

1. About the RCPCH

The Royal College of Paediatrics and Child Health is the membership body for paediatricians in the UK and internationally. With approximately 22,000 members, we play a major role in postgraduate medical education, professional standards, research and policy.

2. Introduction and context

As stated in the Framework, in Northern Ireland just over one in four children and young people (CYP) in Northern Ireland are living with overweight (20%) or obesity (6%). The WHO summary of the impact of childhood obesity is two-fold, first, it is associated with a higher chance of obesity, premature death and disability in adulthood. Second, obese children experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects.¹

Given that the National Child Measurement Programme for Northern Ireland has not been fully resumed following temporary cessation due to the COVID-19 pandemic, data remains insufficient to provide information for 2019/20 and 2020/21 for Primary 1 children, and 2019/20, 2020/21 and 2021/22 for Year 8 children.² In England, a stark increase in overweight and obesity was observed over the course of just one year. Data collected between 2019-2020 and 2020-2021 shows that the proportion of overweight and obese children in the year 6 cohort increased from 35.2% to 40.9%, with those from deprived backgrounds disproportionately affected.³ It is not unreasonable to deduce that Northern Ireland does not deviate from this trend.

It is therefore essential that a coherent approach to the development of the framework, with measurable targets and routes for intervention starting in the perinatal phase and throughout the childhood life course is devised from inception.

(3) Vision - Do you agree with this vision?

RCPCH agree with the Vision, particularly targeting and prioritising certain groups. A strong focus on childhood obesity will support the whole system and whole population approach to tackling unhealthy weight and obesity. Not only is this in line with good health economics but ideally it will enable children to live healthy and fulfilling lives now.

We also particularly welcome the focus on the disparities that exist in terms of inequality. Ensuring equitable access to nutritious food and physical activity to reduce the numbers living with obesity is crucial.

¹ WHO (2021) Obesity and Overweight Factsheet, available at: <https://www.who.int/news-room/factsheets/detail/obesity-and-overweight>

² Public Health Agency (January 2023) <https://www.publichealth.hscni.net/sites/default/files/2023-05/RUAG%20Childrens%20Health%20in%20NI%20-%202021-22%20-%20FINAL.pdf>

³ NCMP available at: <https://digital.nhs.uk/services/national-child-measurement-programme/>

(4) Principles - Do you agree with these principles?

RCPCH broadly agrees with the principles and more detail below on each:

4a) Whole system approach / health led but not solely health owned.

RCPCH agrees that the 'Healthy Futures: A Strategic Framework to Prevent the Harm caused by Obesity and Improve Diets and Levels of Physical Activity in Northern Ireland' continues as a health-led, but cross-departmental Executive Strategy. The new Framework must be a fundamental tenet of the Programme for Government under several Outcomes, but specifically 'Giving Every Child the Best Start in Life and 'We all enjoy long, healthy, active lives' with requisite funding allocated to ensure successful delivery of the intended outcomes.

To achieve this, overall accountability and governance structures must be integral to the Framework where all outcomes are robustly monitored, reported and acted upon within progress reports and successive delivery plans. Funding allocations should reflect the priorities Executive departments are responsible for. In terms of children, the Children's Services Cooperation Act provides a statutory basis to ensure that health-led, education-led and community-led initiatives are empowered to deliver collaboratively on Wellbeing Outcome one; Physical and Mental Health.⁴

4b) A life course approach/ target or prioritise certain groups.

RCPCH recommends that Maternity, Early years and, Children and Young People are prioritised if the whole population approach is to be achieved. The origins of chronic illnesses due to excessive weight start in childhood and the lack of secure access to nutritious food can result in the risk of children being overweight.⁵ Evidence indicates that obese children are five times more likely to be obese in adulthood than those who are not obese, and therefore experience increased risk of cardiovascular disease, diabetes, musculoskeletal disorders and some cancers. In addition to this future risk, children with obesity are at increased risk in childhood of asthma, fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects. The strong correlation between socioeconomic status and childhood obesity persists with age and across generations, with children of overweight or obese mothers much more likely to themselves have a high BMI and poor cardiometabolic health.⁶ Indeed, international evidence shows that 80% of children who are living with obesity at 4/5 years old will continue to live with obesity into adulthood.⁷

