

***Report to The Allan Brooking NHS Travel Fellowship –
October 2009***



***Visit to St. Quentin, France, May 2009
Joanna Saunders and Carol Weir
NHS Rotherham***

NHS
Rotherham

Contents

Contents.....	2
Acknowledgements	2
Background Research/reading	3
Synopsis of the French EPODE Model	3
Rationale for Our Visit	3
Objectives of the visit	4
Report of visit to St. Quentin.....	4
Presentation by Christophe Roy – Ensemble Prevenons L’Obisite Des Enfants (EPODE)	4
Visits to primary schools in St. Quentin	8
Summary and conclusion	13
Learning for NHS Rotherham	13
Learning for Others - Healthy Towns and EPODE	15
Dissemination of our findings.....	16
Summary of expenditure	16
Appendix 1 – Original Application.....	17
Appendix 2 - Map showing EPODE Towns (showing pilot sites and roll out towns).....	19
Appendix 3 – Original Questions asked of the National EPODE programme and the local programme in Saint Quentin	20
Appendix 4 – EPODE Visit Presentation	22

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We would like to acknowledge the support of Emily Knowles, formerly International Officer at Rotherham Metropolitan Borough Council for helping us to establish links and a visit programme with the St. Quentin Mayor’s Office. This led to contact and meetings with the Director of Public Health for St. Quentin.

We are also grateful to Christophe Roy and his team at the EPODE programme office in Paris. Christophe and his colleague Agnes Lommez travelled to St. Quentin to present the programme in the context of local delivery. We visited 2 local schools in St. Quentin and are grateful to the staff who facilitated this arrangement locally.

Background Research/reading

Synopsis of the French EPODE Model

EPODE/Proteines is a well constructed programme of behavioural change in the areas of nutrition/diet and physical activity in children (5-11) The programme is designed to focus on children through the family and local community supported by a cross-sectional group of stakeholders, all supporting the idea of reducing obesity levels. An extensive training support programme is provided for those who sign up to the scheme. The length of the intervention is crucial and is seen as a minimum of 3-5 years. Strong political support is necessary. Public Private Sector Partnerships are part of the overall implementation strategy so that not only finance but also expertise from individual stakeholders can be made available.

Rationale for Our Visit

We were aware of the EPODE programme from a presentation at the National Obesity Forum Conference in London in 2007 and from published research papers. We wanted to find out more about how the programme is funded and evaluated and how it is implemented locally. We chose to visit St. Quentin because it has a long-established town twinning arrangement with Rotherham and our Local Authority colleagues (Rotherham Metropolitan Borough Council) were able to help us establish contacts to make arrangements for the visit.

We approached the national programme office to establish contacts with the EPODE teams in 2 towns – Roubaix, which was part of the first phase of the programme, and St. Quentin which was in the second wave. Christophe Roy, the Coordinator of the EPODE European Network and his team offered to organise our visit with local contacts. It transpired that the Roubaix programme had not progressed well and Christophe suggested that we would gain good knowledge and information of the programme by meeting with himself and Agnes from the national office and the St. Quentin team.

We had also prepared some questions in advance of our visit to help frame the content of the presentation and visits in St. Quentin (See Appendix 3). These were translated and sent through to Christophe Roy and the International Office of St. Quentin council.

We had both worked closely on the development of a Healthy Weight Framework for Rotherham, which included the commissioning of a tiered service model for obesity prevention and treatment. We were therefore familiar with the international research in this field and have presented our own local work regionally and nationally.

Objectives of the visit

- To gain a better understanding of the EPODE childhood obesity prevention programme
- To evaluate the benefits of partnership working to deliver a large scale childhood obesity prevention programme
- To bring the learning from the EPODE programme back into our own obesity prevention programme development

Report of visit to St. Quentin

We arrived in St. Quentin by train and stayed at the Hotel Florence. We were met at the hotel by Mme Djamilla Malliard, an elected member of the local council. We then visited a local restaurant for dinner with Mrs. Françoise Jacob, Deputy Mayor in charge of education and the EPODE project in St. Quentin (Mrs. Jacob is also a paediatric ENT specialist in her day job), Mrs. Brigitte Turblin, Doctor-Director of the Public Health & Hygiene Service and members of the St. Quentin EPODE project team.

