COMMUNITY HEALTH INITIATIVE

Preventing Diabetes Together

A ground-breaking, community-led diabetes prevention programme — developed **BY** the community, **FOR** the community, **WITH** NHS Partnership. Delivered across five integrated sessions, November 2025 – February 2026.

62

Participants Reached

From Waltham Forest's most underrepresented communities

11+

Partner Organisations

Community + NHS working as one

100%

Satisfaction Rate

Would recommend the programme

+183%

Attendance Growth

Session 3 to Session 4 — word of mouth

THE CHALLENGE

Addressing a Critical Health Gap

The Prediabetes Threat

Without intervention, many with prediabetes will develop Type 2 diabetes — leading to cardiovascular disease, kidney disease, nerve damage, and severe long-term complications.

Local Barriers

Waltham Forest communities face compounding barriers: language differences, digital exclusion, and historically low engagement with conventional preventative services.

Why Standard Approaches Failed

NHS DPP mail-shots were routinely ineffective for non-English speakers. Professional interpreter bookings led to frequent cancellations. The programme's nine-month structure presented a fundamental challenge.

Key Insight: For many South Asian community members, even third and fourth generations, literacy in ancestral languages is limited — rendering translated leaflets largely ineffective. True engagement requires face-to-face, culturally competent interaction.

PROGRAMME DESIGN

The Solution: A One-Stop Community Model

Five comprehensive workshops combining clinical screening, dietitian-led education, community support, and digital health resources — all in one place, on the same day.

Glucose & Cholesterol Testing

On-site point-of-care blood glucose and cholesterol testing — immediate insights into cardiovascular and diabetes risk.

Nutrition & Cooking

Dietitian-led education on healthy eating, plus hands-on cooking demonstrations including the celebrated "Make Your Own Chaat" session.

Social Prescribing

Individualised support connecting participants with local non-clinical services — housing, benefits, mental health, and wellbeing.

Digital Health & NHS App

Hands-on NHS App registration and training, plus smoking cessation advice and community stalls from local organisations.

OUTREACH & RECRUITMENT

From Identification to Participation

Through electronic health record searches across five Walthamstow West PCN practices, **374 working-age adults** with prediabetes were identified. Social prescribers then made proactive, multilingual personal contact — bypassing the standard mail-shot routinely ignored by non-English speakers.

Practice Breakdown

St James 140 identified → 99 called → 52 booked → **25 attended**

Higham Hill 72 → 68 → 42 → **10 attended**

Queens Road 67 → 36 → 23 → **11 attended**

Grove 48 → 42 → 26 → **10 attended**

Seymour 47 → 30 → 16 → **6 attended**

374	275
Patients Identified	Successfully Contacted
159	62
Booked to Attend	Attended Workshops

~45% of contacted patients booked a place. Direct telephone outreach by social prescribers was the single most important factor in achieving attendance.

PROGRAMME DELIVERY

Five Sessions. One Iterative Vision.

Session 1 — 10 Nov 2025 (1)

Walthamstow Central Library. Core curriculum established. 14 patients, 27 total.

Session 2 — 1 Dec 2025 (2)

Leyton Sports Ground. Refined from feedback. Deeply engaged returnees. 9 patients, 30 total.

Session 3 — 12 Jan 2026 (3)

Word begins to spread through personal invitations. 12 patients, 21 total.

🏆 Session 4 — 2 Feb 2026 (4)

BREAKTHROUGH SESSION. 55 people attended — +183% surge driven entirely by word-of-mouth. Venue changed to accommodate the crowd.

Session 5 — 16 Feb 2026 (5)

Most refined version. Core champions for sustained behaviour change emerge. ~21 attendees.

Total reach: 62 pre-diabetic patients + 99 carers, family members, and volunteers = **161 people** across all five sessions. No marketing. No campaign. Just community trust spreading person to person.

