

Patient and Public Involvement The Lived Experience Advisory Panel Briefing



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ACKNOWLEDGEMENTS

Many thanks to the people who contributed their time and invaluable expertise to the CommonHealth Catalyst project by being involved in the Lived Experience Advisory Panel (LEAP). We appreciate your vulnerability and willingness to share your experiences with us to inform activities of the research project. It was great to get to know you all and to learn from your experiences.

Thank you to the community organisations who aided in the recruitment of the Panel and to the GLO Centre and Motherwell Concert Hall and Theatre for your hospitality as hosts of our meetings.

Thank you to the CommonHealth Catalyst project team for contributing to LEAP meetings and attending to share your findings. Many thanks also to Francesca Lynch at SCDC for presenting on the asset-mapping component of the research.

The view from Cadzow Bridge,
Hamilton, towards North
Lanarkshire



1. INTRODUCTION

Patient and Public involvement (PPI) can improve the quality and relevance of research, as well as serving the broader democratic principles of citizenship, accountability, and transparency.

PPI has been embedded into the CommonHealth Catalyst project in a number of ways, including using a Lived Experience Advisory Panel (LEAP) to help to ensure that the outputs of the study reflect the realities faced by Lanarkshire communities and that the findings can be disseminated in a way that is informative and useful to people living and working across Lanarkshire. This approach also helps to ensure that future research undertaken as a result of the project and its activities is relevant and will be of benefit to the communities involved.

This briefing paper presents insights and learning from the Lived Experience Advisory Panel component of the CommonHealth Catalyst project.

2. BACKGROUND

CommonHealth Catalyst aimed to develop a community research consortium to address health disparities. This collaborative project undertook preparatory work to build the consortium focused on Lanarkshire, with a focus on understanding and addressing health disparities across the area.

This study sought to understand and contextualise the past and present health profile of the Lanarkshire and to develop the research capacities and capabilities on health disparities across the public and community and voluntary sectors, with a view to better equipping partners with the tools and knowledge to address drivers of inequity at a local level.

The project aimed to:

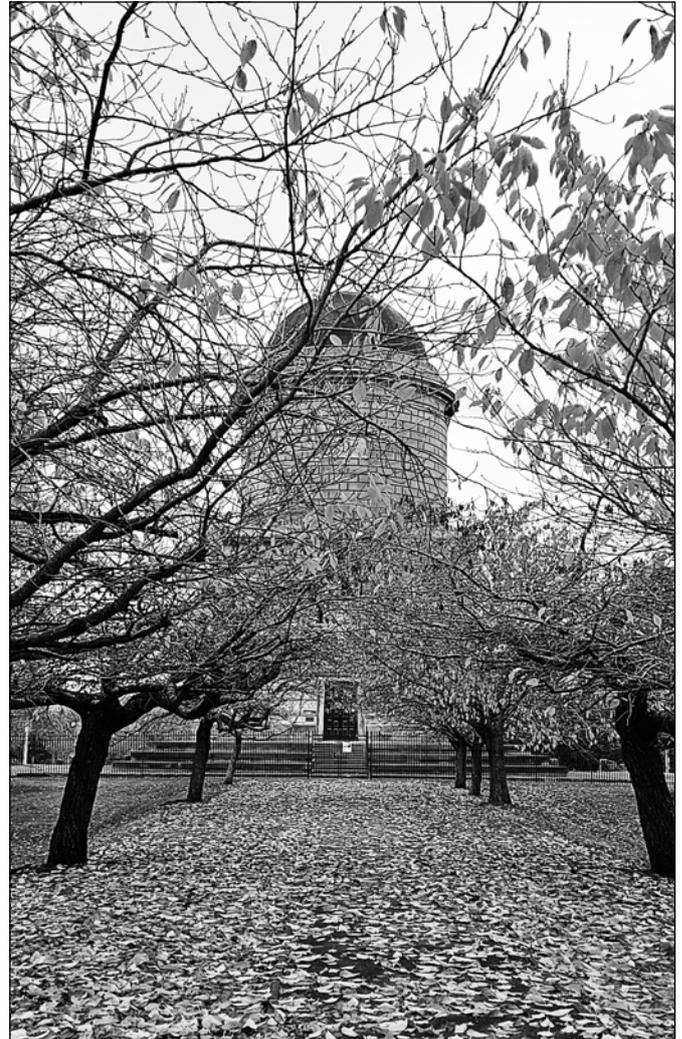
- Support and facilitate cross-partner collaboration between health and community partners and patient and public involvement and engagement to understand causes and potential solutions to health disparities.
- Scope the integrated care system(s) and community assets in Lanarkshire to understand the range of services, scale of provision, key stakeholders, and existing partnerships.
- Identify different collaborative models for integrating co-production into health systems improvement through a deliberative process that involves building trust and a shared vision.

