FUEL YOUR BODY

THE ART OF EATING & HYDRATING FOR OPTIMAL HEALTH

A Community-Led Preventative Health Programme

Aligned to NHS, Public Health England
& Neighbourhood Health Priorities

Community HEALTH AMBASSADORS Network Southwark

healthwatch Southwark

Community Southwark

Acknowledgements

This project has been shaped and created through the support, collaboration, and engagement of community members, partners, and organisations committed to improving health outcomes and bridging the health inequalities gap in the borough of Southwark.

Special thanks to Public Health Southwark, Healthwatch Southwark and Community Southwark for their continued commitment to reducing health inequalities and supporting community-led initiatives.

We extend our utmost thanks to South London Mission for providing a welcoming and supportive space for the delivery of the project. We also acknowledge the Blue Istanbul Supermarket for their generous support with ingredients, which made our hands-on learning experiences possible.

Most importantly, we recognise the community participants whose openness, engagement, and willingness to take control of their health are at the heart of this project.

Last but not the least my team members from Healthwatch Southwark, you are indeed the best team yet, I'm forever grateful to you all and you know the love is deep.

This project reflects a collaborative, community-driven approach aligned with national priorities for prevention, engagement, and health equity.

Fuel Your Body is built not just for communities, but *with* them.

Contents

1 Executive Summary

Fuel Your Body is a project to reduce health inequalities and improve health outcomes in Southwark and beyond, which is designed for and led by the community. The project blends practical lessons of nutrition, hydration, and holistic health, with hands-on cooking sessions. Our definition of success is to have participants leading their families to make sustainable improvements lifestyle, equipped with tools that are adapted to their unique cultures.

The plan for Fuel Your Body was propelled by the feedback received during community outreach and health research activities. Residents consistently asked for nutritional support, but many felt excluded by mainstream health advice. They needed a programme that respected their cultural foods, taught easy to replicate recipes, and fitted within tight household budgets.

To explore this gap, we delivered a feedback and two taster sessions at South London Mission, alongside their weekly pantry service. The feedback session collected nine questionnaire responses. The participants were very interested, but also sceptical: “healthy food,” they thought, usually means ‘bland’, or ‘unfamiliar’.

The first and second taster session addressed these concerns with culturally familiar, nutritious nibbles: homemade energy balls, pies, quesadillas, salads and hibiscus juice (a popular drink among African and Caribbean families). This transformed engagement, as participants saw and tasted that healthy meals could be flavourful, satisfying, and culturally aligned. One woman who had declared she was “not interested at all,” when initially engaged, became enthusiastic once she tasted the food. This proved that cultural grounding and flavour are essential for building trust and participation. In all, we collected feedback from 40 participants.

The pilot session was originally capped at 12 people, but was oversubscribed, with 20 participants signing up. Their feedback confirmed the value of culturally relevant recipes, practical demonstrations, and a supportive learning environment that encouraged sharing, and peer feedback.

This report outlines findings from the initial feedback session, taster sessions, and pilot phase. It also outlines the program’s viability to scale into a structured, multi-session programme delivered across schools and community settings, in alignment with Southwark Council’s Vision 2030, NHS prevention

priorities, the Neighbourhood Health approach, and the Core20PLUS5 framework.

The project offers a scalable, prevention-first solution that bridges the gap between knowledge and action, reduces future NHS burden, and empowers communities to take ownership of their health and wellbeing.

A video recording of the pilot session is available in the appendices as supporting evidence of delivery and engagement.

1.1 Summary of key recommendations

Based on the experience gained through this project, from the insights of the pilot to the participant feedback, here are notes on what works well now, and what needs to be strengthened to empower the community in the long term.

This project has shown a clear demand for practical, culturally relevant health education that gives people actionable tools. The next phase should build on this success by developing a more structured, scalable model that can be delivered consistently in community settings.

These recommendations are intended to strengthen impact, expand reach and build local capacity:

- Scale to a structured multi-session programme
- Embed delivery in schools and community settings
- Maintain cultural relevance at the core of delivery
- Strengthen monitoring, evaluation, and impact measurement
- Develop a scalable train-the-trainer model
- Expand digital and hybrid access
- Secure sustainable funding and delivery infrastructure
- Strengthen partnerships and referral pathways
- Improve delivery systems and participant experience
- Embed ongoing behaviour change support
- Promote affordability and accessibility of healthy eating

2 Introduction

Fuel Your Body was developed to address growing health inequalities affecting underserved, ethnically diverse, and economically disadvantaged communities in Southwark. Many residents face barriers such as limited

confidence, food scarcity, low nutrition literacy, financial constraints, and a lack of culturally relevant health messaging.

This report presents the development process, pilot findings, and strategic recommendations for expanding Fuel Your Body into a borough-wide and eventually national programme.

