Common Health Assets: Evaluating the Lived Experience Panel

Baseline evaluation report



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This report highlights the initial learning from evaluating the recruitment and first meetings of the Common Health Assets Lived Experience Panel, being led by the Glasgow Centre for Population Health (GCPH).

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Background

Common Health Assets

Common Health Assets (CHA) is a research project focused on how, for whom and in what contexts community-led organisations (CLOs) can build and mobilise their 'assets' to impact on the health and wellbeing of those living in deprived areas. The aim of the research is to find out how community organisations improve health and wellbeing, and how this might be different in different contexts. CHA is a three-year, multi-site, multi-method project working with 15 CLOs based in Scotland, England and Northern Ireland funded by the National Institute for Health Research (NIHR).

The Lived Experience Panel

The Lived Experience Panel (LEP) is a crucial component of the CHA research project. Composed of around 12 members from the community-led organisations that the project has partnered with, it meets roughly every six months. Members of the Panel have key roles in shaping the research by participating in activities relevant to the study phases and methods, and by being involved in the interpretation and reporting of findings.

The LEP aims to ensure that ongoing community expertise, voice and perspective are at the heart of the research. Within the LEP, participants also have opportunities to develop their knowledge of community-based research, develop skills through a range of training opportunities, and build relationships with others involved in the research from across the UK.





Evaluation overview

Evaluation aims

An evaluation of the LEP is being carried out to capture important learning from its implementation, delivery, and impact as a means to further understand the value of patient and public involvement, engagement, participation, and contribution to community-based research projects.

This evaluation is planned over the duration of the CHA research project and will utilise two key approaches to examine the two overarching aims of the evaluation:

- Aim 1: Summative evaluation to assess the overall impact of the Panel on those who participate, and the contribution of the LEP to the CHA research project.
- Aim 2: Formative evaluation to assess the effectiveness of the
 methods of implementation and delivery, communication, and
 facilitation to ensure that ongoing learning and improvement
 is fostered in the Panel. It will also ensure LEP activity is
 appropriate and acceptable. This approach will be used
 to identify and celebrate successes. It will be undertaken
 throughout the life of the LEP and will also involve receiving
 feedback and reviewing inputs, activities, and outputs.

The full LEP evaluation plan can be accessed <u>here</u>.



Evaluation of recruitment approach

Recruitment of the Panel members was facilitated by the community-led organisations (CLOs) partnered in the CHA research. CLO Managers identified participants within their organisations who they felt would benefit from being involved and put them forward to join the Panel. This method was chosen, rather than advertising directly, to make the recruitment process more efficient and to ensure that potential members could effectively represent their CLO in the LEP.

To streamline recruitment further, existing relationships were built upon by utilising the established relationships between the project researchers and CLOs, who assisted by facilitating our first contact with CLOs. This approach helped to ensure that the CLOs had prior knowledge of the LEP and the research project before being contacted about involvement with the Panel.

We recruited Panel members from nine CLOs across the UK, out of the 15 partnered in the project, exceeding our target number of 12 participants by 1 (Table 1).

Table 1: Recruitment by study area and CLO

Study area	CLOs	Participants recrui	ited
Glasgow and Lanarkshire	2	3	
Northern Ireland (Belfast, Fermanagh, Derry)	3	4	
East London	2	3	
Bournemouth	2	3	

Recruitment challenges

Time delays with recruitment were encountered due to COVID-19 absences and the Easter period, when recruitment was taking place. As we were based in Glasgow and recruitment was UK-wide, this posed a challenge as we could not meet with potential participants face-to-face and had to rely on email/telephone. This was particularly difficult with those who struggled to use these methods of communication. Therefore, working closely with researchers at each site was crucial to engage with those who were harder to reach and maintain contact with.

Working with local researchers to facilitate contact with CLOs also impacted timescales. As the schedule of each study area differed, our ability to contact all the CLOs and recruit at the same time was affected. This caused recruitment to take place over a period of three months, between April and June 2022.