The project worked to create the conditions and partnerships to attract and secure future research investment into Lanarkshire and Lanarkshire communities.

CommonHealth Catalyst was a nine-month study (November 2022 to July 2023) led by the Yunus Centre for Social Business and Health at Glasgow Caledonian University, with NHS Lanarkshire, the Glasgow Centre for

Population Health (GCPH), The Health and Wellness Hub, and the University of Glasgow.

Common Health Catalyst project was funded by the Arts and Humanities Research Council (AHRC).



The Hamilton Mausoleum

2.1 STUDY COMPONENTS

The project design had four components across two themes (Figure 1) underpinned by public engagement:

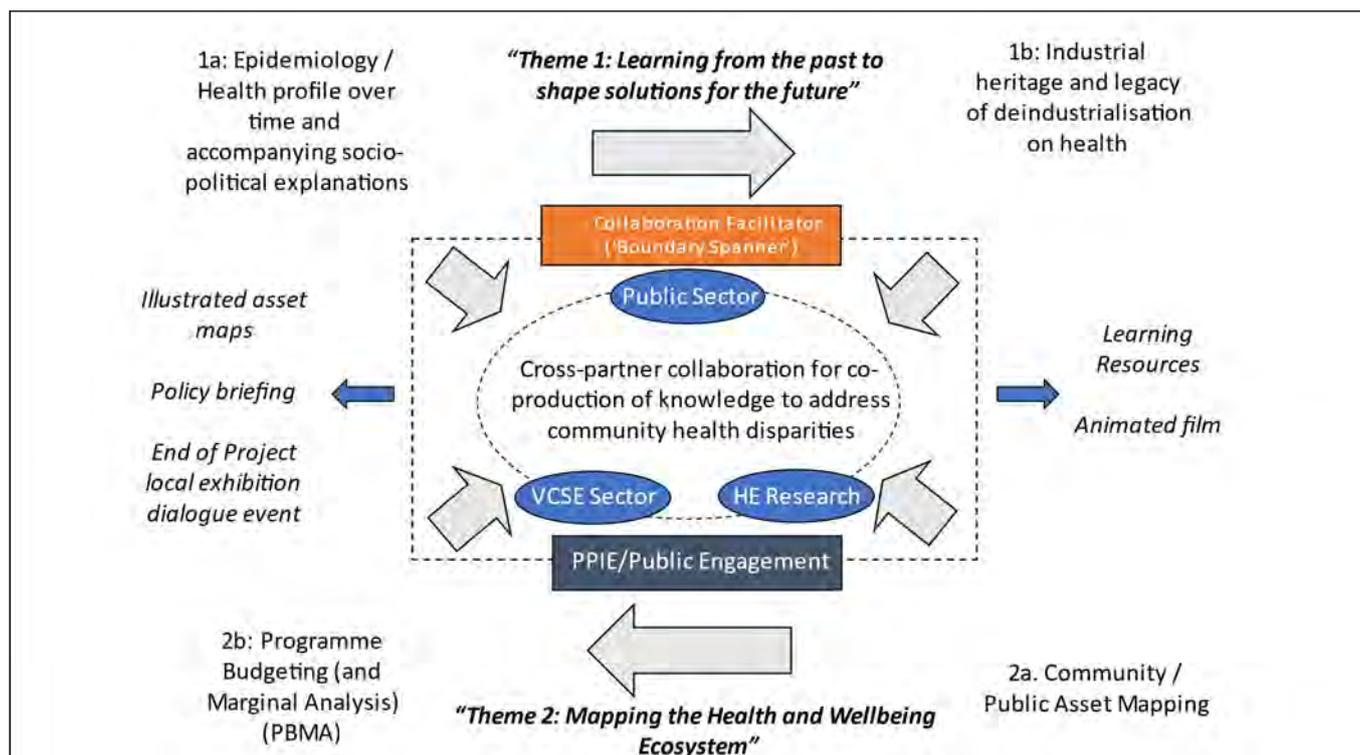
Theme 1: Learning from the past to shape solutions for the future

- 1a. Looking at historical and present epidemiological data and the health profile of Lanarkshire over time
- 1b. Exploring the industrial heritage of Lanarkshire and legacy of deindustrialisation on health

Theme 2: Mapping the Health and Wellbeing Ecosystem

- 2a. Programme Budgeting (and Marginal) Analysis
- 2b. Asset-based approaches and the identification of community assets through asset mapping approaches

Figure 1. CommonHealth Catalyst study design To ensure that the research project was informed by ongoing community expertise, voice, and perspective a Lived Experience and Advisory Panel was established. The Panel was made up of individuals with experience of living in Lanarkshire communities.



