

Key area	Commitment	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes		
Empowering people	Improve personalisation	Embed and further develop digital solutions, to support self- management	Continue to improve the range of telehealth and telecare services available and monitor uptake in East Dunbartonshire	1, 2, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9		
		Increase in choice and control and flexibility for service users	We will promote and monitor the uptake of SDS options through 'Number of people taking up SDS'	1, 2, 3, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9		
	How will we know we have achieved these outcomes? Benchmark of current Telehealth user numbers and publish updated figures in 24 and 48 month increments to the IJB. Benchmark of current SDS user numbers and publish updated figures on options 1, 2 and 3 users in 24 and 48 month increments to the IJB.						
	Reduce inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness equity and consistency in service provision	We will develop an HSCP Public Health Strategy and refresh objectives for the Public Health improvement Team (PHIT)	1, 2, 3, 4, 5, 6, 7 and 8	1, 3, 4, 5, 6, 7, 8 and 9		
	How will we know we have achieved this outcome?						
	Public Health Strategy developed and approved by the IJB, the Strategy will be made available on HSCP webpages and progress will be reported on regular intervals to IJB.						
	ImprovingImprove serviceinformation andinformationcommunicationand public	information	Scope, plan aim to redesign and improve the HSCP webpages on the EDC website.	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
		communication systems, advice, reflecting specific communication needs and preferences	Alternative communication formats available and will be proactively offered on all of our communications, for example, easy-read, Braille, BSL and community languages	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		



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			Review our Communication Strategy to ensure that there is a focus on engagement with the BAME communities	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9	
			Continue to implement our Participation and Engagement strategy, including a range of actions to better engage with our stakeholders	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9	
			Develop a Digital Strategy for the HSCP that considers the needs of those with protected characteristics, e.g. older people, people with disabilities, and those whose first language is not English	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9	
			Implementation with partners of the of the BSL strategy recommendations and uptake of users	1, 5, 6, 7 and 8	1, 3, 4, 5, 6, 7, and 9	
			All Equality Mainstreaming Reports, plans, EQIA's and updates to be accessible and visible on the HSCP webpages	1, 2, 3, 7 and 8	1, 3 and 5	
	 How will we know we have achieved these outcomes? Website redesign has been actioned and completed and reported to IJB and is minuted. All communication options will be included in the updated Communications Strategy and will be accessible on the HSCP webpages. The HSCP Communications Strategy and will be updated, approved by the IJB and accessible on the HSCP webpages. Annual review of the Participation and Engagement strategy, reported to the IJB. Digital Strategy completed, approved by the IJB and accessible on the HSCP webpages. BSL strategy outcomes are accessible on-line with biennial evaluation with partners. Creation of Equalities page on the HSCP webpages with all information available and accessible. 					

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Empowering Communities	Building informal support options	Work with communities to develop a network of assets	The East Dunbartonshire Asset Map will be further developed and promoted to all community groups (older persons, BAME, Health) and 3rd sector orgs.	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, and 9
			Wellbeing worker project to be rolled out across the 'GP Clusters', monitoring the uptake of users and GP practice involvement	1, 2, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
			Income Max Service to be improved and enhanced, will cover all areas of East Dunbartonshire in partnership with CAB	1, 2, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
		Work with communities to develop support options such as 'compassionate communities' model	Pilot 'No one dies alone' programme to be created, uptake of volunteer roles and people being supported in East Dunbartonshire monitored	1, 2, 3, 5, 6, 7 and 8	2, 3 4, 6, 7, and 9
	Evaluation of Asset Annual evaluation t Annual evaluation t	o IJB, reporting actu o IJB, reporting num	these outcomes? ort to IJB with update on assets in al users, outcomes achieved and aber of people, demographics and ruited, number of users, with evalu	GP practices inve financial gain for	olved. communities.
	Build local integrated teamsDevelop local, collocated services with integrated multi- disciplinary teams to improve service provision and access across East Dunbartonshire	collocated	Identification of physical premises for collocation of services (x 2)	1, 2, 5, 6 and 7	3, 4, 5, 6, 7, 8 and 9
		Provision of services are available, with ease of access for East Dunbartonshire residents	1, 2, 5, 6, 7 and 8	3, 4, 5, 6, 7, 8 and 9	
		Refresh HSCP locality planning groups (x2)	Locality plans created with involvement from PSUC group	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9

