

EIJB Draft Strategic Plan: Third Sector Collated Response

This consultation response presents views from a breadth of voluntary sector organisations that engage in health and social care across Edinburgh. These perspectives were gathered through a combination of surveys, interviews, and focus group discussions facilitated by EVOCC. The feedback summarised here reflects the priorities, concerns, and recommendations of the organisations that participated in the third sector review of the draft EIJB Strategic plan. While EVOCC has collated and structured this response, the views expressed do not represent the organisation's own stance but rather provide an accurate reflection of what was shared by respondents.

For further details on the engagement process, including how organisations were involved and the information provided ahead of this review, please visit: [EVOCC's information page](#).

RESPONSE TO EIJB CONSULTATION: QUESTION 1

Do you agree with the four priorities in our Strategic Plan? If you answered no, what would you change?

Respondents expressed significant concerns regarding the four priorities outlined in the Strategic Plan. While they align with broad health and social care objectives, organisations suggested that they fail to provide a clear strategic direction, prioritise cost-cutting over preventative investment, and overlook key elements necessary to support sustainable health and wellbeing in Edinburgh.

Concern 1: No Vision, Values, or Theory of Change

What's missing and why it matters?

- Organisations reasoned that the plan lacks an overarching vision or values framework, making it difficult to understand what success looks like beyond financial sustainability.
- The plan does not articulate a clear theory of change, meaning there is no structured approach linking proposed actions to improved outcomes.
- No guiding principles for decision-making, particularly in relation to health inequalities, community-based prevention, and third-sector involvement.

What would have better impact?

- A defined values statement to ensure that financial decisions do not come at the cost of public health and wellbeing.
- A structured theory of change, outlining how investment in early intervention will reduce crisis care demand.
- Greater clarity on implementation, ensuring that priorities are linked to measurable, community-driven outcomes.
- Health and social care should prioritise prevention, community-based support, and person-centred services rather than crisis-driven interventions.
- There should be universal access to health and social care services, removing barriers caused by funding cuts.
- A focus on social determinants of health, recognising that housing, poverty, and social inclusion impact health outcomes.
- Ensure co-production with communities to design services that reflect real needs rather than top-down efficiency models.

Concern 2: Prioritising Crisis Intervention Over Prevention

What's missing and why it matters?

- Respondents argued that the plan prioritises hospital and crisis care services at the expense of early intervention and community wellbeing.
- Frailty prevention, mental health prevention, and public health initiatives are largely absent, despite their role in reducing demand for acute care.
- The priority areas focus on managing existing need rather than reducing future demand, failing to prevent long-term system pressures.

What would have better Impact?

- Greater emphasis on preventative health measures, ensuring that investment is directed towards reducing hospital admissions and crisis service reliance.
- Integration of community health organisations in early intervention strategies, rather than treating them as external providers.
- A dedicated strategy for preventative mental health care, ensuring people receive support before reaching crisis point.

Concern 3: No Recognition of Social Determinants of Health

What's missing and why it matters?

- Organisations suggested that the plan fails to acknowledge that health outcomes are largely shaped by poverty, housing, food security, and financial stability.
- No alignment with existing social welfare policies, meaning that health inequalities will persist despite health service investment.
- No focus on economic resilience, community wealth building, or social enterprise, all of which influence public health.

What would have better impact?

- Recognition of social determinants of health, ensuring that poverty, housing, and financial insecurity are factored into service planning.
- Integration of public health with economic and social policies, preventing a siloed approach to healthcare.
- Stronger commitments to housing, food security, and employment support, ensuring that structural inequalities do not worsen health outcomes.

Concern 4: Lack of recognition of the value of Community Based Health Organisations

What's missing and why it matters?

- No commitment to sustaining third-sector health and social care provision, despite the sector's proven cost-effectiveness and community reach.
- The role of community health organisations is unclear, despite their key role in prevention and early intervention.
- Respondents highlighted that the plan does not prioritise local organisations over national or private providers.

What would have better impact?

- A clear commitment to prioritising Community-Based community health organisations over external providers.
- Recognition of the third sector as a strategic partner, ensuring meaningful engagement in health planning.
- Protection of community-led services from budget cuts, ensuring stability for the organisations that deliver frontline care.

Concern 5: Poorly Defined Priority Groups and Lack of Targeting

What's missing and why it matters?