3. METHODS

The approach to the CommonHealth Catalyst (CHC) Lived Experience Advisory Panel (LEAP) was modelled from an existing PPI activity of a related project also led by Glasgow Caledonian University—the CommonHealth Assets Lived Experience Panel¹.

The development of both Panels were underpinned by the National Standards for Community Engagement², the UK Standards for Public Involvement³ and the What Works Scotland Public Engagement handbook⁴. These resources highlight important considerations for meaningful engagement, including the creation of an inclusive and supportive environment and utilising co-facilitation and co-delivery methods to redistribute power in participation. Continuous evaluation was also fostered to monitor and improve engagement throughout the duration of the project.

There were a total of three LEAP full-day meetings held in-person from March to August 2023 to inform and influence the development, establishment and activities of the CHC project and its activities (Appendix 1). Meeting notes were prepared and shared with LEAP, and the wider CHC team, as a record of the discussions and activities that took place within each meeting.

3.1 RECRUITMENT

10 participants were recruited from Lanarkshire-based community organisations who identified suitable individuals to take part. To ensure the voices of underrepresented groups were captured, organisations working with specific communities, including those in recovery from addiction, care experienced groups and the disabled community, were targeted for recruitment. Upon liaising with staff within selected organisations, it was stated that participation from LGBTQIA+ and minority ethnic communities was encouraged also. An equal spread of gender and geographical location (North Lanarkshire and South Lanarkshire) was also an aim and so, recruitment was targeted based on these criteria.

Staff within local community organisations were responsible for identifying potential participants and if interested, were then introduced to the lead LEAP facilitator.

The organisations that recruited participants from included;

- The Recovery Beacons
- Community Links, Blantyre
- The Miracle Foundation

¹Lived Experience Panel | Assets (commonhealthassets.uk).

²National Standards for Community Engagement | SCDC - We believe communities matter.

³UK Standards for Public Involvement (google.com).

⁴How To Design And Plan Public Engagement Processes: A Handbook | What Works Scotland.

- CCI Scotland
- North Lanarkshire Council
- Carers Together
- The Health and Wellness Hub

Table 1 demonstrates the demographic characteristics of LEAP members. This information was collected as part of the end of project evaluation during the final LEAP meeting. Only 6 out of 11 participants were in attendance, therefore, the data in Table 1 includes estimations from initial conversations with Panel members who did not attend the final meeting.

Table 1: Estimate of demographic characteristics of LEAP members.

Location	North Lanarkshire (6)		South Lanarkshire (4)		Other location (0)
Age	18-25 (2)	25-35 (4)	35-45 (1)	45-65 (1)	65+ (2)
Gender	Male (4)	Female (5)		Self-described: Agender woman(1)	
Employment Status*	Employed Full-time (4)	Unemployed Volunteer (2)	Retired (2)	Student (2)	Unpaid carer (1)

**Some participants held multiple positions i.e., full time employed and unpaid carer*

3.2 INCLUSION

As part of the approach to creating an inclusive and mutually beneficial engagement process, it was important that those representing and sharing their lived experience perspective were compensated in a manner that reflects the expertise and value that they contribute. A payment of £150 per day for attendance, preparation and participation at a full-day meeting is suggested by the NIHR⁵. Thus, £150 in vouchers was provided to members for each meeting they attended and reimbursement of costs relating to caring responsibilities, childcare and transport was made available.

In addition to reducing financial barriers to participation, additional barriers were considered such as physical access to meeting venues, digital exclusion factors and other additional support needs identified during initial recruitment conversations.

The lead facilitator maintained contact with individual members in a way that was most suitable for them, meeting in-person or making contact via phone call/ text/ email etc. This was tailored to the needs of each participant.

To be as accommodating as possible, the location and time of meetings were decided by LEAP, and those who needed to arrive/ depart within this could. One participant who needed to bring their baby to the meeting to attend was also able to do so.

Feedback forms were provided at the end of each meeting including questions on what could be improved on for future meetings so that improvements could be made throughout. This feedback was responded to using a 'You Said, We Did' log where resulting actions and responses to each piece of feedback were detailed and presented at the following LEAP meeting (see Appendix 3).

