Appendix 8: Supporting evidence for recommendations

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Overarching area	Theme	Recommendation	Supporting evidence
Prevent	Healthy Environments	Develop local food systems network	The updated evidence-base highlights that lower-income neighbourhoods frequently encounter a convergence of three interconnected challenges: food insecurity (characterised by limited or uncertain access to nutritionally adequate foods), food deserts (geographic areas with insufficient access to affordable, nutritious food options), and food swamps (areas with disproportionate concentrations of unhealthy food outlets). The updated evidence-base identifies systems mapping as an effective tool for visualising the complex determinants of healthy weight. Work on mapping Suffolk's local food system is ongoing: • **FEAT tool -** Feat - shows proximity to supermarkets and takeaways as different layers at district level. MRC Epidemiology Unit at the University of Cambridge were asked if they could map other food provision types but this was not possible. The possibility of adding this to Local Insight was also explored but not taken forward. • **Mapping of Foodbanks** (crisis food support): Top-up/Pop-up Pantry/Larder/Fridge are plotted on Suffolk Infolink: Accessing food in Suffolk- 77 organisations in total. Not all organisations are registered on the site, as a number do not wish to publicise their provision due to concerns around increasing demand beyond their capacity to provide. Infolink has always operated based on organisations registering and updating their information. • **Community Action Suffolk (CAS)-** CAS confirms that they have completed some market plotting. CAS food officers have their own records of what is happening on the ground, in addition to promoting registration on Infolink, amongst those services bridging gaps in food provision. There is also potential to run a pilot trial with aims to identify fruit and vegetable stores who could accept/promote use of Healthy Start Vouchers in Suffolk. • **Activity to promote health, wellbeing and signpost related service links-** may be scope for the organisations to offer service users basic information and support around health and wellbeing and direct them to related service links such as Feelgood Suffolk. It was proposed that this could be rolled out using a train the trainer type model at county wide network events.

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			• **Access through Local Authority Websites**
			  • West Suffolk council provides a list of food banks, with links to Infolink and national guidance options.
			  • Babergh district council Food and essentials section lists foodbanks and supermarkets through Infolink.
			  • Mid Suffolk district council also has a similar Food and essentials section.
			  • East Suffolk council also has a similar Food and essentials section
			  • Ipswich Borough Council Cost of Living advice section has **no** reference to Infolink
			  ○ Ipswich Top Up Shops provides a list of pop up shops and food banks in Ipswich.
			  ○ Families In Need (FIND): Provides food and household items.
			
			Additionally, several initiatives are underway to help strengthen community food projects and localising food systems:
			  • FareShare are involved in a project hoping to connect gleaned produce to community food projects. Still Good Food is working with Debach Logistics and FareShare to explore whether surplus produce can be transported in backfilled Debach delivery vans. The initial trial is focused on redistributing food to top-up shops in Ipswich, with potential to expand the model across Suffolk.
			  • CAS teams are currently piloting a fruit and vegetable prescription. The concept emerged from the 2024 food summit and involves partnering with health professionals to prescribe fresh produce to residents facing food insecurity, and to work with local producers. This programme is not "prescription-based" but instead focussed on offering fresh produce to individuals living in postcodes with high levels of deprivation.
			  • Work is ongoing to engage local producers and the Open Food Network (OFN).
			  • A summer project proposal on behalf of the partnership to IFSTAL (Interdisciplinary Food Systems Teaching and Learning) was submitted. This includes a PhD-level food systems course facilitated by the University of Oxford and a few other universities. Different models will be explored for this pilot.

