

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.10 P.M. ON TUESDAY, 23 MAY 2023

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present:

Councillor Gulam Kibria Choudhury (Chair)	– (Cabinet Member for Adults, Health, and Wellbeing).
Councillor Kabir Ahmed (Member)	– (Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Councillor Saied Ahmed (Member)	– (Cabinet Member for Resources and the Cost of Living)
Councillor Maium Talukdar (Member)	– (Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Councillor Abdul Wahid (Member)	– (Cabinet Member for Jobs, Skills, and Growth)
Councillor Amy Lee (Stakeholder)	– Non-Executive Opposition Group Councillor
Councillor Ahmodur Khan (Stakeholder)	– (Chair of the Health Scrutiny Sub- Committee)
Dr Somen Banerjee (Member)	– (Director of Public Health)
Fran Pearson (Member)	– Safeguarding Adults' Board Chair
James Thomas (Member)	– (Corporate Director, Children and Culture)
Warwick Tomsett (Member)	– (Joint Director, Integrated Commissioning)
Fiona Peskett (Member)	– (Director of Strategy and Integration - Royal London and Mile End)

Officers in Attendance:

Francesca Cannarella	– (SEND Consultant)
Lisa Fraser	– (Director of Education)
Nick French	– (Better Care Fund Manager)
David Knight	– (Democratic Services Officer, Committees, Governance)
Joseph Lacey-Holland	– (Acting Director of Integrated Commissioning)
Johnny Lui	– (Spatial Planning and Health Manager)
Ranjit Matharu	– (Partnership Board Manager)
Sarah Metcalfe	– (Public Health Officer)
Tom Walsh	– (Principal Officer - Planning & Building Control)

1. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair, Councilor Gulam Kibria Choudhury – Cabinet Member for Adults, Health, and Wellbeing welcomed everybody to the meeting.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No declarations were received at the meeting.

3. MINUTES OF THE PREVIOUS MEETINGS AND MATTERS ARISING

3.1 Minutes 17th January, 2023

The Chair of the Board moved, and it was: - **RESOLVED**.

That the unrestricted minutes of the meeting held on 17th January 2023 were confirmed as a correct record and the Chair of the Board was authorised to sign them accordingly.

3.2 Minutes 20th March, 2023

The Chair of the Board moved, and it was: - **RESOLVED**.

That whilst formal approval of the unrestricted minutes of the meeting held on 20th March 2023 be deferred until the next meeting. It was **noted** that the Board had considered a number of issues including a report:

- A. That provided a high-level overview of the state of health and wellbeing in the borough and **agreed** that **(i)** as local people know what is needed to improve health and wellbeing in the Borough. The Council, the NHS and Community organisations in Tower Hamlets need to be listening and collaborating with people to make sure health and care services better address people's needs; and **(ii)** co-production can form the foundation of safe, effective, inclusive, accessible, and efficient healthcare. It is the collaborative practice of clinicians, researchers, policymakers, health system managers and other professionals, working in a genuine partnership with patients and the public to improve health outcomes.
- B. That considered the implications of the findings for priorities of the health and care systems and wider partnerships and **agreed** that concerted, systematic and sustained action is therefore needed to address the multiple and overlapping factors that drive health inequalities – from differences in experiences and quality of healthcare through to the wider determinants of health. This should include, but go beyond, the health and care system. It therefore will require working in partnership across services, sectors, and communities across the Borough. That reflected upon the Tower Hamlets Suicide Prevention Strategy 2023-2026 that had summarised the approach and plans for the refresh of Tower Hamlets' multi-agency suicide prevention strategy

and **noted** that there is a multi-agency steering group that comprises those organisations with an interest in suicide prevention collaborating with each other to make a difference to bring about the following outcomes: **(i)** talking about suicide and taking action to maintain good mental health, so that it is as normal as talking about and maintaining physical health; **(ii)** encouraging people who are experiencing emotional distress to seek help before they become suicidal; and **(iii)** ensure that when people in emotional distress seek help, they receive appropriate support from the people or organisations they approach and that they are offered appropriate options.

4. INFORMATION SHARE

Nil items.

