

Delegation of Healthcare Activities

Implementing DHA programmes: checklist

The actions in this checklist draw on learning from Greater Manchester's Delegated Healthcare Activities (DHA) programmes and are intended to support senior health and social care leaders seeking to establish a similar DHA model within their locality. Reflecting the sections of the DHA implementation toolkit, each section includes practical actions to support implementation, sustainability and scale-up. For further detail, please refer to the full DHA implementation toolkit. dha.mmu.ac.uk

At the end of this checklist, you'll find a list of resources to support implementation.

Establishing aims and outcomes	YES	NO	N/A	ACTION
Establish a clear case for DHAs and the anticipated/desired outcomes. - Develop a clear rationale and business case for DHAs linked to enhancing person-centred care, local workforce pressures and capabilities, and integration priorities - Establish desired aims and outcomes for a variety of stakeholders (system level, district nurses, care providers, care workers and people drawing on services) that should ensue from a DHA programme				
Develop a shared vision and measurable outcomes for DHA. - Agree intended benefits for people drawing on services, carers, care workers, providers and health services. - Establish baseline measures before implementation. - Define how success will be evaluated over time/ develop evaluation measures.				
Create a realistic implementation roadmap. - Include governance, workforce, funding and stakeholder dependencies. - Build in pilot phases and review points. - Allow sufficient time for protocol development and approval				

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Establishing aims and outcomes	YES	NO	N/A	ACTION
Pilot delegation activities before wider rollout. • Select activities where there is a clear need and benefit. • Use pilot sites to test governance, training and competency arrangements. • Start with clearly defined activities and cohorts. • Establish baseline measures and success criteria. • Ensure stakeholders understand the scope of the pilot. • Capture learning before expansion.				

Leading and engaging across health and social care	YES	NO	N/A	ACTION
Shared ownership is vital: DHA programmes need to be driven and owned by senior management/ leaders from both health and social care, e.g. the Director of Adult Social Services (DASS) with an equally senior NHS colleague. • Ensure visible commitment from senior NHS and local authority leaders. • Identify at the outset who is best placed to lead DHA programmes at senior level in both health and social care. • Consider operational leadership e.g. a lead ASC commissioner and, from health, a DHA programme leader (in GM, these roles were central in securing the engagement of all stakeholders) • Use leadership influence to resolve barriers and maintain engagement.				
Develop a comprehensive stakeholder engagement strategy. • Engage district nurses, providers, commissioners, care workers and people drawing on services. • Involve pharmacists, Medicines Optimisation Groups and other key partners at the outset and secure their commitment. • Communicate consistently throughout implementation				

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Leading and engaging across health and social care	YES	NO	N/A	ACTION
Create formal engagement mechanisms. - Establish steering groups with representation from across the H&SC system. - Run open-forum question and answer sessions with different stakeholder groups before inception. - Hold regular provider and workforce forums. - Create opportunities for feedback and challenge.				
Build confidence and trust through collaboration. - Address concerns around liability, governance and professional accountability. - Share learning and good practice openly. - Demonstrate how stakeholder feedback influences programme development.				
Invest in dedicated DHA programme roles	YES	NO	N/A	ACTION
- Establish a dedicated DHA programme leader role (and over the longer-term, consider the establishment of additional dedicated staff). - Recruit experienced DHA programme leader with strong relationship-building skills. - Ensure sufficient time and capacity to lead implementation. - Provide support for training, competency development and stakeholder engagement. - Consider an additional, dedicated commissioning role. In GM, this role was pivotal in building strong relationships with both health colleagues and adult social care providers. - Avoid relying solely on existing operational resources.				

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Resourcing DHA programmes	YES	NO	N/A	ACTION
Establish a sustainable funding model for DHA. - Identify implementation and ongoing operating costs. - Explore the availability of any external funding for help with start-up. - Consider funding requirements for DHA programme leader roles, training and governance. - Clarify arrangements between NHS and local authority budgets.				
Consider the financial implications for providers. - Assess whether fee uplifts or enhanced payments are required. - Consider the impact of additional responsibilities on providers. - Support adoption of enhanced care worker roles with extra funding.				
Plan for long-term sustainability. - Reduce reliance on short-term funding streams. - Build evidence to support future investment. - Consider that the DHA programme leader role may be self-funded over the long-term through district nurse hours saved and associated cost savings acquired from DHA - Embed DHA within mainstream service delivery				
Decide what activities to delegate	YES	NO	N/A	ACTION
Choice of activities may vary by local authority, dependent on the differing needs of people who use services, scale of demand and care worker skills and confidence. - Identify need and what will offer the biggest return. - Analyse pressures on district nursing services, community healthcare provision and adult social care, in addition to identifying the needs of people who draw on services, so as to determine which activities should be delegated				

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Set up governance and protocols	YES	NO	N/A	ACTION
Establish governance arrangements before implementation begins. - Develop overarching DHA policies and standard operating procedures. - Define accountability, escalation and assurance arrangements. - Clarify responsibilities across organisations.				
Develop robust protocols for each delegated activity. - Define training, competency and supervision requirements. - Specify re-accreditation arrangements. - Build consistency across providers and services.				
Provide assurance on insurance and regulatory requirements. - Clarify delegated accountability arrangements. - Address provider concerns regarding liability and insurance. - Provide clear guidance on CQC registration implications.				
Embed quality assurance and continuous improvement. - Audit training and competency records. - Review incidents, near misses and learning. - Use findings to strengthen programme delivery.				
Selection criteria for who will take part in DHA programmes will need to be developed for: - Providers - Care workers - Eligibility of people who draw in services e.g. stable diabetes				

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Training and competency	YES	NO	N/A	ACTION
Develop a clear development and competency framework for delegated healthcare activities. - Define knowledge, skills and behaviours for participating care workers. - Align recruitment, development and supervision arrangements.				
Implement robust training and competency processes. - Deliver structured training for each delegated activity. - Provide structured competency observation and sign-off arrangements. - Ensure support for DHA programme leaders in delivery of training and competency supervision - Maintain ongoing supervision and support. - Establish arrangements for re-accreditation.				
Develop a sustainable workforce model. - Plan for turnover and retraining requirements. - Support career development and progression opportunities. - Monitor workforce wellbeing and capacity.				
Capture learning throughout implementation. - Gather feedback from care workers, providers, district nurses and people using services. - Monitor barriers, risks and unintended consequences. - Review operational and workforce impacts.				
Use evidence to refine the model. - Adapt governance, training and communication arrangements as required. - Share learning across participating organisations. - Strengthen implementation approaches before expansion.				

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Training and competency	YES	NO	N/A	ACTION
Embed successful approaches into business as usual. - Integrate DHA into routine practice and governance structures. - Maintain leadership sponsorship. - Continue stakeholder engagement and learning.				
Evaluating DHA programmes	YES	NO	N/A	ACTION
Build evaluation in at the outset. - Identify meaningful and appropriate outcomes and measures of impact for each stakeholder group. - Monitor care quality, safety and wellbeing outcomes for people who use services; person-centred care should be at the heart of DHA programmes. - Assess the impact on district nursing and community services. - Evaluate benefits for providers and care workers.				
Capture workforce and stakeholder experiences. - Assess confidence, satisfaction and engagement. - Gather qualitative feedback across stakeholder groups. - Use findings to identify improvement opportunities.				
Demonstrate value and sustainability. - Evidence workforce, quality and system benefits. - Use findings to strengthen future business cases. - Support long-term investment decisions.				
Use evaluation findings to drive continuous improvement. - Share learning with leaders and partners. - Benchmark progress over time. - Inform future expansion and development.				

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Further support

Skills for Care resources

- Delegated Healthcare Activities resources
 - Leadership development
 - Workforce planning and retention
 - Learning and development support
 - ASC-WDS workforce intelligence resources
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Health and care system resources

- DHSC Enhanced Care Worker Role
 - NHS delegation guidance
 - Integrated Care System workforce transformation resources
 - Neighbourhood Health and integration resources
 - Professional and regulatory guidance on delegation
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Local implementation support

- Adult social care commissioners
 - Community nursing leadership teams
 - Integrated Care Boards (ICBs)
 - Provider associations and forums
 - Quality improvement and transformation teams
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