- Organisations reasoned that the current priority groups are either too broad (e.g., “people with long-term conditions”) or too narrow (e.g., “people in care homes”), failing to target those who could benefit most from early intervention.
- No recognition of multiple deprivation as a key factor—people who are at risk due to poverty, isolation, or intersectional inequalities are not meaningfully considered.
- The plan treats prevention as an individual-level intervention, failing to consider wider social policies that could reduce risk factors.

What Needs to Be Changed?

- More precise targeting of priority groups, ensuring that resources go to those most at risk.
- Recognition of multiple deprivation as a key risk factor, ensuring that interventions reach those with the greatest need.
- Place-based approaches to health inequalities, ensuring that communities experiencing the worst health outcomes are prioritised.

Summary

In our engagement with organisations, respondents reasoned that while the four strategic priorities address important areas, they lack strategic coherence, prioritise crisis intervention over prevention, and fail to acknowledge the role of social determinants in health outcomes.

The strategy must commit to preventative health, integrate community-led services, and explicitly prioritise local organisations over private or national providers. Without these changes, the strategy will fail to reduce long-term demand on health and social care services, leading to further financial pressures, health inequalities, and service fragmentation.

RESPONSE TO EIJB CONSULTATION – QUESTION 2

Do you think we have missed anything when writing the plan?

If you answered yes, what would you add and why?

Yes, several key areas have been completely omitted or insufficiently addressed in the Strategic Plan. In our engagement with organisations, respondents reasoned that these gaps create significant risks for health and social care in Edinburgh, particularly in relation to prevention, funding stability, workforce planning, and democratic accountability.

Point 1: Community-based Health Organisations

What's missing and why it matters?

- Respondents indicated that the plan is agnostic on whether services are delivered by local third-sector organisations, national charities, or private sector providers.
- No commitment to prioritising locally embedded organisations—this means larger, non-local providers could take over key community health services, undermining local accountability and trust.
- Many organisations suggested that the third sector is treated as a delivery mechanism, not a strategic partner, despite its central role in prevention and early intervention.

What would have better impact?

- A clear commitment to Community-Based health organisations, ensuring they are prioritised over national or private sector providers.
- Integration of community health organisations in early intervention strategies, rather than focusing purely on statutory services.

Point 2: Social Determinants of Health – Structural Causes of Poor Health Are Ignored

What's missing and why it matters?

- Respondents argued that the plan does not acknowledge that poverty, food insecurity, financial hardship, housing, and transport access are the biggest drivers of long-term health outcomes.
- No reference to Community Wealth Building, social enterprise, or local economic resilience, all of which impact population health.
- The plan assumes that health inequalities can be tackled through NHS and social care interventions alone, without considering wider social and economic reforms.

What would have better impact?

- A commitment to tackling health inequalities at their root causes—including poverty, housing instability, and financial insecurity.
- Recognition of food poverty as a major health issue, with strategies to integrate community food projects into health and social care planning.
- Stronger partnership commitments with social housing, employment support, and welfare advice services.

Point 3: The Role of the Third Sector in Prevention & Early Intervention

What's missing and why it matters?

- Respondents raised concerns that third-sector organisations are not meaningfully included in the strategic framework, despite their frontline role in prevention.
- The plan assumes early intervention happens through statutory services, ignoring the fact that third-sector organisations provide much of this work at a lower cost and with better community reach.
- There is no structured way for third-sector organisations to co-design or co-deliver preventative health models.

What would have better impact?

- A formal framework for third-sector engagement in prevention, ensuring that organisations are involved in planning and delivery.
- Commitment to commissioning third-sector providers for prevention and wellbeing, rather than just acute care and crisis interventions.

Point 4: Mental Health Prevention & Community-Based Wellbeing

What's missing and why it matters?

- Organisations suggested that the plan prioritises crisis mental health interventions but neglects early-stage mental health prevention.
- No structured approach to funding community-based mental health services, despite their proven effectiveness.
- The removal of wellbeing as a strategic priority means that services focused on mental health resilience, social connection, and early intervention have no place in the plan.

What would have better impact?

- A dedicated commitment to funding community-based mental health prevention, reducing pressure on crisis services.
- Social prescribing should be integrated into the strategy, ensuring mental health support is not purely medicalised.
- A wellbeing framework with robust social indicators, such as health confidence, social capital, and quality of life metrics.