3.3 ENGAGEMENT PROCESS

To identify potential areas for the Panel's input on the project prior to meetings, the lead PPI facilitator attended monthly CommonHealth Catalyst team meetings to gain knowledge on each component of the project to suggest areas for consultation. They worked closely with project researchers from each component of the project to ensure that information brought to LEAP was in an appropriate, accessible and engaging format and would be relevant to their expertise.

Other agenda items were identified using participant feedback on which components were of interest to learn more about. Additionally, participants were asked what they would like to gain from being involved in the Panel and activities relating to this were incorporated, where possible. For example, the Panel wanted to make connections with others and to have their voice heard to influence local decision making.

To aid with this, group activities and ice breakers were incorporated into each meeting to facilitate relationship building, and a WhatsApp group was created for communication and information sharing between meetings. To provide an opportunity for LEAP to be involved in local decision making, we arranged the Head of Health Improvement at NHS Lanarkshire to hold a consultation with the Panel to explore new ways that health care can be delivered in Lanarkshire, to inform the development of their Our Health Together Strategy.

Existing resources from Scottish Community Development Centre (SCDC) 'Health Issues in the Community' course were also utilised to aid the engagement process. During the first meeting, a 'working together agreement' (Appendix 2) was co-designed and participants hopes and concerns for their involvement were discussed and recorded (as detailed in Table 2), and returned to at the final meeting. These activities aimed to manage expectations for the Panel, to create the conditions for successful engagement and participation and to promote accountability.

⁵Payment guidance for researchers and professionals | NIHR.

Table 2: LEAP participant hopes and concerns for involvement

Hopes	Concerns
To create and influence change	Will the Panel's views and thoughts be heard?
To create more resilient communities	Will change happen on a government, council and commissioner level?
To have my views and experiences taken seriously	That I don't do it justice
That longer term my involvement has a positive impact	That human cost isn't taken seriously
To get better links in community	How would we know future data is used
To have an input in Panel	Having to take time of work but can be arranged
To make new connections with others	What will happen with all the data collected
I hope to make connections with others who have similar interests	I can only bring my own experience
I hope to have my voice heard and see positive changes.	

Preparatory materials were also created to introduce topics and give background to the context that the research is situated within before presenting components of the research for input.

4. IMPACT

4.1 IMPACT OF THE LEAP ON THE WIDER PROJECT

The impact of engagement with the LEAP was monitored using a 'You Said, We Did' log (Appendix 3). After each consultation activity, the Panel were presented with a response to their input from the relevant researcher, including how this information was used to inform the related research activity and if not, giving reasonable rationale.

The initial outlined plan for the LEAP was for

“local people with lived experience of living in Lanarkshire and working with community organisations to advise, guide and inform the work and focus of the Consortium and future research that will be taken in response to identified local priorities, with a focus on tackling health disparities.”

It was envisioned that the LEAP would directly collaborate and work with local public sector bodies and third-sector organisations within the Research Consortium to share their first-hand experiences of living in Lanarkshire and to advocate for their needs to those in positions of organisational power.

Due to the context in which this project took place, during COVID pandemic recovery, a cost of living crisis and with increasing pressures on the NHS and community organisations, the original plan to bring together local partners to build a Community Research Consortium was not fulfilled. However, the Panel were able to share their experiences and advocate for their needs on two occasions. These were sharing their experiences of health and social care services in Lanarkshire within a focus group, which will contribute to a policy briefing paper, and by sharing their views on different methods of healthcare delivery, feeding into the NHS Lanarkshire Our Health Together strategy consultation. This was welcomed by Health Improvement at NHS Lanarkshire as a positive opportunity to engage with the community.

The initial plan for the Panel to directly shape the development of the research was also not fulfilled due to much of this being predetermined by the funding process, and time constraints limiting scope for re-evaluation. Therefore, the overall role of the Panel was to engage with the components of the research as they were delivered, providing insights from the perspective of living in Lanarkshire, accessing local services, etc.

Across the three meetings, the Panel had the opportunity to engage with aspects of all of the components of the research, to varying degrees, including:

- Contributing to the qualitative findings of the project, as described above.
- Inputting into the development of the animated film on the legacy of deindustrialisation on health by advising on the storyline from oral history transcripts.
- Advising on how the epidemiological findings should be disseminated and used to benefit community audiences.

- Feeding back on how Lanarkshire HSCP Programme Budgeting should be presented for public and third-sector audiences, including what information would be useful for those trying to influence health and wellbeing in their communities.
- Discussing the assets that are available in their communities which they feel support health and wellbeing and suggesting how the findings of the asset-mapping workshops should be disseminated and used to benefit the communities involved.

Additionally, within the final LEAP meeting the Panel were asked to share their thoughts on how they saw the different components of the research contributing to a cohesive output and how the overall findings should be communicated to local communities. They were also asked to identify areas missed by the research that could be addressed in future.

