

Designated Clinical Officer (DCO) – Local Area Reflections and Learning (1) – May 2023

Background

This DCO is a qualified and registered Paediatric Nurse, they also have an MSc in Health and Social Care Leadership. They have been a DCO for more than five years and currently work full time with two days per week allocated to their role as DCO, covering one local area. They often work above their allocated capacity and feel the role should be full time. **They believe that each area should have one full time allocated DCO, no matter the size of the local area.** They see their role as entirely strategic however they do still get involved in individual escalations where necessary. A day in the life of their role is incredibly busy and varied, one of the things they enjoy most about their role is that no two days are the same.

Impact on Children and Young People and Families

For this DCO, impacting on children, young people and families comes from being determined and passionate about making a difference. They feel strongly the DCO needs the capacity and commitment to understanding the system, the partnership, and the pressures and what is key to this is building strong relationships and networks. This DCO has strong links with their local Parent Carer Forum, the SEND Youth Forum and Trust colleagues as well as Social Care and Education which enables them to have an overarching view to be able to influence change. An example of when this DCO has impacted on children, young people, and families is by helping to establish a children's continence service in their local area. They were approached by their local PCF who felt this was lacking in the local area, the DCO then approached local commissioners with data and narrative from parents who felt disadvantaged by not having this service. Following this, the service was established with a clear pathway and offer for families. The continence service is now available for all children in the local area, not just those with SEND, and is a really strong example of how this DCO was able to listen to families on the ground and then take this back to commissioners to influence change.

This DCO has also impacted on children, young people, and families by updating the Local Offer and by being receptive to feedback. Based on feedback received from parent carers, this DCO

applied for NHS England funding for some quality improvement work in their local area. In collaboration with the PCF, they are working with a theatre company ran by people with lived experience to produce three short videos that parents have suggested around self-care, where to get support and one for parents and carers to support young people on the social perspective of SEND. Parent carers themselves will be starring in these videos and they will be available on local offer and across social media for parent carer led organisations. The DCO believes this will benefit parents and carers, particularly those that are new to SEND. This DCO has also recently worked with the SEND Youth Forum to gather feedback on Annual Health Checks which will then be fed back to GPs, hopefully leading to a better experience and improved health outcomes for young people.

Impact on Multi-Agency Working

This DCO sees their impact on joint working as significant and view themselves as a go to person who can triage issues and work out who is best placed to address it. **They feel their role is essential in linking Social Care and Health together.** An example of joint working they recently facilitated was working with a local Head Teacher who had questions around Childrens Continuing Care. They therefore brought together the Local Authority, Commissioners, and the Children's Continuing Care team to help form a plan for some of the school's more complex pupils.

Impact on Joint Commissioning

This DCO feels their role has an impact on joint commissioning by 'keeping their ears to the ground' and feeding this back to commissioners. For example, their local area doesn't have a sensory support service and a lot of parents and schools in the area feel this is lacking. They therefore linked in with the clinical lead at a Children's Hospital who have shared information about how they established their sensory support service. They took this back to local commissioners and now have a plan to link in with the hospital to look at what's available and how they can work with their Trust to establish a local offer. They feel this is an illustration of how the DCO plays a part in bringing people together. They also feel their local SEND partnership is incredibly strong and staff have a healthy balance of valuing each other whilst being able to have open conversations around funding gaps.

Impact on Quality Assurance

This DCO feels their impact on quality assurance is wide ranging. They previously chaired the quality assurance sub-group, and they are the health representative on their local SEND panel where they pick up on the quality assurance of EHCPs. They recently worked with CAMHS to develop an advice template, after realising the local template wasn't working for them and this has led to CAMHS now providing more specific health advice. **This DCO also often links in with children, young people, and families to get their feedback and uses this to inform what's going well and what needs to be improved.** Separately from EHCP quality assurance, they also contribute health updates and information to a recently implemented news bulletin for parents following on from their feedback.

Influence and Interaction with Local Authorities and Health Leadership

This DCO feels their interaction and influence with local authority and health leadership is crucial. They describe this as **'I don't know whether you have to be a certain type to be a DCO, you absolutely have to be brave, bold and strong and be an advocate for young people, families and for your health services.'** They feel the key to this influence is building and making relationships with all partners. They highlight how much work this is for a DCO covering one area and they work way beyond their capacity to really do the role justice.

System Level Impact

They feel as DCO they impact on both an individual and a system level. In their local area there are a vast number of children with EHCPs, and they are a national outlier. They have therefore been working to understand what it is about their local area that people feel children's needs cannot be met without an EHCP and if the local area needs to be more inclusive. They are also working with local primary care networks and GPs. **As the new inspection framework includes GPs, they are working hard to ensure that GPs are aware of and are paying attention to SEND.** One way in which they are doing this is sending information to the primary care bulletin including links to the Local Offer so that GPs are more aware of this, and the system is more joined up.

The move to Integrated Care Boards

This DCO doesn't feel there has been much of a change since the move to Integrated Care Boards and their role has been as busy as ever. They feel it has been tricky to understand governance arrangements within the ICB and this has had an impact on decision making and supervision arrangements in the meantime.

The most and least enjoyable aspects of the role

What this DCO likes most about their role is working with a range of different people including young people, families, education, social care. They feel their job is interesting and varied and allows them to meet people they otherwise wouldn't. They feel working with young people and parent carers is important as it helps to remind them why they are doing their job. **They also enjoy being able to use their strategic brain to have that oversight and responsibility.** Additionally, they value working with other DCOs and the peer support network available in their local area. Overall, this DCO really enjoys their role.

The less enjoyable aspects of their role include tribunals and waiting times. For this DCO, particularly the waiting times for neurodevelopmental pathways and CAMHS. They try their best to do some thinking around how to support parents in interim but find this a challenge. They describe some of the less enjoyable aspects of their role as **'I'm doing my best, but I have not got a magic wand. There is only so much a DCO can do. And that can be difficult. So, there are a lot of problems that you deal with on a day-to-day basis.'** Another challenge of their role is inspection preparation and the responsibility on the DCO to ensure that everyone knows their role which now extends to GPs.

Key Messages

This DCO emphasised how important it is for any DCO to have peer support, both within their organisation, and with other DCOs. They feel you cannot underestimate the impact of peer support and linking up with other DCOs, especially when you are new to post and don't quite understand local networks. They also feel it's important for the role of the DCO to be recognised for the vast and varied work they do, and responsibility held. Additionally,

they would like to highlight the issue of a lack of career progression for DCOs and how this should be considered as there is no clear direction for the DCO to progress to once they are in their role.

We thank the DCOs that took part in the interviews and shared their reflections on their roles