3 Background and Context

Southwark is home to a diverse population, with many residents experiencing disproportionate levels of obesity, Type 2 diabetes, and high blood pressure, alongside wider challenges linked to food insecurity and financial constraints *(Southwark Council, 2024; NIHR Applied Research Collaboration West, 2023)*. Childhood obesity rates are among the highest in London, and over half of adults are overweight or obese, while diabetes prevalence continues to *rise (Trust for London, 2024; Southwark Council, 2025; Southwark News, 2024).*

Current health outreach approaches are largely centred on taking readings and measurements, followed by signposting to services. While important, these interventions often lack the practical support required to help individuals translate results into meaningful behaviour change.

Community engagement and outreach activities highlight consistent barriers to improving health, including limited confidence in preparing healthy meals, confusion around nutrition guidance, and difficulty adapting recommendations to culturally familiar foods. These challenges are shaped by a combination of structural and behavioural factors, including cost of living pressures, limited access to culturally relevant education, and reliance on low-cost, ultra-processed foods *(Southwark Council, 2024*).

While awareness of health conditions is relatively high, a clear gap remains between knowledge and application. This highlights the need for practical, accessible, and culturally responsive interventions that enable individuals to make sustainable changes within their daily lives.

3.1 Why This Matters Now

This project responds directly to urgent and growing health challenges in Southwark and aims to address the increasingly long term demand on NHS services, emphasising the need for earlier, community based intervention.

There is strong demand for practical and accessible health support, yet current provision often lacks follow up, cultural relevance, and sustained behaviour change mechanisms. *Fuel Your Body* addresses this gap through a community-led, prevention-focused approach that combines practical skills, culturally relevant education, and ongoing engagement to support long term improvements in health.

Aligned with national priorities, the programme supports the shift from treatment to prevention set out in the NHS Long Term Plan, enabling individuals to take control of their health, improve outcomes, and reduce long-term pressure on health services (NHS England, 2019; Office for Health Improvement and Disparities, 2022).

4 Methodology

Fuel Your Body followed a three-stage development approach designed to ensure the programme was fully grounded in lived experience, cultural relevance, and real community need.

Community Insight and Engagement

Initial development was informed by Southwark-wide health outreach activities, providing direct insight into the challenges residents face in managing their health. While awareness of conditions such as obesity and high blood pressure was high, many individuals lacked the practical knowledge and confidence (capability) to take action.

Key barriers included: difficulty applying health advice and translating signposting materials into everyday practice; low confidence in preparing healthy meals; and challenges adapting recommendations to culturally familiar foods. There was a clear preference for practical, hands-on support over information-led interventions.

Feedback & Taster Sessions (pre-pilot testing)

A feedback and two taster sessions were delivered at South London Mission alongside their weekly pantry service, to engage the residents most affected by food insecurity and health inequalities. The initial session identified

scepticism around the taste, affordability, and relevance of healthier food options. In response, food tasting was introduced in the second session.

This resulted in a marked increase in engagement and trust, confirming that taste, cultural relevance, and practicality are critical to participation and behaviour change.

Pilot delivery

The pilot was delivered as a three-hour interactive session combining nutrition education, hydration awareness, practical cooking, and group reflection. Originally designed for 12 participants, the session was oversubscribed, with 20 people signing up.

Feedback and observation indicated high engagement, increased confidence in meal preparation, and strong demand for a multi-session programme. The pilot confirmed both the effectiveness of the model and its potential for scalability within community settings.

4.1.1 Community Feedback Stage

The programme was first shaped through extensive feedback gathered during Southwark-wide Health Outreach Programmes. These engagements revealed recurring barriers preventing residents from improving their health, including:

- Deep scepticism toward traditional health interventions
- Lack of culturally relevant nutritional guidance
- Financial constraints and food insecurity
- Confusion about practical steps to improve diet and lifestyle
- Unclear information on managing or reversing chronic conditions linked to the Vital 5 (Healthy weight, Blood pressure, Mental health, Alcohol consumption, Smoking)

As a Southwark Community Health Ambassador and a member of the project group that helped structure the Vital 5, I have firsthand insight into the needs and concerns expressed consistently by residents. Through my outreach work, it became clear that awareness is not the issue. Most people already know whether they are overweight, have high blood pressure, pre-diabetic, diabetic or struggle with smoking or alcohol consumption.

What has been missing is a practical, culturally relevant protocol that provides real solutions they can apply in their everyday lives.

Residents repeatedly asked:

This stage confirmed that the community needed hands-on, relatable, and evidence-based support, not theory. These insights became the foundation of this project: Fuel Your Body.

4.1.2 Taster Sessions (Pre-Pilot Testing)

To ensure the programme was shaped *with* the community, not just *for* them, a feedback and two taster sessions were delivered at South London Mission, strategically scheduled alongside their weekly pantry session where families can purchase food items for as little as £5 for a whole household.

This location provided direct access to residents most affected by diet-related health inequalities and cost of living crisis.