The following day we were again met at the Hotel by a Mme Vanessa Blandin, Town Twinning Officer for St. Quentin council and accompanied to the Town Hall for a presentation on the EPODE programme – the model, financial support, evaluation framework and findings.

Presentation by Christophe Roy – Ensemble Prevenons L'Obésité Des Enfants (EPODE)

EPODE has evolved from a pilot study in Fleurbaix and Laventie in the North of France. Between 1992 and 2005, these small villages with a total population of 6,700 set out to assess whether nutritional education in the curriculum can change the dietary behaviour of children and families. There was nutritional education for teachers, but they were not expected to deliver the programme on their own. In addition to input to the biology, maths, history, PE and French curriculum, children participated in cookery lessons and visits to markets, supermarkets, farms and food manufacturing companies. The conclusions of the pilot showed better nutritional knowledge, improved family eating habits, reductions in fat and protein intake, increased levels of physical activity and reductions in BMI in adults. However, the most important result was no increase in childhood obesity in the study group compared to a doubling in the control group in the region (8.8% in the study group and 17.8% in the rest of the region).

The researchers and programme managers identified key success criteria for the programme as follows:

- Concrete, visible, local and lasting actions
- Political leadership
- Engagement of a range of stakeholders
- Regular communication using all media and technologies

As the programme started to grow and engage more communities, there was a clear strategy for leveraging in public and private funding. The programme

now runs on 20% funding from public funds (local governmental funding and the national Education, Research and Health Departments) and 80% from the private funders, which include multinational and national companies such as Nestle, Boehringer Mannheim, Roche and Carrefour.

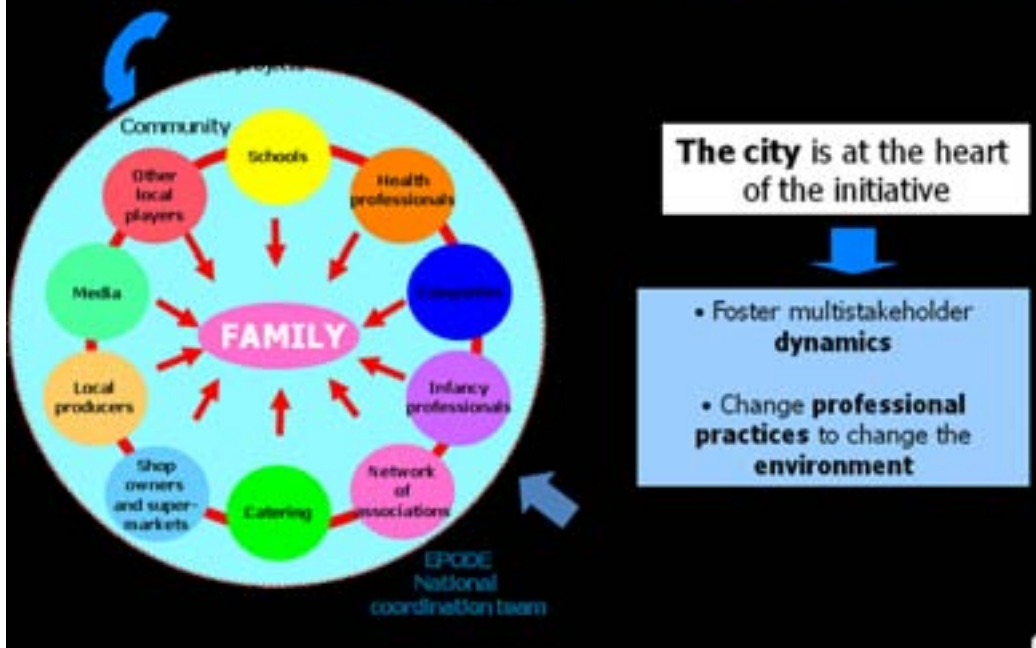
The next phase set out with the objective stopping the increase in childhood obesity over 5 years in 10 towns across France. These early adopters included Royan, Beziers and Beauvais as well as Roubaix - reaching all parts of the country.

