WELLFED PROJECT: CASE STUDIES & DELIVERY REPORT FOR INTERIM EVALUATION

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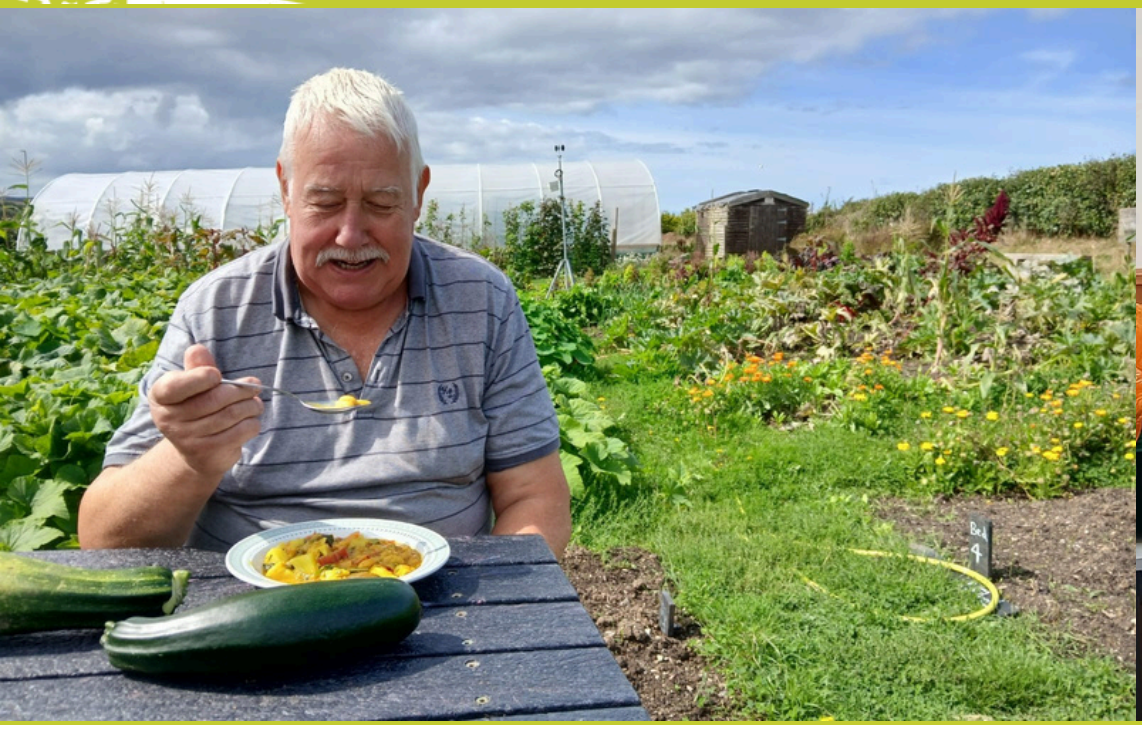
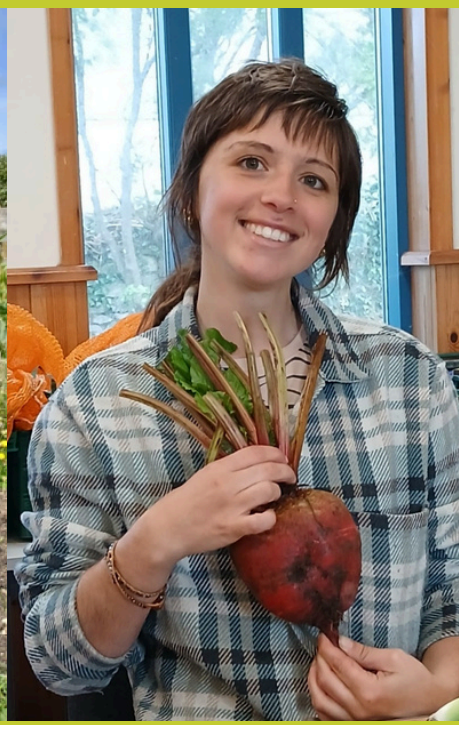
Volunteer Cornwall

August 2026





INTRODUCTION TO THIS REPORT

This interim case study and project delivery report is an overview of the first three WellFed Cornwall pilots, delivered in 2025 in Newquay, St Agnes (near Truro) and Redruth. It provides a brief summary of how each pilot ran and sets out some of the lessons learned and highlights, mainly from an operational delivery perspective.

It should be read in conjunction with the Centre for Climate Change and Social Transformations (CAST) WellFed Interim Evaluation Report which examines the experiences of individual participants in the three pilots and which provides some initial insights (based on small numbers of participants) into health and other impacts and potential social return on investment.

BACKGROUND TO WELLFED

WellFed is a 2-year 'test and learn' pilot research programme and partnership between Cornwall and Isles of Scilly NHS, community growers / agroecological market gardens, voluntary and community sector organisations (VCSE), Cornwall Council Public Health and the Universities of Bath and Cardiff through the Centre for Climate Change and Social Transformations (CAST).

The WellFed programme is testing and evaluating the impacts of providing locally and agroecologically produced vegetables, alongside support, as a free 3-month 'prescription' for people with long-term health conditions and particularly metabolic disease.

The evaluation focuses on:

- the physical health and wider wellbeing outcomes for the individuals taking part;
- potential impacts on / return on investment for the wider healthcare system – if ill-health can be reduced or prevented;
- impacts on local communities and the local food system - through the investment in community organisations and local food producers to support and supply the pilots;
- potential impacts on planetary health (nature and climate) by sourcing food produced using agroecological methods that are nature- and climate-friendly, while supporting people to reduce reliance on heavily packaged and processed foods.

The cohort for the research pilots is people with newly-diagnosed pre-diabetes (non-diabetic hyperglycaemia) and type 2 diabetes, with an HbA1c of 42-75 at the time of recruitment. (There is some latitude to welcome people with a higher HbA1c if this is recommended by their healthcare provider.)

The programme was developed based on an initial trial run by Watergate Primary Care Network in partnership with Newquay Orchard, funded by Cornwall Council Public Health. That trial showed highly promising results in terms of reductions in HbA1c, cholesterol and weight / BMI, with adoption of healthier behaviours and increased social and community connection.

DELIVERY OF THE WELLFED PROGRAMME

Delivery of the WellFed programme is being coordinated by Volunteer Cornwall, supported by a steering group that includes Cornwall Voluntary Sector Forum, Sustainable Food Cornwall, Active Cornwall, CIoS Integrated Care Board / Integrated Care Areas, Cornwall Council Public Health, clinicians from NHS primary and secondary care, health coaches / social prescribers and academics.

The University of Bath is the programme's main academic research partner, leading on evaluation of impacts on individuals, the healthcare system, the local food system and climate, nature and community.

Over a period of two years (to spring 2027), twenty 12-week pilots are being delivered across Cornwall. The target is 6 participants for each pilot. The small group format supports an informal, friendly, peer-supported approach which is workable in a community setting, while permitting a robust analsyis through a total cohort size of 120 participants.

