

Adult Social Care: Delegated Healthcare Activities Innovation in Practice

**Coventry and Warwickshire
Integrated Care Board**



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This Innovation in Practice outlines the development and implementation of delegated healthcare activities (DHA) across Coventry and Warwickshire. It highlights the background, an insulin pilot evaluation, transition to a system-wide blueprint that includes a governance framework, key enablers, challenges and lessons learned. The initiative aims to improve patient care, empower and engage the workforce, and support integrated health and social care delivery.

1. About the organisation

The NHS Coventry and Warwickshire Integrated Care Board (ICB) is the body responsible for planning and commissioning health services for around one million people across Coventry and Warwickshire. Established in July 2022 following the merger of three former clinical commissioning groups, the ICB works within the local [Integrated care system \(ICS\)](#) to improve health outcomes and reduce inequalities.

The creation of the NHS Coventry and Warwickshire ICB was the main structural change to have an impact on this work, enabling more integrated planning and delivery. Future changes to Coventry and Warwickshire and other ICB boundaries and cost reductions may influence ongoing collaborations.

For this project, the NHS Coventry and Warwickshire ICB partnered with NHS providers, local authorities, social care employers, primary care networks, voluntary and community organisations and Skills for Care, ensuring a collaborative, system-wide approach.

2. Summary of the delegated healthcare project

In 2024, Danielle Fullwood, Head of Strategic Education and Skills, NHS Coventry and Warwickshire ICB, conducted deep dives with health and care employers to understand where system-level education and skills development could add value. Across Coventry and Warwickshire, health and social care employers reported being able to recruit support workers but finding it harder to retain them.

This was evident in the Adult Social Care Workforce Data Set (ASC-WDS) 2023-24, which showed a turnover of support workers in adult social care across Coventry and Warwickshire of 30.5%. The ASC-WDS also revealed pay inequities and a very low percentage of support workers with a social care-related qualification.

NHS Coventry and Warwickshire ICB started to consider how DHA could support the upskilling of the support workforce, thus adding recruitment and retention value, while increasing quality of care provided. In 2025, the need to look at this formally was cemented when [Fit For The Future: 10 Year Health Plan for England](#) detailed a shift from hospital to community as one of the three priority areas. NHS Coventry and Warwickshire ICB considers DHA a key enabler to this shift and fundamental to the formation of integrated neighbourhoods.

A scoping exercise was undertaken to find out where DHA was already being undertaken across Coventry and Warwickshire. This revealed pockets of informal delegation and one large, formalised programme of DHA developed by South Warwickshire University NHS Foundation Trust (SWFT).

3. What inspired this approach?

In 2022, SWFT launched a service improvement project to review the community's diabetes pathway. The review identified significant strain on community nursing teams, who were frequently administering insulin to patients with stable diabetes. This led to delays in care for residents waiting for insulin care by the district nurses resulting in a reduced quality of life.

In response, a structured approach was formalised in early 2024, enabling trained, non-registered health and care workers to safely administer insulin to adults with stable diabetes who were unable to self-administer.

A standard operating procedure was developed and signed off at board level. A tailored training package and a structured sign-off process with ongoing support were also established. This approach marked a significant transformation in diabetes management within residential settings, addressing the needs of an ageing population with complex health conditions and ensuring timely, personalised care.

Evaluation of the insulin pilot was overwhelmingly positive, with feedback from staff reporting they felt empowered and supported, while residents appreciated the continuity and flexibility of care.

In early 2024, a group of people were brought together to work on an insulin pilot. Take a look at the case study for further information on the pilot's challenges, learning and top tips.

4. How the innovation was developed?

On 5 June 2025, Danielle Fullwood convened a DHA workshop, 'Learning from Practice – Planning for Progress'. It brought together, in person, a wide range of 30 key stakeholders to consider the following:

- what could DHA mean for us?
- where could DHA add the most value locally?
- what problems or pressures might DHA help us with locally?
- what might enable or block DHA here?
- what would make DHA feel safe, effective and worthwhile?

