



Older People, Regeneration and Health and Well-Being

Case Study of Salford Partnership Board for Older People

FINAL REPORT

**A collaboration between MMU, Salford University,
UNN and Community Partners in Manchester, Salford
and Newcastle upon Tyne**

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Case Study of Salford Partnership Board for Older People

Introduction

The following case study illuminates the constitution, functions and operation of the Salford Partnership Board for Older People. Relevant local policy and knowledge of partnership working with older people and its purposes, including structures and accountabilities, is included. To achieve this, this individual case study report draws upon contextual analysis of available local documents and in-depth insights of the experiences of Partnership Board members gained through individual interviews. The case study is one of three that together comprise a larger study of older people, regeneration, health and wellbeing in Manchester, Newcastle -upon-Tyne and Salford.

Background and Local Context

The City of Salford is set within the Greater Manchester conurbation in the North West of England. It covers 9,700 hectares and is made up eight community areas. It has areas of affluence and deprivation. Salford is within the 4% most deprived districts in England (Partners IN Salford 2005). However there has been a substantial recent investment in regeneration (Salford Quays is one example) in both Salford and in Manchester, bringing about many changes to the City.

The 2001 Census (Office for National Statistics) reported a population for Salford of 216,102, of which approximately:

- 32% were over 50 years of age
- 16.25% were over 65 years of age
- 7.6% were over 75 years of age

This was a slight reduction in the overall population from the 1991 Census; a pattern of decline noted for a number of decades. Current population estimates suggest only a modest population growth being experienced by the post retirement age group in Salford which is lower than the national picture (Salford City Council 2006).

The health and wellbeing of older people is an increasing policy and practice concern. For all three case studies, the impact of the Better Government for Older People (1998) initiative has been significant in that it identified partnership working as a suitable mechanism for the meaningful engagement of older people in local decision making.

Agencies in Salford have a track record of effective partnership working. This is remarked upon in a number of reports, for example:

- Commission for Social Care Inspection - CSCI (2006) Record of Performance Assessment for Adult Care 2005-06
- Audit Commission (2007) Supporting People Inspection Report

A stated key element of partnership working is citizen and community involvement. Local policies make clear the commitment to an integrated approach to citizen involvement and participation

(for example the Community Engagement Strategy for Salford (Partners IN Salford 2007) and the Patient and Public Involvement Strategy (Salford Primary Care Trust 2006).

The Local Strategic Partnership, named 'Partners IN Salford' is made up of representatives from the public, private, voluntary and community sectors. It was formed in 1994 and was originally known as the Salford Partnership. Within Salford's community plan (Making the Vision Real 2006-2016: Partners IN Salford 2005) is an 'imperative' to increase community engagement. As part of its approach to engagement, Partners IN Salford have adopted a set of 'Gold Standards for Community Involvement'. These standards are:

- To value the skills, knowledge and commitment of local people
- Develop working relationships with communities and community organisations
- Support staff and local people to work with, and learn from, each other (as a whole community)
- Plan for change with, and take collective action with, the community
- Work with people in the community to develop and use frameworks for evaluation

(Partners IN Salford 2005)

The Community Engagement Strategy for Salford (Partners IN Salford 2007) further discusses how community and citizen engagement should be developed, highlighting the different methods of involvement available.

Salford City Council (2005) led development of 'Growing Older IN Salford: a strategy for wellbeing' which states that it is based on older people's views and experiences, gained through a range of consultation activities involving over 200 older people. This consultation revealed that *'older people want to be joint partners in shaping new approaches for the future'* (p4).

The key building blocks of the strategy are:

- Tackling ageism
- Information and access
- Involvement
- Inclusion
- Measuring progress together.

The building block 'involvement' has the rubric *'with us not for us'* and aims to make older people central to decision making. A stated key priority for action is therefore to develop structures and processes that enable older people to influence how services are planned and delivered. The Wellbeing Strategy recognises the role of the Salford Partnership Board for Older People (discussed below) but also states that mechanisms need to evolve to further develop the strategy. It goes on to say that this will mean:

'A significant shift from consulting with older people to one that enables older people to have a direct voice in shaping policy and service development. It involves, therefore, a transfer of power to older people' (p33).

One way in which older people are seen as having involvement at a strategic level is through the Salford Partnership Board for Older People.

Establishment of a number of Partnership Boards is part of the response of health and social care agencies across Salford to the Government's requirement that citizens (including service users and carers) are involved in service commissioning, development and delivery. All of these Partnership Boards have powers delegated by Salford City Council and Salford PCT.

The role and responsibilities of Partnership Boards are to:

- Provide strategic leadership
- Bring together high level business plans of partner agencies to ensure integrated successful outcomes for service users
- Agree joint commissioning strategies and arrangements
- Promote integrated service delivery and interagency working
- Agree pooled budget arrangements
- Monitor and manage performance across key partner agencies
- Agree joint processes for example for the sharing of information

(Salford PCT 2005)

Salford has 6 Partnership Boards, the Drug and Alcohol Action Team, the Learning Difficulties Partnership Board, the Mental Health Partnership Board, the Independent Living Partnership

Board, the Partnership Board for Children and Young People and the Partnership Board for Older People.

Salford Partnership Board for Older People was established in 2004 with the inaugural meeting being held on 2nd February. Membership of this Board includes: non-executive members of the Salford PCT Board, senior councillors, senior officers from Salford City Council, representatives from partnership organisations, the independent and voluntary sector, and older citizens. Individual Board members are expected to consult with those they are representing to bring wider views to the issues being considered.

The citizen representatives for the Partnership Board were originally drawn from the membership of the LinkAgePlus/Wellbeing Development Board (see below). There were three citizen representatives on the Partnership Board from inception until February 2008. In June 2007 they were joined by a further 2 people. Meetings are held every two months. The Partnership Board is chaired by the Chief Executive of the Primary Care Trust, with the Vice Chair being a citizen representative. The citizen representatives meet for one hour prior to each meeting to discuss agenda items.

The original Terms of Reference for the Partnership Board for Older People were originally to:

- Measure progress against agreed criteria
- Ensure the innovative use of options for service improvement

- Ensure future organisational alliances reflect the needs of the local population
- Agree processes to arrange pooled budgets
- Ensure effective links are made with other commissioning bodies to develop a co-ordinated and considered approach to oversee the budget on behalf of the Primary Care Trust (PCT) and Local Authority for older peoples services where pooled budget arrangements have been developed
- Accept recommendations from the Joint Commissioning Group on the overall priority for developments and redesign

Salford City Council (2003)

The Partnership Board for Older People initially reported to the Joint Commissioning Executive Forum but now has delegated authority to make decisions on behalf of the PCT Board and the Local Authority Cabinet. It can initiate, agree and support strategic multi-agency commissioning of services for older people in Salford. A sub-group of the Partnership Board for Older People, the Joint Commissioning Group, is tasked with the effective implementation of agreed commissioning decisions. The Joint Commissioning Group is made up of senior representatives of the relevant commissioning agencies.

