

MORDEN COMMUNITY FORUM  
26 FEBRUARY 2020

(7.15 pm - 9.00 pm)

PRESENT Councillors Councillor Natasha Irons (in the Chair),

## 1 WELCOME AND INTRODUCTIONS (Agenda Item 1)

The meeting was held in the Council Chamber at the Civic Centre and chaired by Councillor Natasha Irons. Sixteen residents attended, as well as seven other Councillors, and officers of the council and partner organisations. The Chair welcomed everyone to the meeting.

## 2 IMPROVING HEALTHCARE TOGETHER (Agenda Item 2)

Ruth Charlton, Consultant Paediatrician at Epsom and St Helier NHS Trust, and James Blythe, Managing Director Merton and Wandsworth Clinical Commissioning Groups, gave a presentation on the proposals for the future of critical care services at the Trust. The presentation is an appendix to this report.

The Government has allocated £500m to improve buildings and build new Specialist Emergency Care hospital (SECH). Under the proposals 85% services stay at Epsom and St Helier sites and a minimum of £80m will be spent on improving the existing buildings. Emergency services do not currently meet national standards and CQC rate them as needs improvement. There is also problem with recruiting sufficient staff. The current buildings are not fit for purpose and expensive to maintain which creates an ongoing problem with finances

The new clinical model would mean at least two District Hospitals (Urgent Treatment Centre; Outpatient services; Diagnostic services; Planned Care procedures; Hospital Rehab/recovery) and one Specialist Emergency Care Hospital (Emergency Department; Acute Medicine; Emergency Surgery; Critical Care; Births; Inpatient Paediatrics). There are three options for the new SECH site: Epsom, St Helier, or Sutton (next to the Royal Marsden). Sutton is the preferred site for the CCGs as it has the smallest increase in average travel times, would be easiest and quickest to build; and based on the Government assessment formulae provides the best value for money.

Modelling shows a slight increase in beds is needed, most would be at Epsom, St Helier and Sutton but some would need to be provided at other hospitals including St Georges, Croydon, Kingston or the Surrey hospitals to mitigate increase pressure on

those hospitals. There would be little time difference in Ambulance and Car travel to the single SECH site, but there will be increases in Public Transport journey times for some people. The NHS would need to work with transport providers to mitigate this before the facility opens.

All three options are possible and no decision has been made so responses to the consultation are encouraged before it closes on 1 April 2020.

Residents raised a number of points and questions, which are set out below along with any response from James and Ruth.

| <b>Issue</b>  | <b>Response</b>   |
|---|---|
| Will improvements still be made to St Helier if the new centre is built elsewhere?              | Yes, the blocks in worst condition, at the back of the hospital will no longer be used and increasing the number of single rooms will be a priority.  |
| There will be a 62% reduction in beds at St Helier  | Overall, there will be a slight increase in beds, although some of these will be at other hospitals.  |
| Services will be taken from a deprived area to affluent Belmont                                 | 85% of services will be stay on site, for example anti-natal and pre-natal care will stay but services that needs 24 hour consultant cover will move to the new site.   |
| Will it be more expensive to maintain more buildings on more sites?                             | Updating buildings should reduce ongoing maintenance costs  |
| There will be no access to critical care if something goes wrong with in a surgery at St Helier | For planned surgery, risk would be assessed so those with high risk would take place at SECH. If something goes wrong with a low risk patient there would be sufficient resources to stabilise the patient and then move them to the SECH if needed.                      |
| A four-year completion for a new hospital seems ambitious.                                      | This is the advice we have received, but it is clear the build will be relatively quicker at the Sutton site. There will need to be a lot of work on designs whatever option is selected.   |
| Do the government's recruitment plans not mean the need for consolidation will be negated?      | We have worked with NHS Health Education England (HEE) to model staffing needs and supply. They show that there will continue to be a shortfall of specialist emergency staff even with new investment. A lot of the new recruitment is targeted on the North of England. |

| <b>Issue</b>  | <b>Response</b>   |
|---|---|
| The buildings will be in place for the next 60 years so why is there so much emphasis on parking when cars will be phased out?  | Residents and staff frequently raise car parking so will need to plan for car usage, as it currently exists.  |
| How does the condition of Epsom Hospital compare to St Helier   | Both sites have similar issues – not enough single rooms and some buildings in poor condition.  |
| What will happen if patients need to move sites?  | Acute surgical wards for recovery will be at the SECH, the rehabilitation wards will be at the District Hospitals so patients will be moved between the sites.  |
| What will be the impact on other hospitals?   | Some patients who are currently closest to Epsom or St Helier would be closer to St Georges, Kingston or Croydon if the SECH was at Sutton. Those sites would need additional investment and beds to meet the extra demand. |
| What are the advantages of having the SECH next to the Royal Marsden  | It should be possible to link the buildings and share infrastructure like laboratories and diagnostic equipment, as well as share staff across the sites.   |
| The increased journeys between the sites will increase pollution.   |   |
| The proposals should take into account the future population growth in the area and as a result, it would be better to keep the existing Emergency services at the two hospitals and use the money to invest in those facilities. |   |
| What will happen to the training facilities currently on the existing sites?  | Training options should be expanded under the proposals, and the new SECH should be more attractive to prospective students.  |

### 3 MAGISTRATES COURTS (Agenda Item 3)

Mandy Lamplough, a Magistrate sitting at Wimbledon and Lavender Hill, gave a presentation on the role of Magistrates and what function Magistrates Courts play in the legal system. The presentation is available as an appendix to this report.

Magistrates are all volunteers, should be aged between 18 and 70, receive training, and should sit for 15 days each year. The Courts are the first level of court for

criminal justice and see 90% of cases. They hear evidence, decide on guilt or innocence and can issue a maximum custodial sentence of 6 months. Sentencing options also include fines, a Court Victim Surcharge, and restorative justice. Magistrates also sit in less formal youth courts, family courts, and can issue warrants. Recent trends include fewer cases due to the increased use of Fixed Penalty Notices; an increase in the amount of violent and knife crime, and more crime involving young women. There has also been a reduction in the number of courts meaning further travel for many.

In response to questions from residents, Mandy confirmed that Magistrates received travel and subsistence expenses but are not paid; that fines issued by the court are based on a proportion of weekly income and can be recovered directly from salaries or benefit payments. Mandy also said that the Probation Service administered restorative justice can be very powerful in helping both sides understand each other. Mandy said there is definitely a need for more Magistrates and from a wider range of background. Details of how to apply can be found at <https://www.gov.uk/become-magistrate>

#### 4 OPEN FORUM (Agenda Item 4)

A resident asked if there was an update on the Public Space Protection Orders on dog control that had been consulted on in 2018. Kris Witherington, Community Engagement Manager, said that he had spoken with the relevant team. The delay has been due to the need to ensure sufficient enforcement was in place. This is close to being resolved and if so, the process should be completed quickly.

A resident raised the issue of a shop on Morden Road whose display is blocking the pavement next to a shared cycle path. Kris agreed to raise this with Highways colleagues.

UPDATE following the meeting: Transport for London as the Highway Authority for the area has granted permission for the designation and licence following negotiations regarding its size. As there is a licence in place, and unless there is a breach of conditions, there will be no action taken.

A resident raised the issue of the increase in parking charges and said they did not feel they would reduce pollution. Cllr Irons explained that the previous increase was based on proximity to public transport links, through a measure called Public Transport Access Level (PTAL). Further changes relating to charging more for more polluting vehicles, based on the Ultra Low Emission Zone are currently being considered.

A resident asked if Merton Council would consider taking legal action to prevent the Improving Healthcare Together plans for St Helier Hospital going ahead.

UPDATE following the meeting: Cllr Stephen Alambritis confirmed that the Council is against the removal of services from St Helier and will fight to retain them, exploring all options to do so.

A resident also raised an issue about a property on Morden Hall Road using their neighbour's crossover to park on the grass in front of their house.

## 5 LOCAL GOVERNMENT BOUNDARY COMMISSION PROPOSALS (Agenda Item 5)

Kris Witherington gave a presentation on the proposals for new electoral ward arrangements from the Local Government Boundary Commission for England. The presentation is available as an appendix to this report. The consultation on the changes is open until Monday 2 March and can be found at <https://consultation.lgbce.org.uk/node/16844>

A resident asked about populations in each ward. Under the proposals three member wards will have 8,000-9,000 electors whereas two member wards will have 5,000-6,000 members.

## 6 LONDON ASSEMBLY UPDATE (Agenda Item 6)

Leonie Cooper, Assembly Member for Merton and Wandsworth, provided any update on the work of the London Assembly. The role of Assembly is primarily to hold the Mayor of London to account. There are 25 Assembly Members, 14 geographical, 11 from a top-up list. At the moment five parties are represented Labour, Conservative, Liberal Democrat, UKIP and Green parties.

There are a series of cross party committees. Leonie is currently Deputy Chair of the Environment Committee, and Chair of Economy Committee. The committees look at range of projects for example single use plastics, which resulted in roll out of water fountains; biodiversity and housing, which has been integrated into new London Plan. The Economy Committee has looked at the condition high streets, which included evidence from Love Wimbledon, and creating new jobs in a low carbon economy.

The final version of the London Plan is currently with the Secretary of State for approval. The plan includes requirements for net-biodiversity improvement on developments and for urban green space.

The Mayor has recently announced data that shows the impact of the introduction of the ULEZ and Low Emission Bus Zones has already had on improving Air Quality. This is at

<https://www.london.gov.uk/press-releases/mayoral/data-shows-mayors-action-cleaning-up-londons-air> with more details at

<https://www.london.gov.uk/WHAT-WE-DO/environment/environment-publications/air-pollution-monitoring-data-london-2016-2020>

A resident asked about improving access on public transport. Leonie said she has visited a number of stations as part of the Transport Committee along with London Travelwatch to look at access. The intension is to upgrade all the stations on the northern line but some are listed so this is more challenging. There is a budget of £200m to achieve this but the work has to be phased. The Mayor does not have power over rail stations and the many different operators of these stations make the situation more complicated.

A resident asked how the central London ULEZ had benefited Merton. Leonie replied that the evidence showed people had changed their behaviour for their whole journey, reducing the number of the most polluting vehicles travelling towards the zone. Merton has also benefited from the Low Emission Bus Zone at Putney High Street and the conversion of black cabs to electric vehicles. The ULEZ will be extended to the South Circular in 2021, but Leonie would like to extend this further. There is a budget of £864m to transform the bus fleet, with the whole fleet moving to electric or hydrogen vehicles.

A resident felt the increase in public hire and delivery vehicles was having a negative impact on Air Quality. Leonie agreed and said that since the introduction of Uber the number of public hire vehicles has increase from c80,000 to more than 600,000 and the Mayor has called for additional powers to regulate these vehicles. The Mayor is also working with delivery companies to explore alternatives like cargo bikes, logistics planning and electric vehicle. Data on vehicle use can be found in the [London Data Store](#).

The Mayor has announced that 20 September will be car free day with communities holding events and street parties to encourage people to switch from car use. The target is to have 80% of journeys by walking, cycling or public transport.

## 7 DATE OF NEXT MEETING (Agenda Item 7)

Councillor Irons thanked residents for attending and closed the meeting.

The next meeting will be on **Wednesday 14 October 2020** at 7.15pm, Council Chamber, Merton Civic Centre.