THE PEOPLE BEHIND IT

Social Prescribing at Its Most Powerful

Farah Ahmed & Vaishali Seth

Social Prescribers, Walthamstow West PCN. They reviewed patient lists, identified those with prediabetes, and made proactive personal contact in **Punjabi, Urdu, and English** — bypassing the standard mail-shot entirely.

"Over 90% of patients didn't know these roles existed in their surgeries — social prescribers, physios, dieticians, clinical pharmacists, and physician associates."

— Farah Ahmed, Social Prescriber

Shahid Mahmood — Diabetes UK Champion

A Diabetes UK-trained Champion with lived experience and multi-lingual capabilities, Shahid delivered the storytelling sessions and the "Make Your Own Chaat" demonstration — ensuring the programme was culturally adapted and authentically relatable.

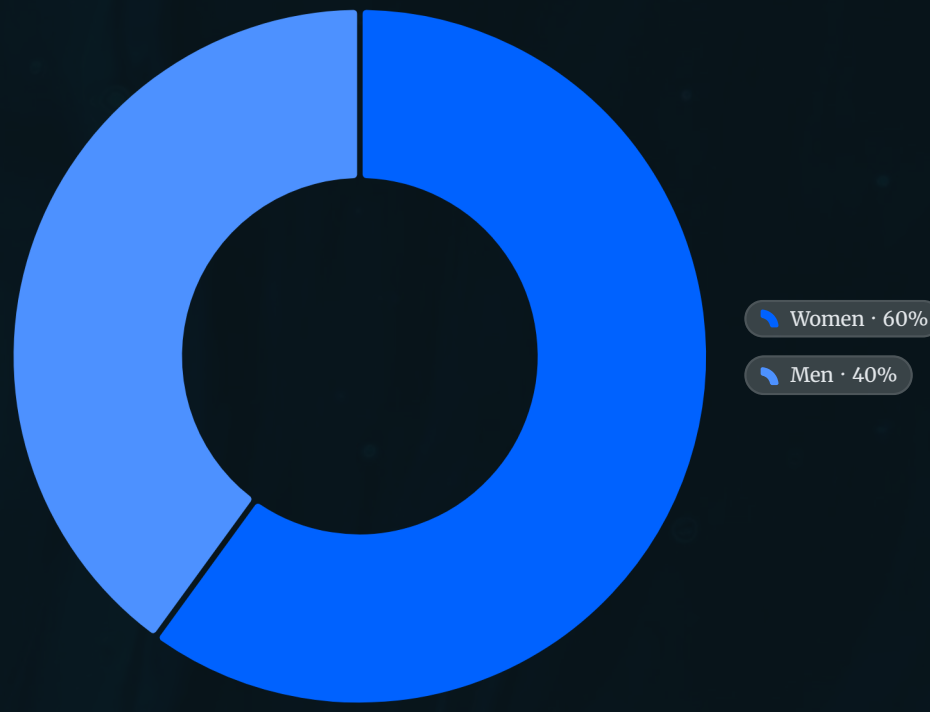
Blossom CIC

A specialist community organisation working across **90+ languages** with 40+ volunteers, connecting 50,000+ residents. Co-designed the programme, coordinated partners, and provided NHS App support at every session — with continued community group engagement at the same venue.