Point 5: The Shift from Grants to Commissioning – No Transitional Support

What's missing and why it matters?

- Respondents highlighted that the move away from grants towards competitive commissioning has been announced but not supported with space to participate in a meaningful transition plan.
- Smaller organisations will struggle to compete with larger charities and private providers, risking the loss of critical community services.
- There is no commitment to multi-year funding stability, meaning organisations are left in financial limbo.

What would have better impact?

- A clear transition plan for organisations losing grant funding, including capacity-building support.
- No clarity on how essential but hard-to-commission services (e.g., peer support, drop-in wellbeing groups) will be sustained under the new funding model.
- Commitment to multi-year contracts, preventing the instability of annual funding cycles.

Point 6: Intersectional and Marginalised Communities – No Targeted Strategies

What's missing and why it matters?

- Respondents raised concerns that the plan treats the population as a single entity, failing to acknowledge that different groups experience healthcare differently.
- No dedicated strategy for LGBTQ+ health, despite well-documented inequalities in mental health, HIV care, and social isolation.
- No commitment to culturally competent healthcare for BAME communities, refugees, and asylum seekers.
- Disability rights and neurodiversity considerations are absent, despite these groups relying heavily on third-sector services.

What would have better impact?

- Dedicated inclusion strategies for marginalised groups, ensuring their specific health needs are met.
- Funding for intersectional approaches to health, recognising the complex barriers that different communities face.
- Targets for improving health equity, not just general population health improvements.

RESPONSE TO EIJB CONSULTATION – QUESTION 3

Do you agree with our understanding of the big issues and what we have identified as the priority aim in each area? If you answered no, which section or sections do you not agree with and why?

Respondents raised several concerns about the way the Strategic Plan defines the big issues in health and social care. While the strategy correctly identifies broad areas of concern, organisations suggested that it lacks depth, clarity, and alignment with real-world community needs. In several cases, respondents argued that the strategy prioritises financial constraints over long-term solutions.

Strengths of the Draft EIJB Strategic Plan

- The strategy acknowledges the need to reduce crisis-driven health interventions and increase preventative care.
- There is a clear focus on financial sustainability, recognising that resources must be used efficiently.
- Some respondents welcomed an attempt to bring coherence to a fragmented system.

Concerns About the Understanding of Big Issues

Concern 1: Lack of Coherence Between Identified Issues and Proposed Solutions

- Organisations suggested that while the plan acknowledges the need for prevention, it simultaneously proposes cuts to third-sector services that deliver preventative care.
- The strategy states that health inequalities are a major concern, yet there is no clear commitment to tackling the underlying causes, such as poverty, housing, and food insecurity.
- The plan identifies mental health as a key issue, but the proposed actions focus primarily on crisis care rather than prevention and early intervention.

Concern 2: Misalignment with Local and National Policy Priorities

- Respondents highlighted that the plan does not align with the Carers Act (Scotland) 2016, particularly in relation to supporting unpaid carers.
- The strategy does not reference key national frameworks such as Scotland's Public Health Priorities, missing an opportunity to align local action with national goals.
- The plan does not integrate with Edinburgh Council's community planning commitments, risking fragmented service delivery.

Concern 3: Weak Evidence Base and Lack of Community Engagement

- Organisations suggested that there is little evidence presented to justify the chosen priority aims, making it unclear why certain issues were elevated over others.
- The third sector was consulted late in the process, meaning frontline insights were not adequately incorporated into issue prioritisation.
- There has been no meaningful engagement with service users, raising concerns that the identified issues may not fully reflect lived experiences.

Respondents reasoned that these weaknesses must be addressed to ensure the strategy is rooted in evidence, aligned with policy, and reflective of real-world community needs.

RESPONSE TO EIJB CONSULTATION – QUESTION 4

Do you agree with the actions we are planning to take?

If you answered no, which section or sections do you not agree with?

You can tell us about more than one section.

Respondents raised significant concerns about the proposed actions within the Strategic Plan, reasoning that while the broad aims are understandable, the actions outlined do not sufficiently address the root causes of system pressures, fail to integrate community-led solutions, and prioritise financial efficiencies over meaningful improvements in health and social care outcomes.

Concern 1: Insufficient Investment in Prevention and Early Intervention

What's missing and why it matters?