Evaluation against the National Standards for Community Engagement

The Standards

The delivery of the LEP will also be evaluated against the National Standards for Community Engagement¹. Developed by the Scottish Community Development Centre, these Standards (Figure 1) provide a framework for inclusive and effective community engagement and have been implemented in the development of the LEP. Evaluating the LEP against these Standards will allow us to assess how well it has engaged with, and supported, the community of interest. This will improve the translation of the findings from the Panel as the Standards aid in demonstrating evidence of empowerment, which will help us to make clear recommendations on effective engagement within Patient and Public Involvement and Engagement (PPIE) in research.



Figure 1: National Standards for Community Engagement

Working closely with these Standards will also allow the Panel to be a more positive experience for its members, as they encourage accountability, fairness, and equality in the engagement process².

¹ https://www.scdc.org.uk/what/national-standards

² https://www.communityplanningtoolkit.org/sites/default/files/EngagementR5.pdf

Inclusion – Demographics of Panel members

It was not a principle aim to obtain a pre-determined diversity of Panel members, as we recognised that the national scope of the study covered a wide range of characteristics in each area which could not be authentically captured within a relatively small Panel. Instead, we worked closely with the CLOs to identify participants who could represent their organisation and who would benefit from this type of engagement.

In terms of inclusion, this method of recruitment may have excluded less engaged participants of the CLOs from being recruited, who would have benefited from being part of the Panel. However, in conversations with CLOs we shared that we wanted to engage with those who had had less opportunities to take part in such activities previously. For example, multiple CLOs spoke of how women are usually more engaged in activities of this type and so we made the conscious effort to involve male participants. Additionally, in East London, CLOs spoke of how their area is ethnically diverse and so represented this with their nominations to the Panel.

The demographic characteristics of the Panel members were not formally collected, however, during Panel feedback both participants and researchers commented on appreciating the perceived diversity of the LEP. Therefore, although not an accurate illustration of self-identification, we have estimated the demographic composition of the Panel for evaluation purposes (Table 2).

Table 2: Panel demographics

Gender	Female	6
	Male	7
Ethnicity	White	10
	Asian	1
	Black	2
Location of residence	Northern Ireland	4
	Scotland	3
	England	3 (East London) 3 (Bournemouth)

From conversations with participants, it was identified that Panel membership is also diverse in several other areas. For example, the LEP is geographically diverse in terms of urbanicity and rurality – with participants living in a range of areas from inner city London to rural Northern Ireland. In terms of age, participants are estimated to be between 20 and 60 years of age, and there are a variety of participants who shared that they have children (~7) and who do not (~4), those in employment (~5) and who have accessed higher education (~3).

Despite not aiming for a specific demographic composition of the Panel, good diversity was perceived within certain parameters.



Support – Overcoming barriers to participation

All members were met with individually before the first LEP meeting. In these meetings, they were asked if they needed any equipment or support to allow them to access online meetings and participate fully. They were asked about their ability and comfort with Zoom, and if they had any additional needs to make e-communication easier, and for meeting in person when the time comes.

We met these needs as they arose. For example, two participants shared that they had dyslexia and would need any printed materials to be on coloured paper. This request was facilitated by printing their welcome pack information on blue tinted paper.

All Panel members had a device, internet to access Zoom meetings, and had used Zoom before. However, some were more comfortable than others interacting with other online tools (i.e., whiteboard etc.). We integrated a basic 'how to Zoom' into the introduction of the first session, giving people a chance to use the chat and reaction features if they had not done so before.

We avoided using external tools like Whiteboard, MentiMeter etc. for simplicity, with the exception of Jamboard which was used in breakout rooms, but only for facilitators to take notes of the discussions and to share with the group. This avoided those on mobile/tablet devices needing to leave Zoom to access the board.

We encouraged Panel members to interrupt the session if something wasn't clear and we checked in at each stage to make sure people understood the activities and content and were happy to proceed.

A couple of people mentioned having mobility issues and issues with anxiety that may impact their ability to travel for in-person meetings. Those with mobility issues said that they would need vehicle transport at each stage of travel and could not walk long distances. Those who expressed anxiety said they would like exact information ahead of time on where the meeting will be, the arrangements to get there etc. and may also like a buddy to travel with. Going forward, we will fulfil those requests for those who require additional support.