**NHS**

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# Welcome

Improving Healthcare Together 2020 to 2030

**Merton, Sutton and Surrey Downs Clinical Commissioning  
Groups**

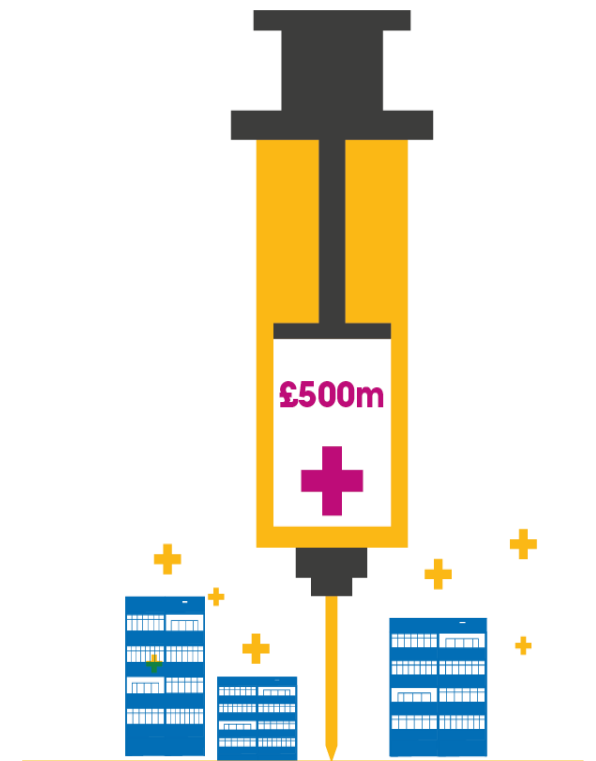
Minute Item 2

[www.improvinghealthcaretogether.org.uk/consultation](http://www.improvinghealthcaretogether.org.uk/consultation)

# £500 million allocated to improve the current buildings at Epsom and St Helier hospitals and build a new specialist emergency care hospital

## Our proposals

- Page 2
- 85% of services will stay at Epsom and St Helier hospitals = care for over 700,000 patients a year
  - Epsom and St Helier hospitals stay open 24/7 365 days a year under all options
  - PLUS - a brand new specialist emergency hospital in new state-of-the-art buildings
  - Minimum £80m investment in Epsom and St Helier hospital buildings
  - New hospital could be built at Epsom or St Helier - but Sutton is our preferred option





# Case for change



# Quality

Patients at Epsom and St Helier hospitals do not always receive the level of care that they need and deserve

- Some key services do not meet agreed national clinical standards
- Shortage of doctors and specialist clinical staff
- The Care Quality Commission (CQC), rates both Epsom and St Helier hospitals as 'requires improvement' for emergency services.

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# Buildings

The hospital buildings are very old and are not fit for delivering 21st century healthcare

- Not enough single rooms
- Hospital buildings are not all connected
- Lifts are old and too small; when they break, patients are moved around the hospitals in ambulances
- Old buildings are difficult to keep clean and work in safely - emergency repairs are needed just to keep patients dry and warm.



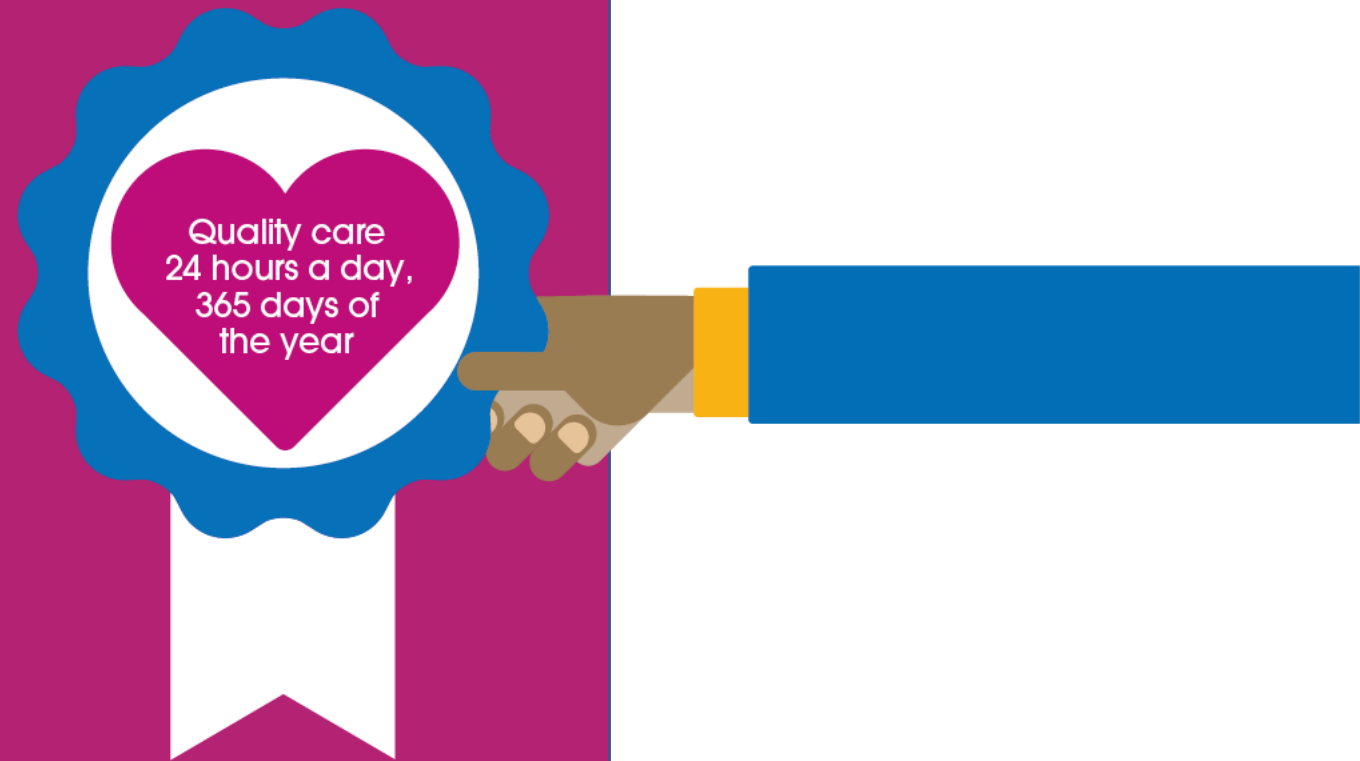
# Finances

The issues with quality and buildings mean we have major financial challenges

- Our hospitals are spending more than they can afford on temporary staff to protect quality
- Our hospitals are spending more than they can afford on upkeep of old buildings
- If these issues get worse it will get even more difficult to pay for new buildings and run our hospitals safely.



# Our proposed clinical model



# District hospital

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District hospital



Urgent treatment centre

24 hours a day,  
365 days a year

Epsom and St Helier hospitals would continue providing these district hospital services



Urgent treatment



Outpatients



Diagnostics



Planned care



Rehabilitation

# Urgent treatment centres

- Treat two out of three people who currently attend A&E
- Open 24 hours a day, every day of the week
- Staffed by doctors and emergency care nurses
- Provide urgent and emergency care for people who make their own way to hospital.



# Specialist care

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We want to bring together at one site (Epsom, St Helier or Sutton) **six core (major) services** for the most unwell patients and those who need more specialist care

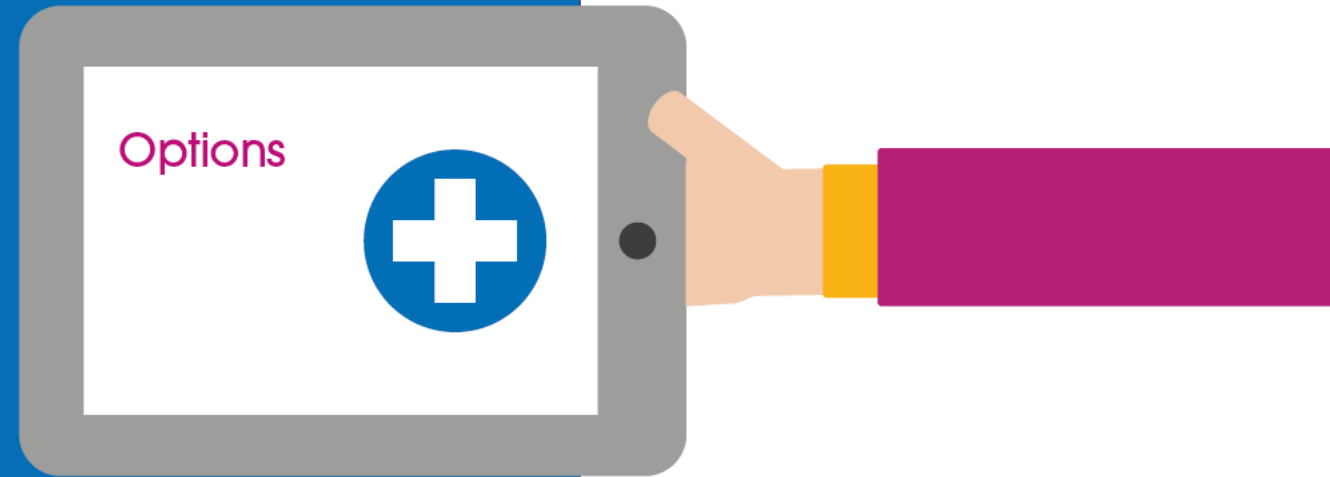




# Examples of what changes would mean

| Situation  | District hospital   | Specialist emergency care hospital  |
|--|---|---|
| My 11-year-old son has fallen off his bike and has a swollen ankle                               |       |   |
| My adult sister has an outpatient appointment  |       |   |
| My grandma has to have an X-ray  |       |   |
| My mum needs to have a day case surgery  |       |   |
| My great uncle is recovering from a heart attack and needs to stay in hospital but is now stable |       |   |
| I have a scan booked in with my midwife  |   |   |
| My daughter has a leg injury and needs emergency surgery   |   |   |
| My pregnant sister is having a hospital birth  |   |   |
| My child is poorly and needs to stay in hospital overnight                                       |   |   |

# Site options



# Our proposed options

We concluded that there are three possible options

**1** Epsom as the site of the specialist emergency care hospital

Epsom Hospital



St Helier Hospital



Sutton Hospital

**2** St Helier as the site of the specialist emergency care hospital



**3** Sutton as the site of the specialist emergency care hospital



# Criteria for assessing the options



## Quality of care

Would it improve safety and quality



## Access, including travel

What would the effect be on travel and accessibility?



## Long-term clinical sustainability

Does it improve access to urgent and emergency care?



## How easy it is to deliver

How complex would it be to build and how long would it take?



## Meeting the health needs of local people

What would the effect be on older people and people from deprived communities?



## Fit with the NHS Long Term Plan

Would it fit with the NHS Long Term Plan?