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		Local advertising policy	The updated evidence-base shows that: Experimental studies demonstrate that children exposed to high-sugar food advertisements consumed significantly more energy (203.3 kJ/48.6 kcal) and sugar (6g) compared to when viewing toy advertisements, with children with dental caries showing a dramatically stronger response (503.3 kJ/120.3 kcal more after food ads) Supermarkets don't create health-enabling environments, despite significantly influencing consumer food choices. A high proportion of supermarket shelf space is allocated to unhealthy foods, with unhealthy options frequently placed in high-prominence areas like checkout zones and end-of-aisle displays 37% of UK supermarket promotions are for unhealthy foods 36% of UK food advertising spending goes to confectionery, snacks, and soft drinks (only 2% to fruits/vegetables) 74% of baby/toddler snacks with promotional claims in the UK contain medium/high sugar levels NHS 10 year plan commitments to restrict junk food advertising online and on television targeted at children, ban the sale of high-caffeine energy drinks to under 16-year-olds, and introduce restrictions on the volume price promotions retailers can offer, including a ban on buy-one-get-one-free deals on unhealthy food. Public health experts believe cutting the calorie count of a daily diet by just 50 calories would lift 340,000 children and 2 million adults out of obesity. If everyone who is overweight reduced their calorie intake by just 216 calories a day, equivalent to a single bottle of fizzy drink, obesity would be halved. It is estimated that the energy drink ban

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			alone could reduce childhood obesity rates by 0.4 percentage points, with health benefits worth £7.7 billion. Suffolk wish to build on this and are currently investigating the potential in embedding an approach to public (external) food advertising. The term external advertising spaces refers to any place where adverts are visible to the public, such as billboards, bus stops, train stations, public transport, and digital screens in public areas. The proposed policy aims to support the reduction in overweight and obesity levels in children and adults by reducing the visibility of high in fat, sugar or salt (HFSS) products in these spaces.
		Promote healthy school environments	The updated evidence-base shows that: • Children spend significant time at school and consume up to a third of their daily food there, making school environments important opportunities for nutrition interventions. • Schools providing healthier food options reduce the risk of obesity in children. • Regular school attendance itself might also help prevent weight gain. A meta-analysis found that children who received no specific obesity intervention but attended school as usual showed only minimal weight changes during the school year. Work on promoting healthy school environments is ongoing: • In Suffolk (2024), seven schools engaged with Poverty Proofing the School Day. The ASSET Food Project: Empowering Children for Better Health Outcomes is running across 15 primary schools within ASSET Education trust, a showcase of their work is set to be run in July 2025. • The new Suffolk Physical Activity Strategy Move More to Feel Better led by Active Suffolk includes the Healthy Schools Award Scheme, currently in development and is set to launch in September 2025. Healthy food provision is encompassed within the award criteria. Further resources which may be of use: • NHS healthier lunchboxes

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			• Healthier Lunches for Children
	Communications & Stigma	Audit for weight bias and improve inclusivity of language and communications	The updated evidence-base discusses weight stigma in detail. It highlights several evidence-based recommendations such as: • Shift from focus on 'losing weight' to promotion of healthy behaviours • Create environmental changes supporting healthy living. • Provide education explaining healthy weight management in more detail • Enact legislation prohibiting weight-based discrimination • Include voices of people with obesity in public health messaging On the Children's Healthy Weight - Everybody's Business - Healthy Suffolk webpage a CHW Language guide is available along with other training and resources to support in appropriate communication with regards to healthy weight management. The updated evidence-base also identified practical frameworks and approaches: • Weight Stigma Heal Map (WSHP): evaluation tool to identify stigmatising elements in public health materials. When applied to Australia's National Obesity Strategy, the WSHM revealed stigmatising elements despite the strategy's aim of reducing weight stigma. This tool enables professionals to identify problematic content, develop fewer stigmatising resources, and quantitively evaluate weight stigma in health communications. • Health at Every Size (HAES): framework shifting focus from weight management to overall wellbeing through body acceptance, intuitive eating, and joyful movement. Research demonstrates that HAES interventions improve physiological measures, metabolic parameters and psychological outcomes independent of weight changes, with better long-term adherence than traditional weight loss approaches. • Well Now: framework builds upon HAES to incorporate social justice elements Well Now framework recognises how weight stigma intersects with other forms of discrimination, addressing access barriers to nutritious food and healthcare, challenging power dynamics in healthcare relationships, and acknowledging socioeconomic influences on eating patterns and body size. Early findings suggest Well Now participants experience benefits to both their health and sense of self-worth.