Examples of issues the Partnership Board has focused attention on include:

- Mental health services for older people

- Intermediate care
- Continuing care
- Aids and adaptations
- Housing
- Community Stroke Strategy

A report on progress of Partnership Boards (SPCT 2005) identified the role of the Partnership Board for Older People in the redesign of services for older people and commissioning work in the ongoing development of intermediate care services as significant achievements. Whilst the original focus of the Partnership Board was health, social care and housing this has expanded to take a wider consideration of other services provided by local agencies. In 2006 the CSCI report on Adult Services provision commented that *'...there are high and increasing levels of service user participation in the planning and delivery of services. Partnership Boards with significant user membership now oversee social care services for older people'* (p2).

The Terms of Reference for all of Salford's Partnership Boards have since been reviewed and revised in November 2007 (McDonald 2007) and a notable change in direction as regards Partnership Boards' commissioning function is evident. The current Terms of Reference are as follows:

- To provide strategic leadership
- To agree joint commissioning strategies and commission services on behalf of the Council and the PCT with a

focus on achieving the best possible outcomes for service users and their carers. This should include opportunities to be active citizens and participate in what is going on in their communities

- To monitor the arrangements in place for the successful commissioning of services
- To be responsible for budget monitoring, particularly in respect of pooled budget arrangements and to receive regular budget reports in order to fulfil this responsibility
- To maximise the opportunities for pooled budget arrangements
- To ensure that services are meeting the needs of service users and their carers and to receive regular performance reports that include key performance requirements for the Council and the PCT
- To promote integrated service delivery and inter-agency working
- To agree joint processes, for example, for the sharing of information

Furthermore, the document by McDonald (2007) sets out the current membership structure of Partnership Boards:

“It is proposed that the membership of the Partnership Boards reflect the responsibility that the Council and the PCT has delegated to the Boards and their primary commissioning function. Thus, whilst it is proposed that the actual membership be decided by each Partnership Board, the membership should include Councillors and non-executive

members of the PCT Board and senior officers of the Council and the PCT. Users and carers should continue to be key members of the Board, with appropriate arrangements in place to support them in carrying out their responsibilities. The community and voluntary sector and representatives from academia can also have a significant contribution to make to the work of the Boards.... (and) ... a representative of GPs...”

Other mechanisms of involvement for older people in Salford include the **LinkAgePlus/Older People’s Wellbeing Board** (previously known as the **Older People’s Development Board [Local Implementation Team]**). This predates the Partnership Board for Older People, and was established both as a response to the Better Government for Older People (1998) initiative, and to oversee and support the implementation of the National Service Framework for Older People (DH 2001). The Older People’s Development Board became the Wellbeing Board in July 2006.

Salford is one of the pilot sites for LinkAge Plus. The LinkAge Plus pilots have been developed from the recommendations in ‘*Opportunity Age – Meeting the challenges of ageing in the 21st century*’ (HM Government 2005) and their importance has been reinforced by the publication ‘*A Sure Start to Later Life*’ (Department for Work and Pensions 2006). The pilot aims to support ‘Growing Older IN Salford: a strategy for wellbeing’ (Salford City Council 2005) by enabling the provision of integrated accessible services for older people.

The LinkAgePlus/Older People's Wellbeing Board has 8 appointed citizen representatives as well as representatives from health and social care, and the statutory, independent and voluntary sectors. It is part of the mechanism to enable the effective implementation of key strategies (such as the National Service Framework for Older People DH 2001). The LinkAgePlus/Older People's Wellbeing Board formally reports back to and is accountable to the Salford Partnership Board for Older People for progress on service development. It can also develop ideas for commissioning and can submit these to the Salford Partnership Board for Older People for consideration. The Chair receives the notes of the Salford Partnership Board for Older People meetings as part of the reporting mechanism.

Salford Forum for Older People is an independent organisation, linked with Age Concern Salford. The Forum is identified in Growing Older IN Salford: a strategy for wellbeing (Salford City Council 2005) as having a key role in the scrutiny of services through use of its 'age-proofing toolkit'.

In conclusion, the Salford Partnership Board for Older People can be seen as part of an established and continually adapting framework of structures and processes aimed at enabling citizen and community engagement. This means there are a number of ways for older people to engage with and influence decision making, from community-based committees, through groups such as Patient and Public Involvement Forums, the Carers Forum or Reach Beyond (mental health), as well as being members of formal Boards. The distinguishing feature of the Salford Partnership

Board for Older People is the power devolved to it through delegated responsibilities from Salford City Council and Salford PCT, and its substantive role in the commissioning of services for older people in Salford.

Methods

Study Aim

The over all aim of the study was to examine older people's involvement activities in the Salford Partnership Board for Older People.

The key objectives of the study were to:

- Outline how (the routes by which) older people come to be members of Partnership Boards
- Identify the extent to which older people with a background of 'community activism' are evident
- Identify how, if at all, 'community burn out', is recognised by older people
- Establish a knowledge/evidence base to contribute to the sustainability of older people's participation in partnerships

Specific research questions include:

- What have older people, and statutory and third sector stakeholders learnt about the process of involvement?
- What would be done the same or differently?

- How do older people themselves recognise stereotypes of 'older people' held by stakeholders?
- What strategies/courses of action do older people adopt in response to the above?

Sample

To achieve the study aim, all those members of the Salford Partnership Board for Older People who were identified to the research team as 'substantive' members, were invited for individual interview. This approach excluded people who had attended minimally. It was important to gain a range of views from Partnership Board members that could be compared and contrasted. Therefore both older people members (who we refer to as 'citizen representatives') as well as health and social care professionals or older people's organisation representatives (who we refer to as 'professional stakeholder representatives') appointed to the Board were invited.

During the existence of the Partnership Board there have been 5 citizen representatives, all of whom were invited to participate. Since the inception of the Board the notes consulted indicate that 44 professional stakeholder representatives have attended as Partnership Board members, as the representative of a Partnership Board member or as a visitor (such as when attending for a particular item). Of these 15 were frequent attenders and it is these individuals who were targeted to participate.

A total of 10 individuals agreed to take part in the study. Four of these were citizen representatives and six were professional stakeholder representatives.

Data Collection

An initial approach was made by one of the research team who attended a Partnership Board meeting to outline the aims and objectives of the study. A tailored, plain language flyer was handed out which described what the study was about and what was expected of potential participants as well as contacts for further information. Partnership Board members suggested that the Board secretary would distribute pre-packed envelopes containing interview invite letters and Participant Information Sheets to all Board members who could then return a reply slip to the research team should they wish to take part. In reality, a list of the contact details of members of the Partnership Board was sent to the research team and a formal written invitation was posted accompanied by the Participant Information Sheet. Due to problems with the postal system it was evident that not all members received an invitation and so follow up letters were sent and/or telephone calls were made. When individuals agreed to an interview, a convenient time and venue was agreed. The Institute of Health and Social Care Research, University of Salford 'Lone researcher fieldwork policy' was implemented.

Of the 10 interviews, 2 were undertaken as telephone interviews as preferred by the participants. Face-to-face interviews were conducted in participants' homes or place of work.