## Finance

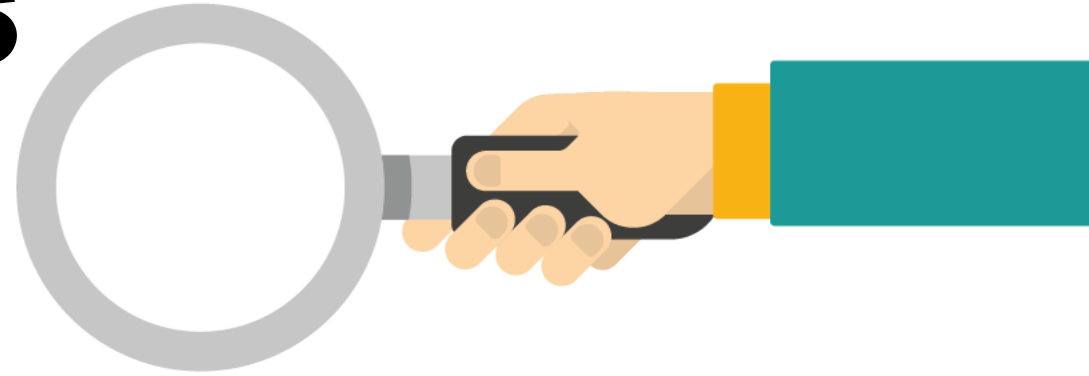
What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?

# Sutton is our preferred option as the site of the specialist emergency care hospital

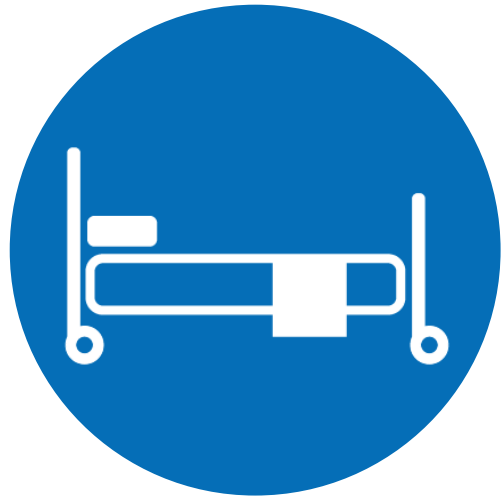
- **Smallest increase in average travel time.** Fewer local people would have to travel further.
- **Easiest to build.** Would take four years to build.
- **Best value to the taxpayer.** It is the most expensive to build because it has the most new buildings but it keeps the most patients in the area and there are extra benefits of being co-located with the Royal Marsden.
- **All three options can be delivered by the NHS.**



# What does this mean for...



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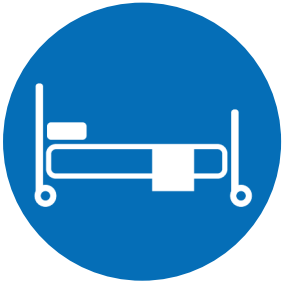
**Bed analysis**



**Travel times**



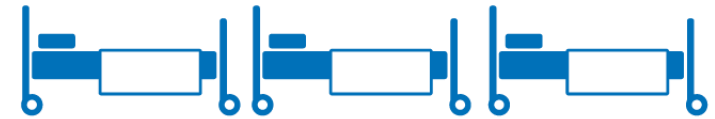
**Other local hospitals**



# Bed analysis

A small increase in the number of beds we have now

- This is based on what we need for our communities and changes in treatment and technology
- The number of beds needed at each hospital will change depending on which option is chosen
- There is much more detail on page 45 of our consultation document.



Epsom and St Helier hospitals have

**1,048 beds**



In the future we have worked out that we will need













**1,052 beds**



# Travel times

Travel times are relatively low and only small differences between options

- 99.7% of patients within Surrey Downs, Sutton and Merton area will be able to access major acute services within 30 minutes by either car or blue light ambulance (based on morning weekday rush hour)
- As all options involve moving major services from two sites to one, some patients will have longer journeys.

|                  | Before any change  | If specialist emergency care hospital is located at Epsom                                      | If specialist emergency care hospital is located at St Helier                                  | If specialist emergency care hospital is located at Sutton                                     |
|------------------|--|--|--|--|
| Car              | <br>99.7%   | <br>99.7%   | <br>99.2%   | <br>99.7%   |
| Ambulance        | <br>99.7%  | <br>99.7%  | <br>99.7%  | <br>99.7%  |
| Public transport | <br>68.9% | <br>49.1% | <br>53.0% | <br>58.7% |



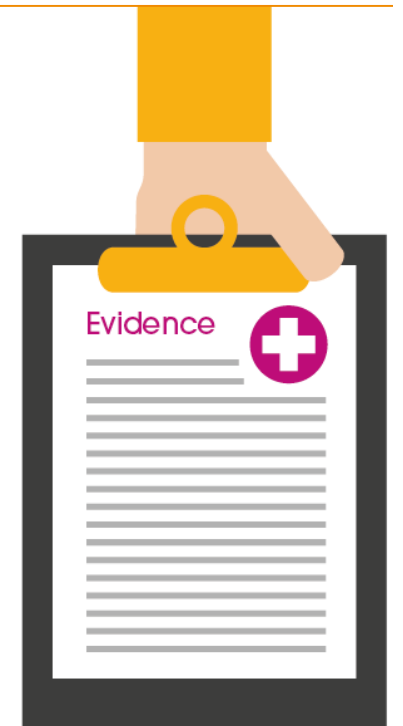


# Impact on other local hospitals

We worked closely with five NHS hospital trusts (Kingston, Croydon, St George's, Guildford, and Redhill) and Ambulance Services

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- All indicated that with the right additional support in place, all options are possible for the new specialist emergency care hospital.
- Epsom option has the greatest impact on other local hospitals
- St Helier Hospital option has the second greatest impact on local hospitals
- The Sutton option would have the lowest effect on local hospitals
- There is much more detail on page 41 of our consultation document.





**We want to know what you think**

# Tell us what you think?

**Q1** Our model of care

**Q2** The locations of the specialist emergency care hospital

**Q3** Travel and transport

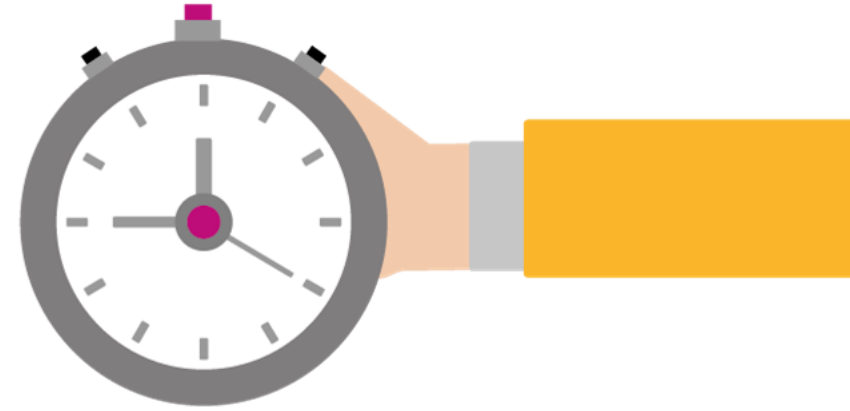
**Q4** Impact on you and your family

**Q5** Impact on you and your family

**Q6** Other solutions we should consider

# Have your say

Come to any of our local listening events to tell us your views



**Consultation  
closes  
1 April 2020**

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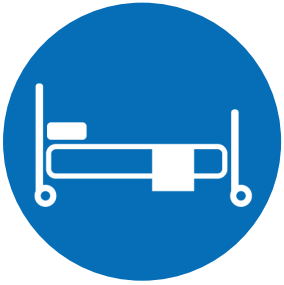
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|                    |   |
|--------------------|---|
| <b>Email</b>       | hello@improvinghealthcaretogether.org.uk  |
| <b>Twitter</b>     | @IHTogether   |
| <b>Facebook</b>    | @ImprovingHealthcareTogether  |
| <b>Call</b>        | 02038 800 271   |
| <b>Text</b>        | 07500 063191  |
| <b>Write to us</b> | Opinion Research Services,<br>FREEPOST SS1018,<br>PO Box 530, Swansea,<br>SA1 1ZL |

**For all the consultation and event information and to fill in the questionnaire:  
[www.improvinghealthcaretogether.org.uk/consultation](http://www.improvinghealthcaretogether.org.uk/consultation)**

