Tackling England's childhood obesity crisis

A report by the Royal College of Paediatrics and Child Health to inform the development of the UK Government's childhood obesity strategy

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RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Foreword

In 2015 Jeremy Hunt, UK Secretary of State for Health, stated "*it is a great scandal that one in five children leave primary school clinically obese and it is something that we cannot say that we accept. We absolutely need to do something about that*"; the Royal College of Paediatrics and Child Health agrees.

The current prevalence of childhood obesity portrays a frightening picture and is a stark warning about the future health of people in England. At present a third of 10 year olds are overweight or obese and based on current trends, half will be affected by 2020. Children born since the 1980s are up to three times more likely than older generations to be overweight or obese by the age of ten. One in ten children enters, and two in ten will leave, primary school obese. Overweight and obese children usually go on to become obese adults. If these trends are not reversed quickly too many of the future generation will suffer the many adverse consequences of obesity which include diabetes, heart disease, cancer, a reduced life-span, and crucially, a substantially increased risk of obesity in their own children.

The current and previous Governments have attempted to address the rising tide of obesity but measures such as the *Responsibility Deal* have been disappointingly ineffective. We therefore applaud recognition of childhood obesity as an urgent national priority. This provides opportunity to put in place a cross-governmental plan to tackle this growing public health crisis. There are no 'silver bullets'; obesity has crept up upon us, established a stranglehold, and must now be tackled through effective action. Children are vulnerable to the actions of adults and we have collective responsibility not to let them down. We welcome and support political leadership that tackles the obesity crisis head on and recognises the necessity for a robust evidence-base to underpin policy decisions.

On 1st October 2015, the Royal College of Paediatrics and Child Health hosted an 'Obesity Summit'. This brought together over 40 experts and academics across the child health sector to discuss the latest evidence about the obesity epidemic. Discussants recognised the importance of promoting healthy living as well as reducing the prevalence of overweight and obesity. The summit also provided opportunity to discuss recommendations for Government to include in their forthcoming *Childhood Obesity Strategy*. These are provided in this report and focus on four principal areas: statutory, regulatory and fiscal measures, health promotion, actions by health professionals, and strengthened research to understand causes and identify effective interventions.

We urge Government to seize this opportunity to lead a reversal of the most grave health issue facing children today so that their *Childhood Obesity Strategy* is a legacy to safeguard the health of future generations.

Professor Neena Modi
RCPCH President

Professor Russell Viner
RCPCH Officer for Health Promotion

Contents

Childhood obesity: summary facts, statistics and recommendations

Prevalence

- Currently in the UK around one in five 5 year olds and one in three in 10 year olds are overweight or obese[1].
- Based on current trends, half of all children will be obese or overweight by 2020[2].
- Children of all ages are twice as likely to be obese in the most deprived areas as in the least deprived areas[3].
- Obesity prevalence is significantly higher in urban areas than rural areas[4].
- Children born since the 1980s are up to three times more likely than older generations to be overweight or obese by the age of 10 years[5].
- Half of seven year olds are not meeting the Chief Medical Officer's target of at least an hour of physical activity daily[6].

Health risks to children

- Overweight, obesity and inactivity increase the risk of a range of chronic conditions such as diabetes, high blood pressure, cardiovascular disease and bowel cancer.
- A consequence of rising weight and inactivity is that the increased longevity observed in the developed world is in danger of reversal, with the children of today possibly living shorter lives than their parents.
- Approximately a third of parents are unable to recognise over weight in their children.
- Compared with children from normal-weight mothers, obese mothers have substantially increased risk of having overweight children[7].

Economic considerations

- The UK spends about £6 billion a year on the medical costs of conditions related to being overweight or obese and a further £10 billion on diabetes[8].
- The UK spends less than £638m a year on obesity prevention programmes[9].