Facilitated by [NHS Elect](#) groups completed a mapping exercise to consider how DHA might be taken forward in a structured, safe manner, who should be involved, and the data and learning from the insulin project. Areas where DHA could add most value were considered to be:

- percutaneous endoscopic gastrostomy (PEG) or radiologically inserted gastrostomy (RIG) care/feeding
- medication administration
- oral/nasal suction
- respiratory care: oxygen therapy, non-invasive ventilation (NIV) and bilevel positive airway pressure (BiPAP) and ventilation
- rescue medications: epilepsy management, automated systems, Intravenous therapy (IVT) and immunoglobulin
- insulin management
- swallowing support: speech and language therapy
- rehabilitation: brain and spinal conditions
- chest physiotherapy
- catheter care: changing, intermittent and oil-based
- wound care, including Vacuum assisted closure (VAC) systems
- medication to be taken when required (PRN) (activity-specific training)
- bowel care: rectal medications, stimulation and manual evacuation
- stoma care.

From June 2025 to September 2025, Danielle Fullwood, worked with the Skills for Care team to plan the second event, which was part of the Skills for Care National Delegated Healthcare Roadshow, involving six events across the UK.

The event on 3 September 2025 brought together 65 people from the wider Midlands area to share learning and data from their pilots, hear from others, and discuss challenges, opportunities and next steps. The bigger aim for NHS Coventry and Warwickshire ICB was to build on this learning and create a delegated healthcare system blueprint to support DHA wherever needed and to meet Skills for Care's guiding principles.

The event gained widespread buy-in to support and develop the blueprint, with individuals, organisations and key stakeholders signing up to be part of a DHA working group. People who didn't attend the event also expressed an interest in finding out more and being part of developing the blueprint.

The DHA working group started to hold monthly online meetings in October 2025, which are due to run until March 2026, they included:

- representatives from community, social care and NHS providers
- registered nurses
- allied healthcare professionals
- Coventry University
- NHS Coventry and Warwickshire ICB's People, Quality and Continuing Healthcare teams
- Coventry City Council
- Warwickshire County Council, which is working towards getting on board as a representative a person receiving DHA.

The group is chaired by Jo-Anne Wilson, Manager of Galanos House, a Royal British Legion Care Home and Co-Chair of the Midlands Social Care Nursing Advisory Council.

The working group has identified 12 building blocks that will make up a toolkit that guides and support others who are considering or already working with DHA:

1. identification of a DHA, including a decision tree and examples
2. stakeholder mapping and engagement
3. scoping the evidence to support DHA
4. insurance, legal and regulatory considerations
5. governance and accountability (risk and escalation)
6. roles and responsibilities of the delegator and delegate
7. training and competence
8. navigating organisational boundaries
9. documentation
10. quality and safety/evaluating impact
11. setting specific considerations, e.g. domiciliary and homecare, residential homes and personal assistants
12. recognition and reward of the support workforce.

Each month, the group works through two of the building blocks, with rich discussions leading to revision of the building blocks.

5. Who has it helped or affected?

This DHA innovation has touched multiple groups across the system – not only the staff directly involved, but also the wider workforce and the people who draw on care and support. Its impact reaches operational practice and organisational culture, and informs sector-wide learning.

People who draw on care and support

The experiences and involvement of people who draw on care and support were vital to ensuring the innovation was personalised and that people accessed joined-up support. The innovation improved communication between professionals, leading to greater consistency and continuity of care, clarity around roles and responsibilities, and earlier access to the right help, ensuring better outcomes and improved quality of life even though the people who draw on care and support may not see the wider innovation itself, they feel the benefits in the way services respond to them and the impact on their quality of life.

Healthcare and social care providers

Staff were directly affected by processes and ways of working that made practice more coordinated and supported multidisciplinary working. The DHA innovation increased confidence and shared understanding, through greater clarity about roles, responsibilities and pathways, highlighting professional development opportunities and increased trust and openness.

The project lead of this innovation was affected professionally through:

- opportunities to influence sector progression
- increased visibility and recognition
- professional growth
- the satisfaction of seeing ideas become reality and their strengths amplified by the project's impact.

Partner organisations and teams

The DHA innovation has brought organisations together, affecting collaboration across health, social care, voluntary sector and community partners. An alignment of priorities and practices has led to better information sharing and stronger cross-sector relationships. This has reduced duplication, closed service gaps and improved the collective ability to respond to need.

Strategic leaders and commissioners

Leaders have been affected by being able to see more clearly what works in practice and gather the evidence that informs commissioning and workforce planning. The DHA innovation provided opportunities to gain greater clarity about system pressures and to see how this model can be scaled or replicated in others areas and organisations.

