Frailty Neighbourhood Working Group

Terms of Reference - draft for approval v1.0 | September 2026

Status: Northern Devon working version for review and approval through One Northern Devon governance.

1. Introduction

Frailty is a priority for neighbourhood health because it is associated with loss of independence, avoidable deterioration, unplanned hospital use and increasing demand across health, care and community services. Northern Devon has an ageing population and people living with frailty frequently require support from several organisations. Current provision is fragmented, with variation in access to prevention, proactive care, crisis response, rehabilitation and follow-up, and inconsistent coordination between primary, community, acute, social care and voluntary, community and social enterprise (VCSE) services.

The NHS 10 Year Plan and developing neighbourhood-health approach require partners to identify people earlier, coordinate support around the individual and provide more proactive care closer to home. There is also an immediate need to agree what can be designed and planned for implementation at pace to deliver impact during winter 2026/27, using existing resources where possible and Neighbourhood Health funding where additional investment is required.

The One Northern Devon (OND) Frailty Neighbourhood Working Group has therefore been established as a time-limited, multi-agency development forum. These Terms of Reference set out its remit, responsibilities, membership, reporting and decision-making arrangements for the pre-implementation phase. Implementation governance will be agreed following consideration and approval of the Northern Devon proposal.

2. Purpose and intended outcomes

The purpose of the Working Group is to bring together partners to co-design a locally workable, evidence-based frailty pathway and delivery model for Northern Devon. The central question is what partners can agree, design and plan for implementation at pace, which can deliver impact during 2026/27 and may or may not require Neighbourhood Health funding.

The work will seek to support:

- reduced avoidable deterioration, unplanned admissions and acute bed use;
- earlier identification and proactive management of people living with or at risk of frailty;
- greater independence, improved experience and more time spent at home;
- better coordination of care around the individual, including patients and carers;
- more appropriate care delivered in neighbourhood and community settings;
- reduced inequalities in access, experience and outcomes; and
- improved anticipatory and end-of-life planning as part of the wider frailty pathway.

Anticipated KPIs: pending confirmation by the ICB, proposals should describe their expected contribution to:

- 15% reduction in emergency admissions for people with moderate and severe frailty;
- 20% reduction in hospital stays longer than 21 days;
- 10% reduction in frailty-related bed days;
- 15% increase in discharge to usual place of residence;
- 95% of eligible patients receiving frailty identification and assessment; and
- improved patient and carer experience measures.

3. Scope

The Working Group will develop the Northern Devon proposal within the emerging ICB frailty framework. Its scope includes:

- Pillar 2 - Proactive Care (Plus);
- Pillar 3 - Integrated Intermediate Care;
- Pillar 4 - Frailty-Focused Hospital Care; and
- alignment with Pillar 1 - Promoting Independence and Wellbeing, recognising the linked ICB-led prevention workstream and workshops.
- incorporating and aligning relevant end-of-life pathway development, including proactive identification, advance care planning, treatment escalation planning and coordination of care;
- using a population-health approach, available evidence, existing services and stakeholder experience to identify need, gaps, inequalities, opportunities and priority cohorts;
- identifying the workforce, finance, digital, data, information governance, procurement, contracting, evaluation and commissioning requirements of the preferred model; and
- ensuring the proposed model is sustainable and scalable across Northern Devon while remaining adaptable to local neighbourhood need, assets and variation.

Initial scope boundary: cardiovascular, respiratory and diabetes long-term-condition pathways are not included as separate areas of pathway redesign in this initial phase, pending confirmation of the wider programme scope. The proposal should nevertheless describe how frailty care will coordinate with other long-term-condition pathways and care plans, and be capable of later adaptation or extension.

Framework alignment: the work will proceed in anticipation of the Devon Clinical Model for Frailty, expected to be approved on 22 September 2026, and will be reviewed and aligned when that model is available.

4. Responsibilities

The Working Group will:

- agree its design brief, principles, scope and success criteria, informed by the NHS 10 Year Plan, developing ICB guidance and known or emerging KPIs;
- review the current position and identify service gaps, inequalities, duplication, quick wins and longer-term opportunities;
- define the target population and approach to identification, including baseline and data requirements;
- develop and assess pathway and delivery options, including benefits, costs, measures, risks, dependencies and resource requirements;
- distinguish opportunities deliverable through existing resources from those requiring additional investment;
- consider available ICB locality funding and provide sufficient evidence to compare and prioritise funded proposals; and
- recommend short-, medium- and longer-term implementation priorities.

