Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 128

Organisation name: MEND

Type of response: Document
Overview

Obesity is one of the most significant challenges facing the NHS today. By 2050, it is estimated that over half the adult population could be obese, costing the NHS £10bn per year, and the wider society £50bn per year. With levels rising fast, inaction is not an option. Simultaneously, however, the NHS is faced with a difficult economic climate, where the ideal option of investing in prevention today, to save in years to come, is being overtaken by the need to do more for less. If the Nicholson Challenge is to be met, the Government must focus on innovation, integration and economies of scale, particularly when taking on the most widespread health issues in our society, such as obesity.

As this call for evidence rightly points out, effective innovations in the NHS, whether it be new treatments or ways of delivering services, must be spread ‘at scale and pace’.

MEND is a social enterprise which works with public, private, third sector and academic organisations to empower children and adults to become fitter, healthier and happier and to reach or maintain a healthy weight. We develop innovative ways to improve public health and encourage healthier lifestyles, using our extensive research. All programmes are cost effective, sustainable and scalable and are built on a foundation of evidence-based practice, quality assurance and continuous improvement. In England and Wales over 1,000 programmes are delivered per year, impacting over 60,000 participants to date. MEND is the child weight management partner of over 100 PCTs and 50 Local Authorities in England.

MEND has been able to spread these innovations ‘at scale and pace’ as a result of our delivery model. The evidence below outlines this delivery model and how it could be replicated to tackle other health issues.

While public health will soon become the domain of local authorities, we believe this evidence is still relevant for this consultation: the NHS will maintain an important role on the ground in improving the nation’s health, and it will be vital that local authorities and the NHS work together to ensure join up care pathways are established.

Learning from elsewhere about adoption and spread

MEND has delivered innovative public health interventions at scale and pace on several occasions:

- England on the MEND was an £8m four-year (2007 – 2011) contract from the Big Lottery Fund (BLF) that aimed to provide a significant and measurable reduction in childhood obesity. The BLF have funded 1600 MEND 7-13 Programmes, reaching 20,000 families and creating 90 local partnerships with schools, PCTs, Local Authorities, and leisure providers across England.

- The MEND 7-13 Programme was bought centrally through the Welsh Assembly Government (WAG), costing £1.1 million for a minimum of 124 programmes. Central funding has enabled MEND to impact many more communities at a significantly lower cost than would have been possible through small scale commissioning. While programmes run across 14 areas in Wales, each with their own Programme Manager (PM), administration is reduced with just one central contract within WAG.
As outlined above, this delivery model does not necessarily dictate a top-down approach to commissioning. Rather, it ensures interventions are evidence based, monitored and evaluated, while allowing local communities to deliver services in a way that works for that community, maximising the local partnerships and resources available to them.

**Actions at national level in the NHS**

It is vital that the NHS allow for economies of scale and encourage a pan-city or regional approach to commissioning certain services, such as weight management, if innovation is to be spread at scale and pace. The London Health Improvement Board, and various PCT clusters are examples of how this might work. The NHS can also play a part in showcasing best practice in this type of partnership working. It would be advisable for a toolkit illustrating pan-city or regional work to be produced at the national level.

It is deeply concerning that many politicians and policy makers appear to see a conflict between localism and scalability in the future of the health service. There need not be a conflict here. Like medical treatments, public health interventions which are evidence or outcome based, and proven to be effective, should be delivered at scale. This does not necessitate a loss of localism. Communities can still hold the reins in decision making processes and in delivering public services.

MEND programmes are expert enabled, locally delivered. The course content, resources and leader training are developed, quality assured, and continuously approved by experts in the fields of child health, nutrition, physical activity and behaviour change psychology. Programmes are delivered in a tailored way by local people, through community partnerships that work for that community.

**Actions at local level in the NHS**

Local NHS bodies should be prepared to work at a pan-city or regional level. They should meet with potential partners to examine where priorities and objectives match up and look for opportunities for joint working to achieve maximum outcomes and cost effectiveness.

**Actions by NHS partners**

In turn, NHS partners must be prepared to work with each other and NHS bodies at the local and regional levels. Going forward local authorities will have an increasingly important role in health, and there will be new opportunities for joined up working. Inclusion of all relevant partners in local Health and Wellbeing Boards could encourage this and sure innovation can be spread at scale.

**Contact details of you and your organisation**

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Do you want to be kept in touch with the next steps in this process? **Yes / No**

Do you want to be included in a wider community of interest? **Yes / No**