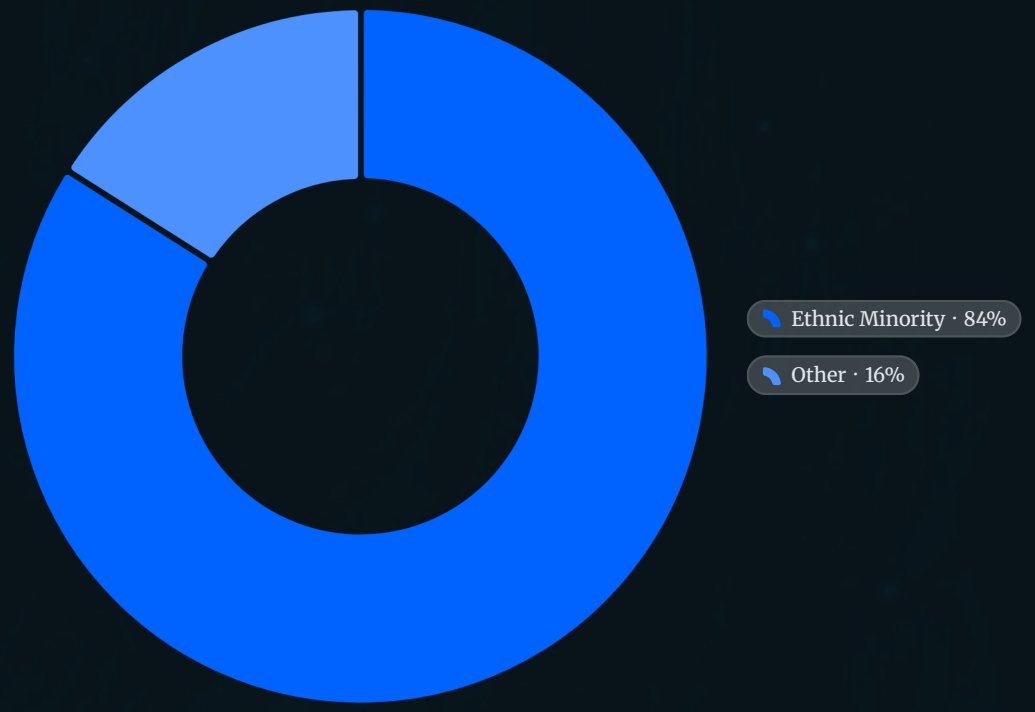
PARTICIPANT DEMOGRAPHICS

Who We Reached

The programme successfully engaged a remarkably diverse population — reaching those most often excluded from conventional preventative health services.



Gender: **60% Female, 40% Male**



Ethnic Background: **84% from ethnic minority communities** — South Asian, African and Caribbean, and others

47%

Limited or No English proficiency — multilingual support was essential, not optional