This phase of the programme really focused on prevention – a healthy diet and increased levels of physical activity in schools, activity to engage the whole community and systematic actions to change social norms across the community. In participating communities, the programme reaches all children aged 5-12 years through schools and has wider impact on all ages through engagement of families and local businesses and local government partners.

The national coordinating team was established in 2003 and since then all regions of France have some level of participation. There are now 225 participating cities, towns and villages. There is no restriction to the population size required to participate in the programme, so for example 6 arrondissements of Paris are signed up, along with whole towns like Royan and a number 35 communes of the Pays de la Lys Romane. The model has been taken up by other countries – Spain, Belgium and Greece to date and Australia is currently developing an adaptation of the programme.

As the programme has further developed it now engages a wide range of stakeholders, for example general practitioners through a regular health/nutrition newsletter, restaurants and school catering through adapted menus and fun activities and local producers and retailers through the dissemination of materials about healthy eating and how to prepare healthy food from local ingredients.

The EPODE concept, a federative engagement



Organization



A key part of the success of the programme has been the strong political will to participate and the engagement of public health managers and practitioners locally. The programme has a strong social marketing focus and the communication materials very clearly emphasise the local partnership engagement. The private funding partners sign up to a charter – they are not allowed to promote brands or products and are not allowed to influence the

programme content. The companies only communicate with the national office and do not influence local schools or town programme organisation. Private funders enter into a 5 year funding agreement and offer varying levels of sponsorship to the programme.

The programme management team are able to demonstrate that as the local delivery enters a mature phase, the cost per year per head of population is 2-4 Euros.

The programme philosophy and it's strategy for growth are now very specific – the creation of environments which empower communities to adopt healthier lifestyles – and the success criteria identified earlier have been enhanced by evidence from scientific research, participation by all children and their families, a behaviour centred approach and focus on the pleasure and enjoyment of food within family and community settings. It is recognised that this is a long-term programme and that it takes time to be able to demonstrate results. However, between 2005 and 2007, 25,000 children across 10 sites were measured and showed a 2% reduction in obesity rates. In St. Quentin, the childhood obesity rate is 6% compared to 13-22% in Rotherham, depending on age.

Visits to primary schools in St. Quentin

Following Christophe's presentation and a Q&A session, we visited Lyon-Jumentier School, where we ate lunch with children aged 5-6. Children have 45 minutes for lunch and a further 75 minutes for activity and play. School lunches are means-tested and the cost can be between 50 cents and 2.50 Euros per day dependent on family income. All children have a school lunch and there is no self-selection – the menu is planned ahead and available to parents. The only alternative to a school lunch is to go home – this is less popular as more women are working than before. We enjoyed the following menu:

*Melon
Cod in a creamy mushroom, mussel & prawn sauce
served with spinach and potatoes
Camembert and baguette
Lemon Mousse*

We were particularly impressed by the behaviour of the children – they were cooperative with each other (encouraging the slow eaters to finish up) and helped with the serving and collection of plates and cutlery between courses. They sat in mixed gender groups and were keen to talk to us about their school meal experience!



We then walked to the Association Scolaire St. Jean de la Croix, where we observed the delivery of a healthy eating lesson by members of the St. Quentin EPODE delivery team. The lesson included awareness of the balance of good health (what we would describe as the Eatwell plate),

selection of healthy foods from empty packages brought in by the children and how to substitute healthier choices in a family meal. This session was very well received by the children and there was active participation by all of them.



We went on to the Maison Médicale – home of the Public Health Department and the EPODE Programme Office.