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	Incentives	Explore digital behaviour-based incentives	The updated evidence-base highlights that:
			• Parents from low-income households consistently report that financial limitations “dictate the food provided for their families”, with food cost being “a primary influence of food choices”.
			• Financial incentives (10-50% price discounts) significantly increase purchases and consumption of fruits, vegetables, and other healthy foods, while health primes and warning labels can reduce consumption of energy-dense foods and sugar-sweetened beverages
			Local perspectives and views relay similar findings:
			• Factors negatively influencing participants and their family’s ability to lead healthier lives included:
			  ○ **Rising costs:** Frequent mentions of increased cost of living, with specific examples of grocery shopping costs rising significantly (e.g., from £60 to £100)
			  ○ **Healthy food affordability**: Consistent observations that nutritious foods (particularly fresh produce like strawberries) are more expensive than processed alternatives and convenience foods
			  ○ **Transportation expenses:** Fuel costs limiting mobility, especially in rural areas where cars are essential
			• Results found that when residents consider attending service groups "Cost" emerges as a primary consideration, suggesting financial implications are vital in families' decision-making.
			• Similarly, when asked what might put residents off or discourage them from using/attending services answers included:
			  ○ **Cost concerns:** Multiple emphatic mentions of cost as a "driving factor" with comments like "Cost would put me off" and "Cost! As really bad"
			  ○ **Expense of private services:** Specific mention that "privately run groups can be ridiculously expensive"
			Potential approaches worth exploration include (but are not limited to):
			• Earning Belfast 'Civic Dollars' with new app is a walk in the park

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			• Discover Civic Dollars for Local Governments | Engage Communities & Promote Well-Being — Civic Dollars
		Promote the Healthy Start Scheme	The NHS 10 year plan commitments to restoring the value of the Healthy Start scheme from 2026 to 2027. Pregnant women and children aged one or older but under 4 will each receive £4.65 per week (up from £4.25). Children under one year old will receive £9.30 every week (up from £8.50). Suffolk's Health Improvements team tract healthy start engagement data and have seen an increase from 50% uptake in March 2022 to 61% in March 2023 and 77% in March 2024. However, care should be taken in the interpretation and use of data as: • The number of people on the digital scheme does not include those people who are not able to make a digital application to the scheme. This includes those who receive a legacy benefit such as Income Support, or people who are under 18 and pregnant who do not receive any benefits. • The number of people on the digital scheme may include ineligible or duplicate applications. Following audit and investigation, if we find that the published data includes ineligible or duplicate applications, cases like this are identified and removed from the scheme and the published data will not be amended retrospectively. Each family receives approx. £1000 over 4 years. In the past we have estimated the % increase above has added a minimum of £600,000 to Suffolk families. For every 1,000 'eligible beneficiaries' still not receiving the vouchers, £1m over 4 years is still missing from the Suffolk system. Therefore, even without the availability of data reporting it is still important that we find and support everyone who is eligible to be aware of this scheme and apply. The Health Improvements team run training sessions, promote the scheme throughout the system and have developed promotion materials Healthy Start - Healthy Suffolk working with Family Hubs and the voluntary sector including CAS, HomeStart, local family support services and foodbanks.
Address	Equity	Prioritise deprived areas for outreach	Local statistics show that: • In 2023/24, 72.6% of reception-aged children (4–5 years) in Suffolk living in the most deprived areas in England had a healthy weight, compared to 82.1% in the least deprived—

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			a 9.5 percentage point gap. Children in the 40% most deprived areas in England had a statistically significantly lower percentage of children that are living with a healthy weight compared to the England average. • Among Year 6 children (10–11 years), 55.0% in the most deprived areas were a healthy weight, compared to 72.9% in the least deprived—a 17.9 percentage point difference. Again, children in the 40% most deprived areas in England had a statistically significantly lower percentage of children that are living with a healthy weight compared to the England average. • For adults in 2023/24, 71.2% in the most deprived areas were overweight or obese, compared to 59.4% in the least deprived—a gap of 11.8 percentage points. • As of April 2025, 32.1% of working-age adults (18–64 years) in decile 1 (most deprived) areas of Ipswich and East/West Suffolk were a healthy weight, compared to 38.0% in decile 10 (least deprived)—a 5.9 percentage point difference. • For older adults (65+ years), 26.9% in decile 1 areas were a healthy weight, compared to 36.1% in decile 10—a 9.2 percentage point gap. The updated evidence-base highlights that: • Community-level socioeconomic conditions have an influence on weight outcomes irrespective of individual-level socioeconomic factors- termed the "neighbourhood effect". A Dutch study found that people living in lower-SES neighbourhoods had significantly higher weight measurements than residents of higher-SES areas, even after controlling for personal factors like individual income, education, and employment. • Neighbourhood deprivation independently affects body composition trajectories in children. UK research shows disadvantaged children have higher fat mass and fat-to-muscle ratios at age 7, with these disparities widening by adolescence. Even when controlling for family income and education, area deprivation itself correlates with poorer body composition. Adolescents from advantaged areas were also shown to develop more muscle mass over time (when controlling for fat mass) • Lower-SES neighbourhoods typically have worse environments regarding food stores, places to exercise, and safety for physical activity, this has been shown to be detrimental for healthy weight management and overall health • Environmental factors beyond socioeconomic status shape obesity risk patterns. Research from England demonstrates that childhood obesity rates peak in both deprived urban areas