- Respondents suggested that the actions focus on managing existing pressures rather than reducing long-term demand.
- No concrete commitments to investing in preventative services, despite prevention being an acknowledged priority.
- Lack of clear funding streams for third-sector organisations that deliver early intervention services, such as community-led mental health and frailty prevention initiatives.

What would have better impact?

- Ensure that community-led prevention and early intervention services are properly funded and integrated into service delivery.
- Develop place-based approaches to prevention, ensuring targeted support for communities with the highest levels of deprivation.
- Provide clearer mechanisms for third-sector involvement in preventative healthcare rather than assuming services can be delivered by statutory providers alone.

Concern 2: Over-Reliance on the Market and Large Providers

What's missing and why it matters?

- Respondents felt the plan lacks a clear recognition of the impact of community-based health organisations, raising concerns that essential services could be outsourced, potentially impacting community resilience and long-term sustainability.
- The lack of a commitment to local third-sector providers means that services could be shifted to large national or private sector organisations with no community ties.

- There is no accountability mechanism to ensure third-sector voices are included in service planning and commissioning.

What would have better impact?

- Formal and equitable recognition of locally based community health organisations in commissioning processes.
- Clear criteria for commissioning decisions, ensuring that local expertise is valued over cost-cutting approaches.
- Protections for community-led models of care, ensuring stability in third-sector service provision.

Concern 3: Failure to Address Workforce Sustainability

What's missing and why it matters?

- The actions outlined do not account for the impact of funding cuts on third-sector workforce stability.
- No measures to support staff retention in the voluntary sector, despite rising demand and workforce burnout.
- Failure to address fair pay and conditions, which affects the ability of third-sector organisations to recruit and retain skilled professionals.

What would have better impact?

- Establish long-term funding agreements to provide stability for the third-sector workforce.
- Recognise third-sector staff as critical partners in health and social care delivery, ensuring fair pay and working conditions.
- Provide investment in workforce training and development, ensuring sustainability and continuity of services.

Concern 4: Lack of a Human Rights-Based Approach

What's missing and why it matters?

- Respondents reasoned that the plan does not embed human rights principles into service planning, particularly regarding the rights of unpaid carers and individuals with disabilities.
- Lack of explicit commitments to uphold the rights of service users, especially those impacted by funding reductions.
- No clear mechanisms for public accountability, making it difficult for service users to challenge inadequate care provision.

What would have better impact?

- Ensure that all service changes are assessed through a human rights lens, ensuring no disproportionate impact on vulnerable groups.
- Establish clear routes for service users to challenge decisions that affect their care, ensuring accountability.
- Commit to embedding co-production principles, ensuring that service users and third-sector representatives play a meaningful role in shaping future service models.

Concern 5: Overly Narrow Definitions of Prevention and Health Outcomes

What's missing and why it matters?

- The proposed actions focus on individual health conditions rather than broader social determinants of health.
- No commitment to tackling poverty, food insecurity, and housing instability, despite their impact on public health.
- Prevention is framed primarily as a clinical intervention rather than a social one, ignoring the role of community-based wellbeing initiatives.

What would have better impact?

- Ensure that social determinants of health are integrated into prevention strategies, including investment in economic resilience, housing, and food security.
- Recognise community health initiatives as central to public health efforts, ensuring they are sustainably funded.
- Move beyond hospital-centred metrics, ensuring that success is measured through broader indicators such as health confidence, social capital, and quality of life.

Summary

Respondents reasoned that while the actions proposed in the Strategic Plan align with broad health and social care aims, they fail to deliver on commitments to prevention, undervalue community-based service models. Additionally, there are critical gaps in human rights protections, local accountability, workforce sustainability and investment in the wider determinants of health. Without these changes, the plan risks increasing long-term demand on crisis services rather than reducing pressures across the system.

RESPONSE TO EIJB CONSULTATION – QUESTION 5

Do you agree with the measures we are planning to use?

If you answered no, which section or sections do you not agree with and why?

You can tell us about more than one section.

Respondents expressed significant concerns about the proposed measures, arguing that they lack a meaningful vision of success, are too focused on short-term key performance indicators (KPIs), and fail to reflect the broader social and economic factors that shape health outcomes.

