

Designated Clinical Officer (DCO) – Local Area Reflections and Learning (2) – May 2023

Background

This former DCO is a qualified Speech and Language Therapist as well as a Psychologist, they also have a master's degree in Mental Health and Learning Difficulties. They are currently seconded as Head of SEND for an ICB and prior to that, they were a DCO in two different places for a combined total of almost five years. In their post as DCO, they were full time covering two local areas and their role contained a mixture of both operational and strategic priorities. **They feel the operational elements of the role are helpful as it ensures the DCO has a picture of what's happening on the ground, and they are then able to pick this up in a strategic capacity.** A day in the life of their DCO role was incredibly varied and included working with local authority colleagues, SEND teams, local health providers and Parent Carer Forums as well as attending strategic boards and picking up on individual queries.

Impact on Children and Young People and Families

As a DCO they felt their biggest impact on children, young people, and families was through individual problem solving and championing co-production to ensure services are really reflective of what children, young people, and families want and need. Through their role they looked at quality and timeliness of EHC plans and was able to see significant impact across some health providers at a strategic level but also at an individual clinician level through influencing practice. In a more strategic capacity, they were able to impact on children, young people, and families through the SEND strategy, for example, embedding an outcomes-based commissioning framework and then linking that into other commissioning work and conversations. **They believe the role has real potential to make an impact on children, young people, and families but feel strongly that the DCO role shouldn't be sitting in isolation.**

Impact on Multi-Agency Working

During their time as DCO, their impact on joint working was significant. They viewed their role as translating health for the local authority and local authority for health, which is essential for joint problem solving, however, they acknowledge there is still further work to be done in this area. As DCO, they felt fortunate to be able to facilitate joined up working around things such as delivering training programmes on holistic outcomes, delivering against the written statement of action as well as participation in inspections. **'I think the DCO is in a really interesting position to try and influence practice across education and health. The local authority often perceives the DCO as a welcome link into health. It is important to be clear what is within the role of the DCO and what needs to be actioned by providers or ICS Transformation Leads.'** The DCO needs to develop good working relationships with health providers to support cross system working and to facilitate an understanding of the perspectives of different elements of the system.

Impact on Joint Commissioning

This former DCO feels the role has real potential to have impact on joint commissioning, however, this depends on the commissioning setup i.e., the joint strategic needs assessment and the relationships between health and local authority commissioners. In their first role as DCO, there were some challenges in contribution to the commissioning conversation challenge but in their second role there was more potential for impact and opportunities to have productive conversations. **They feel their contribution as DCO on joint commissioning was around needs analysis and supporting the system to understand the change in demand and change in need as well as understanding capacity issues across multiple services.**

Impact on Quality Assurance

This former DCO has had the opportunity to impact on Quality Assurance both through the QA of individual health advice and QA of the system more generally. A good example of how they were able to facilitate this is by working with health providers to ensure they had mechanisms in place for QA as well as doing deep dives with service leads to embed that learning into

ongoing professional development. As a result of this, they are now developing a quality assurance hub formed by representatives from health, education, and social care. **They see their impact on quality assurance embedded into multi-agency working**, however, they note 'there's something there about looking at how the DCO is actually supported to conduct QA with the health providers, a lot of it is based on an individual establishing a relationship with the service so that there is that trusting conversation that can enable the support of a critical friend type role. But I think that does require quite a lot of experience and skill.'

Influence and Interaction with Local Authorities and Health Leadership

In terms of influence and interaction with local authority leadership, this former DCO feels strongly that they are able to have more of an impact when the role is seen as part of the team rather than 'just an add on'. They feel the DCO has significant impact working in partnership with local authority and provider partners. In terms of impact on the health system this is related to where the position sits within the organisation and the prioritisation of SEND within the landscape of health priorities.

They summarise this as, **'I think it's really important that we get the right people into the DCO roles and that the roles are banded at the right level in order to have the authority to make change.** I feel strongly that there needs to be appropriate support and management for the role, with clear induction and opportunities for professional development. Because I think as a role that doesn't directly manage people and doesn't hold a budget, it has the potential to have limited impact within a complex organisation going through significant change. So you are very much working on using an approach of influencing without authority this can be very challenging in times of increased demand and system wide challenge around resource.'

System Level Impact

This former DCO sees their influence on a system level as supporting each part of the health and local authority system to understand each other's perspectives. This can take place in the form of supporting conversations around recommended provision or working with the local authority on understanding of something concrete such as the continuing care

framework. They feel as DCO it's key to be accessible and approachable to enable system level impact.

The move to Integrated Care Boards

For this former DCO, the creation of the Head of SEND role at ICB level is a positive recognition of the impact of the role, however, they feel there's still a lot of work to be done to understand what the ICB does and what happens at place. **They feel change is on the horizon and when roles and responsibilities at place are understood, more can be done around joint forward planning and ensuring SEND is a priority.** For them, it's also important that more conversations are had around the capacity of the DCO. 'We've still got to have more capacity conversations, in terms of operational and strategic work. We know that one of the things that's likely to happen is increased involvement in multi-agency panels, which absolutely makes sense, but if there is a DCO working across several local authorities, this is a very significant demand on time in terms of preparation and knowledge of differing systems. So, I think there's still some work that needs to happen on the capacity.'

The most and least enjoyable aspects of the role

The most enjoyable thing about their role as DCO was working in partnership with families, young people, the local authority, and health providers and having a shared vision. They enjoyed developing a shared strategy and collectively implementing it and then assessing the work to ensure it's having the desired impact. **They valued being part of dynamic and open conversations which they described as 'it's not always straight forward, but I think it's important'.**

Some of the less enjoyable parts of their role included navigation of complex systems and at times wondering whether the role made a difference. Another key issue is capacity and time demands on individuals within the system and how this prevents agencies from being able to work together to produce holistic outcomes for children, young people, and families. They feel the DCO then has to try to support people in thinking in that more holistic way. **'It's about how do we work as a system and how as professionals within the system, are we**

working with children and their families to be thinking what difference we want this to make?'

Key Messages

This former DCO feels it important to mention that support, supervision and line managers understanding of the DCO role is vital and they are now in a position where they are hoping to influence this. They summarised this as 'It's recognising where the role sits within the broader parameters of the system. We are working as part of this really complex system. It's about being really clear what the role is and facilitating that where that's possible, but also highlighting risk where that isn't possible. And I think that there can sometimes be quite a bit of tension around that.'

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