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Adult Social Care: **Delegated Healthcare Activities Innovation in Practice**

NHS Devon Integrated Care Board

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Contents

This Innovation in Practice outlines how NHS Devon Integrated Care Board (ICB) is developing its approach to delegated healthcare activities (DHA). The model combines processes within the ICB's Personal Health Budget team, and Continuing Healthcare (CHC) hubs, with the clinical training, supervision and review activity delivered through the CHC Community Matron service provided by Royal Devon University Healthcare NHS Foundation Trust in Exeter, Mid Devon and East Devon. The work brings together commissioning, clinical oversight and quality assurance functions to strengthen how DHAs are identified, trained, signed off and reviewed across selected localities.

Terminology note: This Innovation in Practice uses the term 'delegated healthcare activities (DHAs)' in line with Skills for Care's **Delegated healthcare activities: Guiding Principles.** However, some existing NHS Devon ICB tools, such as the Day Care Checklist (Appendix 1) and the Delegation of Health Care Tasks (DHT) flow chart (Appendix 2), use legacy language. The underlying expectations, pathway and governance arrangements are the same.

1. About the organisation

NHS Devon ICB is responsible for commissioning health and care services for people living across rural, coastal and urban communities in Eastern, Northern, Southern and Western Devon. Several functions within NHS Devon ICB contribute to the oversight of DHAs, including the Personal Health Budget team, which monitors mandatory and DHA specific training checks for personal assistants, and the CHC hubs, which provides care plan quality assurance and undertake eligibility assessments and reviews of funded packages of care.

This Innovation in Practice focuses specifically on the aspects of DHA delivered through the personal health budget function, the CHC hubs, and the CHC Community Matron service provided by Royal Devon University Healthcare NHS Foundation Trust. Other parts of the ICB also support delegated activity, but they are not within the scope of this Innovation in Practice.

NHS Devon ICB's current approach to DHAs is delivered in partnership with Royal Devon University Healthcare NHS Foundation Trust. Both organisations work in partnership in the One Devon Integrated Care System to align commissioning, clinical oversight and governance arrangements to support the safe delegation of activities within personalised models of care.

2. Summary of the innovation

The Personal Health Budget team and the CHC hubs in NHS Devon ICB have developed a structure for DHA that aligns documentation, training, supervised practice and review processes. The work combines the personal health budget and CHC processes with the CHC Community Matron service delivered by Royal Devon University Healthcare NHS Foundation Trust. This approach provides a process for identifying DHAs, arranging training and supervised practice, recording competency sign-off and ensuring ongoing review.

The approach emerged in response to a variation in how DHAs were being delivered, recorded and supported. Early developments in NHS Devon ICB included improving documentation within care plans, introduction of the Delegation of Health Care Task (DHT) flow chart to support identification of DHAs, and clarifying which team is responsible for training and ongoing competency reviews. Review mechanisms were also strengthened to ensure competencies remain current. A Day Care Checklist was developed for use when individuals in receipt of a DHA attend unregulated day care services, ensuring staff have the required training.

The CHC Community Matron service supports the approach through clinical training, supervised practice, competency checks and case-by-case advice, as well as using an automated prompt to support timely review. This creates a route for reassessing historic DHAs and for confirming when activities require input from specialist teams. The approach continues to evolve across NHS Devon ICB as commissioning and clinical partners refine shared governance arrangements.

3. What inspired this approach?

The approach to DHAs in NHS Devon ICB was shaped by the need for clearer oversight of activities being carried out within personalised care arrangements. In many cases, DHAs had been delivered by families or personal assistants for extended periods without formal review, which meant that training, competence and accountability were not always recorded consistently.

Demand on community services and CHC hubs highlighted the importance of a structured delegation pathway that could support personalised models of care while ensuring that clinical oversight remained proportionate. Clinicians also identified situations where activities could be delegated safely with the right training and supervision, enabling support to be delivered in a timely and person-centred way.

Discussions across NHS Devon ICB reinforced the need for practical arrangements that reflect how people receive care in their daily lives. This included creating a route to revisit longstanding DHAs and ensuring that review and reassessment could take place where needs had changed. The development of the CHC Community Matron service provided a clear mechanism for delivering training, assessing competence and offering clinical advice where required.