Point 1: Overemphasis on Basic KPIs Rather than a Meaningful Vision of Success

- Respondents argued that the measures outlined in the plan focus too heavily on tracking service outputs rather than defining what success actually looks like.
- There are no clear milestones or long-term outcomes—instead, the plan relies on short-term indicators such as bed reductions, waiting times, and service activity levels.
- Participants reasoned that a meaningful strategy should define a clear vision for population health and wellbeing, including how success will be achieved in 3, 5, or 10 years.
- The plan lacks accountability measures to ensure that funding and policy decisions actively contribute to improved long-term health and wellbeing, rather than simply managing immediate system pressures.

Point 2: Overreliance on Hospital and Crisis Metrics

- The proposed measures prioritise hospital admissions, delayed discharge rates, and acute care pressures, rather than tracking the effectiveness of preventative interventions.
- Reducing hospital bed numbers is not an effective measure of improved health outcomes, as it does not capture unmet needs in the community or the impact of funding cuts on non-clinical services.
- There is no measure to assess the effectiveness of social prescribing, early intervention, or community-led health initiatives, meaning the impact of non-statutory providers will remain invisible in outcome assessments.

Point 3: Lack of Measures for Social and Economic Determinants of Health

- Respondents reasoned that poverty, housing instability, food insecurity, and financial insecurity are major drivers of poor health, yet the proposed measures do not assess the impact of these factors.
- There is no attempt to measure health confidence, social capital, or quality of life, meaning the plan does not fully capture whether services are improving people's wellbeing over time.
- Community-led services, which provide significant preventative and wellbeing benefits, are missing from the performance framework, creating a risk that their contributions will not be recognised or sustained.

Point 4: Uncertainty About Who Will Deliver Services and How Success Will Be Measured

- Respondents were uncertain about how services will be delivered, particularly the balance between local, national, and private providers. While larger providers bring expertise, concerns were raised about losing

locally embedded services that support community and health resilience. Participants also questioned how success would be measured in this context.

- A failure to prioritise local providers risks undermining place-based expertise and relationships with communities, which are essential for effective early intervention and preventative care.
- The strategy lacks transparency on how commissioning decisions will be made, creating uncertainty about whether funding will be directed towards community-embedded organisations or external providers with less connection to local needs.

Point 5: No Accountability for Workforce and Third-Sector Sustainability

- Respondents noted that workforce stability and capacity are critical to delivering health and social care outcomes, yet there is no measure to track recruitment, retention, or burnout within the third sector.
- The plan lacks measures to assess the impact of funding decisions on third-sector viability, meaning that service closures or reductions in capacity will not be reflected in performance reviews.
- Without clear indicators for fair pay and workforce conditions, third-sector organisations will struggle to sustain skilled staff, leading to greater reliance on volunteers and a higher risk of burnout.

Summary

Respondents argued that the proposed measures do not articulate a meaningful vision for success and instead focus on short-term system management rather than long-term health and wellbeing improvements. They reasoned that a more balanced approach is needed, integrating indicators for prevention, social wellbeing, and the sustainability of community-led services, alongside traditional clinical and hospital-based metrics.

RESPONSE TO EIJB CONSULTATION – QUESTION 6

Would you like to give more detailed feedback in relation to a specific part of the strategic plan?

If you answered yes, which section or sections would you like to give more detailed feedback on?

Respondents provided detailed feedback on multiple sections of the Draft Strategic Plan 2025–2028, raising concerns about how key policy areas were framed, gaps in the plan’s approach, and inconsistencies between stated aims and proposed actions.

The following sections were highlighted as requiring significant revision:

Prevention and Early Intervention (Section: Prevention & Early Intervention)

- Respondents broadly supported the focus on prevention and early intervention but raised serious concerns about how this is being translated into action.
- The strategy lacks a clear investment plan for community-led early intervention services. Without dedicated funding, prevention will remain an aspiration rather than a reality.
- The approach to prevention is reactive rather than proactive, with interventions often targeting individuals who are already in crisis rather than addressing upstream social determinants of health.
- There is no targeted place-based approach to early intervention, despite clear evidence that people in areas of multiple deprivation require more intensive support.
- Priority groups for early intervention are either too broad or too specific—for example, ‘unemployed people’ is a massive category that lacks meaningful targeting, while care home residents are included despite already being at the late stages of need.
- The strategy does not define success in prevention—without robust indicators, such as quality-of-life measures, social capital, or health confidence, it will be impossible to track whether preventative efforts are making an impact.

