The Contribution of Edinburgh Community Health Forum Member Organisations to the COVID-19 Response

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EDINBURGH COMMUNITY HEALTH FORUM

Matter of Focus

Evidence. Action. Change.

ABOUT EDINBURGH COMMUNITY HEALTH FORUM

Established over 20 years ago, the Edinburgh Community Health Forum's primary aim is to be a voice and network for organisations that work to reduce health inequalities and improve long-term health outcomes in Edinburgh. Forum members share a common ideal that it is people in their own communities who are best placed to collectively improve their own health and wellbeing and live better lives.

We support members by providing opportunities to meet, exchange best practice and information and to learn together. We engage with and respond to local and national policies, strategies and consultations. We also work in partnership at strategic levels to reduce health inequalities. We believe that the needs of local people in communities are ultimately what ought to drive agendas at all levels. The Forum and its members look to respond to demographic changes within Edinburgh communities and build the capacity of the voluntary health sector. We seek to facilitate community participation, collective action, and collaborative working between key stakeholders including the third sector, NHS Lothian and Edinburgh City Council.

ABOUT MATTER OF FOCUS

Matter of Focus is a mission-led company based in Edinburgh.

We work with organisations, projects and programmes to explore, map, analyse and assess the outcomes that matter to them, the people and populations they care about, and their funders.

We provide tools and techniques to bring together evidence, data and evaluation to ensure that projects and programmes work successfully towards outcomes, are successful and adaptable, and can demonstrate that success to funders, service users and other stakeholders. We have created an innovative and easy to use software tool, OutNav, that enables public service organisations and funders to make effective use of their data and information to learn, improve and tell the story about the difference they make.

Matter of Focus is led by Dr Ailsa Cook and Dr Sarah Morton. Ailsa and Sarah are internationally renowned academics, both well known for their ability to develop practical tools backed by robust evidence-based approaches, with extensive experience of delivering practicable approaches for public service organisations.
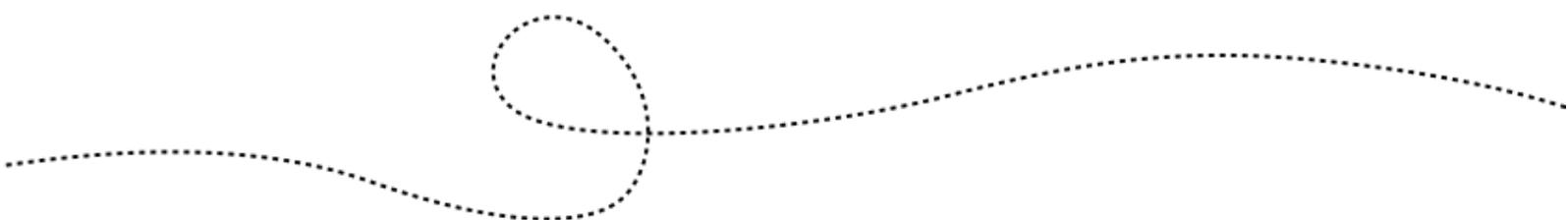
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FORWARD BY DR MARGARET DOUGLAS

The COVID-19 pandemic has had enormous effects on all of our lives, with adverse impacts falling most heavily on groups of people who already suffer the poorest health. One of the few silver linings has been to see how well community organisations have responded to meet the challenges. This report uses outcome maps and multiple examples of practice, to show how members of Edinburgh Community Health Forum have modified existing activities and developed new services very rapidly to meet the needs. They have provided essential supplies, practical and emotional support, and filled the gaps between other services. Community health organisations are well placed to fulfil this role because of their flexibility, their community development approach and knowledge of local strengths and needs. But it's clear that most important of all is the commitment of the managers, staff and volunteers who contribute their time and energy to deliver all these activities.

The report also demonstrates the value of strong partnership working and the need for a high level of trust to support all of this work. This includes trust between organisations and communities, trust from funders as services and outputs were adjusted, and trust between organisations that worked together to share experiences and coordinate responses. This is a testament to the good relationships built up over the years in Edinburgh, supported by Edinburgh Community Health Forum.

The community and voluntary sector will continue to play an essential role over the next few months and beyond. Priorities for 'building back better' should include promoting health and wellbeing, reducing social and health inequalities and protecting our shared environment. Edinburgh community health organisations can play a key role in this. This report shows ample evidence of their ability to respond in flexible and creative ways to the needs of their communities. They should continue to be supported to do so.

Dr Margaret Douglas

MPH Programme Coordinator, University of Edinburgh and Honorary Public Health Consultant, Public Health Scotland

The contribution of Edinburgh Community Health Forum to the COVID-19 response

Executive summary

BACKGROUND

Community organisations, such as the members of Edinburgh Community Health Forum (ECHF), have been at the forefront of the COVID-19 response.[1] From the start of the lockdown in March 2020, these organisations transformed their ways of working so they could continue to provide their services and supports at a distance, as well as respond to new issues and need.

Taking the time to learn is critical to 'building back better'. Since May 2020, Matter of Focus and ECHF have been working together to capture the experiences and learning from Forum members as they responded to the COVID-19 pandemic. We have done this through telephone interviews, reflective practice, collective analysis sessions and analysis of relevant documents.

This report shares the findings from this work and tells the story of the response to COVID-19 of fifteen member organisations of ECHF. Taking an outcome focused approach, the report shares:

- the work that the organisations have done to support people through the pandemic and the contribution of this to mitigating the negative impact of COVID-19 on individual health and wellbeing and health inequalities.

- the strategic and partnership working the organisations have engaged in to ensure a joined-up response to COVID-19 across Edinburgh.

The following organisations contributed to this work:

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[1] Corra Foundation, Insight briefing: Listening to communities and third sector groups **https://bit.ly/31PiKsT** and Scottish Community Alliance, Community response to COVID-19 **https://bit.ly/3kRV4va**

FINDINGS

What did Forum members do to mitigate the effects of Covid-19 on people and communities in Edinburgh?

The response of the ECHF member organisations to the Covid-19 pandemic has involved four pillars of support:

1. Emergency interventions to meet urgent need
2. Adaptation of existing services
3. Responsiveness of member organisations
4. A coherent and joined-up offer for communities

1. Emergency interventions to meet urgent need

Forum organisations have actively contributed to emergency response work throughout the pandemic. Organisations have made up and distributed food packages, hot meals, personal protective equipment (PPE) and other essential household products, while seeking safe and sustainable ways to support service users and other members of their communities who find themselves at risk in the COVID-19 pandemic.

Many of the people receiving support from Forum member organisations were those who did not fit into the government's formal shielding categories but needed support nonetheless. These supports cumulatively helped to tip the balance for people who were struggling. The phone calls, the activity packs, the hot meals all add up to help people stay positive and healthy through this difficult time.

2. Adaptation of existing services

Since mid-March 2020, when the escalation of the pandemic in the UK and the subsequent lockdown made it clear that continuing normal levels of in-person support was not an option, Forum members began finding ways to adapt their existing services to the new situation. Forum organisations made significant efforts to maintain contact with people who used their services and provide support in whatever way was most accessible even though the format of that support had to change to keep people safe during the pandemic.

Organisations were proactive in communicating with clients to help them better understand the situation; were responsive to clients' needs and queries; informed them of support available from their own and other services; and simply provided someone to talk to in a difficult time.

Adapting services and support was important so that Forum organisations could remain a steadfast source of support in a time of crisis. Keeping the links going, through check-in calls for example, were considered by some as "a lifeline". Additionally, the process of having to adapt services to fit the current context enabled organisations to think about and address potential clients' needs that were not necessarily apparent before, leading to greater inclusion in some specific cases.

3. Responsiveness of member organisations

Amongst Forum members, there was a widespread sense that community organisations are best placed to respond to the pandemic because they were deeply embedded in and trusted by their communities, and had the knowledge, connections and experience necessary to act quickly and flexibly even in the face of unprecedented circumstances.