Panel members receive payment in vouchers for their time, involvement and expertise, the value of which was determined by NIHR payment guidance³. For shorter online meetings, a payment of £50 per meeting was given and £150 given for full day in-person meetings. This is an important feature of the engagement as it demonstrates the value placed on Panel members' contribution to the research.

Planning and methods

Whilst developing our engagement plan and initial Panel meetings, we consulted with CLO Managers to ensure that our plans seemed appropriate before proceeding.

We split the first online meeting into three shorter meetings as we understood that long online meetings can be tiring and disengaging. To create a physical connection whilst meeting online, we distributed a welcome pack to Panel members containing project and LEP information, along with stationary items and tea, coffee, and biscuits.

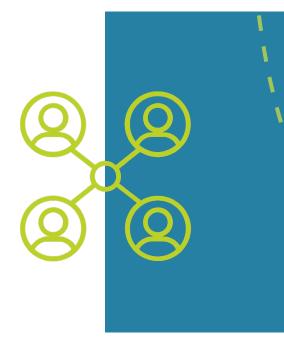
To ensure methods were fit for purpose, we allowed space for feedback and a debrief at the end of each session to assess what worked and what didn't. We also distributed an evaluation survey at the end of the final session for people to share their thoughts on the Panel so far.

We used a mix of methods for learning in our sessions, sharing information through presentations on the included topics, but also utilising existing video resources from various sources (Appendix, Figures 3 and 4), and interactive group activities from the Health Issues in the Community (HIIC) course developed by the Scottish Community Development Centre⁴. This was to suit different learning styles and keep the sessions engaging.

Working together

Panel members were asked in the initial 1-1 meetings and in the post-meeting evaluation survey what topics they would like to be covered in the LEP and what they would like to learn more about. Members expressed that they would like to learn from each other in terms of what other communities are doing to improve health and wellbeing, and what activities are taking place at other CLOs.

We incorporated multiple opportunities to share this information within the Panel sessions. For example, in the second Panel session there was an activity where, in breakout rooms, participants shared with one another the programmes available in their CLOs and the different community activities they are involved in. A group assetmapping exercise was also completed in this session, which allowed members from each study area to connect with one another and learn about what assets were available in their communities.



³ https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392

⁴ https://www.hiic.org.uk/

Communication

We used email, telephone and postal communication and liaised with CLO staff to reach individuals who we were having issues contacting. We gave multiple options to Panel members, for example by sending materials by post instead of email, if preferred.

We asked the group how they would like to keep in touch in between Panel meetings – they expressed the desire for 4-6-weekly catch-ups, an informal chat channel to share CLO and project updates and news, which we have fulfilled and will continue to progress.

We used Doodle poll to allow people to vote on the times that suited them for catch-up meetings and decided on dates for the first Panel meetings as a group. We were also flexible if participants could only join meetings for a limited time.

Reflections

From the initial assessment of our early engagement, we have made good progress in meeting the National Standards for Community Engagement, as we have continuously consulted with Panel members and partners on our plans and amended where appropriate to meet needs and preferences.

As we move from online to in-person meetings, we will continue to assess support needs to plan appropriately. Effective and engaging communication in-between meetings and responsiveness to feedback must also continue, so we do not lose the early positive engagement that we have achieved so far with Panel members.

Learning from Lived Experience Panel sessions

In June 2022, three 2-hour online LEP sessions were held over the course of one week. These sessions were attended by the 13 recruited Panel members, the lead LEP facilitator, and a number of members of the wider CHA research team.

Session 1

Overview

This session began with a welcome to the LEP and an overview of the CHA research project, presented by the project's Principal Investigator. This was followed by an activity where members and facilitators shared and discussed their hopes and concerns for their involvement in the Panel and research project, and an activity involving co-creating a Working Together Agreement for the Panel. The session was then concluded with a short debrief.

Expected attendance: 13 **Actual attendance:** 12

As part of the *Working Together Standard for Community Engagement*, Panel members were asked to note three hopes and concerns that they had for the LEP and for the session (Table 3). These hopes and concerns were then shared with the wider group, and we discussed what we could do, as facilitators and Panel members, to make the experience a positive one.