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			and affluent rural settings, indicating that environmental challenges can impact healthy weight management irrespective of SES classifications.

		Men's health and weight	Local statistics show that:
			• In Suffolk across all ages, a higher percentage of females tend to be classified as a healthy weight, whereas a higher percentage of males tend to be classified as overweight and obese.
			  ○ Data from the National Child Measurement programme shows that female children consistently maintain higher proportions of healthy weight across all academic years - with percentages typically 0.3-1.0 percentage points higher than their male counterparts.
			  ○ Across the adult population (ages 18-64 years) women are more likely to be at a healthy weight (39.0%) compared to men (32.9%). Men have a higher percentage of overweight/obesity (61.3%) compared to women (56.7%).
			  ○ Across the older adults population (65+ years) Women are more likely to be at a healthy weight (36.9%) compared to men (28.7%). Men have higher percentages of overweight/obesity (70.3%) compared to women (59.8%), a difference of over 10 percentage points.
			The FGS weight management service data analysis shows that:
			• Over half of clients are female (52.6%), and 16.9% are male- 16.6% have not disclosed their gender, 8.4% prefer not to disclose, and 5.2% are categorised as "other".

		Culturally relevant co-design	Local perspectives and views highlighted: • **Diverse needs**: Acknowledgment of "very diverse range of parents accessing support" with sessions attended by families "representing five different languages and minority groups" • **Specific concerns:** Observation about "non-English families relying long term on milk" suggesting targeted information needs The Suffolk Children's Healthy Living service now utilise the culturally appropriate Eatwell Guides for African, Caribbean and South Asian communities.

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		Transitional wellbeing	The updated evidence-base showed that weight management differed at different developmental stages and life transitions: • During early childhood, the personal food environment has strong influence- particularly parental feeding practices and sensory development. • As children age, the school food environment gains significant influence, peer influence begins to play a larger role, and external food marketing becomes more influential. • The transition to adolescence brings increased independence from parents, stronger peer influences, greater social media exposure, and more autonomous purchasing power. • Physical activity patterns show distinct trajectories across weight categories during adolescence. • Healthy weight children have the highest overall physical activity levels, but this shows a consistent decline with age. • Overweight children show the strongest age-related decline in physical activity, while children with obesity have the highest baseline inactivity rates. • The transition out of high school represents a particularly significant period, associated with an average decrease of 7.04 minutes per day of moderate-to-vigorous physical activity (MVPA), with larger decreases among males and those transitioning specifically to university. • Employment transitions also impact physical activity, with starting a first job associated with a decrease of 18.7 minutes/day of MVPA in both males and females. • For boys who experienced rapid infant weight gain (a known obesity risk factor), meeting physical activity guidelines in childhood could substantially offset their increased risk for adolescent obesity, with approximately 75% of the excess body fat at age 14 associated with rapid infant weight gain attenuated in boys who met MVPA guidelines.
Maintain	Services	Improve engagement with Feel Good Suffolk	**1. Types of service** The FGS weight management service data analysis and Local perspectives and views highlights a preference for face-to-face support and that despite technological advances, human connection remains fundamental to health behaviour change. Although there is evidenced preference to face-to-face support. The HNA still shows that residents utilise and benefit from digital resources as well.