Forum organisations were able to speedily access additional resources due to their trusted relationships with other member organisations. For example, several organisations have been collaborating on food distribution which has meant they have gained expertise in nutrition, and the logistics of cooking and delivering large quantities of food throughout the area. Capacity would have been much lower if any single organisation had worked alone.
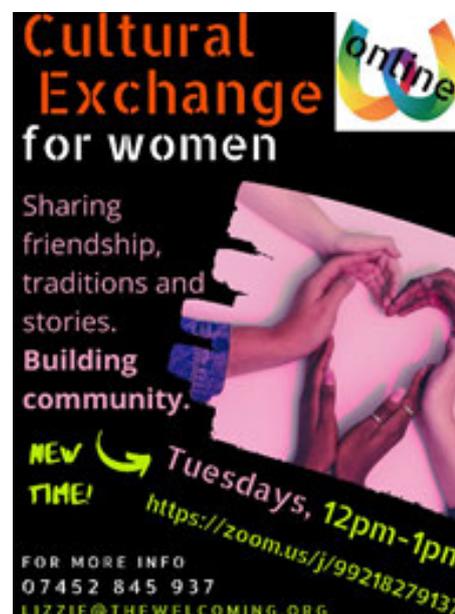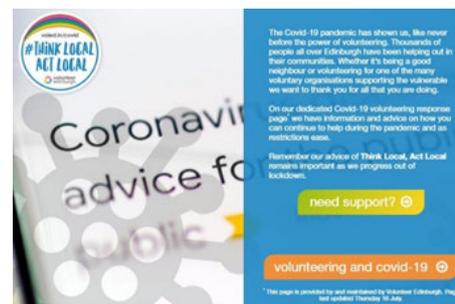
This responsiveness was also enabled by funding from the Scottish Government Supporting Communities Fund and Scottish Community Development Centre of c.£57,000, which the ECHF was able to secure as a community anchor organisation. These funds were distributed to 14 of the member organisations to support a rapid COVID-19 response, with light touch monitoring.

4. A coherent and joined-up offer for communities

Members reflected that one organisation alone would not have had the capacity to address the need for food, or mental health support, in local areas across Edinburgh. Collaboration during the crisis has improved understanding of the contribution, capacity and resources that different organisations bring. Forum members have been able to access additional resources, expertise and capacity. This has enabled members to respond quickly to local need and ensure they can adapt their programmes to best support people in need.

There are examples across Edinburgh of Forum members partnering with existing and new organisations to create networks that could respond to the needs of communities in an effective, timely manner. Forum members have led and contributed to working groups, which have focused on strategic planning to fill any gaps in service provision and share their capacity and resources with those who need it.

Joined up working can be an over-used phrase – in this case, it reflects the sharing of resources and capacity, active collaboration, shared coordination of crisis response – all of which have had a knock-on impact of deepening Forum members' relationships with one another, their trust and understanding and ability to address gaps in support and work together in the future.

Who benefitted from the Forum member organisations' support?

Forum members engaged with their communities through a mixture of outreach and responding to requests for support. Whilst online service provision created new opportunities for engagement that will be carried on in the future, there were some people who could not or preferred not to participate online. Forum members increased the kind and variety of their outreach, from mailing out postcards and self-care packs to phone calls and a pen-pal service.

Forum members worked with people who were shielding, as well many individuals who were at risk – but not categorised by the health service as needing to shield. Vulnerabilities for this community are many and varied – including poverty, mental ill-health, experience of trauma and abuse, social isolation and loneliness.

What difference has this support made to communities in Edinburgh?

Feeling supported in a time of crisis: The response of people involved in this work has been very positive. Qualitative feedback shows that overwhelmingly, those in receipt of services felt supported by the work of Forum members. Many people also reported feeling included and part of the community; however, some Forum members were aware of others who felt more isolated as services moved online. The value of working collectively was recognised by staff, volunteers and partners, who identified this collaboration as ultimately enabling them to meet the needs of the people they support.

Use of adapted services and new ways of accessing support: Practitioners found that the activity and social groups they offered online enabled people to foster and maintain social connections throughout lockdown. There were examples of community-building and the formation of informal peer support networks amongst people who may not have otherwise met. Feedback from Forum members also indicated that there was greater awareness amongst the people they supported of the services that they offered because of increased signposting and communications. The formation of new partnerships enabled Forum members to improve their knowledge of gaps in service provision and how, as a collective, they could respond.

What people did differently: Forum members shared many examples of people and communities they worked with being able to access essential support to sustain their health and wellbeing. One organisation saw a 300% increase in demand for some of their support services, whilst another had more than 200 engagements with their newly established online exercise sessions.

Improved partnership working amongst Forum members, to improve the offer to communities: There have been more opportunities for collaboration with partners and, largely, funders have enabled Forum members to be flexible and adaptive in their overall response. Improved collaboration enabled Forum members to provide a more joined-up response during the crisis. This involved sharing capacity across different organisations, swift referrals for emergency support such as food parcels, and learning from each other in terms of adaptation of services to ensure a coherent and responsive approach to meeting need.

Mitigation of health inequalities: Forum members reflected that their work was an integral contribution to reducing the negative impacts of the COVID-19 pandemic on individual wellbeing and broader health inequalities. One staff member suggested that because of their efforts they had "quite literally kept people alive." The variety of service offers and different ways of accessing support helped ensure that people and communities did not 'tip' into crisis as a result of the pandemic. The work of Forum members provided a mitigating shield to the loss of income, loss of personal connection, and mental ill-health which resulted from COVID-19 and the restrictions to movement, work and community engagement.

What enabled these changes to occur?

The findings and stories shared in this report show the incredibly valuable contribution of ECHF members to the COVID-19 response. The reports from Forum members show that they were able to act quickly and collaboratively to keep people safe, meet their most basic needs and to adapt their approach in order to sustain many of their long-standing services and supports. This report highlights the breadth of work carried out by these organisations, the agility and creativity with which they responded, and the important role they played in filling gaps in services so that they collectively offered a coherent and joined-up approach to the communities they serve.

Key factors stand out as enabling the effective response by ECHF member organisations:

- The strong relationships between the community health organisations and the communities they support.
- Their commitment to reaching everyone in their communities and making sure 'no-one fell through the cracks'.
- Their agility and creativity, supported by the trust and flexibility of their funders.
- The existing relationships between the Forum members and local partners that enabled them to collaborate effectively and rapidly.

CONCLUSIONS AND RECOMMENDATIONS

All the Forum members that contributed to this report have highlighted how much they have learnt through the process. Many organisations have developed new capacity, skills, relationships, and ways of working that they will retain through the pandemic and beyond. They have also deepened their understanding of and relationships with the people and communities they serve. It is vital that this learning is shared across the system and particularly with statutory partners to ensure planning for a COVID-19 recovery builds on the strengths of community health partners. Specifically, we would like to recommend the following:

1 Forum members continue to share their learning as they embed new ways of working and contribute to COVID-19 recovery, e.g. through a series of collective analysis workshops or other regular meetings.

2 Forum members use analysis of their contribution, as well as the context and issues affecting their communities, to identify gaps in service provision and opportunities for additional collaborations.

3 Forum leadership work with statutory partners to share the value of the Forum's contribution, learning about the strengths and challenges of service responses to Covid-19, and identify areas for improvement in services and referral pathways.

4 Forum leadership work with funders to share benefits and outcomes from flexible, responsive, funding to community health organisations.

5 Forum members share learning from this evaluation with partners and stakeholders to continue to galvanise leadership and shared learning about service adaptation, responsiveness, emergency support and a coherent, joined-up, offer to communities.

Background

Community organisations, such as the members of Edinburgh Community Health Forum (ECHF), have been at the forefront of the COVID-19 response[2]. From the start of the lockdown in March 2020, these organisations transformed their ways of working so they could continue to provide their services and supports at a distance, as well as respond to new issues and need.

Taking the time to learn from this exceptional period is critical to 'building back better'. Since May 2020, Matter of Focus and ECHF have been working together to capture the experiences and learning from Forum members as they responded to the COVID-19 pandemic. This research builds on the work the Forum and Matter of Focus have done together over the past two years to evaluate their contribution to people and communities.

This report shares the findings from this research and tells the story of how 15 member organisations of ECHF have responded to the COVID-19 pandemic. Taking an outcome focused approach, the report shares:

- the work that the organisations have done to support people through the pandemic and the contribution of this to mitigating the negative impact of COVID on individual health and wellbeing and health inequalities
- the strategic and partnership working the organisations have engaged in to ensure a joined-up response to COVID across the Edinburgh.