These will be revisited at the first in-person Panel meeting to see if views have changed following the first series of online meetings. This is one example of how we are embedding evaluation throughout sessions.





Table 3: Hopes and concerns of Panel members

Hopes	Concerns
Our input will be used and valued	That my technology will work ok
To learn more about public health research and how that affects policy	That my child will not interrupt and be kept entertained whilst the meeting is on
To gain an understanding of how we can be involved in community development	That our input will be used and can make a difference
To meet everyone and learn about what the other CLOs are doing	That I can make a useful contribution
To be able to give back to the CLOs and the community	That I am not representative of my community

To ensure the Panel is a safe space and a positive experience for all, the group cocreated a Working Together Agreement. Through smaller group discussions, it was clear that participants shared similar values of learning, participation, support, honesty and openness, which are represented in a final agreement (Figure 2).

Working Together Agreement

For the Lived Experience Panel to be a positive experience, and to feel like a safe space to share views, ideas and opinions, the group should agree to:

- Allow everyone a chance to speak and encourage everyone to share their views equally.
- Maintain confidentiality by not sharing personal information about people in the Panel to others. Share the learning but keep personal details private
- Support each other by being respectful, open and honest.
- Really listen to what everyone has to say.
- Be non-judgmental; understand that there are no stupid or wrong ideas.



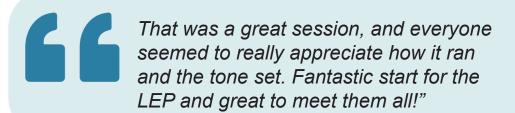
Figure 2: The LEP Working Together Agreement

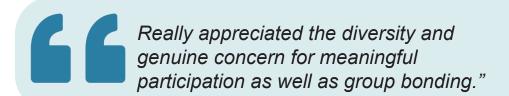
Debrief and feedback

Before closing, the group took some time to think about how the first Panel meeting had gone and if there was anything we could do differently. Feedback received included:

- The meeting was comfortable and enjoyable. It was good to see many shared values and that people came with open minds.
- It was nice to see that although everyone is from different backgrounds, there are similar values.
- Appreciation of the diverse group of people involved.
- It was starting, even after one meeting, to feel we will become 'like a family'.
- Looking forward to meeting again and hearing more.
- Great to hear about the research project and excited for the project.
- Proud to be part of the Panel and research.

Feedback from researchers in attendance:





Reflections from facilitator:

I was very pleasantly surprised by the success of the first Panel session. When speaking to Panel members before the first session, many were nervous and so, I thought there would not be much conversation or engagement initially. However, during discussion points there was fruitful conversation, and most were comfortable sharing their thoughts without the need for prompting.

I found it particularly useful to have some of the research team there alongside myself, as they were able to talk about the research in more detail and help facilitate breakout rooms. It was good to not have to also facilitate those as I felt I needed to catch my breath and prepare for the next segment of the session.

The enthusiasm and sense of enjoyment that came from the Panel members during the debrief was great to see. I think having that moment to pause and reflect at the end of the session and for hopes and concerns allowed everyone to show vulnerability and feel closer to one another.

Session 2

Overview

This session began with the activity, 'Building connections and finding commonalities', during which Panel members were put into smaller groups to discuss and learn about the activities of the CLOs that they are each involved in across the UK. The concept of assets and asset-based approaches were then introduced, and Panel members were put into groups, based on the study area they are located in, to produce asset-maps of their individual assets and the ones in their areas which they felt supported health and wellbeing. This was followed by the members sharing the maps and a group discussion. The session was then concluded with a short debrief.

Expected attendance: 13

Actual attendance: 11 (one member was unable to join due to technical issues)

As Panel members had previously discussed wanting opportunities to find out more about other CLOs and communities, we made it the focus of the first activity – building connections and finding commonalities. Everyone seemed to enjoy this part of the session and it was useful for the research team to learn more about each of the organisations.

