



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	23 September 2020
Agenda Item	14
Title	East Renfrewshire HSCP Recovery Update
<p>Summary</p> <p>This report provides the Integration Joint Board with a snapshot of service activity and an update on the eight thematic workstreams supporting the HSCPs operational recovery plan which was put in place following the emergency phase of the COVID-19 pandemic. There are no significant changes since the last update provided to the IJB on 12 August.</p> <p>The report also contains an update on the seasonal flu vaccination programme.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note this report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 September 2020

Report by Chief Officer

EAST RENFREWSHIRE HSCP UPDATE ON RECOVERY ACTIVITY FOLLOWING THE COVID-19 PANDEMIC

PURPOSE OF REPORT

1. This report provides the Integration Joint Board with a snapshot of service activity and an update on the eight thematic workstreams which support the HSCPs operational recovery plan which was put in place following the emergency phase of the COVID-19 pandemic.

RECOMMENDATION

2. The Integration Joint Board is asked to note the report.

BACKGROUND

3. The HSCP has an Operational Recovery Plan which continues to be subject to weekly review and reporting. Our operational recovery is supported by eight over-arching workstreams.
4. A summary position was reported to IJB members on 12 August 2020. This report has been updated to provide the latest position, as at 3 September 2020.
5. We continue to produce weekly sit reps within the HSCP.

REPORT

6. It should be noted that this report has been prepared on the cusp of local restrictions being reintroduced. At this time it is unknown whether this will impact on our recovery plan and we will continue to monitor the situation.

Adult Health and Social Care Localities

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Social Work Locality Teams		
90%	<ul style="list-style-type: none">- Undertaking assessments/reviews- Home visits being conducted when required, and for the more vulnerable clients	<ul style="list-style-type: none">- Routine home visits not taking place (replaced with telephone contact)- Staff not working from base due to Government advice and restricted space as a result of social distancing.

Initial Contact Team		
75%	<ul style="list-style-type: none"> - Team prioritising emergency cases (those that would result in a care home or hospital admission if not dealt with) and completing full assessments for people for whom emergency services were put in place during the peak of the pandemic. - Social Workers operating 'a' and 'b' teams due to social distancing 	<ul style="list-style-type: none"> - Much of the previous preventative work undertaken through Talking Points is on hold due to Covid-19 restrictions (early discussions have started on reintroduction of the service).
Learning Disability Team		
75%	<ul style="list-style-type: none"> - All clinical/medical appointments continuing - Multi-Disciplinary Team fully operational - Statutory social work operations 	<ul style="list-style-type: none"> - Planning days (with regards to comprehensive social work assessments) - Transitional planning for individuals moving to their own homes - Non urgent appointments - Multi-agency group work - Training for providers/clients that can't effectively be engaged via video conferencing.
Older People's Mental Health Team		
85%	<ul style="list-style-type: none"> - Routine medical outpatient clinics and memory review clinics reinstated - Care Home Liaison Nurses aligned to care home assurance and support activity with assessments and reviews now being undertaken within care homes which are accepting professional visits. - Occupational Therapy functional assessments reinstated and patients from waiting list being seen. 	<ul style="list-style-type: none"> - Initial memory assessments requiring face to face intervention - Cognitive Enhancer medication trials - All group work.
Community Rehabilitation and Rapid Access		
95%	<ul style="list-style-type: none"> - Resumed full service of urgent and routine assessments, equipment provision and ongoing rehabilitation interventions being undertaken- including new referrals, existing caseload and waiting list activity. - Proceeding with existing and new referrals for all external major adaptations work and internal adaptation works for home owners (Private Sector Housing Grant funded works). - Service continues to have additional responsibilities for respiratory rehabilitation and face mask fitting. - Exploring potential for use of digital technologies e.g. Attend Anywhere, online resources for maintenance/exercise etc. 	<ul style="list-style-type: none"> - Occupational Therapy assessments for major internal adaptations for ERC tenants - awaiting start date from ERC Housing for accepting new assessments
Hospital to Home		