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[1] Master, W. and Kingdom, U. (2015) *Find data*. Available at: http://www.hscic.gov.uk/catalogue/PUB13648 (Accessed: 26 October 2015).
[2] Wang, Claire, Y., McPherson, K., Marsh, T., Gortmaker, S. L., Brown, M., Wang, C. Y., authorAffiliationsNew and Dip, P. (2011) *Health and economic burden of the projected obesity trends in the USA and the UK*. Available at: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60814-3/abstract (Accessed: 26 October 2015).
[3] Master, W. and Kingdom, U. (2015) *Find data*. Available at: http://www.hscic.gov.uk/catalogue/PUB13648 (Accessed: 26 October 2015).
[4] Master, W. and Kingdom, U. (2015) *Find data*. Available at: http://www.hscic.gov.uk/catalogue/PUB16988 (Accessed: 26 October 2015).
[5] Johnson, W., Li, L., Kuh, D. and Hardy, R. (2015) 'How Has the Age-Related Process of Overweight or Obesity Development Changed over Time? Co-ordinated Analyses of Individual Participant Data from Five United Kingdom Birth Cohorts', *PLOS Medicine*, 12(5), p. e1001828. doi: 10.1371/journal.pmed.1001828. (Accessed 26th October 2015)
[6] Griffiths LJ, Cortina Borja M, Sera F, et al. (2013) *How active are our children? Findings from the Millennium Cohort Study*. BMJ Open; 3:e002893. doi:10.1136/bmjopen-2013-002893 (Accessed 26th October 2015)
[7] Gaillard, R., Steegers, E., Duijts, L., Felix, J., Hofman, A., Franco, O. and Jaddoe, V. (2014) 'Childhood cardiometabolic outcomes of maternal obesity during pregnancy: the Generation R Study.', *Hypertension.*, 4(63). (Accessed 26th October 2015)
[8] McKinsey Global Institute (2014) *Overcoming obesity: An initial economic analysis* McKinsey and Company (Accessed 26th October 2015)
[9] *Ibid*

Key messages

- A major challenge will be co-ordinating efforts to address a multi-factorial problem that demands a range of solutions involving every sector of society.
- Efforts to date have not been successful in halting the growing obesity epidemic and actions that address prevention in infancy and childhood are urgently required.
- Reliance on personal responsibility is not enough as infants and children do not have freedom of choice, and are vulnerable to the actions of adults.
- The most striking benefits to population wellbeing have come from public health, not medical, interventions
    - There needs to be a focus on young people as they become independent, instigating healthy weight and eating habits.
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Summit summary recommendations

- Implement and evaluate a pilot duty of at least 20%, on all sugary soft drinks.
- Expand the mandatory school food standards to all schools (including free schools and academies).
- Make Personal, Social, Health Education a statutory subject in all schools in England with schools focussing on the importance of both physical activity and nutrition.
- Introduce a ban on advertising of foods high in saturated fats, sugar and salt before 9pm.
- Extend the reach and effectiveness of the National Child Measurement Programme to include an increase in the number of measurement points, and longitudinal tracking of children, with provision of data to general practitioners, school nurses and parents.
- Support a research environment that enables sustained, long-term expansion of basic science and applied research to identify the causes of obesity and effective interventions to tackle it.

RCPCH Childhood Obesity Summit

On 1st October, the RCPCH hosted a Childhood Obesity Summit with the aim of informing the development of the Government *Childhood Obesity Strategy.*

The objectives of the summit were:

- to bring together academics, child health experts and opinion leaders to discuss the latest evidence on interventions in pregnancy and childhood to tackle childhood obesity

- to map recommendations to tackle childhood obesity covering (a) pregnancy / infancy; (b) childhood and (c) adolescence

- to identify recommendations across the childhood life course for (a) statutory, regulatory and fiscal measures, (b) health promotion, (c) health professional interventions and (d) improving the research and evidence base

- to prioritise recommendations as 'very high', 'high' and 'medium' and indicate the level of evidence for each

This reports sets out the conclusions of the Summit. We recognise that responsibility for delivering the recommendations are shared by Government, the professions, the third sector, parents and the public, and industry. We have included all the recommendations to illustrate the holistic approach that is needed to tackle the obesity crisis.

Key messages from presenters at the summit

View copies of the presentations

1. Professor Russell Viner, RCPCH Officer for Health Promotion

- There are a range of complex environmental and biological life course influences on weight including maternal stress and smoking, maternal nutrition, genetics, breastfeeding, weaning and food choices, puberty primary and secondary school and the workplace and the family environment.
- There are a range of evidenced interventions across the lifecourse at a national, community, school, family and individual level which aim to tackle obesity.
- Potentially modifiable risk factors from very early life, particularly related to the way we feed infants must be identified.
- Clinicians play a key role in the prevention of obesity. There are over 2.5million outpatient and 2.2 million inpatient visits by children and young people to the NHS and clinicians need to 'make every contact count' through assessment, basic lifestyle advice and referral.
- It's essential to focus on critical periods (ie infancy and adolescence) for to reduce obesity later in life.
- Paediatric obesity services need to be developed and evaluated alongside platforms to evaluate novel medical and surgical treatments and prevent comorbidities.
- To tackle the obesity crisis we should experiment with solutions and try them out rather than waiting for perfect proof of what works, especially in the many areas where interventions are low risk.