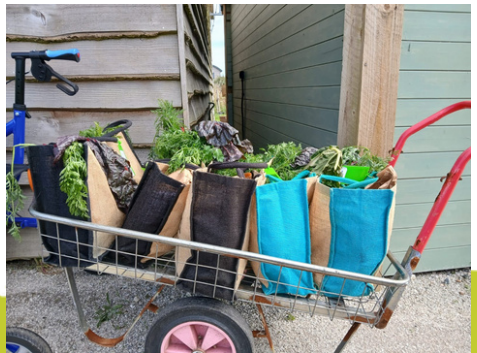
Thirteen pilots are being delivered in the west of the county (with the Cornwall West Integrated Care Area providing a substantial proportion of the funding for the project) with a smaller number of pilots running in mid and north and east Cornwall.

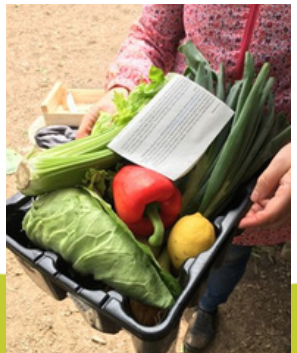
Each pilot provides people living with type 2 diabetes or pre-diabetes with 12 weeks of free locally and agroecologically grown veg boxes / bags, alongside support to use them. The support is focused on a friendly and informal approach to developing skills and confidence around vegetable preparation, cookery and growing, as well as opportunities to try new foods – some of which, being local and seasonal – may be unfamiliar. There are also opportunities to join community food activities that increase social and nature connection, boost physical activity and strengthen community engagement.

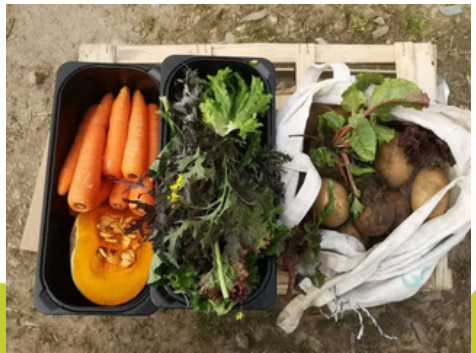
The exact way these elements are delivered / offered - and who offers them - varies widely across different locations, as pilots are designed around existing local healthcare, VCSE and food infrastructure in-place. So while a 'rollout' of the original Newquay pilot had initially been envisaged, in practice each pilot is a development project in its own right, with some involving a 'jigsaw of local partners who between them provide the complete WellFed offer.

For this reason, the case studies in this report outline some operational detail about how the pilot was recruited to and delivered in each area. Successes and barriers are highlighted in each, with the aim being to build a bank of knowledge / lessons learned that can inform and support delivery of future collaborative and cross-sector neighbourhood health and health creation programmes.

An overview of the main learning (from an operational and delivery perspective) from the 2025 pilots is provided at the end of this report.







2025 CASE STUDIES

1: REDRUTH- HARRIS MEMORIAL SURGERY, FOOD TROOPS CIC AND GRASSROOTS GARDEN

2: ST AGNES - COASTAL PCN AND GOONOWN GROWERS

3: NEWQUAY - WATERGATE PCN AND NEWQUAY ORCHARD

These case studies focus mainly on how each pilot was set up and delivered. They incorporate observations by delivery partners and the Volunteer Cornwall WellFed team. The feedback cited from participants and delivery partners was captured during sessions and during review between delivery partners.

For a closer focus on outcomes for / feedback from participants, please see the CAST WellFed Interim Evaluation Report (https://cast.ac.uk/wp-content/uploads/2026/08/the-centre-for-climate-change-and-social-transformations-wellfed-veg-box-prescribing-pilot-interim-evaluation-report.pdf) which is based on the surveys and interviews carried out before and after pilots with each participant.

REDRUTH – FOOD TROOPS, GRASSROOTS GARDEN & HARRIS MEMORIAL SURGERY

PILOT DETAILS

Veg bags were provided by Grassroots Garden, an agroecological market garden on the outskirts of Redruth.

WellFed sessions ran as a weekly closed group. Most took place at Food Troops CIC, a community kitchen and garden in central Redruth. 2 of the 12 sessions were at Grassroots Garden.

Sessions were based on informal ''chop & chat' cookery with a shared lunch, facilitated by Food Troops Director and chef Carrie with support from Grassroots Garden grower Dan. With the group seated around a table, focus was on 'what's in the bag', knife skills, veg preparation, adaptable recipes and cooking techniques.

There were opportunities for gentle gardening outside or in the polytunnels at Food Troops / Grassroots Garden.

"It's given me such pleasure to see how our patients eat healthier, have gained friends through the actual meetings and it's made me proud of our patients. I think it's just a fantastic system."

Debbie Holborn, Practice Manager

February 2026

RECRUITMENT

From Harris Memorial Surgery, Pharmacist Claire and Practice Manager Debbie worked on recruitment, supported by Social Prescriber Laura. From a search of eligible patients, they contacted people direct to discuss WellFed. The process took time.

Some of the potential participants they approached were nervous and needed encouragement to sign up; Debbie's long service at the practice and her relationship with patients were key here. From an initial 8 people expressing an interest, 5 eventually joined the pilot.

Laura attended the first 3 sessions and Claire attended part of the first session. Feedback from participants was that this provided encouragement and 'moral support' and helped to embed the new group.

BENEFITS TO PARTICIPANTS

Social connection

The social aspect of the group and "meeting people" was widely highlighted by participants as of particular benefit. One said that the group 'just gelled'. Another flagged looking forward to Mondays. A third highlighted "making friends".

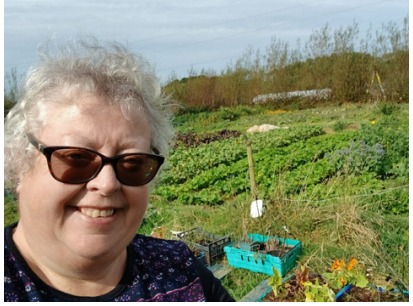
The establishment of a WhatsApp group contributed to this – with participants using the group to post feedback about sessions and pictures of meals they had made at home, to encourage one another, ask questions, share recipes and experiences and just keep in touch.

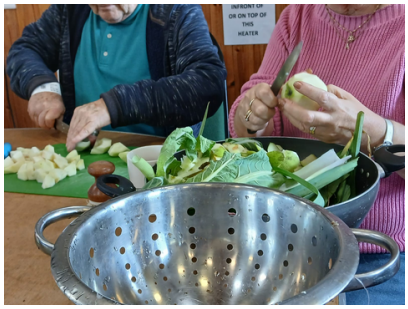
Changes in food habits

All participants said they were eating more veg, and a wider variety of veg, as a result of the pilot.

Trying completely new types of veg – and enjoying familiar veg prepared in new ways – were cited as positive outcomes. For example, during session 1, a participant said he disliked beetroot, but had only ever tried it boiled or pickled. The group made a roasted beetroot dip, which this participant enjoyed, and he later posted pictures on the WhatsApp group of beetroot rostis which he had made and enjoyed at home.

Another participant outlined how the pilot had given her the confidence to taste new things – which she emphasized she would not have been willing or confident to do previously.





KEY LESSONS LEARNED/ CONDITIONS FOR SUCCESS

On recruitment:

- The benefit of involving a staff member who knows the patients well was specifically highlighted by the surgery.
- Recruitment takes time. The Practice Manager emphasized this but felt the benefits experienced by patients justified this input and encouraged other surgeries to make a similar "investment" of time.
- Nerves and uncertainty about what would be involved / a 12-week commitment (albeit with the ability to opt out) were flagged by all participants and may have contributed to 3 potential recruits deciding against participating after having initially been interested. Moral support to attend the first session from the social prescriber was key.
- All partners felt that, for potential participants, hearing about the pilot from people who have already taken part would be valuable. (Participant experience videos to support recruitment; previous participants acting as 'ambassadors' and being put in contact with potential new recruits or attending taster days.)

On session delivery:

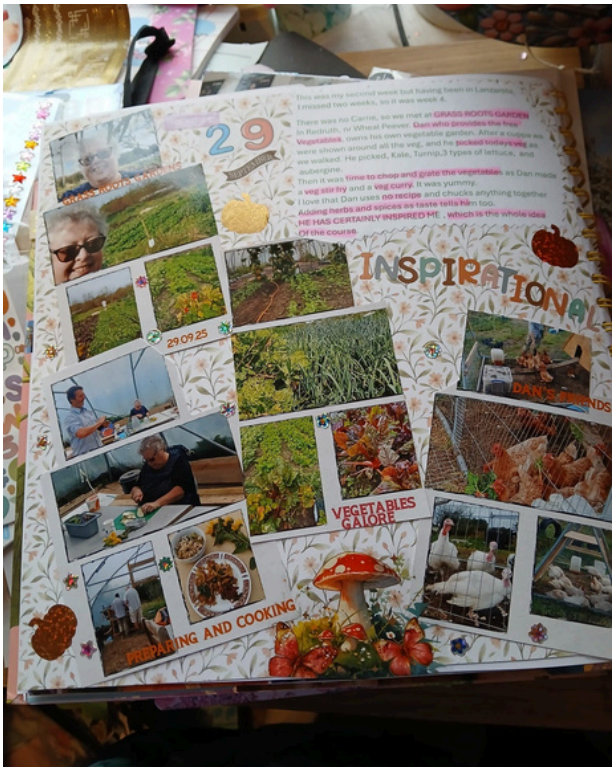
- Participants appreciated the informal, social 'chop and chat' approach to food learning and cookery.
- The facilitators' unfussy approach to food prep and cookery was also appreciated. Participants liked not slavishly adhering to recipes but rather developing the confidence to experiment with what they had available. Cooking was 'demystified'.
- The risk of not liking something was cited by one participant as having been a key barrier to their trying new foods and approaches in the past. They reported the pilot had helped to break this down.
- Sharing a meal with others in a social setting was enjoyed.
- This pilot was run as a 'test and learn' to capture evidence around impacts. Two participants reflected that, should this be rolled out more widely, it would be beneficial to spread sessions over different seasons, to taste and cook with different types of vegetables.
- Two sessions at Grassroots Garden were less well-attended than at Food Troops. While other commitments on the day played a part in this (holiday, hospital appointments), poorer attendance may also have been influenced by factors such as access concerns (location; perceptions around the site / activities on the day). It may be necessary to allocate more time to discuss these sessions and specifically address any concerns beforehand, and to provide additional support to attend, in future.

https://www.youtube.com/watch?v=Hxo17iOe0dQ

"We are loving witnessing the progression of our participants as they grow in confidence prepping and cooking healthy and delicious diabetes-friendly meals!"

"One of our lovely participants... has been making a scrapbook of her time at our sessions. Such great feedback and it is clear that, alongside getting a fresh bag of veggies, time to talk about our eating habits, explore tastes and preferences and sit together and eat a healthy meal each week is having a positive lasting impact on all of us!"

Carrie Vallance, Food Troops CIC
November 2025

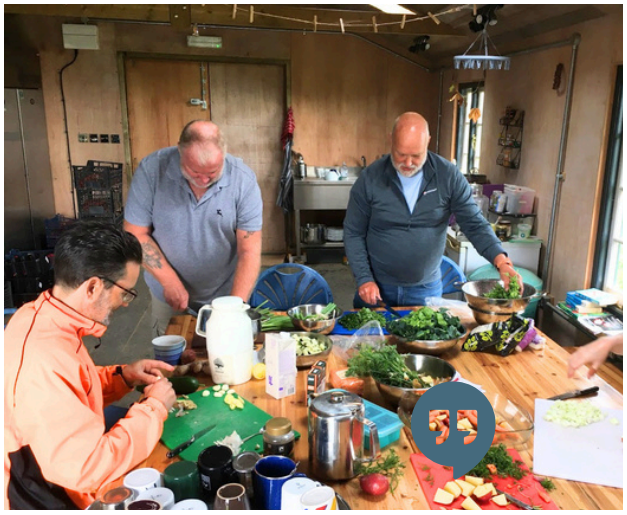


"So glad that I did it and learned so much from it. I gained a lot of experience and confidence."

"I'm more adventurous and I cook more than I did before. I try things."

Redruth WellFed participants
December 2025

ST AGNES - COASTAL PCN & GOONOWN GROWERS



"Goonown Growers has done my mental health the world of good. It's not just about the food and the veg box - it's about the people that are here. It's just so nice."

WellFed participant

October 2025

PILOT DETAILS

Week 1: closed group welcome session

- Farm tour & familiarisation
- First veg bag
- Participants, Goonown Growers, PCN Dietitian, Volunteer Cornwall WellFed team

Weeks 2-12: integrated into Friday volunteer sessions

- 'Chop & chat' veg prep and cooking lunch for all led by Kathy - Goonown Growers Social Prescribing & Volunteering Coordinator
- Shared lunch - WellFed participants, Goonown Growers staff & volunteers
- Market gardening activities led by Goonown Growers
- Veg bag
- WhatsApp group for sharing updates, ideas, recipes etc

RECRUITMENT

Goonown Growers' social prescribing lead (Kathy) attended a diabetes support group run by PCN Dietitian (Tarna) and spoke about about the WellFed programme and Goonown Growers. People were keen to sign up and 6 participants were recruited.

Tarna followed up with further information for each person and supported people to attend the first session by accompanying them.

BENEFITS TO PARTICIPANTS

Participant 1

Was unable to attend volunteer day every week due to pain from a physical health flare up, but had his veg delivered and worked hard on changing his diet. He reported having lost weight and lowering HbA1c to beneath the diabetic range. He valued the surveys and interview before and after the pilot as an opportunity for 1:1 support and to track his health. He attended a community open evening at the farm with his family after the programme had ended.

Participant 2

Had PTSD symptoms and was waiting for talking therapy to start when he joined WellFed. He participated in volunteer day every week and said it had a positive effect on his mood and outlook to connect with a community of new people and feel valued for his contribution. He had been anxious about attendance initially but was extremely motivated and felt it was his responsibility to make the most of his 'prescription' by attending regularly.

Participant 3

Collected her weekly veg but only attended volunteer day twice due to caring responsibilities for her child, who is a wheelchair user. She reflected that her child had enjoyed exploring the veg, mentioning the sensory experience of feeling different textures and soil on the root veg in the bag. Each week she would put the veg on a tray to enable this. She felt it was a great side benefit for her child to be able to learn about seasonal food as well.

"I feel honoured to be part of the WellFed project. As a Dietitian, I have supported people with Type 2 and pre-diabetes for most of my career but I have never before been able to put locally grown, seasonal vegetables on their plates and give them the skills, knowledge and peer support to support long lasting behaviour change."

Tarna Morrison, PCN Dietitian

October 2025

KEY LESSONS LEARNED/ CONDITIONS FOR SUCCESS

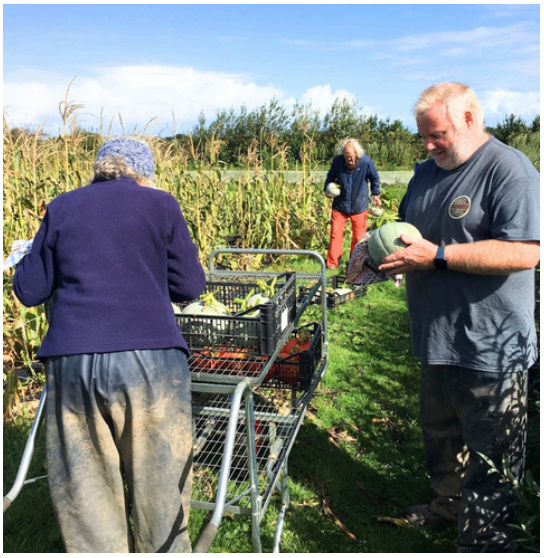
Useful to start with a closed group session, with someone from the surgery (Tarna) meeting people at the top the lane, as a bridge into the farm community. Many people find it challenging to start a new group; some participants fed back they needed this support from a familiar face to get them there in week 1. Subsequently, participants enjoyed connecting with the wider Goonown Growers community.

Consider offering a closed session mid-way through and to end the programme to increase engagement and provide spaces for reflection and peer support as a group.

Challenges to access included: for unpaid carers who look after family members with dementia, disabilities and other health conditions; accessibility of the site for wheelchair users; participants affected by physical health conditions.

→ Consider options for funding respite care within WellFed budget; make growing site and activities more accessible to bring the people participants care for. (Goonown Growers have since worked with Access Cornwall to install some access features and plan for additional measures.)

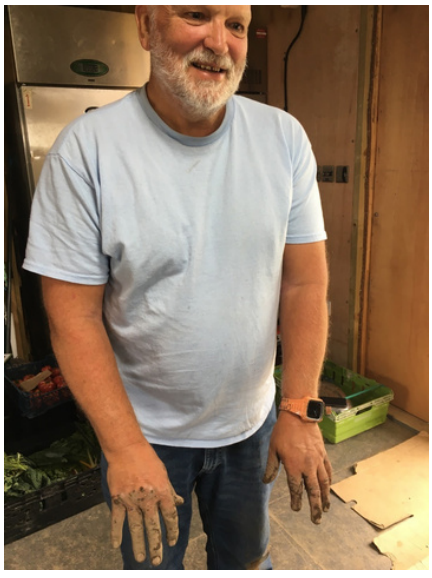
Balancing logistics with an equitable offer across the PCN was challenging given the wide geographical spread of Coastal PCN surgeries versus the limited catchment of Goonown Growers. The PCN was keen to offer WellFed across all its surgeries, but challenges arose when people living outside Goonown Growers' delivery catchment were unable to attend sessions, creating difficulties in getting their veg bag to them. This could be addressed by additional funding / support for delivery in the test and learn phase, and / or in the longer term, rollout in more communities, closer to participants' homes.

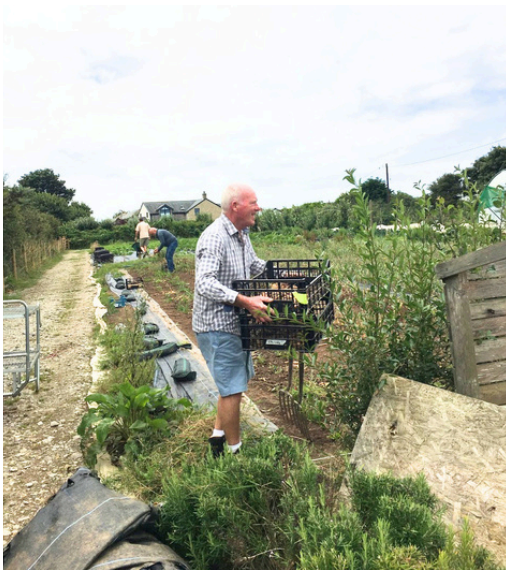


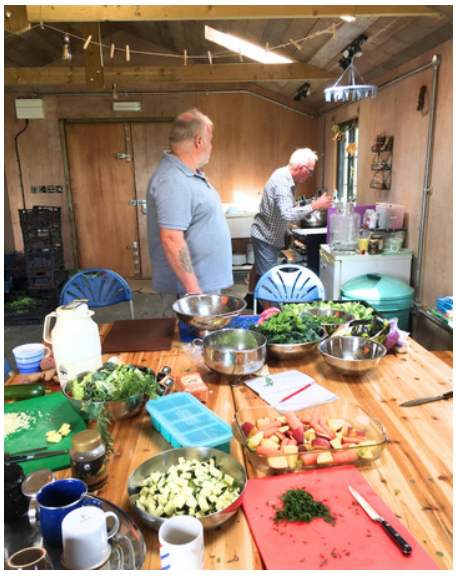
"We loved knowing our veg was reaching people who need it! The pilot fitted with our desire to provide food education, helping people cook seasonal food and eat healthily. We see WellFed as a targeted, innovative and impactful part of our green social prescribing offer - with concrete physical health outcomes as well as improved wellbeing for people.

On a practical level, this WellFed pilot supported Goonown Growers with income from funded boxes during the summer, when our regular box subscribers might pause due to holidays. It helped us connect with new local volunteers we wouldn't otherwise have reached and we think this work contributes to increasing awareness of community supported agriculture and food system reform."

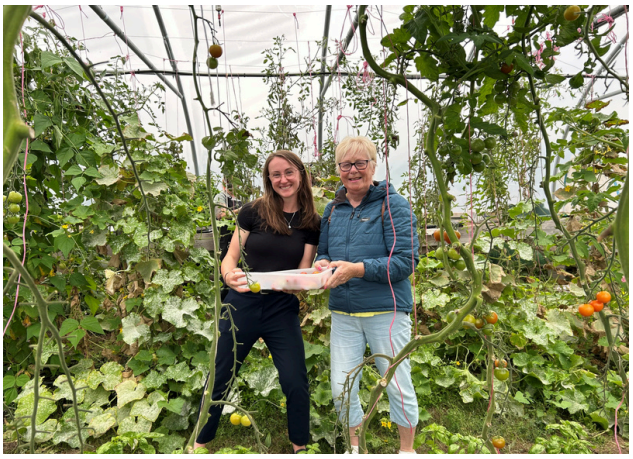
Kathy Ellwand, Goonown Growers
December 2025







NEWQUAY - WATERGATE PCN & NEWQUAY ORCHARD



PILOT DETAILS

Veg bags were provided by Grown @ Newquay Orchard for 12 weeks from August to October 2025. WellFed participants helped to harvest and put together veg bags during sessions at the Orchard. A simple recipe was included with each bag.

WellFed sessions ran as a mainly closed group, weekly for the first 6 weeks only of the veg bag programme.

Sessions were led by Community Grower Mark and Orchard Chef Ben and were supported by Watergate PCN Health Coach Izzy, .

Weeks 1-4 were focused on garden and food-growing activities, led by Mark, with discussions and ideas-sharing around using the veg in that week's bag.

Weeks 5 and 6 focused more on cookery in the Orchard's classroom kitchen, led by Ben, with participants sharing the meal they created,

Participants ate lunch together and sometimes with other Orchard volunteers.

"I had the best time of the whole summer. I absolutely loved it. It was amazing."

Mark Jackson, Community Grower
December 2025

RECRUITMENT

Watergate PCN has a team of health coaches / social prescribers based at Newquay Orchard. This team - which piloted the original veg on prescription scheme upon which WellFed is based - carried out the recruitment and supported participants to attend.

WellFed was discussed during the health-coach led 'Healthier You' course overseen by Kernow Health CIC and was offered to participants during their 1:1 sessions. 6 people were recruited.

Health coaches completed pre-pilot surveys with participants, using this as a wider coaching conversation opportunity. They ensured relevant biomarkers were captured before and after the pilot.

BENEFITS TO PARTICIPANTS

Social connection & peer support

Community Grower Mark was struck by the extent to which participants shared their experiences and background stories and supported one another. He observed particular value in this.

Participants shared lunches with other Orchard volunteers, making wider connections. One participant continued to volunteer as part of this wider group after WellFed had finished.

One participant - a carer - was unable to attend sessions but enjoyed collecting her bag each week and chatting to staff and volunteers. She maintained her veg bag after WellFed finished and continues to benefit from these social interactions.

Increased physical activity

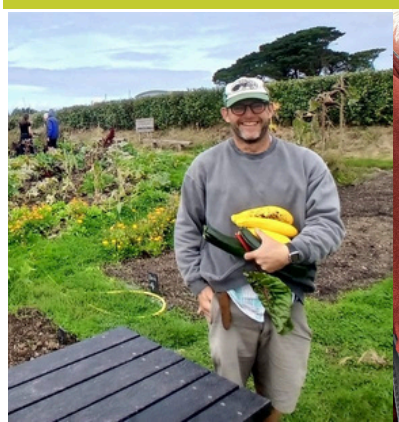
Participants increased physical activity levels by taking part in activities in the garden each week. Some also joined a weekly wellbeing walk to the Orchard from Newquay Zoo.

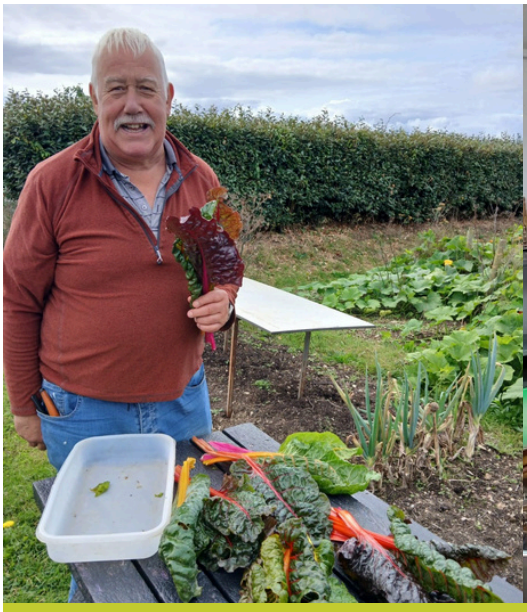
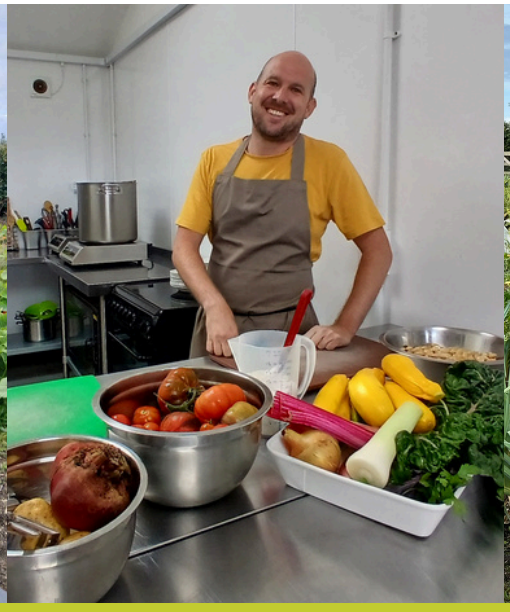
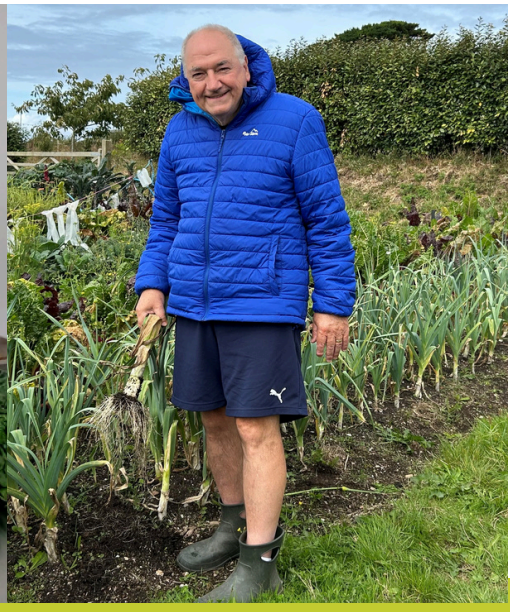
Cookery & food knowledge

Participants' food knowledge and confidence increased markedly. By week 6, they were sharing with visitors ways of preparing and cooking veg which, in week 1, they had never previously seen or tasted. Cookery sessions were highly valued.

Health markers

4 participants moved from type 2 diabetic to pre-diabetic ranges following the programme. All lost weight. Reductions in serum cholesterol resulted in all participants being in the normative range following the pilot.



KEY LESSONS LEARNED/ CONDITIONS FOR SUCCESS

On recruitment:
Health coaches reported that it is easier to recruit to WellFed with each successive pilot, as they become increasingly confident with what is involved. The pilot following this one was fully recruited early on.

Linking with the 'Healthier You' pre-diabetes course helped recruitment. It enabled people who were open to change to find out about WellFed and the additional practical support on offer to them.

Health coaches noted that WellFed participants enjoyed being part of a research programme and were positive about the WellFed survey. This surprised them; they had wondered whether the survey might be a barrier to recruitment or participation. They reported the survey worked well as a basis for coaching conversations.

On programme delivery:
An initial induction session provided an unexpectedly valuable opportunity for the group to get to know one another. Grower Mark said: "They all discussed what their issues were and what they wanted to do…. You suddenly saw this interaction between them all and from there on they were just comfortable…. Having that time at the beginning was really important – that time for them to just let it go so they feel comfortable before we even start doing anything."

Planned activities took longer than anticipated and the delivery team felt it better not to pack too much in to a session. Cookery, in particular, took longer than anticipated so session timings were adjusted accordingly.

Every cohort is different and building flexibility into planning enables those delivering the sessions to 'create the agenda' around participants and what their interests and needs are.

In weeks 1-4, participants were given a recipe for their bag but didn't take part in formal cookery. Facilitators felt enabling participants to 'have a go' with a recipe at home initially was positive, but that the first cooking session should be brought forward (to week 3?) next time as participants were eager to cook. Chef Ben suggested introducing participants to the kitchen and kitchen team as part of a week 1 induction tour.

Garden activities were adjusted to suit differing levels of physical fitness and mobility. Less able participants needed help getting veg bags to their car - as the path out of the Orchard is a long one.

Shared lunches with other volunteers helped integrate WellFed participants with wider Orchard activities and encouraged some of them to stay engaged beyond the programme

"Mark and Ben were fantastic. Ben's knowledge around food and the way he communicates that to people and supports them is amazing. Mark is such a warm, kind person who took people under his wing, really encouraged them and got great conversations out of them. Made everyone laugh, made them really comfortable and knitted the group. And just SO knowledgeable."

Izzy Webb, Health Coach, Watergate PCN

April 2026

SUMMARY AND OBSERVATIONS/ LESSONS LEARNED

SUMMARY

Project delivery inputs and partners

Recruitment
Eligibility searches; initial patient contacts; clinical monitoring for test & learn / research – NHS primary care (diabetes / practice nurses; GPs; practice managers)

Supporting participants to join & attend
Health coaches / social prescribers / CHWWs / VCSE partners / WellFed project team

Veg bags
Locally grown; climate & nature-friendly production - community supported agriculture groups (CSAs) & agroecological market gardens / farms

Cookery support
Informal, low-tech, focus on confidence & 'having a go' with fresh seasonal food - VCSE-led (also Healthy Cornwall from 2026)

Food growing / gardening opportunities
Alongside cookery, adapted to differing levels of ability / mobility – community growers / other VCSE groups

Coordination
Brokering / supporting new relationships, practical organisation, providing additional recruitment capacity, troubleshooting, info-gathering, evaluation – WellFed project team

Main observed and reported outcomes

Health & wellbeing benefits for 17 participants (see CAST WellFed Interim Evaluation Report)

- Improvements in biomarkers
- Improved social / community connection
- Healthier behaviours (diet, physical activity)
- Improved confidence buying, preparing & eating new foods
- Increased wellbeing

New markets for local sustainable food producers – 252 veg bags purchased through 12-week contracts, contributing to building more resilient local food supply / system

Test & learn supporting wider cultural shift towards greater collaboration / new ways of working in neighbourhood health – new cross-sector relationships & partnerships; new learning around opportunities & barriers

Active collaborations between primary care & VCSE**:** 3 of the total 20 pilots envisaged were fully delivered in 2025. In addition, a Penzance pilot was partially delivered (2 participants received veg bags only). Therefore in 2025 12 surgeries in 3 PCNs, plus 1 surgery not in a PCN, actively engaged with WellFed. A PCN operations manager, a PCN dietitian, 2 diabetes / practice nurses, 3 health coaches, 3 social prescribers, a pharmacist & a practice manager were actively involved in planning, recruiting & supporting pilots, with a further 3 diabetes nurses & 3 social prescribers engaged but less actively involved.

Climate resilience benefits – participant food choices & reduced food waste (see CAST WellFed Interim Evaluation Report); procurement of sustainably-produced food

Increased awareness of community growing & new volunteering relationships developed - benefits for volunteers (ongoing engagement after pilots) & for VCSE groups (increased reach; new volunteers)

OBSERVATIONS & LESSONS LEARNED

RECRUITMENT

Recruitment for this test and learn / research phase of WellFed involves input from an individual or team to:

- **Identify participants who are eligible** in principle to participate (clinical criteria) and could benefit;
- **Communicate** with (some of) those people to ascertain whether they might be interested in participating in principle and pass on more information about what is involved;
- 'Sign up' confirmed participants and liaise (with them / others) **providing information / support needed to start**;
- Support participants to complete a **pre-pilot survey** and organise **collection of biomarkers** prior to the pilot start. (Survey and biomarker collection repeated after the pilot has ended.)

In the initial Newquay trial upon which this programme was based, this work was entirely carried out within the PCN, by a GP and a team of health coaches / social prescribers.

One of the most important early observations on the part of the WellFed delivery team has been that **the Newquay recruitment model is not replicable or possible in every location**.

- Staff teams may be configured differently: not every PCN or surgery has a health coach, for example, and / or health coaches and social prescribers may be tasked with working with specific populations who are not well-matched to participation in WellFed, meaning staff can lack the capacity and / or the remit to be involved.
- The experience of the project delivery team has been that WellFed is positively received as a concept by healthcare staff. However, as a pilot project, its status is currently an extra or 'nice-to-have' and without explicit resourcing of staff time to carry out recruitment tasks (or a passionate individual who 'goes above and beyond') can inevitably drop down the list of priorities in the face of core /urgent, tasks.

Thus while the aim was to recruit to five pilots for late summer / autumn 2025 start, only three case studies are included in this report because it was not initially possible to recruit cohorts in St Just (Penwith) or Penzance.

Further research is being carried out to identify and examine the full range of barriers to recruitment in those locations, but the project team has observed that staff **time / capacity and different role priorities** appear to have been substantive factors.

Based on this observation, workaround approaches have since (2026) enabled pilots to be recruited-to and run in these locations, and these approaches are being further developed in other locations. They have typically involved attempting to 'share the load' of recruitment tasks among wider partners than solely the PCN - specifically involving VCSEs.

The learning and experiences around both the initial failure to recruit and the workaround approaches will be examined fully and in relation to all WellFed pilots in the final WellFed evaluation, to be published in spring 2027.

RECRUITMENT-KEY TAKEAWAYS

Key takeaways from recruitment to the three pilots outlined in this report (and attempted recruitment to two pilots in Penzance and St Just) were:

- **Recruitment is time-consuming** (particularly the more detailed conversation elements; searches are relatively straightforward) and enough time and capacity must be allowed for the process. During 1:1 recruitment conversations, other support needs may be identified for participants (and indeed for those invited but who ultimately opt not to take part) and these will need to be followed up.
- **Recruitment tasks can be shared among wider project partners rather than relying exclusively on surgeries**. (The basis of 'workaround' approaches.) This requires developing new relationships and models of collaboration. with excellent communication between partners, as well as a clear co-created plan of who will do what and by when. It also hinges upon surgeries obtaining patients' consent for third parties to contact them regarding the pilot. Recruitment approaches will need to be tailored specifically for a given place and the people in it, given variations in partners and healthcare system staffing in each location. Coordinating this is time-intensive.
- **Healthcare staff report** that the satisfaction they gain from their patients' feedback / results means they feel **the time investment is worthwhile** – assuming it can be managed. (Redruth – Practice Manager, Pharmacist, SPLW; St Agnes – PCN Dietician; Newquay – health coaches.) See feedback from the Redruth Practice Manager here: https://www.youtube.com/watch?v=WI-rvQhtWAo&list=PLhAfJu4vsdS4_v4K2m-PAzc0KNgs0K26u&index=5
- **Relevant groups** (here 'diabetes groups' such as the Kernow Health CIC 'Healthier You' course for people with prediabetes, run by Health Coaches in Watergate PCN; diabetes group run by Dietitian in Coastal PCN) **are good places to introduce WellFed and recruit**. Both these groups were the mainstay of recruitment for the autumn pilots in Newquay and St Agnes. WellFed is seen (by facilitators of and participants in these groups) as a positive practical, hands-on adjunct to the more information-based approaches of these other courses – so they work well together.

As a test and learn research project, WellFed recruitment criteria are relatively narrow and close involvement of NHS primary care staff in recruitment is required for both identification of participants clinically eligible and for the collection of biomarkers for evaluation. The project team envisages that, should similar programmes be opened up more widely outside the research context, recruitment might be more straightforward:

- Participants with a wider range of health and wellbeing needs that could benefit from a WellFed approach could be enrolled. (The team has had enquiries about people with type 1 diabetes, emotional wellbeing needs and cardiovascular conditions for example, and indeed just from people looking to adopt healthier behaviours to prevent ill-health).
- Participants could self-refer or be signposted from VCSE groups, including community growing and community food groups delivering the programme, or via Community Gateway, without the need for significant input from their GP surgery. (Where people have come forward via these routes to date but have been registered with surgeries not already involved in WellFed, this has tended to hinder or delay those participants starting because of the level of involvement / engagement needed from the healthcare system for research elements).

CLOSED VERSUS OPEN GROUPS

WellFed pilots can be run as a wholly closed group or integrated into existing volunteer days at community growing sites and community food groups, with support activities being provided as part of those wider groups.

For these pilots, **Redruth** ran as a wholly closed group. This had advantages in terms of creating a closely-bonded peer support group, and participants feeling comfortable early on. Of the three 2025 pilots, this group was also able to focus the most on cookery and trying new foods. However, when the programme ended, there was a less obvious follow-on pathway for people to stay engaged with their host community groups and while contact continued via the Redruth WellFed WhatsApp group, volunteering did not.

The **St Agnes** pilot started with a closed welcome session, with subsequent sessions being integrated into their regular volunteer days. Arguably, this allowed for a more natural continued engagement in community growing after the initial 12 weeks, and one participant did stay involved as a volunteer initially. For future pilots, Goonown Growers feel additional closed group sessions (mid-way through and at the end of the programme) would help to cement the peer support group element more fully and facilitate reflection around progress, while still enabling social connection with the wider volunteering group.

The **Newquay** pilot was a hybrid, running as a mainly closed group that came together with other Orchard volunteer groups for lunch or other activities. The community grower leading the sessions felt the peer support and social bonds which developed within the closed group were of significant value and that an element of the closed-group format should definitely be retained in future pilots. He said that participants felt able to share more about themselves and ask more questions about diabetes, health and diet than they would have in a larger, wider group. However, some 'exposure' to other groups seems to have been valuable in encouraging ongoing engagement; one participant continued to join the main volunteer group after WellFed had finished.

'STARTER NERVES'

Some potential participants approached about WellFed were nervous about what would be involved and needed encouragement to sign up. This took time for recruiters.

Relying on more confident and proactive individuals to self-refer could make recruitment easier but would likely miss or exclude some of those for whom the programme could be especially beneficial. For the autumn pilots, some people who were socially isolated or dealing with anxiety or low mood, and who needed more support or encouragement to start the programme, were those who were subsequently most enthusiastic or positive about it, in feedback singling out the wider wellbeing and social connection benefits of being in a WellFed group.

The delivery team suggests recruiters pitch a trial session or simply 'giving the first session a go' (rather than expecting commitment to the full programme up front) and emphasizing the ability to opt out. This is envisaged as a way of reducing any perceived pressure around a 12-week commitment. The trial sessions approach will be examined in the final evaluation.

While some participants in the autumn pilots reported having felt nervous and needing to push themselves to attend the first session, all reported attending the first session providing sufficient reassurance / being enjoyable enough to ensure they would go next time.

A 'familiar face' (social prescriber, health coach or dietitian, for example) attending the first session with participants provided moral support and was flagged by some participants as invaluable / something without which they may not have attended. It is encouraged by the delivery team.

A Redruth WellFed highlights video was produced in conjunction with Cornwall Voluntary Sector Forum to enable those offered the opportunity to join WellFed, but unsure / hesitant, to hear from previous participants. In the video, participants speak of their initial worries about joining but urge participants to 'give it a go', citing their own positive experiences.

Watch here: https://www.youtube.com/watch?v=Hxo17iOe0dQ

In summary, early indications are that a focus on 'getting people through the door' initially, in the expectation that starter nerves may reduce, is valuable.

COOKING AND EATING

Support to develop the confidence and skills to prepare and try new foods was identified as a need during the original Newquay veg on prescription trials. This element was built into the autumn WellFed pilots.

An informal and social style of WellFed cookery session is emerging which the delivery team refers to as 'chop and chat', the key elements of which are:

- Participants are typically seated together around a table, preparing vegetables as a group for a shared meal. The vegetables used are the same as those that will be taken home by participants that week. Alternative uses or preparation methods for the different veg can be discussed during the process. Recipes and tips may be printed or shared by email or WhatsApp group during or after the session.
- The informal setting creates opportunities for discussion about food and diet, and wider health issues, as well as for general social conversations to build new relationships and friendships.
- Meals are simple, created using affordable and sustainable ingredients and using minimal specialist equipment. (Typically one or two large pans and a hob – which can be portable.) This helps ensure they are replicable at home.
- For the autumn 2025 pilots, participants reported the opportunity to use and taste different foods and recipes in this setting derisked experimentation and resulted in increased confidence and likelihood of trying new foods, as well as increased and more varied veg consumption following the pilot.
- Sharing a meal bolsters a 'good food culture' where eating is a social activity and connector – in contrast to refuelling on the go.

WellFed sessions focus more on using fresh, whole food to make simple, affordable meals than 'what not to eat' or a specialist diabetes diet. The emphasis is on using more and a greater variety of veg and reducing reliance on processed, packaged and additive-laden foods. With this model, no veg are 'off the menu'; potatoes in moderation would be favoured over instant noodles, for example, and starchy vegetables would be encouraged in moderation as an alternative to no vegetables!

So far, experience has been that this approach is appropriate, and - crucially - simple and accessible enough, meeting the majority of participants where they are. While some participants may be more 'advanced' in their diabetes management and be seeking guidance to fine-tune food choices (for example, seeking advice about which vegetables to prioritise based on glycaemic load), most are not. So we are taking the approach of signposting to, or bringing in to some sessions, additional, more specialist sources of information and advice (Diabetes UK, diabetes nurses, dieticians, GPs, specialist courses such as 'Healthier You') as appropriate for a given cohort or for given individuals.

SOCIAL AND NATURE CONNECTION

The benefits of increased social and nature connection are well-documented. They were flagged as a key benefit of participating in WellFed by many participants in the autumn pilots.

"LOVE THE COMPANY and the LEARNING PROCESS of cooking with different vegetables"

WellFed participant

November 2025

LOGISTICAL AND OPERATIONAL ISSUES

Working with local community growers and agroecological market gardens on veg supply and session delivery is a core principle of WellFed.

The aim is to ensure food used on the project is seasonal, nutritionally dense, produced in ethical, climate- and nature-friendly ways (helping to meet NHS sustainable procurement and Green Plan targets) and that its purchase contributes to the local food economy and is an investment in future food system resilience.

Working in this way also helps participants to learn more about where their food comes from, to be exposed to a wider variety of local and seasonal and yet unfamiliar / non-supermarket veg and to engage direct with the organisation producing their food, and with local community activity.

Participants from the autumn pilots fed back that WellFed veg tasted completely different / better than their supermarket equivalents; vegetables including carrots, cucumbers and tomatoes were singled out in this respect. Other projects are currently investigating the links between agroecologically grown food, taste and nutritional density and this area will be given further attention in the final WellFed evaluation.

Operationally, however, this approach is more complex than organising a box or bag from a supermarket or larger distributor under a contract for the entire programme.

The learning so far has been that under this model:

- Veg supply arrangements must be made individually and from scratch for each pilot, creating additional work and necessitating a coordinator / broker role. For this project, that is the WellFed team at Volunteer Cornwall, except in the case of the established relationship between Watergate PCN and Newquay Orchard, where this is not necessary. If a WellFed-type scheme were to be rolled out more widely outside the scope of a project, thought would be needed around how this work would be picked up, at least in early development stages / until relationships between new partners are established.
- The operational detail (pick-up / delivery arrangements; what happens if a participant can't attend a session and collect their bag etc) is different for every pilot. Again, this requires input from a coordinator or project support role until relationships are established.
- To date, some growers participating in WellFed have been exposed to uncertainty around start and supply dates caused by blockages / delays around recruitment. This makes it hard to plan (staffing, growing, cashflow) for small companies or groups, running small team and with very small margins / scant reserves.

The final WellFed evaluation will look more closely at some of these practical issues and how they might be addressed should a WellFed-type programme (outside the research context) be made more widely available. It will examine evidence from the full range of WellFed pilots (those that ran and those which did not) and will include delivery partners' and growers' views and feedback in the evaluation and calculation of any return on investment.

WellFed

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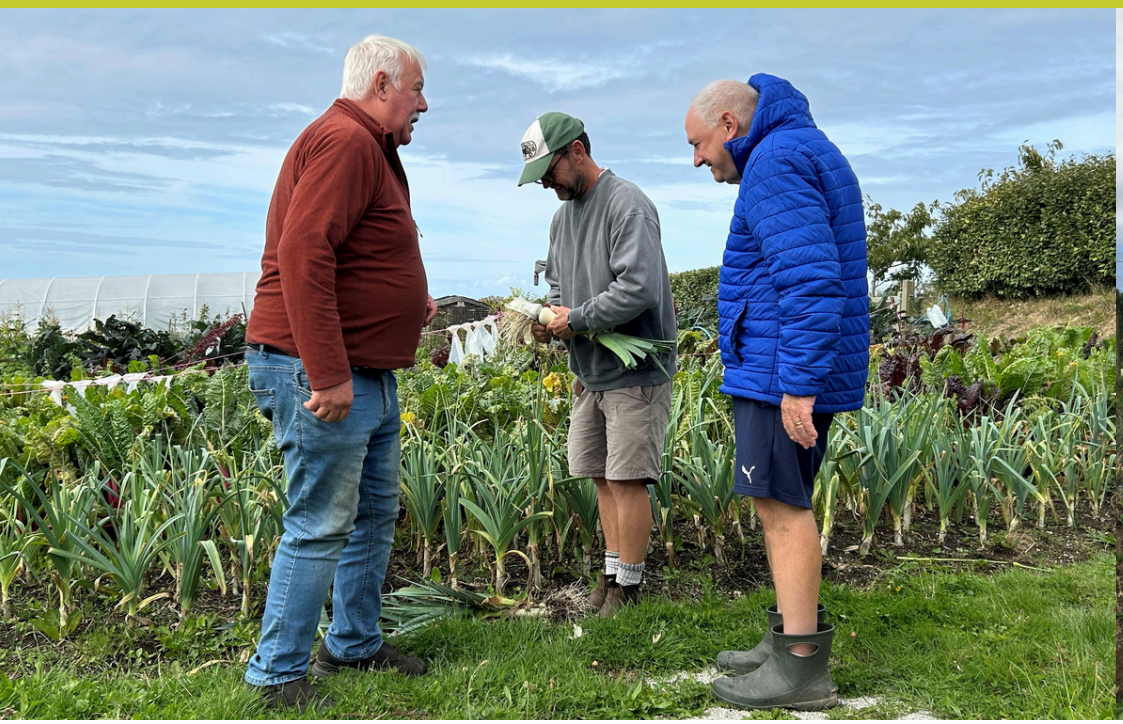

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