

Children and Young People Overview and Scrutiny Committee

10th June 2026

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MCH Children’s Services Overview and Future Strategy

Decision

Discussion

Information

1. INTRODUCTION:

The NHS 10-year plan (fit for the future) focuses on three shifts: hospital to home; analogue to digital and illness to prevention. For children and young people’s (CYP) services, the focus will include strengthening early years provision, improving health through integrated care, and using school-based approaches for preventative initiatives. This in part will be achieved through having the best start to life and better support for physical and emotional health with more accessible services that are integrated and embedded within Medway. The NHS plan that we endorse is heavily focused on collaboration alongside working with education to provide "wraparound" support.

As part of working with Kent Community Health NHS Foundation Trust (KCHFT), we plan to come together under their Prevention, Inequalities and Children’s Directorate. Coming together will enable us to provide services that offer for CYP and their families, the best start to life, meet the ethos of the healthy child programme and support health through a child’s lifespan. We recognise a need for greater focus on prevention and a move towards a needs-led approach with early identification, health profiling and stratification supported by proactive packages of care with good clinical outcomes. Our services need to integrate more within Medway communities to support universal provision and free resources to deliver more targeted and specialist interventions.

Our strategy sets out a three-year plan with an intention to improve outcomes for children in Medway. It defines our vision, areas of transformation, ambitions and milestones required to deliver consistent, needs-led, accessible and equitable care within Medway.

The strategy and supporting actions will:

- Create and align evidence-informed pathways of care and support, processes and priorities.
- Establish the right infrastructure to enable good care and support innovative ways of working.



- Set out clear ambitions across eight areas of transformation:
 - Needs-Led Support and Care.
 - Integration and Access.
 - Neighbourhoods.
 - Digital.
 - Quality, Standards, Evidence and Feedback.
 - Best Start for Life & Healthy Child Programme.
 - Learning Disabilities and Autism.
 - People.
- Detail of what will be delivered each year (Years 1–3). This includes foundational changes, scaling of best practice and learning from what is already in place to optimise clinical outcomes.
- Drive improvements in access, waiting times, equity and quality through consistent clinical models, digital transformation, neighbourhood working and co-design.
- Guide workforce development to build a skilled, supported and sustainable workforce.
- Provide a framework for accountability; tracking delivery; outcomes; user experience and continuous improvement.

2. WHAT ARE OUR CHALLENGES

There are many challenges and areas of development facing our services and those we care for. These include:

- Implementation of key national and local guidance including Best Start to Life, Healthy Child Programme, NHS 10-year plan.
- Long waiting lists, especially those with neurodevelopmental and therapy needs.
- Clinical productivity variations and programmes of work (e.g. access to Speech Therapy).
- Financial pressures, cuts to public health grant and local authority funding, cost efficiency programme all resulting in a need to centralise where more efficient.
- Increasing numbers of children at school, and movement of children coming into Medway from London. Number of languages spoken across families and known to MCH Children’s services is around 28.
- Increase in home-schooled children, impacting on School Nurse service.

Performance data:

- Average 120 referrals received per month for Neurodiversity pathway, with 1,646 currently on Autistic Spectrum Disorder (ASD) waiting list for diagnosis (1,499 waiting more than 18 weeks). 640 on ADHD waiting list for diagnosis (537 waiting more than 18 weeks). Total number on ADHD pathway 2,416.
- 130 referrals received per month for school age Speech and Language Therapy (SLT).



- 200 referrals received per month for pre-school SLT and Occupational Therapy.
- EHCP: average of 68 referrals received per month in Q4 2025/26, with 61% returned within 6 weeks being the ideal response time. All EHCP requests are completed within 20 weeks in time for Panel. MCH is currently working in collaboration with KCHFT and KMMH to devise an agreed tracking system to standardise reporting methods and scrutiny.
- Safeguarding: Child protection cases in Q4 2025/26: Initial Child Protection Cases 72% attended (18 of 25 cases) and 96% reports submitted on time. Review Child Protection Cases 87% (47 of 54 cases) attended, and 94% reports submitted on time.
- Staffing overview: Total headcount 198 (167wte) across Children's Specialist Services and Public Health Nursing. We have a small number of vacancies across services which are currently in the recruitment process, with a particular challenge to recruit Speech and Language Therapists with skills to manage dysphagia (swallowing difficulties).
- 95% compliance in statutory and mandatory training.

3. WHAT WOULD GOOD LOOK LIKE?

Our vision and ambitions will support a shift to improve the care and outcomes for children, families and others we care for within Medway. The difference will be:

For service users and communities

- Easy, timely access to the right support.
- Clear pathways – without the need to “repeat their story” when interacting with multiple services.
- Person-centred, outcome-focused care and support.
- Fair, equitable access regardless of location or need: we will improve access for children in relative low-income families and where adverse childhood experiences impact on health.
- Improved experience, fewer complaints, more compliments.