Initial Feedback, Perceptions and Engagement Challenges

The first session focused on gathering detailed feedback.Nine participants completed questionnaires, revealing curiosity mixed with scepticism, and concerns about whether "healthy food" would taste bland. Also, there were fears that recipes would be too expensive or too unfamiliar.

Notably, responses highlighted a desire for practical help, not lectures. Some initially showed no interest in the programme, but warmly engaged in the food

tasting sessions. Evidently, any community mistrust of traditional health messaging can be overcome by careful tuning of our approach.

Taster Sessions: more feedback, more trust building

To address these concerns, the second and third feedback sessions included food samples of the types of meals participants would eventually learn to cook. This was a turning point, we had 31 people completing our feedback forms.

The food tasted familiar, delicious, and culturally aligned, instantly shifting perceptions.

One participant in particular was very sceptical during the first feedback session and bluntly stated that she was not interested in joining the project, or even giving her feedback. Her concern was that the sessions would likely promote foods and approaches that did not reflect her culture and palate.

When we returned for the taster session with food samples, I encouraged her to simply try some of the dishes before deciding whether the programme was for her. After tasting the food, her attitude changed noticeably. She became more open, engaged enthusiastically in conversation, and expressed genuine interest in taking part in the full programme. She even went on to share some of her own favourite cultural recipes with me and suggested that they should be included in future cooking sessions.

The taster sessions helped refine our recipe choices and the structure of the session. They also revealed which engagement strategies and cultural adaptations were most successful and helped us discover ways to reduce scepticism and build trust. They also proved our concept: once community members *experienced* the food, interest increased dramatically.

4.1.3 Pilot Session

The pilot was delivered as a 3-hour interactive session in five chapters:

1. Practical nutrition education
2. Hydration awareness
3. Hands-on cooking
4. Shared meals
5. Group reflection

Planned for 12 participants, the pilot attracted 20 people. This included 5 families as well as some individuals, showing clear and urgent demand for a project like this.

Observations and Participant Feedback highlighted:
High levels of engagement were observed throughout the practical session, with participants actively involved in the cooking activities and group discussions. Participants also reported improved understanding of hydration and portion sizes, and several indicated that they felt more able to prepare healthier meals at home. Cultural relevance was consistently identified as a key strength. There was also clear demand for a multi-session programme, with participants noting that a single workshop was not sufficient to support lasting change.

The pilot verified that the model is both effective and scalable, and that it resonates deeply with communities that are often underserved by mainstream health initiatives.

4.2 Development Stage Analysis

Insights from development stages revealed that:

- Hands-on cooking is significantly more effective than passive learning.
- Cultural relevance is essential for engagement and trust.
- Taste and lived experience are powerful levers for behaviour change.
- Affordability must be demonstrated, not assumed.
- A single session is not enough. For sustained change, we need a structured pathway.

These insights align with the wider shift towards prevention and community-based care reflected in local strategies such as Southwark 2030, as well as national priorities outlined in the NHS Long Term Plan.

5 Findings and insights

The pilot phase of *Fuel Your Body* provided valuable insights into community needs, engagement patterns, and the effectiveness of a culturally responsive, practical approach to health education.

5.1 Engagement levels

The programme was oversubscribed**,** exceeding its original capacity. Attendance level was high, as was the enthusiasm throughout the session.

Participants remained engaged, both in the educational and practical components, fully contributing to learning, cooking, and group discussions.

On the day of delivery, South London Mission was hosting multiple activities across different halls. Participants from other sessions, including training groups, were drawn to the *Fuel Your Body* programme, and approached facilitators to learn more about it. Some individuals joined the session informally, while others expressed strong interest in future cooking sessions and requested to be kept informed about upcoming events.

Notably, an exercise facilitator, whose group members were unable to attend on the day, also joined the session and actively engaged with the programme. This spontaneous participation highlights the programme's wider appeal beyond its initial target group.

This level of uptake and organic interest highlights both the demand for accessible health education and the programme's relevance.

5.2 Behaviour-change indicators

Early indicators suggest positive shifts in participant knowledge, attitudes, and behaviours. Participants reported new willingness and confidence to prepare healthier, home-cooked meals (especially salads), and rely much less on processed foods. The hydration lesson also prompted resolutions to improve and regulate fluid intake. In general, participants showed a greater understanding of the relationship between food, lifestyle, and overall health.

The post-project feedback also underlines that participants are open to trying new ingredients and adapting healthier versions of familiar meals, supported by the practical and culturally relevant approach of the programme. Some questions and answers during the practical session:

Participant: Can these spice blends be prepared in advance?

Facilitator: Absolutely, I prepare mine for a month and freeze them into ice-cubes, so I have it when I need it, no need for stock cubes! And with this, you know every ingredient that went in there.