90%	<ul style="list-style-type: none"> - All aspects of service activity are ongoing with restricted contact an ongoing challenge. - Risk assessment work ongoing at local and national levels on safe return to full patient assessment. - New multi-disciplinary approach to complex discharges in place. - Reviews and weekly ward meetings now taking place virtually 	<ul style="list-style-type: none"> - Face to face contact with individuals and carers, particularly in hospitals. - Virtual post discharge care home reviews continuing. No direct contact possible at this stage. - Virtual Adults with Incapacity (AWI) case conferences are continuing to be carried out.
Community Nursing		
90%	<ul style="list-style-type: none"> - Essential Community Nursing services (maintained throughout pandemic in keeping with national and local NHS GGC guidance) 	<ul style="list-style-type: none"> - Diabetes nursing community clinics (planning is progressing to re commence August/Sept at 30%)
Day Services		
10%	<ul style="list-style-type: none"> - Some learning disability outreach on limited basis - Older people's staff redeployed to support care at home and Bonnyton - Currently reviewing service users with view to gradually introducing reshaped day supports on a priority basis 	<ul style="list-style-type: none"> - Building based support (Services are reviewing risk assessment and ensuring all the requirements of recent national guidance on adult social care building-based day services have been implemented).
Primary Care Improvement Plan (PCIP)		
90%	<ul style="list-style-type: none"> - Vaccination Transformation Programme, Pharmacotherapy, Community Link Worker's, Advanced Nurse Practitioners, MSK Advanced Physios are fully operational through a mixed model of practice based, remote and home working. - Community Treatment and Care / Community Healthcare Assistant only operational across 10 GP Practices due to staff sickness absence. 	
Pharmacy Service		
90%	<ul style="list-style-type: none"> - Pharmacotherapy Service continues to be delivered as detailed within the GP contract. This may continue to be delivered via a mixed model (within practices in part and remotely in part). - Proposal to develop a Pharmacotherapy Hub will be presented to the next Primary Care Improvement Plan steering group in September. - Support for care homes continues. 	<ul style="list-style-type: none"> - Face to face clinics e.g. hypertension, asthma reviews - Polypharmacy Reviews (GGC Prescribing initiative)
Medication Support Service		
90%	<ul style="list-style-type: none"> - The service has continued to take referrals through all pathways as normal 	<ul style="list-style-type: none"> - Home Visits

	with staff mainly working from home. Referrals have been dealt with as before with the exception of home visits. Attend Anywhere is untested with patients as yet.	
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Recovery and Intensive Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Care at Home / Technology Enabled Care (TEC)		
90%	<ul style="list-style-type: none"> - Care at Home services continue to be provided to vulnerable residents, operating from a single base - Increasing face-to-face contact as restrictions ease. - Telecare fully operational at Thornliebank Depot base - Re-establishment of home visits for complex telecare assessments (where assessed as safe to do so) - Monthly wellness/courtesy calls with service users/ families embedded into business as usual processes - Improvements to intake approach with all new referrals now going through standard Carefirst form and initial service set up completed in consistent way - Resilience planning in relation to 2nd Wave commenced 	<ul style="list-style-type: none"> - Some face to face review/assessment activity (development of blended approach to review activity to be defined on a risk based approach) - Review of services stepped down due to Covid-19 (working on re-establishment of visits to facilitate care at home planning and reviews) - Home visits for initial and annual telecare reviews (these are being undertaken by telephone in the meantime)
Bonnyton House Care Home		
45%	<ul style="list-style-type: none"> - Service continues with increase in vacancies due to Covid-19 - Roll out of technology contact options and the reintroduction of safe visiting for residents now complete - Building refurbishment is in the final stage with a planned return scheduled for mid to end September 2020 - Working with staff to set up a sanctuary room to provide space and time for reflection given the trauma experienced by the staff residents and families 	<ul style="list-style-type: none"> - New admissions once renovations/upgrade completed - Front of house arrangements – weekend cover (not yet commenced)