For the system

- Enhance the joined-up working across Health, Local Authority, Education and Voluntary sector.
- Reduced duplication and internal administration efficiencies.
- Clear, consistent service offers aligned across the directorate.
- Effective use of digital and shared data.
- Strong prevention and early identification of need.
- Improved population health outcomes driven by population health data and supporting Marmot Principles.
- Neighbourhood working, supporting place-based care and easier access to care.



For staff

- Highly engaged, motivated workforce.
- Improved recruitment, retention and reduced sickness.
- Clear roles, accountability and shared culture.
- Strong clinical leadership and psychological safety.
- Career pathways and greater opportunities across a larger Directorate.

Some achievements over the last year include:

Neurodiversity Pathway: where children are on the waiting list for an assessment for Neurodiversity, families are provided with relevant national and local information to support their child and family with areas that may be challenging for them. This information is continually updated and available on the MCH website with supporting videos and online resources, theory and strategies and shared on all correspondence with the families.

Face to face information sessions have been available to families within Snapdragons to offer a more bespoke answer and question session on many areas of development including sensory needs, communication and activities of daily living. These are also available through a QR code online to support families who are unable to attend the sessions.

A targeted and risk-based approach has been implemented to minimise the impact of capacity pressures on children and families. Staffing resources have been prioritised towards pathways with the highest waiting times, supporting focused action where clinical risk is greatest.

Service adaptations, including role redesign, temporary staffing solutions, and strengthened supervision, have enabled continued service delivery during periods of reduced capacity. Investment in staff wellbeing has helped to support resilience and maintain safe practice.

The Tips for Parents booklet was developed in response to recurring concerns identified through complaints, triage themes, and practitioner insights. The booklet provides practical guidance on sleep, feeding, and continence. It has received positive feedback for clarity and usefulness. The first formal content update is due Sept/Oct 2026.

Occupational Therapy (OT) Parent Support Sessions

OT-led parent support sessions continue to provide education on sensory and daily living needs. 15 parents/carers attend per session. Each session offers early support through recommendations and strategies. Early feedback shows increased family confidence and improved understanding.

Peer Support and Family Empowerment

The service prioritises peer support, empowerment, and community inclusion. Impact is measured through post-group evaluations and feedback and has evidenced improved parent confidence and understanding; greater access to inclusive play and activities; and strengthened community partnerships.



The School Nursing and Learning Disability Nursing service continues to actively engage in multi-agency work to improve outcomes for children, young people, and families. Examples this year include **Future Lives Programme**. The team contributes to the Future Lives initiative, working alongside a range of professionals to explore and coordinate support available under the government programme. Where appropriate, key health information is shared to enhance understanding of the young person's needs, support progress and identify challenges that may affect their journey.

Although School Nursing involvement is relatively new, the contribution has already been highly valued, with feedback including: *"Thank you again for attending. You were able to add some really valuable insight."*

Children's Community Nursing Team: strong collaborative relationships are maintained with the children's ward, paediatric consultants and nursing team at Medway Hospital. This includes attendance at Morbidity and Mortality meetings where case presentations involve CYP's who have required tertiary retrieval or who have safeguarding involvement. These meetings provide shared learning, improve communication and strengthen discharge planning processes. Our community nurses also complete ward rounds on the children's ward, supporting early identification of community follow-up needs and improving continuity of care.

4. OUR VISION:

One unified Children's Directorate, working with partners and communities, to give every child the best start in life, reduce inequalities and provide timely, high-quality support for people close to home. We will focus on prevention, early help and needs-led care so that people get the right support at the right time, with less waiting and better outcomes.

We have 8 strategic areas for transformation underpinned with strong enablers:



Although early years waiting times remain under pressure, the Best Start in Life programme provides opportunities to strengthen universal provision and improve earlier identification of need. Workforce development and training have enhanced practice across settings, and governance arrangements are now clearer and more stable, with stronger collaboration across education, health and care.

Medway is now transitioning from a foundational phase. This is focused on governance, systems and process. The next phase of improvement is driving measurable impact and consistent outcomes across the system.

Pressures remain high and continue to grow. EHCP prevalence stands at 5.3% of the pupil population (4,448 children), significantly above previous forecasts and existing capacity. Requests for needs assessments have doubled and are forecast to exceed 900 this academic year.

Key areas of work:

- Introduction of the Balanced System ®, a comprehensive framework designed to enhance communication outcomes for children and young people by ensuring the right provisions are in place across various levels of need. It aims to improve the delivery of speech, language and communication needs. It is structured to support CYP through an integrated approach that encompasses various levels of need. The model supports inclusive mainstream focus, alongside a tiered support model (Universal, Targeted, Targeted plus and Specialist provision).
- Continue validation of the Neurodiversity (ND) pathway waiting list that has helped to reduce duplication of referrals where parents have taken the Right to Choose pathway and selected an alternative provider. The recent appointment of an advanced practitioner nurse has supported increased capacity within the ADHD service with less reliance on the Paediatrician workforce to undertake medication reviews. Multidisciplinary meetings with the paediatricians have resulted in more efficient use of the diagnostic tools used for assessment of CYP with potential an Autistic Spectrum Disorder, and an increase in capacity for clinic appointments.
- Further roll out of This Is Me project across schools should help to reduce numbers of referrals into the ND pathway but more time is needed to assess the direct impact of the programme on referral activity.
- Continue to offer Waiting Well parent/carer support and advice with access to online resources, signposting to support services, and face to face support sessions (including eating, toileting and sleeping).
- Expand use of Graded Care Profile, training and documentation, in line with Medway Safeguarding Children Partnership (MSCP) Neglect Strategy.