We ended our visit to St. Quentin with a tour of the Town Hall Chambers – including the 16th Century barrel ceiling Marriage Room!



Town Hall Marriage Room



Town Hall Front Entrance



Town Hall Council Chamber



St. Quentin crest



Outside St. Quentin Town Hall

From Left to Right: Joanna Saunders, Emilie (Dietitian), Christophe Roy, Brigitte Turblin (Public Health), Agnes Lommez, Student, Francoise Jacob (Deputy Mayor)



Left to Right: Carol and Joanna

Summary and conclusion

Our original objectives were

- To gain a better understanding of the EPODE childhood obesity prevention programme
- To evaluate the benefits of partnership working to deliver a large scale childhood obesity prevention programme
- To bring the learning from the EPODE programme back into our own obesity prevention programme development

The background reading, presentation, discussions and observation of the EPODE programme in context was extremely valuable. We collected a lot of information resources, including copies of materials for the public and health professionals – these will be used to inform the content of our own materials for use in the services we have commissioned for children and families in Rotherham.

The funding of the programme highlighted for us the benefits of a partnership approach. The way in which the private sector funders are engaged (without product placement or direct local funding) is innovative and sustainable and we would encourage such an approach by the Department of Health in England.

We were able to observe an activity within a school setting – whilst we commission the delivery of similar activity in our own town, we felt that the lesson structure and consistent messages really helped to enforce the messages about healthy eating. We will be reviewing our specification for healthy eating/cook and eat sessions in school settings with colleagues from the Healthy Schools Team.

Learning for NHS Rotherham

The following essential elements are crucial to the success of EPODE:

- The “Family” are a key target as part of a community.
- The Local Authority plays a major role (Mayor led in France).
- The project managers at local level are essential to mobilise the community.
- Actions in schools are the first step to create awareness.
- It is important to adopt a multi-sectoral approach to ensure sustainability and efficiency.
- Public Private Sector Partnerships play a key role in activities and funding.
- Regular communication with, and effective use of media are essential for awareness rising.
- Evaluation and monitoring is done through BMI (Body Mass Index) measurements.
- A long term approach is essential for proven results

EPODE uses existing local initiatives, coordinates them, builds on, and enhances them. EPODE uses local leaders and political will, especially the Mayor, together with key champions in the community to influence social change. EPODE works by changing practices, little by little, which results in

the creation of an environment conducive to supporting the fight against obesity.

The most important learning for us was the opportunities offered by strong political leadership and engagement. There was evidently very strong personal commitment from the Mayor of St. Quentin and other politicians locally – she was very aware of the local activity and the outcomes from the participation of the local community in the research stream of the programme. We continue to work with our Local Authority colleagues and local politicians to raise the profile of the work which we have commissioned – this has attracted national attention and we have won a national NHS award for Excellence in Commissioning. Another key aspect was the importance of building on what is already happening by systemising it and scaling it up to engage whole communities. We are particularly focusing on improvements to school meals in Rotherham and the importance of working with colleagues in transport, environment and planning to promote increased levels of physical activity.

Our time spent in Paris demonstrated the success of the powered bicycle scheme – where there are over 200 stations at which members can pick up or deposit a bicycle – making a significant reduction in the numbers driving in the city. We were also impressed by the French government’s commitment to subsidised lunches for all – employers have to offer either a food facility or vouchers to employees to subsidise the cost of a mid-day meal.



Learning for Others - Healthy Towns and EPODE

The 'Healthy Towns' programme is part of the government's '*Healthy Weight, Healthy Lives*' strategy, drawn up in 2008 to combat rising obesity rates. Tewkesbury, Halifax, Thetford, Tower Hamlets, Manchester, Middlesbrough, Dudley, Sheffield and Portsmouth were all given 'Healthy Town' status last November.

Since that date, each area has match-funded a share of the £30m government investment to develop a host of schemes related to cycling, walking, healthy eating and green spaces. EPODE was mentioned in the strategy document that developed the Healthy Towns programme.