Locally Based Community Health Organisations (Section: Commissioning & Market Shaping)

- Respondents expressed deep concern that the role of local community health organisations is being deprioritised in favour of a market-driven approach to service delivery.
- EIJB has signalled an “agnostic” approach to service provision, meaning there is no commitment to prioritising locally based providers.
- Creates a risk of losing local knowledge, relationships, and ability to sustain community health resilience if services shift towards larger national or private providers.

- The strategy fails to recognise the specific contributions of local community health organisations, which are often best placed to deliver preventative and wraparound support.
- Respondents argued that locally based community health organisations should be explicitly referenced in the plan, particularly within the commissioning section, to ensure that services remain embedded in local communities.

Workforce Sustainability (Section: Workforce Planning & Development)

- Respondents reasoned that the plan does not sufficiently address the workforce crisis in the third sector, despite voluntary sector staff delivering a substantial proportion of health and social care support.
- No workforce retention strategy is outlined, despite high staff turnover due to funding uncertainty, burnout, and pay disparities with statutory sector roles.
- The impact of funding decisions on third-sector workforce stability is ignored, meaning workforce reductions and service closures will not be tracked as part of system performance.
- Failure to address fair pay and working conditions places third-sector organisations at a disadvantage in recruiting and retaining skilled staff, further destabilising service provision.
- Over-reliance on volunteers is not sustainable, yet the plan assumes that volunteer-led initiatives can fill service gaps without additional investment in recruitment, training, and coordination.

Human Rights and Equity (Section: Equalities & Health Inequalities)

- Respondents reasoned that the plan does not meaningfully embed a human rights-based approach and lacks a clear commitment to tackling structural health inequalities.
- There is no reference to key legal frameworks, such as the Carers Act (Scotland) 2016, which sets out specific rights for unpaid carers.
- The strategy fails to acknowledge the disproportionate impact of cuts on marginalised communities, particularly disabled people, unpaid carers, and people experiencing multiple deprivation.
- The section on inequalities does not adequately address intersectional challenges, such as the barriers faced by LGBTQ+ communities, migrant populations, and neurodiverse individuals.
- There are no mechanisms for service users to challenge decisions that impact their rights, making it difficult to hold EIJB accountable for the consequences of funding cuts.

Measurement and Accountability (Section: Performance Monitoring & Outcomes)

- Respondents argued that the current performance framework lacks depth, vision, and transparency.
- Measures focus on system performance (e.g., hospital admissions) rather than lived experience or wellbeing outcomes.
- There are no quality-of-life indicators, meaning success will be measured solely in terms of service throughput rather than whether people's health and wellbeing actually improve.
- The lack of an implementation roadmap makes it unclear how progress will be tracked over time, or whether adjustments will be made if the plan fails to deliver expected outcomes.
- No accountability framework exists for evaluating the impact of funding decisions on community health organisations, meaning cuts to preventative services will not be properly assessed.

The Political and Governance Risks of EIJB's Approach (Section: Strategic Leadership & Finance)

- Respondents warned that the governance and financial oversight of EIJB is becoming increasingly opaque, raising concerns about a lack of local democratic accountability.
- The EIJB is shifting financial power away from elected councillors, reducing transparency in decision-making and making it harder for the public to hold the Board accountable.
- Public consultation has been rushed, unclear, and non-transparent, meaning key stakeholders have not had a meaningful opportunity to shape decisions.
- EIJB leadership has given inconsistent messaging about its approach, particularly around commissioning, making it unclear what the long-term vision for health and social care actually is.
- There is no clear governance framework for reviewing EIJB decisions, making it difficult to challenge poor funding allocations or advocate for changes to service provision.

Concerns from Specific Service Areas

- Older people and frailty: The focus is on measuring frailty rather than preventing it, with no real investment in long-term wellbeing.

- Carers: The plan conflates respite with replacement care, contradicting the Carers Act (Scotland) 2016, and does not address the Right to a Break.
- Mental health: There is no clarity on how preventative mental health services will be funded, leading to fears of rising demand and increased suicide risk.
- Isolation and loneliness: Older people and marginalised groups will be disproportionately affected by the removal of community-based support services.
- BAME communities: There is a failure to recognise that many BAME individuals rely solely on grassroots voluntary organisations, which are being cut.
- Unpaid carers and third-sector workers: Many in the sector also rely on the very services being cut, particularly for food, financial support, and wellbeing.

