

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

RCPCH response to ‘A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight’

Comments

1. Are there any other types of price promotion that should be considered? Please explain

In addition to the restriction on price promotion of “discretionary” products which are high in fat, sugar and salt, eg cakes, biscuits, chocolates, Scottish Government should rebalance this with healthy options by increasing the number of price promotions on healthy food and therefore enabling the more deprived in our country to afford to make the healthier choice. In line with other products, for example alcohol, government should explore the possibility of banning discretionary products being sold at a loss. Action is also required to make healthier choices in retail outlets the easier option. This should include setting targets to improve in-store architecture to reduce the display of unhealthy foods in areas such as the checkouts and end of aisle displays.

2. How do we most efficiently and effectively define the types of food and drink we will target with these measures? Please explain

The UK Department of Health’s current nutrient profiling model is an efficient and effective way of defining the types of products restricted. This is because it is evidence-based, universally well-known and currently being used across the food industry. We would therefore advocate for its use in defining types of food and drink and call on all relevant food bodies to adopt the UK Department of Health’s updated nutrient profiling model across the UK, once it is published in early 2018.

3. To what extent do you agree with the action we propose on non-broadcast advertising of products high in fat, salt and sugar?

Strongly agree Please explain

Research demonstrates that there is a clear link between the food and drink adverts children see and their food choices and how much they eat. Current rules to restrict exposure to HFSS adverts do not go far enough in protecting children when they watch TV the most, between 6pm and 9pm, as this viewing period does not typically feature children-specific programming.

A study by the University of Liverpool found that the majority (59%) of food and drink adverts shown during family viewing time (6pm-9pm) would be banned from children's TV however current restrictions only apply when children are over-represented in the audience, compared to the total viewing population, by 20%. Therefore while 27% of children's viewing takes place during children's TV where HFSS restrictions apply, 49% of children's viewing takes place in adult air time where HFSS restrictions do not apply, peaking between 7pm and 8pm.

We would therefore call on Scottish Government to outline the timeline for action from the UK Government to implement the watershed and would strongly support a devolved resolution if it became necessary. It also follows that companies or brands that are synonymous with unhealthy products should not be allowed to sponsor prime time family TV shows, or sports and family attractions.

4. Do you think any further or different action is required for the out of home sector?

Yes. Please Explain

The out of home sector should be regulated in a similar way to retail outlets in regards to price promotion, nutritional labelling and display of food. This would ensure a level playing field for the whole food and drink industry and enable the easier option to be the healthy option.

In addition to these actions the Scottish Government should undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather. Local authority planning decisions should be subject to a mandatory health impact assessment to evaluate their potential impact on the population's health, especially in regards to child's health

5. Do you think current labelling arrangements could be strengthened?

Yes. Please explain.

The Scottish Government should make food labelling mandatory across all processed foods including the out of home sector to provide a level playing field to both consumers and industry. Options should also be explored on how to communicate free sugar content of foods, as well as helping the public to understand what free sugars are.

6. What specific support do Scottish food and drink SME's need most to reformulate and innovate to make their products healthier?

There is a clear opportunity for Scottish food and drink SME's to deliver healthier products for Scotland's children, however support is not only needed to make their products healthier, but motivation and regulation should also support making this the most profitable option for them. Scottish Government should approach the UK Government to develop an independent set of incremental reformulation targets for industry, backed by regulation and which are measured and time bound. These targets should facilitate a reduction in salt, sugar and saturated fat levels. Compliance with these targets should be monitored and non-compliance should be backed by meaningful sanctions.

7. Do you think any further or different action is required to support healthy weight from birth to adulthood?

Yes. Please explain.

In 2017 the RCPCH made series of recommendations in the [State of Child Health Report](#) to tackle childhood obesity in Scotland.¹ The 2018 [State of Child Health One Year On Report](#) outlined the progress against these recommendations.² While progress has been made in a number of areas, the RCPCH would urge that consideration is given to expanding the national child measurement programme and the delivery of an audit of local authority licensing and catering arrangements where little to no progress has been made to date.

- NHS Scotland should expand its national programme to measure children after birth, before school and in adolescence.
- The Scottish Government should undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather.

The RCPCH report State of Child Health 2017 demonstrates how being a healthy weight and breastfeeding improves health outcomes for both mothers and infants. Compared with children of normal weight mothers, obese mothers have substantially increased risk of having overweight children. A greater emphasis should be placed on educating prospective mothers on healthy eating.

The Scottish Government should continue to promote sustained breastfeeding, raising awareness of the benefits particularly in areas where rates are low by increasing the visibility of national campaigns and by revising and updating Improving maternal and Infant nutrition: A Framework for Action. The Scottish Government should develop targets to improve the rates of mothers exclusively breastfeeding after six to eight weeks and regularly monitor them to assess improvements.

Early intervention will ultimately result in less interventions being necessary. NHS Scotland and professional bodies should invest further in training to ensure that all health care professionals can make every contact count by having that difficult conversation with their patients (whatever their age) who are overweight.