76%

Digitally excluded — in-person, non-digital access routes were critical

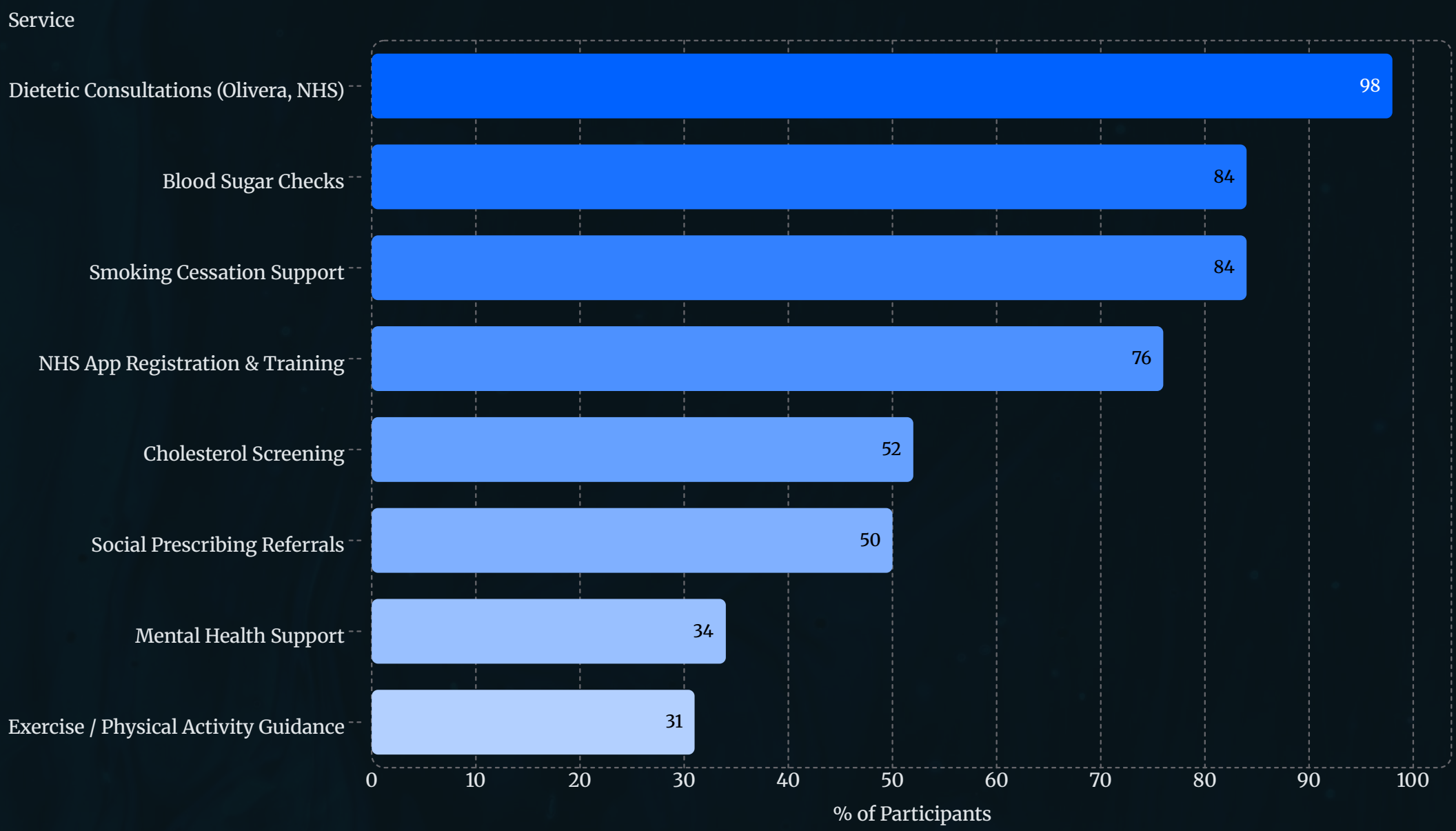
15+

Distinct GP practices represented — including patients from outside the WW PCN footprint, drawn by word of mouth

HEALTH SERVICES DELIVERED

Multiple Services. One Visit. Zero Barriers.

A defining feature of this programme was the ability to access **multiple health services in a single session** — eliminating the need for patients to navigate multiple appointments, interpreters, and locations.



In total, **91 health checks were completed** across the five workshops, with each session attracting between 16 and 21 individuals. Individuals with abnormal readings were immediately signposted to follow-up services.

COMMUNITY PARTNERSHIPS

28 Partners. One Vision.

Clinical & NHS

Walthamstow West PCN · Olivera (NHS Dietician) · NEL Talking Therapies · Social Prescribers Farah Ahmed & Vaishali Seth · WF Federation · Quit Right

Community & Voluntary

Blossom CIC · Diabetes UK · Forest Women's Group · The Snug · WF Women's Network · Bags of Taste · Hornbeam Cafe · Sisters Wellbeing Group · Adults Early Help