Wider Directorate and whole system areas of work:

- **Year 1: Get the foundations right:** Align directorate admin processes for timely health input into Educational Health and Care Plans (EHCP); Map the 0–25 shift needed to support educational needs; Align Autism and ADHD pathways; Support and expand early intervention offers through “This is Me” and whole schools approach; Develop Sensory Integration and Communication offer; Develop and expand speech, language and communication needs (SLCN) incorporating a review of the Balanced ® System framework and monitoring with commissioners; schools and communities; Optimise role of Health Visitors in early years, identifying need and early intervention especially the increased risk of safeguarding in families who support a child with special education needs (SEN).
- **Year 2: Scale and spread:** Support achievement of the system accelerated SEND action plan for health with partners; Embed a consistent early-intervention and care-package offer, combining roll out of ‘This is Me’ alongside, neurodiversity, SLCN and physical needs support to improve school readiness; Embed the Balanced System®
- **Year 3: Complete needs-led model:** Operate an integrated needs-led service with standardised pathways where appropriate recognising needs of local populations; Reduce waits and reduce Kent system reliance for spot purchasing therapy provision to meet EHCP demand; Enhance partnership working with best start family hubs to enhance universal and targeted offer.

2. Integration and Access (Pathways, SPA, EPMA, Provider Collaboration)

Ambition: Act together across neighbourhoods to provide integrated evidenced-based pathways, consistent prevention messaging, a single point of access and shared delivery to make access simpler, faster and closer to home.

Our focus for Medway: to decrease long waits and improve access to diagnosis and support.

Key areas of work:

- Longest wait for ADHD diagnosis 5 years. Average wait 1 year, 11 months. ADHD specialist nurse in post since February 2026. Capacity for ADHD diagnostics and medication reviews has subsequently increased and will positively impact on waiting times.
- Longest wait for ASD diagnosis 4 years 2 months. Average wait 2 years, 1 month. Review of MDT meetings has resulted in therapy only diagnostic testing with resultant increase in capacity.
- Developed Waiting Well resources and check-ins, providing early self-management advice. We have maintained 2 to 3 monthly Q&A capacity and are exploring the addition of evening/alternative venue offers.
- Funding of a small follow-up clinic (second touch) to review family plans at 4–6 weeks.



- Track impact indicators (school attendance, family-reported stress, practical goals achieved).
- Further co-produce resources with families and continue alignment with the Kent & Medway neurodevelopmental system to offer a consistent early support model.
- Improving communication during waits, by exploring use of text messaging and consistent updates used by clinical and admin staff.
- Electronic Prescribing and Medicines Administration (EPMA): working in collaboration with KCHFT to enable electronic prescribing, with the aim that parents/carers will no longer be required to collect paper prescriptions from the Children's Centre, enabling easier access to medications.
- Shared pathways and learning: collaboration with the Kent and Medway ND steering group forum, supporting pathway review and identification of more efficient ways of working. This will enable standardisation of service provision across Kent and Medway, reducing post code inequity of access to healthcare.

Wider Directorate and whole system areas of work:

- **Year 1: Design and align:** Completion of administration review bringing together front door access and triage within Kent and Medway with Therapies and Community Paediatrics initially aligning processes and resources; Coordinate support packages across services and providers (e.g. behaviour management, sleep); Complete waiting-list review (incl. secondary waits); Improve Monthly Diagnostics Waiting Times and Activity data collection (DMO1) and 52-week waiting times; Review and work towards implementing a single team model with aligned pathways to address inequalities and age criteria; Design single point of access (SPoA) and triage in line with wider Kent and Medway approach; Integrate therapy and nursing offer; Review delivery methods (virtual vs face-to-face vs group); Review early years and universal provision to ensure all services are delivering the same prevention messages so that information is consistent, up-to-date and builds from first conversations throughout all care; Review room booking/clinic process as part of admin centralisation to optimise space and central overview with reporting (availability and cancellations).
- **Year 2: Move to single-team delivery:** Expanded SPoA and centralisation of admin processes; Implement new single team model aligning clinical pathways and processes; Drive down inequities and waiting times.
- **Year 3: 24/7 extended easy access services:** Sustain shorter waits and better patient flow; Fully implement Non-Medical Prescribing model to meet service need; Fully implement EPMA to all relevant services.