Where interviews were conducted by telephone, the same considerations were made for checking understanding of the study (drawing on the Participant Information Sheet provided), eliciting informed written consent and giving assurances regarding confidentiality and so on. Telephone interviewees posted in their completed consent forms post-interview. All interviews were audio recorded.

Approvals

Two semi-structured interview guides were developed for use within all three case studies (one for citizen representatives and one for professional stakeholder representatives). These and a Participant Information Sheet and covering letter of invite were approved by relevant local project approval bodies. These were the University of Salford Research Governance and Ethics Committee, Salford PCT Measuring and Improving Practice Group and Salford Community, Health and Social Care Directorate at Salford City Council. ReGrouP (NHS research governance approval body) and Salford and Trafford NHS Local Research Ethics Committee confirmed they did not need to review the study as it was considered outside of their remit.

Data Analysis

Textual Analysis

A range of local relevant documents have been examined and analysed to provide an understanding of the purpose, structure

and accountability of the Salford Partnership Board for Older People. These include

- Notes of 25 meetings of the Salford Partnership Board for Older People
- Notes of a selection of meetings of the LinkAge Plus/Wellbeing Board
- Relevant strategy documents developed by stakeholder organisations

Some contextual material has evolved over time, for example, Terms of Reference of the Salford Partnership Board for Older People, therefore a grasp on the chronology of developments has also been a goal of this analysis. Where gaps in understanding were identified, these were verified with long-standing Partnership Board members and at a study dissemination event held with them in July 2008 as well as during interviews.

Qualitative Data Analysis

Data Preparation

Each interview was transcribed verbatim. Transcribed data was stored electronically on a password protected University computer. Consent forms were kept separately from the anonymising codes used to identify participants. All confidential study documents were kept in a locked filing cabinet in a secure room. Non-anonymised data (e.g. interview recordings) were destroyed at the end of the study.

Data Coding

Interview data were analysed manually using the thematic analysis framework proposed by Miles and Huberman (1994). Once transcribed, the narratives of each interview were thematically analysed to identify larger categories and sub-themes. These were sorted and critically compared with each other. Larger categories were broken down further and smaller themes merged where appropriate. Themes that developed were further explored with subsequent participants and so the initial interview schedule evolved accordingly as is commensurate with qualitative research. In this way emerging insights were validated with participants so that the researchers achieved confidence in the final findings.

Findings

Findings – Citizen Representatives

Becoming involved in the Board

Participants were asked about their experiences of recruitment and induction to the Partnership Board for Older People.

Recruitment. All four citizen representatives interviewed are existing LinkAgePlus/Wellbeing Development Board members. This other Board therefore seems key in providing a route to membership of the Partnership Board. This also means that at times it was very difficult to discern which ‘Board’ was being talked about. Furthermore, participants often discussed activism *per se*

(that is their broad engagement in a range of activities) rather than their involvement in the Partnership Board as a separate, specific entity. When probed for the exact mechanisms of their recruitment to the Partnership Board, participants lacked clarity. This suggested a gradual and ill-defined process. For example, one participant was 'recruited' whilst attending a local older people's event. In their words they were 'collared' by an individual who persuaded them to join the LinkAgePlus/Wellbeing Development Board. This involvement led on to other things including the Partnership Board and what can best be described as extensive community activism including other events/committees, housing issues and the scrutiny committee:

"And from then on it just steamrolled because I got involved in all sorts of other (things)". (Participant 1:43-45)

This same participant believes they were recruited as they lived in an area that was under-represented and/or of a different faith and also had what they referred to as a 'good background'. In describing others they associate with through involvement with the Partnership Board and other boards, this participant suggests that:

"...these people I've mentioned as active, all these people... they're all active in different facets of Salford life". (Participant 1:503-506)

This participant goes on to allude further to 'the right kind of person' to be a Board member:

“...all the others are from various charities and also from Salford life. And their previous jobs if you like were also like teaching, erm, teaching, caring... you know the right kind of background for this”.
(Participant 1:515-518)

Participant 2 was recruited to the Wellbeing Development Board initially via the Pensioners Group and from there to the Partnership Board. This participant also struggled to recollect the process of recruitment and appointment to the Partnership Board. In illustration:

“...well, now there is, in that there has been some views put forward that anyone who serves on the Partnership Board would stay there for two or three years and then move over. And other than that it was who wanted to do it really until it got built up”.
(Participant 2:49-53)

Participant 3 became involved following the deterioration in health and mobility of their partner and associated early retirement. This participant started attending Salford Carers and was offered a Wellbeing Development Board seat as a representative of Salford Carers and from there simply ‘joined in’ with the Partnership Board.

Participant 4’s trajectory to Partnership Board membership evolved loosely also:

“I don’t clearly recall now how I found out about the Board. I think it was probably through colleagues on the schemesI think there was an election if I remember correctly...there was a big meeting and an election”. (Participant 4:18-26)

Amongst all citizen representatives, there was also a lack of clarity in relation to the numbers of representatives on the Partnership Board, their tenure and so on.

Induction. Amongst citizen representatives there were mixed recollections of induction processes to the Partnership Board. Participant 1 could not recall an induction process but later went on to say how valuable such a process would be:

“...people did sort of complain about (it) later on, or point out that that there wasn’t one”. (Participant 1:60)

Another view amongst citizen representatives and professional stakeholder representatives alike was that there was an initial general lack of clarity concerning induction:

“No, I think there is now, but there wasn’t then, because everybody was feeling the way really”. (Participant 2:66-67)

A further view from a relatively recently appointed member was that induction training was particularly useful:

“There was introductory training which was helpful in explaining the purpose and how things would work. I wouldn’t have continued otherwise. I need to understand what is going on”. (Participant 4:38-41)

Motivation and sustainability. Participants generally recognised a pattern of community activism amongst themselves and their

peers on the Partnership Board. This existing involvement with lots of groups/activities was usually seen as a good thing but not always. As one participant pointed out:

“Some people collect these things like medals. They love these meetings and committees and want everyone to know how many they attend. It’s important to them that people realise how much they do. I think you can only do one thing well”.
(Participant 4:52-55)

For two other participants, a history of community activism of one form or another has been influential to becoming a Partnership Board member. For one, previous political activism and trade unionism are particularly significant and they perceived the Partnership Board work as being an extension of a lifetime’s work of political activism. For this person a key incentive was to:

“...get involved with the NHS and the other things that the NHS did”. (Participant 2 2:32-33)

For another participant, motivation to work on the Partnership Board was multi-faceted but focused on making things better for older people:

“I’m in good health and I’m mobile and I thought the best way to help was to work with the Board and the Trust”. (Participant 4:16-18)

This individual was very involved in various community activities including visiting and talking to poorly or bereaved older people. They saw this experience as helpful to working on the Partnership

Board and appeared to have a particular interest in reaching seldom heard people:

“...it’s given me an insight into the worries of older people, particularly those on their own”. (Participant 4:12-14)

This participant seemed to extend a community activism connection to anti-ageism:

“If you look at organisations for older people abroad, in the States, Scandinavia and Germany they are a real force. Here they are ignored. So I think we should do all we can”. (Participant 4:13-16)

Furthermore, they exuded a sense of civic pride:

