**Kensington and Chelsea Community Public Health Programme**

***Enabling people to live longer in good health by bringing health interventions closer to communities***

|  |  |
| --- | --- |
| **Programme title:**  | **Community Public Health Programme (CPHP) 2024-2027** |
| **Programme summary:** | To help meet our aim of a Fairer Kensington and Chelsea, our objective is to develop and implement targeted actions to tackle inequalities in the borough’s most deprived wards. The aim of our RBKC Community Public Health Programme (2024-2027) is to support and build the capacity of the Voluntary, Community and Faith sector (VCFS) over the next three years; and work in partnership to design and deliver specific community-based interventions to prevent ill-health for adults most impacted by health inequalities.**Public Health is investing £2.35 million over the next 3 years**. The funds will be allocated as follows:  * £1.5 million (64%) for the VCFS organisations to deliver specific community-based interventions over a 3-year period.
* £600k (26%) for a dedicated training and skills development programme for the VCFS partners delivering the CPHP.
* £250k, (10%) for enabling programme coordination, strategic delivery, and partnerships.

We invite organisations to express their interest in designing and delivering regular health initiatives for vulnerable communities who can benefit from tailored support and activities relevant to them, to ultimately prevent ill health.Interventions must align with the key programme priorities on people, place and health. |
| **Programme Priorities:****PEOPLE****PLACE****HEALTH** | **People** In this programme we are prioritising the following communities-* Black Caribbean, North & East African, Bangladeshi, Pakistani, Indian, Arab and Muslim communities.
* Traveller communities, or those with no fixed abode, including homeless and rough sleepers and those in temporary accommodation.
* Inclusion health groups (people with learning difficulties, neurodiverse needs, physical disability, or serious mental illness).

**Place**In this programme we are prioritising the following wards; * Chelsea Riverside
* Dalgarno
* Golborne
* Notting Dale

Activities can be delivered in other wards across the borough, if they meet the other two priorities around people and health.**Health** In this programme we are prioritising. * **Heart Health:** interventions to reduce the risk of type-2 diabetes, high blood pressure, heart disease, and inactivity and unhealthy weight**.**
* **Lung Health:** interventions to reduce the risk of, or manage the effects of, respiratory illnesses, asthma, breathing difficulties (COPD), lung cancers, inactivity and unhealthy weight.
* **Mental Health:** Interventions to identify and manage (often undiagnosed) symptoms of depression or anxiety.

*Wider wellbeing support, links into other relevant services and emphasis on health protection should form part of all interventions.***For more information on why these are our priorities, please refer to page-4 of the guidance document.** |
| **Grant description:** | **Who can apply?*** Voluntary, community, or faith sector organisations delivering in Kensington & Chelsea.
* Collaborations of VCFS organisations with a named lead.
* Organisations must be based in and/or supporting people who live or seek support in Kensington & Chelsea
* Must be a non-profit organisation.
* Must clearly demonstrate ability to meet the 3 priorities (people, place, health)

**Funding** The amount awarded to each successful VCFS organisation or collaboration will be decided during the selection process (please see application form below). To help with your expression of interest, we anticipate that award will not exceed.* Between £35,000 - £50,000 per year for individual VCFS organisations, or
* Between £50,000 - £75,000 per year for collaboration of VCFS organisations

*Please note these figures are estimates and should be used only as a guide to aid you to complete an expression of interest.* **For more information, please refer to page 5 of the guidance document**. |
| **EOI submission:** | DEADLINE:  **Wednesday, 8 August 2024**To register your expression of interest kindly complete the form below and submit to voluntarysector@rbkc.gov.uk  |
| **Next steps and timeline** |

|  |  |
| --- | --- |
| Milestone | Timelines |
| EOI opensOnline information sessionsEOI closesApplicants informed of the decision | 11 July 2024 (open for 4 weeks)24 July and 25 July (more detail in guidance document)8 August 202430 August 2024 |
| 1-1 sessions with partners to design proposals | 2 September to 16 September 2024 |
| In-person Community Public Health Network workshop | 19 September 2024 |
| Grants agreements signedProgramme implementation begins | Mid-October 2024November 2024 (for 36 months) |

* Online Information Session-1: Wednesday 24th July, 2:00 – 3:00 pm- [Register here](https://www.kcsc.org.uk/civicrm/event/info?id=2854&reset=1)
* Online Information Session-2: Thursday 25th July, 11:30 – 12:30 pm- [Register here](https://www.kcsc.org.uk/civicrm/event/info?id=2855&reset=1)

You only need to attend one of the sessions on the day/time which is most suitable to you. |
| **Key contacts:** | Muskaan Khurana, Head of Health Equity and Engagement, Public Health, mkhurana@westminster.gov.ukGabin Sinclar-Constance, Head of Community Partnerships, Communities, gabin.sinclair-constance@rbkc.gov.uk |

**To register your interest please complete the below form and submit via email to** **voluntarysector@rbkc.gov.uk** **by no later than 5 pm on Thursday 8th August 2024**

***Expression of interest form***

*Please note, this is the first stage of the RBKC Community Public health Programme. Based on the EOIs received, the panel will select partners to work with in phase 2, and design specific interventions with the partner organisations/collaborations.*

***About your organisation***

**Q-1: Organisation name and address (including postcode) – If applying as a collaboration, please include details of all organisations involved and clearly state the lead organisation.**