5.3 Key Observations

- Cultural relevance is the key to building trust and long-term engagement.
- Taste encourages behaviour change. Participants are more likely to adopt healthier options when they are enjoyable and familiar.
- Hands-on, practical learning enhances understanding and retention.
- Multi-session delivery is necessary to reinforce learning and support long-term behaviour change
- Shared experiences and group settings contribute to motivation, accountability, and a sense of community

Participant: *This has built my confidence, especially when it comes to preparing salads. I always felt preparing salad was such a complex thing, but Esther made it so simple. I am definitely going to try out the creamy broccoli salad and the other recipes she gave us!*

Participant: *I have never prepared chickpeas before. Anytime I have it, it is from a restaurant or an event. Esther has made it so simple and by far, this is the best chickpea that I've ever tried.*

5.4 Challenges

The delivery of this project highlighted a number of challenges in logistics, community perception, and approach, many of which reflect wider systemic constraints within preventative health work across the UK. Furthermore, they reveal how programme evaluation tools can be refined to fully capture interventions of this nature, which require more time and scale to deliver significant impact. The key hurdles are highlighted below.

5.4.1 Cultural Alignment as a Delivery Consideration

Ensuring cultural alignment was a key challenge in programme delivery, requiring time, sensitivity, and ongoing adaptation. This involved tailoring recipes to reflect diverse cultural preferences, while also recognising and responding to varying health beliefs across communities. Building trust was

central to this process, supported through shared food experiences and consistent engagement. Effective delivery therefore depends on strong cultural intelligence, empathy, and relationship-building, informed by both lived experience and research.

5.4.2 Capacity limitations and oversubscription

Demand for the programme far exceeded available slots: a positive indicator, but also a logistical challenge. Without additional facilitators, funding, and venue support, the programme could not accommodate the full breadth of community interest.

5.4.3 Funding Constraints Impacting Programme Delivery

Funding was a key constraint on the delivery of the pilot programme. Historically, securing financial support for this preventative project proved challenging prior to stepping into my role as a Southwark Community Health Ambassador officer. With a full proposal and costing breakdown, a modest budget of £500 was allocated to pilot the project as part of my role. However, this limited budget significantly restricted delivery as typical venue hire alone would have costed £95–£100 per hour, reducing the ability to cover essential programme costs such as ingredients, equipment, materials, and evaluation. In addition, many affordable community spaces lack suitable kitchen facilities, limiting their viability for practical sessions. However this was partially overcome by obtaining a free venue at South London Missions which allowed the majority of funds to be allocated to necessary essentials

5.5 Lessons Learned

The pilot phase provided valuable insights that will help strengthen future programme delivery and participant experience.

One of the strongest lessons learned was that cultural relevance must remain central throughout the programme to build trust, encourage engagement, and support sustained participation. The sessions also reinforced the importance of food tasting and practical, hands-on experiences in reducing scepticism and increasing openness towards healthier lifestyle changes.

The pilot further demonstrated that a structured multi session approach would be more effective in reinforcing learning, supporting behaviour change, and creating longer term impact. Access to affordable, well equipped community

spaces, particularly venues with suitable kitchen facilities, was also identified as essential for effective delivery.

Partnership working proved equally important in helping remove barriers, increased community reach, and supported a high quality programme implementation.

The pilot also highlighted the need to strengthen attendance management processes. Although demand for the programme was high, there were instances where participants who had confirmed attendance did not attend on the day or provide prior notice. This affected delivery planning and reduced opportunities for individuals on the waiting list to participate. Future sessions will therefore include a more structured booking and attendance system, including confirmation reminders, cancellation procedures, and waiting list activation.

Participants additionally expressed interest in having greater individual involvement in the cooking process. While the group based approach supported shared learning and discussion, some participants felt that individual workstations and more direct hands-on preparation would help build greater confidence and practical cooking skills.

Finally, the pilot highlighted the importance of aligning session timing with menu complexity. Where recipes involved multiple preparation stages or components, additional time was needed to ensure participants could fully engage in the cooking, learning, and discussion process without feeling rushed. Future delivery will therefore incorporate adjusted session timings, clearer activity planning, and simplified menus where appropriate to maintain the quality of learning and participant experience.

6 Indicative Impact and Outcomes

The pilot demonstrated encouraging early signs of impact across several areas linked to nutrition, hydration, confidence building, and engagement with preventative health practices. Feedback gathered from participants, alongside observations made during the sessions, suggested that the programme was beginning to positively influence both knowledge and attitudes towards healthier lifestyle choices.

6.1 Short Term

Participants demonstrated increased understanding of nutrition, hydration, and the relationship between food and overall wellbeing. Discussions throughout the sessions revealed greater awareness of the importance of hydration, balanced meals, and healthier food choices in supporting energy levels, digestion, and long-term health.

The practical cooking and food tasting elements also helped improve participants' confidence around preparing healthier meals, particularly meals that remained culturally familiar and enjoyable. Many participants became more open to trying healthier alternatives and engaging in conversations around holistic wellbeing, including the role of lifestyle habits, food quality, movement, and hydration in disease prevention and overall health.