“I’m a Salford(ian) born and bred and very proud of this city. I think in many ways we are streets ahead of other parts of the country and I wish people would realise that more”. (Participant 4:114-117)

Another participant’s motivation to get involved appeared to emanate from their faith and a charitable impulse as well as it being meaningful activity:

“I thought they’re going to get me out”. (Participant 1:46)

All participants saw being on the Partnership Board as a long term commitment, whilst for one it was akin to a full time job that impacted on another family member as their support was needed. Appropriate personal and organisational support was viewed as

important in sustaining commitment. More formally, two types of organisational support for members have been identified by one participant. Firstly, a designated support person is important for sustained participation. Whilst this participant has experienced a number of people in such a role whilst a member of the Partnership Board, it was commented that these people had often left or had time off and that this had led to a feeling of uncertainty. Secondly, the support offered by other professional members of the Partnership Board was also viewed as valuable. These individuals occupied an informal support role by nature of them being seen as approachable. However, members of this group were seen as 'busy people' who sometimes were not accessible or were perceived to have more important things to do, so that the citizen representative would self censor. Similarly the transient nature of this group of supportive people was highlighted.

Being on the Partnership Board.

Participants were asked about their views as to the purpose of the Board.

Purpose. The purpose of the Partnership Board was generally viewed as a cog in the successful mechanisms that addressed older people's concerns in the City of Salford. It was viewed as closely linked to, if not blurred by its close association with the Wellbeing Development Board. For one participant the difference was about composition:

“...the Development Board was sort of open to everybody who wanted to come in and say something. The Partnership Board was just that bit different in that we had to limit the number who came or else we’d never find a room big enough by the time all the professionals came as well”. (Participant 2:36-43)

For another participant the Partnership Board was about giving voice to older people:

“...well I’d say it’s to support older people. There’s a lot of issues that need to be taken up... “they tend to be swept under the carpet you know, older people... “there’s a lot that could be done, you know, for a lot of older people... because you’re old you tend to be left on one side”. (Participant 1 1:93-101)

A decision making and critical/challenging role was identified by another participant:

“Well it’s important to see what services are available and are needed for older people in Salford. It gives the chance for older people to work with professional and reach decisions, see what needs changing or can remain the same”. (Participant 4:31-34)

How the Partnership Board works. Participants noted the effective working of the Partnership Board:

“In general it works well and we don’t have significant ups and downs. It’s almost an even flowing thing because people work very hard and I think professionals take a real pride in putting forward their projects”. (Participant 2:132-136)

The variable turnout at meetings was noted by one participant and corroborated in minutes of meetings. Whilst often for valid reasons such as someone attending for a particular item only, it was not always viewed positively:

“Sometimes you don’t get a good turnout and other times you do get a good turnout... Some people got a bit blasé about it because the newness has worn off a bit. But not from the Primary Care. The Primary Care are very, very keen to keep it going and making sure that people do take part and people understand what’s going on”. (Participant 2:70-80)

This participant also highlighted the way the Partnership Board operates:

“People do pieces of work as it’s called and people come along with these overheads and you know they dish out the paperwork”. (Participant 2:72-74)

The importance of information was highlighted:

“They’ve been very good at giving us information. I have never felt left in the dark”. (Participant 4:41-42)

Specific role. On the whole most of the citizen representatives do not identify a specific individual role in respect of the Partnership Board. Most of the responses are fairly general about representing the voice of older people in Salford. What was unclear is who or what exactly members saw themselves as representing:

“...they (some attendees) feel they can dismiss it because you’re not agreeing with them. It doesn’t happen very often but it can happen. And then I find somebody saying, well that’s your personal point of view. Course it is, that’s what I’m there for”. (Participant 2:150-151)

Another highlighted the role of enabling seldom heard people amongst Salford’s older population to be heard:

“Salford has 40 000 older residents, many living alone, and they don’t have representation at high tables”. (Participant 4:75-79)

One participant has a Vice Chair role within the Partnership Board and was very clear about their role as acting in the absence of the Board Chair.

Lastly one participant viewed participation not in terms of a specific role but enthusiasm for involvement with new ventures:

“I’m practical and in with two feet, involved in everything that’s new. Anything where they’re setting up a sub group I’m always on. Every 6 months they come up with a big piece of work and I’m usually very involved with that”. (Participant 3:141-144)

Personal participation. A range of elements concerning personal participation were raised by participants. For one it was about having a say like anyone else. Another participant would like to use their accountancy skills more and to know what allocated

budgets are for events and such like. For another it was about making a practical difference:

“People want to stay in their own homes, not up sticks and leave. Things like ‘Healthy Hips and Hearts’ help get people out and about and speaking to people, old people who live alone don’t get a lot of social contact and we can improve that”. (Participant 4:80-84)

Where something has gone well. Participants gave a range of examples of positive experiences within the Partnership Board. One spoke about organising an event called ‘Feel Good Week’ because:

“It got people together, older people... I thought that was a very satisfying side of the Board because it was all propagated by the Board, you know, it came from the Board”. (Participant 1:168-174)

For another participant, no specific instance was given:

“Well in general we always get a result and it’s usually the result we want, even though we don’t get it immediately and we have to work for it”. (Participant 2:129-131)

The citizen representatives’ part in preventing use of technical language such as abbreviations was hailed as a particular success.

Where things have not gone so well. Again, participants gave quite general responses rather than specific instances. These included a lack of training for the role as Board member, situations when not listened to or taken seriously (e.g. by a Councillor), lack of knowledge by some of the Partnership Board professional stakeholder representatives and an excess of information (on joining the Board) without a synopsis which did not make much sense.

How older people are involved on the Partnership Board

Participants were asked in what ways they were involved with the Partnership Board.

Influence. One means of influence was identified as being through questioning. One participant felt equal to and able to question other members and believed that the contributions they made were valued. Another felt they kept professional stakeholder representatives grounded. In particular, bringing of an older person's perspective was viewed as especially valuable as was collaborative working:

“Yes. These well qualified, intelligent professional people sometimes miss an emphasis. Things we see because we are old people all the time and they are perhaps only concerned with older people in their professional life. They are also busy with many other things, The older people thing is only one part of what they do. Doesn't mean to say though that they can't see the many things that we overlook. I think

that's why it all worked so well. We were a good mix". (Participant 4:63-70)

Expectations and stereotypes. Expectations of them by other Partnership Board members were not articulated by participants. Instead they felt they were there to contribute and help address issues. None felt stereotyped either. By all accounts operation of the group and its dynamics ran very smoothly. It was also evident that the citizen representatives receive a good amount of time to air their views at Partnership Board meetings. Again it was expressed that the contributions participants made were highly valued although one participant did wonder whether that was due in part to them being from a middle class, professional background.

Health, well-being and involvement in the Partnership Board

Several interview questions asked about participant's definition of health and wellbeing and whether the Partnership Board addresses health and wellbeing.

Definitions. Generally, quite a traditional view of health was given by participants that recognised the balance of mental and physical health and the enablement of people to live well and enjoy life. Wellbeing was not considered as anything different by one participant previously but who now viewed it as being wider than health, for example absence of poor housing or social isolation.

