

Designated Clinical Officer (DCO) – Local Area Reflections and Learning (4) – May 2023

Background

This DCO is a qualified Speech and Language Therapist and has been a DCO in two different places for a combined total of almost four years. In their current DCO post, they are allocated 2.5 days per week, covering one local area. They feel strongly the role should be allocated at one whole time equivalent and often work more than their allocated capacity. A day in the life of this DCO is extremely busy, with various meetings taking up most of their time. In their first role as DCO, their role was an even balance between operational and strategic priorities, however, since joining their current post they have made a conscious effort to ensure the role is mostly strategic. **They see their role as working strategically to support others in doing the more operational elements.**

Impact on Children and Young People and Families

This DCO feels their role impacts hugely on children and families and they describe one of the functions of their role as bridging the gap between the education SEND world and the health SEND world, which can often be disconnected. They also attend various key meetings around SEND including the SEND stakeholder group and the Health SEND steering group. These meetings foster a consistent dialogue around SEND which ultimately benefits families and leads to them feeling more supported within the system. Whilst this DCO feels this is a slightly less obvious impact of their role, these meetings are an important way in which the DCO can impact on children, young people, and families.

A more illustrative example of how this DCO has impacted on children, young people, and families is by giving families a voice. They hold a regular listening event with their local Parent Carer Forum where anyone can come and air any concerns they have around the health or SEND system. At a recent listening event, there was a concern raised about the local ASD diagnostic pathway and the DCO ensured they got feedback from multiple families and took these concerns to the provider who then provided a detailed response with plans to address the

concerns. They feel their role is essential in ensuring these kinds of conversations take place and that the DCO is in a position to see what's working well and what needs to be improved.

Impact on Multi-Agency Working

This DCO feels their role impacts hugely on multi-agency working and one of the key aspects of this is approachability. For example, they are based in the same building as their education colleagues and encourage people to come and speak to them directly, rather than the more formal route of sending emails. This DCO has recently been part of a tribunal where the Speech and Language Therapy team needed some direction and instead of doing this through email, they simply called the team and quickly addressed an issue that could have been weeks of exchanging emails. They believe this reduced potential conflict between the Speech and Language and the EHCP team and therefore created more trust amongst them allowing for better joint working.

Impact on Joint Commissioning

This DCO works in an area that is already joint commissioned and they believe this removes any conflict as they are able to sit down with their colleagues and simply have a conversation about what the best thing for a child would be. Their previous area was not joint commissioned, and they felt that made things trickier.

Impact on Quality Assurance

This DCO impacts both on the quality assurance of EHCPs as well as quality assurance of the system more generally. They currently respond to lots of individual queries around EHCPs as well as carrying out detailed QA of EHCPs every six months. They ensure they gather common themes around this and use this to inform training needs. However, they have a five-year plan to ensure this quality assurance is done by providers rather than solely relying on the DCO to create more resilience within the system. They also plan to roll out quarterly EHCP training as part of the induction process. **They feel it can be difficult to demonstrate the impact the DCO has on the QA of the system more generally, however, they feel their impact can**

be seen in challenging quick fix ideas and encouraging commissioners to think about longevity rather than 'being a plaster that will cover a gaping wound.'

Influence and Interaction with Local Authorities and Health Leadership

This DCO feels they have a wide influence and interaction with both local authority and health leadership by attending regular senior leadership meetings. Having previously worked in their area before becoming the DCO, they found their existing relationships useful in developing this. In their previous area, they had not worked in the area before becoming DCO, and they therefore found developing relationships with health leadership slightly harder. They feel their influence can be seen by ensuring the right people attend the right meetings 'it just feels like it's around those relationships and pulling the right people around the table.'

System Level Impact

This DCO feels their role has a massive impact on a system level, particularly when it comes to inspections and ensuring the Integrated Care System is covered from a quality perspective. To this end, **this DCO finds it frustrating that the DCO is not a statutory role, especially given recent inspections where the role has been described as fundamental in bringing things forward.**

The move to Integrated Care Boards

This DCO feels there hasn't yet been a change in their role since the move to ICBs whilst still in the consultation stage, however, they feel change is coming.

The most and least enjoyable aspects of the role

What this DCO likes most about their role is being able to influence strategic change without having to do the direct line management of staff. **They also enjoy the fact that they get to do a strategic role, whilst keeping their clinical skills.** They describe this as 'it's kind of a project management job but with the clinical, being able to keep all those clinical skills. I kept

looking at project manager commissioner roles and I thought you lose you your clinical element completely. So at least it's really championed. It's lovely.'

What they enjoy the least about their role is capacity and feeling that they have insufficient time to do their job as well as they would like to. 'With the DCO role it is about ensuring that I'm doing everything and doing the best job I can in the two and a half days I've got which can feel impossible.'

Key Messages

This DCO's key message is around capacity and how the DCO role is allocated. Having worked in two different areas, they feel that looking at numbers of EHCPs or numbers on tribunals is not indicative of how much work the DCO will have. This DCO also feels it's tricky from an inspection point of view for a DCO to cover two areas, as they will inevitably end up missing key meetings in one area or the other and will have to justify this to inspectors. They feel that to understand the capacity needed for the role, it should simply be assessed how many meetings the DCO will be required to attend. **'I don't know any area that would be able to get away with half a DCO. In reality, I suppose that's the one thing that I'd want to highlight the most, we've all been an add on for years, but the more and more we asked to do, we can't be an add on.'**

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