Healthy towns should...

(Physical)

- make healthy choices (for food and activity) the easy and convenient choices;
- have a walkable environment;
- implement policies to support modal shift away from cars to physically active modes;
- have well connected streets;
- feel safe;
- feel vibrant and be pleasant places to live.

(Social)

- have strong social networks
- be equitable
- be economically vibrant
- have a shared public vision
- feel owned by the local community

(Political)

- implement realistic and achievable change
- see rapid and tangible benefits
- have a shared political vision
- be sustainable

The project is running for two years in the first instance (until March 2011), which is a short time to see widescale change. The key factors in implementing the healthy towns programme are:

- The over-riding criterion is demonstrable wide-reaching local political commitment as without this any initiative is unlikely to succeed. This needs to be cross-sectoral and cross-party.
- Each proposal will need a strong underpinning rationale; there need to be well structured proposals that make logical sense
- It is better to have a few ideas done well than to spread resources thinly across a large number of initiatives
- 'Towns' may benefit from being quite specific about the expected outcomes and the target populations
- Lessons from the first two years need to be transferable to other towns and other settings as much as possible

- Tangible early successes will be important to make the case for continued funding
- The programme can learn valuable lessons from the cycling demonstration towns, sustainable travel towns and other similar programmes
- There should be a strong local commitment to learning from experience
- The towns need to demonstrate long term sustainability of their initiatives.

The EPODE model is a programme to bring together and coordinate all local stakeholders and initiatives, including those external to health services, (education, planning, travel, industry) through a training and mentoring scheme to ensure the sustainability of programmes, efficient delivery and continued momentum. The EPODE model incorporates road maps and toolkits, as well as international best practice models to develop benchmarks and disseminate new tools and initiatives. It is a cross sector multilayered approach to address a specific issue.

Dissemination of our findings

Since coming back to Rotherham, we have presented information about our visit to over 25 colleagues at a working (French) breakfast; to the Board of NHS Rotherham and to the Sheffield Change for Life team. We will be making a presentation to the health theme group of our Local Strategic Partnership in November.

We have been invited to attend an EPODE symposium in Brussels in December as guests of the EPODE National Programme Team.

Summary of expenditure

TOTAL COSTS FOR 2 PEOPLE

Travel – flights and train travel from Leeds to Paris and Paris to St. Quentin return (inc taxis and Metro) £600

Accommodation – Hotels in Paris and St. Quentin £550

Subsistence - £300

Joanna Saunders and Carol Weir
October 2009

Appendix 1 – Original Application

What we would like to examine

We would like to visit some of the towns involved in the EPODE programme in France to observe how the programme works and how we can transfer their learning and activities to Rotherham (Pop:255,000). The campaign EPODE (Ensemble, prévenons l'obésité des enfants or Together, let's prevent obesity in children) was launched in January 2004 in 10 towns in different regions of France. The opportunity to travel to visit these examples of good practice will provide a framework for our continual work on the prevention of obesity in Rotherham.

There are essentially three elements to our approach to tackling obesity in Rotherham (see diagram attached); the treatment element, funded by NHS Rotherham (£5 million in the first 3 years), the Prevention Plus element – providing systematic targeted support for those at risk of becoming overweight or obese or those who move in and out of the treatment services – and the broader prevention framework. This latter element is focused around changing our relationship with food and with the physical environment. The focus on food is broadly one providing a move away from diets and weight and towards cooking skills and the social aspect of food. This part of the proposal is growing from the presence of Jamie Oliver in Rotherham and takes a community and neighbourhood approach, through a 'Pass It On' message. The focus on the physical environment is multi-faceted. We are in the process of making substantial changes to the layout of the town centre and will use this as an opportunity to change our relationships with our environment creating a healthy and safe environment that will encourage activity and the use of the town centre. We will also work with individuals and communities to encourage and improve levels of physical activity in daily life, in informal recreation and in formal sport / recreation settings.