For another participant wellbeing was a personal thing open to individuals' own interpretation.

Partnership Board activity in addressing health and wellbeing.

One participant viewed this activity as being the main focus of the Partnership Board. Whilst another participant was in agreement, they added that the Partnership Board has an activity to fulfil around communication with the public at large.

Personal effect of being on the Partnership Board

Participants were asked about any impact upon them personally as a result of Partnership Board involvement.

Achievement. A sense of personal achievement was strongly evident. Whilst impossible to discern whether this is attributable to Partnership Board involvement or community activism generally, it is a significant finding. As one participant illustrates:

“There’s a feel good factor other than that I am actually doing something, you know...Yes I feel I’ve got a feeling of satisfaction that I am doing something worthwhile”. (Participant 1:369-371)

Knowledge/contacts. Enhanced knowledge and exposure to people and processes was also identified:

“I know a lot more....I’ve seen how the little wheels go round with professional workers that I never knew before... I’ve met people, names, you know, up the scale and down the scale”. (Participant 2:296-299)

This participant also added that making these contacts had led to the identification of useful short cuts (pertaining to older people’s services/issues) that would not have been uncovered in any other way.

Another participant highlighted the making of new friends and making a difference but also pointed out the workload:

“It’s tiring and time consuming you know. At my age you think slower and act slower. I have memory loss and sometimes can’t think of the right word. It’s frustrating. But you can’t change it, at least doing this I’m not ignored. I’d hate that. People have been patient with me, and haven’t made me feel old”. (Participant 4:102-107)

Learning from older people’s involvement

Participants were asked for their views concerning any learning resulting from their involvement in the Partnership Board.

Personal learning and development. According to one participant, some learning was gained from some local training that was received a few years ago. This participant was not a Partnership Board member then and so it is likely not to have been

Board-specific training although they do remember an aspect of diversity training. This participant would certainly welcome more training especially around age discrimination, ageism and finance.

Aids to personal development were suggested as being the continuity of people allocated to support Partnership Board citizen members, as well as having clear processes. In illustration:

“Yes, well look at the way I was enlisted. It was done in a very kind of, er, desultory fashion”. (Participant 1:425-426)

This participant went on to say that progress with clarifying issues such as appointment and term of office had not yet been resolved due to the person tasked with them always leaving. This is corroborated with notes of the meetings.

With regard to development as a group, participants recognised their achievement. One participant compared the Partnership Board with other groups:

“We’re in advance of other areas I think with regard to the work with older people. I think we should be proud of what we’ve achieved”. (Participant 4:117-119)

Findings – Professional Stakeholder Representatives

Becoming involved in the Partnership Board

Participants were asked about their experiences of recruitment and induction to the Partnership Board.

Recruitment. These participants were appointed to the Partnership Board as a result of a corporate role they held in organisations such as Salford Primary Care Trust or Salford City Council including commissioning roles and senior executive roles.

Several participants expressed having a professional background that encompassed services for older people and/or having a particular interest in issues concerning older people. Others only became involved with older people groups through individual projects. Several participants had also been on the Partnership Board since its inception.

Development of the Board. Whilst individual participants were clear about their own view as to the process of development of the Partnership Board, individual views differed and a historical picture has had to be built through examination of documents and verifying of interpretations with key informants.

One participant is clear how the Partnership Board developed and what the differences are between it and the Wellbeing Development Board:

“The (Partnership) Board grew out of the Older People’s Development Board. The Older People’s Development Board was first of all created when we had the National Service Framework for Older People... to take forward the National Service Framework”. (Participant 5:18-22)

The differences between these two Boards were made clear by another participant:

“The Development Board had as its responsibilities, the overseeing of the development of the eight main areas in the National Service Framework. But it didn’t have the powers to make any decisions about anything... so we then developed the Partnership Board to have those executive powers delegated from the Council and from the Primary Care Trust so it became a commissioning body rather than just a body that was receiving reports”. (Participant 5:28-32)

A further participant could not recall the detail of how the Partnership Board was set up but suggested it started with a broad idea of what the membership should be but thinks that this was and remains flexible.

Another participant clarified how there was a Learning Disabilities Partnership Board initially and that 5 Partnership Boards have now built upon that original model.

A further participant added how the Partnership Board is the overall commissioning body with the remit to make decisions whilst the Wellbeing Board and commissioning group feed into it, in order to inform members. This participant went on to suggest:

“...it (Partnership Board) can get very confusing and sometimes I do feel a bit confounded by our structures and processes. It can be a bit inhibitive sometimes in getting things done”. (Participant 9:173-176)

Recruitment of older citizens. One participant made the point that the Wellbeing Development Board (from which the Partnership Board evolved) was itself developed from an earlier group of older people who had helped the development of Salford’s Older People’s Strategy in 2000. Thus it could be said that membership of the Partnership Board had in part snowballed from earlier group memberships, perhaps resulting in less opportunity to cast a wide net.

Participants clarified that there had been discussions from time to time over recruitment issues such as when and how to replace members once their term of office (suggested to be three years) had ended. Whether to elect or select was also an issue. It is unclear whether this has yet been resolved as two of the citizen representatives recruited in 2004 remained Partnership Board members in the first half of 2008 and two more members of the Wellbeing Development Board have recently joined the Partnership Board.

The question of representation was also raised amongst these participants:

“There’s a whole issue about how well they represent, what is their role? Is it a representative

role? If it's representative, where is their constituency? Where is their accountability back to different old people's groups?" (Participant 5:50-54)

Whilst one participant indicated that a criteria-based selection process had been devised, no other evidence could be found that this had taken place. Another believed there had been some kind of election process previously but the local documents and other participants accessed offered no substantive corroboration of this.

It was generally recognised that a broader base of older people from which to recruit from was a good idea as well as there being a particular advantage to engaging people who are already active and knowledgeable about local structures, processes and ways of working concerning older people:

"...when we come to replacing older people on the Older People's (Partnership) Board we will set information up in a number of different ways. We may advertise in newspapers, send information out to older people's groups, the over 60's group, pensioner's groups, to say we are looking for representatives on to the Partnership Board. So it will be a wider coverage. And because people are already knowledgeable about those things we do, because we have over the years spread out this participation to a much wider group, if you like, people on the Partnership Board are just the pinnacle of that engagement with older people." (Participant 5:677-687)

One participant was not sure if a greater representation of older people is achievable but believes greater public awareness of the

work of the Partnership Board could be useful. In terms of representativeness of current members, this participant believed it may not be sufficiently diverse.

Participants were less clear about existence and content of any induction processes but felt any induction was a good idea. Development Workers appointed to support citizen representatives on the Partnership Board were considered very valuable. Joint induction for all the Partnership Boards was suggested by one participant as an ideal way forward.

Being on the Partnership Board

Participants were asked about their views of the purpose of the Partnership Board.

Decision making. Views differed as to whether the Partnership Board was a commissioning body as one participant did not think this (because it does not have a specified budget) whilst the others did. Revised Terms of Reference for the Partnership Board (McDonald 2007) make clear it has evolved over time and now has a commissioning function.