MHO Team		
80%	<ul style="list-style-type: none"> - Referrals have continued to be processed, treated as urgent with immediate response through the Duty Mental Health Officer and Backup system with casework subsequently allocated and prioritised accordingly - Engaging with clients and their families via telephone / virtual, with face to face where specifically required. Remote working continues. Social work care management cases continue to be allocated and responded by the Mental Health Team as was the case prior to Covid-19 context with combination of remote and face to face where required - Adults with Incapacity (AWI) work continues (case conferences, welfare reports etc) using virtual meetings 	<ul style="list-style-type: none"> - Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)
Adult Mental Health Team		
90%	<ul style="list-style-type: none"> - Referrals have continued to be processed, treated as urgent with immediate response through the Duty Mental Health Officer and backup system with casework subsequently allocated and prioritised accordingly - Engaging with clients and their families via telephone / virtual, with face to face where specifically required. Remote working continues. Social work care management cases continue to be allocated and responded by the Mental Health Team as was the case prior to Covid-19 context with combination of remote and face to face where required - Adults with Incapacity (AWI) work continues (case conferences, welfare reports etc) using virtual meetings 	<ul style="list-style-type: none"> - Court sessions - dependent on the recovery planning by the courts (outwith control of HSCP)
Primary Care Mental Health Team		
80%	<ul style="list-style-type: none"> - Face to face 1:1 appointments for those who require it with the remainder of appointments via Attend Anywhere or by telephone - 1:1 appointments being arranged for any patients who were scheduled to attend group work - Looking at potential for virtual group work 	<ul style="list-style-type: none"> - Face to face group work

Community Addictions Team		
75%	<ul style="list-style-type: none"> - All referrals being allocated - Routine referral assessments (alcohol and drugs) - Opiate Replacement Therapy provision ongoing under revised arrangements - Ongoing treatment and care of caseload, psycho-social interventions, etc. face to face engagement increasing - Home visits for high risk individuals / concerns / vulnerable adults - Psychology reinstated at St Andrew's House - Psychiatry face to face appointments reinstated - Alcohol detox services (hospital – Kershaw Unit now accepting more routine referrals and community home detox considered on case-by-case basis) - Multi-Disciplinary Team reinstated 	<ul style="list-style-type: none"> - Mutual aid and relaxation groups - Alcohol groups - Routine Duty Assessment (process to be introduced) - Opiate Replacement Therapy Clinic Process – new guidelines to be agreed for service moving forward

Public Protection and Children's Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Children's social work services		
90%	<p>Majority of social work services continuing including:-</p> <ul style="list-style-type: none"> - home visiting - assessments - child protection - corporate parenting activity - regulated care services - fostering/adoption/kinship care 	<ul style="list-style-type: none"> - Group based support for parents and children (with the exception of outdoor summer programme activity) - Training (where face to face necessary) - SW Student placements - Joint Activities with SupER Kids (e.g. Glee)
Children and Families Nursing		
80%	<ul style="list-style-type: none"> - Delivering required visits in line with national and local NHSGGC guidance (except anti-natal contacts which have not been implemented within GGC) and use of pro forma to support any alternative delivery model. 4-5 year contact due for introduction in Eastwood now commenced - Use of Attend Anywhere and Near Me as an alternative for face to face contact where appropriate following risk assessment - Psychology of Parenting Project (PoPP), Parenting interventions for high risk families, breast feeding support and Childsmile continue through blended approaches. Routine Parenting Interventions (toilet training/ sleep management etc) face to face now taking place - Contact with GP practices – adapted 	<ul style="list-style-type: none"> - Baby Café / Breast Feeding support group - P1 and P7 Health screening – awaiting government guidance

	<ul style="list-style-type: none"> - Childhood Immunisation programmes continuing including support for peer flu. - Virtual Baby Café - Revalidation for Unicef gold achieved and audit programme recommenced - Working from bases at Eastwood Health and Care Centre and Barrhead Council Office - Book bug resources distributed - SCPHN (Specialist Community Public Health Nursing) Student consolidation (service unable to support undergraduate placements) - School Nursing face to face and digital contacts focus on Mental Health and Vulnerability 	
C&F Inclusive Support Team		
95%	<ul style="list-style-type: none"> - Community supports / weekend supports have recommenced on a small scale. 	<ul style="list-style-type: none"> - Full scale community and weekend supports with reintroduction of normal term time activity.
Health Improvement		
70%	<ul style="list-style-type: none"> - Sharing learning and updates with team members realigned during lockdown - Social work summer program recovery inputs - Development of the new health and wellbeing section of the Champions Board website - Review of training provisions for suitability and adaptability to online format - Re-establishing links with key partners. - Virtual Support for Breastfeeding Café 	<ul style="list-style-type: none"> - Child Smile - Monitoring of program in early years establishments. Toothbrush Training and Oral Health Assessment Tool links; Quarterly Oral Health Assessment Tool meetings to recommence - Weigh to Go – Service delivery by partners in Barrhead & Eastwood Health centres - Wider community Breast Feeding supports, monitoring and accreditation work and Maternal and Infant Nutrition Framework (MINF) links
CAMHS		
70%	<ul style="list-style-type: none"> - Service activity continues, young people seen by Attend Anywhere, emergencies and home visits have taken place with appropriate PPE - Rooms made available for staff to return to office space in both Barrhead and Eastwood Health Centres. Multi-agency meetings currently virtual 	<ul style="list-style-type: none"> - Routine Medication clinics - Physical observations other than emergency - Face to face multi-agency meetings - All staff back into buildings - Group work - Routine assessments.