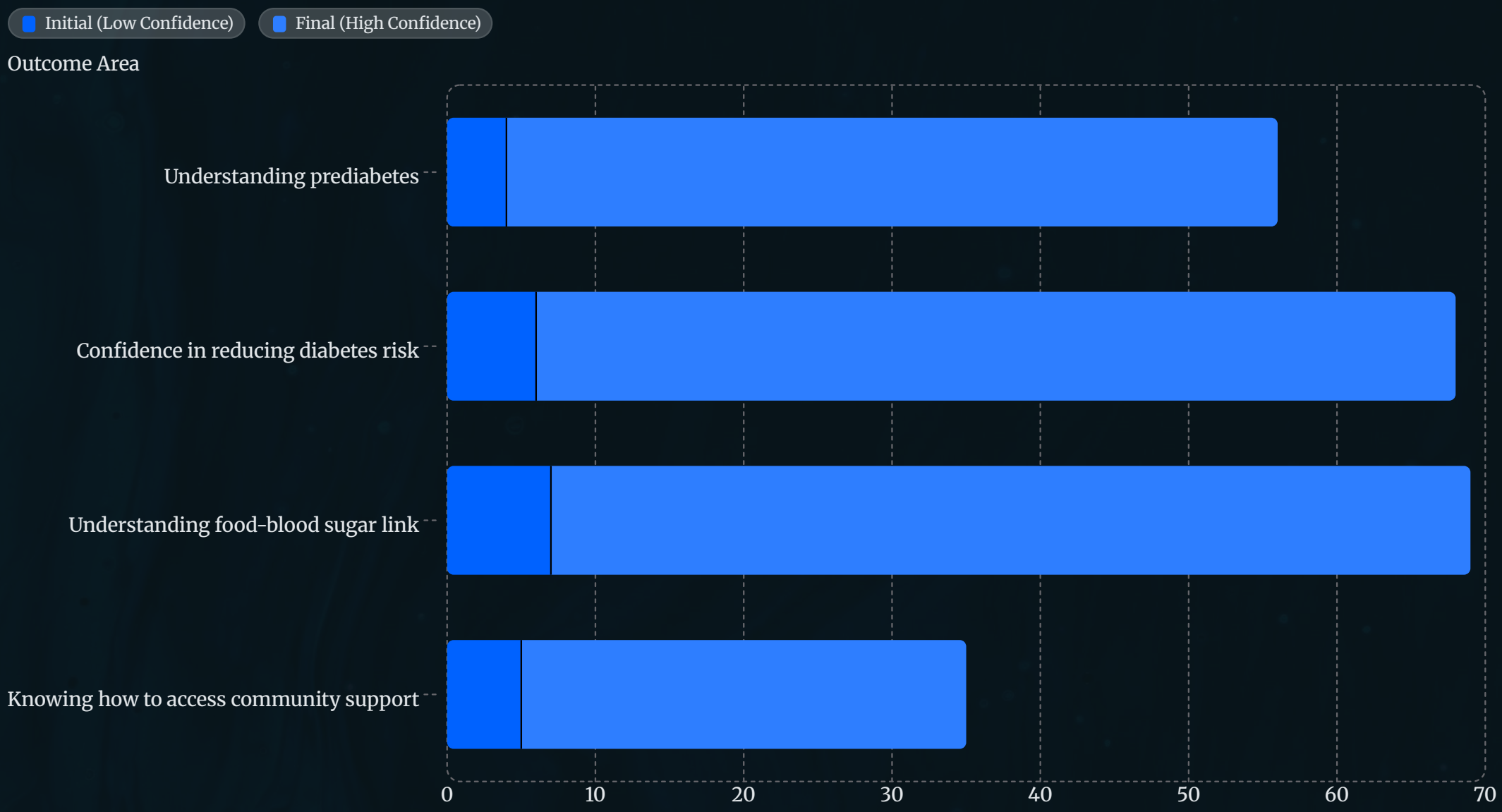
Lifestyle & Wellbeing

Shaolin Daolu Tai Chi · Dodgy Tickers · BeeZee Bodies · IAPT Talking Therapies · Community Health Champions · WF Adult Education · Hazret

Blossom Group and PCN Social Prescribers were present at **all five sessions**, providing consistent foundational support. The rotating presence of other partners ensured participants were exposed to a wide array of specialised services every time they attended.

PARTICIPANT OUTCOMES

From Confusion to Confidence: Transformational Results



Across all four outcome areas, participants showed dramatic improvements. Confidence in reducing diabetes risk rose from **6 to 62**. Understanding of the food-blood sugar link rose from **7 to 62**. Knowledge of how to access community support rose from **5 to 30** — evidence of lasting health literacy, not just one-day awareness.

PARTICIPANT VOICES

In Their Own Words

"I honestly thought my prediabetes diagnosis meant a life of restriction and fear. This programme turned that around completely. I've learned how to eat well, move more, and I feel so much more in control. It's truly changed my life."