4. How was the innovation developed?

The description below reflects the aspects of the model that are currently in place. Some components continue to develop, and the level of detail varies across localities as governance arrangements mature.

The development of DHAs within NHS Devon ICB began with work led by members of the Personal Health Budget team, who prepared a business case to address variation in how DHAs were identified, recorded and reviewed across personalised care arrangements. The business case proposed an initial twelve month ICB funded CHC Community Matron service model to provide personal assistants in Devon with training, supervised practice, competency assessment and clinical oversight. This proposal was shared with several providers across Devon; however, no provider opted to take this forward.

The work nevertheless informed wider system thinking and contributed to a model developed and led by Royal Devon University Healthcare NHS Foundation Trust. The Trust now funds its own CHC Community Matron service in Exeter, Mid Devon and East Devon. The service provides DHA training (specific to the person's needs), supervised practice, competency assessment and case-by-case clinical advice. The team also use an automated prompt to support timely review when needs change. Where an activity is not suitable for delegation, the CHC Community Matron service confirms this and liaises with specialist teams to ensure alternative arrangements are in place.

Alongside this, the Personal Health Budget team introduced a Delegation of Health Care Tasks (DHT) flow chart to support consistent identification of DHAs and the updating of care plan requirements so that delegating clinicians, training arrangements, competency sign-off and review expectations are recorded in a standardised way. The Personal Health Budget team currently uses a manual process to monitor mandatory and DHA specific training for personal assistants and to prompt updates when training is due. Using this process, the team sends a notification letter to the personal health budget holder and personal assistant when training becomes out of date.

In parallel, the CHC Community Matron service looked at what DHAs were being delivered to the people they support, including activities delivered by families or personal assistants without recent assessment. This has supported the regularisation of historic arrangements and contributed to more consistent DHA governance in the localities where the model operates.

5. Who has it helped or affected?

People who draw on care and support

People who draw on care and support have clearer and safer arrangements where DHAs form part of their daily routines. Training, sign-off and review expectations are defined, and reassessment can be prompted when needs change. Longstanding DHAs delivered by families or personal assistants now have a route to be reviewed and recorded in line with their level of needs.

> **Having personal assistants undertaking DHAs means I am not restricted to waiting for community nursing teams or other specialist teams to come to my home. This enables me to have control and flexibility over my day.**
>
> Personal Health Budget Holder, Devon

Personal assistants

Personal assistants benefit from clearer expectations about training and competency requirements, supported by prompts from the Personal Health Budget team when mandatory and DHA specific training is due. In the areas where the CHC Community Matron service operates, personal assistants have access to clinical training, supervised practice and competency assessments.

> **Increasing my skills and knowledge base makes my job more enjoyable as well as increasing my confidence in delivering safe care.**
>
> Personal Assistant, Devon

Regulated professionals

Clinicians, including delegating staff and the CHC Community Matrons, have more defined routes for delegation, review and escalation. The arrangements provide a consistent structure for deciding when a DHA is appropriate and a clearer process for training and review.

> **The CHC community matron role has helped provide consistency and coordination, supporting patients with complex healthcare needs to be more in control of their own care and to reduce clinical burden on community nursing teams.**
>
> CHC Community Matron,
> Royal Devon University Healthcare NHS Foundation Trust

Teams within NHS Devon ICB

The Personal Health Budget team and CHC hubs benefit from more consistent documentation and improved visibility of DHA related activity. Recording who trained, who signed off competencies and when review is due, supports clearer governance and contributes to proportionate assurance within personalised care arrangements.

> **It is important to have clear and robust governance arrangements for the safe delegation of healthcare activities which aligns with the Personal Health Budget Quality Framework, Nursing and Midwifery Council (NMC) Code and NHS England personal health budget delegation of healthcare tasks to personal assistants guidance. Having robust governance arrangements ensure standardisation and consistency in practice which is auditable.**
>
> Quality Assurance Lead and PHB Team Manager, NHS Devon ICB

System partners

System partners gain a clearer understanding of where DHAs are suitable, where specialist involvement is required and how oversight is maintained across different settings. The arrangements provide a practical route for reviewing historic practice and support more consistent decision making across localities where the model is in place.