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			• In the FGS weight management service data analysis showed that online support also gaining traction (rising from around 12% to 30% cases applied). • Local perspectives and views showed that residents want format flexibility and digital options for time/access limited individuals. • Local perspectives and views showed that families are interested in blended approaches combining online and in-person options, with specific requests for e-books, online resources, Facebook groups for tip sharing, visual guides, and Zoom classes for both information and activities. **2. Sustainable engagement** The FGS weight management service data analysis showed that the primary reasons for case discharge or closure are inability to contact clients (37.5%) and disengagement (over 25%), while only 13.1% of cases are closed because clients no longer require services. Therefore, this recommendation encompasses sustainable engagement and is not referring to demand/ first contact engagement. Local perspectives and views highlights that: • language and messaging around healthy weight can either facilitate or obstruct engagement • Individuals place high value on emotional and non-judgmental support • individuals value "informative content" and content with "educational value" The updated evidence-base shows that: • Quality of facilities matters more than quantity- access alone is insufficient without support to encourage use **3. Time of engagement** Local perspectives and views show that the population may have a 'treatment' mindset rather than a 'preventative' mindset- accessing services when they have already experienced health scares and concerns.

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			Local perspectives and views highlight several potential barriers residents face when thinking about accessing healthy weight services in a preventative manner including: • Psychological factors like shame, fear of judgment, pride, lack of confidence, and reluctance to burden others, with many people avoiding help until situations become critical. • External factors such as healthcare access issues, appointment scarcity, media influences reinforcing stigma, cost concerns, information gaps, and the perception that services prioritise only crisis cases. • A 'cliff edge' on some options putting them off engaging with individuals stating they are "Not fat enough" or "BMI too low" to be offered the service requested, therefore would not receive preventative support.
		Follow-up support post-programme	The updated evidence-base shows that: • Sustainable weight maintenance requires specific psychological adaptations- including identity shifts, improved emotional regulation, and habit breaking and formation- alongside robust social support systems. Programmes incorporating frequent behavioural coaching and mental health support achieve better long-term outcomes. • Specific mental health support shown to be impactful: Supporting Weight Management (SWiM): Evaluating the effectiveness, equity and cost-effectiveness of using acceptance-based guided self-help to improve long term outcomes of weight management interventions - NIHR Funding and Awards Local perspectives and views highlight: • Families prefer flexible attendance options rather than weekly commitments, with preferences for regular sessions throughout the year and long-term support options. • Feel Good Suffolk held a positive celebration day at Abbeycroft Leisure Centre on January 27, 2025. A senior FGS advisor spoke on the event highlighting that FGS advisors build a unique relationship with clients through weekly phone calls or face-to-face meetings. The celebration day provided an opportunity to meet clients outside of a clinical environment.

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			The informal coffee morning format encouraged open sharing of experiences. Putting "faces to voices" was valuable for advisors who previously only knew some clients through telephone support. Clients demonstrated notable enthusiasm and commitment to their health journeys and Clients who had completed the 12-week weight management course demonstrated continued implementation of what they learned. The event allowed clients to connect with their original hospital referral teams and hospital staff could witness the progress clients had made since initial referrals. Attendees also provided positive testimonials and feedback about their experiences, Case Studies of the successful engagement with the weight management service from Martin Burroughs, 69 years old from Bury St Edmunds and Kerry Buck from the Bury St Edmunds were gathered at the event, demonstrating an effective method to gaining insight into local opinion and celebrating Suffolk successes. All participants expressed interest in future meetups. • University of East Anglia eSign study preliminary findings illuminate a need for a holistic service which includes ongoing support to promote maintenance of a healthy weight. A need to deliver psychological support alongside more traditional weight-management approaches was desired. Affordability was frequently raised as a barrier and a want for more accessible exercise and nutritional services was expressed. Food tips and healthy recipes were also desired.
	Clinical Support	Monitor obesity management medications	The rapid review of evidence for obesity management medications showed that, despite their effectiveness, these medications are not silver bullets to the obesity epidemic and have important limitations: • Not suitable for all patients due to administration method and side effects • High cost (up to £300 per month) with limited NHS availability- which may increase inequality gap. • Require concurrent behavioural support for nutrition, muscle preservation, side effect management, and mental wellbeing • Significant weight regain occurs after discontinuation (though net benefits may persist)