*If applying as a partnership, a lead organisation would submit the grant application on behalf of all partners. The lead organisation would be subject to the due diligence checks and, if successful, would receive the grant funds. Each organisation will be required to sign the grant service level agreement.*

|  |
| --- |
|  |

**Q-2: Name and contact details of the lead person(s)**

|  |
| --- |
|  |

**Q-3: Please select your organisational status and supply your registered organisation number where applicable:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  | Charitable institutions registered under the Charity Commission |
|  | Community Interest Companies registered under the Companies House |
|  | Constituted group |
|  | Charitable incorporated organisation |
|  | Place of worship officially registered as such with the Superintendent Registrar |
|  | Partnership of organisations (with lead organisation registered as one of the above) |
|  | Other; please specify;  |

Registration number, if applicable: ­­­­­­­­­­­­­ |

**Q-4: Why would you like to be part of this programme? What excites you to about delivering the programme priorities? (max 200 words)**

|  |
| --- |
|  |

***Relevance to the programme***

**Q-5: After reading the guidance document, please select the health priority you would like to design and deliver a specific intervention for. If you would like to select more than 1, please clearly state you preferred option.**

*Applicants are encouraged to consider the needs of the communities you support and use the available evidence (on page 5 of the guidance document) to provide rationale for the interventions they would like to deliver. Having options will enable us to work with partners to design and deliver an equitable offer of interventions across the borough, which can support the key health needs of our communities*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Heart Health:** Interventions to reduce the risk of type-2 diabetes, high blood pressure, heart disease, and unhealthy weight.
* **Lung Health:** Intervention to reduce the risk of, or manage the effects of, flu-related illnesses, asthma, breathing difficulties (COPD), lung cancers and unhealthy weight.
* **Mental Health:** Interventions to identify and manage (often undiagnosed) symptoms of depression or anxiety.

*Wider wellbeing support, links into other relevant services and emphasis on protecting health should form part of all interventions.*

|  |  |
| --- | --- |
| Option 1 (preferred) |  |
| Option 2  |  |

 |

**Q-6: Please select the communities your organisation or collaboration works with, and provide a brief description of how you are currently supporting these communities with their health and wellbeing?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Key community groups (select, and please specify)-**

|  |  |
| --- | --- |
|  | BAME communities (Black Caribbean, North & East African, Bangladeshi, Pakistani or Indian, Arab and Muslim communities)- **please specify** |
|  | Traveller communities or those with no fixed abode, including homeless, rough sleepers and temporary accommodation- **please specify** |
|  | Inclusion health groups (those with learning difficulties, neurodiverse needs, physical disability or serious mental illness)-**please specify** |

Interventions should be available and accessible to all those who may benefit from them, but with a targeted offer for the priority groups listed above. **Please provide a brief description on how you support the communities you have selected above (350 words max)** |

**Q-7: Please provide your brief understanding of the key health and wellbeing needs for the communities you have selected in question 6. This can include experience or knowledge within your organisations, key insights, or available research and/or data. (max 350 words).**

|  |
| --- |
|  |

**Q-8: Which wards would your organisation primarily deliver the initiatives in?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  | Chelsea |
|  | Riverside |
|  | Dalgarno |
|  | Golborne |
|  | Notting Dale |
|  | Borough wide (must clearly demonstrate reach with our people priority at borough wide level)  |
|  | Other; Please specify  |

 |

**Q-9: Please propose the types of initiatives you would like to deliver, if funded, referencing the priorities you have previously selected - people, place, health. At this stage we're just looking for ideas and examples. If successful, we will work with you in phase 3 to develop your ideas into a 3-year programme. (350 words)**

|  |
| --- |
|  |

**Q-10: As the programme continues to evolve over the three years, please describe and use examples of how you will co-design the development of your interventions with your community. (350 words)**

***Partnerships and development***

**Q-11: Would your organisation sign up to participate in the Public Health skills development and training opportunities for your staff and volunteers delivering the programme, fully paid for by the Council?** (*Staff can claim back the time spent in attending training as expenses).*

|  |
| --- |
| **Yes/ No****What barriers do you anticipate to participation in these opportunities?** |

**Q-12: Would your organisation be willing to partner up with other applicants who are proposing a similar intervention, operating in the same area, or supporting similar community groups?**

*As part of this programme, we aim to work with up to 10 organisations or partnerships of organisations. We are looking for the applicants to demonstrate a willingness to be part of a network who can support each other's to design, test and deliver community public health initiatives, to have an equitable offer of interventions across the borough.*

|  |
| --- |
| **Yes/ No/ Maybe****Provide further detail on any barriers or dependencies.** |

**Q-13: Do you have the resources and capacity to participate in the programme and training design process during first few weeks of September? It’s in this phase 3 where we will develop your key outputs, costings, training, monitoring, and evaluation requirements (staff will be paid for their time).**

|  |
| --- |
| **Yes/ No/ Maybe****Provide an indication of anticipated barriers or dependencies, if any.** |

***Support***

# **Q-14: Is there any additional support you may need throughout this process & throughout programme delivery? (200 words)**

# **Q-15: Please use this box to highlight anything else you would like to tell us, in relation to this programme. (200 words)**

|  |
| --- |
|  |

# ***Applicants are to confirm their interest and intention to participate in the collaboration process no later than 5: 00 pm on Thursday 8th August via email to*** ***voluntarysector@rbkc.gov.uk***