Food and health is represented well in the Curriculum for Excellence however, there needs to be specific targets set for the quantity and type of education on food and health. This should include a delivery plan and associated funding to ensure all child care settings have the time available and budget necessary to provide children and young people with these vital life skills to enjoy improved health outcomes.

In providing all children and young people with access to healthy food, RCPCH would recommend that the mandatory standards for food and drinks in schools should be revised, strengthened and expanded to all child care settings

8. Do you think a supported weight management service should be implemented for people with, or at risk of developing, Type 2 Diabetes – in particular the referral route to treatment?

Yes, however this must be done alongside effective primary prevention which focuses on tackling the obesogenic environment and early risk factors for childhood obesity. We welcome the stated focus in section 2.29 on weight management services for obese children and young people who we know are at increased risk of developing Type II diabetes both during childhood and later in life. Any such services and pathways should be developed in partnership with children and young people multidisciplinary teams.

¹ <https://www.rcpch.ac.uk/resources/policy-response-scotland-state-child-health-report-2017>

² https://www.rcpch.ac.uk/sites/default/files/2018-04/rcpch_state_of_child_health_scotland.pdf

9. Do you think any further or different action on Healthy Living interventions is required? **Yes.**
Please explain

The RCPCH would welcome an increased focused on healthy living interventions for children and young people. To ensure that these interventions have the longevity they require, appropriate long term funding must be provided and regular monitoring and measuring of the impact they are having should also be built into the delivery plans. It is also important that in order to roll out the interventions nationally they must be adaptable to individual ability and environmental circumstances.

10. How can our work to encourage physical activity contribute most effectively to tackling obesity?

Physical activity, as part of a wider obesity strategy, is fundamental to all aspects of mental and physical health and wellbeing. A long term change in societal “norms” of physical activity can be changed by enabling physical activity to become part of everyday life for everyone in our society. RCPCH Scotland therefore recommends that Scottish Government supports parents and families to adopt healthy lifestyles by improving social and physical environments. As well as introducing public health impact assessments as part of Local Authority planning decisions, 20 mph speed limits in all built up areas should be introduced by Local Authorities to create safe places for children to cycle, walk and play.

In a recent report carried out jointly by the University of Edinburgh and the University of Stirling it was found that 15 minute self-paced exercise improved children’s mood, attention and memory and increased their ability to learn.

11. What do you think about the action we propose for making obesity a priority for everyone?

There are many complex factors that create an obesogenic environment, shape behaviours and, together with some biological risk factors, affect the likelihood of a child being overweight or obese. These include maternal stress and smoking, maternal nutrition, genetics, breastfeeding status, weaning and food choices, timing of puberty, primary and secondary school, societal influences, and the workplace and the family environment. These factors also contribute to overweight and obesity being passed down through generations. We would therefore support obesity as priority for everyone, however emphasise the importance of specifically tackling childhood obesity and child health more broadly.

12. How can we build a whole nation movement?

The problem of obesity is multi-factorial and demands a range of solutions involving every sector of society, private as well as public. Public health achievements such as reducing road traffic accidents and tobacco control are a result of multifaceted approaches. This is why the RCPCH recommends a range of actions to tackle obesity as set out in our 2017 report, State of Child Health. By investing in the education of our children and young people now and changing the environment that they live in, it is possible to succeed in creating the national movement that will change Scotland’s health outcomes for the future.

13. What further steps, if any, should be taken to monitor change?

Expanding the national programme to measure children’s weight at the end of primary school, in line with England, would provide an additional opportunity to measure obesity at the whole

population level, which alongside setting targets, would enable progress to be tracked, interventions more robustly evaluated and policy makers held to account.

It is of vital importance that all areas mentioned in this consultation are routinely measured and evaluated to ensure progress is and continues to be made over the long term to reduce the levels of obesity in Scotland.

14. Do you have any other comments about any of the issues raised in this consultation?

RCPCH would urge Scottish Government to formally commit to implementing World Health Organisation's commission on Ending Childhood Obesity's Recommendations.

The work to transform our obesogenic society will require the support of additional funding and it should not be expected that the additional work necessary can be funded from existing, and already stretched, budgets. Equally it is as important that funding is available for the long term to enable services to plan and offer life changing programmes to those that need it now and stop the cycle of obesity that commonly occurs in the more deprived areas of our nation.

RCPCH Scotland would also highlight the omission of the impact of mental health on obesity. Not only can poor mental health lead to reduced physical activity and a poor diet but poor diet and reduced physical activity can lead to poor mental health. In addressing Scotland's obesity strategy, it is crucial to ensure that physical activity opportunities are available to all, including those with mental health problems and that weight management services are able to deal with any psychological barriers that may be preventing people adopting healthier lifestyles.

RCPCH Scotland believes that much of the guidance, standards and legislation are already in place but that there are barriers to implementation. Scottish Government and NHS Scotland should identify what these barriers are and develop an action plan and provide associated long term funding to overcome them.

For further information about any aspect of this consultation response, please contact Professor Steve Turner, Officer for Scotland at: s.w.turner@abdn.ac.uk