5. ITEMS FOR CONSIDERATION

5.1 Feedback from the Tower Hamlets Together (THT) Board (verbal update)

The Board received an update from Amy Gibbs Independent Chair of Tower Hamlets Together (THT) which can be abridged as set out below:

The Board:

- ❖ **Noted** as the people of Tower Hamlets, understand what is needed to improve health and wellbeing in the borough. The Council, the NHS and Community organisations in Tower Hamlets need to be better at listening and collaborating with people to make sure health and care services better address people's needs. Therefore, THT had organised three events to look at **(1)** how information is shared and how much power there for local people to change things; **(2)** the work with and for all the people of Tower Hamlets to create meaningful improvements in health, wellbeing, and equity. Through bringing together health partners, local authorities and the voluntary, community and social enterprise sector, with residents, patients, and service users to improve how we plan and deliver care and support services. The outcome of these discussions will form the basis of a report to the Health and Well-Being Board.
- ❖ **Noted** that in regard to the Better Care Fund (BCF) that THT following discussions with residents and stakeholders had agreed that effective performance management of the BCF works best in a culture in which individuals and groups take responsibility for the continuous improvement of services and are prepared to be open with each other. In an open culture, it is also possible to learn from mistakes. It will also help in getting a vital understanding of other organisations' performance drivers, risks and how they link in with local government. With the Health Well Being Board taking a lead in promoting and modelling this.

- ❖ **Noted** that THT had considered the implications of the reduction in NEL ICB running costs and the implications for local clinical leadership roles. It is therefore important that options are identified for local funding to sustain the team of multi-disciplinary clinical leads that are in place to support transformation and deeper integration.
- ❖ **Noted** that the THT has also considered the Better Care Fund in relation to 2023-25, which is a total pooled fund of £57m and the plan is due by 28 June. This is not new money and THT needs to deliver against 5 national metrics, including a new one on the number of falls in the community and existing ones on avoidable admissions into hospital, number of discharges to normal place of residence, proportion of over 65 still at home 91 days after leaving hospital and permanent admission to residential and nursing care homes. The BCF offers the opportunity for better joint oversight, joint delivery against joint metrics, financial benefits, and improvements in outcomes – Therefore it is important to review the overall logic and impact of the schemes. As well as ensuring that there are robust financial governance about how the BCF is being spent and monitored.
- ❖ **Noted** that THT had considered the North East London (NEL - HCP) Health and Care Partnerships strategy that highlights six crosscutting themes which are part of a new approach for working together across north east London.
- ❖ **Noted** that the strategy sets out how they will improve quality and outcomes and the key areas that need to be secured as foundations for integrated working. The development of the strategy is a truly collaborative process involving colleagues from across NEL - HCP who despite the challenging timescales had come together to share their expertise and insights with THT.
- ❖ **Noted** that the THT will be involved in the NEL-HCP “Our Big Conversation” which is about listening to the people in the communities and understanding their views about health and care in north east London. This will help the NEL-HCP focus on what matters to residents and to collaborate with them to improving quality and outcomes and tackle health inequalities.
- ❖ **Noted** that following discussions with REAL, the charity run by and for disabled people, THT has acknowledged that within the Borough the most is not being made out of co-production and generally the focus is on informing, education or consultation and there remains an imbalance of power, knowledge and skills between decision-makers and people who use the services.
- ❖ **Noted** REAL set THT a number of challenge and to report back to the Health and Wellbeing Board on the actions including how co-production works best **e.g.**, how to make decisions about when to use co-production.
- ❖ **Noted** that THT is looking to develop the relationship with the Health and Well-Being Board (**e.g.**, how to make sure that there is no duplicating), and that both boards are doing specific functions linking with each other where appropriate.

- ❖ **Noted** that to facilitate this the Independent Chair is in discussions with the Health and Well-Being Board support team about a more formal way to report to the Board (**e.g.**, a written report and with a frequency of the reporting process that what works best for the Health and Well-Being Board Members).