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			Locality groups to include PSUC members/volunteers from BAME communities and/or SIMD 1 areas	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
	How will we know we have achieved these outcomes?							
	Physical premises identified, leases signed and IJB approval has been received and minuted. Premises are open, staffed and provide care, treatment and support to residents. Terms of reference for Locality Planning Groups has been created and published on HSCP webpages. Locality Planning Groups first meeting has been minuted with attendees (membership) published, including PSUC member(s) involvement.							
	Drive participation and engagement	Promote and recruit to the PSUC group from a wide cross section of our communities	Inclusion of those with protected characteristics / and/ or from SIMD1 area joining PSUC group in the design, planning and the review of HSCP services	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
	How will we know	we have achieved	this outcome?	• •				
	The demographic of those who engage with us will be reflective of the whole community of Dunbartonshire and will be reported on an annual basis to the IJB.							
Modernising day services	Redesign of day services, to create more choice for users	Older persons strategy developed with views of relevant stakeholders informing the plan	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9				
		and their carers	Develop an approach to build community capacity and social prescribing across partner orgs, for example, peer support and volunteer programmes	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
		Learning disability move to Allander Day Service	Transition to new service is seamless, feedback from users and carers involved	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
			Increased number of community support options available to users and carers	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
			Development of employability and community based support alternatives to formal day care	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
	How will we know	we have achieved	these outcomes?					
	The Older Persons Strategy will be developed with input from all stakeholders and approved by the IJE the Strategy will be made available on HSCP webpages and then progress will be reported on regular intervals to IJB.							
	Creation of a stakeholder group, with terms of reference and agreed actions reporting to the IJB, with an annual evaluation report. An Allander Centre service user and carer evaluation to be created with spotlight on user carer feedback Published figure of options available, Inc community support options and of employability programmes accessed.							

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Supporting Families and Carers	Supporting carers	Better recognising the contribution of informal carers in keeping people safe and well	Update Carers Strategy to enhance access to carers support	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
			Improve carer access to information and advice	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
			Review reporting and collation of carers unmet need	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
	How will we know	we have achieved	these outcomes?				
	Carers Strategy will be developed which will include a Carers Plan, with input from all stakeholders and approved by the IJB, the Strategy and plan will be made available on the HSCP webpages and promoted across East Dunbartonshire to identify hidden Carers. Creation of new and updated information if required (using the criteria of, credibility, content, disclosure, links, design and interactivity) published information disseminated. PSUC group to engage with the HSCP and Carers and identify where unmet need is collated, report and publish findings with recommendations if required.						
Improving mental health and recovery	Improving adult mental health and alcohol and drugs recovery	Mental health services	Review of all leaflets and patient information with input from staff and users of service.	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
			PCMHT – review service to re- establish 'out of working hours' clinics	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
			Aim to develop a programme to improve access to Psychological Therapies for women in the antenatal period	for beriod 7, 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
			The Workstream Group to review and implement a 'Benchmarking Tool' with all partners involved	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
	How will we know we have achieved these outcomes?						
	Creation of new and updated information if required (using the criteria of, credibility, content, disclosure, links, design and interactivity), published information disseminated. Needs assessment completed, planning and monitoring in place, service re-established and patient feedback received. Programme in place, with an annual evaluation, Inc patient feedback. 'Benchmarking tool' produced with recommendations.						
		Alcohol and drug services	Update Alcohol and drug Strategy to enhance access to support and recovery				
	How will we know	we have achieved					
	Alcohol and Drug Strategy developed and approved by the IJB, the Strategy will be made available on HSCP webpages and progress will be reported on regular intervals to IJB						

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Workforce and Organisational DevelopmentSupporting staff to improve knowledge and be better engaged with the communities they provide services to.	staff to improve knowledge and be better engaged with the	Equality Impact Assessments (EIAs) and equality and diversity is promoted.	The HSCP will carry out EQIAs on all strategies, policies and service redesigns	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
		EQIA training will be offered to staff and training will be sourced by the HSCP through GGC / EDC.	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9			
			Staff across the HSCP will have opportunities to improve their knowledge, understanding and skills around equality and diversity and the public sector equality duty and its relevance to their roles	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
			The HSCP will aim to source and introduce the LGBT+ charter	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9		
	How will we know we have achieved these outcomes?						
	Completed EQIAs will be found on the HSCP webpages, with full accessibility and ease of access. Training courses sourced and completed will be published on the HSCP webpages, with an annual report to the IJB. Staff uptake will be monitored on NHS Turas and EDC health and social care training portal. LGBT+ Charter training will be sourced and approved by the IJB, the LGBT+ Charter will be promoted on HSCP webpages and progress will be reported on regular intervals to IJB.						