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	System Leadership	Align weight with broader strategy	The updated evidence-base shows that:
			• A whole systems approach (WSA) offers a practical evidence-based framework for bringing together diverse stakeholders to create coordinated solutions that address multiple determinants simultaneously. Case studies and guidance documentation demonstrate critical success factors providing a roadmap for implementation. This approach effectively addresses the complex interconnected determinants of obesity that no single intervention can tackle alone.
			• Features that are essential for an effective WSA to obesity prevention included:
			  ○ **Action:** Prioritising intervention areas and developing aligned action plans
			  ○ **embedding actions and policies**: Integrating initiatives into organisational structures
			  ○ **Good governance and shared values:** Clear governance structures and explicit commitment to shared values create a foundation for effective collaboration. This approach was "found to be effective across different types of communities regardless of population size or location
			  ○ **Consistent language across organisations:** Creating and using common terminology helps different sectors communicate effectively. This ensures that all stakeholders share common understanding of WSA terminology
			  ○ **Policy integration:** Successful approaches embed the WSA within broader policy to integrate it into existing governmental frameworks rather than treating it as a separate initiative

		Monitor Children's Strategy	The updated evidence-base shows that: • A whole systems approach (WSA) offers a practical evidence-based framework for bringing together diverse stakeholders to create coordinated solutions that address multiple determinants simultaneously. Case studies and guidance documentation demonstrate critical success factors providing a roadmap for implementation. This approach effectively addresses the complex interconnected determinants of obesity that no single intervention can tackle alone. • Features that are essential for an effective WSA to obesity prevention included:

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			○ **Reflect and refresh:** monitoring progress, evaluating actions, and adapting the approach overtime ○ **Monitoring and evaluation**: Assessing outcomes and adapting accordingly
	Continuous improvement	Embed learning and evaluation in all programmes	The updated evidence-base shows that: • Features that are essential for an effective WSA to obesity prevention included: ○ **Reflect and refresh:** monitoring progress, evaluating actions, and adapting the approach overtime ○ **Monitoring and evaluation**: Assessing outcomes and adapting accordingly ○ **Capacity building**: Developing skills and resources within participating organisations ○ **Creativity and innovation**: Encouraging novel solutions to complex problems • Capacity building was an area of focus in successful WSA implementations, consistently identified as critical for sustainability. Evidence shows that focus is needed on developing local abilities to understand and address obesity using systems thinking. Successful approaches balanced the pursuit of measurable health outcomes with building sustainable local capability, recognising that lasting change requires not just short-term intervention success but developing ongoing local competence to address obesity
		Evaluate and learn from obesity management medication implementation	The updated evidence-base shows that: • Features that are essential for an effective WSA to obesity prevention included: ○ **Reflect and refresh:** monitoring progress, evaluating actions, and adapting the approach overtime ○ **Monitoring and evaluation**: Assessing outcomes and adapting accordingly ○ **Capacity building**: Developing skills and resources within participating organisations ○ **Creativity and innovation**: Encouraging novel solutions to complex problems • Capacity building was an area of focus in successful WSA implementations, consistently identified as critical for sustainability. Evidence shows that focus is needed on developing local abilities to understand and address obesity using systems thinking. Successful approaches balanced the pursuit of measurable health outcomes with building sustainable

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			local capability, recognising that lasting change requires not just short-term intervention success but developing ongoing local competence to address obesity

	Community Voice	Co-production with lived experience	The updated evidence-base shows that:
			• Features that are essential for an effective WSA to obesity prevention included:
			  ○ **Establishing relationships**: Building partnerships across different sectors
			  ○ **Engagement**: Ensuring meaningful involvement of all stakeholders
			  ○ **Communication methods**: Creating strong channels for information sharing
			• Projects achieved the best results when they effectively involved the local community in identifying their needs. Active participation of community members in developing local solutions was critical for ensuring interventions were relevant and appropriate to local contexts
			• Building effective partnerships requires significant investment in developing trust and shared vision. Multiple studies emphasised that long-term commitment to relationship building created foundations for sustainable change