2. Early life origins of obesity
Professor Mark Hanson, British Heart Foundation Professor, University of Southampton and NIHR Southampton Biomedical Research Centre.

- There is variation in children's weight according to ethnicity and age.
- The percentage of 5-7 year olds eating the recommended 5 portions of fruit and vegetables per day has increased from 9 percent to 17 percent between 2003-2013.
- The percentage of 8-10 year olds eating the recommended 5 portions of fruit and vegetables per day has doubled from 10 percent to 20 percent between 2003-2013.
- In England in 2013, over 36 percent of women aged 16-24 and 50 percent of women aged 25-34 years were overweight or obese.
- Having multiple early-life risk factors is associated with a more than 4-fold increased risk of being overweight or obese in later childhood.
- Although more than two thirds of pregnancies leading to live births are planned to some degree, the majority of women do little to change their lifestyle to prepare for pregnancy.
- There are five early-life risk factors for childhood obesity including:

- maternal obesity pre-pregnant body mass index of more than 30
- excess gestational weight gain
- smoking during pregnancy
- low maternal vitamin D status
- short duration of breastfeeding (none or less than one month)

- There needs to be a focus on prevention around a life course model of obesity risk with a range of intervention points: these are preconception and pregnancy, infant and young child and older child and adolescence.

3. Interventions to change behaviour: How much can the public bear? Professor Theresa Marteau, Behaviour and Health Research Unit. University ofCambridge

- In terms of changing behaviour there are two broad approaches: (a) changing people's minds to resist obesogenic environments and (b) changing those environments. The latter is more effective at changing behaviour across populations.

- Changing physical environments is vast and complex and an evidence base needs to be developed to identify interventions with potential to influence behaviour across populations. Examples of this include reducing portion, package and tableware sizes.

- A recently published Cochrane Review shows that, if sustained across the whole diet (i.e. all foods on all occasions), making sizes smaller across the whole diet could reduce daily energy consumed from food by up to 8.5% in UK children and 16% in UK adults.

- There is emerging evidence from Mexico which introduced a 10% tax on sugar sweetened beverages that sales of these products have reduced by 6%. A peer reviewed publication is awaited.

- A systematic review and narrative synthesis on the public acceptability of government intervention to change behaviour shows that there is more support for interventions targeting children[10].

- The public can likely bear more than policy-makers or industry particularly when evidence of effectiveness is presented and obesity is attributed to environments.

- However, vested-interests communications likely undermine public acceptability, confuse and distort evidence and use a rhetoric of individual choice.

4. Young people and parents views on weight loss programmes Emma Rigby and Frances Perrow, Association for Young People's Health

- Overweight/obese young people's views on health implications of obesity include a range of physical health problems (from tired legs to heart disease) and mental health issues (from anxiety to suicidal thoughts).

[10] Marteau, T. M., Roland, M., Suhrcke, M., Diepeveen, S. and Ling, T. (2013) *Public acceptability of government intervention to change health-related behaviours: A systematic review and narrative synthesis*. Available at: http://www.biomedcentral.com/1471-2458/13/756 (Accessed: 26 October 2015).

- Young People's barriers to getting help barriers to getting help with weight issues include:

    - Parents – young people don't want them to find out about their weight issue
    - Health professionals – young people fear being judged or wasting the GP's time
    - Friends – young people fear of how they'll react or increase in bullying
    - Denial – young people not understanding it's a problem
    - Young people not knowing how or where to get help
    - Stigma – young people feeling ashamed and embarrassed.

- Young people identified solutions for getting help including:

    - Admitting the problem
    - Feeling safe to open up to someone
    - Counselling/someone to talk to
    - Parents being honest and not 'protective' and parents' groups
    - A range of options to get help
    - Talking to someone who's been through it before

- Parents identified the following issues:

    - Need to focus on emotional wellbeing of the young person.
    - There needs to be accessible information and provision of incentives vouchers, gym membership.
    - There must be a non-medical focus, settings and language.
    - Support must be made available for parents and young person to make a decision e.g. effective self-assessment tool but remembering that the time needs to be right for young people to engage.