3. Neighbourhood partnerships and alignment

Ambition: Build strong neighbourhood offer across all services working with best start family hubs, education, social care, GP networks, acute providers and local community partners so prevention and care is joined-up and easy to reach.

Our focus for Medway: to establish neighbourhood teams across Medway, typically consisting of a variety of professionals working together including community services, general practitioners, social workers, acute services, mental health and voluntary sector. This diverse composition allows for a comprehensive approach to care. Staff may or may not be co-located but will work collaboratively, supporting patients within their locality.

- MCH continues to work in collaboration with our GP partners, including attendance at the Local Medical Committee. Past participation has included discussion around the ND pathway and referral process, and immunisation advice and support provided by the Health Visiting teams.
- Medway Parent Carer Forum: MCH staff meeting regularly with the Forum to share updates and proposals around service development and seek parent/carer engagement and feedback on service provision.
- Work with Family Hubs: including peer support for Infant Feeding; Parent-Infant relationships; Perinatal Mental Health. The Family Hubs also provide access to Tiny Talkers; Child Health Clinics; Starting Solids; and Tongue-Tie support and intervention.
- Sharing of neglect information across partner organisations, and continued engagement with partners in relation to Multi-Agency Safeguarding hub (MASH), and Strategy Health role. Sharing of information to support Safeguarding, and acknowledging exploitation risk in particular groups.

Key areas of work:

The Health Visiting service has played a key role in strengthening the infant feeding pathway through collaboration with Medway Foundation Trust (MFT). This included supporting the MFT Infant Feeding Midwife to complete the required practice hours for the *Advanced Clinical Skills in Tongue-Tie (Ankyloglossia) Management* course. The placement was supervised by the MCH Lead Infant Feeding Specialist, enabling competency sign-off and ensuring high clinical standards.

As a result of this partnership:

- Babies with tongue-tie are now identified and treated earlier, often while still under midwifery care.
- Families are experiencing improved breastfeeding support and fewer delays accessing services.
- Continuity of care between midwifery and health visiting has strengthened, benefiting the overall breastfeeding journey.

Health Visitors continued their integral support of the **Tiny Talkers programme**, funded through the Hubs and the Start for Life initiative. This targeted intervention provides 1:1 support to families to promote early speech, language, and communication skills in the home environment.



Feedback from families has been highly positive, highlighting improvements in children's expressive communication and parental confidence in supporting development.

Wider Directorate and whole system areas of work:

- **Year 1: Start and strengthen partnerships:** Support PINs rollout; Expand “This Is Me” model; Improve prescribing through increased Non-Medical Prescribing and shared care arrangements; Communicate changes clearly with the Local Authority; Alongside Kent and Medway Mental Health NHS Trust (KMMH), review clinical pathways and delivery to look for synergies; Maximise use of Best Start in Life Family Hubs and Healthy Living Centres where cost and capacity allow; Develop partnership working with Best Start in Life Family Hubs to enhance universal and targeted offer; Expand engagement with the voluntary sector; Align Best Start in Life local plans to achieve good development targets such as early identification and intervention.
- **Year 2: Scale and spread:** Progress provider collaboration with KMMH; Support development of mental health offer with KMMH; Embed a needs led approach linking school coordination and relationship management to deliver a continuum of provision based on needs; Expand co-location with partners to strengthen neighbourhood working and group interventions; Improve access for children, raising awareness of sexual health services targeting patient groups with high risk factors for poor sexual health behaviours, Looked After Children, unaccompanied asylum-seeking children; Improve prescribing via Non-Medical Prescribers (NMP) and shared care with GPs; Develop our Neighbourhood Health offer for timely support with our all age services including learning disabilities, working in partnership with other health providers, communities, family hubs, schools, nurseries and colleges
- **Year 3: Mature neighbourhood care:** Neighbourhood teams provide a recognisable, consistent local offer integrated with primary care, schools and community assets; Joint CYP Directorate for CYP with KMMH; consistent equitable access and pathways across East Sussex, Kent and Medway; Estates fully support integrated, accessible delivery with efficient utilisation.

4. Digital

Ambition: Enhance our digital offer using reliable data and automated workflows to improve access, quality and productivity including digital tools such as apps, videos and on-line guidance.

Our focus for Medway: to improve access to advice and support by enhancing the digital offer for children, young people and their parents/carers.

- A digital platform to support the four recommended individual health needs assessments within the Healthy Child Programme (HCP) and widen access for home-educated and NEET (Not in Employment, Education or Training) young people groups often under-represented in current data. Although procurement has been challenging, the service continues to explore viable options.



- Expanding early intervention offers to support families while waiting, including digital tools, webinars, and behaviour support programmes.
- Strengthen digital engagement and remote-support options where appropriate, while maintaining in-person contact for families with the highest need. We anticipate that implementing a digital platform will enable direct completion of health questionnaires by pupils, offering improved health needs assessments and strengthening universal and targeted elements of the HCP.
- Capacity within the teams to manage current caseloads and referrals, whilst trialling new ways of working with digital technology remains a challenge.