> Participant: *I now understand why I always feel bloated after eating; I shouldn't mix my fluids with my meals and when I need to, it shouldn't be more than 200ml of water.*

6.2 Medium Term

The pilot also showed early indications of potential medium-term behaviour change within participants' eating and drinking habits. During the sessions, participants were served homemade hibiscus juice, a culturally familiar drink widely recognised across many African and Caribbean communities. This sparked wider conversations around the high consumption of store-bought sugary drinks and the gradual loss of traditional homemade alternatives within many households.

Several participants reflected on how they had either stopped or significantly reduced the practice of preparing homemade juices and natural drinks at home, despite growing up with these traditions. Many expressed a renewed interest in returning to making healthier homemade beverages as an alternative to heavily sweetened commercial drinks.

The sessions also encouraged conversations around home cooking, meal preparation, and healthier ingredient choices. Participants discussed becoming more intentional about preparing meals at home, reducing reliance

on ultra-processed convenience foods, and making more mindful food choices within their households. The feedback indicates that culturally relevant practical sessions can make people more open to healthy eating, because it becomes more accessible and sustainable to participants' everyday lives.

> Participant: *I remember, growing up, my mum used to blend watermelon with mint and ginger and it was so refreshing. I will go back to making some of these juices. I'm not even sure why I stopped!*

6.3 Long Term

Although the pilot was short-term, the project was designed to support long term preventative health outcomes. By improving awareness around nutrition, hydration, and healthier lifestyle habits, the project has the potential to help reduce the risk of Type 2 diabetes, high blood pressure, obesity, and other diet and lifestyle related conditions.

Feedback from participants also highlighted the importance of creating a welcoming and culturally familiar space that encourages people to learn and share. The sessions sparked healthier conversations around food and lifestyle choices, while helping strengthen community connection and support.

In the longer term, community led preventative programmes such as this can contribute towards improved population health outcomes and help reduce pressure on NHS services through earlier lifestyle intervention and increased health awareness.

7 Recommendations

The following recommendations are informed by the pilot delivery, participant feedback, and wider programme insights. They set out a clear pathway to strengthen impact, expand reach, and support the sustainable scale-up of Fuel Your Body, while maintaining its core principles of cultural relevance, accessibility, and community-led delivery.

- **Scale to a structured multi-session programme**

Transition to a standardised, multi-session model to drive sustained behaviour change and maximise long-term impact.

- **Embed delivery in schools and community settings**

Prioritise accessible, trusted environments to support early intervention and expand reach across underserved populations.

- **Maintain cultural relevance at the core of delivery**

Ensure all content such as recipes, facilitation, and messaging, remains culturally tailored to drive engagement, trust, and adoption.

- **Strengthen monitoring, evaluation, and impact measurement**

Implement a robust framework combining surveys, behaviour tracking, health metrics, and the NkwaFest Health & Wellbeing Score.

- **Develop a scalable train-the-trainer model**

Build local delivery capacity through training Community Health Ambassadors, school staff, and partners to ensure consistency and growth.

- **Expand digital and hybrid access**

Provide online resources and explore hybrid delivery to reinforce learning, maintain engagement, and extend programme reach.

- **Secure sustainable funding and delivery infrastructure**

Establish long-term funding and access to suitable venues (including kitchen facilities) to support quality and scale.

- **Strengthen partnerships and referral pathways**

Deepen collaboration with NHS, local authorities, schools, and community organisations to support integration and expansion.

- **Improve delivery systems and participant experience**

Introduce structured booking, retention, and session design improvements to manage demand and enhance engagement.

- **Embed ongoing behaviour change support**

Introduce follow-up mechanisms (e.g., check-ins, peer support, refresher sessions) to sustain impact beyond programme delivery.

- **Promote affordability and accessibility of healthy eating**

Continue to demonstrate low-cost, practical approaches to healthy cooking, addressing a key barrier identified in community feedback (cost and perceived inaccessibility).

8 Future Programme Considerations

The programme is designed to deliver measurable improvements in nutrition, hydration, and overall wellbeing through a structured, scalable, and culturally responsive model. By combining education with hands-on application, participants are able to translate learning into practical changes within their daily lives.

A focus on food, lifestyle, and community engagement supports sustained behaviour change rather than short-term awareness. Participants develop the ability to make healthier choices in real-world contexts, increasing the likelihood of long-term improvements in health outcomes.

Delivery across community settings and educational institutions, including from Year 5 onwards, strengthens early intervention and extends reach to populations less likely to engage with traditional health services. This approach supports consistent engagement, reinforces learning, and contributes to reducing long-term demand on health systems.

8.1 Delivery model

The delivery is based in community and school settings, bringing preventative health support into familiar environments to increase accessibility and reduce barriers, particularly for underserved groups. Sessions are group-based and delivered over multiple sessions, promoting peer learning, accountability, and sustained habit formation. Content is culturally responsive to remain relevant across diverse populations.