Speech and Language Therapy (SLT)		
60%	<ul style="list-style-type: none"> - Services operating from Barrhead and Eastwood Health and Care Centres on rota basis for clinicians 30% staff capacity in base available - Utilising Attend Anywhere for Clinics - Telephone and Attend Anywhere consultations undertaken for Speech and Language Therapy and Autism Spectrum Disorder (ASD) by clinicians (where clinically possible). This includes part of assessment for ASD. - Garden and outside Nursery observation / intervention used to support face to face requirements. - Eating and Drinking assessment and treatment has continued throughout at increased level of community complexity. - CPD and Clinical support network accessed virtually - Referral, triage and waiting list management have continued for SLT and ASD. 	<ul style="list-style-type: none"> - Face to face consultation where Near Me is neither appropriate nor possible for triage, assessment and treatment - ASD clinical assessment (2 clinicians) and feedback. (Some assessments can be carried out virtually) - Parenting Programmes e.g. Hanen, Cygnet - Observation/assessment and delivery of coaching and direct modelling with staff - Home based / Education based interventions
Learning and Development		
60%	<ul style="list-style-type: none"> - Virtual training and limited face to face training for essential work is taking place. - Essential induction training up and running and progressing well - Current programmes have been revised to allow for social distancing requirements. - Exploring use of e-portfolios for future roll out of SVQ - Multi-agency public protection development programme launched using alternative methods of delivery - 	<ul style="list-style-type: none"> - SVQ - Large scale events - Full training programme - Practice teaching (Decision taken not to resume practice teaching until January)
Criminal Justice		
70%	<ul style="list-style-type: none"> - Client supervision continues albeit limited to monitoring - Multi Agency Public Protection Arrangements (MAPPAs) level 1 meetings with police (teleconference) - MAPPAs audit - Client quarterly reviews (client not attending) - Prison visits/reviews - Court reports/home background reports. - Risk assessments completed 	<ul style="list-style-type: none"> - Unpaid work - Group work - Reviews with client attending - Joint home visits - unannounced/announced with police - Joint Risk assessments with police - Face to face direct intervention/casework with clients. - Service specific premises (work ongoing to reopen as part of accommodation workstream)

7. Finance and Resources

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Finance		
95%	<ul style="list-style-type: none"> - Day to day activity underway as normal, however some annual financial reviews have been postponed - Year end audit / budget setting made more challenging by vacancies 	<ul style="list-style-type: none"> - Financial reassessments (were scheduled for April – June)
Commissioning		
95%	<ul style="list-style-type: none"> - Commissioning and Contracts function fully operational - Care homes remain the primary focus of the team, monitoring is aligned to care home assurance and work arising out of emerging Covid policy with the remainder of the team preparing for the implementation of the Excel framework in October 2020 - Sustainability payments continue to be processed through the panel with CFO approval required to finalise all claims 	
Governance & Systems (Business Support; Info Systems; Facilities)		
80%	<ul style="list-style-type: none"> - Answering of phone calls from public and other services - Arranging and minute taking statutory meetings - Client monies - Updating of key systems including CareFirst, CM2000, SCI gateway. - Buildings open and adhering to social distancing guidance - Business Support presence being increased where space allows and following appropriate risk assessments for those who were previously shielding. - Service capacity impacted by vacancies and absence and recruitment is being progressed to mitigate 	<ul style="list-style-type: none"> - Staff presence at all clinical receptions has not been required, this will need to be reviewed as services enter recovery phase