5.2 SEND Update

The Board considered a summary of progress against areas of improvement identified in the SEND Local Area Inspection. Report also included details on the impact of progress made so far and a summary of the feedback received from both the Department for Education (DfE) and NHS England. A summation of the debate is set out below:

The Board:

- ❖ **Noted** that EHCPs are for those children (0-16) or young people (16-19) or adults (19-25) with special educational needs who require support beyond that which an educational setting can provide at SEN support. A child who has educational needs may also have additional health and social care needs and those can be included in the plan so long as they relate to education.
- ❖ **Noted** that whilst there had been a sustained increase in demand post-Covid with concentration of need amongst younger children. Positive progress had been made in addressing Education Health and Care Plan (EHCP) timeliness and backlog with a tentative but promising improvement in quality of new EHCPs. Accordingly, LBTH is proud of the progress that has made so far but does recognise that the profound level of change needed to fully embed the revised processes.
- ❖ **Noted** that difference the changes made so far are making for parents and young people with regard to: **(1)** co-production which has provided a “face” & humanised process as parents felt both “included” and “listened to”; and **(2)** the process being made noticeably clear **e.g.** One parent involved with Co-production of Family Hubs approach said that they felt incredibly happy and empowered to give their opinion as a parent of a young SEND child and that they were listened to and appreciated for their time.
- ❖ **Agreed** that access to safe, affordable, good quality housing can have a positive impact on a person's health and well-being. Housing conditions can influence physical and mental health, and children living in crowded homes are more likely to experience stress, anxiety, and depression. A warm, dry, and secure home is associated with better health, and poor housing is associated with a wide range of health conditions such as respiratory diseases, cardiovascular diseases, injuries, mental health, and infectious diseases. Whereas inadequate living space, low and high indoor temperatures, injury hazards in the home, and accessibility of housing for people with functional impairments are major health risks associated with poor housing

conditions. Therefore, it is important that Board Members should all be working together to make the best use of the available assets that support people's health and wellbeing (**e.g.** helping families in navigating through a process as many may not be aware of the available support and may therefore be suffering in silence).

- ❖ **Noted** that the current figures in relation to the EHCP timeline have been affected by having to clear the existing backlog in referrals for statutory assessment and additional resource have therefore been provided to eliminate that backlog. Whilst at the same time taking a view on how much of that resource should be retained in order to continue to drive up performance.
- ❖ **Agreed** on the importance of developing a more systematic approach for responding to feedback from parents/carers and young people and ensuring direct input to Special Educational Needs and Disability (SEND) Improvement Plan and Improvement Board.
- ❖ **Noted** that collaboration is underway with the Borough's schools on improving inclusivity and what should be ordinarily available in schools to support children with special educational needs.
- ❖ **Agreed** that more government action is needed to ensure that key professionals such as speech and language therapists, occupational therapists, educational psychologists can support family's health and wellbeing.

In conclusion the Health and Wellbeing Board **resolved** to **(1)** note this update; and **(2)** request further updates on a regular basis.

5.3 North East London - Joint Forward Plan (NEL JFP) - Reference Document

The Board considered a draft of the five-year plan that describes the delivery of the Integrated Care Partnership Strategy as well as core NHS services and a supporting reference document that provided further detail on the transformation programmes described in the main plan. The core views expressed are outlined below:

The Board:

- ❖ **Noted** that as a partnership, NHS NEL has more work to do to develop a cohesive and complete action plan for meeting all the challenges they face. They will collaborate with local people, partners, and stakeholders to iterate and improve the plan as they develop their partnership, including annual refreshes, to ensure it stays relevant and useful to associates across the system.
- ❖ **Noted** that this Joint Forward Plan (JFP) is north east London's first five-year plan since the establishment of NHS NEL. In the plan, are described the challenges that NHS NEL face as a system in meeting the health and care needs of the local people, but also the assets held within the partnership.
- ❖ **Noted** that the current model of health and care provision in north east London needs to adapt and improve to meet the needs of the growing and

changing population and the substantial portfolio of transformation programmes are set out on the JFP that are seeking to do just that.