An intergenerational approach encourages family participation, supporting shared learning, cooking, and stronger social connections—key factors in long-term health and wellbeing. The model is designed for scalability through trained facilitators, Community Health Ambassadors, and school staff, enabling wider implementation while maintaining quality and consistency.

8.2 Session structure

Each session follows a consistent structure designed to build practical understanding and support real-world application. Sessions begin with clear guidance on nutrition and hydration using everyday foods, followed by a hands-on cooking component where participants prepare culturally relevant, affordable meals.

A brief self-assessment is then used to prompt reflection on eating habits, hydration, and lifestyle. This is supported by open discussion, allowing participants to share experiences and learn from one another. Sessions conclude with a shared meal, reinforcing connection and encouraging a more positive relationship with food.

This structure combines learning with action, while strengthening social connection and reducing isolation. By focusing on practical habits and awareness, it helps participants move away from unhealthy eating patterns and towards a more intentional relationship with food, building a clearer understanding of what good health looks like in everyday life.

8.3 Implementation approach

Delivery is guided by a community-led approach that addresses both individual behaviour and key barriers such as cost, access, and cultural relevance. The co-creation approach grounds the programme in lived experience and strengthens local ownership, while culturally responsive facilitation ensures relevance in practice.

Working through existing community infrastructure, including schools and local spaces improves access and continuity. Partnerships with organisations such as Community Southwark, Healthwatch Southwark, and South London Mission strengthen delivery and support engagement. A structured measurement approach, Health and Wellbeing Score, enables tracking of participant progress and outcomes over time.

Effective prevention is supported not only through individual behaviour change, but through accessible environments, trusted relationships, and coordinated local delivery.

8.4 Partnerships and Delivery Ecosystem

Fuel Your Body pilot was delivered through a collaborative partnership approach.

Current partners include:

- Public Health Southwark
- Community Southwark
- Healthwatch Southwark
- South London Mission
- Blue Istanbul Supermarket

Future partnerships may include NHS Trusts, Integrated Care Systems, schools, and community organisations to support expansion and integration.

8.5 Monitoring, Evaluation and Data

A structured monitoring and evaluation approach has been developed to support future *Fuel Your Body* projects and enable ongoing assessment, learning, and continuous improvement. Due to the short timeframe of the pilot, full monitoring processes could not be fully implemented during the initial session. However, valuable observational and engagement data were still gathered throughout the pilot.

Planned tools for future programme delivery include:

- Baseline and post programme surveys to assess changes in knowledge, confidence, and lifestyle behaviours which was carried out during the pilot
- The NkwaFest Health and Wellbeing Score to support holistic self-assessment across nutrition, hydration, sleep, bowel movement, physical activity, and lifestyle habits.
- Attendance and engagement tracking, which was carried out during the pilot.
- Facilitator observations to capture qualitative feedback, participant engagement, and behavioural insights, which were also used during the pilot.
- Health measurements such as BMI, Blood Pressure and Blood glucose at the beginning and end of a session to help track participants' progress.

This approach will provide a balanced combination of quantitative and qualitative data to support future evaluation, programme development, and scalability.

8.6 Scalability and Borough-Wide Rollout Strategy

Fuel Your Body was intentionally designed as a scalable and adaptable community health model with the potential for wider implementation across schools, community settings, and neighbourhood health programmes.

The programme has the potential to be developed into a structured delivery framework with standardised session plans, educational resources, recipes, and facilitator guidance to support consistent delivery across different settings and communities.

A train the trainer approach could also be introduced to build local delivery capacity by equipping community facilitators, ambassadors, and partner organisations with the skills and knowledge required to deliver the programme effectively within their own communities.

Future expansion opportunities include delivery within schools from Year 5 upwards, community hubs, faith organisations, and other grassroots settings where preventative health education and practical cooking support are needed.

Mina from Parent Action:

> "We like the Health Outreach programme but now our parents are asking for practical solutions. Yes, they have been told they are obese, have high blood pressure, are diabetic, etc and are now seeking for practical solutions to these diagnosis".

Now, what they are asking for is a follow-up from all these measurements, beyond signposting and sharing of leaflets.

The pilot also demonstrated potential for wider borough level implementation across Southwark, with future opportunities for expansion into other boroughs and underserved communities experiencing similar health inequalities and barriers to healthy living.

Partnership working and integration with existing health, wellbeing, and community networks will remain important in supporting sustainability, community engagement, and long-term impact. There is also potential to explore digital and hybrid delivery models in the future to increase

accessibility, strengthen engagement, and expand programme reach beyond physical locations.

A founder of a VCS organisation based in Streatham reached out:

> "Hey Esther, congrats and well done! Is this a one-day event? Can we chat next week about how the event went and how we can partner with you to run a session for our members?"

8.7 Value for Money and ROI (Return on Impact)

Fuel Your Body offers a practical, community led, and cost-effective preventative health approach focused on addressing the root causes of many diet and lifestyle related conditions through education, hydration awareness, practical cooking, and behaviour change support.