Group 1: Pre-pregnancy and infancy (early life)

Discussion in this group focused on breastfeeding and how it could be encouraged and incentivised. Participants stated that breastfeeding rates are static and research indicates that obese women are less likely to breastfeed.

The group also discussed the role of health professionals in promoting healthy behaviours to patients, and the NHS in creating healthy environments.

Discussion also focused on responsive feeding, in particular the emphasis placed on encouraging parents to feed babies so they put on weight in maternity wards. Participants felt that there was a very fine line between a baby being a good and healthy weight and being overweight.

The group felt that Health Visitors play a vital role in providing information to parents. The group also stated that Health Visitors need to be supported to have challenging or difficult conversations with parents regarding weight gain and obesity if they are concerned about a child they are providing care for.

Group 1: Recommendations

A. Statutory, regulator and fiscal measures

Policy intervention	Evidence base	Priority
Introduction of a sugary drinks tax	√	Very high
Introduction of incentives for breastfeeding		High

B. Promoting health eating and being active

Policy intervention	Evidence base	Priority
More research into promoting public health messages about healthy weight pre-pregnancy and during pregnancy (widely understood for smoking and drinking)	Needs further research	Medium
Promotion of interventions that include parenting skills using evidence based programmes about healthy cooking and eating recognising there needs to be a readiness to change	√	Medium
A healthcare workforce which is ready and skilled to promote healthy interventions and influence behaviour	√	Medium to high
More research into the role health champions and health trainers can play in promoting messages about healthy lifestyles	√	Low

C. Health service interventions

Policy intervention	Evidence base	Priority
Modelling behaviours throughout public sector services to promote healthy lifestyles (examples include New Zealand banning fatty and sugary foods in hospitals/removing upselling of chocolate bars in shops in hospitals)		High
Review guidance in Personal Child Health Record about responsive feeding to deal with early signs of concern about		High

weight gain; update messages for parents		
Support for parents in postnatal wards about responsive feeding		Medium
Consistent protocols for mother's 'antenatal weight gain' or 'postnatal weight management'	√	High
Develop messages about normal weight gain for babies		Medium

D. Advancing basic and applied research

Research	**Priority**
Pre-pregnancy and pregnancy weight gain	
Defining healthy growth velocities for infants	High
Expansion of the evidence base for the healthy child programme	Medium
Evidence base for equipping health professionals to raise difficult questions and use motivational questioning	High
Evaluation of the effectiveness of a tax on fizzy drinks	Very high
Financial incentives for breastfeeding	
The effect of positively disincentivising use of formula milk	
Develop an evidence base for health care workers in promoting health messages to pregnant women	

Group 2: Childhood (2-11 year olds)

Discussion in this group focused on the mandatory school food standards, the use of food-based standards in social settings and the need for leadership and champions to ensure successful implementation and delivery.

The group also discussed the role of advertising and the impact this had on food preferences for children.

The group discussed the role of schools in modelling and promoting healthy behaviours and attitudes amongst pupils. This was complemented by discussion about the role of Ofsted in reviewing how schools promote healthy behaviours during inspections. School nurses were also identified as a group of health professionals who play a key role in promoting healthier lifestyles and intervening at an early stage if a child or young person is overweight or obese.

Group 2: Recommendations

A. Statutory, regulator and fiscal measures

Policy intervention	Evidence base	Priority
Application of mandatory food-based standards in England to all schools including free schools and academies	√	High
Application of food-based standards in social settings (eg leisure centres, hospitals in children's homes, etc). Leadership and champions in these settings are essential to successful implementation.		
Incentive schemes to adopt food based standards (eg bronze, silver and gold)		
Taxation measures to encourage healthy and balanced diets (measures shouldn't be focused on reducing one nutrient eg sugar but promoting healthy diets)		
Extend the National Child Measurement Programme) and allow appropriate access to clinicians and researchers	√	High
Further evaluation of impact of advertising on promotion of unhealthy food to children and young people		Medium

B. Promoting health eating and being active

Policy intervention	Evidence base	Priority
Promoting access to tap water in schools to replace fizzy drinks		Medium
Free access to physical activity and sports		
Gradual intensity programmes		
Health points card to incentivise and reward activity		Medium
Peer mentors in schools		
Reinstate healthy schools programmes	√	High
Inclusion in the Ofsted inspection framework of how schools should best promote healthy eating and being active		High
Empowering the whole child workforce to promote healthy lifestyles; commissioning a healthy lifestyle programme	√	

C. Health service interventions

Policy intervention	Evidence base	Priority
Prescriptions and referrals for exercise		High
School nurses to provide healthy weight clinics		
Safeguarding guidance on when to intervene if a child is obese		

D. Advancing basic and applied research

Policy intervention	Priority
Influence of advertising upon children	
Taxation and the effect this has on sales/consumption of fatty and sugary foods	

Group 3: Adolescents

Group 3 discussed modifying the food environment, specifically ensuring controls are put in place in schools and encompassing a whole school approach to obesity prevention. The group stated that there needed to be a strategy with strong interventions as 'low dose' voluntary approaches would not have the intended effect or impact in preventing and reducing overweight and obesity.

The group stated that obesity is becoming more normalised amongst young people, with BMI 25-30 now being seen as 'normal' and few parents recognising their children are overweight.

The group talked about the role of schools, particularly the need for a relaunch/rebrand of the Healthy Schools initiative and the importance of statutory Personal, Social and Health Education. (PSHE)

The group acknowledged the government commitment to increasing physical activity, but added there has been limited guidance for schools on how to achieve this, and in particular how increased uptake in physical activity in primary schools is carried through to secondary schools.

The group identified schools as settings through which parents could be engaged about overweight and obesity. The group also stated that adolescents are the next generation of parents and an important group to develop bespoke interventions to tackle overweight and obesity.

The group also discussed the importance of mental health, particularly for adolescents, but also recognising the impact that discussion about obesity in schools and elsewhere can have significant negative impacts on young people who are already overweight.

Group 3: recommendations

A. Statutory, regulator and fiscal measures

Policy intervention	Evidence base	Priority
Application of mandatory food-based standards in England to all schools including free schools and academies		
Statutory Personal, Social and Health Education to promote healthy lifestyles	√	Very high
Consideration of extending Free School Meals to all adolescents		
Taxation on sugary and fatty foods (this should be promoted as a measure to tackle child obesity to ensure acceptability to the general public)	√	Medium
Improve food labelling to people can understand what is in their food		
Zones for fast food outlets around schools		High
Minimum of two hours exercise per week for young people in schools		High

B. Promoting health eating and being active

Policy intervention	Evidence base	Priority
Tackling the environment where food is consumed including reducing the number of fast food outlets		
Covering food standards in the school curriculum		
Individual interventions to encourage recognition of overweight/obesity and healthy weight		
Whole school approaches to promoting healthy lifestyles	√	High
Rebranding health promoting schools		
Extending school food nutrition standards to all schools	√	Very high
Including how schools are promoting healthy eating and being active in the Ofsted inspection framework		High
Extending free school meals		Medium
Training teachers to recognise children who are overweight or obese		Very high
Improving teachers communication skills on talking to pupils about obesity and mental health		
Appointment of a Head of Health and Wellbeing in every school, (and making sure this links to local CAMHS services)		
Coordinators between the CAMHS workforce/peer leadership		Medium

C. Health service interventions

Policy intervention	Evidence base	Priority
Making every contact count in health services. Young people usually have at least one appointment with a health service every year - we need to ensure health professionals recognise their role in promoting healthy lifestyles and providing advice with consistent messaging.		
Training professionals (including general practitioners) to recognise obesity /mental health and wellbeing	√	Very high
Maintaining health visitor services and school nurses to provide universal service	√	
Consistent evidence base and advice/source of referral		Medium

D. Advancing basic and applied research

Research proposal	Priority
Identifying the issues which predispose people to being overweight or obese including gender, age, puberty and biomarkers	Medium
Research into health literacy interventions	High
Life course modelling	

Appendix 1

Summit participants

Emily Arkell	Head of Policy, RCPCH
Professor Simon Capewell	Faculty of Public Health
Professor Sir Cyril Chantler	Vice Chair, National Maternity Review
Corina Christos	School Nurse, Royal College of Nursing
Dr Jacqueline Cornish	National Clinical Director for Children, Young People and Transition, NHS England
Dr Shreelatta Datta	Consultant Obstetrician and Gynaecologist, Member of the BMA Board of Science
Eustace DeSousa	Deputy Director – Children, Young People and Families, Public Health England
Margaret Donnellan	Public Affairs Lead, RCPCH
Helen Duncan	Programme Director - Child and Maternal Health Intelligence Network, Public Health England
Professor Judith Ellis	Chief Executive, RCPCH
Jacqueline Fitzgerald	Director of Research and Policy, RCPCH
Professor Mark Hanson	British Heart Foundation Professor, University of Southampton and NIHR Southampton Biomedical Research Centre
Professor David Haslam	National Obesity Forum
Anna Henry	Director of Policy, Office for the Children's Commissioner
Isobel Howe	Policy Lead, RCPCH
Professor Yvonne Kelly	Professor of Lifecourse Epidemiology, University College London
Emma Lancashire	Institute of Applied Health Research, University of Birmingham
Julie Lanigan	Principal Research Associate, University College London
Anna Lucas	Child Obesity Programme Manager (Early Years), Public Health England
Dr Suzanne Lucey	Faculty of Occupational Medicine
Dr Aseem Malhotra	Cardiology Specialist Registrar
Rachel Manners	Public Health Specialist, Public Health England
Professor Theresa Marteau	Director of Behaviour and Health Research Unit, University of Cambridge
Lisa McHendry	Head of Participation, Youth Sports Trust
Gary McKeone	Programme Director, St George's House
Jonathan McShane	Cabinet Member for Health, Social Care & Culture in Hackney Chair of Hackney Health & Wellbeing Board
Melissa Milner	Head of Media and External Affairs, RCPCH
Professor Neena Modi	RCPCH President
Ed Morrow	Public Relations and Campaigns Manager, Royal Society for Public Health
Patricia Mucavele	Head of Nutrition, Children's Food Trust
Frances Perrow	Project Lead, Association of Young People's Health
Marcia Philbin	Assistant Director – Research and Policy, RCPCH
Catrin Pritchard	Policy Assistant, RCPCH

Rebekah Pryce	Royal Gwent Hospital, Aneurin Bevan University Healthboard
Dr Rachel Pryke	Royal College of General Practitioners
Emma Rigby	Chief Executive, Association of Young People's Health
Emily Roberts	Policy Lead, RCPCH
Kim Roberts	Chief Executive, HENRY
Richard Sangster	Team Leader – Obesity Policy, Department of Health
Professor Atul Singhal	Head of the Childhood Nutrition Research Centre, Institute of Child Health
Fiona Smith	Professional Lead - Children and Young People, Royal College of Nursing
Lauren Snaith	Senior Media & Campaigns Officer, RCPCH
Karen Stansfield	Head of Education and Quality, Institute of Health Visiting
Elizabeth Stephenson	Children and Young People Policy Lead, NHS England
Owen Taylor	Media and Public Affairs Assistant, RCPCH
Professor Jonathan Valabhji	National Clinical Director for Diabetes and Obesity, NHS England
Professor Russell Viner	Officer for Health Promotion, RCPCH
Professor John Wass	Professor of Endocrinology, University of Oxford/Royal College of Physicians

Information about the RCPCH

The Royal College of Paediatrics and Child Health is responsible for training and examining paediatricians in the UK. The College has over 16,000 members in the UK and internationally, and sets standards for professional and postgraduate medical education. Further information can be found at: www.rcpch.ac.uk

Key areas of work

- Responsible for postgraduate training of paediatricians
- Running the membership and Diploma of Child Health examinations
- Improving child health through research, standards, quality improvement and policy
- Engaging with the media, government, NHS, charities and other stakeholders
- Supporting our members with a package of unique benefits
- Providing educational programmes - including face-to-face courses and e-learning resources
- Work across UK - Scotland, Wales and Ireland
- Improving global child health

RCPCH activity to tackle childhood obesity

1. The RCPCH provides a range of e-learning materials on obesity for a range of clinicians, from promoting breastfeeding and healthy early nutrition to managing obesity in toddlers, school children and adolescents (Healthy Child Programme (0-5 years), Healthy School Child Programme, Adolescent Health Programme)

2. The RCPCH has hosted a range of educational workshops and seminars on managing obesity for child health professionals, in conjunction with the Obesity Services for Children and Adolescents (OSCA) group of paediatricians.

3. The RCPCH is scoping training materials on 'making every contact count' for paediatricians in relation to healthy weight for children and adolescents.

4. The National Paediatric Diabetes Audit (NPDA), which is delivered by the RCPCH, aims to improve the care provided to children with diabetes, their outcomes and experiences and that of their families. The NDPA identified 443 children and young people as having type 2 diabetes in 2012-13.

5. In 2013, the RCPCH coordinated and provided support to the Academy of Medical Royal Colleges for the development and publication of *Measuring up: the medical profession's prescription for the nation's obesity crisis.*