8. Hosted Services

% SERVICE OPERATIONAL	SERVICE ACTIVITY SUMMARY POSITION	SERVICE ACTIVITY NOT YET RESTARTED
Specialist Learning Disability Inpatient Services		
90%	<ul style="list-style-type: none"> - Inpatient admissions and discharge activity has continued as normal - Some outreach and other redesign activity (where possible) - Multi-Disciplinary Team meetings taking place virtually and are progressing to face to face where safe to do so - Governance structures in place with most meetings taking place virtually - Virtual therapy, service user engagement and advocacy forums 	<p>Community activities (due to national restrictions) however we are being more creative and adapting individual activity planners to suit restrictions</p> <ul style="list-style-type: none"> - Face to face sessions for therapy, service user engagement and advocacy forum - Visiting is limited in line with national guidance
Scottish Centre of Technology for the Communication Impaired		
60%	<ul style="list-style-type: none"> - Referrals are being managed via a mixture of virtual consultations and face to face assessments - Where there is an urgent need travel is taking place across Scotland - Local NHS GGC AAC Service is largely operational but again patient risk is a major consideration - Virtual MS Public Sharing (via Colleagues) has been developed to maintain good multi-disciplinary communication and advice, good practice sharing 	<ul style="list-style-type: none"> - Due to high risk category of patient group – MND patients etc face to face consultations are limited and require very detailed risk assessment - Service Covers 11 NHS Boards Children and Adults, unable to visit all areas due to travel and local restrictions - Service normally provides training / advice to a wide range of partners this is limited - Accommodation – Team share a very small office which can now only safely accommodate 2 at any one time (normally 7) – impact on Equipment management from Westmarc base - Planned further redesign work paused

9. The summary position for our eight thematic work streams to support recovery is shown below:

WORKSTREAM	UPDATE/COMMENTS	OVERALL % COMPLETION
Governance	<ul style="list-style-type: none"> - Initially planned actions on Programme Plan now complete - Workstream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions 	100%
Accommodation	<ul style="list-style-type: none"> - Accommodation work focussed on winter flu vaccination programme (identification of accommodation and vaccine storage arrangements progressed) 	75%
Workforce	<ul style="list-style-type: none"> - iMatter Pulse Survey and the NHS Mental Health Survey are currently live - these are the current the focus of staff engagement - Health and Wellbeing newsletter scheduled for distribution on 11 September. Consideration being given to whether this should be incorporated into the wider Recovery newsletter in future - Health and Wellbeing Group considering an 'active challenge' for staff as winter approaches - Exploring options around Staff Engagement in relation to Recovery 	64%
Partner Organisations	<ul style="list-style-type: none"> - Weekly meetings continuing with care home managers and fortnightly meetings with care and support providers - Work being taken forward on engagement and participation work stream 	39%
ICT Requirements	<ul style="list-style-type: none"> - Windows 10 upgrade 90% complete - Work on distribution lists ongoing - Liaising with NHS IT regarding outstanding IT equipment 	57%
PPE	<ul style="list-style-type: none"> - Initially planned actions on Programme Plan now complete with centralised system remaining in place at present - Work-stream will remain open to facilitate cross-cutting work with individual Service Recovery tasks/actions and liaison with Winter Flu Planning Programme 	100%
Change Programme	<ul style="list-style-type: none"> - Project Board re-start meeting for LD Overnight Arrangements scheduled for 4 September - CM2000 Mobile Phones and App Project now back up and running within Care at Home 	50%
Ongoing COVID-19 Response	<ul style="list-style-type: none"> - Work continues on developing the Strategic Plan - Workstream will provide co-ordination for cross-cutting work, issues and lessons learned 	51%