> **This model has helped us support patients navigating healthcare funding and their clinical needs, providing a baseline for a consistent and equitable platform for reviewing their historic delegated healthcare activity practice, and support patients (and their carers) to prevent crisis and avoidable hospital admissions.**
>
> Lead Nurse for Complex Patients and Palliative care,
> Royal Devon University Healthcare NHS Foundation Trust

6. What helped make this possible?

Progress in developing safer delivery of DHAs within NHS Devon ICB has been supported by clear roles across commissioning and clinical teams, and by practical tools that help ensure consistent decision making. The Delegation of Health Care Tasks (DHT) flow chart, the Day Care Checklist and strengthened care plan documentation have provided a structured way to record delegating clinicians, training arrangements, competency sign off and review dates in a consistent format. These steps have contributed to clearer governance within the personal health budget and CHC processes.

The CHC Community Matron service delivered by Royal Devon University Healthcare NHS Foundation Trust has also supported the development of safe DHA practice within the localities it covers.

The combination of defined documentation requirements, accessible clinical oversight and clear routes for escalation has created a practical framework for supporting DHAs across NHS Devon ICB. This approach enables consistent recording, supports timely review and provides a route to revisit longstanding arrangements so that training and competence reflect current needs.

7. What might others learn from this project?

NHS Devon ICB's experience shows that setting out clear roles within the pathway for DHAs can help create consistent decision-making across different parts of the system. Identifying who is responsible for training, supervised practice, competency sign off and review provides a structure that is easier for clinicians, personal assistants and people drawing on care and support to understand.

The use of simple tools, such as the Delegation of Health Care Task (DHT) flow chart and defined documentation fields within care plans, demonstrates that governance can be strengthened without creating complex new processes. Predictable review prompts also support timely reassessment and help ensure that training and competence reflect current needs.

The presence of a dedicated clinical resource through the CHC Community Matron service model shows how named oversight can support delegation, provide access to clinical advice and offer a route for reviewing historic DHAs. This structure helps identify when activities require specialist involvement and supports consistent practice in the localities where the service operates.

Implications for contract changes

NHS Devon ICB's development of a clearer approach to DHAs has implications for how expectations are expressed within commissioning and provider documentation. Contractual wording may need to set out the responsibilities for identifying DHAs, arranging training and supervised practice, recording competency sign off and maintaining review cycles, alongside a minimum documentation set. Aligning wording with the Skills for Care's 'Delegated healthcare activities: Guiding principles for health and social care in England' and 'Delegated healthcare activities toolkit' supports proportionate, consistent governance across different delivery models.

Where services include DHA training, assessment or clinical oversight, provider specifications may set out: the named clinical oversight function; how review prompts are generated and acted on; and how activities unsuitable for delegation are escalated to specialist teams in line with an agreed boundary list. Presenting these points contractually helps maintain consistent pathways across localities. This approach aligns with national expectations that delegation decisions include clear escalation routes and defined boundaries where clinical oversight is required.

Personal health budget holder agreements can state expectations for access to appropriate training and supervised practice, evidence of competence, participation in scheduled reviews and retention of current records. Expressing these requirements reduces inconsistency and supports governance within personalised care arrangements. As recommended in the ADASS document 'Delegated healthcare activities and the commissioning of adult social care' contractual clarity about roles, responsibilities and evidence can also help avoid misaligned expectations between sectors.

Contract frameworks may also describe information governance and record-keeping arrangements for DHAs, including ownership of datasets, update frequency, retention and access for assurance. Embedding these points supports reliable reporting without requiring complex new systems and remains consistent with proportionate assurance.

Given the administrative workload associated with manual training tracking in the personal health budget process, contracts can encourage the use of shared data fields and date prompts where feasible, while maintaining manual controls as needed. This supports timely updates to training and competency records and reduces the risk of out of date information where recommended actions have not yet been completed.

Insurance and indemnity arrangements should set out the evidence employers and providers are expected to retain (e.g. training dates, competency sign off and review cadence) and the route to rectify gaps within an agreed timeframe. This aligns with ADASS advice to ensure commissioning arrangements specify expectations clearly and support accountability.

In addition, as NHS Devon ICB moves towards a clustered arrangement with NHS Cornwall ICB, contract language can support continuity by expressing DHA governance expectations in a way that remains applicable as structures evolve. This helps ensure stable requirements for providers and personal health budget employers during organisational change.