- ❖ **Noted** that the plan sets out the range of actions that the NHS NEL are taking to address the urgent pressures currently facing local services, the work they are undertaking collaboratively to improve the health and care of the local population and reduce inequalities, and how NHS NEL are developing key enablers such as the digital infrastructure.
- ❖ **Noted** that in Tower Hamlets partners have identified the following ambitions that reflects the health and wellbeing outcomes that matter to residents **(1)** everyone can access safe, social spaces near their home to live healthy lives; **(2)** children and families are healthy happy and confident; **(3)** young adults have the opportunities, connections, and local support to live healthy lives; **(4)** middle aged and older people are supported to live healthy lives and get support early if they need to it; and **(5)** anyone needing help knows where to get it and is supported to find the right help.
- ❖ **Noted** that, Tower Hamlets partners have two local priorities through their Place based Partnership. These are (a) living well; and (b) promoting independence.
- ❖ **Commented** that during this year's annual process of refreshing the NEL JFP there would be benefit of moving as soon as practical to a dashboard format using charts and graphs to visualize data in a single view.
- ❖ **Agreed** that understanding data in relation to the health trends across North East London is the key to making the best decisions and in the more traditional report format the amount of information had the potential at times be considered overwhelming . Therefore, such important data needs to be in a format that is easy to understand especially to those less well-versed stakeholders within Tower Hamlets (**e.g.**, if you are looking for something specific or looking to hold the decision makers to account, it can be quite difficult).
- ❖ **Noted** the issues around screening especially in populations of lower socio-economic status, and in particular ethnic or religious groups.
- ❖ **Agreed** that whilst it is important to look at the evaluation of interventions on undiagnosed conditions (**e.g.**, Bowel Cancer, diabetes, and hypertension) to improve uptake especially as mentioned above in those populations of low socio-economic status.
- ❖ **Noted** that if one is to consider the available data health then has been improving over the last two decades with detection rates increasing. Although the analysis of the indices of deprivation shows that deprivation remains widespread, and the Borough still continues to have the highest rates of child and pensioner poverty in England and available data will enable more targeted interventions.
- ❖ **Agreed** that to deliver outstanding care now and in the future it is important to develop effective partnership working with the third sector, maximising use of their expertise and resilience (**i.e.**, voluntary organisations, charities, community groups, informal self-help groups, and the community work of faith groups).

- ❖ **Agreed** that going forward the partners plans need to be more succinct and much clearer about the actions that the partners want to deliver in a meaningful with the support of the third sector.

In conclusion the Health and Wellbeing Board **resolved** to develop a roadmap to achieve sustainable health and care delivery which **(i)** centres on the development of Primary Care Networks to direct the development of extended community teams; **(ii)** tailors provision to meet local needs and reduce health inequalities; **(iii)** provides the right care at the right time in the right place; and **(iv)** provides personalised care by listening to people to understand what matters most and ‘working with’ people to find solutions rather than doing things ‘to’ or ‘for’ them.

5.4 Local Plan and Health Update

The Board considered the main findings from the Spatial Planning and Health JSNA (2023) Air Quality JSNA (2023) and discussed the planning policy actions that should be taken to improve health and wellbeing in the Borough prior to the consultation Local Plan going live in the summer. The principal points of the debate are as follows:

The Board:

- ❖ Was **reminded** that in January the Health and Wellbeing Board, members had been informed that the Borough’s Local Plan is in the process of being updated, with plans for it to be adopted by autumn 2025.
- ❖ **Noted** that the new Local Plan will set out a vision, strategic priorities, and a planning policy framework to guide and manage development in the borough for the next 10 to 15 years, in line with the planning policy requirements set out by national and regional government.
- ❖ **Agreed** that the physical environment has a significant impact on health and wellbeing. With the greatest opportunity to influence how the built environment impacts on health being through the Local Plan. Therefore, to inform the new Local Plan, Tower Hamlets Public Health has reviewed the evidence to understand how planning policy can positively impact on residents’ health. This review will form the basis of the public health evidence for the emerging Local Plan health policies.
- ❖ **Agreed** that the benefit of a local plan that you can design a place in a way that can create homes for people and in a way that also supports health and well-being.
- ❖ **Agreed** that **(i)** every resident should be able to access safe, social spaces near their home to live healthy lives; and **(ii)** residents have the opportunities, connections, and local support to live healthy lives (**e.g.**, any resident needing help knows where to get it and is supported to find the right help).
- ❖ **Noted** that in conjunction with the Council, Healthwatch’s Healthy Neighbourhoods project collected feedback from residents in Tower Hamlets to find out what services are important to them, and how well

these services in different areas of the borough currently support local people. The feedback will then be used to formulate a plan to support the development of local neighbourhoods to improve people's health and well-being.