Summary

Respondents highlighted significant weaknesses in multiple sections of the Strategic Plan, particularly in relation to prevention, commissioning, workforce sustainability, human rights, performance measurement, and governance. The lack of a commitment to locally based community health organisations, the failure to integrate a human rights-based approach, and the absence of robust performance monitoring were identified as key gaps. Without substantial revisions, respondents warned that the plan risks exacerbating existing health inequalities, destabilising the third sector workforce, and prioritising short-term efficiencies over long-term population wellbeing. Respondents urged EIJB to engage in further dialogue with third-sector organisations, service users, and local communities to ensure the final version of the plan fully reflects their needs and concerns.

RESPONSE TO EIJB CONSULTATION – FINAL QUESTION

Do you have any other comments on the Strategic Plan?

If you answered yes, what would you like to tell us?

Respondents provided additional reflections on the Strategic Plan, highlighting overarching concerns about its strategic direction, governance risks, and the long-term sustainability of Edinburgh's health and social care system.

The following key themes emerged:

Improvements Needed in the Final Draft

- Respondents emphasised the need for a clear, realistic approach to ensure that the strategy is practical and deliverable, rather than aspirational and unachievable.
- Calls were made for greater transparency and accountability, ensuring that service users, third-sector partners, and communities are meaningfully included in decision-making and monitoring processes.
- A stronger focus on resilience and prevention was highlighted, reinforcing the need for investment in wellbeing, early intervention, and community-led support.
- Many respondents stressed the importance of better recognition of third-sector expertise, calling for a more formalised role for third-sector organisations as key delivery partners.
- There were concerns that social inclusion was being overlooked, leading to calls for stronger social inclusion measures, particularly around addressing the digital divide, isolation, and social barriers faced by marginalised groups.
- Respondents called for greater clarity on funding timelines, including a transition plan to prevent immediate gaps in service provision due to funding uncertainty.

How the Third Sector Should Be Included

- Respondents called for formal engagement in planning and commissioning, ensuring that the third sector is involved in shaping services, rather than merely delivering them.
- Proposals included regular structured engagement, such as weekly meetings, consultation sessions, and strategic forums to facilitate better collaboration.
- Concerns were raised about the lack of financial security for key services, prompting respondents to advocate for ring-fenced funding to protect equality-focused services from disproportionate cuts.
- There were suggestions that the third sector should have voting representation on the EIJB Board, ensuring direct influence on decision-making.
- Calls were made for greater accountability from statutory partners, ensuring that EIJB officials engage in meaningful and ongoing dialogue with the sector, rather than presenting decisions as final.

The Plan Lacks a Clear Vision and Values

- Respondents argued that the Strategic Plan lacks a coherent vision for success, beyond financial sustainability and crisis management.
- Concerns were raised about the absence of clearly defined values underpinning decision-making, making it difficult to assess whether proposals align with principles of fairness, equality, and human rights.
- The strategy does not outline a cultural or theoretical approach, leaving ambiguity over how services should be structured to promote long-term health and wellbeing.
- A lack of alignment with existing city-wide priorities—such as the Edinburgh Poverty Commission’s recommendations—was seen as a significant weakness in the plan’s overall coherence.

The Strategy Prioritises Cost-Saving Over Public Health Outcomes

- Respondents reasoned that the plan appears to be primarily a cost-cutting exercise, rather than a strategic investment in improving health and social care services.
- Concerns were raised about the false economies of reducing preventative services, which would likely lead to increased pressure on crisis and hospital-based care.
- The absence of long-term financial planning was identified as a major issue, making it difficult for third-sector organisations to deliver stable, high-quality support.
- While the strategy claims to prioritise prevention, contradictions were highlighted, as many of the services that provide preventative support are being cut.

The EIJB's Approach to Commissioning and Funding Undermines Community-Led Solutions

- Respondents expressed frustration that third-sector organisations are treated as secondary to statutory and private sector providers, despite their proven ability to deliver high-impact, cost-effective support.
- There was concern about the shift towards a competitive commissioning model, without safeguards for locally based organisations, which risks destabilising long-established community networks.
- Respondents noted the absence of a clear mechanism for long-term financial investment in community-led health and wellbeing initiatives, which could lead to critical services becoming precariously funded or disappearing altogether.
- Concerns were raised that smaller, specialist organisations may face barriers in procurement processes that tend to favour larger providers, potentially reducing the diversity of community-based services.

