# MAKING CHANGE HAPPEN

- □ "Never doubt that a small group of thoughtful, committed, citizens can change the world.

  Indeed, it is the only thing that ever has." (Margaret Mead)
- □ Sarah Erskine (LCC)
- □ Shaista Khan (LTHT)



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# **My Role**

- □ Adv. Health Improvement Specialist for Maternity and Infants: Public Health
- Infant Mortality

Cousin marriage Co-sleeping 'At risk' Groups

Maternity

Breastfeeding
HWB during pregnancy – Maternal Obesity, FAS
Ante-natal and post natal support
Infant Mental Health
MSLC



#### **HOPE Group**

☐ First met the project group in late 2012. Took away 3 main messages:

'We want to be with people who know what we have been through'

'We were really anxious when we got pregnant again'

'I wish I'd known more about worrying signs to look out for'.



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#### **HOPE Group and MSLC**

- □ MSLC carrying out work around stillbirth and neonatal death.
- □ Rep from MSLC attended a meeting of HOPE group.
- □ The HOPE group next presented alongside SANDS at a themed meeting of the MSLC in early 2013. They told us:
- □ 'Support immediately after a baby's death is not always sensitive to the needs of women and families'.
- ☐ 'Bereavement facilities at the hospitals are inadequate'.
- □ 'There needs to be better on-going support in the community'.



#### **Outcomes**

- ☐ Bereavement Sub-Group of MSLC
- □ Representatives: LTHT, Service Users (including members from HOPE), WHM, SANDS, Public Health
- □ Action Plan: Early Support/Facilities and Systems/On-going Support/Pregnant Again



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### **Early Support**

- □ Bereavement Midwives: 2 x Band 7s x 11.5 hrs/2 x Band 6s at both sites.
- □ All MW staff to attend 'Sage and Time' training to improve communication/support skills.



### **Facilities and Systems**

- ☐ Bereavement suites: two bereavement suites in development at St James
- Meeting with LCC Registrar to review how we can improve how/when parents register a death.



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### **Ongoing Support**

- □ Early Start Bereavement/Loss Pathway linking up hospital/midwifery with support available from GPs and Early Start Service.
- Members of HOPE group are training to be SANDS volunteers
- ☐ HOPE group establishing new bereavement support in local community venues



# **Pregnant Again**

- □TLC Clinic at LTHT (in development): Foetal Monitoring/Social Support/Reassurance
- Women who have lost a baby will be offered referral into Preparation for Birth and Beyond.



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#### From Research to Action....

- □ Action is being taken through the development of the bereavement sub-group of the MSLC.
- □ Also through the links into PH service development work:
- ☐ Service Review of ante-natal and post-natal support for vulnerable women.
- ☐ Leeds' Maternity Health Needs Assessment.



## **Last thoughts**

- ☐ Significant opportunity to work with local research directly in Leeds.
- ☐ In-depth service user engagement.
- ☐ MSLC has acted as the conduit for action
- □ Not necessarily comfortable place for commissioners/providers
- ☐ Working 'with' rather than doing 'to' are important principles across all sectors



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# Common Themes for Discussion The importance of the MSLC: Want is your experience of working with your local MSLC? Does it have good representation from across sectors? Does it have a budget? Research into Practice: Do you have good links to local research? Are there any barriers? How do you turn research into practice? Meaningful engagement with vulnerable women: What are the key issues to be considered? What are the barriers?

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Do you have any examples of good practice?