- ❖ **Noted** that the feedback was collected through an online survey between October and December 2022. The survey was shared with local people through various community and voluntary organisations, Barts NHS Health Trust, and Tower Hamlets Council. In addition, the survey link was posted on Healthwatch Tower Hamlets' social media channels and promoted at local events. In addition, the Healthwatch team had also conducted some street surveying in busy areas of the borough, such as the Whitechapel Market, and two focus groups that were hosted by Beyond Sight Loss – a community group of people with visual impairments – and the Tower Hamlets LGBT+ Forum.
- ❖ **Agreed** that having public open spaces to facilitate social interaction is really important for local residents, particularly for children as through social and emotional wellbeing, children need to have the opportunity for all types of play, including play with other children. This peer play is crucially important for children of all ages. Peer relationships are unique because they are voluntary, equal, and require negotiation and compromise. Access to green space benefits mental health, lowering the need to treat anxiety and other mental health issues. Green spaces promote physical activity by offering a pleasant environment in which to exercise; linear woodland pathways encourage walking and cycling, while huge sports and community parks promote more formal physical activity.
- ❖ **Agreed that** it is considered that for residents to take ownership of open spaces and to fully use these spaces is a potential deterrent of crime and disorder which needs to be reflected in planning policy (**e.g.**, create green space that encourages play and physical activity).
- ❖ **Agreed that:** **(i)** Health Impact Assessments (HIAs) are an important tool that helps community leaders, legislators, and changemakers find out what health and safety impacts of any proposed developments may have on area residents and community members; **(ii)** HIAs can identify the unintended consequences of any plan, project, policy, or other decision before it is put into place and make recommendations to prevent or lessen negative effects; **(iii)** HIAs as referenced earlier can be useful to promote health and mitigate adverse impacts of decisions made outside of the health sector (**e.g.** the evidence around the importance of the natural environment for health and wellbeing, and the importance of creating green spaces, protecting existing ones, and then also areas like community allotments).
- ❖ **Agreed** on the need on reducing congestion, carbon emission, and health issues across the Borough but it was also important to understand the wider implications for road safety in an urban environment particularly on the displacement of traffic to adjacent streets and the concern that the displaced traffic could make the

surrounding streets more dangerous (**e.g.** traffic speed; traffic volume; and illegal or hazardous parking and driving behaviour).

- ❖ **Agreed** that many residents and businesses are heavily dependent on their cars to get to work, transport stock, and deliver to customers and it is therefore important to consider how that impacts on a whole range of people (**e.g.**, reflect the daily difficulties and challenges residents and businesses face in travelling around the Borough).
- ❖ **Agreed** that residents and businesses should not be coerced but educated to make their own decisions and how they choose to live their lives (**i.e.**, Not to encroach on their freedom of choice by the issuing of fixed penalties notices).
- ❖ **Agreed** on the importance of (**a**) reaching a consensus on all aspects of the local plan before it goes live; and (**b**) all partner agencies actively participating in and promoting the consultation on the Local Plan when this goes live in the summer.
- ❖ **Noted** that the draft new Local Plan has been informed by early engagement that was held from January 2023 to March 2023. The Council's 6-week early engagement stage for the new Local Plan included a range of digital, interactive, and accessible events to ensure maximum outreach across the community. Events were held both online and in-person and included promotion through social media, emails, website, newsletters, press notices and posters/leaflets. Whilst the overall arching plan will have to be finalised to go through Cabinet before the end of summer to begin the formal regulation 18 consultation.
- ❖ **Noted** that the relevant equality impact assessments will be carried as required as part of the new Local Plan preparation process. Such assessments being requirements set out in the Town and Country Planning Regulations.
- ❖ **Agreed** that it was important to have agreement on the Local Plan and therefore the Board should receive a further draft for consideration to ensure that there is a consensus of opinion before the plan goes live in the summer.

5.5 Better Care Fund (BCF) 2023-25 Plan requirements

The Board was asked to consider the work on the integration, or pooling NHS and Local Authority budgets to create a seamless service for the general public. The Board considered **(1)** the BCF planning process for 2023/25 and the BCF Plan in advance of submission on the 23rd of June 2023; **(2)** the need to have a retrospective sign off of the BCF Plan at the next meeting of the Board; **(3)** if any additional services areas could be included in the second year of the BCF Plan (2024/25). An abbreviated discussion of the prime topics discussed is as follows:

The Board:

- ❖ **Noted** that the Better Care fund is now into its 8 year and the intent of the programme is to integrate, or pool existing NHS and Local Authority

budgets to create a seamless service for the general public and providing the possibility of designing and delivering multi-agency services.