Evaluation forms administered at the final LEAP meeting found that all respondents felt as though they had made an impact on the CHC project. Feedback forms from the first and second meetings also revealed that participants enjoyed the experience and felt that they were able to share their views and have their voices heard. Only one respondent raised an issue with feeling unable to contribute within the group setting — following this we offered an opportunity for them to share their views individually.

Within meetings, the Panel expressed being pleased with how their input was responded to by project researchers using the ‘You Said, We Did’ approach. They were particularly pleased with how their input into the development of the animation was received and implemented.

Participants were asked at the final meeting to reflect on their hopes and concerns for involvement (table 2) that they had shared at the first meeting. All respondents said that their hopes had been met and their concerns had been alleviated throughout their involvement and participation in the Panel.



4.2 IMPACT ON LEAP PARTICIPANTS

As the aim was to create a mutually beneficial engagement process, it was hoped that through involvement with the LEAP, members would gain confidence, insights into the delivery of local public and community sector services, knowledge of community-based research and their valuable contribution to it, and build beneficial relationships with others involved.

Measures to facilitate this were incorporated within meetings in a number of ways. For example, to promote relationship building ice-breakers, group activities and a WhatsApp group for communication were used. To increase participant’s knowledge on community-based research and the delivery of local services, presentations on the social determinants of health, assets-based approaches, including an asset-mapping taster, oral histories, epidemiology and programme budgeting were provided.

To promote a safe environment where participants felt confident to share their views and feel valued for doing so, inclusive facilitation techniques were adopted. This included continuous positive reinforcement, promoting less-dominant voices to be heard and allowing adequate space for open discussion and questions.

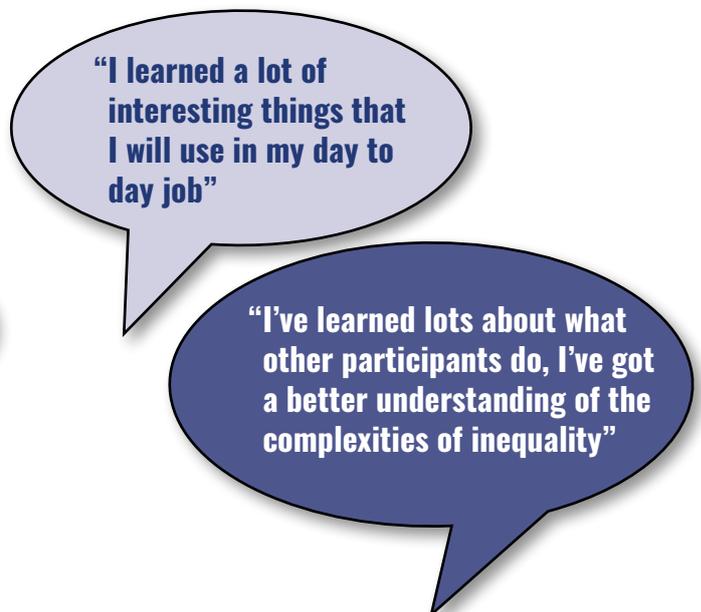
To assess the impact that being involved in the LEAP and CHC project had on participants the evaluation forms administered at the final LEAP meeting included the questions

“Did you learn anything new from being involved? Did you share anything you have learned with others?”

and

“Has being involved in the Panel had any impact on your personal or professional life?”

All respondents (n= 6) acknowledged increased knowledge in at least one area related to the research, mainly on inequalities and epidemiology.



All respondents agreed that involvement in the Panel had made an impact on their life in some way however, detail was minimal.



From facilitator observations, there were many professional connections made across participants working within similar areas and information shared about relevant services, networks and resources available to help one another when certain issues were raised.

5. REFLECTIONS AND LEARNING

During a short life project it is important to establish the Panel as quickly as possible in order to be able to identify areas for meaningful engagement and consultation within the research project. As recruitment for the Panel and other aspects of the research took longer than expected, it was often challenging to align LEAP meetings with activities for engagement.

An outline of potential areas and activities that the Panel could advise and participate in should be prepared within project planning and initial methodological considerations. This would allow for more effective planning of LEAP meetings and greater PPI impact on the project components.

An increase in frequency of meetings, perhaps shorter preparatory meetings before consultation may have been more effective in order to facilitate increased learning

opportunities for participants with more resource in time and ability to feed into different components of the research.