Planning for Seasonal Flu Vaccination 2020/21

10. Planning for The Seasonal Flu Vaccination 2020/21 has been undertaken collaboratively across NHS GGC involving Public Health, Acute Services and the 6 HSCPs. It includes agreed arrangements for different groups.
 - 2-5 years old (not yet in school)
 - Primary school aged children
 - Over 65 years
 - Under 65 “at risk”
 - 55 – 64 years
 - Pregnant women
 - Eligible shielding households
 - Unpaid & young carers (based on 3% of >65 and < 65 ‘at risk’)
 - Health care workser
 - Frontline social care workers
 - HSCP
 - Care home
 - Care and support

11. The major challenge has been to establish a model for adults over 65 (approximately 13,000 individuals in East Renfrewshire. Our local adult vaccination implementation group have identified 3 major venues for over 65 flu vaccinations and agreed the number of vaccinators required for the initial 8 week period.
 - Barrhead Health and Care Centre – 2 vaccinators (venue moves to Neilston Glen Hall each Wednesday for Neilston practice patients)
 - Eastwood Health and Care Centre – 3 vaccinators
 - The Avenue Shopping Centre Mearns – 3 vaccinators

12. The national media launch of the Vaccination Programme is on the 1st October 2020 and local communications will support the national messages of the importance of this immunisation programme. The Scottish Immunisation Recall System (SIRS) is being used to generate appointment letters, and a new GGC Flu Vaccination Administrative team will handle requests for appointment rebooking, working closely with our HSCP team, as well as collating appointment/vaccination data to inform weekly reporting to Scottish Government.

13. The HSCP team are working on our local operating model, adapting the standard operating procedures as required for each venue and developing staffing rotas. The working assumption is that vaccination administration will be conducted predominantly by registered nursing staff, which places a significant additional pressure on our HSCP nursing workforce who are responding to other priority areas and may impact on our ability to fully staff clinics. In response to this NHGGC is considering a range of options including recruitment to the Staff Bank and use of other registered professions with appropriate competencies: e.g. MSK physiotherapists, Podiatrists, and Oral Health staff (incl. Dentists, Hygienists).

CONSULTATION AND PARTNERSHIP WORKING

14. Staff partnership colleagues are part of the HSCP Recovery Steering Group which is overseeing the operational recovery plan.

15. The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde tactical group in addition to regular Greater Glasgow and Clyde and National Chief Officer meetings. Both Chief Social Work Officer and Chief Financial Officer meetings continue to take place.

IMPLICATIONS OF THE PROPOSALS

Finance

16. The HSCP finance team continue to monitor all costs associated with the HSCP Covid-19 response and recovery.

Workforce

17. Any specific workforce implications identified through the programme will be reported as required.

Risk

18. The HSCP continues to monitor the risk implications from the Covid-19 response and recovery.

DIRECTIONS

19. There are no directions arising from this report.

CONCLUSIONS

20. There is a significant amount of work taking place to ensure we can continue to safely provide essential services, as we have done throughout the crisis, whilst introducing more services back towards "normal" operation. We are taking into account lessons learned from our response so far and also using this to inform our recovery as this too will help inform how we shape and deliver services moving forward.
21. There remains the potential for further waves of Covid-19 infection which may mean we are required to 'step back' to restrictions seen in previous phases. Our approach continues to stress flexibility and the need to adapt quickly to changing circumstances such as the current changes in local restrictions.

RECOMMENDATIONS

22. The Integration Joint Board is asked to note and comment on this report.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

IJB Paper – 12 August 2020: East Renfrewshire HSCP Update on Recovery Activity Following the COVID-19 Pandemic

https://www.eastrenfrewshire.gov.uk/media/1760/Integration-Joint-Board-Item-08-12-August-2020/pdf/Integration_Joint_Board_Item_08_-_12_August_2020.pdf?m=637321474671070000

IJB Paper - 24 June 2020: East Renfrewshire HSCP Response to COVID-19

https://www.eastrenfrewshire.gov.uk/media/1398/Integration-Joint-Board-Item-04-24-June-2020/pdf/Integration_Joint_Board_Item_04_-_24_June_2020.pdf?m=637284227714400000

IJB Paper - 24 June 2020: East Renfrewshire HSCP COVID-19 Recovery Plan

https://www.eastrenfrewshire.gov.uk/media/1399/Integration-Joint-Board-Item-05-24-June-2020/pdf/Integration_Joint_Board_Item_05_-_24_June_2020.pdf?m=637284227720830000