The following ECHF member organisations contributed to this report:

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[2] Corra Foundation, Insight briefing: Listening to communities and third sector groups https://bit.ly/31PiKsT and Scottish Community Alliance, Community response to COVID-19 https://bit.ly/3kRV4va

Approach to the research

The findings in this report are the result of research carried out between March and September 2020 by Matter of Focus and ECHF using the Matter of Focus approach. The Matter of Focus approach is a theory-based way of outcome monitoring and evaluation that builds on contribution analysis[3]. In using the approach, we have gone through a logical and structured process of:

- Conducting 12 interviews with Forum members and collecting three reflective impact logs to capture their experience of how their services had adapted to the new context of COVID-19. The interviews were carried out between June and July 2020.
- Developing a theory of change, expressed in two outcome maps, that shows how the work of the Forum members responding to the COVID-19 pandemic contributed to improved outcomes.
- Analysed the data in relation to these outcome maps, building a contribution story showing how the work that was carried out contributed to improved outcomes. This process was done in OutNav, the software system developed by Matter of Focus that supports organisations to take a collaborative and outcome focused approach to evaluation planning, implementation analysis and reporting.
- Testing and refining our contribution story, including through a collective analysis session with Forum members. During and after this session member organisations provided additional evidence and feedback, and these have been incorporated into the report.
- Drafting and agreeing the final report.

The findings from this work are presented in two sections:

Section A tells the story of the work organisations did to provide direct support to people and the contribution of this to mitigating health inequalities.

Section B explores their contribution to ensuring a joined-up COVID-19 response across the city.

The outcome maps summarising the ways in which the activities contributed to improved outcomes are presented at the start of each section. The Matter of Focus approach to outcome mapping is an interactive way of setting out a theory of change based on a framework expressed using six headings, which are used to structure the findings in this report:

What we do
Who with
How they feel
What they learn and gain
What they do differently
What difference does this make?

More information about outcome maps and the Matter of Focus approach can be found here: www.matter-of-focus.com/what-is-outcome-mapping.

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[3]Mayne, J. (2008) Contribution Analysis: An approach to exploring cause and effect. Methodological brief, ILAC, London. https://cgspace.cgiar.org/handle/10568/70124

Section A: outcome map
Supporting people experiencing health inequalities during COVID-19

What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference does this make?
Contribute to emergency response work	People experiencing health inequalities and their community	Supported	Social connections via an online community	People access the resources and support they need to sustain their health and wellbeing	The negative impacts of COVID-19 on individual wellbeing and broader health inequalities are reduced
Adaptation of existing services and supports		Included and part of the community	Practical and emotional support and resources		
Share information and resources online via the phone, email or post					

Section A: Findings

A.1   What we do

Forum members responded to the pandemic with a tremendous amount of work, as this longer section on activities reveals. The work of Forum members can be categorised in three important ways: (1) emergency responses to meet urgent need (2) adaptation of existing services and supports to continue to meet need, despite the restrictions due to Covid-19 (3) sharing information about resources and safety.

Contribute to emergency response work

Forum organisations have actively contributed to emergency response work throughout the pandemic. Organisations have made up and distributed food packages, hot meals, personal protective equipment (PPE) and other essential household products, while seeking safe and sustainable ways to support service users and other members of their communities who find themselves at risk in the COVID-19 pandemic.

Food distribution

At the start of the pandemic, getting food to those who needed it emerged as a clear priority. Even organisations who had not done so before worked with partners to address the urgent need for food among people shielding and those affected by the crisis in other ways - for example, families unable to afford food due to financial instability and the suspension of usual services.

Edinburgh Community Food operated a city-wide service to get food to those who needed it, delivering over 1,000 food boxes per week during lockdown. As a founding partner in the North Edinburgh COVID-19 Foodshare Group, alongside several other community organisations, Pilton Community Health Project helped deliver thousands of meals and food packages to communities in the north of the city.

With the help of newly recruited volunteers and partner organisations, The Health Agency supported food distribution, providing hundreds of meals, two days a week. They also worked with partners, including local primary schools, to provide lunches for children. Nearby, WHALE Arts adapted its community meals programme into a community takeaway and worked with other local partners to get food to those most in need.

Organisations not directly involved in the distribution of food also helped with these efforts by referring their own clients to appropriate local services. Examples include One Parent Families Scotland and The Junction.

Figure 1. Workers at WHALE Arts packing meals for distribution in the community.

Figure 2. Food boxes being packed and prepared for distribution at Edinburgh Community Food.

Shopping, household items and financial support

In addition to distributing food, organisations provided practical help such as organising volunteers or staff to go grocery shopping on behalf of people they supported, deliver household items and provide financial support to pay for necessities such as rent, fuel bills and phone top-ups. Examples of this are given below.

- The Health Agency made up care packages containing items such as nappies and period products.
- The Ripple helped families pay rent arrears, organised prescription pick-ups, and bought phones to help digitally isolated individuals stay in contact.
- Care for Carers organised food shopping for clients who couldn't go themselves, bought household items and supported clients to pay bills.
- Health All Round delivered urgent supplies such as walking aids, medication, and food packages that catered specifically to people's dietary requirements.
- Pilton Community Health Project's food team provided household items and phone top-ups in addition to food.
- One Parent Families Scotland had administered 14 fuel grants and 13 emergency grants at the time of their interview.

Distributing personal protective equipment (PPE)

Forum members assisted in the delivery of PPE to those who needed it but were unable to acquire it early on in lockdown. An example of this came from Care for Carers, an organisation whose service users needed PPE due to the nature of their roles caring for at-risk individuals. Care for Carers partnered with several organisations and a team of volunteers in a concerted effort to source and deliver PPE to the carers who needed it most. Another example is One Parent Families Scotland, which also delivered face masks to clients who needed them.

Emergency emotional and psychological support

Emergency response work can of course include emotional and psychological support. These examples to show this type of emergency support in action:

Health All Round employed a dedicated COVID-19 emergency support worker and a team of volunteers, who provided practical, psychological, and emotional support to clients, including referrals from other Health All Round services. They also employed a Polish language Link Worker who, throughout lockdown, was contacted by many people dealing with crises such as domestic violence, poverty, and homelessness.

Other organisations, including WHALE Arts and Pilton Community Health Project, actively reached out to clients, particularly those thought to be at risk, to check on their immediate wellbeing and offer support. This fed into other emergency response work as people's needs were identified and could begin to be addressed.

Figure 3. A check-in call service promotion from the Health Agency

Coordinating volunteers for emergency response work

Also worthy of recognition - though perhaps in a category of its own -is Volunteer Edinburgh, whose efforts in coordinating hundreds of volunteers and getting information out to many more about ways to volunteer safely and responsibly, were critical in allowing much of the emergency response work across the city to take place.

Adaptation of existing services and supports

Since mid-March 2020, when the escalation of the pandemic in the UK and the subsequent lockdown made it clear that continuing normal levels of in-person support was not an option, Forum members began finding ways to adapt their existing services to the new situation.

In some cases, adaptation involved online delivery of support, including online art workshops, exercise classes, coffee mornings, formal and informal one-to-one support, peer support groups, and various other services tailored to the groups with which the organisations worked, and those disproportionately affected by the pandemic.

For those who were not able to get online, Forum organisations also delivered services in other forms, such as making regular phone calls to check in with existing and former clients, and some limited in-person contact in cases where this was necessary and could be done safely.

Adaptation and outreach were core features of the work that Forum organisations undertook. Some examples of the types of support provided are included below.

Delivery of online workshops

Health All Round, Edinburgh & Lothians Greenspace Trust and Libertus Services were all involved in delivering online exercise classes, which happened regularly and catered to people with a mix of abilities. Care for Carers held weekly yoga and relaxation sessions over Zoom.

The Health Agency provided online group work for people struggling with anxiety and social isolation; courses included anxiety management, self-care, and peer support. One Parent Families Scotland ran two groups per week online for mental health and wellbeing, as well as groups for fathers and kids. Pilton Community Health Project delivered several online sessions on food and mindfulness.