We have reflected closely on the evidence available and have identified a number of approaches that we feel will deliver results, the opportunity to visit a successful programme such as EPODE will assist in the implementation of the Rotherham vision.

Where we propose to visit and rationale for choosing destination (see map)

We propose to visit one of the original pilot areas and one new area to learn both from a longer running programme of activity in a larger town and how to set a programme up and the learning and experiences of a new programme. We propose to visit **Roubaix** (Pop:98,786) and **Saint Quentin** (Pop:65,000). We have also chosen St Quentin as since 1990 St Quentin has been Rotherham's official twin town.

Costings (all costs could be less if booked in advance)

Travel: Train from Sheffield to London return for 2 people: £300 (£150 per person). Eurostar from London to Lille return for 2 people: £310 (£155 per person). Train travel in France: Lille to Roubaix, Roubaix to St Quentin, St Quentin to Lille: £200 (£100 per person)

Accommodation:Twin room in Roubaix (2 nights), St Quentin (1 night), Lille (1 night): £400 (£200 per person)

Subsistence : Subsistence for 5 days for 2 people: £250 (£125 per person)

TOTAL COSTS £1460 for 2 people (£730 per person)

Benefit to the NHS

Locally

Our proposal for Rotherham to be a healthy place to live and our learning from our travel to EPODE towns including subsequent implementation of learning should impact on levels of overweight and obesity in Rotherham in a number of ways.

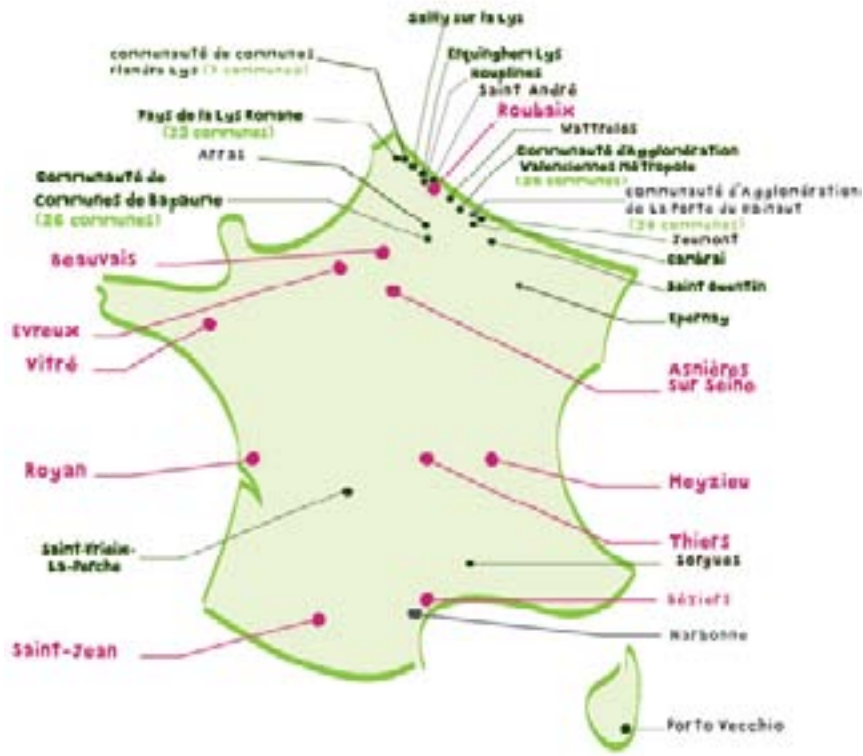
Learning from EPODE will assist the implementation of our plans to improve the food and physical environment which will support all people, but, particularly those most at risk, to make healthier lifestyle choices. It draws on the available evidence and policy environment and seeks to further our existing work on both food and the physical environment.