# Additional slides

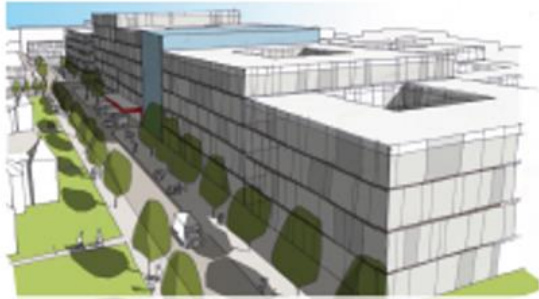
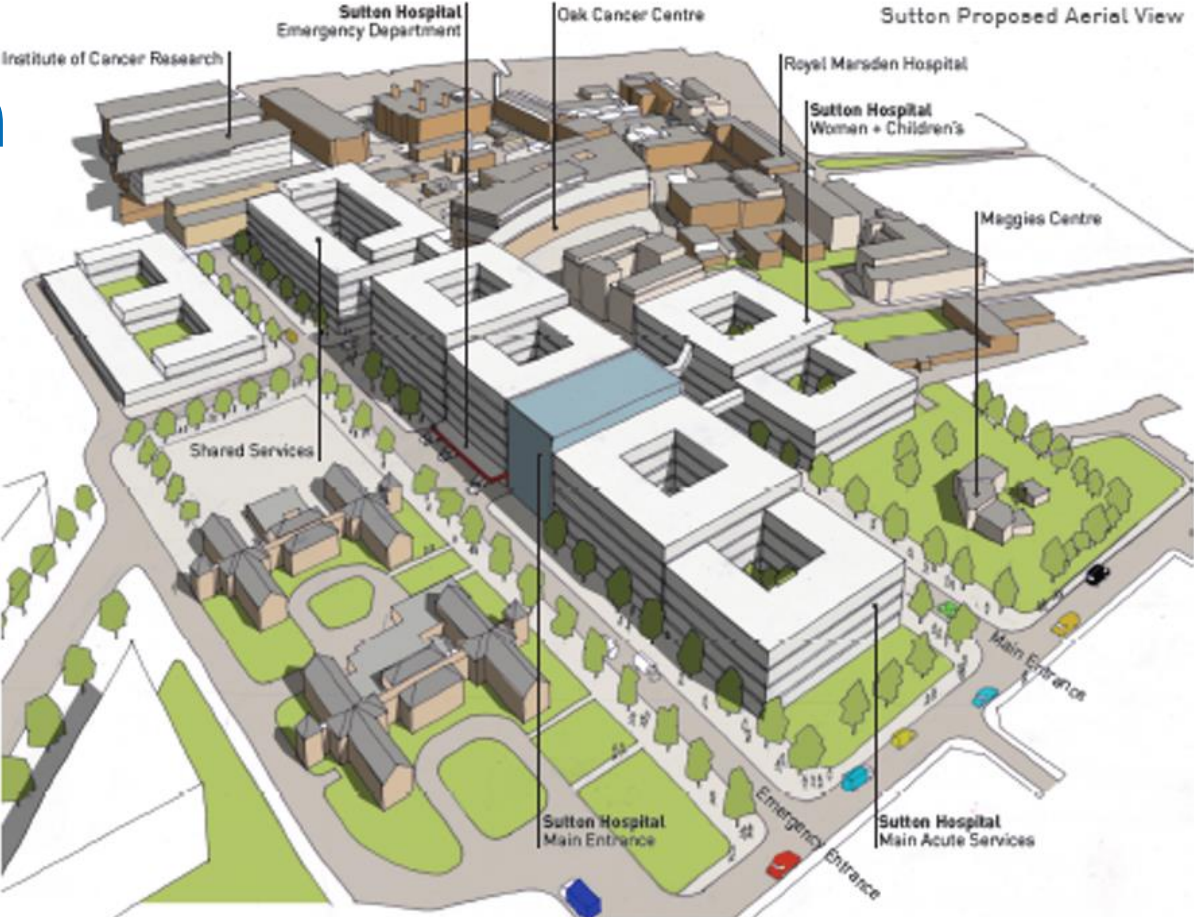
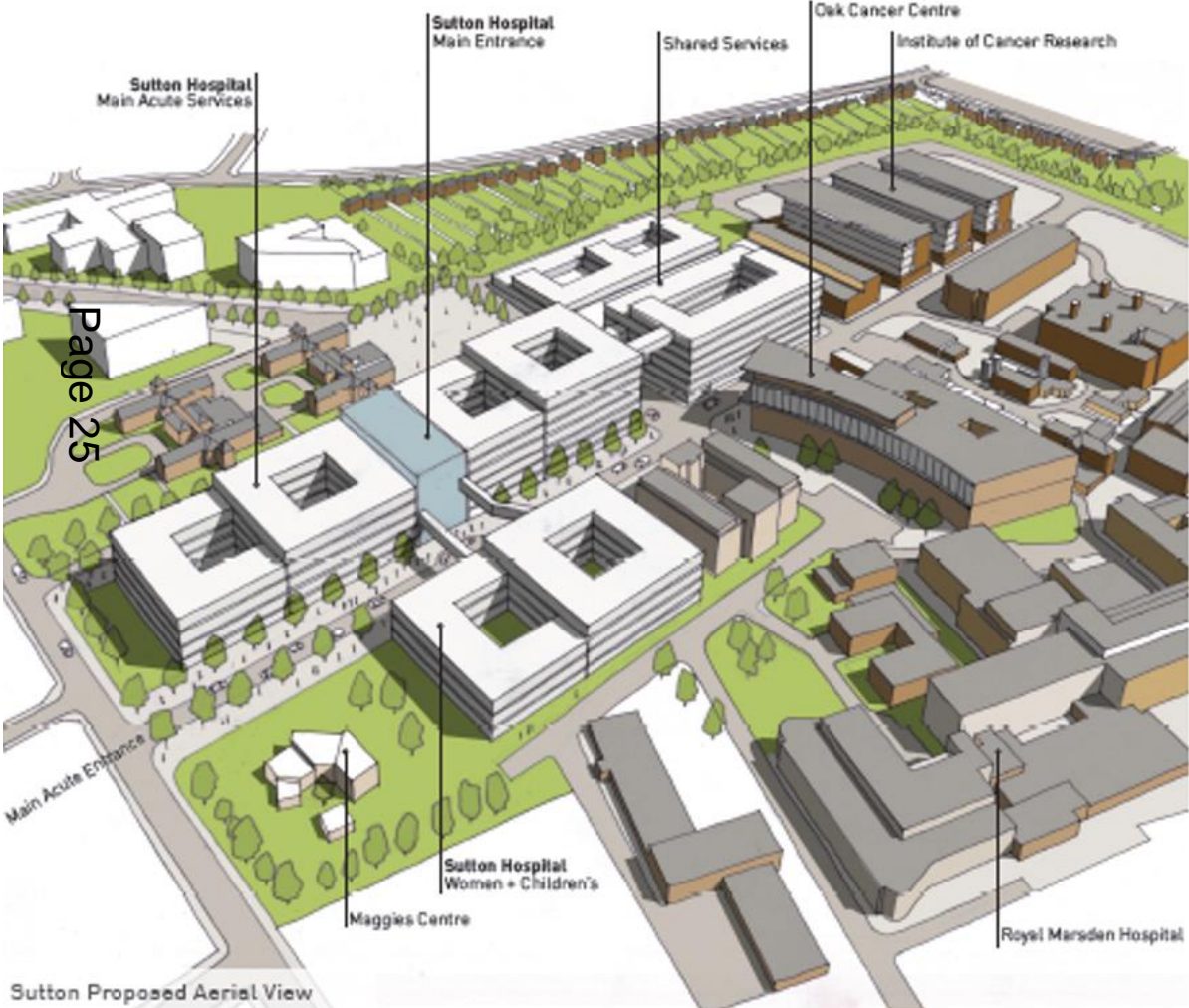




While the total number of beds are expected to be the same across all options, the hospitals where these beds are needed is different by option.

| Major acute site  | Epsom | St Helier | Sutton | Other providers | Total beds needed for the population |
|-------------------|-------|-----------|--------|-----------------|--------------------------------------|
| Current beds      | 454   | 594       | -      | -               | 1,048                                |
| Epsom (25/26)     | 634   | 213       | -      | 205             | 1,052                                |
| St Helier (25/26) | 277   | 694       | -      | 81              | 1,052                                |
| Sutton (25/26)    | 285   | 221       | 496    | 50              | 1,052                                |

# Specialist emergency care hospital – Sutton site option



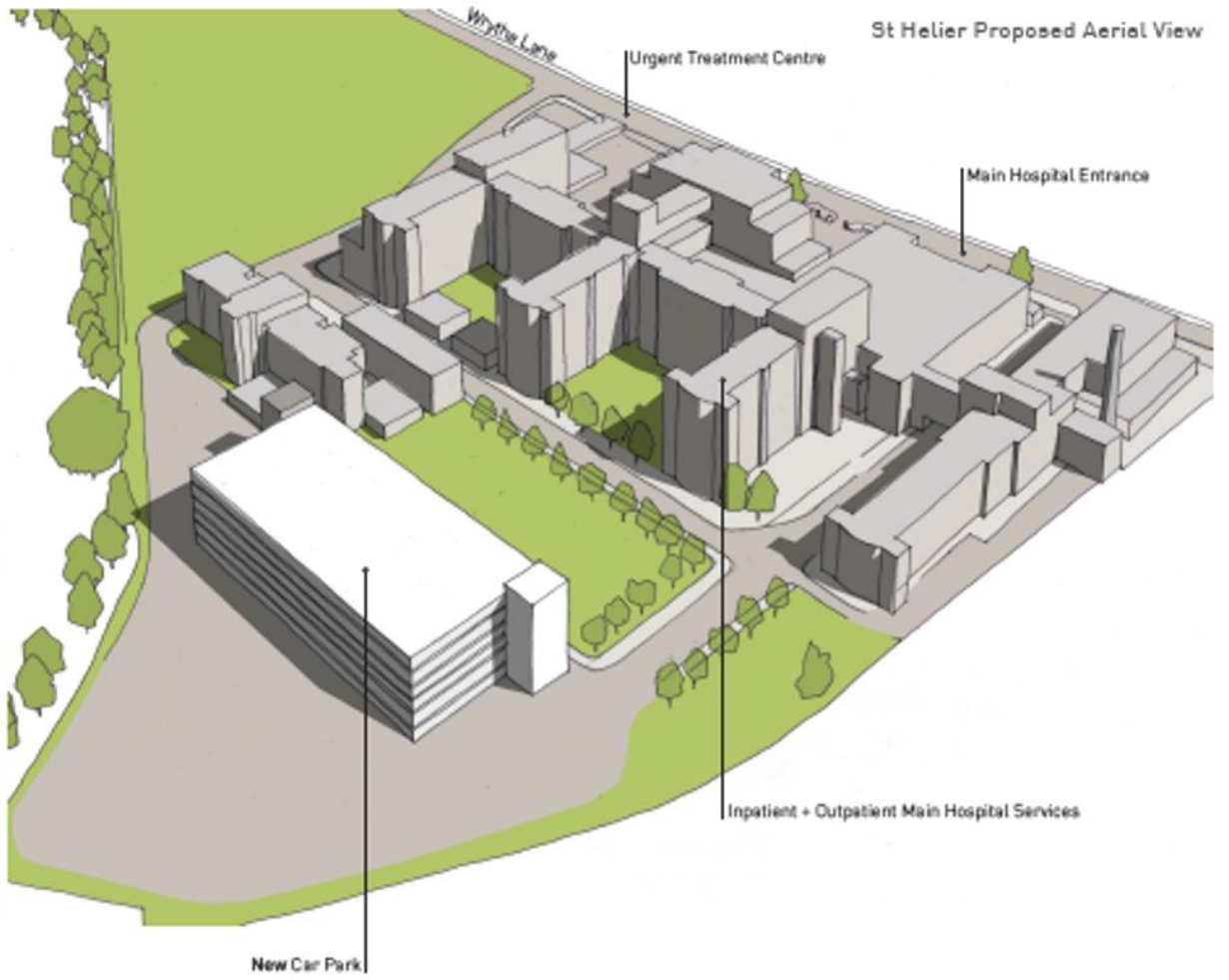
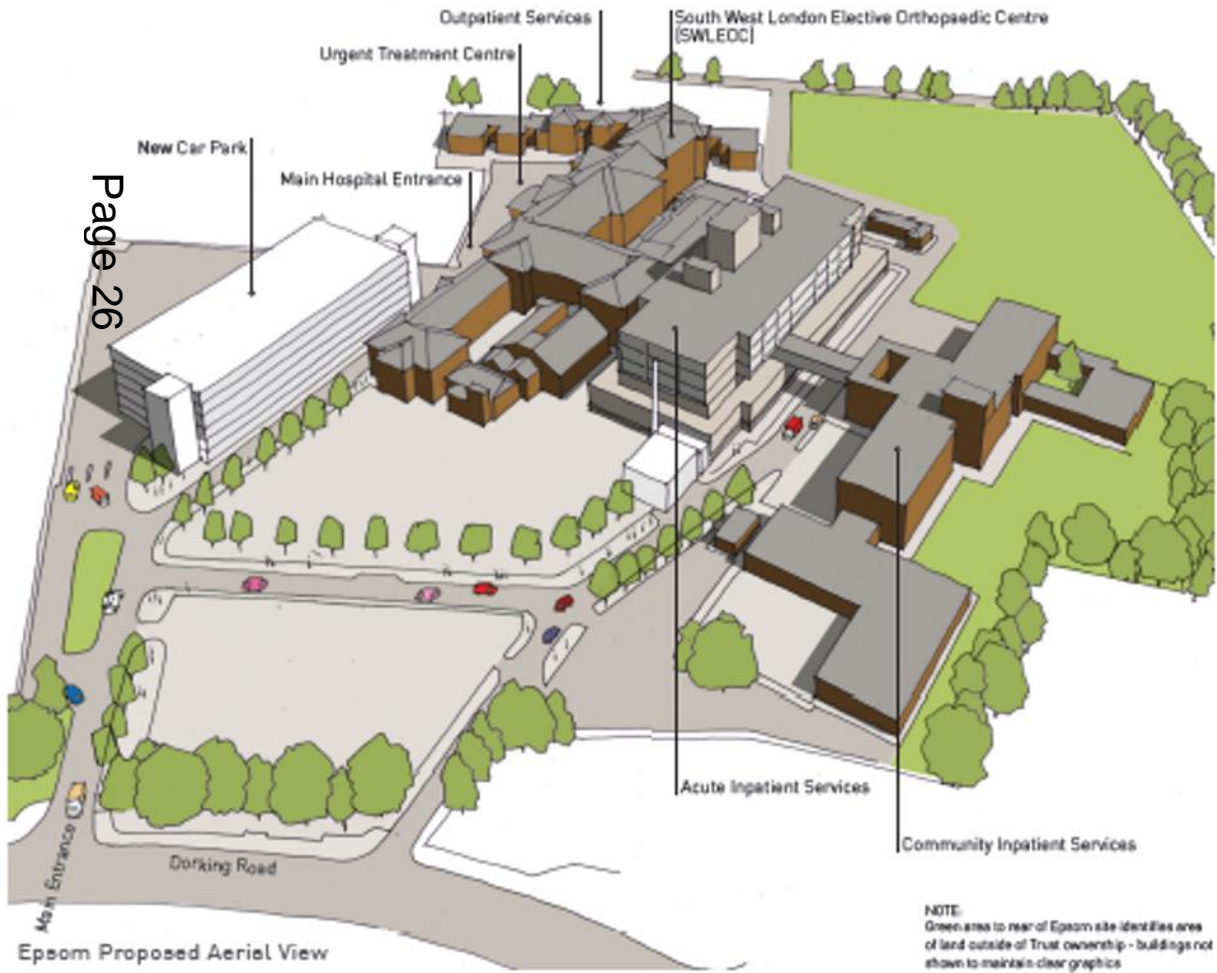
Sutton Proposed Aerial View

Sutton Acute Hospital Main Entrance Approach

Sutton Emergency Department Approach

# Epsom and St Helier Hospitals – Sutton site option

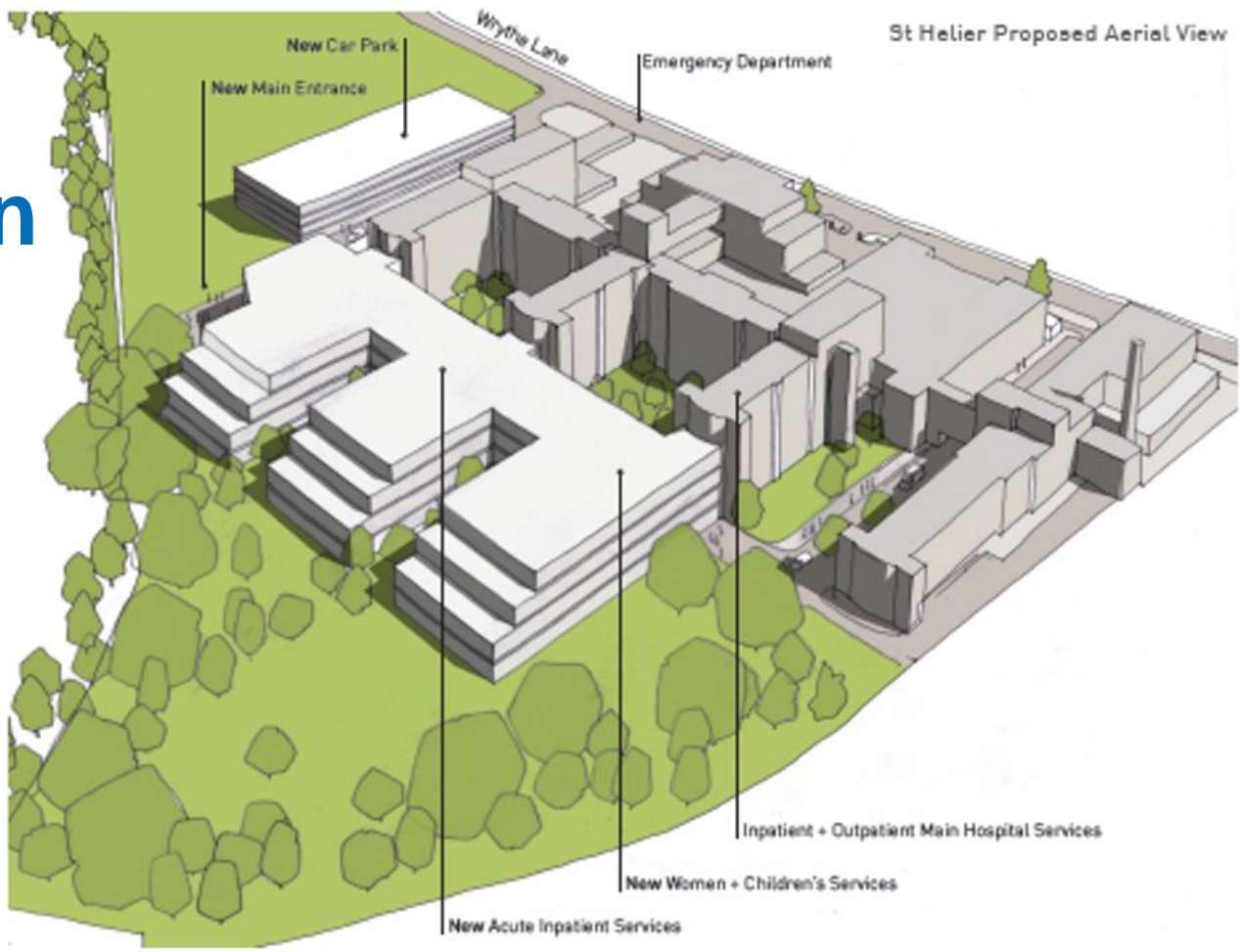
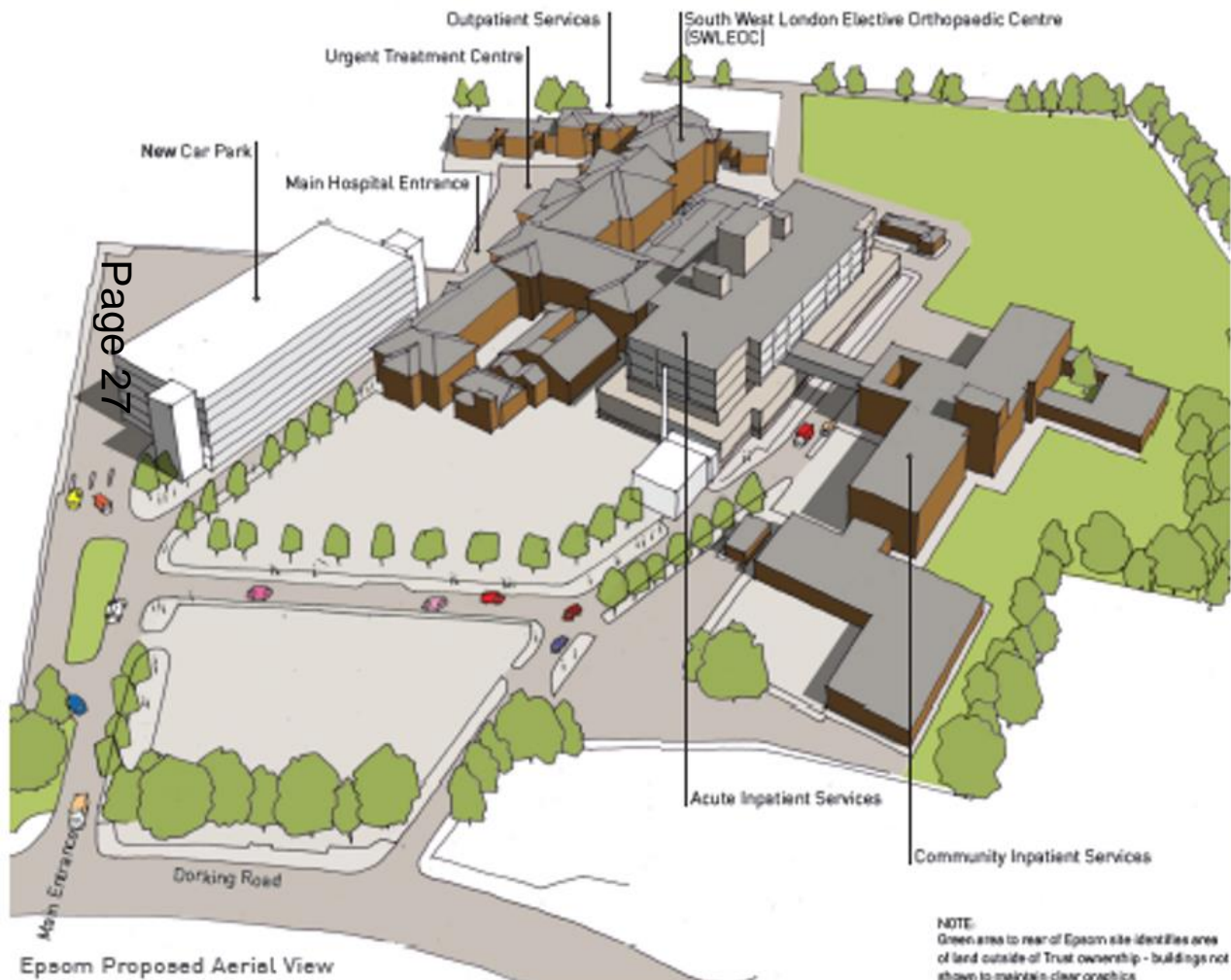
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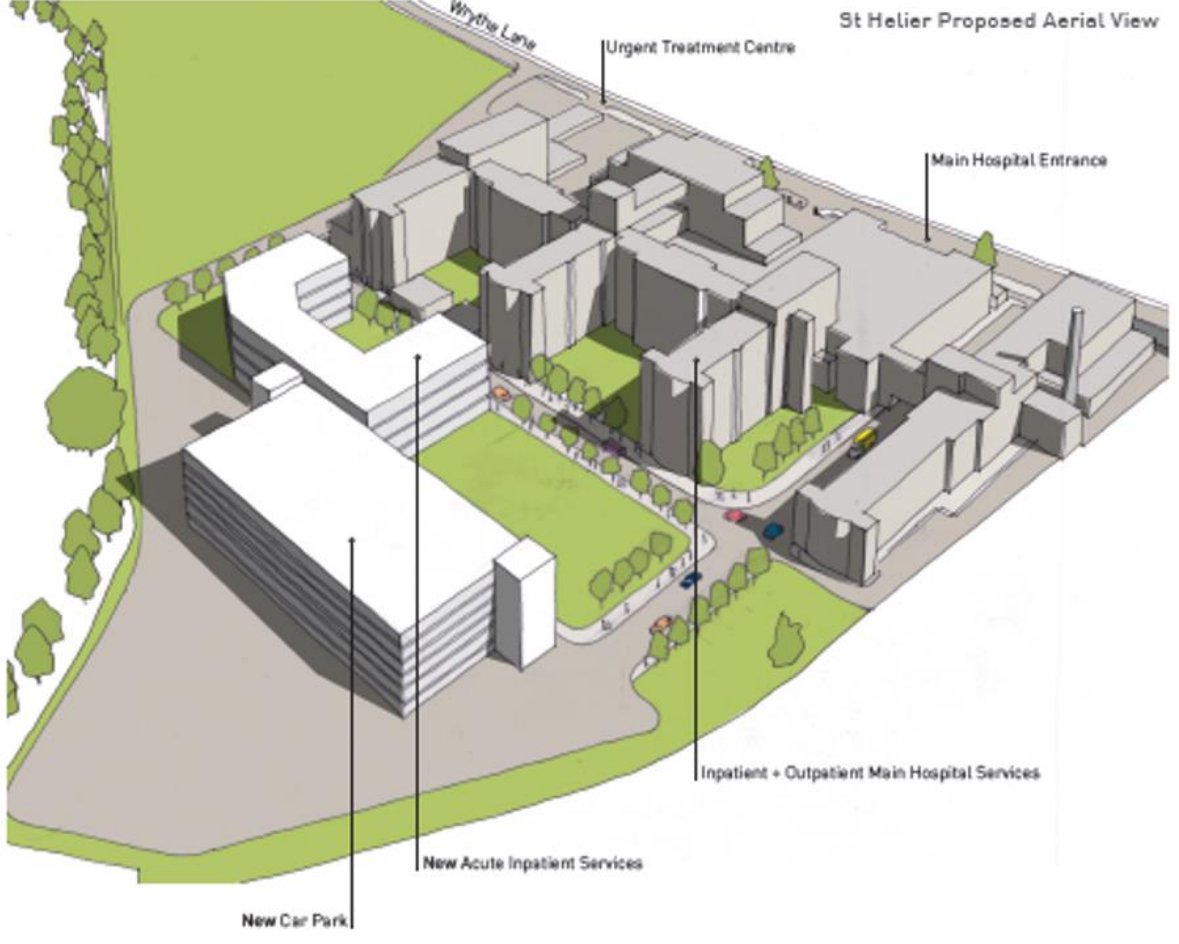
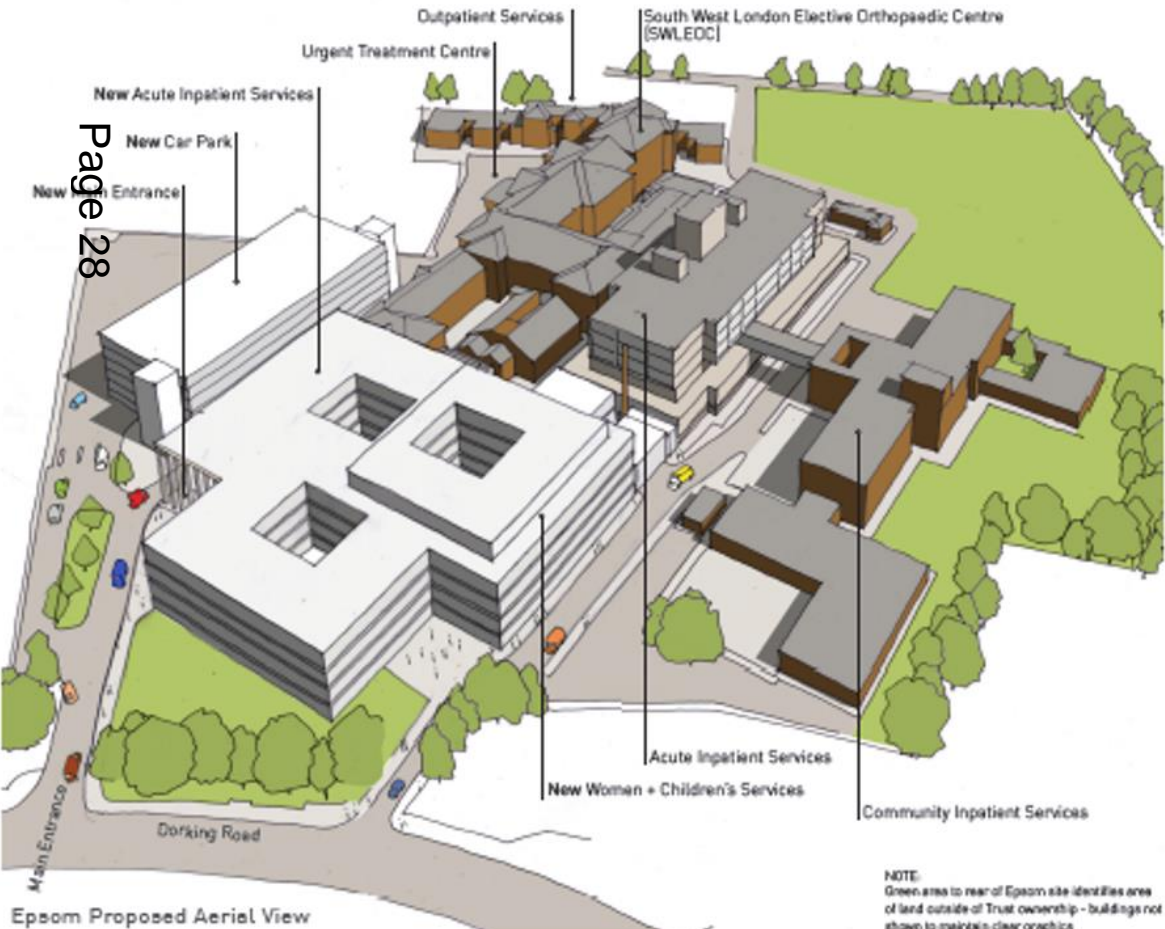
NOTE:  
Green area to rear of Epsom site identifies area of land outside of Trust ownership - buildings not shown to maintain clear graphics



# Specialist emergency care hospital – St Helier site option



# Specialist emergency care hospital – Epsom site option



NOTE:  
Green area to rear of Epsom site identifies area of land outside of Trust ownership - buildings not shown to maintain clear graphics

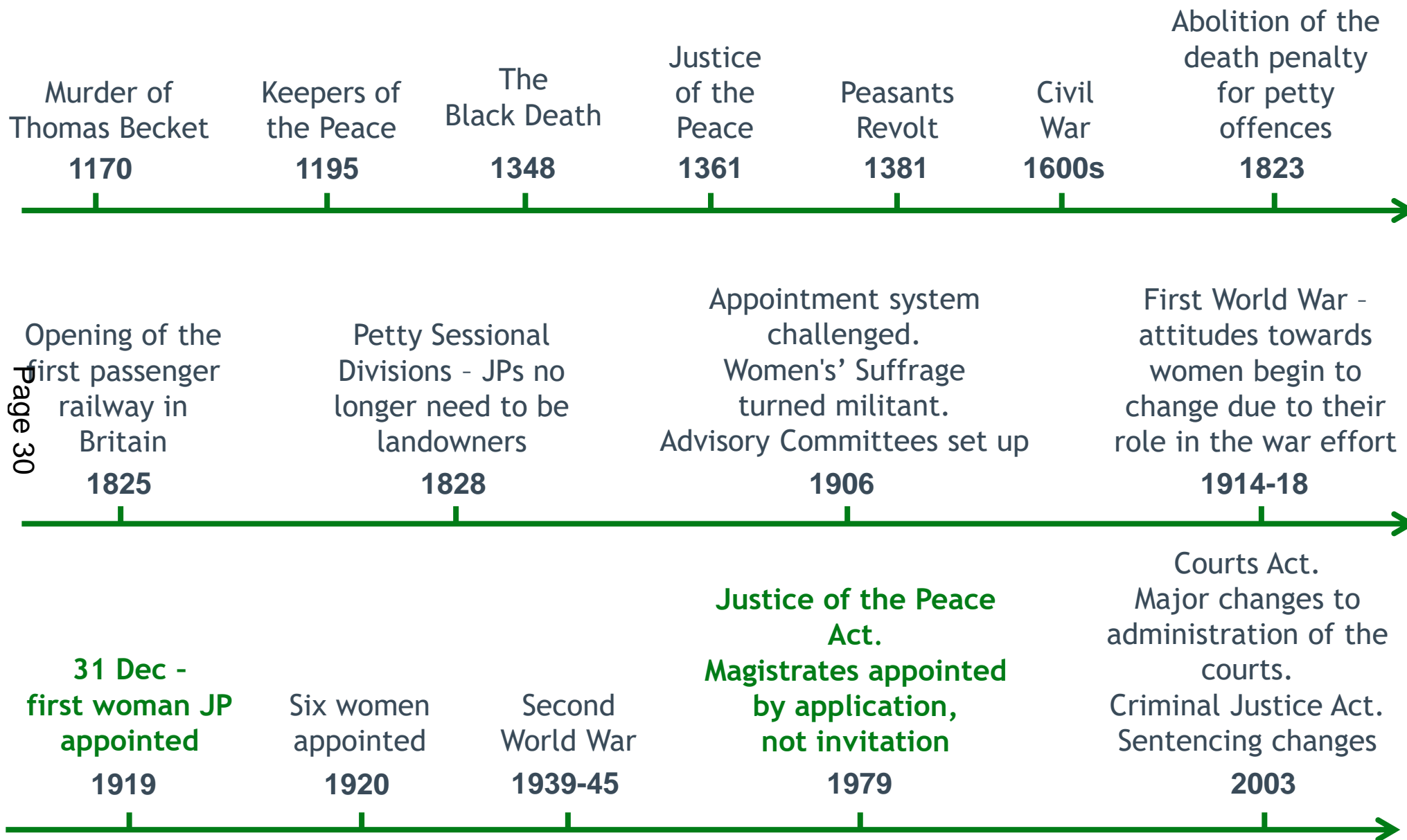


# A Presentation for the Community

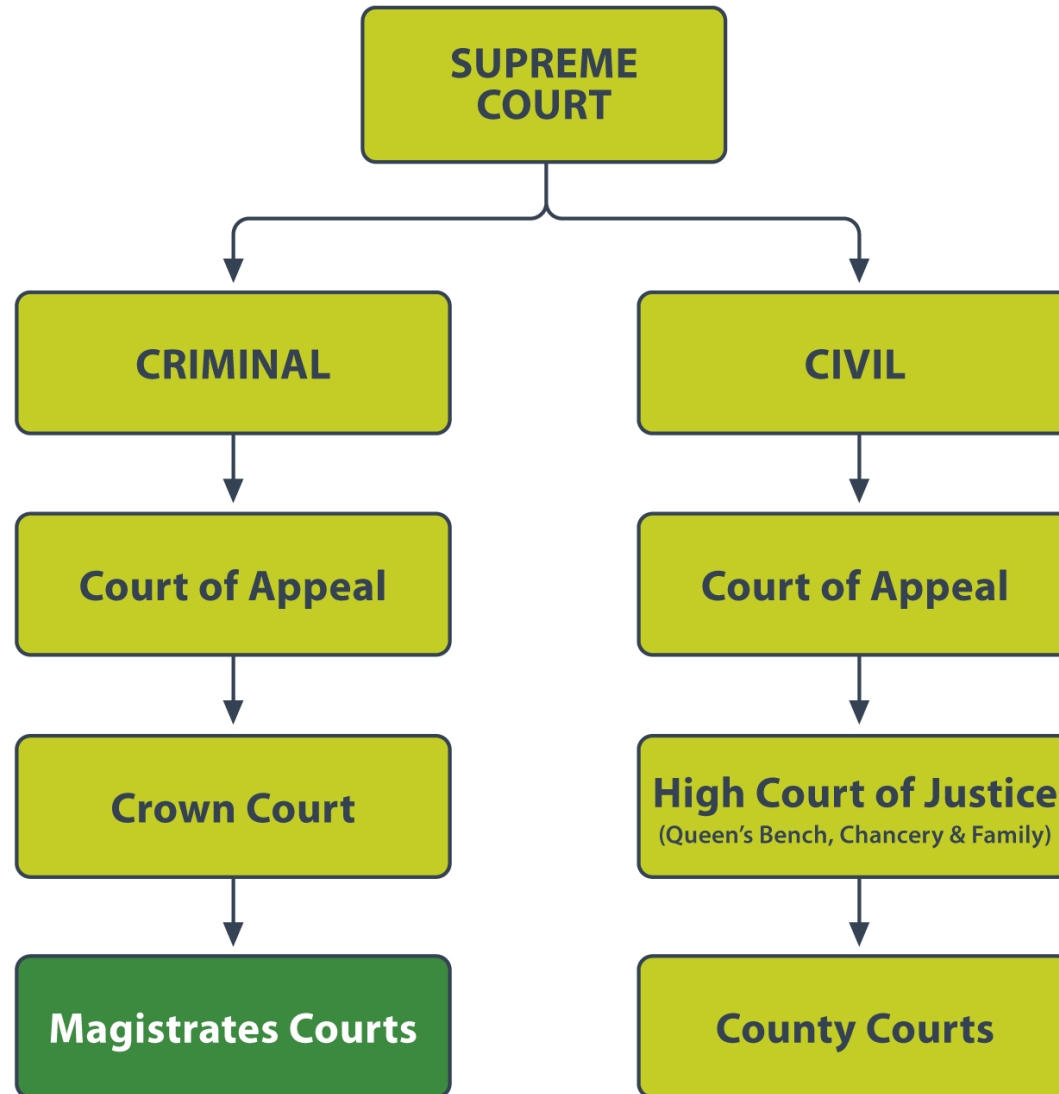
## Morden Community Forum

### Wednesday 26<sup>th</sup> Feb 2020

# The History of The Magistracy



# The Court System in England and Wales

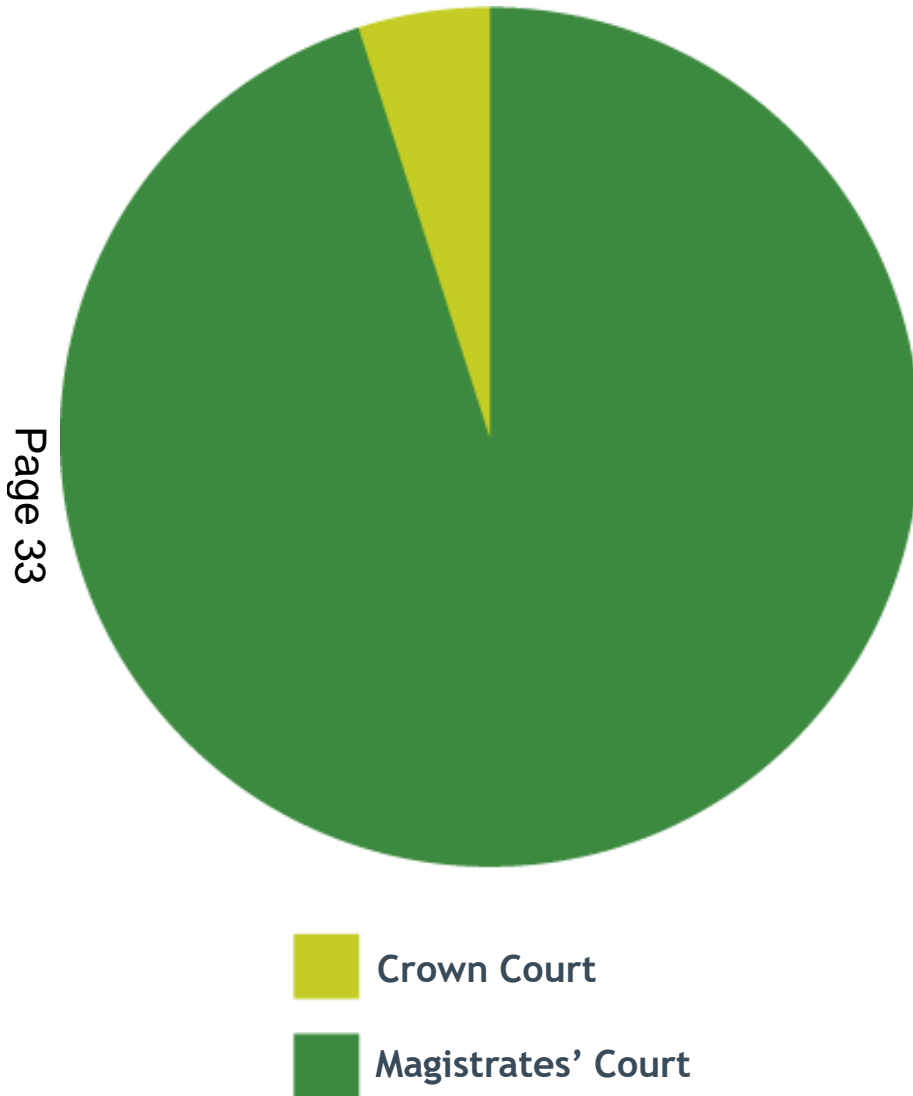


# The difference between Magistrates' Court and Crown Court?

- Magistrates - hear the evidence and decide innocence or guilt
- Magistrates - also decide sentence when guilty
- Crown Court - Jury of 12 'peers' hears the evidence and decides innocence or guilt
- Crown Court - Judge decides sentence



# What cases are dealt with in the Magistrates' Court?



- **All** criminal cases start in the magistrates' court
- Around **90%** of cases are dealt with fully in the magistrates' court

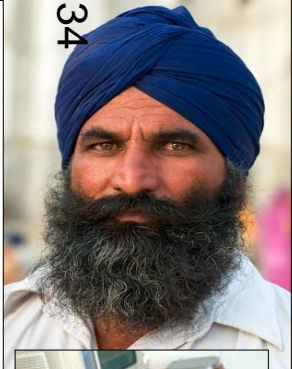
# Who are Magistrates?

- Magistrates are members of a community entrusted to deal with those cases that are brought before them in a magistrates' court.

They come from a wide range of backgrounds, cultures and occupations and are representative of the communities they serve.

- There are currently about 16,000 magistrates serving in the courts in England and Wales.

- Some Magistrates are specially trained to hear cases in Youth Court and in Family court.





# Youth Court

- For 10-17 year olds - in a less formal setting
- Sentences purely aimed at changing behaviour and supporting the welfare of the young person
- Parents are often involved in the outcome



**The Family Court is not a criminal court. It is not open to the public to attend. Cases can last 3-4 days.**



- Deals with:
- Protection of children
- Contact
- Adoption
- Parental responsibility

# Inside the Magistrates' Court



Magistrates usually sit on a bench of three people - all volunteers



A judgement can also be made by a District Judge sitting alone

# Examples of crimes that are dealt with in the Magistrates' Court?

- Burglary
- Assault
- Motoring offences e.g. careless/drink or drug driving,  
taking without owners consent (TWOC)
- Theft e.g. shoplifting.
- Benefit fraud

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## Also

- Warrants for the police and utility companies
- Fare evasion
- Council Tax
- Environmental and Trading issues
- Dangerous dogs
- Animal cruelty



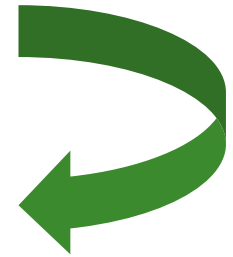
# From Crime to Court



Crime committed

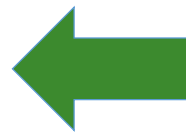


Arrest made

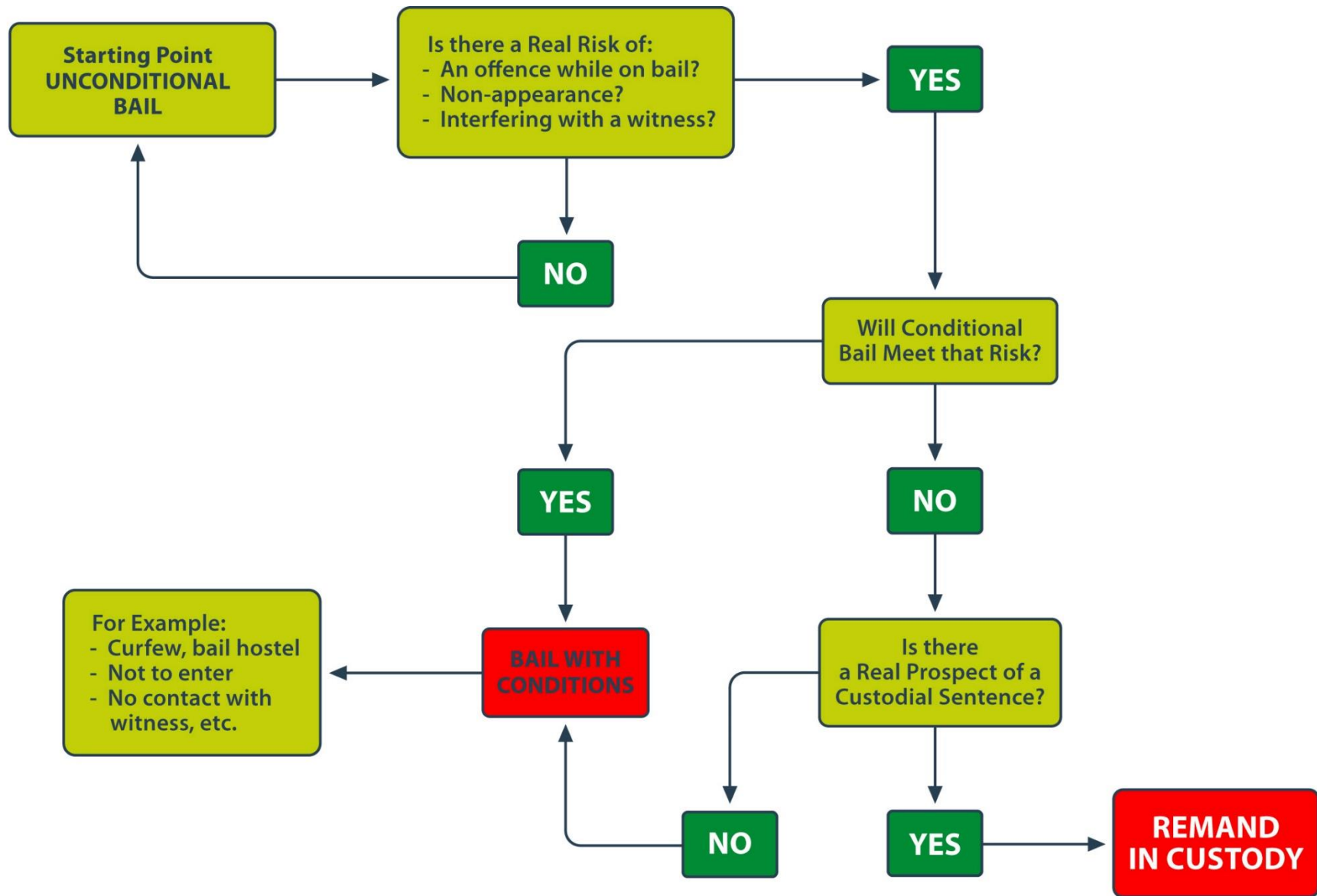


Taken to custody suite and charged

Sent to court for plea to be taken



# Bail Decisions



# Purpose of Sentence



- Punishment
- Reduction in crime
- Deterrence
- Reform and rehabilitation
- Protection of the public
- Reparation
- Can be all or some of these