Some workshops were arranged in direct response to what people told organisations they needed. For example, in speaking with the people they supported, staff at LGBT Health & Wellbeing found there was some nervousness among people who were pregnant, and so the team arranged an event with a midwife online to support people and offer them advice and guidance during this time. The team also adapted drop-in language and cultural cafes to run them online, aimed at anyone in Edinburgh whose first language was not English and who wanted to meet others in the community.

Several online programmes have incorporated physical materials that were distributed to clients. A good example is Edinburgh Community Food's Discover Programme, which saw the delivery of recipe packs to families across Edinburgh in conjunction with a cooking programme delivered online. Health All Round participated in the Gorgie Dalry Home Grown Project which saw fifty grow-your-own kits delivered to local people, supported by online tutorials and interactive chats. Libertus Services also distributed packs to allow their clients to take part in exercise.

Figure 4. An online exercise group from Edinburgh & Lothians Greenspace Trust.

Figure 5. A digital drop-in for young people from The Junction.

Figure 6. LGBT Health & Wellbeing advertises its helpline's extended hours during lockdown.

Figure 7. A regular online yoga class from Care for Carers

One-to-one support

Many organisations continued their existing one-to-one support via online methods. For example, The Ripple maintained its buddy services, One Parent Families Scotland continued to offer one-to-one support for single parents, and The Health Agency provided online counselling, CBT, NLP, cancer support services and check-in calls and texts. Pilton Community Health Project continued to provide counselling remotely, as well as continuing its personalised one-to-one support for women and BAME communities through the Women Supporting Women and Living in Harmony projects, respectively. These adaptations were crucial in providing ongoing support to clients, as most organisations had to suspend their in-person group work offerings during lockdown.

Support for people not able to get online

Several organisations made a concerted effort to reach people who were not able to access online support. For example, the Heads Up project run by Health All Round had three telephone helplines which offered support to people experiencing anxiety and low mood, and five people were being regularly supported by their CBT therapist. LGBT Health & Wellbeing offered a telephone befriending service to older people to check regularly on how they were doing, especially those who were likely to be struggling. Libertus Services and Pilton Community Health Project both offered check-in calls and regular telephone support to those who couldn't get online.

Although the ways in which support was delivered had to change to keep people safe during the pandemic, all the organisations interviewed made significant efforts to maintain contact with people who used their services and provide support in whatever way was most accessible through this time.

Informal social events

Numerous informal social events were held to ensure people could continue to socialise with others and have a space to meet and relax. A number of organisations, such as Libertus Services, created regularly occurring informal spaces for the people they supported to meet and chat online. Health All Round held an online coffee and catch-up session weekly; and LGBT Health & Wellbeing volunteers ran weekly quiz nights, which were well attended and were described as a place for people to meet and socialise in a safe way. See Figures 4-10 for some examples of promotional materials for informal events.

Figure 8. A group run by Health All Round.

Figure 9. An online group from The Welcoming.

Figure 10. An online lunch club from The Welcoming.

Share information and resources online via the phone, email or post

As well as delivering activities online and in ways tailored to the person, Forum organisations were involved in sharing information and resources. This included advice for remaining safe during the pandemic, information about various sources of support people could access, and practical resources to allow people to take part in various activities at home. Some examples of the different resources shared are given below.

Newsletters

To get information to people who were not digitally connected, Care for Carers disseminated monthly newsletters, which were received very positively. LGBT Health & Wellbeing increased the circulation of its 'Virtual Hug' eBulletin to go out fortnightly, and offered paper copies to cater for those without access to the internet. Libertus Services also circulated paper newsletters.

Kits and activity packs

The Junction sent out self-care kits containing practical resources such as toiletries and art supplies. WHALE Arts created art packs and wellbeing packs to send to people via post so they could take part in art activities at home. LGBT Health & Wellbeing was unable to run its usual Rainbow Families events, instead the team put together activity packs, which included crayons and colouring-in sheets. As part of its Discover programme for families, Edinburgh Community Food delivered specialised recipe boxes to families, alongside online resources to help them prepare the contents and learn about nutrition.
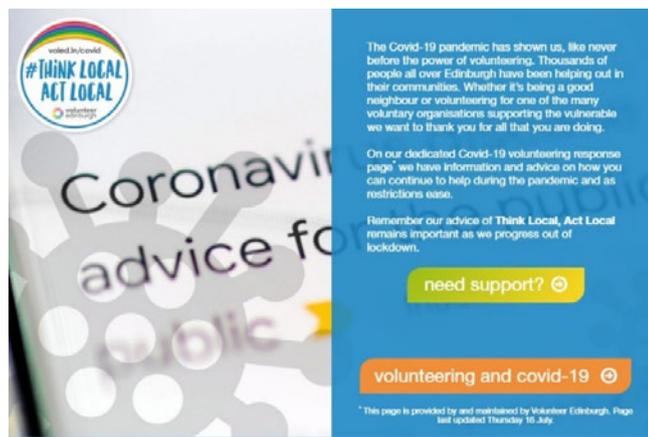
Figure 11. Art packs distributed by WHALE Arts.

Figure 12. A hub page for COVID-19 volunteering advice on the Volunteer Edinburgh website.

Examples of outreach across Forum members

- The Ripple sent out postcards to current and former volunteers as an alternative way of checking in.
- The Health Agency shared information on its Facebook page and website. It also provided free training to other organisations on working with suicidal risk.
- Pilton Community Health Project created and shared numerous materials online, as well as printing and distributing paper resources including: 5000 copies of an information sheet about the support offered by the North Edinburgh COVID-19 Foodshare Group, an information sheet advertising PCHP's remote counselling service, and 1500 copies of a booklet listing mental health and wellbeing services operating in North Edinburgh along with online and offline contact information.
- One Parent Families Scotland launched a new website just weeks before lockdown, which proved to be a great resource to direct people to for up to date, trusted information.
- Volunteer Edinburgh worked with newly formed volunteer groups to provide guidance and advice around active citizenship. For example, they developed an extensive messaging campaign around "Think Local, Act Local" that provided guidance on how to be a helpful neighbour and how to receive help safely within communities.
- Libertus Services shared many types of information and resources, including self-care resources and kits, and letters from volunteers as part of a pen pal service.
- Edinburgh Community Food worked with other organisations to distribute leaflets about their services via food boxes. It also distributed 'Stop the Scammers' information to older people.

A.2   Who with

People experiencing health inequalities and their community

The widespread inability to provide face-to-face support caused changes to engagement in various ways. For some Forum members, there was a decrease in regular engagement, whereas other organisations reported sustained or even increased engagement, as people sought out support for problems arising during lockdown, and some people with access to technology were more able or willing to take part in online activities. Certain methods of engagement had to be put on hold for people experiencing health inequalities, and this affected the digitally isolated (people without the access, equipment, or knowledge to use technology to connect) the most.

Many of the people receiving support from Forum member organisations were those who did not fit into the formal shielding categories but needed support nonetheless. One staff member reflected that in

What we do

Who with

terms of engagement, they saw their organisation as a "*filler-in*", supporting people who fell into gaps between other service providers; for example, people who were homeless but not officially recognised as such, or those in unofficial caring roles. They also had to support people who would receive council or government support eventually but needed help in the meantime.

In specific instances, engagement with the various Forum organisations was not limited to individuals experiencing health inequalities but involved the wider community. This is perhaps a reflection of the social model of health that many Forum members subscribe to, which views the wellbeing and connectedness of an entire community as an essential contributory factor in individual health.

Forum members suggest that community health organisations were well-positioned to respond quickly to the pandemic because of their local knowledge of communities, and trust with local leaders, people and groups.

A.3 How they feel

Supported

Although relatively little evidence of people's reactions had been collected formally at the time of writing, many of the staff members interviewed reported receiving highly positive informal feedback from the people they supported. People spoke about the practical support provided by health organisations as being a "*lifeline*" during a difficult time. People experiencing health inequalities were also able to support each other online.

Whilst the types of support offered by the different Forum members were not uniform, the evidence collected indicates that overall, people experiencing health inequalities felt supported by the organisations they engaged with.

Supported by emergency response work

The contribution to emergency response work from organisations is perhaps the most obvious example of supporting clients, as these organisations helped people meet their basic needs.