The Partnership Board is generally viewed as having a key role in informing the strategic direction of services. Rather than a decision making body, one participant viewed it as having more of a supportive role:

“At the moment the Older People’s Partnership Board isn’t really a decision making body as such, it makes recommendations and providing advice if necessary there. And also advising on ways, if we do want to do something, how we can influence the agenda, so it’s probably a supporting role”.
(Participant 5:109-113)

Other participants are very clear about the Partnership Board’s commissioning role, although it is acknowledged that this function may not have been evident from the start. For example:

“...well 18 months ago we revisited what the purpose of the Boards are, and in the last couple of months we’ve done that again, and we’re very clear that these Boards are commissioning Boards and what they should be doing is ensuring we’ve got the right strategy, that we’ve got a handle on services that are currently provided and are identifying where the gaps are in these services and where we need to take on other services”. (Participant 8:143-156)

Own participation. Participants elaborated on what they bring to their appointment to the Partnership Board. One placed much emphasis on their ability to make linkages through networks and participation on other Boards, so enabling connections between strategies and developments to be achieved. This same participant saw part of their role as enabling involvement and making sure that people are properly involved at every level of work.

Another felt that their financial knowledge would grow in importance as the Partnership Board’s budget/commissioning aspect becomes more important.

As Chair of the Partnership Board, one participant saw their role as providing leadership, managing the agenda, and keeping the Board to task in terms of monitoring performance, finance scrutiny and strategy development. Also acknowledged is the need to ensure that everybody has the opportunity to speak at meetings and that the professional members do not dominate the discussions.

A further member described their role in supporting the smooth running of the Partnership Board ensuring that *“the right issues are brought to the Board”* and by *“responding to the issues that the Board feel need to be considered.”* (Participant 8:44-46)

Feeding in relevant issues to the Partnership Board is viewed as a key role of another participant who adds:

“...there is a satisfaction in being able to draw attention to issues and make people aware of current good practice and that sort of thing.” (Participant 10:263-265)

Where something has gone well. Like citizen representatives, these participants gave few specific examples of Partnership Board successes, choosing to highlight general achievements such as the degree that good quality ‘involvement’ has been realised:

“...what we’ve actually been able to do is make it common for those older people, both those that were on the Partnership Board and the network of older

people that are outside of the Partnership Board but support it, to input into every single thing we do in terms of service planning.” (Participant 5:203-209)

A recent review of intermediate care services which involved members of the Partnership Board and the Wellbeing Development Board was one of the specific examples given. Another is the sponsoring and supporting of LinkAge Plus and development and commissioning of intermediate care services. Additionally:

“There’s numerous pieces of work that we can look at and think well maybe we might have achieved that without the Older People’s Partnership Board but you can never be certain. I think there very definitely are a number of pieces of work that I would ascribe to the Board’s existence and success.” (Participant 7:154-159)

Another view concerned the Partnership Board’s impact on awareness-raising amongst its members about performance targets:

“I think that clarified a lot of issues for people around what’s the sort of national drivers as well as the local things we want to do, so it gave people a good understanding of national policy and also I suppose some of the constraints that we are under to meet these targets.” (Participant 6:129-134)

Performance was an issue which was highlighted by another participant:

“It’s inevitable when Boards come together they go through norming and storming and so on before they start performing, so performance management isn’t really one of the key priorities they pick up.... And it’s then ensuring that we get good effective performance management reports coming to the board on a regular basis.” (Participant 7:73-84)

The Development Workers who hold pre-Board meetings with the citizen representatives were further highlighted by several participants as excellent.

Where things have not gone so well. An aspect in need of improvement was highlighted by one participant concerning lack of time and how this impacts on the Partnerships Board’s effectiveness:

“...because of the processes and because of people’s workloads I think that sometimes people don’t have adequate time to read what’s being sent.” (Participant 9:279-282)

Reading of weighty documentation was particularly problematic:

“They’re (citizen representatives) not happy reading a thirty to forty page document. They want to have time to discuss it with their constituency, between themselves before moving on to making a decision. But the world that we work in, we’re very often having to make decisions very, very swiftly.” (Participant 5: 298-302)

The pace and complexity of change was suggested as presenting significant challenge to ‘involvement’ and running the risk of

conflict. Yet long term relationships and consultations were suggested as means through which agencies would helpfully understand the direction of travel from the older person's perspective.

For another participant, the time taken for change to be realised was viewed as particularly frustrating for Partnership Board members. The example of setting up an intermediate care service with a pooled budget was given to illustrate this point as it had taken much longer than originally anticipated:

“(Citizen representatives) probably don't fully appreciate some of the hoops you have to jump through in each organisation but it's important that we do follow those rules otherwise we end up with problems further down the line.” (Participant 5:153-156)

How older people are involved on the Partnership Board

Participants were asked in what ways older people were involved with the Partnership Board.

Older people's contribution. Some of the participants' responses focused specifically on their Partnership Board experiences but perhaps not surprisingly, some broadened to include views about older people's contribution generally. One of the greatest contributions older people make is in keeping professionals 'grounded':

“They keep us rooted in reality.” (Participant 5:251)

Providing a reality check and presenting challenge were suggested by several participants. An example is how Partnership Board members take care with the language and terminology they use:

“It (involvement) simplifies our language and approach... but very often it’s quite easy to get involved in public sector bureaucracy speak, which can make agendas in any meeting very difficult and complex. So recognising that you’ve got non-professional people there forces you to adopt a different approach to the meeting in terms of its style and the papers that are presented, and I think that is tremendously helpful”. (Participant 7:92-102)

This point was added to by another participant:

“...the fact that people are made to think about jargon and that sort of thing, I think that is really important, because it’s a key note to how policies and developments should be presented generally.” (Participant 10:407-410)

The meaning and difference made by Partnership Board actions were a further source of questioning by citizen representatives that helped maintain a focus on outcomes. Importantly, the outcomes that matter most to older people were considered to be paid more attention when these views were expressed by older people themselves:

“It does keep you very rooted in outcomes we think are less attractive, but really important to older people. A classic is the toenail cutting service... They come back to make us realise what appear to us

small things that can make a qualitative difference in peoples lives. 'That's the kind of reality that they come back to us with.' (Participant 5:256-271)

Furthermore, dignity and respect were suggested as being enhanced when hearing concerns directly from older people. The example of a carer being spoken to and not the older person themselves was given to illustrate this point.

The tendency of participants to talk about older people's involvement beyond the Partnership Board was not necessarily accidental. An area of emphasis was on the recognition that older people's influence was not confined to the Partnership Board and instead reached beyond to adjoining structures and processes:

"So it would be very easy to have partnership within the Partnership Board and it's stuck with in that committee. True partnership has got to be about, not the Partnership Board, but how does that affect every single thing that you do." (Participant 5:281-285)

These structures and processes could concern other groups and networks older people belonged to or connections they had through family and friends. Whilst the single voice of an older person was valued, the views they could gain from their wide networks were also highly valued. Citizen representatives were viewed to be developing in confidence and ability during their time on the Partnership Board which in turn enhanced their contribution.