Furthermore, considerations should be made about potential power dynamics between participants in terms of background and confidence. In the CommonHealth Catalyst LEAP there were a mixture of participants who was unemployed and in employment, this was particularly an issue as participants in employment worked for community organisations, local councils and within the NHS. This was stated as an issue for a couple of the participants who felt excluded from conversations between participants where industry-specific language was used, and where focus was within experiences of employment within these roles.

The inclusion of such experience was not intended by recruitment but occurred by chance, as these participants also represented 'seldom heard' groups that the Panel aimed to reach. This, again, could be due to selection bias of the organisations who were responsible for recruitment. Once this dynamic was made visible, a conversation was facilitated to ensure that there was a mutual understanding that the aim of the Panel was to share personal lived experience and perspective, rather than employment experience, and participants were reminded that all perspectives are valid and important to promote more personal experiences to be shared. To avoid conflict, expectations should be managed from the outset and a more equal representation of experiences should be sought.

Furthermore, less than half of the participants attended all three Panel meetings (see Table 3). This inconsistency in participation may have affected the efficacy of engagement. However, participants who were recruited following the first meeting did not comment on this as an issue.

Table 3: LEAP participant attendance

LEAP meeting attendance	Participant number
1 out of 3 sessions	4
2 out of 3 sessions	2
3 out of 3 sessions	4

Although positive impacts can be demonstrated from participant feedback, this is limited by the lack of detail provided and the inability to gain insight from participants who had only attended 1 out of 3 meetings. Due to the short life of the project and Panel, stronger evaluation of the impact could not be implemented.

Despite these limitations all participants stated that they would like to be involved in future research activities such as this, and have further opportunities to share their views.

6. CONCLUSIONS

In conclusion, the Lived Experience Advisory Panel (LEAP) played an important role in shaping and influencing the components of the CommonHealth Catalyst research project, drawing from the additional expertise of its members.

Developing and delivering the LEAP from established principles of community engagement as outlined in the National Standards for Community Engagement, UK Standards for Public Involvement, and the What Works Scotland Public Engagement handbook aided in creating a mutually beneficial and inclusive process.

Input from the Panel influenced various aspects of the research including the development of the 'Living and working in Lanarkshire' animation and policy briefing paper, and more widely, the dissemination and interpretation of the results of each component. Although all participants felt they had made a positive impact on the project, this could have been strengthened with earlier engagement in all components of the project to influence the design and development of their research approaches and activities.

While many positive impacts were evident from participant feedback, the limited detail provided and the inconsistency in participation levels highlight the challenges of evaluating impact and assessing the value of PPI within research in a short-lived project such as this.

In future, stronger evaluation methods should be considered to provide a more comprehensive understanding of the impact of community engagement activities. Furthermore, PPI should be embedded from the outset of research projects, during the funding application stage, to ensure that the research design is informed by community expertise and perspective. This early engagement would also facilitate better relationships within the Panel, and between the Panel and the research team, with more time and knowledge to engage with activities of the project as they are carried out.

Despite limitations, overall, the Lived Experience Advisory Panel served as a valuable asset to the CommonHealth Catalyst project, bringing a range of perspectives, fostering collaboration and contributing to the development of meaningful research. It was incredibly insightful to learn from the Panel and gain a deeper understanding of the context behind the results of the research, through the lens of those who bring first-hand experience.

It is important that PPI activities such as this are highly respected and recognised as a crucial component of rigorous research methodology.

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APPENDICES

Appendix 1: LEAP meeting agendas (March-August 2023)

Meeting 1: Thursday 9th March (10am - 3:30pm)

Timings	Agenda item	Presenter
10am	Get to know each other	Mohasin Ahmed
10:40am	Introduction to CommonHealth Catalyst project and LEAP	
11:15am	Comfort break	
11:25am	Hopes & concerns for the Panel	
11:45am	Building a working together agreement	
12:00pm	Background to this work	
12:30pm	Lunch	
1:15pm	Introduction to HSCP	Kirsty Strokosch
1:30pm	Focus group	Mohasin Ahmed
3:15pm	Debrief and close	

Meeting 2: Thursday 18th May (10am - 3:00pm)

Timings	Agenda item	Presenter
10am	Welcome, morning energiser	Mohasin Ahmed
10:15am	Recap and project update	Mohasin Ahmed
10:30am	Asset mapping taster	Mohasin Ahmed
11:10am	Historical component presentation and oral histories feedback	Gill Murray
12:30am	Lunch	
1:15pm	NHS Lanarkshire strategy consultation	Kerri Todd
2:45pm	Feedback and close	Mohasin Ahmed

Meeting 3: Thursday 24th of August (10am - 3:00pm)