Feedback from clients suggests they felt supported and appreciative of the efforts of health organisations. Recipients of food parcels from Edinburgh Community Food, The Health Agency and Pilton Community Health Project all gave highly positive informal feedback, expressing gratitude and relief at being able to feed themselves and their families safely.

Supported by human connections

Clients also felt supported by the human connections they were able to maintain with staff and other community members. Organisations were proactive in communicating with clients to help them better understand the situation; were responsive to clients' needs and queries; informed them of support available from their own and other services; as well as simply being someone to talk to in a difficult time.

I received my fruit and vegetables delivery this morning, with Take and Make bags. I was overwhelmed to find the wee extras in there of coffee and tins too! Thank you so, so much. I was told about your organisation by my Support, as I have been unable to get out to the shops since Lockdown, so I've had very little fresh food. I just wanted to say thank you for all you're doing at this time. I was so overwhelmed by it all, I cried! (But in a good way, as it's just so lovely, all the care that you're giving!) Thank you once again.

Figure 13. A testimonial from someone supported by Edinburgh Community Food.

Care for Carers reported a lot of feedback from clients feeling supported and appreciative of the organisation being there for them, particularly its responsiveness and quick replies to inquiries when other services were unavailable or slow to respond. Clients of The Health Agency expressed their appreciation for having someone to talk to, and described the check-in calls they received as "*a lifeline*". Staff of One Parent Families Scotland related how people are not only happy to receive food, but also to have a bit of human connection, even just online or with someone at their front gate.

Included and part of the community

In the context of lockdown and widespread isolation, ECHF members were able to provide safe spaces where people could feel included and part of a community, mostly online.

While digital isolation was an issue for many people, especially in the early months of lockdown, there were some unexpected upsides to moving services online. In some cases, not having to physically leave their homes and go to an unfamiliar space allowed people to take part in activities they otherwise would not have tried, enabling them to feel more included and part of a community than they had felt prior to lockdown. Additionally, the process of having to adapt services to fit the current context enabled organisations to think about and address potential clients' needs that were not necessarily apparent before, leading to greater inclusion in some specific cases.

One example came from a client of Care for Carers' online exercise classes, who reported that they felt more able to engage with this service in its online format as they were able to attend without being seen, which in turn made them feel more confident. The Health Agency received similar comments through its social media channels and achieved a much higher turnout at online exercise classes than would have been possible in person. Carr Gomm also received positive feedback, with people saying they had learned new skills, had new experiences, met new people, and felt less isolated.

Conversely, organisations reflected that clients had been in touch to say how much they missed in-person services and how much they were looking forward to them returning. One client of Health All Round wrote them an email stating "*Tuesdays used to be my favourite day, now they're the day I cry*". This demonstrates the challenge inherent in recreating a sense of connection in an online space.

More positively, it also shows that the communities that formed around these in-person services continue to exist even while the services themselves are suspended, and that the organisations still have an important role to play in their communities, as familiar and trusted places to which people turn in times of need or distress. Even the limited and socially distanced in-person interactions provided by food deliveries have been warmly and gratefully received, according to numerous reports from various organisations; users of the WHALE Arts community takeaway, for example, have commented that the social connection it provides is as valuable as the food itself.

Additionally, through the online services that some organisations have provided, clients have been forming connections with each other independent of the service. WhatsApp groups, mutual aid and informal peer support networks have developed as a result of the connections that people using these services made.

A.4 What they learn and gain

Social connections via an online community

Inevitably, it has been difficult to fully recreate the social connections made during in-person events such as the Care for Carers short breaks programme, in an online space. However, virtual activities and groups have provided some degree of social connection, which can be an important source of support to people who are isolated.

Exercise classes, support groups and social activities have been delivered online and enabled people to connect. One specific example from Edinburgh & Lothians Greenspace Trust saw new friendships develop during an informal weekly catch-up, and people began to communicate outside the context of the service. Similarly, Pilton Community Health Project and One Parent Families Scotland both reported that clients exchanged telephone numbers with each other, leading to the formation of WhatsApp groups and informal peer support networks. Staff at Carr Gomm also reflected that their activities had brought people together and created better social connections and wider networks for individuals and groups to access.

Additionally, organisations such as The Ripple, Pilton Community Health Project and WHALE Arts provided equipment and financial support to help their clients access the internet, which enabled them to maintain social connections with groups and individual friends.

In this sense, people now have the opportunity to interact with people they previously may not have spoken to, expanding their opportunities for social interactions and hopefully enhancing their mental health and wellbeing.

Awareness and access to practical and emotional support and resources

Practical support and resources were a major focus throughout the lockdown, as many people had urgent needs - including food, household items and PPE, that had to be addressed immediately, and which statutory services had something of a delayed response to. Although statutory services became more responsive later in lockdown, the need for the third sector to fill in gaps in provision persisted, as evidenced by the fact that many people continued to access the practical support they offered.

Emotional support has also been recognised as important, given the unusual and turbulent circumstances around lockdown, and how these exacerbated certain problems such as loneliness, stress and domestic violence. While increases in demand for this support were not uniform across all services, some saw an influx of new and returning clients, while others retained a steady client-base with, in some cases, demand for increased levels of support for existing clients. The Health Agency, for example, provided 57 hours of one-to-one support per week, in addition to check-in calls and multiple online groups.

Many organisations reported that the same people needed to make use of a variety of their support services, both practical and emotional. In acknowledgement of this, it was common to include information on, for example, emotional support, within the food packages distributed to community members. This allowed people to learn about and access these services who had not done so before.

A.5 What they do differently

People access the resources and support they need to sustain their health and wellbeing
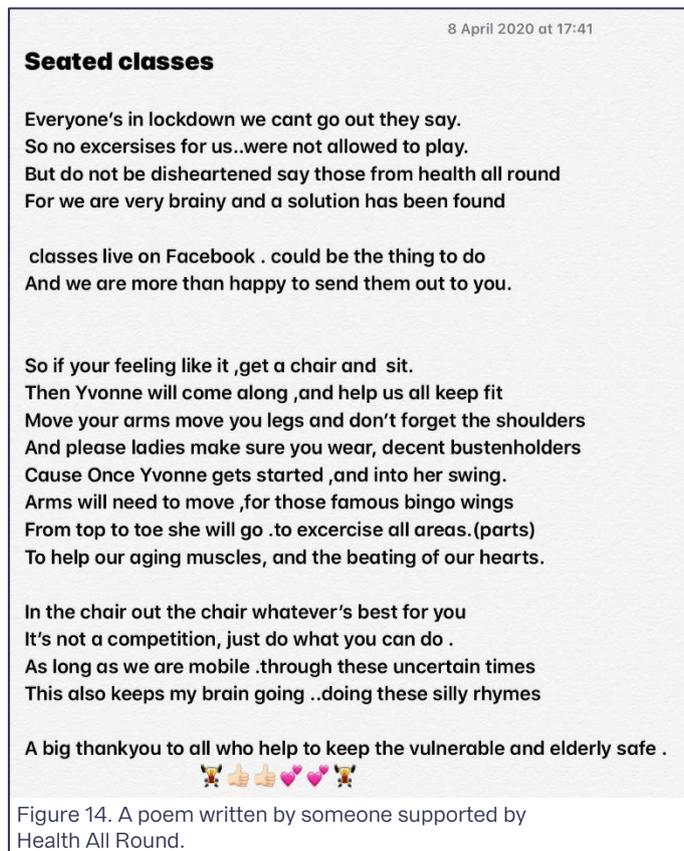
Levels of engagement with support varied throughout lockdown, but overall Forum organisations reported continuous and at times increased engagement, with a general upward trend as lockdown progressed.

For example, staff at Care for Carers and One Parent Families Scotland observed an increased demand for long and in-depth one-to-one conversations with support workers, partly stemming from feelings of isolation and anxiety during lockdown. The Health Agency saw more than 200 engagements with its online exercise sessions, while the newly formed women's online support group at Pilton Community Health Project grew into an active community of more than 50 members. Many Forum members contacted with their service users regularly via phone, text or email, enabling them to make sure they were continuing to take care of themselves through their everyday lives in lockdown and were able to access any additional support they needed.

Projects also regularly referred clients to sources of support beyond their own organisations, including other health charities and social welfare.