The wider sector

Because the innovation has learning value, it impacts the sector by:

- contributing to best practice
- sharing insights that others can adopt
- demonstrating what genuine collaborative innovation looks like
- influencing culture and expectations around quality and joined-up care
- building momentum for positive change beyond the immediate project.

6. What helped make this possible?

Many enablers have contributed to the motivation to embed the DHA innovation:

- policy, in hospitals, communities and neighbourhoods, as an enabler to integrated neighbourhood working and the left shift, as set out in [Fit For The Future:10 Year Health Plan for England](#)
- confidence gained from research and evidence from the insulin pilot
- positive feedback – qualitative data on improved quality of life – from people involved in the pilot, including regulated healthcare professionals, care workers and the people who received the DHA
- [Skills for Care guiding principles and resources](#)
- development of the support workforce’s education and skills, specifically upskilling and [supporting social care workers](#)
- recognising and formalising what was already happening to ensure the DHA process was safe and effective for everyone involved
- supporting recruitment and retention
- reducing demand on services.

An exceptional project lead

Danielle Fullwood, who led on this innovation, brought a distinctive blend of strategic vision, curiosity and relational leadership that made her exceptionally effective as the project lead for this work. She is the kind of person who not only drives a project forward but also elevates the people and systems around her.

For other ICBs considering the adoption or further development of DHA care, here are the key qualities of her project leadership that contributed to the success of the innovation:

1. A natural connector and systems thinker:

- has an innate ability to ‘join up the dots’ – seeing connections, possibilities and synergies that others may miss
- spots gaps and opportunities across services or teams
- brings the right people together at the right time
- creates coherence in complex or fragmented environments
- brings a systems-thinking approach that doesn’t just deliver tasks, but shapes environments where sustainable progress can happen.

2. Deep commitment to sector progression

Driven by a genuine desire to improve practice and advance the sector, an exceptional project leader has the motivation to go beyond the boundaries of their own role, which reflects a:

- passion for developing others
- commitment to raising standards
- belief in continuous improvement
- forward-looking mindset that ensures innovation is embedded, not bolted on.

This commitment makes Danielle Fullwood not just a project manager, but a steward of long-term sector development.

3. Curiosity, one of the strongest leadership assets, fuels innovation in leaders who:

- ask insightful questions
- seek out diverse perspectives
- explore new ideas before others have noticed them
- encourage experimentation and learning.

This curiosity helps projects evolve thoughtfully, ensuring new ideas are grounded, relevant and impactful.

4. A collaborative, inclusive leadership style that is open, approachable and skilled at creating psychological safety. It is a style that is also excellent at facilitating meaningful conversations that don’t impose solutions, but co-create them, allowing stakeholders with very different backgrounds and priorities to align shared goals.

5. The determination to make things happen

Every successful project needs someone who is both visionary and action-oriented, who can:

- hold the strategic picture
- break work into achievable steps
- maintain momentum
- navigate barriers with persistence and flexibility
- 'make it happen' not through force, but through clarity, organisation and consistent follow-through.

6. Through strong communication and influencing skills, an effective project leader:

- communicates with clarity and purpose.
- articulates complex ideas simply
- tailors messages to different audiences
- inspires confidence
- builds consensus without losing pace.

These qualities make leaders particularly effective in multi-agency environments where influencing, not authority, is the primary leadership tool.

7. Values-led, people-centred leadership

Underlying all Danielle's strengths is a strong foundation of values, leading with:

- integrity
- fairness
- respect
- compassion.

Although there were many enablers and opportunities to develop DHA, there were also some challenges:

- resource limitations: lack of funding, time and investment in salaries and training
- leadership and governance Issues: lack of leadership buy-in, insufficient oversight and governance challenges
- ICB organisational challenges: capacity to support work, workforce downsizing and refocusing on strategic commissioning
- cultural and perceptual barriers: public perception, fear of change, regulated professionals' perception of risk regarding delegation, and lack of understanding of delegation
- operational challenges: lack of trusted relationships across traditional service boundaries, and inadequate planning or escalation measures
- policy and structural constraints: national policies, litigation concerns and rigid procedures
- change management: resistance to clinical change, lack of confidence and insufficient support for governance and leadership boards
- time and continuity: implementation delays, lack of continuity and too few 24/7 response systems.