Timings	Agenda item	Presenter
10:00am	Introductions, morning energiser	Mohasin Ahmed
10:10am	Re-cap from previous meeting	
10:20am	Investigating health and wellbeing in Lanarkshire	David Walsh
10:50am	History component update	Gill Murray Ewan Gibbs
11:20am	Comfort break	
11:30am	Programme Budgeting update	Cam Donaldson
12:00pm	Qualitative research findings	Kirsty Strokosch
12:30pm	Lunch	
1:20pm	Asset-mapping presentation	Francesca Lynch
1:50pm	Discussion on findings	Mohasin Ahmed
2:20pm	Overview of LEAP impact	
2:35pm	Evaluation of LEAP	
2:50pm	Next steps and close	

Appendix 2: Working together agreement

LEAP CommonHealth Catalyst Working Together Agreement

For the panel to be a positive experience we need to create a space where people feel safe to explore issues and process new ideas and learning. Using a 'Working Together Agreement' can help us create an maintain that.

What needs to happen in this group to allow you to bring your best?

- Always have mutual respect for each other
- Listen to other views and experiences, treat everyone's opinion is valuable and important
- Maintain confidentiality in the space, do not share personal information about others or their experiences outside of the panel
- Feel able to challenge each other but do this respectfully — We're better together
- Keep humanity in the project, remember to bring your experiences as an individual

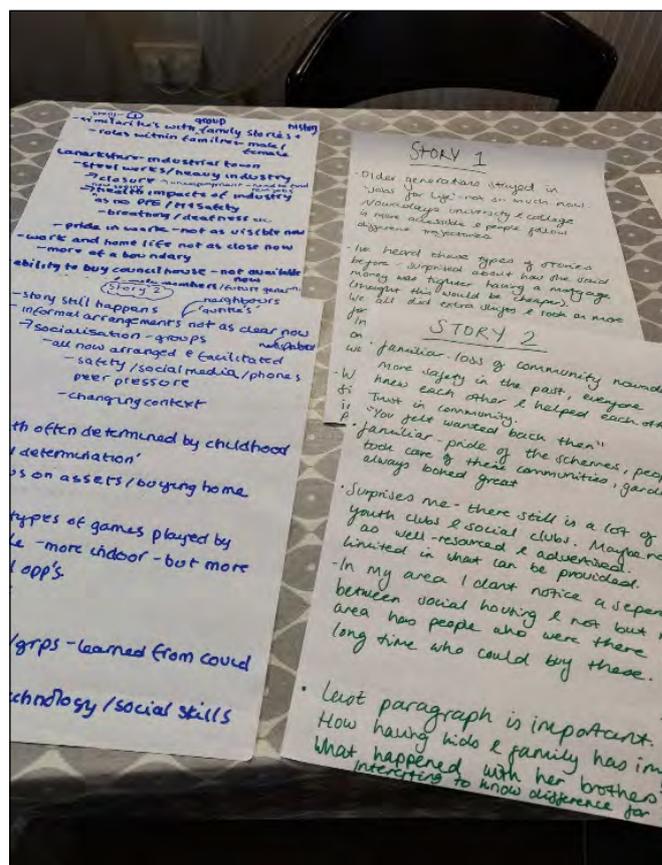
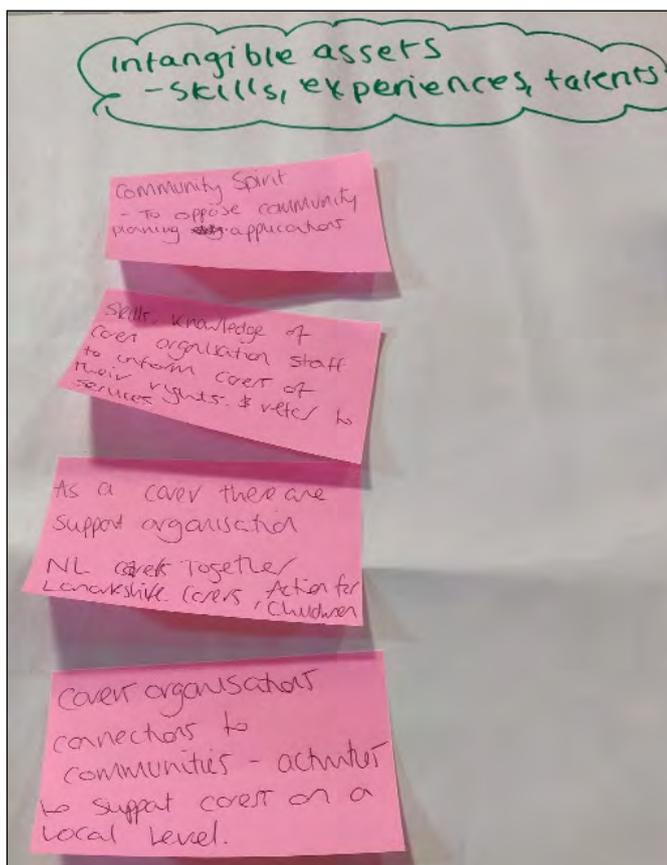