By encouraging healthier lifestyle habits and increasing confidence around food and wellbeing, the programme has the potential to contribute towards improved health outcomes, increased health literacy, and greater self-management within underserved communities.

The programme also supports wider community wellbeing by creating safe, culturally relevant spaces for learning, connection, and peer support. In the longer term, preventative interventions of this nature may help reduce pressure on NHS services through earlier lifestyle intervention and increased awareness around healthier living.

Overall, the programme represents strong social and preventative value in alignment with national and local prevention priorities.

9 Conclusion

Fuel Your Body is what the future of community health looks like: culturally grounded, practical, preventative, and delivered where people live.

The pilot has demonstrated strong engagement, early signs of behaviour change, and clear community demand. It has shown that people actually want to take control of their health and wellbeing; all they need is the education and the confidence to do so.

The programme empowers families to take ownership of their health and wellbeing, builds confidence in managing health, and supports long-term behaviour change that reduces the risk of diet-related conditions.

The project aligns with national and local priorities, including prevention, health equity, and community-based care, positioning it as a credible and scalable solution within the current health landscape.

There is now a clear opportunity to invest in a community led, prevention focused model that can be expanded across Southwark and other boroughs.

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11 Appendices

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Project Team

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- Donelle Lawrence: Community Health Ambassador Officer
- Omotola Wonuola: Southwark Community Health Ambassador Officer
- Ruman Kallar: Research and Projects Officer

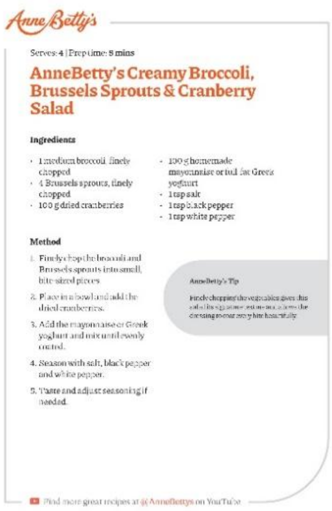
Materials Used

- Session plans and curriculum
- Recipes and menus
- Participant feedback
- Photos from taster & pilot sessions
- Personal Protective Equipment (PPE): gloves, hair net, apron

11.1 Photos from the taster sessions

11.2 Photos from the pilot event

11.3 Recipe cards shared with participants



AnneBetty's

Serves: 4 | Prep time: 5 mins

AnneBetty's Creamy Broccoli, Brussels Sprouts & Cranberry Salad

Ingredients

- 1 medium broccoli, finely chopped
- 4 Brussels sprouts, finely chopped
- 100 g dried cranberries
- 100 g homemade mayonnaise or full fat Greek yoghurt
- 1 tsp salt
- 1 tsp black pepper
- 1 tsp white pepper

Method

1. Finely chop the broccoli and Brussels sprouts into small, bite-sized pieces.
2. Place in a bowl and add the dried cranberries.
3. Add the mayonnaise or Greek yoghurt and mix until evenly coated.
4. Season with salt, black pepper and white pepper.
5. Taste and adjust seasoning if needed.

AnneBetty's Tip

Find more great recipes at @AnneBettys on YouTube

AnneBetty's

Serves: 4 | Prep time: 5-6 mins | Cooking time: 30-35 mins

AnneBetty's Juicy Grilled Chicken

Ingredients

- 8 chicken drumsticks, *washed and cleaned*
- 4 cloves garlic
- 20 g fresh ginger
- 2 medium shallots
- 2 sprigs thyme
- 2 sprigs fresh coriander
- 1 tbsp smoked paprika
- 1 tbsp honey
- 1 tsp whole peppercorns
- 1 tbsp cornflour
- 1 tbsp olive oil
- 1 tbsp salt

Method

1. Blend all ingredients into a smooth marinade. Rub thoroughly over the chicken. For best flavour and tenderness, marinate overnight (*minimum 2 hours*).
2. Line a grilling tray with greaseproof parchment paper. *Avoid aluminium foil.*
3. Place chicken on the tray and grill for **15–20 mins** until the surface is golden.
4. Turn and grill the other side for **10–15 mins** until cooked through.
5. Flip again, baste with juices, grill **5 mins**. Turn once more and baste briefly to finish.
6. Serve hot. Garnish with chopped spring onions or fresh dill if desired.

AnneBetty's Tip

Marinating overnight allows the ginger and garlic ... tenderise the chicken naturally, giving you deep flavour and juicy texture.