Key success factors

Progress in strengthening the approach to DHAs across NHS Devon ICB has been supported by a combination of commissioning leadership, practical governance tools and clinical capacity. The early business case developed through the personal health budget function set out a clear rationale for a Community Matron service model, and created a shared focus on documentation, competence and review in personalised care arrangements.

The availability of a dedicated clinical resource through the CHC Community Matron service delivered by Royal Devon University Healthcare NHS Foundation Trust has enabled structured training, supervised practice, competency assessment and case-by-case clinical advice in the localities where the service operates. The use of an automated prompt supports timely reassessment and helps ensure that review cycles remain predictable when needs change.

Defined documentation requirements within the personal health budget and CHC processes have supported clear audit trails. Care plans capture the delegating clinician, training and assessment details, competency sign off and the date of the next review, which provides assurance and consistent expectations across cases. This is complemented by the Personal Health Budget team's process for monitoring training requirements for personal assistants and prompting updates when training is due.

Operational alignment has also supported delivery. The review prompt mechanism used by the CHC Community Matron service sits alongside the CHC review cycle and the personal health budget quality assurance processes, which means that reminders, reassessment and documentation updates can be coordinated rather than handled in isolation. This contributes to consistent recording and reduces drift in arrangements that have been in place for long periods.

Alongside this, the presence of clear roles within NHS Devon ICB, Royal Devon University Healthcare NHS Foundation Trust, the Personal Health Budget team and CHC hubs have provided identifiable points of contact for delegation decisions, review queries and escalation. This clarity has supported consistent decision making and made it easier to apply a single approach across different settings in the localities where the model is in place.

Recommendations and top tips for other ICBs who are thinking of starting work on DHAs

NHS Devon ICB's experience offers several practical insights that may support other ICBs developing approaches to DHAs. The work highlights the value of beginning with a clear rationale for change and using existing processes to introduce clearer governance. NHS Devon ICB's early developments within the personal health budget and CHC pathways show how small, structured changes can help build consistent decision making and recording.

One learning point is the benefit of setting out a simple pathway for identifying DHAs, arranging training and supervised practice, recording competency sign off and establishing review expectations. NHS Devon ICB introduced a Delegation of Health Care Tasks (DHT) flow chart to support consistent delegation within the personal health budget process and strengthened care plan documentation to ensure that delegating clinicians, training arrangements and review dates are recorded in a standard format, aligning with the Skills for Care's 'Delegated healthcare activities toolkit'.

NHS Devon ICB's experience also illustrates the value of named clinical oversight. The CHC Community Matron service approach offers a defined route for confirming when DHAs are appropriate and when specialist involvement is required, which is consistent with the expectations set out in Skills for Care's 'Delegated healthcare activities sample policy'.

Clear communication with providers and personal health budget holders has been another enabler. Within NHS Devon ICB, requirements for training access, participation in supervised practice, record keeping and cooperation with planned reviews are embedded in existing processes. This reflects learning shared nationally in ADASS's 'Delegated healthcare activities and the commissioning of adult social care' which highlights the importance of supporting a common understanding of responsibilities across health and social care.

The use of practical governance tools has also supported implementation. The Delegation of Health Care Tasks (DHT) flow chart, Day Care Checklist, standardised care plan fields and mechanisms for prompting reviews have enabled NHS Devon ICB to strengthen recording of delegation decisions and maintain oversight of longstanding arrangements where training or review cycles may need updating. Drawing on Skills for Care's 'Delegated healthcare activities toolkit' and templates can help other systems adopt similar tools with minimal additional workload.

Finally, NHS Devon ICB's work shows the importance of setting out clear routes for escalation. Where the CHC Community Matron services identify activities that are not suitable for delegation, it liaises with specialist teams to agree alternative support. Establishing a boundary list and defining escalation routes has been helpful in maintaining consistent, safe decision making across localities.

8. What next?

NHS Devon ICB's work on DHAs continues to develop, supported by the Community Matron service model as well as strengthened recording and review processes already in place. This approach will continue to be refined within the localities covered by the CHC Community Matron service, alongside the personal health budget and CHC hub processes.

Further embedding consistent pathways for identifying DHAs, arranging training, signing off competence and scheduling reviews will help maintain clarity across the different system and community teams. The developing digital mechanism for prompting reviews offers a practical way to support timely reassessment where needs change or where longstanding DHAs require refreshed oversight.

As roles evolve, there is an opportunity to continue clarifying responsibilities across delegating clinicians, the Community Matron service and specialist teams, ensuring escalation routes are understood and that activity requiring specialist oversight is consistently managed. Developing a DHA policy and an accompanying standard operating procedure would help bring existing processes together and align local arrangements.

Work already underway to strengthen care plan documentation, competency checks and review arrangements provides a foundation for future assurance. Alongside this, the Personal Health Budget team's manual training tracking process remains administratively intensive for a small team; where recommended training updates are not acted on promptly, personal assistant records can become out of date. Over time, proportionate automation. Drawing on the minimum datasets within Skills for Care's 'Delegated healthcare activities toolkit', may support more sustainable tracking and reduce administrative load.

The Personal Health Budget team is currently undertaking an audit of all personal health budget holders to review compliance with personal assistant mandatory training and DHA specific training. This involves confirming when DHA training was provided, who delivered it and whether the budget holder has been informed when a competency review is due. The audit aims to agree an action plan with each budget holder to support compliance with training requirements and to build a clearer understanding of gaps in the provision of training and competency reviews for DHAs outside the localities covered by the CHC Community Matron service.

There is also scope to set out boundary expectations more explicitly. Identifying clinical activities that require specialist oversight, confirming when DHAs are not appropriate and clarifying escalation routes within a policy framework would support consistent decision making across all localities. Similar clarity within provider specifications and personal health budget holder agreements may help ensure that training, review and documentation requirements are understood across different delivery arrangements.

This activity is taking place during wider organisational change as NHS Devon ICB moves towards a clustered arrangement with NHS Cornwall ICB. While future structures continue to develop, maintaining consistent DHA oversight and clear review expectations will help ensure continuity for individuals, personal assistants and providers across the area.

Appendix 1:

NHS Devon day care checklist for individuals attending a day care provision on the standard Devon County Council (DCC) or spot contract for enabling/day service with

Day care service:

Name of person attending day care:

NHS number:

Care/case manager's name:

Care/case manager's contact details:

This checklist should be used as a prompt by the care/case manager prior to commissioning day care provision to evidence the service can safely meet the identified needs of the service user. Checklist to be submitted to the ICB to confirm the provider can meet the prescribed level of need.

Questions	No	Yes	Comments
1. Contact the DCC arranging support team for your area to check that the day service is on the 'Standard or Spot contract for enabling/day service'. Check that there are no safeguarding/advisory notices or quality improvement concerns.	☐	☐	
2. What is the identified delegated health task (DHT)? Please list all delegated health tasks if more than one.	☐	☐	
3. Does the individual have a recent and up to date Personalised Care and Support Plan that has been shared and discussed with the provider?	☐	☐	

Questions	No	Yes	Comments
4. Does the Personalised Care and Support Plan provide a clear breakdown of the individuals support needs including the DHT (s) and the interventions required to meet them?	☐	☐	
5. Who has trained the day care staff to deliver the required interventions for each specific delegated health task?	☐	☐	
6. Who reviews the day care staff competencies and how often for each specific DHT? How are competencies recorded?	☐	☐	
7. Are all day care staff trained to deliver the individuals specific DHT care intervention? If all staff are not trained to deliver the individuals specific DHT care intervention what assurance is there that the DHT's will be met?	☐	☐	
8. Please list what mandatory training is provided to day care staff? How does the service provider evidence that they review and monitor mandatory staff training?	☐	☐	
9. What monitoring systems are in place to review and monitor that the individual needs are being met?	☐	☐	
10. Does the service provider complete enhanced DBS checks?	☐	☐	