Appendix 3: You Said, We Did log

Comment (You said)	Person responsible	Response (We did)
<p>(March 2023)</p> <p>You shared your views on the HSCP with Kirsty Strokosch to support the Programme Budgeting work of the project by helping us to understand more about health and social care integration in Lanarkshire.</p>	<p>Kirsty Strokosch</p>	<p>(May 2023)</p> <p>Kirsty thanks the group for participating and that you all provided really valuable and rich insights into your experiences of health and social care services in Lanarkshire.</p> <p>Once she has finished all of the interviews (end of May) Kirsty will be analysing the data to draw out themes. This information will be used to feed into a Policy Briefing which has been agreed to write as part of the CommonHealth Catalyst project. Kirsty plans to come back to the LEAP to share the study findings.</p>
<p>(March 2023)</p> <p>Hopes around being able to make a difference and have your voice heard.</p> <p>Concerns about the human cost not being taken seriously and wanting to know about how data is used in the future.</p>	<p>Mohasin Ahmed</p>	<p>We shared your hopes and concerns with the project team who agreed to ensure that the Panel's voice and perspective will be taken seriously, and that opportunities for input will be provided.</p> <p>Any information from the Panel that has been used in the research will be fed back so that you can see how this has impacted the research.</p> <p>We will keep you up to date after the project ends about any further advancements if you consent.</p> <p>Further funding is being applied for to continue this work.</p>
<p>(Feedback forms March 2023)</p> <p>“An earlier finish works better for school pick up”</p> <p>“Seating arrangement could be changes to be more communication friendly, i.e., in a circle or round table”</p>	<p>Mohasin Ahmed</p>	<p>We changed the meeting time to end at 3pm in May for those who need to leave earlier.</p> <p>In the May meeting the seating layout was arranged in a horseshoe.</p>
<p>(May 2023)</p> <p>Panel would like to know more about the epidemiology component of the research.</p>	<p>Mohasin Ahmed</p>	<p>We will incorporate this into a future meeting and speak to David Walsh and the wider team to see what could be useful.</p>

Comment (You said)	Person responsible	Response (We did)
<p>(May 2023)</p> <p>Panel shared what they thought was important about the oral histories provided to give pointers on the direction of the animated film for Media Co-op.</p>	<p>Gill Murray</p>	<p>It was great to share our progress so far with the group and really appreciate their insight on the oral histories. This supported the development of the animated film by ensuring that:</p> <ul style="list-style-type: none"> ▪ details of the characters wider family were incorporated into the film ▪ changes to housing were represented as well as changes in employment ▪ showing through the animation the combined effects of these rapid changes on a sense of community and wellbeing.
<p>(May 2023)</p> <p>Panel shared their thoughts on what NHS Lanarkshire could do to support people to be healthier, what is important when accessing services, and the use of digital technology in the NHS.</p>	<p>Kerri Todd</p>	<p>Kerri to incorporate the LEAP responses into the feedback received for the overall Lanarkshire consultation and report back on the influence of their views once the 'Our Health Together: Living our best life' strategy has been developed (end 2023).</p>
<p>(Feedback forms May 2023)</p> <p>“These meetings should be more advertised for more people”</p> <p>“To learn more about poverty and I want to speak on this, mental health and other experiences”</p> <p>“Vegan and veggie options were a bit lacking”</p>	<p>Mohasin Ahmed</p>	<p>We are limited with how many people we can have on the Panel due to budget for paying expenses and providing vouchers. Time constraints also affected this.</p> <ul style="list-style-type: none"> ▪ We contacted around 20 community organisations across Lanarkshire to advertise the Panel. ▪ We can look for ways to focus on other experiences at future meetings (where relevant). ▪ We will feed this back to the venue for next time.

Appendix 4: Images from LEAP meetings



The view across from South
to North Lanarkshire





CommonHealth Catalyst was funded by the Arts and Humanities Research Council (AHRC)
November 2022 to September 2023

CommonHealth Catalyst: Developing a community research consortium to address health disparities' was funded by AHRC's 'Mobilising community assets to tackle health inequalities' programme. Ref: AH/X005801/1



University for the Common Good



University
of Glasgow



University for the Common Good

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