Sentencing Guidelines  
<https://www.sentencingcouncil.org.uk/the-magistrates-court-sentencing-guidelines/>



# Deciding on Sentence 1: The Offence

## Less Serious

- No damage/injury
- Impulsive
- Low value

## More Serious

- Vulnerable victim
- Weapon
- Group action
- Racially aggravated
- Breach of trust

Increasing seriousness

Discharge

Fine

Community  
punishment  
order

Prison



# Deciding on Sentence 2: The Offender

## Less Serious

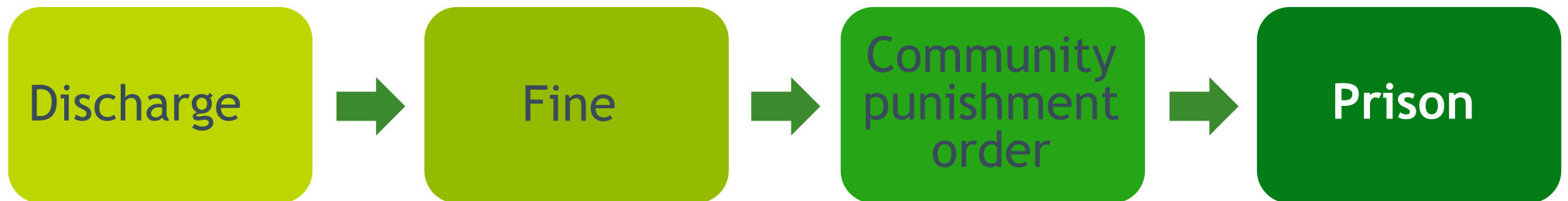
- Remorse
- Co-operation
- Prompt guilty plea
- Good character

## More Serious

- Previous record
- Lack of remorse
- Lack of response to previous court order
- Offence on bail/licence

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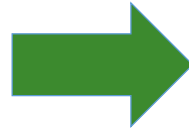
If we need to know more - ask probation



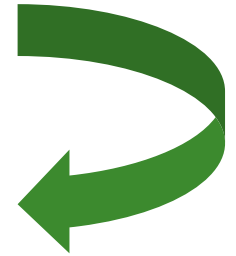
# Sentences



Conditional discharge



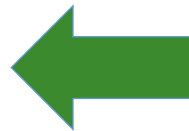
Fine



Community sentence



Prison or curfew order



# Community Sentence Requirements

- Unpaid work (40 - 300 Hrs)
  - Rehabilitation Activity (10-60 days)
  - Accredited Programme (e.g. Thinking Skills)
  - Prohibited activity
  - Curfew
  - Exclusion
  - Foreign travel prohibition
  - Residence
  - Mental health treatment\*
  - Drug rehabilitation\*
  - Alcohol treatment\*
  - Attendance centre (if under age 25)
- \* requires offender agreement



# Consequences after Court



Loss of job opportunities



Criminal record

Visa and travel restrictions



Public shame, for you and family



Loss of trust by friends and family



Higher insurance premiums





**Thank you!**

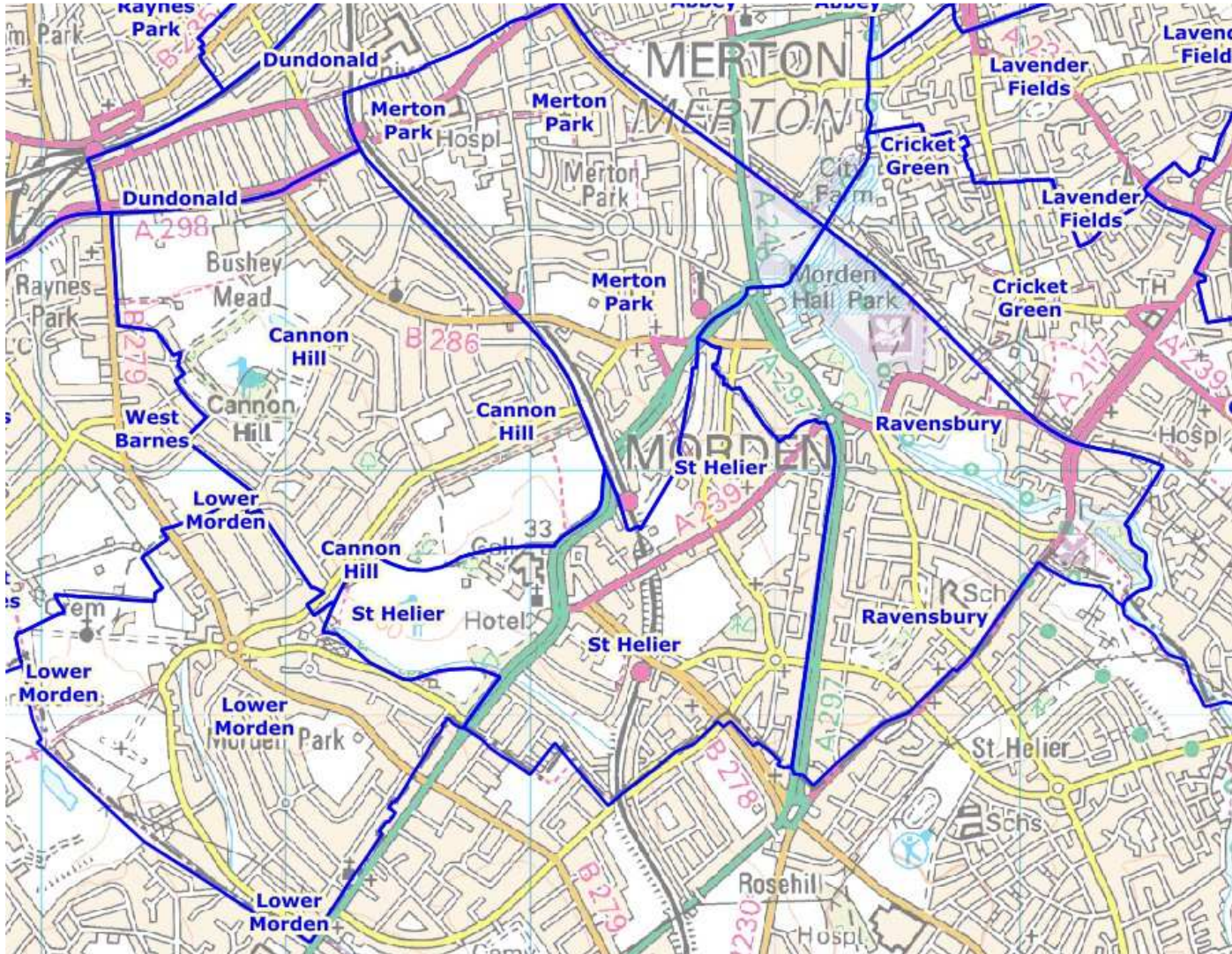
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# Boundary Changes

Proposals from the Local Government  
Boundary Commission for England

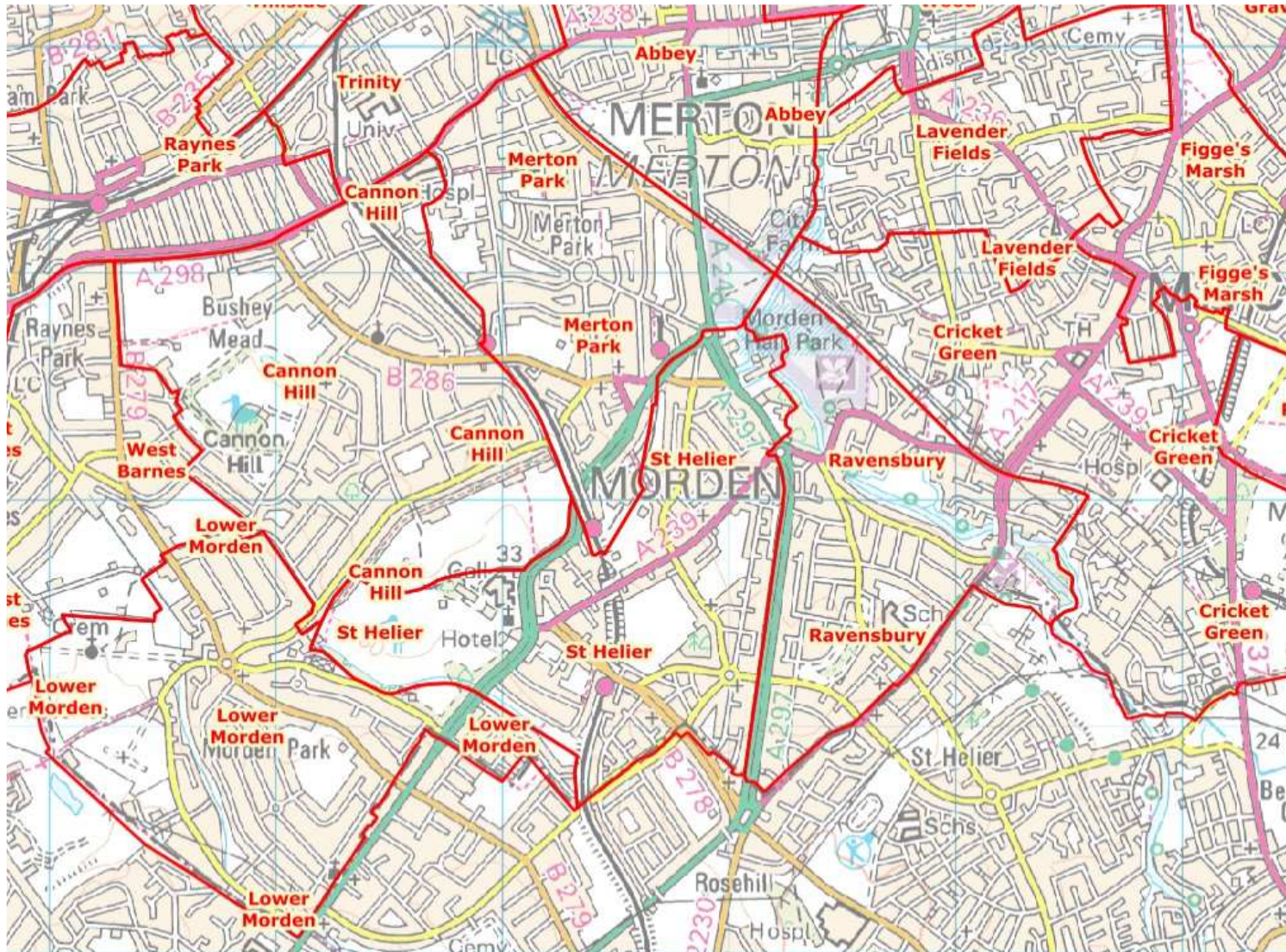


# Wards as they stand





# New wards



# Main changes to wards

- New Wandle ward in north
- Dundonald ward split between Raynes Park and Trinity wards
- Two member wards in Wandle, Hillside and Merton Park
- Small changes to all wards in Morden

# Consultation

- Runs until 2 March
- <https://consultation.lgbce.org.uk/>
- Documents in libraries and Civic Centre

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