The consultation document recognises that around 16% of children consumed five or more portions of fruit and vegetables each day, yet 63% of children thought 'you should' eat 5 or more portions of fruit and vegetables each day to be healthy. This disparity, while linked to socio-economic status and poverty, requires further exploration and should be addressed on a cross departmental basis. Within

⁴ Children's Services Co-operation Act (Northern Ireland) 2015 available at:

<https://www.legislation.gov.uk/nia/2015/10/contents/enacted>

⁵ Academy of Royal Medical Colleges & Faculty of Public Health (2023) <https://www.aomrc.org.uk/reports-guidance/securing-our-healthy-future-prevention-is-better-than-cure/>

⁶ Academy of Medical Sciences (2024) Prioritising early childhood to promote the nation's health, wellbeing and prosperity, available at: <https://acmedsci.ac.uk/file-download/16927511>

⁷ National Library of Medicine (2016) [Predicting adult obesity from childhood obesity: a systematic review and meta-analysis - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/31111111/)

the DE's 5 Year Corporate Plan 2023-28 a commitment was made to ensure that all children and young people enjoy active lives and healthy minds, part of this included a review of school nutrition.

Programmes like the HENRY Early Years Obesity Prevention Programme (EYOPP)⁸ which focusses on 'supporting the whole family to make positive lifestyle changes, creating healthier and happier home environments, and building healthier communities' with the evidence that 97% of families who join a HENRY family programme are leading a healthier lifestyle by the programme's end, should be expanded. RCPCH would recommend extending programmes like HENRY to older children and to work to imbed a healthier lifestyle and support the intergenerational issues of overweight and obesity by using a whole family approach. Ideally there should also be a focus on teenagers and young adults who have missed any interventions due to the experience of the Covid-19 Pandemic.

4c) Inequalities

In addition to the detail set out in the earlier sections of this response, addressing inequality needs to be a corner stone of the successful delivery of the new Framework. Food security, access to physical activity, particularly that detailed by the 4 UK CMOs, specifically the guidelines for under 5s and for children and young people⁹ is essential. The RCPCH,¹⁰ along with a significant number of informed stakeholders highlight that families in poverty are less able offer their children a healthy lifestyle. Healthy foods are nearly three times more expensive than less healthy foods,¹¹ which means families may be more likely to eat food that is cheap but nutritionally poor, leading to obesity and malnutrition in children. Lifting families out of poverty in order to achieve food security and provide for access to physical activities outside of the school setting, Executive Departments need to work in conjunction to offset the impact of social security shortfalls such as the 2-child benefit cap which affects 1 in 10 children in Northern Ireland according to figures from the End Child Poverty Coalition.¹²

4d) Alignment with other policy areas

The principle of alignment with other policy areas is essential, however, this can only be achieved by a cohesive approach across the Executive Departments and taking a 'whole child' approach to healthy weight. RCPCH acknowledge the strategic policy framework examples listed, however, in terms of the perinatal phase and throughout childhood, adequate linkage with the successor strategies to the Maternity strategy; Healthy Child Healthy Future Framework; A Great Start Breastfeeding strategy; Active Living- Sport and Physical Activity Strategy for Northern Ireland; the ongoing 10 Year Children and Young People's Strategy and ensuring funding streams are sufficient to target local communities utilising deprivation indices will be pivotal to achieving the desired outcomes of the new Framework.

4e) Outcome-based

RCPCH believe the outcome-based accountability model is effective. The National Child Measurement Programme provides a benchmark and universal measure upon which to evaluate the impact of policies implemented to prevent and address obesity during childhood. Fully reinstating

⁸ <https://www.henry.org.uk/about>

⁹ <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf>

¹⁰ <https://www.rcpch.ac.uk/key-topics/child-health-inequalities-poverty>

¹¹ The Food Foundation available at: <https://foodfoundation.org.uk/press-release/major-report-highlights-impact-britains-disastrous-food-policy#:~:text=Healthy%20nutritious%20food%20is%20nearly,calories%20of%20less%20healthy%20foods.>

¹² https://endchildpoverty.org.uk/two_child_limit/

and expanding the National Child Measurement Programme at pace should be integral to the roll out of the new Framework.