Much of the practical support provided by Forum organisations during the pandemic centred on allowing individuals at high risk from COVID-19 to remain in the relative safety of their homes and avoid exposing themselves to unnecessary risk. Deliveries of hot meals, food packs and household supplies helped reduce trips to the supermarket and other potentially risky locations, while the distribution of PPE to unpaid carers made a direct and significant contribution to keeping people safe, by reducing the risk of the virus spreading among carers and those being cared for, many of whom had underlying health conditions.

Forum members supported people to take care of their health in other ways, such as the online exercise groups run by Care for Carers, healthy eating tips from Edinburgh Community Food and Pilton Community Health Project, and

8 April 2020 at 17:41

Seated classes

Everyone's in lockdown we cant go out they say.
So no excersises for us..were not allowed to play.
But do not be disheartened say those from health all round
For we are very brainy and a solution has been found

 classes live on Facebook . could be the thing to do
And we are more than happy to send them out to you.

So if your feeling like it ,get a chair and sit.
Then Yvonne will come along ,and help us all keep fit
Move your arms move you legs and don't forget the shoulders
And please ladies make sure you wear, decent bustenholders
Cause Once Yvonne gets started ,and into her swing.
Arms will need to move ,for those famous bingo wings
From top to toe she will go .to excercise all areas.(parts)
To help our aging muscles, and the beating of our hearts.

In the chair out the chair whatever's best for you
It's not a competition, just do what you can do .
As long as we are mobile .through these uncertain times
This also keeps my brain going ..doing these silly rhymes

A big thankyou to all who help to keep the vulnerable and elderly safe .
🏋️👍👍💕💕🏋️

Figure 14. A poem written by someone supported by Health All Round.

mental health and wellbeing support from projects such as Health All Round, The Health Agency and One Parent Families Scotland. The Junction and Care for Carers both reported cases of some individuals being more willing to participate in online support than in-person support, suggesting the online setting was more than just a substitute for a physical meeting space, and may be worth considering as an ongoing option even after lockdown ends.

A.6   What difference does this make?

The negative impacts of COVID-19 on individual wellbeing and broader health inequalities are reduced

It is difficult to make definitive claims about the scale of the impact the ECHF member organisations have had, as the pandemic created an unprecedented and unpredictable situation. There is no way of knowing for certain how things would have been different if not for the efforts documented here. The many different types of support provided by these organisations must be taken into account when considering their impact.

For example, staff at WHALE Arts described their role as a matter not of one service single-handedly negating the effects of the pandemic, but of various supports cumulatively helping to tip the balance for people who were struggling - the phone calls, the activity packs, the hot meals and much more all adding up to help people stay positive and healthy through a deeply difficult time.

Given what has been reported under previous headings, and the sheer number of people provided for by these services, it seems inevitable that without the ECHF member organisations providing support to already at-risk communities through this crisis, the situation would have taken a significantly greater toll on people's health and wellbeing, and perhaps cost even more lives.

The impact of emergency response work

This assessment echoes a sentiment that came up repeatedly during interviews with Forum members. One staff member said their services had "*quite literally kept people alive*"; another said they believed that "*without the third sector, this would have been an absolute catastrophe*". Left without support, especially in the early days of the lockdown when statutory support services were still in the process of adapting their offer, many people would have had no food, no money to pay their bills, and no way to get these things without putting themselves at great risk. These risks were particularly acute in the case of the already at-risk groups many health organisations work with, such as those living in poverty.

The impact of keeping people connected

Beyond the immediate and practical response to the crisis, the ECHF member organisations also helped to keep communities connected. From peer support to group activities, people were able to connect online, both keeping in touch with people they already knew, and forming new friendships. The isolation brought about by lockdown was recognised early on as a serious threat to people's mental health and wellbeing. While these organisations faced challenges in bringing their services into an online environment, there was a strong sense that digital connection was better for people than no connection at all. In this spirit, many of those without internet access were contacted via other means or given support to get online, allowing them to access support and resources that would have otherwise been inaccessible.

Feedback from individuals, communities and organisations

While methodically gathering feedback from clients was not a priority for many organisations in the face of this crisis, the informal feedback has been overwhelmingly positive - for example, individual reactions to receiving food packages or check-in phone calls, and the collective engagement with peer support and group activities.

Staff and volunteer reflections also suggest these efforts were vital in helping to mitigate the worst effects of the COVID-19 outbreak on those most at risk. There was a widespread sense that community health organisations were best placed to respond locally to the pandemic because they were deeply embedded in and trusted by their communities, and had the knowledge, connections and experience necessary to act quickly and flexibly even in the face of unprecedented circumstances. Ongoing efforts to sustain these services, and support them to adapt their work to the changing needs of their communities, will no doubt continue to be necessary even as lockdown eases.

Figure 15. Care for Carers services provided from March to July 2020.
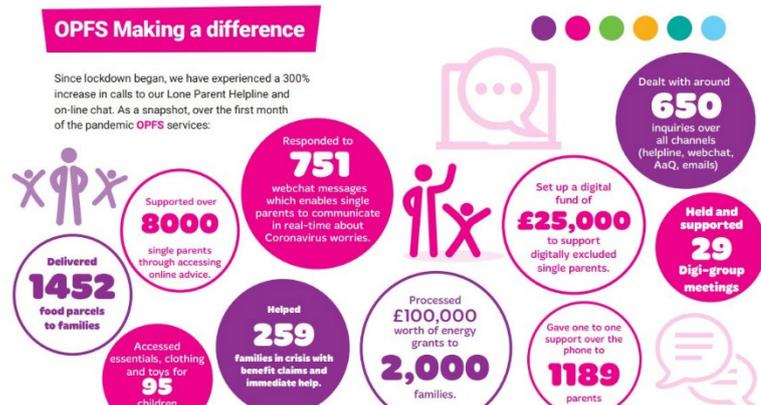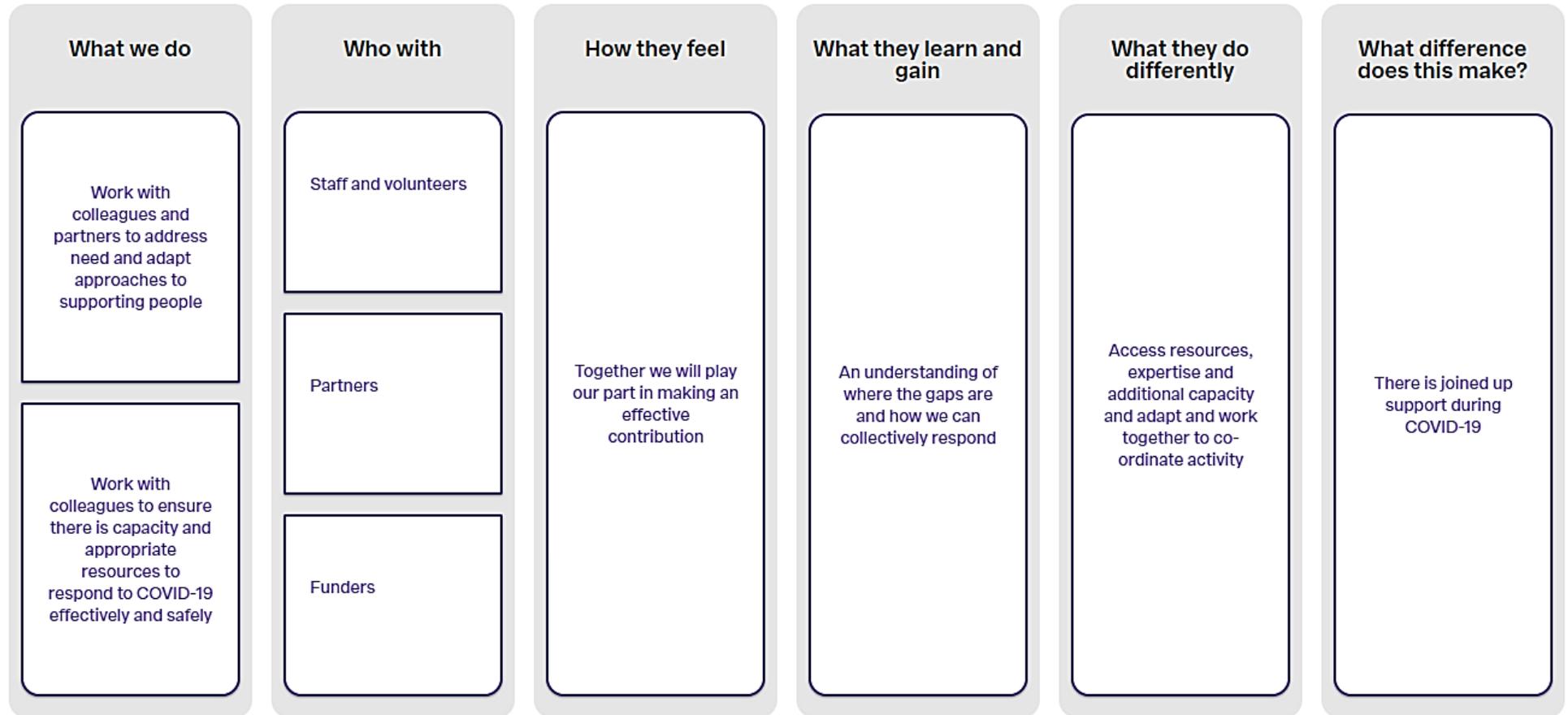