7. What others might learn from this project?

The advantages of developing this project have included understanding more about the different groups and systems that work alongside each other, building relationships and networks.

1. Developing this project has provided insight and understanding, educating those involved in the project about what can be included. Domiciliary care has been brought into the fore, with a clearer understanding of the roles, processes and ways of working.

The project has also provided the awareness that allied health professionals needed their own voice. The working group has representation from occupational therapists and speech and language therapists to strengthen the framework. It is important to understand the language and terminology used in different areas of work and how these differ across different roles.

2. Coventry and Warwickshire ICS is an ecosystem piloting The Care Workforce Pathway, which it considers an enabler to recruitment, retention, career progression and recognition, and reward. It is important to link DHA to the Enhanced Care Worker Role to ensure it supports career progression and appropriate remuneration.

3. Cost Implications for adult social care budgets. While formal discussions have not yet taken place, stakeholders anticipate resource pressures linked to DHA. These may include:

- workforce training and upskilling
- increased activity affecting staffing levels
- higher prescribing costs
- longer home care visits
- additional equipment and assistive technology
- insurance and regulatory compliance costs.

Implications for contract changes

Delegation of DHA must be explicitly supported in contracts held by local authorities and ICBs, with social care providers such as home care, residential care, etc. Work is underway across Coventry and Warwickshire to consider implications of DHA within frameworks and contracts. However, understanding and quantifying the cost implications will be a key part of this process as implementation progresses.

The DHA journey requires the winning of hearts and minds, change management, leadership and continuity. It can be a long and slow journey, one that is resource intensive.

Key factors in the success of creating the blueprint by Coventry and Warwickshire

- Having a consistent person to lead the project who has leadership, project management and interpersonal skills, as well as a clinical background and the motivation to bring people together from across the care system.
- Understanding that there is a need for partners to have an interest in DHA, and that following where the interest lies has helped to move the project forward. A lot of people were interested in DHA, particularly in light of its relationship with shifting care from hospital settings to the community.

Recommendations and top tips for other ICBs and organisations who are thinking of starting or working with DHA:

- ensuring that examples and scenarios are included so that people can understand DHA further
- liaising with people with lived experience of employing personal assistants or who have personal healthcare budgets, and with personal health budget teams
- involving all interested parties across health and social care so that the work is a collaboration of ideas and input
- external agency to help gather insights, e.g [NHS Elect](#)
- the Skills for Care [governance toolkit](#) and short guides very helpful, as a great starting point for adapting and localising.

8. What next?

Once the blueprint is developed, it will go out for consultation to a group of critical friends. This group was identified at the second workshop, attended by people who were interested in DHA but couldn't commit to being part of the working group. This further evidences the widespread interest in DHA across the care system.

After consultation, feedback will be used to further revise the 12 building blocks. The finalised document will be piloted across different settings to determine whether it adds value and promotes the safe DHA and quality care.

Pilot sites are being sought, with conversations underway with [Unique Care UK](#). For anyone interested in piloting the blueprint, please contact Danielle.Fullwood2@nhs.net.

The pilots will have a set of key performance indicators to measure delegation before and after implementing the blueprint, in terms of quality and safety of care, the lived experience of those receiving delegated healthcare and the robustness of DHA governance.

NHS Hereford and Worcestershire ICB have clustered with NHS Coventry and Warwickshire ICB. They are keen to pilot the blueprint and support its development further. Once the blueprint has been piloted and reviewed, the content will be published on [Coventry and Warwickshire webpage](#) and will have a communication strategy. The intended date for publication is March 2027.

9. Skills for Care involvement

- sharing best practice examples and guidance
- hosted event on 3 September 2025
- convened monthly meetings to capture data and insights
- attending and supporting six working groups, October 2025 to March 2026.

It's a good process to work through – it gets easier the more conversations you have. Networks grow and relationships build more trust and understanding of different roles.

Danielle Fullwood, NHS Coventry and Warwickshire ICB,
project lead on DHA innovation

It helps you to envisage, with real life examples, what true care integration can look like and the role that multiple organisations and professional groups play in turning a vision into a partnership approach to health and care.

Louise Gallagher, Head of Workforce Transformation,
NHS Coventry and Warwickshire ICB