Key areas of work:

- Thompson screening (hearing and vision testing in schools), undertaken by the school screening team and part of the school nursing service. Working in collaboration with ophthalmology, we are creating an electronic pathway for referrals rather than sending via email. This will improve efficiency and safety. In addition, the team has identified the need for clearer guidance when contacting parents of children identified as underweight through the NCMP. To support this, they are working with MCH Dietitians to create a standardised script offering reassurance, basic advice and clear next steps. This work will strengthen the confidence of staff making these calls, support parents more effectively, and ensure that concerns are communicated sensitively and consistently.
- Alignment of KCHFT and MCH versions of Rio (clinical information system) ahead of the proposed transaction between the two organisations in October 2026. This is underpinned by the review of clinical pathways across the two organisations, with service specific workshops focussing on sharing of best practice.
- Continue use of ChatHealth, a confidential texting service available to all school age CYP enabling access to a School Nurse to provide advice/guidance. ChatHealth has also been made available to parents/carers for easy access to School Nursing service.
- Core Standards are available on our website. Core standards are aimed to help parents and professionals identify areas that a child may be having difficulties with and explore appropriate strategies through practice and play. Core standards have a holistic focus and include support with sensory, physical and communication needs. Although these are labelled as pre-school and school age documents, parents and teachers can use strategies and ideas from both documents to support children, depending on what stage they are at with their communication development, irrelevant of their age.

Wider Directorate and whole system areas of work:

- **Year 1: Get the foundations right:** Align RiO processes; Publish a Directory of Services (offer, criteria, access); Initiate single-system EPR transformation; Plan targeted digital investment; Maximise opportunities across services to share IT systems, processes and digital solutions for families and users;



Optimise the multi-system digital solutions across the Division (e.g. Gather quality platform, Rio) to ensure a digital vision supporting interoperability, shared data and visibility across systems; Review and develop digital offer to support communication and access to services.

- **Year 2: Scale and spread:** Extend online booking and digital communication; Take the opportunities arising from the NHS app development to give people more choice and control including for parents to manage their children's healthcare.
- **Year 3: A seamless digital solution:** Fully integrated analytics and self-service access for families and referrers; Digital capabilities embedded across teams (including EPMA, Rio and other systems); Optimise use of NHS app and other digital tools.

5. Quality, Standards and Evidence (Feedback, Prescribing, Clinical Pathways, Co-design)

Ambition: Use best practice evidence, user voice and transparent data to drive consistent standards and continuous improvement putting those we care for at the heart of design; keeping communications open, clear and timely.

Our focus for Medway: to continue improving quality of care, using best practice evidence, and reduce inequalities for CYP health across Medway. The MCH Quality Improvement Programme (QUIP) for 2026/27 outlines the core priorities required to enhance the quality, safety, accessibility, and effectiveness of Children's Services within Medway Community Healthcare. Building on learning from service performance, staff feedback, CQC expectations, and increasing system demand, the QUIP provides a structured and measurable approach to driving improvement across teams.

- Our annual documentation audit identifies any areas for clinical records to be standardised and improved, ensuring robust clinical documentation.
- Monthly meeting for paediatricians and senior clinical staff to review pathways and clinical provision. This links in with the Kent and Medway Paediatrician working group, aligning service provision.
- Paediatricians have protected clinical supervision weekly to ensure maintenance of professional standards and leadership.
- Embed Transition work (child to adult services) with the Local Authority, using the Transition Standard Operating Procedure (SOP) to support and including My Adult, Still My Child ethos.
- Access to Safeguarding training and supervision by all staff.
- Public Health Nursing participate in regular clinical supervision, providing a safe space to reflect on practice, discuss ethical dilemmas, develop professional skills and ensure CYP safety and wellbeing.
- Engagement with Medway Parent and Carer Forum to ensure feedback is heard and acted on within the service, supporting co-production.



- An example of compassionate care includes the interaction with a member of the public (X) by one of the health visiting team who stopped to speak to X and suggested he reach out for family and GP support. X wrote to the service many months later to say that the health visitor had been instrumental in preventing X from attempting suicide.
- In Q4 of 2025/26, MCH Children's services received 21 compliments, thanking individual staff for their care and compassion. Staff have continued to receive recognition for their contribution to high-quality care. Feedback from families and partner organisations highlights compassion, professionalism and expertise, supporting a culture of continuous improvement.
- In the same period, the service received 28 complaints. The majority of these related to waiting times and access to the service. It is noted that complaints are becoming more complex, often where parents have separated and have strongly differing views in relation to the ongoing care of their child.
- Our Friends and Family Test for the year April 2025 to March 2026 was 91% with 660 responses. We will continue to monitor this and seek ways to increase user feedback, including the voice of the child.
- Quality programme: we are currently undertaking a "Was Not Brought" audit to determine why parents/carers are not attending appointments with their children. This will support identification of patterns such as non-attendance and children not being brought, enabling targeted interventions to improve engagement and maximise clinical capacity. Other clinical audits will continue throughout the year.