4f) Umbrella for actions to prevent and address overweight and obesity

This is welcome and it is important that children and young people who are already living with overweight and obesity have access to weight management and treatment services. The RCPCH recommends that there would be a pathway from this Framework to the Regional Obesity Management Service. We do appreciate the ROMS will be a limited pilot initially, but the services should work together and have clear links to specialist services for the management of severe obesity and obesity for CYP with complex needs.

(5) Outcomes - Do you agree with these 4 population level outcomes?

RCPCH agree with the population level outcomes as stated in the consultation document. Achievement of these long-term goals will hinge on the successful alignment of cross-departmental policies as stated earlier in this response and ensuring measures under the outcome based accountability model are utilised to intervene at the right time.

(6) Thematic Approach – Are all the key areas covered within this thematic approach?

RCPCH agrees that all key areas are covered in the thematic approach however, health inequality must be considered across each.

(7) Healthy Policies – Do you agree with this theme and what it is seeking to achieve?

RCPCH agree with what the Healthy Policies Theme is seeking to achieve, however, some of the policies transcend the extent of devolved power and in real terms, should ensure no unintended consequences such as impact to those with eating disorder. RCPCH has submitted holistic advice to Scottish Government on the food labelling and the out of home sector which the NI Executive and Department of Health may wish to consider.¹³ A particular focus the NI Executive should seek to influence is the baby food industry. Research conducted by the British Dental Association shows that many baby food pouches, which are aimed at infants under 12 months old, can contain more sugar by volume than Coca-Cola.¹⁴

8) Healthier food options priorities

Whilst RCPCH support the priorities we would ask that the UK paper 'The Health of the Next Generation'¹⁵ which reviews evidence on three existing schemes designed to improve childhood nutrition, health, and wellbeing is considered. The paper focuses on the Free School Meal Programme, National School Breakfast Programme, and the Healthy Start Voucher scheme. RCPCH collaborated on the report with a coalition of leaders in public health exploring simple steps to extend existing Government programmes on childhood nutrition. The paper in summary highlights that good food is essential for children and adolescents to live healthy lives, achieve their potential,

¹³ <https://www.rcpch.ac.uk/sites/default/files/2018-07/RCPCH%20Scotland%20-%20A%20healthier%20future%20-%20action%20and%20ambitions%20on%20diet%2C%20activity%20and%20healthy%20weight%20-%20response.pdf> and <https://www.rcpch.ac.uk/resources/mandatory-calorie-labelling-out-home-sector-scotland-consultation-response>

¹⁴ <https://www.rcpch.ac.uk/news-events/news/paediatricians-call-out-unregulated-high-sugar-salt-baby-foods>

¹⁵ <https://www.fph.org.uk/media/zehhk0dg/good-food-for-children-full-report.pdf>

and contribute to economic productivity. These recommendations are part of a broader area of work necessary to improve the lives of children and adolescents and would ensure equity for all young people regardless of socio-economic status. Realistically, NI must reinstate free school meal provision during school holidays.

9) Early years and school settings

RCPCH support the priorities. RCPCH recommend that through this Framework the Healthy food for healthy outcomes/ Food in Schools Policy is reviewed so that schools take a 'whole school approach' to all the food and drink that is provided and consumed in school and develop children and young people's skills and knowledge in relation to healthy eating and lifestyles outside of school.¹⁶ Within the DE's 5 Year Corporate Plan 2023-28 a commitment was made to ensure that all children and young people enjoy active lives and healthy minds, part of this included a review of school nutrition which should be prioritised.

The key findings and recommendations of the Education and Training Inspectorate; A thematic evaluation of physical education in primary schools¹⁷ should be acknowledged along with a focus on attaining the CMO physical activity guidance for older children.