“You can see how the members have developed as they’ve got more experienced. In my view, it was probably originally driven very much by the professional membership. It’s now driven more by the members themselves or at least they are requesting to help set the agenda more than they were before, as they’ve got much greater influence and involvement in it, and they are contributing more and more to meetings as they understand what the issues are and how they can influence things.”
(Participant 6:175-184)

This confidence and willingness to speak up was evident outside of Partnership Board meetings:

“...they’ll (citizen representatives) speak to you outside the meeting, or they’ll ring and we have opportunity to see them at various events where those sorts of discussion take place, but it’s on an informal basis.” (Participant 9:466-470)

One participant viewed the presence of older people on the Partnership Board as a catalyst that has made health and social care agencies work more collaboratively:

“We haven’t done it for a long while now. But I think there used to be a situation where, if Social Services and health got round a table and we were talking about a gap in service, there was a tendency to blame each other for the gap. And the involvement of older people has stopped us doing that, you know... We can’t bicker between ourselves because they couldn’t care less about whose fault it is. What they want to know is, what are we going to do jointly about trying to resolve that?” (Participant 5:438-448)

As with interviews with citizen representatives, these participants indicated the relevance of some members' backgrounds as an important factor related to their successful contribution:

"I think it's really positive because there's quite a variety of people from different backgrounds and they add a lot more of a real feel to the processes."
(Participant 6:162-164)

Furthermore, a professional background was viewed as important in determining how people are treated:

"Older people have lived their lives. They're professionals very often. We must not treat them as if they can't contribute, they can't understand. We've got to treat them as equals. And they've got to be included as equals in every single thing we do."
(Participant 5:234-238)

For others the issue about backgrounds was one of interest and local knowledge:

"They're people who are quite interested in the community anyway. They use services and know people that use services. They know where the gaps are they know where there are problems."
(Participant 9:362-366)

Generally speaking, involvement of older people was widely considered as being essential. For one participant this was because decisions made at the Partnership Board concerned older people:

“It’s crucial to have people who use services involved in the decisions that are taken as it is after all about the wellbeing of these people.” (Participant 8:82-85)

For others this was perhaps an issue of duty:

“I think it’s essential to have that viewpoint of people, the citizens of the city, who we are working for.” (Participant 10:275-277)

Health, well-being and involvement in the Partnership Board

Several interview questions asked about participant’s definition of health and wellbeing and whether the Partnership Board addresses health and wellbeing.

Definition of health. Participants held a range of simple and multi-faceted views concerning health. One participant stressed the need to recognise mental and physical health:

“We talk about physical health and people having healthy bodies, and mental health, making sure that people are psychologically well. And that relates to issues like depression, dementia, but also things like loneliness, isolation”. (Participant 5:544-547)

For another health is very personal and may depend on a person’s outlook:

“Health in itself is probably how you are feeling at the time and obviously as we go through different stages in life we have different expectations, and part of this

is understanding what people's expectations are, because so many people as they get older expect to have aches and pains and be able to do less, sometimes there's an acceptance of that and sometimes they accept its inevitable but there are things we can do about it either to make it more comfortable." (Participant 6:199-206)

Whilst put more simply:

"I think health is to me a sort of absence of illness." (Participant 10:419)

Definition of wellbeing. For one participant:

"Wellbeing is about perception, about how you feel with yourself and how you feel with yourself, do you feel good about yourself? Do you feel valued, as a valued member of the community? Do you feel that you've got activities that keep you occupied? And for each individual those things would be different." (Participant 5:559-563).

For another participant wellbeing is about expectations:

"Part of the wellbeing thing is about raising expectations of what we should be able to do as we get older and obviously I think the preventative stuff is what we need to concentrate on really." (Participant 6:206-209)

A further view on wellbeing:

"...wellbeing is more wide ranging (than health), it's a more positive proactive sort of general lifestyle. I think people can have health problems but have a

sense of wellbeing because of self esteem.”
(Participant 10:420-425)

Partnership Board activity in addressing health and wellbeing.

Participants recollected how the Partnership Board originally addressed health and wellbeing. It was said to have had an initial focus on services that helped people manage ill health but had now shifted to an emphasis on wellbeing. Hence a wider concern with issues such as transport, leisure, provision of toilets and so on had developed.

For another participant, the move to consider wellbeing as well as health was underway:

“...but it’s a long process and it’s not a problem you are going to solve overnight.” (Participant 6:224-225)

In terms of whose health and wellbeing is receiving Partnership Board attention, one participant indicated that there had not yet been a lot of focus on the 50-65 years age group, but that this is point for future consideration.

Personal effect of being on the Partnership Board

Participants were asked about any impact upon them personally as a result of Partnership Board involvement.

Personal impact. A great deal of impact on participants has been realised through involvement. One participant expressed feeling humbled:

“I mean sometimes it makes you very humble about, when you think you are working with services and delivering a good service and then you get told some stories about how things didn’t work properly or people question why you’re doing things and it does make you realise why you’re there again.”
(Participant 5:468-472)

Another participant said their Partnership Board involvement had caused a new perspective to be gained:

“It’s given me a different view on how we design and provide services, and moved it away from let’s tell you how it’s going to be, and towards let’s look at what you would like, and how it actually feels, and the good things you’ve experienced and the bad. In a way it’s nice to get good experiences but you probably don’t learn much, in ways you learn more from a bad experience and how it can be made better and improved.” (Participant 6:233-240)

Of the involvement element of Partnership Board work, one participant said:

“...it’s a style of working. It’s hard almost to know what it would be like without it.” (Participant 5:702-703)

For another involvement has had:

“...a better emphasis... it gives you a kind of different reference point in how you see service provision. So it definitely has an influence on you.” (Participant 7:187-196)

This same participant also stressed that working on the Partnership Board can be fun and gave reminiscence work as an example.

A further participant stated that working with the citizen representatives generally had assisted them professionally in their work, helping to identify where to direct future activity.

Learning from older people’s involvement

Participants were asked for their views concerning any learning resulting from their involvement in the Partnership Board.

Key learning points for one participant were around support and performance management:

“...(support) needs to be ongoing, people need to be supported before the meetings, after the meetings, if they are going to any other events. We can’t underplay the importance of giving time to those individuals...and ...better performance monitoring of systems.” (Participant 5:508-519)

Another participant had identified a need to give greater feedback and to develop a clearer remit for the citizen representatives:

“I think we could probably look to develop a clearer role for them, and that’s some of the work that will be starting to go on in the next few months. Looking at whether we get the best out of the Board and using their influence sufficiently clearly in our commissioning plans and certainly in setting our longer term goals.” (Participant 6:245-247)

A different participant sees the citizen representatives as being very much at the older end of the age spectrum at the moment and that there may be a need to look at the 50-65 years age group and in particular men as they tend to use health services less than women.

One view is that there needs to be a greater focus on the commissioning of services as an element of service provision still creeps in to Board work. There is also the view that increased forward planning is needed.

Finally a further interviewee suggested the work of the Partnership Board has been and continues to be a learning curve.