Find more great recipes at @AnneBettys on YouTube

AnneBetty's

Serves: 4 | Prep time: 15 mins | Cooking time: 60 mins

AnneBetty's Jollof Rice Recipe

Ingredients

- 2 cups or 300g Jasmine perfumed rice (*or any rice of your choice*)
- 250g homemade tomato purée
- 2 medium onions, diced
- 1 chilli (*yellow habanero preferred for fruity aroma*)
- 3–6 tbsp olive oil
- 3 bay leaves
- 2 star anise
- 20 g fresh ginger
- 4–6 garlic cloves
- 2 cubes AnneBetty's Spice Mix
- 1 tbsp AnneBetty's Jollof Spice
- ½ tsp salt (*or to taste*)
- Broth (*same volume as rice*) – 2 cups or 360ml

Method

1. **Build the flavour base:** Heat oil in a pot. Add bay leaves, diced onions, chilli, star anise and one diced garlic clove. Sauté until onions are soft and translucent.
2. **Create the sauce:** Add tomato purée and spice mix. Stir and allow to stew for 5 minutes. Add blended onions and cook **10–15 mins.** Add remaining spices and seasonings and stew another **5 mins.**
3. **Add the rice:** Wash rice thoroughly in cold water to remove excess starch. This prevents clumping and helps achieve fluffy grains. Add rice to sauce and stir gently. Cook **5 mins.**
4. **Add broth:** Add broth in a 1:1 ratio with rice. Cover with a tight lid. Season to taste. Bring quickly to the boil, then reduce heat.
5. **Simmer and steam:** Cook on low heat for **8–10 mins** until liquid is absorbed. Allow rice to steam gently.
6. **Final cook:** Lower heat further and cook for about **10 mins** on stove or in oven. *Optional: add peas, sweetcorn or diced vegetables.*
7. **Check doneness:** Press a grain between your thumb and middle finger. It should feel soft all the way through with no hard centre. Fluff gently with a fork to separate grains and release steam.

Find more great recipes at @AnneBettys on YouTube

Community HEALTH AMBASSADORS Network Southwark

healthwatch Southwark

Community Southwark

Anne Betty's

Serves: 4 | Prep time: 2-5 mins | Cooking time: 35 mins

Homemade Tomato Purée

(Juicy, naturally sweet base for rich jollof sauce)

Ingredients

- 2 sprigs fresh basil
- 4 medium ripe tomatoes
- 300 g plum tomatoes
- 1 medium red onion
- 4 sweet red peppers
- 2 shallots
- 20 g fresh ginger
- 1 tbsp apple cider vinegar
- 1 tbsp lemon juice
- 1 tbsp cornflour

Method

1. Chop and blend all ingredients except the apple cider vinegar, lemon juice and cornflour.
2. Pour into a pot and cook on medium heat for **30–40 mins**, stirring occasionally, until fully reduced to a thick sauce.
3. Stir in the apple cider vinegar, lemon juice and cornflour. This gives the purée a glossy, rich texture.
4. Cook for **5 mins** more.

Storage

Cool and freeze in portions. Keeps up to 3–5 months in the freezer.

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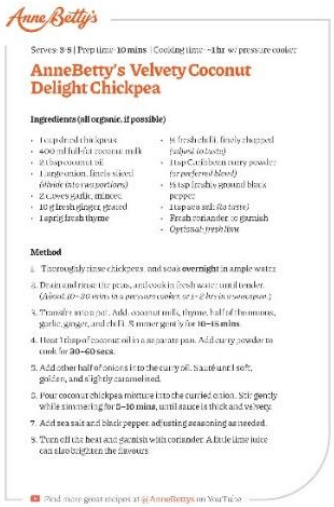

Anne Betty's

Serves: 3-5 | Prep time: 10 mins | Cooking time: ~1hr w/ pressure cooker

AnneBetty's Velvety Coconut Delight Chickpea

Ingredients (all organic, if possible)

- 1 cup dried chickpeas
- 400 ml full-fat coconut milk
- 2 tbsp coconut oil
- 1 large onion, finely sliced *(divide into two portions)*
- 2 cloves garlic, minced
- 10 g fresh ginger, grated
- 1 sprig fresh thyme
- 1 fresh chilli, finely chopped *(adjust to taste)*
- 1 tsp Caribbean curry powder *(or preferred blend)*
- ½ tsp freshly ground black pepper
- 1 tsp sea salt *(to taste)*
- Fresh coriander, to garnish
- *Optional: fresh lime*

Method

1. Thoroughly rinse chickpeas and soak **overnight** in ample water.
2. Drain and rinse the peas, and cook in fresh water until tender. *(About 40–50 mins in a pressure cooker, or 1–2 hrs in a saucepan.)*
3. Transfer into pot. Add coconut milk, thyme, half of the onions, garlic, ginger, and chilli. Simmer gently for **10–15 mins**.
4. Heat 1 tbsp of coconut oil in a separate pan. Add curry powder to cook for **30–60 secs**.
5. Add other half of onions into the curry oil. Sauté until soft, golden, and slightly caramelised.
6. Pour coconut chickpea mixture into the curried onion. Stir gently while simmering for **5–10 mins**, until sauce is thick and velvety.
7. Add sea salt and black pepper, adjusting seasoning as needed.
8. Turn off the heat and garnish with coriander. A little lime juice can also brighten the flavours.

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11.4 Video recording of the pilot session: