> <li>• Education Commission – 6<sup>th</sup> month Update on implementation of Action Plan</li>   <li>• Update on Working with Families project and children's social care</li> <li>• Future of inpatient mental health services in Brent</li>   <li>• Use of Pupil Premium – Task group report</li> </ul>	<p>Gail Tolley, Strategic Director Children and Young People.</p> <p>Chair of task groups</p>

Date of Committee	Agenda items	Responsible officers
Wednesday 11 March 2015	<ul style="list-style-type: none"> <li>• Customer Access Strategy</li> <li>• Housing pressures within Brent.</li> <li>• Work programme providers and Job Centre Plus</li> <li>• Equalities and HR practices</li> </ul>	<p>Andy Donald, Strategic Director of Regeneration and Growth</p> <p>Cara Davani, Director of HR</p>
Thursday 30 April 2015	<ul style="list-style-type: none"> <li>• Annual report of Scrutiny Committee</li> <li>• Sustainability agenda – Recycling, CO2 emissions, cycling, congestion and air quality.</li> <li>• Local Government ombudsman complaints and corporate complaints.</li> </ul>	<p>Cathy Tyson, Head of Policy and Scrutiny</p> <p>Sue Harper, Strategic Director Environment and Neighbourhoods.</p>
Tuesday 16 June 2015	<ul style="list-style-type: none"> <li>• Access to affordable childcare.</li> <li>• Paediatric Services in Brent.</li> <li>• Public Health – priorities and progress.</li> </ul>	<p>Sara Williams, Operational Director Early Help and Education.</p> <p>Northwest London Hospitals Trust, Brent Clinical Commissioning Group.</p> <p>Melanie Smith, Director of Public Health</p>
Wednesday 8 July 2015		