Wider Directorate and whole system areas of work:

- **Year 1: Set the standard:** Explore options to reduce waiting times; Review clinical models with clinicians; Implement consistent prescribing and ICB formulary adherence; Improve data reporting for Referral to Assessment and 52 week waits; Align continence assessments and products; Improve data reporting and align performance reporting across localities; Start outcomes reporting (e.g. Canadian Occupational Performance Measure, used by OTs); Establish regular and long-term involvement of users implementing a co-design framework for pathway changes; Keep waiting-list communications transparent and frequent; Data quality, accuracy and reporting to external parties - alignment of KPIs, outcomes and performance monitoring in line with regional and national expectations; Map clinical pathways for toileting management, sleep and behaviour management; Implementation of EPMA.
- **Year 2: Scale and spread.** Implement consistent service models to support effective transition; Roll out 'Ready Steady Go Hello' for transition; Strengthen asthma community pathways; Align provision across localities with co-designed pathway changes; Strengthen continence, bladder and bowel community pathway; Improve CYP voice that informs priorities and resource shifts; Broaden outcome measures to steer improvement; Develop system wide definition, vision and aspirations for good transition - standardised approach.



- **Year 3: Assure and accredit.** Agree a system-wide definition of good transition and implement pathways; Sustain continuous feedback-to-improvement loops; Deepen voluntary-sector engagement to support change; Implement consistent prescribing roles and responsibilities across Kent and Medway; Achieve co-production as a standard practice across all services with visible improvements in experience and outcomes.

6. Best Start for Life & Healthy Child Programme (incl. Health Visiting, School Health and immunisations)

Ambition: Deliver a coordinated, inclusive, evidence-informed early years system and healthy child programme with a modernised Health Visiting, School Health and immunisation offer.

Our focus for Medway: The Best Start in Life initiative in Medway aims to ensure every child has the best possible start, focussing on the early years from pregnancy until school age. It aims to increase the proportion of children achieving a Good Level of Development (GLD) from 68% to 77% by 2028, targeting key areas such as communication skills, relationships and overall wellbeing, particularly for children in more deprived areas.

Health Visiting service:

Infant feeding assessment clinics now run alongside Medway Foundation Trust (MFT) clinics in the new setting. The venue is also shared with midwifery and other public health teams. This collaborative model strengthens multi-agency working, improves service efficiency, and helps reduce waiting times for babies requiring clinical procedures. Early feedback from families has been consistently positive. Parents report that the venue is easy to access, comfortable, and provides a supportive environment for feeding and assessments. Reassurance about the clinic being in a sports centre has been sufficient to help families attend with confidence.

The Health Visiting Team in Medway has developed a targeted Toilet Training support role to address the increasing number of children starting school while still wearing nappies. This initiative aims to empower families, early years settings, and partner organisations with the knowledge, skills, and confidence needed to support children under five to achieve continence.

The dedicated Toilet Training role within the Health Visiting Team has made significant progress in promoting continence, supporting families, and enhancing early years practice across Medway. Positive feedback and high engagement levels demonstrate the effectiveness of the programme. Continued development and evaluation will strengthen outcomes and support children's school readiness. Where continence difficulties persist into school age, the School Nursing team will continue to offer targeted support, which may include onward referral to the Bladder and Bowel service within MCH.



Parent Infant Mental Health Practitioners (Perinatal Health Visiting Team) and the Pregnancy to Three team (Family Action Medway) frequently support the same vulnerable families. Both services identified a growing need among parents whose babies had spent time in the Neonatal Intensive Care Unit (NICU). Many parents reported trauma, anxiety and difficulty engaging with universal groups after discharge, due to feelings of isolation, fear of judgement, and uncertainty about their baby's development.

To address this gap, both teams worked collaboratively to develop and deliver a dedicated Neonates Parent Group. Together they:

- Identified an appropriate venue
- Designed a group open to all families with NICU experiences
- Combined expertise in parent–infant mental health, early child development and trauma-informed support
- Ensured smooth transitions and continuity of care between services

Positive outcomes from the joint initiative include:

- Improved parental mental health and confidence
- Strengthened parent–infant relationships
- Increased engagement with wider services
- Earlier identification of families needing extra support
- Creation of supportive peer networks
- Reduced feelings of isolation and anxiety

School nursing: The 'This is Me' project is a 12-month quality improvement pilot in Medway that aims to provide early, targeted support for neurodivergent children without the need for a formal diagnosis. The project enables schools and families to work collaboratively with MCH practitioners to identify and respond to a child's needs at an early stage. Together, they complete a Needs Summary, capturing strengths, challenges, and recommended strategies. After implementing strategies for 12 weeks, further referrals may be made if needed to the appropriate pathway.

Wider Directorate and whole system areas of work:

- **Year 1: Deliver the model:** Support implementation of the Local Authority's Best Start in Life strategy; Support and expand the health offer via Best Start in Life /Family Hubs; Understand and develop offer to optimise benefits of social prescribing to support waiting well plans; Deliver the universal healthy child contacts e.g. Antenatal, new-birth, 6-8 week check and year 1 and 2½ year reviews; Review for implementation key aims of the healthy child programme being: early attachment and infant mental health; home environment and school readiness; physical health supporting breast feeding, healthy weight, reducing accidents and health literacy; early identification of SEN;



Support the NHS 10-year goal to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever.

- **Year 2: Align and share.** Align teams across geographies to support neighbourhood working; Share best practice and enable online booking for universal provision; Build on the parent infant relationship and emotional wellbeing. Support and expand health offer through Family Hubs; Strengthen asthma competencies with schools in Medway (Asthma Friendly Schools).
- **Year 3: Optimise and standardise.** Scale social prescribing to support “waiting well” and wider family resilience; Fully implement key aims of the healthy child programme being: early attachment and infant mental health, home environment and school readiness, physical health, supporting breast feeding, healthy weight, reducing accidents and health literacy, early identification of SEN; Review and implement prescribing roles and responsibilities to bring consistency across Kent and Medway.

7. People (Great Place to Work)

Ambition: Be well-led where people feel valued, engaged, are able to challenge and enabled to make changes so they can do their best work.

Our focus for Medway: Staff networks have reported variable involvement from teams, limiting opportunities to raise concerns, share lived experiences, and influence positive cultural change. We want to ensure all staff feel included and able to have a voice in the organisation.

- We have introduced ‘**You Said – We Did**’ boards across services to demonstrate visible action in response to staff feedback.
- Promoted staff network events, forums and listening opportunities, leading to:
 - Increased staff engagement and participation.
 - Stronger sense of belonging and inclusion.
 - Better alignment between staff voice and organisational improvement.
 - Supported leadership training and education resulting in staff with the confidence and competence to effectively manage and lead.

Workforce challenges: across the country, health and care providers continue to face significant shortages in key therapy roles, including Speech and Language Therapy (SLT), Occupational Therapy (OT) and Physiotherapy. This national trend affects service capacity, increases waiting times, and puts pressure on existing teams.

In response we have:

- Promoted therapy careers locally and nationally, including targeted campaigns, career fairs, and partnerships with universities.



- Created Therapy Assistant / Therapy Interventionist (TI) posts to support qualified clinicians, enhance capacity, and build a development pipeline into professional roles.
- This has led to a strengthening of recruitment pipelines.
- Increased service capacity through skill-mix re-design.
- Improved staff retention and reduced vacancy pressures.

Wider Directorate and whole system areas of work:

- **Year 1: Create clarity and consistency:** Introduce job planning for all clinicians; Build a unifying directorate culture — one Directorate, one service, one geography; Develop robust workforce plan and career structures; Align roles and responsibilities to advance practice and AHP pillars that includes non-medical prescribing, specialist nursing and complex case management; Consult on new and varied roles including leadership and management model; Review structures to ensure right person, right place, right skills. Establish recruitment, selection, future talent management, proactive development and succession planning pipeline to ensure right workforce, right place, right skills, at the right level, across localities; Build on foundations for staff and teams to be well supported through vision and voice, service specific organisational development with associated training and skills development; Develop and maintain a communication and engagement approach across the Directorate and all services underpinned by the principles of honesty and transparency; empathy; engagement; consistency and accessibility with clear cascade process and feedback loops to ensure we are listening and adapting to ensure everyone's voices are heard.
- **Year 2: Grow and empower:** Implement career pathways; Increase autonomy with clear vision for place-led (neighbourhood) working; Embed multidisciplinary leadership.
- **Year 3: Sustain and retain:** A stable, skilled workforce with strong retention, development and leadership pipelines aligned to neighbourhood delivery.

8. Learning Disabilities and Autism (LDA)

Ambition: To codesign and develop inclusive approaches to reduce health inequities giving people with a learning disability or autism the best experience and outcomes possible.

Our focus for Medway include:

- Annual health checks are a lived priority, with early identification through health checks to keep CYP out of hospital and reducing costs to the NHS.
- Co-production should be the foundation of service provision and development, working in collaboration with young people with lived experience.
- Equity must be considered at every level, neighbourhood, multi-neighbourhood and system wide.



- Accessible language and communication will be adopted as a role-modelled standard across all Collaborative materials.
- Medway Health representation to continue at CYP Neurodivergent Provider Group: a collaboration of all operational teams and services responsible for the pre-diagnostic, diagnostic, and post-diagnostic support for autistic and ADHD children and young people.

Current work:

- The LD Nursing team works proactively to promote independent toileting for children with additional needs. Although evidence shows many children with SEN can achieve continence with the right support, progress is often hindered by a persistent belief among some families and professionals that continence is not achievable. A further challenge arises when referrals are made with an expectation of receiving containment products rather than support to develop toileting skills. This can shift focus away from independence-based interventions. Families may be influenced by external messages suggesting entitlement to NHS-funded products, leading to unrealistic expectations and conflict when national eligibility criteria are applied.
- Despite these challenges, the team continues to provide individualised continence support, using tailored strategies to build confidence and independence. They consistently use the Product Assessment Tool to support transparent clinical decision-making and reduce disputes. The LD Nursing team will continue to prioritise the promotion of independent toileting skills, aiming to shift understanding and expectations among families and partner agencies. The team will develop a range of accessible, user-friendly resources, including a pathway flowchart and website content, My Plan to provide consistent guidance and support families to understand national continence criteria. A short training presentation is in development to support partner agencies in delivering consistent messages about continence and NHS product eligibility. Together, these initiatives aim to reduce inappropriate expectations around containment products, promote early intervention and empower children and young people to achieve greater independence reducing environmental and financial burdens.

Key areas of work:

- Digital flag/reasonable adjustment text box has been added to Rio (clinical information system). This will allow reporting and sharing of support given to CYP with LDA. An audit will be undertaken to ensure all staff are using the text box where appropriate to do so.
- CYP with lived experience have contributed to presentations, sharing their knowledge with staff, and improving the service provision to others with LDA. This will continue throughout the year.
- All MCH staff (providing both children's and adult services) are required to undertake Oliver McGowan training at level 1.



Wider Directorate and whole system areas of work:

Year 1: Create clarity and consistency: Review the service model and offer for clients with a learning disability with focus to support neighbourhood health; Support the development and implementation of the Kent and Medway all age plan.

Year 2: scale and spread: Implement neighbourhood offer; Support people's understanding of learning disability and autism across all services to be inclusive and make reasonable adjustments; Contributing to the system wide dynamic support approach.

Year 3: Mature neighbourhood care: Support creation of employment opportunities across the Trust for people with a learning disabilities or autism.

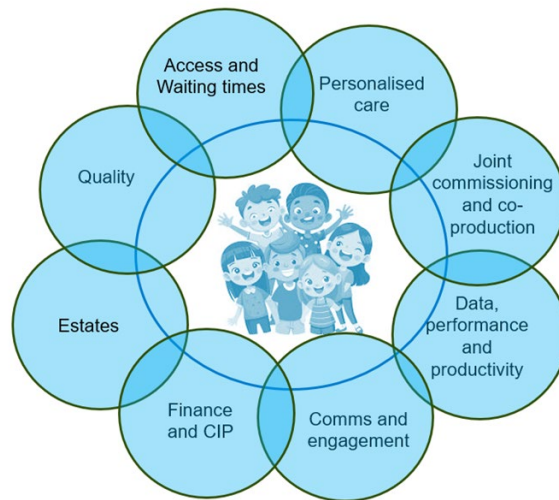
6. NATIONAL AND OTHER GUIDANCE THAT INFLUENCES THE CHANGE:

- NHS 10-year plan
- Best Start in Life strategy (Medway in development to be published by end of March)
- SEND action plans
- SEND Reform
- Children's Reform
- Healthy Child programme
- ICB ambitions for CYP services outlined in the Community Services Review
- KCHFT We Care strategy and breakthrough objectives
- strategies in development to improve educational outcomes, health and support for CYP
- Needs-led ethos for ND provision
- Balanced Model ®
- Families First Programme
- Local Authority and ICB task and finish groups
- ICB review of Multi-agency Child Protection teams

7. ENABLERS:

There are many factors that support good care and outcomes. Our transformation and delivery of the strategic areas of transformation will be supported by a range of enablers that are a common thread throughout everything we do, in all services.





8. PRINCIPLES TO SUPPORT APPROACH:

Given the scale of change and opportunity that our new single divisional structure presents, it is essential to ensure that we follow some key principles that will be applied in everything that we do. These principles are:

- Align and optimise digital solutions where possible and appropriate
- Focus on prevention, best start in life, healthy child programme and supporting physical health
- Address inequalities and gaps in provision
- Clinical led changes and alignment of pathways across Medway services
- Improve access and provision including consistency of offer and address waiting times
- Develop our people through our existing organisational development approaches
- Data led quality improvement methodology

9. CONCLUSION:

This update and CYP strategy reflects our shared belief that every child and young person deserves the chance to flourish, and that the services wrapped around them should be as ambitious as they are. By bringing together our services, strengthening neighbourhood partnerships and building a prevention and needs-led system, we are creating the foundations for lasting service improvement. Our focus on integration, digital innovation, co-design and a thriving workforce is a commitment to transforming our services to make a real difference to children and young people's lives, reduce inequalities and give families the tools to support self-management and confidence in the care they receive. As we move through the next three years, this vision will guide every decision we make: a single Directorate, acting with shared purpose, following our principles so that we can grow, thrive and step confidently to develop our future.

