

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**
held on Tuesday, 16th September, 2025 in the Council Chamber, Municipal
Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

BOARD MEMBERS

Councillor Sam Corcoran (Chair), Cheshire East Council
Helen Charlesworth-May, Executive Director Adults, Health and
Integration
Councillor Stewart Gardiner, Cheshire East Council (via teams)
Phil Cresswell, Executive Director of Place, Cheshire East Council
Councillor Jill Rhodes, Chair of Adults and Health Committee, Cheshire
East Council
Isla Wilson, Chair, Cheshire East Health and Care Place Partnership (via
teams)
Louise Barry, CEO, Healthwatch Cheshire
Kate Little, CEO CVS Cheshire East (via teams)
Richard Burgess, Interim Director NHS Cheshire and Merseyside
Integrated Care Board Cheshire East
Councillor Dawn Clark (substitute for Councillor Laura Crane)
Chief Inspector Andy Baker (substitute for Superintendent Andrew
Blizzard)

OFFICERS IN ATTENDANCE

Guy Kilminster, Corporate Manager, Health Improvement
Professor Rod Thomson, Interim Director of Public Health
Susie Roberts, Public Health Consultant
Hayley Antipas, Public Health Development Officer
Frances Handley, Democratic Services Officer

OTHERS

Chris Knight, programme director at Mid Cheshire Hospitals NHS Trust
Russ Favager, Senior Responsible Officer (SRO) for Mid Cheshire FT new
Leighton Hospital build programme

The Chair varied the order of business. Notwithstanding this the minutes are
order of the agenda.

11 APOLOGIES FOR ABSENCE

Dr Paul Bishop NHS Cheshire and Merseyside Integrated Care Board
Dawn Godfrey, Executive Director Children and Families, Cheshire
East Council
Councillor Laura Crane, Councillor Dawn Clark attended as a substitute

Superintendent Andrew Blizzard, Chief Inspector Andy Baker attended as a substitute

12 DECLARATIONS OF INTEREST

In the interests of openness, Councillor Stewart Gardiner declared that he is a member of the Strategic Planning Board and it is probable that the plans for the new hospital will be presented at a meeting, however there was no conflict of interest at the present moment.

13 MINUTES OF PREVIOUS MEETING

That the minutes of the meeting held on 1 July 2025 be approved subject to the amendment of Louise Barry being included in the record of attendance.

14 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

15 THE PHARMACEUTICAL NEEDS ASSESSMENT

The board received a presentation which provided an update on the Pharmaceutical Needs Assessment which is an assessment of community pharmacy services available to support residents across Cheshire East. It is a statutory requirement for Health and Wellbeing Boards to maintain an up-to-date Pharmaceutical Needs Assessment, which is used by NHS England to assess applications for new pharmacy premises or dispensing appliance contractors, based on identified geographical gaps.

It was noted that Cheshire East has slightly fewer pharmacies than the national average, but feedback from pharmacy providers indicated they felt able to cope with current and projected demand, including anticipated population growth. Members queried whether this assessment fully accounted for local know variations and future developments and were assured that it did.

Concerns were raised about the potential for commercial pharmacies to cluster in areas of high footfall, possibly disadvantaging more deprived or less central areas. Officers highlighted that analysis had been undertaken on the proportion of residents able to access a pharmacy quickly, including those in the most deprived areas.

Officers emphasised that the Pharmaceutical Needs Assessment is a statutory duty of the public health department, produced on behalf of the NHS, and is reviewed every three years. The dynamic nature of pharmacy provision was acknowledged, with closures and changes in service provision being monitored on an ongoing basis.

The board queried whether the public survey addressed issues such as waiting times, prescription availability, and service quality, noting personal experiences of long waits and frequent changes in nominated pharmacies. Officers confirmed that such questions were included in the survey and that free-text comments and feedback from Healthwatch and other engagement groups were also considered. Officers offered to provide further detail on the survey questions and engagement list upon request.

It was noted that some community groups, such as dementia support groups, may not have been directly engaged in the survey process. Officers agreed to review the engagement list and ensure feedback from such groups is considered in future assessments.

RESOLVED (Unanimously):

That the Board approve the final version of the Pharmaceutical Needs Assessment (PNA) 2022-2025 prior to publication by 1 October 2025.

16 SUPPORTING OUR EAST TIMORESE COMMUNITY

An update was provided on the work undertaken over the past two years to support the East Timorese community, coordinated with support from the charity IVAR (funded by the National Lottery).