Figure 16. One Parent Families Scotland contribution to emergency response work as well as their other activities, over the first month of lockdown (Scotland-wide).

What difference does this make?

Section B: outcome map
Partnership and strategic working during COVID-19

What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference does this make?
Work with colleagues and partners to address need and adapt approaches to supporting people	Staff and volunteers	Together we will play our part in making an effective contribution	An understanding of where the gaps are and how we can collectively respond	Access resources, expertise and additional capacity and adapt and work together to co-ordinate activity	There is joined up support during COVID-19
Work with colleagues to ensure there is capacity and appropriate resources to respond to COVID-19 effectively and safely	Partners				
	Funders				

Section B: Findings

B.1   What we do

Work with colleagues and partners to address need and adapt approaches to supporting people

Since the start of the pandemic, Forum members have worked with colleagues and partners to address need within their communities and adapt approaches to supporting people experiencing health inequalities. This has built upon the work of the Forum over the last few years, in creating and developing the conditions for strong partnership working. The Forum has provided support for organisations to build their capacity and leadership and there is evidence that these partnerships have continued and, in some cases, flourished over the past six months. Highlighted below are a handful of the many examples of partnership working among Forum members during the pandemic.

- GoBeyond was formed as a network of people and organisations across South West Edinburgh to coordinate a collaborative and collective leadership response to the COVID-19 crisis. As part of the GoBeyond group, WHALE Arts have collaborated with a number of organisations to develop an interactive Food Map which provides details and locations of ongoing food provision in South West Edinburgh.
- Care for Carers linked up with organisations including Feniks, EVOC and Volunteer Edinburgh, that helped the organisation to find and recruit volunteers that could make and deliver face masks to the people they support across Edinburgh.
- The Health Agency was the first community anchor organisation in Scotland to receive COVID-19 related funding. As such, they have worked with multiple partners across the South-West in delivering their adapted services.
- Edinburgh & Lothians Greenspace Trust have developed an innovative roadshow in partnership with organisations that have been delivering food, which has enabled them to engage with socially isolated people, where they offer doorstep dancing and exercise.
- Pilton Community Health Project's food team has been at the forefront of efforts to address urgent community needs. They teamed up with a collective of local organisations to form the North Edinburgh COVID-19 Foodshare Group, which has produced and delivered thousands of meals and food parcels to at-risk individuals and families in the community.
- The Ripple has worked with FareShare and Cyrenians to set up and run a community pantry.
- In partnership with a software company, Volunteer Edinburgh has developed an online hub to convene community task force support. Through this partnership, they were able to move quickly into deploying many people to complete task force work while many others were being processed. They have also been partnering with NHS Lothian to provide volunteer capacity where needed.

Figure 17. A flyer for the Covid-19 Food share Group which has distributed thousands of food parcels in North Edinburgh
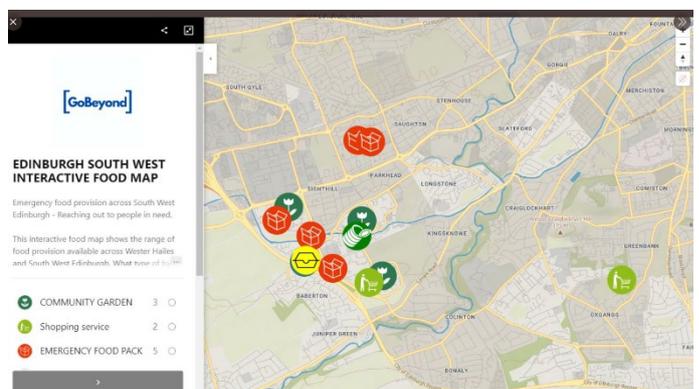

Figure 18. GoBeyond interactive food map

Work with colleagues to ensure there is capacity and appropriate resources to respond to COVID-19 effectively and safely

There are examples across Edinburgh of Forum members partnering with existing and new organisations to create networks that could respond to the needs of communities in an effective, timely manner. Forum members have led and contributed to working groups that have focused on strategic planning to fill any gaps in service provision and share their capacity and resources with those who need it.

Part of the challenge acknowledged over the period was funding. Many existing funders showed understanding and leniency in changes of project scope. However, additional funding was required quickly to aid new community needs identified specifically related to COVID-19, for example, for those shielding, the recently unemployed seeking services for the first time or anxiety in the BAME community who, evidence suggests, were disproportionately affected by the virus.

There was a frantic period when leaders were trying to get on top of changing demands to services whilst also mitigating staff and volunteer absence, alongside implementing a new way of working. ECHF worked as a Community Anchor organisation to obtain funding through the Scottish Government Supporting Communities Fund and Scottish Community Development Centre of c.£57,000. This was distributed to 14 of the member organisations to support a rapid COVID-19 response, with light touch monitoring.

Projects funded in this way included the services detailed in Section A, such as food work, emergency family packs, online exercise and mindfulness classes, online coaching, online and phone counselling and befriending, hard copy leaflets and newsletters. The funding also supported the purchase of necessary supplies for remote working, such as laptops, tablets, mobile phones, SIMs, software subscription and licensing; but also included printing, food, and other emergency supplies like toiletries.

Alongside the additional resources, Forum members reported being able to move at a fast pace to ensure both staff and volunteers were enabled to work from home. Organisations had to quickly adapt to online working, becoming proficient in using various tools such as video conferencing and online communication platforms. Members created guides for various online tools and adapted their workflows to fit around online platforms and, in some cases, they shared this learning more widely.

Figure 19. Food boxes being packed and prepared for distribution at Edinburgh Community Food.

B.2 Who with

Staff and volunteers

Existing staff and volunteers have shown resilience and dedication to their work through continuing to support people experiencing health inequalities under these new and difficult circumstances.

Volunteer Edinburgh has received an overwhelming number of new volunteer applications over the course of the pandemic. The organisation is ensuring new recruits understand that their support may not be needed right away and to think of their engagement as *"a marathon rather than a sprint"*.

In some instances, people have been unable to participate in more practical work-based activities due to existing health conditions or being over 70, but Forum members have described new volunteers being recruited to fill any gaps. Volunteer Edinburgh has also been able to support other organisations in recruiting suitable volunteers for emergency response work. Organisations have also reported receiving additional volunteer capacity to help with food and meal distribution efforts. This additional volunteer engagement has been reported by a number of organisations and has been seen as hugely positive across the board.

Partners

Traditionally, Forum members engage with various partners when delivering programmes to support people experiencing health inequalities. The Edinburgh Community Health Forum creates space for partnership working to emerge and flourish. Through ensuring partners feel trusted and equal, ECHF provides a platform for members to build new relationships and collaborate rather than compete. Members have been able to continue to engage positively with partners during the pandemic.

Organisations reflected that the adapted programmes they have been able to deliver are possible because of pre-existing relationships and connections with other partners prior to lockdown. For example, the GoBeyond network and North Edinburgh COVID-19 Food Share Group, have been formed by numerous local organisations coming together to share capacity and learning and raise awareness in their networks. These networks have helped to deliver thousands of meals to people in the community, as well as distributing information on other support services.