5. Deliverables

The Working Group will produce an agreed Northern Devon implementation and delivery proposal comprising:

- the recommended pathway and delivery model, target population and initial delivery footprint;
- prioritised actions that can be delivered during 2026/27, including any proposed implementation in an agreed number of initial PCN footprints;
- anticipated benefits and KPIs, baseline and evaluation requirements;
- costs, funding requirements, workforce and enabling-resource implications;
- risks, dependencies, assumptions, outstanding decisions and proposed mitigations;
- the approach to sustainability, scalability and adaptation across Northern Devon neighbourhoods; and
- recommendations for review and consideration through the OND Neighbourhood Health Steering Group and OND Board, with ICB consideration where required.

Exact submission and governance meeting dates will be confirmed and circulated separately.

6. Chairing, coordination and membership

Chair: [to be proposed and confirmed locally]

Programme coordination and support (including the delivery of any agreed programme/s): RDUH Partnership Team - Simon Rapsey and Amy Slater

The RDUH Partnership Team will coordinate the Northern and Eastern Devon work programmes to support appropriate alignment, shared learning and management of common dependencies. The Northern Devon Working Group remains accountable solely through OND governance.

For proposed membership and representation please see annex A below

7. Quorum, recommendations and conflicts of interest

The meeting will be quorate when at least 50% of confirmed members are present, including the Chair or nominated deputy, with reasonable cross-partner representation. No individual may represent more than one organisation for the purpose of determining quorum.

The Working Group will seek to agree recommendations by consensus. Where consensus cannot be reached, differing views, risks and options will be recorded and escalated to the OND Neighbourhood Health Steering Group and, where necessary, the OND Board.

Members must declare any actual or potential personal or organisational conflict of interest relevant to a proposal. Declarations will be recorded and managed by the Chair, including withdrawal from discussion or recommendation where appropriate.

8. Governance, reporting and escalation

The Working Group is a development and recommendation forum. It will design and assess proposals but will not approve funding, organisational adoption or implementation on behalf of partner organisations. Its agreed implementation and delivery proposal will be submitted through the OND Neighbourhood Health Steering Group to the OND Board for review and consideration.

Progress, risks, dependencies, conflicts and decisions required will be reported through the OND governance route. Matters requiring commissioner or individual partner authority will be escalated to the ICB or relevant partner organisation as appropriate.

9. Meetings and duration

The Working Group will hold three planned facilitated development meetings (dates and times tbc and shared). Their key objective is to develop an agreed Northern Devon implementation and delivery proposal for review and consideration through OND governance. Meetings may be held virtually or in person. Papers and action notes will be circulated by the RDUH Partnership Team.

The pre-implementation phase will conclude when the proposal has been submitted to the OND Board and next steps for approval, implementation and delivery have been agreed.

10. Review of Terms of Reference

These Terms of Reference will be reviewed at the first Working Group meeting and amended where required to reflect agreed membership, governance and ways of working. They will be reviewed again if the ICB framework, funding, scope or delivery timetable changes materially.

11. Matters requiring confirmation

Decision area	Confirmation required
ICB framework	Final Devon Clinical Model for Frailty, objectives and alignment requirements.
Pillar 1	Relationship with the ICB-led prevention workstream and workshops.
KPIs	ICB confirmation of measures, definitions, baselines and targets.
Funding	Confirmed Northern Devon allocation, conditions and decision criteria.
Accountability	Chair, final membership and named accountable lead.
Timetable	Submission, Steering Group consideration and OND Board dates.
Involvement	Approach to patient and carer representation or engagement.

Annex A

subject to confirmation of roles and nominees:

Organisation / representation	Proposed member(s)
Primary Care - Collaborative Board representatives	Fiona Duncan; Caroline Sanford
Royal Devon University Healthcare NHS Foundation Trust	Lynsey Webb; Sophie Markevics; Em Bagwell; Heather Wolhuter; Hannah Hopkins; Aisha McClintock; Maggie Cairns
NHS Devon ICB	John Groom / Jo Shill / ICB Frailty Lead - most appropriate representative to be confirmed
Devon Partnership NHS Trust	Representative to be confirmed by Sonja Manton
Devon County Council	Nikki Mahony / Kate Holliday
Community Pharmacy Devon	Sue Taylor
VCSE representation	TBC - TTVS and/or NDVS and/or Age Concern Barnstaple
Patient/carer voice	Representative or alternative engagement route to be confirmed
Project management and coordination	Amy Slater (RDUH); Simon Rapsey (RDUH)

Other attendees and enabling functions may be invited where their expertise would support the work, including Business Intelligence, Population Health Management, finance, workforce, digital, information governance, procurement, contracting, communications and evaluation.