"The volunteers were incredible. They understood my challenges and showed me that managing my prediabetes didn't mean giving up my culture or the foods I love. It gave me practical solutions and a sense of belonging I hadn't felt before."

"The Chaat demonstration was absolutely fantastic! So much fun and very educational. It truly showed how easy healthy cooking can be — and sharing food with everyone was wonderful."

EVIDENCE IN PICTURES

The Community in Action

Beyond statistics, these images capture the vibrant interactions and palpable enthusiasm of the Preventing Diabetes Together sessions — visual evidence of the deep engagement and trust built within Waltham Forest's diverse communities.








THE ART FRAMEWORK

Why This Programme Succeeded: The ART Framework

The success of the Integrated Sessions can be distilled into three critical pillars — **Accessibility, Relevance, and Trust** — that explain why outcomes were so exceptional compared to standard NHS diabetes prevention programmes.

✓ Accessible

100% of patients agreed to attend when contacted by a social prescriber. Multilingual, free, in-person, community venue, same-day all-services — every barrier removed.

Standard NHS DPP: Low uptake — mail-shots ineffective for non-English speakers.

✓ Relevant

100% satisfaction rate. 62% achieved high confidence in the food-blood sugar link. Co-designed content with culturally appropriate food, stories, movement, and language.

Standard NHS DPP: Generic content — culturally mismatched for many communities.

✓ Trusted

100% would recommend the programme. +183% word-of-mouth growth. Trust built through social prescribers, Blossom CIC, and community volunteers — not unknown clinical providers.

Standard NHS DPP: Delivered by unknown clinical providers — low community trust.

WHAT MADE THIS GROUNDBREAKING

Developed BY the Community — Not Imposed Upon It

Community-Led Design

Topics, format, and engagement strategies were all community-decided — the right food (Bags of Taste), right movement (Tai Chi), right languages (Punjabi, Urdu, Dari), right timing. Co-created from within, not imposed from outside.

Volunteers as the Heart

Blossom Group volunteers were present at every session — community members creating warmth and togetherness. Cultural norms, dietary practices, and family structures were understood without explanation.