Debrief and feedback

Before closing, the group took some time to think about how the second Panel meeting had gone, how they felt, and if there were any learning points or anything we could do differently. Feedback received included:

- It was a relaxed, enjoyable afternoon.
- People were more talkative and seemed more relaxed.
- Appreciation of how like-minded everyone is, and good to see people's characters starting to come through – "we are becoming a Panel".
- Interesting to learn about assets a different way to look at things and a change of perspective.
- Interesting to hear about the work of other organisations.
- Looking forward to seeing how the Panel progresses.
- Looking forward to learning more about people on a personal level.

Reflections from facilitator:

It was useful to source existing videos and materials within the session as I felt as though using a mix of media was more engaging, and having videos that were created to explain these concepts to public audiences reduced pressure on me to explain these topics in an appropriate way. Group activities taken from HIIC were especially helpful as this course is designed for community groups to learn about community development and community-based research.

Using Jamboard to make the asset-maps was slightly technically challenging as some of the facilitators hadn't used Jamboard before – in future I will make sure if we are using any other platforms that we are familiar with it first. The exercise was completed anyway and seemed useful. Some spoke of how this exercise changed their mindset, as they usually focus on what they don't have but completing a mapping exercise allowed them to see that there are actually things out there that can be used to improve wellbeing.

I facilitated a breakout session this time and found it quite challenging to be a facilitator of the wider session and a breakout group, so I would want to have enough facilitators for future sessions so I could focus on things running smoothly as a whole. In the last session I was able to move between rooms to offer help/clarification to any groups, I think this worked better.

Session 3

Overview

This session began with an introduction on the social determinants of health, followed by an activity were, in breakout rooms, Panel members discussed what they thought affected individual and community health. We then spoke about different models of health and the impact of power on health.

One of the CHA researchers then presented the project outcomes questionnaire and consulted with the Panel on the best ways to recruit and engage participants from the CLOs to take part.

We closed by asking the Panel how they would like to stay in touch in-between formal LEP meetings, followed by a short debrief of the session.

Expected attendance: 13

Actual attendance: 10 (2 participants contacted with apologies)

Debrief and feedback

Panel member feedback shared at this meeting included:

- Informative, and a good session.
- Good to meet [researcher] and good to hear about the development and plans for the survey questionnaire.
- Good to have the opportunity to think about what affects our health and to discuss with Panel members.
- Liked the videos and animations shown.



Feedback from researchers in attendance:



... It was well run and they're clearly an engaged and interested group which made it an enjoyable Friday afternoon."



This was a good conclusion to the first leg. It was interesting to see that all the participants were keen on regular meeting and feedback which shows an ownership and commitment to the research. They also shared interesting points on recruitment and retainership which I found useful. It was also good to hear [researcher name] explain the survey to the participants and its importance which will also help as we approach the partners."

Overall reflections from facilitator:

The group seems to be more comfortable in sharing thoughts, they needed less prompting to share their views in the second and third sessions. The group seemed quieter in the third session but when prompted, people who hadn't spoken said that they agreed with what others had said or didn't have anything else to add.

It was difficult as a facilitator to facilitate breakout rooms whilst managing time etc. so it was better in session 1 and 3 when there were enough facilitators to manage each breakout room, without myself needed to facilitate one.

People seemed to enjoy the content of all sessions and find the topics interesting. However, in the third meeting, from the Jamboard activity it seemed that many people were already aware of the social determinants of health and what influences health in a wider sense. There was less feedback on how this activity made people think differently or learn more like was commented in the second meeting on asset-based approaches.

It was challenging to know how long each discussion point and interactive session would take, some of the later discussion sessions felt slightly rushed to me.

Baseline evaluation feedback survey

As part of our formative evaluation approach and commitment to providing a valuable and enjoyable experience guided by the aspirations of Panel members, a survey was created to obtain feedback on the initial series of Panel meetings. With this survey, we wanted to assess which aspects of the meetings were enjoyed and which were less favoured, and we also wanted to explore what the Panel wanted from the next meeting.

The survey was created on Webropol and sent via email with a unique link. We set responses to be anonymous to allow for open honesty. Due to a range of technical confidence and abilities, we also gave the option for Panel members to complete the survey by telephone or by post, if preferred.

A total of nine Panel members responded to the survey (a 75% response rate) with eight completing the survey online – including one completed with the support of a project researcher in their study area – and one who sent a response via email.

Question 1: Did the Panel meetings meet your expectations? Please explain your answer:

- 80% of respondents said yes
- 20% of respondents said they exceeded their expectations

Responses

Information given was very clear and easy to follow. The sessions were well organised and interactive.

It was interesting to hear about other CLOs and finding out everybody's experience is similar.

Very well structured and led.

A lot more information [than expected] in a relaxed atmosphere.

I can see how my input can contribute.

There was a good diversity of members and mix of training and discussion.

The information was new to me which I enjoyed.

Question 2: What did you enjoy the most, overall, from the Panel sessions that you attended?

Responses

I enjoyed meeting all of the participants and hearing about their projects. I also enjoyed learning about the research project.

I really enjoyed hearing about the determinants of health and the issues faced by other individuals and communities all over the UK. I also liked how the research team rotated during different sessions - this gave us the opportunity to meet many [people from] the research team.

Meeting people from different communities and hearing about their own lived experience.

The interaction with other members.

Meeting new people and learning about them.

New insight into the asset-based research.

I enjoyed the similarities and the differences that we share.

Discussion around the activities going on around the country.

I enjoyed speaking to different people from different places and learning more about the social side of health.

Question 3: What did not you enjoy/enjoy the least from the Panel sessions overall?

Responses

Possibly the use of the Google Jamboard – I feel its use caused the conversation to slow down and the team weren't really familiar with it – there was only a short amount of time to discuss each section and I felt it was rushed.

Having to do it on Zoom as I'm not very good with technology so had to travel to [CLO name]'s and depend on staff to set me up for the meeting.

The first meeting of the group as I thought that I might not have a worthwhile input.

Some of the study information, while important, was kinda basic and uninteresting.

Question 4: Is there anything you wished we had done differently?

Responses

I think everything went smoothly and was very enjoyable. It would be nice to have some more discussion on the projects everyone is involved with, sharing of what's working.

More time for discussion in the breakout rooms.

Some of the later breakaway sessions didn't have whole Panel discussions. Wasn't a fan of that.

Question 5: What is the key learning point which you have taken away from the first three sessions of the Panel?

Responses

The key learning points from the first three sessions are that there are many social factors that determine health outcomes, community assets can positively influence health, power is an important factor that affects health.

Many of the other CLOs throughout the UK are doing very valuable work, with one of their key assets being their volunteers.

To really listen.

I have learnt whatever the CLO is, we are all very similar at our core routes.

Learning what other communities' needs are.

Asset-based research, different facilities for different community.

That we all have a similar goal for our communities and all reach out but we can learn from each other better ways to do this.

That issues are very similar across the country.

There are different ways of looking at health within communities, and these centres make such a difference to local residents. I feel proud to be part of the Centre.



Question 6: Do you have any other comments or feedback that you would like to share about the Panel so far?

Responses

I have really enjoyed the Panel so far and just want to thank the team for creating such a lovely space for discussion.

I find the meeting and activities very useful and have a greater insight into how community project works and how to identify assets and ways of using it.

I didn't know what to expect and was pleasantly surprised by the experience.

It was interesting learning about different organisations and what they do in their communities. I don't personally like Zoom but I didn't mind trying it out to meet everyone.

Very impressed with the range of topics and how well it was presented and how everyone was encouraged to take part without feeling awkward.

Further questions

In this survey, we also asked Panel members to share any topics that they would like us to cover in future meetings, and how they would prefer the next meeting to take place (hybrid, online, or in person). We used this feedback to inform the next meeting.

Reflections from responses

At this early baseline evaluation stage, the responses from this survey indicate a high level of satisfaction from the initial Panel meetings and relevance of the information provided in the sessions. Similar comments about enjoying meeting and learning from each other supports our decision to factor time in to allow these discussions to take place within the sessions, responding to early conversations with Panel members who expressed wanting to learn about other communities in the study.

Comments on what was 'disliked/could have been improved' indicate the need for more allocated time for discussion during the sessions. These support the reflections from the meetings that timekeeping was more challenging in some of the sessions as not enough time was factored in for discussion at some points. We will learn from this moving forward and ensure enough time is given for the Panel to share their thoughts during activities. Although we tried to support this as much as possible, expressed issues with the technical aspect of the online meetings highlight the need to take more time to support those who are not comfortable using the technology, and to keep the technology required in meetings to a minimum.

Overall, the responses to the survey highlight the impact that the first meetings had on Panel members. The feedback that we received was generally positive, demonstrating that the considerations made from the outset of the development of the LEP had produced desirable outcomes. They also highlight the areas of interest and learning styles of the Panel members that we can learn from and incorporate into future meetings.

The responses also show that the Panel members expanded their knowledge on community-based research and development as a result of the LEP sessions and learned more about the partnered CLOs and communities – indicating the methods used were fit for purpose.

Conclusion

This evaluation report provides a baseline assessment of the recruitment and the initial development and delivery of LEP. Going forward, it will be important to continue to track engagement, participation, and impact over time and to demonstrate good practice for the development of other Patient and Public Involvement and Engagement Panels. We will publish findings and learning from the Panel as they emerge in various formats, to inform research embedding PPIE approaches.

From this report it can be concluded that at baseline (September 2022), we are in a strong position to continue on the planned course for the LEP. We expect to maintain the majority of the initial cohort of Panel members for the next meeting, due to the positive feedback gained so far.

Although the LEP is currently positioned well for future meetings, we recognise that with two years left of the CHA project we must continue to be flexible and responsive in our approach and consult with new and existing Panel members to ensure we are adapting to suit their needs and desires during the growth and life of the Panel. Our continuous evaluation and monitoring of the Panel will help us to achieve this.

As the LEP aims to be a mutually beneficial experience, with opportunities for members to improve their skills, knowledge and capacity embedded throughout, we also plan to assess the individual benefits of the Panel on its members.

We will demonstrate these effects in a number of ways, including producing case studies of individual experiences of engaging with the Panel, and by collecting data using future evaluation questionnaires. Specifically, we will assess potential personal development in terms of strengthening of community connections, capacity building, confidence, and community involvement. Any evidence of these benefits found within discussions or activities during Panel meetings will also be recorded.

Appendix

Existing resources used to support Panel sessions

Power as a health and social justice issue

This short web-based animation on power as a health and social justice issue was developed in 2017/18 through a collaboration with NHS Health Scotland.



The film builds on **work on the theory and evidence relating to power** as a fundamental cause of health inequalities and our work on community engagement and empowerment. This work was carried out through the Public Health Evidence Network (PHEN).

This animation is intended to help increase understanding of the importance of power in shaping social and health inequalities. We hope it will support people working in

the public and third sectors to consider how they can help support communities to have more power.

The film was produced as plans to implement the **Community Empowerment** (Scotland) Act were developing. It is a tool that can help stimulate further discussion about the opportunities that the Act brings to share power more equally in communities across Scotland.



You can view the animation using the player on our edShare profile or on Public Health Scotland's website. You can also download a transcript of the film (PDF).



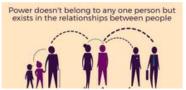
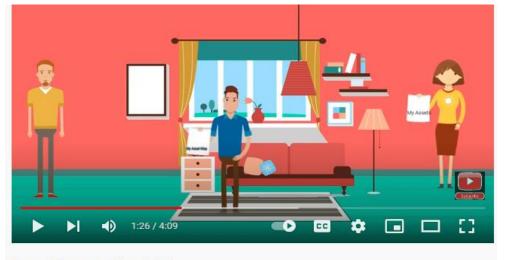




Figure 3: Power animation from GCPH⁵



Asset Mapping: What is It?

Figure 4: Animation explaining asset-mapping from Herding Together⁶

⁵ https://www.gcph.co.uk/resilience and empowerment/power

⁶ https://www.youtube.com/watch?v=_tkLFCJUjYI

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