The board noted that work was underway to improve access to health and care for East Timorese residents, build trust with GP surgeries, raise awareness and reduce stigma around TB and increase integration with the wider Crewe community.

The board made observations regarding language barriers, with children often acting as translators for their parents, highlighting both the integration of younger generations and the ongoing need for accessible communication.

The value of cross-sector collaboration was highlighted, with the Health and Wellbeing Board bringing together representatives from the police, NHS, public health, and the Council to share experiences and coordinate support for the community.

An open invitation was extended to all members to join the newly established steering group for the East Timorese community, with the first meeting scheduled for the end of September. Members were encouraged to share their experiences and ideas for future engagement.

Officers acknowledged the need to use the work with the East Timorese community as a framework or “accessibility test” for future engagement with other groups. While capacity and resources are limited, the approach developed can inform wider efforts to understand and address the needs of minority communities in Cheshire East using the learning and framework developed through the East Timorese project.

RESOLVED:

That the board note the update.

17 HEALTHIER FUTURES UPDATE

The board received a presentation which provided an update on the Healthier Futures programme

The board queried the number of planning applications there would be and whether any RACC (reinforced autoclaved aerated concrete) building would be retained. It was noted that there will be a single planning application and all RAAC buildings would be demolished. Advanced discussions are ongoing with a partner organisation (not named at this stage), with a memorandum of understanding being prepared. It was noted that cancer services will not be included in the new build; instead, the funding allocated for these services will be pooled with the partner organisation to deliver the required facilities.

The board queried the number of beds in the design. The committee noted that the modelling has been undertaken for a 15-year period, with input from public health and local partners. The modelling indicates that, despite demographic changes and increased housing, the number of beds required would initially rise to around 1,000. However, due to advances in medical technology and changes in care delivery (e.g., remote monitoring), the projected number of beds returns to a figure similar to the current provision.

The board raised concerns about patient safety in relation to the silent wards. Specifically, how urgent needs would be addressed in the absence of traditional call bells. It was clarified that the new nurse call system allows nurses to view patients on a handheld device when an alert is triggered. This enables the nurse to immediately assess the patient's situation and determine the priority for attending.

The board queried how the principle of localism would be maintained if businesses involved in the project subsequently worked on hospital builds in other regions, potentially undermining the local focus. It was noted that the approach aims to encourage local businesses to participate in the development, recognising the potential for these businesses to be involved in projects elsewhere. The intention is to maximise opportunities for Crewe-based businesses, while acknowledging that some benefits may extend beyond the local area.

Members raised concerns about the impact of construction traffic and highways works over the anticipated five-year build period, particularly regarding disruption to residents and the potential for increased complaints. It was requested that there be proactive engagement with statutory utility companies and highways leads within the Council to coordinate works and minimise disruption. The importance of clear communication with residents was emphasised. It was noted that regular

meetings are being held between the project team and Council representatives to ensure ongoing collaboration and early discussion of emerging issues. It was noted that construction work will generally be limited to 8:00 am to 6:00 pm. Any need for extended hours, for example if the project falls behind schedule, would be subject to consultation with local residents.

RESOLVED:

That the board note the update.

18 NEIGHBOURHOOD HEALTH SERVICE IMPLEMENTATION PROGRAMME

A presentation was shared highlighting the alignment with the national 10-year plan for health and care, which emphasises three key pillars: shifting from hospital to community care, prioritising prevention, and embracing digital transformation.

The importance of developing neighbourhood models and care communities was noted and recent national policy developments reinforce the importance of this approach.

The board raised concerns about access to GP services for certain groups, including those with learning disabilities, and the need for leadership and coordination through the GP Confederation. It was noted that there was a meeting scheduled to discuss how the general practise will work together to support the needs of the communities.

The need for clarity around the definition and governance of “place” and “neighbourhood” within the Integrated Care Board was discussed and it was noted that it will be further developed.

The board emphasised the need to shift resources towards early intervention and prevention, and queried how this would be achieved in practice.

The voluntary and community sector was recognised as a key partner in delivering prevention and community-based care, with a proposal to map current engagement and identify gaps.

The importance of recognising both geographical and non-geographical communities (e.g., farming, migrant, rural, and dementia communities) was highlighted.

RESOLVED:

That the Board note the update.

The meeting commenced at 14.00 and concluded at 16.01

Councillor S Corcoran (Chair)