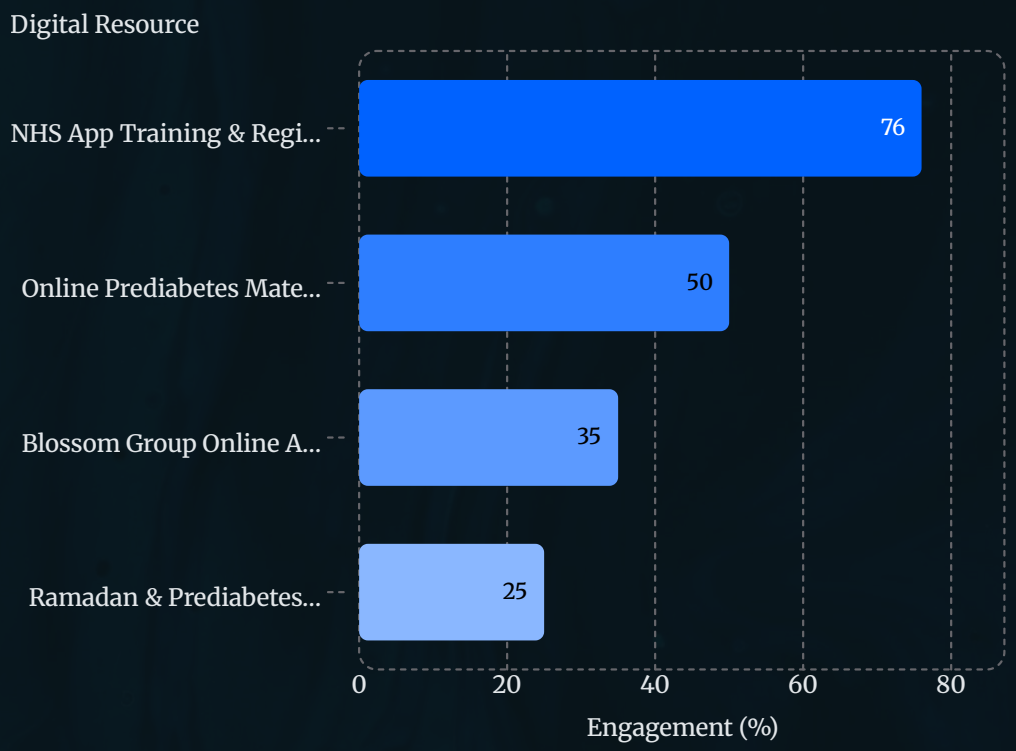
Peer Influence is Powerful

Session 4's +183% growth wasn't marketing — it was participants telling friends: *"I went and it was good. Come with me."* The most powerful endorsement any programme can receive.

DIGITAL EMPOWERMENT

Reaching Participants Beyond the Room

The programme extended its reach through targeted digital resources, empowering participants with accessible tools between sessions — while never leaving behind those with limited digital skills.



Faith-Sensitive Resources

The **Ramadan & Prediabetes Guide** and Blossom Group online advice extended the programme's reach into participants' daily lives — meeting people where they are, in the context of their own faith and culture.

Sukhi's Story

A culturally resonant prediabetes narrative achieved high uptake, demonstrating the power of relatable storytelling in sustaining behaviour change between sessions.

76% NHS App Uptake

The highest digital engagement of any resource — building lasting digital health literacy that extends far beyond the programme itself.

KEY LESSONS & RECOMMENDATIONS

What We Learned — What Must Change

Expand to All Waltham Forest PCNs

Walthamstow West proved the model works. Replicate with Blossom Group at every Primary Care Network, adapting to local communities and needs.

Commission Blossom Group Long-Term

Community organisations deserve proper multi-year funding — not short-term project grants that prevent sustainable planning.

Train Community Champions

The 62+ participants are ready to become peer educators. A structured volunteer training pathway would convert participants into programme ambassadors.

Track Long-Term Impact

Measure HbA1c improvements and sustained behaviour change at 6 and 12 months to build an evidence base for permanent commissioning.

Expand to Diabetes Patients

Based on participant feedback, consider including people with Type 2 diabetes alongside pre-diabetic patients in future cohorts.

Systemic observation: Social prescribers are the critical gateway to reaching underserved communities. Their decision to invest time above and beyond existing responsibilities was an act of professional leadership that must be recognised and properly resourced.

RECOGNITION

With Gratitude: The People Who Made It Happen

Samiha & Walthamstow West PCN

Led the programme with strategic vision and NHS infrastructure that made everything possible.

Farah Ahmed

Social Prescriber, WW PCN. Conceived and drove the programme, multilingual outreach in Punjabi and Urdu, brought Blossom CIC as collaborative partner.

Vaishali Seth

Social Prescriber, WW PCN. Patient recruitment and support throughout all five sessions.

Shahid Mahmood — Blossom CIC

Ran and coordinated sessions on the ground. Delivered storytelling and the Make Your Own Chaat demonstration.

Olivera — NHS Dietician

Provided clinical leadership at every session with culturally tailored nutritional guidance.

62+ Participants

Who showed up, engaged, shared their experiences, and brought others with them — the ultimate testament to this programme's success.

CONCLUSION

A Blueprint for Healthier Communities

> "This programme was delivered **WITH** the community. Volunteers created warmth and togetherness. Community partners brought expertise. NHS provided clinical credibility. Together — this partnership — created transformation."

Effective Community Engagement

Successfully engaged diverse populations through tailored, community-led approaches to preventative healthcare.

Empowered Participants

Increased health knowledge, strengthened connections to healthcare, and fostered greater individual control over health outcomes.

Scalable Model for Equity

A clear, replicable framework for addressing health inequalities and preventing Type 2 diabetes across local communities.

Led by **Walthamstow West Primary Care Network** · Supported and Co-Delivered by **Blossom CIC** · November 2025 – February 2026 · www.blossom-group.net