Lack of Co-Production and Meaningful Engagement with Communities

- Respondents stated that the consultation process had been rushed and poorly communicated, limiting the ability of service users and frontline workers to shape the plan.
- There was frustration over the lack of meaningful public consultation before key funding decisions were made, undermining confidence in the legitimacy of the strategy.
- The role of unpaid carers, service users, and third-sector partners in shaping implementation was not clearly defined, raising concerns about accountability.
- The strategy does not include commitments to continuous engagement, meaning the sector’s voice may be ignored once decisions are finalised.

Missing Focus on Wider Determinants of Health

- Respondents noted that the plan focuses almost exclusively on clinical and care-based interventions, with little attention given to the wider determinants of health, such as housing, employment, and food security.
- There was no commitment to strengthening social infrastructure, despite clear evidence that social networks, community engagement, and peer-led initiatives play a vital role in improving health outcomes.
- The strategy fails to reflect Scotland’s national ambitions for a whole-systems approach, instead reinforcing a siloed approach between health, social care, local government, and the third sector.

Concerns About EIJB's Governance and Transparency

- Respondents raised serious concerns about the lack of democratic oversight within the EIJB’s decision-making processes.
- The shift in financial control away from the City of Edinburgh Council was seen as reducing public accountability, as EIJB members are not directly elected.

- There is no clear governance framework for monitoring the impact of funding decisions, making it difficult to challenge policies that negatively affect communities.
- The strategy's vague language allows for future decisions to be made without further consultation, raising concerns about whether commitments to prevention and early intervention will be upheld.

Risks to Workforce Sustainability and Sector Capacity

- Respondents reasoned that the strategy fails to recognise the scale of the workforce crisis in the voluntary sector, despite increasing demand for services.
- There were concerns that third-sector staff are overlooked in workforce planning, despite many of them delivering statutory services.
- The lack of a workforce retention strategy was identified as a critical weakness, as issues such as burnout, pay disparities, and job insecurity remain unaddressed.
- There is no transition funding available for organisations losing grants, meaning valuable skills and expertise may be lost permanently.

Summary

Respondents argued that the current Strategic Plan is not fit for purpose in its current form and requires significant revision to:

1. Establish a clear vision and values framework that prioritises prevention, equity, and long-term wellbeing.
2. Strengthen commitments to local third-sector organisations to ensure that services remain community-led and embedded.
3. Integrate a whole-systems approach by addressing the social determinants of health, rather than focusing solely on crisis management.
4. Improve transparency and democratic accountability in funding and commissioning decisions.
5. Create a sustainable workforce strategy that protects third-sector expertise and capacity.

Without these changes, respondents warned that the Strategic Plan risks deepening existing health inequalities, undermining community-based care, and creating unsustainable pressure on the statutory sector. They urged EIJB to engage in genuine co-production with service users, third-sector providers, and local communities to ensure that the final plan delivers meaningful improvements to Edinburgh's health and social care system.

Conclusion

This response represents the collective views of voluntary sector organisations that participated in the consultation process. The perspectives outlined reflect the issues, priorities, and recommendations raised by these organisations through surveys, interviews, and focus group discussions. EVOC has summarised and structured the feedback to ensure clarity, but the positions expressed are those of the participating organisations, not EVOC itself.

Respondents highlighted significant concerns about the Strategic Plan's approach, particularly in relation to prevention, commissioning, workforce sustainability, human rights, performance measurement, and governance. They emphasised the essential role of locally based community health organisations and the importance of a human rights-based approach to health and social care planning. The feedback also underscored a need for greater transparency, accountability, and long-term sustainability within the proposed strategy. The sector's feedback makes clear that organisations want meaningful engagement in shaping the final plan to ensure it reflects the lived experiences of the communities they support. Respondents called for an ongoing dialogue between third-sector organisations, service users, and decision-makers to co-produce a strategy that prioritises long-term wellbeing, equity, and the prevention of health inequalities.

For more information on the consultation process and sector engagement, visit [EVOC's information page](#).