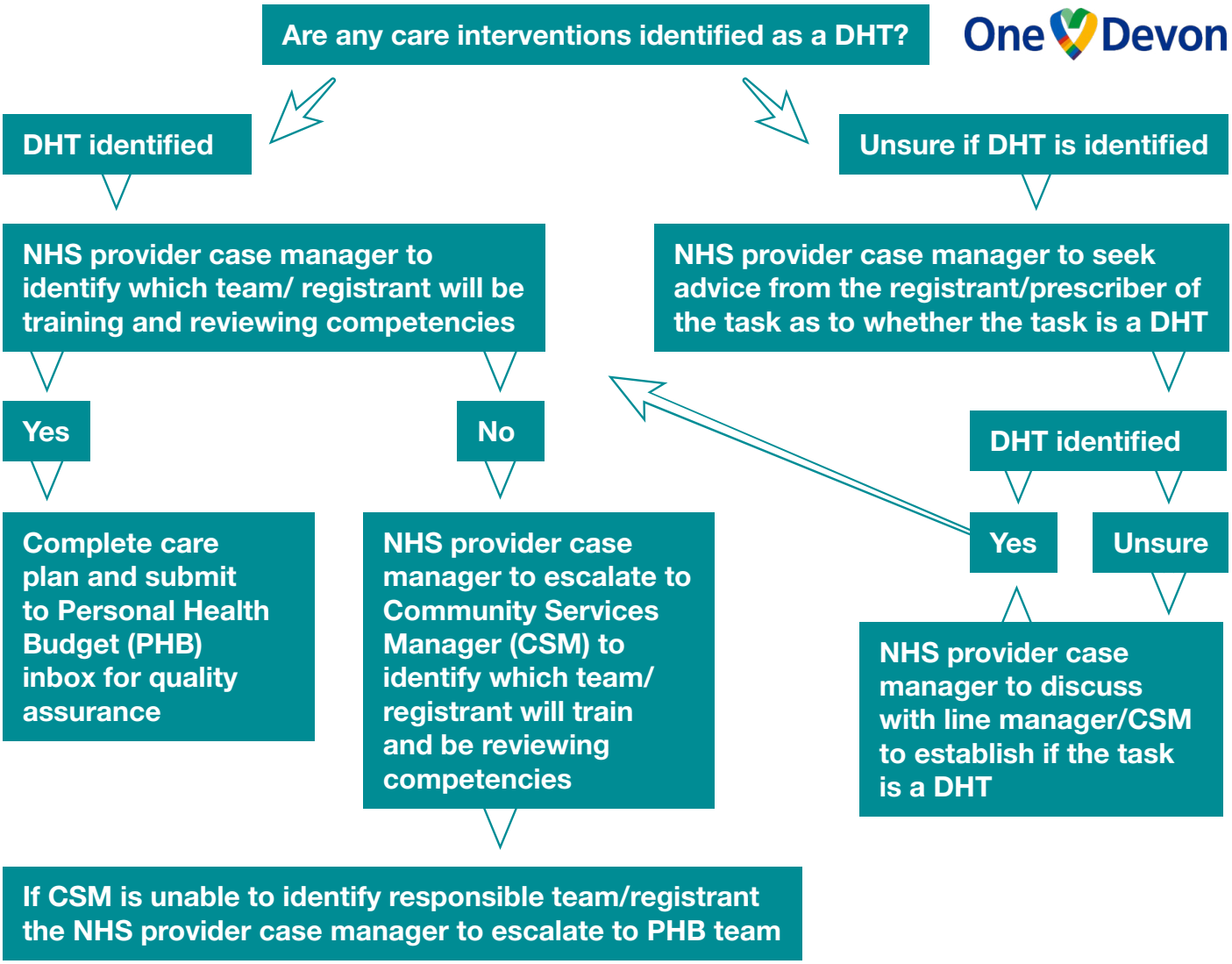
Questions	No	Yes	Comments
11. What level of staffing support will be available for the service user? Is there always a team leader/ senior on a shift?	☐	☐	
12. Does this provider have on site registered nurses?	☐	☐	
13. What is the planned activity available each day?	☐	☐	
14. How do you seek feedback from the individual/parent/carers regarding their view on the care they are receiving?	☐	☐	
15. Is the individual/NOK/ appointed deputies aware that the day care provision is unregulated?	☐	☐	
16. Any other information to consider?	☐	☐	
10. Does the service provider complete enhanced DBS checks?	☐	☐	

Date of checklist completion:

Name of care manager completing the checklist:

Contact details of care manager:

Appendix 2: Delegation of Health Care Tasks (DHT)



The PHB care plan can potentially be signed off, enabling the PHB to be set up whilst establishing which team/registrant will deliver the training and reviewing of ongoing competencies for the personal assistants (PAs). Providing the ICB is assured that the PAs are experienced in delivering the known DHTs, there have been no concerns regarding the quality/safe delivery of the DHT care inter ventions and that the CSM has confirmed they will identify §a practitioner moving forwards to hold the accountability.