Secondly, it will support and add weight to the Community Weight Management Services that NHS Rotherham has commissioned for both childhood and adult obesity. We see obesity as a multi-factorial, chronic relapsing condition and expect individuals to move in and out of the treatment services. As they move out of the services this proposal will help to support those individuals with targeted preventative support – this is the Prevention Plus element of the proposal (see diagram).

Regionally and Nationally

We regularly participate in the Yorkshire and Humber Obesity Networks and have a strong reputation for our development and sharing of learning and experience. We will submit abstracts and posters for appropriate public health conferences/networks to share our learning from this visit, acknowledging and providing feedback to the charity.

Appendix 2 - Map showing EPODE Towns (showing pilot sites and roll out towns)



Appendix 3 – Original Questions asked of the National EPODE programme and the local programme in Saint Quentin

Responses to the questions put forward by Joanna Saunders and Carol Weir

1. How is the programme funded ? What is the level of investment ? Does the local governmental department provide funding ?

The provisional budget for EPODE for 2009 is :

Expenditure : 134 500 Euros

Funding :

State : 25 629 euros

Region : 59 250 euros

Self-financing : 49 621 euros

2. What are the outcomes ?

For the school year 2007-8, the number of children detected as being overweight or obese 21.10 % (the national average is 18 %).

However it is worth noting a change in the behaviour of children and their parents who are taking notice of the importance of practising physical activity, having a balanced diet and learning to taste new foods.

3. What are the objectives?

The objectives of this programme are not to make obese children lose weight but rather to avoid excessive weight gain and in particular to make all children aware of the need to eat a varied and balanced diet and to undertake regular physical activity.

4. What does the programme comprise of? What are the types and volume of activities?

St Quentin Council began the EPODE programme in April 2007 for a 5 year period. The programme consists of :

- weighing and measuring all the school children aged 5-12 years old during the 5 year period and calculating their BMI = around 4,500 children.
- dietitians to lead interventions in the schools based on promoting healthy and varied diets.
- To lead on campaigns such as « La semaine du goût »¹ in the school canteens and SNAPS (Semaine Nutrition Activité Physique et Sportive = Week of Nutrition, Physical Activity and Sport) which gets children to attend workshops on nutrition and sport.

5. Who are the partners ?

Department for Education, Hospital centre -doctors, dietitians, Wellbeing Association, CPAM (Local health insurance companies), the CAF (family allowance office).

¹ La semaine du goût is a national event which started in 1990 with an aim to educate people, especially young people, about food, cooking, food producers and balanced diets. Activities are organised in towns and cities throughout France

Financial partners : supermarkets, state ? region ?, community centres, sporting associations, allotments.

6. Who is the target audience for the EPODE programme ?

The EPODE programme is aimed at all children in Saint Quentin from birth to the age of 12 years old (in general) and in particular those who are in school from 5 to 12 years old (measuring weight/height, interventions by dietitians).

7. How do schools engage ?

Some teaching staff have integrated EPODE campaigns into their school projects.

8. What is the marketing approach (for the whole programme and locally)?

Documentation : posters, leaflets distributed to families.

9. How do you share your experience as a network with the other EPODE towns?

Via conferences and meetings organised in Paris with the national EPODE co-ordinating team and practitioners from the other towns in France who have integrated this programme. These meetings allow each town to share their experiences.

10. How are the methods disseminated ?

The dietitians go into the schools to disseminate programmes and strategies which are drawn up by the EPODE national co-ordination team on the themes of healthy eating, developing awareness of tastes and regular practice of physical activity.

11. What are the future projects ?

To continue to weigh and measure all the children and to organise other events such as « la semaine du goût » and the « SNAPS ».

Other projects :

- Project with the CCAS (« Community Centre of Social campaigns ») aimed at children in disadvantaged neighbourhoods : discover and practice physical activities every Saturday morning and interventions by dietitians on balanced eating.
- « petite enfance » project : intervention with parents of children attending the crèches and nurseries in Saint Quentin.

Appendix 4 – EPODE Visit Presentation