Discussion

Appointment to the Partnership Board. For professional stakeholder representatives, the appointment processes had been straightforward in that members were expected to have a seat because of the nature of their professional role in relation to older people’s issues. They represent health and/or social care organisations and largely had strategic responsibilities to develop

older people's services. Aligned with those responsibilities are established routes of influence and communication with other stakeholders in their wider organisations. For citizen representatives the appointment process had been relatively informal after they had been identified as potential members and invited to join. Whilst some mention had been made of an interview process the details of this could not be validated. This informality has presented challenges in that citizen representatives were largely unclear as to the specifics of what was expected of them and what their role was in terms of informing the Partnership Board with their own views and those of older people in Salford. In recent months these issues have been identified and the Partnership Board is ensuring that improvements to these processes are being planned. To meet citizen representatives' needs these will likely include role clarification, equitable recruitment processes and adequate preparation processes.

Selection criteria. Whilst no participants were aware of any formal selection criteria for citizen representatives, what came across strongly was that a 'certain type of person' made for a 'good' representative. A professional background and/or active involvement in other key groups locally, especially the Wellbeing Development Board were common factors. Related to this is no obvious attention to the mix of citizen representatives in terms of ethnic minority, work backgrounds, gender, life skills and other such factors. In particular, several participants noted that the younger end of the older adult age range was under-represented. Men were also considered to be few in number. This raises a number of questions. Which older people do the citizen

representatives represent? Are some sections of Salford's over 50s population less heard? How can a diverse mix of older people be better represented on the Partnership Board?

Intended numbers of citizen representatives is unclear as Partnership Board Terms of Reference and previous minutes contradict each other. Again it is understood such issues are currently being considered by the Partnership Board.

Representation. Some citizen representatives viewed themselves as representing their own perspectives whilst others saw they were representing a 'constituency'. What was not articulated by these latter participants is who that constituency was and the mechanisms they used for two way communication of their constituents' perspectives, via the conduit of the citizen representatives to the Board and back again. Participants did not express their role in such a structured way and so it was impossible to make an informed judgement as to how effective these consultative channels with the wider community of older people are.

Arguably, if citizen representatives do have some kind of constituency, they have a responsibility to those constituents and as one of the professional stakeholder representatives pointed out, should they be accountable for the job they do? Should citizen representatives report back to their constituents (such as other groups and networks they belong to) as a minimum and how would this be done or monitored? To illustrate the point, in most of the notes of Partnership Board meetings the citizen representatives

are referred to as 'representatives of the Wellbeing/Development Board'. This is certainly the route of recruitment for several members but what is not clear is whether they remain representatives of those groups in the literal sense and whether they are representing the same 'constituency'.

The majority of professional stakeholders interviewed viewed the cross-representation with the Wellbeing Development Board as positive. As a result of these connections, citizen representatives were deemed familiar with Partnership Board topics and ways of working. No negative views were expressed about this working arrangement and no participants alluded to a potential risk of excluding other older people from opportunity to be involved through long-term engagement of a core of people on one or more Boards and groups. No participants acknowledged any potential challenges arising from conflicting group or personal agendas with those of the Partnership Board.

Boards and networks. The Partnership Board is one component of a range of mechanisms, processes and structures for older people's engagement in Salford. One participant interestingly described it as being 'the pinnacle'. This range of forums is generally regarded as particularly positive as it illustrates the wide opportunities for older people to influence issues that concern them locally. What has been difficult within this study is to discern the distinction between the remits of these different groups as there is a potential for considerable overlap. Adding to this confusion has been the wide use of similar group names, shortened group names and acronyms. At times it has been

difficult for the authors as well as participants to be clear about which group or Board was being referred to at any one time. Yet a key advantage is that the reach of the Partnership Board goes far beyond the confines of its own activities. However with overlap comes the risk of duplication and/or conflict. Partnership Board members have indicated a recognition of the need to look more closely at these inter-group relationships and how they can be more complementary.

Professional stakeholder representatives were generally very clear about the Partnership Board's role and Terms of Reference. Citizen representatives were much less clear and a need to revisit such topics was evident amongst these participants. The fact that earlier Terms of Reference less articulated the Partnership Board's commissioning role than more recent ones, may explain why citizen representatives underplayed this aspect of the Board's functioning. The pace and nature of change as the Partnership Board has evolved seems likely to have made it difficult for citizen representatives to keep abreast of changes. Fluctuating activities around commissioning, scrutiny and delivery place quite a demand on citizen representatives.

Influence. It has been difficult to identify from the data available how citizen representatives have influenced Partnership Board decisions and activities. It is acknowledged that such impact is notoriously difficult to measure and documents such as minutes for meetings were not intended to be used for recording such impacts. What is strongly evident from the accounts of all participants is that the impact of citizen representatives has been great. Their

involvement has been described as 'vital', 'essential' and crucial'. Of note are how the citizen representatives have made professional stakeholder representatives aware of the need to avoid jargon and work more collaboratively.

Further to this, a particular direction of influence is difficult to establish as both sets of participants expressed how communication and influence took place beyond the Partnership Board meetings and was often in other forums or at events. Instead multiple cross connections and linkages between individuals, groups and forums makes any influence diverse and hard to pin down.

Also of interest is the potential for conflict in relation to the Partnership Board having a commissioning role whilst some members have also been providers of services. Encouragingly this has been acknowledged in a document (McDonald 2007) that suggests ways forward including appointment of regional representatives of voluntary organisations and for affected members to declare any conflict of interest.

'Full time job'. Citizen representatives have a significant profile of wider community activism which is often built upon previous life experiences. One participant described it as a full time job. Whilst support in preparation for meetings was strongly evident, and delivered to a very high standard by Development Workers, focused support to prevent burnout or overload may be required. A further participant illuminated this concern when they said that some citizen representatives 'collect committees like medals'.

What is also positive is how some citizen representatives act as a source of information for their neighbours thus adding meaning and purpose to their lives which they saw as important, particularly for those who had found retirement hard to adjust to. It is questioned whether professional stakeholder representatives fully appreciate this commitment that extends far beyond attendance at meetings. In a similar vein, there is a potential issue concerning the process of withdrawal from Partnership Board membership which is clearly a major aspect of citizen representatives' lives, yet this issue was not raised by any participants.

Induction and support of citizen representatives. Whilst Development Workers are viewed by many of the Professional Stakeholder representatives as very effective, this emerged less clearly from citizen representative data. Previous turnover of staff with a support remit for the citizen representatives had reportedly lessened the effectiveness of those mechanisms. A structured, substantive means of induction and ongoing support were widely acknowledged as essential.

Discussion points for the Partnership Board

- Celebration of the considerable success of the Partnership Board at successfully working with older people to make a difference locally
- Review of appointments process to include recruitment process, induction, stepping down, numbers & characteristics of members

- Consider means of recording tangible impacts of involvement
- Discussion around all members' roles and remits, representation, purpose of the Partnership Board and Terms of Reference e.g. commissioning function
- Clarification of relationships and remits of various Boards
- Management of workloads and support process pre-meetings and general support processes
- Strategies to enable effective disengagement of citizen representatives
- Identification of life skills that members have to offer and any ongoing skills/personal development/training needs
- Reward and recognition
- Publicising of the Partnership Board

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