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The role of the National Clinical Director for children, young people and maternity

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Summary

The Role of the National Clinical Director for Children, Young People and Maternity for England is described and is compared with the role of the Children's Commissioner. The policy context for children, in particular the National Service Framework, is explained, with an emphasis on key health care priorities and progress to date in each area. Newer challenges in children's health, including obesity and the ongoing importance of inequalities, are emphasised, illustrated by infant mortality and childhood accidents, with longstanding unaddressed aspects of children's health care including disability, adolescence and transitions highlighted. Levers for change to improve outcomes for children remain critical to success for the future.

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Introduction

National Clinical Directors (NCDs) for England were established 6 years ago with the appointment of Professor Mike Richards to lead the Cancer Plan. Subsequent appointments included National Clinical Directors for Mental Health, Primary Care, Coronary Heart Disease, Older People, Diabetes, Emergency Care and, relatively recently, Learning Disabilities.

Some NCDs have care groups, and others specific diseases, to champion. The key aspect of the role is supporting the implementation of the National Service Framework (NSF) and other key policies, contributing to future policy development within the Department of Health, providing expert clinical advice and working within the Department of

Health and across to other relevant departments of state, which for children principally involves the Department for Education and Skills. There is an opportunity to provide feedback from the field of practice and to work closely with the National Health Service (NHS) in an influencing and leadership role. It is important to maintain good working relationships with key national bodies such as the Royal College of Paediatrics and Child Health, the Royal College of Nursing, all colleges that deal with maternity, children and young people and the voluntary sector.

I am the second NCD for children, succeeding Professor Al Aynsley-Green, who was initially appointed following the Children's Task Force and the development of the NSF. Professor Aynsley-Green has gone on to become the first Children's Commissioner for England, and it is important to understand the difference between the two roles, particularly as the NCD is employed within the Department of Health and the Commissioner has more autonomy and a role in challenging government, reporting annually to Parliament.

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In 1981, Norway became the first country to establish a Children's Ombudsman through legislation. Over the following years, more than 30 countries have created their own independent Human Rights Institutions for children, Children's Ombudsmen or Children Rights Commissioners. These roles have been established to safeguard and promote the rights of children, with a special focus on advocating and supporting the effective participation of children and young people in decision-making. There has been a Children's Commissioner in Wales since 2001, in Northern Ireland since 2003 and in Scotland since 2004. The first English Commissioner was appointed in 2005. There had been a long campaign for an independent institution with powers to secure and protect the rights of children and young people, supporting the implementation of the United Nations Convention on the Rights of the Child. The legislation establishing the Commissioner's post in England is the Children Act 2004.

The general function of the English Commissioner is narrow in comparison to that of those who serve Wales, Scotland and Northern Ireland, i.e. promoting awareness of the views and interests of children. England's Commissioner is to be particularly concerned with the five outcomes set by the government in *Every Child Matters*.¹ These are:

1. Be healthy.
2. Stay safe.
3. Enjoy and achieve.
4. Make a positive contribution.
5. Achieve economic well-being.

The Commissioner can research and publish reports on any issue believed to be important to children and young people, and will advise the Secretary of State about the views and interests of children, but will not investigate individual cases. In England, children were involved in the recruitment process for the Commissioner.

He has identified eight priorities for his work:

- Young people in society.
- Bullying.
- Asylum and immigration.
- Behaviour (including respect and youth justice).
- Disability.
- Vulnerable children.
- Tackling discrimination.
- Health and well-being.

The Children's NSF is a 10-year programme intended to stimulate and promote a long-term and sustained improvement in children's health.² By setting standards for health and social services for children, young people and pregnant women, the NSF aims to ensure fair, high quality and integrated health and social care from pregnancy through to young adulthood.

At the heart of the children's NSF is a fundamental change in thinking about health and social care services. It is intended to lead to a cultural shift, resulting in all services being designed and delivered around the needs of children and their families. Therefore, the children's NSF is aimed at

everyone who comes into contact with or delivers services to children, young people or pregnant women.

The NSF consists of five core standards, which will help the NHS, local authorities and their partner agencies to achieve high-quality service provision for all children and young people and their parents or carers. These core standards are:

1. Promoting health.
2. Supporting parents/carers.
3. Child and family-centred services.
4. Growing up.
5. Safeguarding.

Further standards 6–10 address children and young people and their parents who have particular needs. These standards should be implemented in conjunction with the standards in the core document:

6. The ill child.
7. Hospital services.
8. The disabled child and children with complex needs.
9. Mental health and psychological well-being.
10. Medicines.

In addition, there is standard 11, which addresses the particular needs and choices of women and their babies before or during pregnancy, throughout birth and for the first 3 months of parenthood:

11. Maternity services.

To support practitioners, exemplars were developed that focus on the care pathway and the core skills and competencies of staff in delivering effective services to patients. Examples include asthma, autistic spectrum disorders and long-term ventilation; these are available from the Children's NSF website.

A number of other supporting documents have also been published, including:

- Children and Maternity Services Information Strategy.
- Transition: Getting it Right for Young People.
- Palliative Care Services Commissioning Guide.
- Supporting Local Delivery.
- Estates and Facilities Management.

Public Service Agreements set out the key improvements that the public can expect from government expenditure. These are 3-year agreements, negotiated between each of the main departments and HM Treasury during the spending review process. Each Public Service Agreement sets out a department's high-level aim, priority objectives and key outcome-based performance targets. There are a number of related Public Service Agreements targets, which will be used to increase the profile of children's services:

- Eradicating child poverty by 2020.
- Halting the year-on-year increase in obesity among children under 11 years of age by 2010 in context of a broader strategy to tackle obesity as a whole.
- Providing a comprehensive child and adolescent mental health service (CAMHS) by December 2006.
- Reducing health inequalities by 10% by 2010, as measured by infant mortality and life expectancy at birth.

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