

Designated Clinical Officer (DCO) – Local Area Reflections and Learning (3) – May 2023

Background

This DCO is a qualified Speech and Language Therapist and has been in their role for almost two years. They are full time with their capacity entirely dedicated to their role as DCO, covering two local areas. A day in the life of this DCO consists of a mix between attending strategic meetings and case discussions as well as responding to individual EHCP queries and other quality improvement work. They see their role as both strategic and operational. This DCO makes a conscious effort to continually review their impact. **They believe it is important to stay focused on helping families and continual self-reflection is important to ensure this is happening.**

Impact on Children and Young People and Families

This DCO sees themselves as a conduit between health and other agencies, reducing the pressure on children, young people, and families of navigating the system. **They feel one of their biggest impacts on children, young people, and families is improving the quality of health contributions to EHCPs, leading to more accessible and specific plans that represent provision required.** This DCO has been involved in many pieces of co-produced work, including supporting Parent Carer colleagues to create a situational mutism pack as well as updating the Local Offer to be more inclusive for families.

Impact on Multi-Agency Working

This DCO feels their role impacts on joint working by facilitating different groups to come together. **They view their role as 'helping people to build a bridge, rather than being the bridge so that those relationships can be sustainable'.** This DCO has brought together Education, Social Care and Health to work together around the DSR and CETR process. They are also working hard to ensure their local Parent Carer Forums are connected to different part of the health system and this continues to be an area they are keen to continually develop.

Impact on Joint Commissioning

Joint commissioning is an area of development in this DCO's local area. **This DCO sees their role as raising areas of concern where joint commissioning needs to be addressed.** They work closely with colleagues in the Children's Commissioners for Health team and those in Education to link through to the joint commissioning conversations. The DCO feels it is hard to articulate impact in this area, but they are very much supporting ongoing conversations.

Impact on Quality Assurance

Although quality assurance isn't the sole focus of this DCO's role, they support local providers with the QA of their own health advice as well as supporting with QA of the system more generally. A recent review into the quality assurance of the health content of EHCPs in their local area discovered that a third of plans required action. This DCO has therefore themed the areas in which improvements are needed and is delivering some training for the workforce. This will be reviewed in six months' time and will hopefully show an increase in quality. This is part of the DCO's long term plan to ensure that even if they were to leave their role, there is some system assurance of health advice.

Influence and Interaction with Local Authorities and Health Leadership

This DCO links in with leadership at both a local authority and at a health leadership level and feels they have good relationships with both. **They continue to attend strategic and other key meetings to continue to strengthen these relationships which enables them to influence key changes.**

System Level Impact

This DCO feels they impact on a system level by being a good contact that colleagues can go to if they have an area in which they need some direction and by helping to foster relationships between disconnected services. **'I really see my role as helping two services aren't speaking to each other.'** For example, this DCO has worked hard to bring the Continuing Care and EHCP team together in their local area. They have also recently delivered a SEND training session to 89 GPs, in collaboration with their local Parent Carer Forum and the DMO,

focusing on key messages from families and feel this is another key illustration of the impact the DCO can have on the system.

The move to Integrated Care Boards

This DCO hasn't seen a material change to the DCO role since the move to ICBs, but they feel there's a different principle underpinning the role. They feel the ICB has supported them and their thinking about facilitating relationships instead of being the middleman. **'In a lot of these conversations, I'm trying to make myself obsolete so I know that if I step away from something, something is robust and can continue without me, then I can see that I've done a good job.'**

The most and least enjoyable aspects of the role

What this DCO enjoys most about their role is working with young people and parent carers to champion their voices. The DCO sees their role as strengthening that voice within the ICS base. This DCO also enjoys supporting the system to be more efficient. Additionally, this DCO enjoys that they get to feel they are making a difference. 'Sometimes I feel like I'm supporting other people to make a difference, and that feels just as good.'

Workforce challenges are the biggest concern for this DCO and the least enjoyable aspect of their role. **'Workforce is the talent and workforce is the thing that keeps me up at night. You want new talent, and you want good people to come and work for the NHS.'**

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