Funders

Engagement with funders during this time has been positive among Forum organisations. Some members reported being given respite from funders who have acknowledged the need to adapt programmes to meet community need during such an unprecedented time.

There has also been acknowledgement about the reality of the situation and the need to re-evaluate some targets within the context of COVID-19. High-level and long-term outcomes around improving people's mental health and wellbeing were put on hold while organisations focused on keeping people safe and well in the short-term. Among Forum members, applications were made to several short-term funding schemes to help address urgent community needs during the lockdown. Organisations mentioned that this has helped them to stay responsive and flexible.

B.3   How they feel

Together we will play our part in making an effective contribution

Forum members have been very positive about their experiences working with new and existing partners, to deliver essential services. Members reflected that one organisation alone would not have had the capacity to address the need for food or mental health support in local areas across Edinburgh. Therefore, members are very positive about what they have been able to achieve as a collective.

Figure 20. Forum members' reflections on planning and delivering services during the pandemic.

Some members reflected on the importance of working in tandem with the statutory sector, as the third sector has proven to be a valuable partner in the crisis situation. Organisations have practically adapted their services and worked strategically, ensuring there is capacity and resources where needed.

Looking forward, there are concerns about whether such funding will continue, to help deal with the longer-term impacts of the pandemic. Funders' attention has, understandably, turned to crisis funding but there is uncertainty about what funding will be available in future, and how long the lag time will be before this becomes available again. Some organisations mentioned pressure to get back to 'status quo' which was reported as 'unnerving' as it suggests some funders may not appreciate how gradual the transition back to normality will have to be.

B.4   What they learn and gain

An understanding of where the gaps are and how we can collectively respond

Forum members have been able to learn about and respond quickly to gaps in service provision in their areas through open communication and strategic planning with their partners. The creation of multi-organisational working groups across Edinburgh has allowed members to collaborate on service delivery and share resources in the places where it was most needed. Alongside this, the adoption of digital tools and online working has also enabled members to engage more frequently with their colleagues and partners. This has led to more people attending virtual meetings with a better understanding of the

support being offered by different organisations across the city and a collective understanding of where the gaps are.

Members also reflected on the benefits of using digital services in response to social distancing measures put in place. For example, an online support group on Facebook, created over the last few months by a Forum organisation, has been particularly successful and has seen sustained engagement. The organisation reported that because of this, it may be carried forward into the team's strategy after lockdown ends.

Several members mentioned that they may offer remote counselling beyond the end of lockdown, now that the systems, policy and knowledge are in place. For example, one member reflected that in some cases people can be helped in a less formal way than face-to-face counselling, using more of a social model, which seems to be working well.

It is important to note that community need is continuously changing as the pandemic progresses. Organisations know they cannot become complacent with what has been achieved to date, as new gaps may emerge, and the third sector responses will need to continually learn and adapt as things evolve.

B.5   What they do differently

Access resources, expertise and additional capacity, and adapt and work together to co-ordinate activity

Through additional short-term funding, partnership working and collaboration, Forum members have been able to access additional resources, expertise and capacity. This has enabled members to respond quickly to local need and ensure they can adapt their programmes to best support people in need. There are examples of volunteers being redeployed to work with organisations who need them most and of increased referrals between Forum members, showing that the expertise of Forum members is recognised for the trusted support they can offer.

Many organisations mentioned the speed at which they were able to access additional resources due to their trusted relationships with other organisations. Several organisations have been collaborating on food distribution which has meant they have gained expertise in nutrition, and the logistics of cooking and delivering large quantities of food throughout the area. Capacity would have been much lower if any single organisation had worked alone.

Organisations have also accessed additional capacity in their mental health support through working with other mental health and wellbeing services. One organisation said their partnership work allowed for the creation of a booklet listing local support services and its distribution to various groups. A joint application for short-term funding was also made successfully, securing funding for the work of several local organisations.

There are also examples of increased coordination of activity during the pandemic. Forum members mentioned new working partnerships, networks, and locality operational groups, including council and third sector staff. These allowed for crucial communication and information sharing.

In some cases, this method of collective engagement across localities was only formed recently in response to the pandemic and the need for local coordination of services, such as the GoBeyond group in South West Edinburgh. However, the group hopes to continue this collaboration once the pandemic has passed and hopes it will improve the way organisations collaborate moving forward:

> *"We think that working in this way will revolutionise meetings,*
> *such as the Voluntary Sector Forum. We are working in a dynamic,*
> *responsive way — in a way we never have managed to before."*
> (Forum member)

What they learn and gain

What they do differently

Online meetings held by partners and networks, such as the Edinburgh Community Health Forum, have allowed all organisations taking part to gain a better understanding of what support is being delivered throughout the city and where gaps need to be filled. This has helped to minimise the duplication of services which has been especially important for the emergency response work. Increased information sharing around coordination has also given members a better understanding of which organisations are best placed to tackle specific issues.

B.6   What difference does this make?

There is joined up support during COVID-19

'Joined up' working can be an over-used phrase – in this case, it reflects the sharing of resources and capacity, active collaboration, shared coordination of crisis response, all of which have had a knock-on impact of deepening Forum members' relationships with one another, their trust and understanding, and ability to address gaps in support and work together in the future.

Throughout this report there are clear examples of joined-up support being offered to people experiencing health inequalities. The pandemic required organisations to adapt quickly to continue supporting people and often this was led by the third sector due to their local expertise and ability to respond at pace. On several occasions, Forum members reflected that these partnerships addressed important gaps in the provision of support by statutory organisations.

Forum members communicated openly and effectively about local need and deployed their services, capacity and resources collaboratively to best support local areas. The new and existing partnerships evidenced throughout the report have successfully delivered joined-up support throughout Edinburgh during the COVID-19 pandemic.

Conclusions and recommendations

The findings and stories shared in this report show the incredibly valuable contribution of Edinburgh Community Health Forum members to the COVID-19 response. The reports from Forum members show that they were able to act quickly and collaboratively to keep people safe and meet their most basic needs, and to sustain many of their long-standing services and supports. The report highlights the breadth of work carried out by these organisations, the agility and creativity with which they responded and the important role they played in filling gaps in services.

A key strength of the work captured in this report is the effective engagement with so many vulnerable people in local communities and the range of strategies that organisations used to ensure that *"no-one fell through the cracks."* Whilst organisations quickly adopted digital ways of working for their own staff and to deliver services, they recognised the limitations of online ways of working to engage everyone and actively sought alternatives.

Where member organisations did have feedback from the people and communities they work with, it showed that they valued this support and were able to sustain their health and wellbeing despite the challenges of COVID-19 and lockdown.

Finally, this process has highlighted the effectiveness with which the organisations worked together to develop a co-ordinated response to COVID-19.

Key factors stand out as enabling this effective response by ECHF member organisations:

- The strong relationships between the community health organisations and the communities they support.
- Their commitment to reaching everyone in their communities and making sure 'no-one fell through the cracks'.
- Their agility and creativity, supported by the trust and flexibility of their funders.
- The existing relationships between the Forum members and local partners that enabled them to collaborate effectively and rapidly.

All the Forum members that contributed to this report have highlighted how much they have learnt through the process. Many organisations have developed new capacity, skills, relationships and ways of working that they will retain through the pandemic and beyond. They have also deepened their understanding of and relationships with the people and communities they serve. It is vital that this learning is shared across the system and particularly with statutory partners to ensure planning for a COVID-19 recovery builds on the strengths of community health partners.

Recommendations

1. Forum members continue to share their learning as they embed new ways of working and contribute to COVID-19 recovery, e.g. through a series of collective analysis workshops or other regular meetings.
2. Forum members use analysis of their contribution, as well as the context and issues affecting their communities, to identify gaps in service provision and opportunities for additional collaborations.
3. Forum leadership work with statutory partners to share the value of the Forum's contribution, learning about the strengths and challenges of service responses to COVID-19 and identify areas for improvement in services, and referral pathways.
4. Forum leadership work with funders to share benefits and outcomes from flexible, responsive, funding to community health organisations.
5. Forum members to share learning from this evaluation with partners and stakeholders to continue to galvanise leadership and shared learning about service adaptation, responsiveness, emergency support, and a coherent, joined-up, offer to communities.