10) Local Government and other community settings

RCPCH members have recommended the Physical Activity Referral Scheme (PARS) should be extended to all young people. PARS is designed for people with health-related conditions that may benefit from regular exercise, under the guidance of qualified exercise professionals. Currently there is no equity in the ages that people can access the scheme who can access with schemes across the as links following – in some areas it is aged 19 plus, and others aged 16 plus.¹⁸

RCPCH members have highlighted further inequity can be seen with the cost of participating in exercise across NI. For example, there is disparity in cost of children's swimming. Ensuring equitable access to activities which provide for healthy lifestyles through guidelines and adequate funding streams are essential.

RCPCH members have also highlighted that there are many good services being offered across NI and mapping and learning from these existing ones should be prioritised, with successful initiatives upscaled with a view to regional roll out. For example Causeway Healthy Kids- [Causeway Healthy Kids' programme recognised in two prestigious award categories - Causeway Coast & Glens Borough Council \(causewaycoastandglens.gov.uk\)](https://www.causewaycoastandglens.gov.uk/healthy-kids)

(11) Healthy People Do you agree with these priorities?

11 (a) Pregnancy, postnatal period, and early years:

RCPCH strongly agree with the priorities and agree that the best way to prevent the impact of poor diet and a lack of physical activity is to ensure that children get the best start in life and that from pre-conception and throughout the perinatal phase and early years, they are provided with the best

¹⁶ <https://www.eani.org.uk/parents/school-meals/nutrition-and-health>

¹⁷ <https://www.etini.gov.uk/sites/etini.gov.uk/files/publications/a-thematic-evaluation-of-physical-education-in-primary-schools.pdf>

¹⁸ <https://www.midulstercouncil.org/resident/health-wellbeing/pars-scheme> and [https://www.publichealth.hscni.net/sites/default/files/3674-Healthwise Flyer\(low res\).pdf](https://www.publichealth.hscni.net/sites/default/files/3674-Healthwise%20Flyer%28low%20res%29.pdf)

opportunities to grow, develop, and thrive. Sure Start centres play a crucial role in this priority area, therefore expansion in terms geography and funding should be considered.

11 (b) Prevention and awareness programmes:

The making 'Contacts count' approach is welcome, and training and pathways must be in place for interventions to be made at the earliest opportunity. In September 2019 the RCPCH co-signed a consensus statement by Public Health England, which provides advice and support for health professionals to have difficult conversations about maintaining a healthy weight.¹⁹

RCPCH members recommend that a scoping exercise is carried out to gather evidence on groups who are being left behind with prevention and awareness programmes. For example, recent evidence from Scotland shows a persistent gender gap in rates of female participation in sport and physical activity that begins at the age of puberty and persists up to women in their early 40s A [2019 Observatory for Sport in Scotland report](#) "Sports participation in Scotland: trends and future prospects" found that although girls are more active than boys between the ages of five and seven, their participation drops significantly from the age of eight onwards. By ages 13-15, approximately 11% of girls in Scotland meet physical activity guidelines, compared to 24% of boys.

11 (c) Weight management services:

RCPCH support weight management services being part of the Framework given the proportion of children already living with overweight and obesity. While prevention is key, NI should take steps to support those impacted already. Moreover, while RCPCH appreciate the new Regional Obesity Management Service will begin on a 2-year limited pilot, likely for adults, we would ask that pathways and links are put in place for children and young people to access specialist services where needed as the service embeds post-pilot.

12. Collaboration and Whole System - Do you agree with this theme and what it is seeking to achieve?

The RCPCH agrees. The UK's National Institute for Health and Care Excellence has put part of the blame for obesity on obesogenic environments. The RCPCH agree with this theme given the complexity of factors that influence obesity. A 'Whole System Approach' to obesity prevention will be needed to ensure that we are addressing the obesogenic environment and delivering at scale in a systematic way.

As flagged previously throughout the document we would ask that clear cross-departmental governance and funding structures are put in place to ensure outcomes can be achieved and clearly measured.

A funding plan to accompany the framework should be forthcoming given the return of the newly formed the NI Executive and the opportunity to do so with the new budget period on the horizon.

For queries relating to this consultation response, please contact: Enquiries.Ireland@rcpch.ac.uk

¹⁹ Supporting professionals to have healthier weight conversations - consensus statement (2019) available at: <https://www.rcpch.ac.uk/resources/supporting-professionals-have-healthier-weight-conversations-consensus-statement>