- ❖ **Noted** that by enjoining services together the partners can create more seamless and better coordinated service experiences for residents (e.g., Producing multi professional teams that share expertise and resources and to create savings and efficiencies from sharing back-office functions).
- ❖ **Noted** that the purpose of this report is to primarily develop a joint health, social care and housing services offer to help older people and those with complex needs and disabilities to live at home for longer.
- ❖ **Noted** that a minimum of £7.2 billion nationally has already been committed to the BCF this year to enable people to stay well, safe, and independent at home and get the care they need, when they need it by funding things like adaptations to homes for disabled people and rehabilitating people back into their communities after a spell in hospital.
- ❖ **Noted** that there is also the requirement to have joint monitoring, performance, and outcomes of anything which is funded through the Better Care Fund, which (i) provides a better statistical picture of local needs and any potential gaps in services; (ii) reduces the possibility of duplication of services between local NHS and local authority services.
- ❖ **Noted** that to receive BCF funding, a local BCF Plan and programme needs to be agreed jointly by the council and the ICB, endorsed by the Health and Well-Being Board (HWBB) and finally approved by NHS England (NHSE). The jointly agreed programme then needs to be incorporated into a formal agreement under Section 75 of the NHS Act 2006. BCF plans set out the local joint vision for, and approach to, integration, including how the activity in the BCF plan will complement the direction set in the NHS Long Term Plan and are also expected to take into account the wider context, including the development of Integrated Care Systems; the requirements of the Care Act, 2014, and wider local government transformation in the area covered by the plan - for example, programmes, such as Integrated Personal Commissioning.
- ❖ **Noted** that the Health and Wellbeing Board is required to approve Borough plans and due to the late issuing of guidance and scheduling of Health and Wellbeing Boards this year means Members are being invited to approve a backdated agreement.
- ❖ **Noted** that the Health and Wellbeing Board has a statutory duty to approve local Better Care Fund Plans as set out in the national planning requirements. However, due to the late issuing of the National Planning Guidance and the deadline for submission of BCF Plans is the 23rd of June. The Board would have missed its opportunity to submit the 2023/25 plan.
- ❖ **Noted** an overview of the timetable for the development and approval of the BCF Plan 2023-2025 in detailed in the table attached at **Appendix A** including the sign off process with the Council Chief

Executive, Health, and Well-Being Board (HWBB) Chair and the Integrated Care Board (ICB) Chair.

- ❖ **Noted** that whilst the sign off will need to be done retrospectively due to the required time line. Board members will be given the opportunity to input and comment remotely prior to the plan's submission (**e.g.**, Members might want to put the whole of Community health services budgets into the Better Care Fund together with the totality of mental health and learning disability services?).
- ❖ **Noted** that there would also be an opportunity at the end of the first year to refresh and change the plan as the Board is not obliged to give fine detail of the second year of the two-year plan in the initial submission.

In conclusion the Health and Wellbeing Board **resolved** to:

1. Retrospectively sign off of the Better Care Fund Plan at the next meeting; and
2. Give consideration of additional services areas the Board may wish to include in the second year of the Better Care Fund Plan.

6. ANY OTHER BUSINESS

6.1 Covid-19 Spring Booster Programme and Evergreen Offer

The Board received an update on the Covid -19 spring booster programme and evergreen offer. An abbreviated record of the prime topics discussed which may be outlined as follows:

The Board:

- ❖ **Noted** that whilst Covid-19 levels are really low in terms of the key messages for residents, it is important that the Board continues to ensure the most vulnerable are protected through the targeted seasonal vaccination offer for those most at risk, which is why the Department of Health and Social Care are prompting the current on this year's spring booster programme that will end in June, 2023. This will top up the protection of those considered at highest clinical risk. Spring booster vaccines will be offered to adults aged 75 years and over, residents in a care home for older adults and immunosuppressed individuals aged 5 years and over.
- ❖ **Noted** that as the spring booster programme is due to end on 30 June and as we now live with the virus without past restrictions on our freedoms, anyone who has not yet taken up the offer of a first or second dose of vaccine is strongly encouraged to get vaccinated.
- ❖ **Noted** that in the autumn there is likely to be a new program which is similar to that for the flu vaccine for Covid and that there is going to be the ongoing routine around Covid vaccination.

6.2 Conclusion of Meeting

With no other business to discuss the Chair called this meeting to a close and thanked the Members and Officers of the Board for their contributions over the past year and the hard work undertaken by partner agencies to make a difference to the lives of local residents.

The meeting ended at 7.05 p.m.

**Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board**