



RBKC COMMUNITY PUBLIC HEALTH PROGRAMME

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

Introduction

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.

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.

Public Health is investing £2.35 million over the next 3 years in a Community Public Health Programme. The funds will be allocated as follows:

- £1.5 million (64%) will be directly provided to 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 selected for delivering the CPHP.
- £250k, (10%) for enabling programme coordination, strategic delivery, and partnerships.

Further detail on funding can be found on page 6.

The programme will consist of three phases:

Phase 1 – Expression of Interest to understand more about your organisation and the preferred interventions.

Phase 2 – Selection Process to determine partners and form a Community Public Health Network.

Phase 3 – Working with partners to design the programme, develop training plans and establish pathways.

More information on each phase can be found later in the document on page 7.



At this stage of the EOI process:

- We'd like applicants to select the health priority (lung health, heart health, mental health – see page 4) they could address with the funding - we don't expect applicants to have a set idea of exactly how they would deliver the said interventions at this stage.
- We'll work with the selected applicants in designing deliverables, identifying training needs and setting monitoring requirements.
- We're looking for the applicants to demonstrate a willingness to be part of a network who can support each other's to design and test community public health initiatives.

Information sessions and support with applications:

Voluntary, Community and Faith Sector organisations are invited to online information sessions to understand more about the process, selection criteria and programme outcomes, and have an opportunity to ask any questions.

- **Online Information Session-1: Wednesday 24th July, 2:00 – 3:00 pm- [Register here](#)**
- **Online Information Session-2: Thursday 25th July, 11:30 – 12:30 pm- [Register here](#)**

You only need to attend one of the sessions on the day/time which is most suitable to you.

Applicants are welcome to contact the key staff (details on page-11) to arrange a call or a meeting during work hours for any further advice or an opportunity to discuss their application before submission.

Timeline:

Expressions of interest go live	11 July 2024 (open for 4 weeks)
Online Information session- 1	24 July 2024
Online Information session- 2	25 July 2024
Expressions of interest close	8 August 2024
Applicants informed of the decision	30 August 2024
1:1 online session with selected partners to design proposals	2 September- 16 September 2024
In-person Community Public Health Network session	19 September 2024
Grant agreements signed	Mid-October 2024
Programme implementation begins	November 2024



Rationale – why are we doing this?

We know health inequalities exist in Kensington and Chelsea and are widening. The borough has one of the highest life expectancy gaps in the country, with residents living in the areas of deprivation dying 17-18 years sooner than those living in areas of affluence.

We also know that many ethnically diverse communities, and those with chronic health conditions or disability are disproportionately impacted by poorer health outcomes. (See Appendix-1 on page 12).

Of the 143,900 residents that live in RBKC, 36% identify themselves as from a Black, Asian, mixed-ethnic, or other non-white background and 13% have a long-term condition or disability^[1].

Majority of these communities are more likely to be living in areas of deprivation where there are higher numbers of people with long-term health conditions.

This impact is often a result of social inequalities, deprivation, and discrimination, such as living in demanding situations, poverty, family adversity and systemic racism. This can have a direct link to enduring trauma and stress, leading people's hearts having to work harder, increased blood pressure, and increased sugar and fat levels in the blood which can result in a higher risk of living in poor health or even dying sooner.

Lung diseases (specifically lung cancer and chronic obstructive pulmonary disease (COPD)), stroke and heart diseases are the leading causes of death for residents in RBKC, and people living in less affluent areas are dying earlier from these conditions.^[2] Long-term conditions such as type-2 diabetes, high blood pressure (hypertension), heart disease, and mental illness are significant risk factors which contribute further to these causes.

We also know that poor health and premature deaths from long-term health conditions can usually be prevented by increasing physical activity, good nutrition and increasing access to appropriate support. Moreover, our family circumstances, our connections to our community, where we live, work and relax all play an enormous part in determining our health and wellbeing.

Preventing and identifying these long-term health conditions early and providing the right (and targeted) interventions at the right time in the right places can enable people to live longer in good health.

Action on health inequalities requires partnership working across all the factors that impact health.^[3] We, the Public Health and Community Partnerships teams in the Council, alongside you, can continue to work together with other sectors across the borough to build on effective practices, promote health, prevent disease and prolong healthier life for many.

^[1] [Census 2021](#)

^[2] [Kensington and Chelsea JSNA Borough Story \(Spring 2024\)](#), [Public health profiles - OHID \(phe.org.uk\)](#) and NHS Digital

^[3] [Fair Society, Healthy Lives \(instituteofhealthequity.org\)](#)



Programme Priorities

There are three priority areas for our Community Public Health Programme:

1. People

The World Health Organisation defines health inequity as the systematic differences in the health status of different population groups, meaning that certain communities are more likely to have poorer health than others and find it harder to access the care they need because of the systems that influence their lives.

In Kensington & Chelsea there is evidence¹ that shows the disproportionate impact of health inequality amongst the following groups, which will be a focus for the programme over the next three years:

- 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).

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.

2. Place

The 2021 Census² showed that residents in the four wards below rated their overall health as bad or very bad. Notting Dale and Dalgarno are also the areas with life expectancy below the national average³. Therefore, we are prioritising EOI's that support work in the following areas:

- 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.

3. Health

Based on our evidence⁴, we've highlighted three key contributors to ill-health and early death in our borough and are looking for projects to support culturally competent prevention support and early interventions to address:

¹ [RBKC Ward Profiles 2023; Kensington and Chelsea JSNA Borough Story - Spring 2024.](#)

² [Office for National Statistics Census 2021 profiles.](#)

³ [Public health profiles - OHID \(phe.org.uk\)](#)

⁴ [RBKC Ward Profiles 2023; Kensington and Chelsea JSNA Borough Story - Spring 2024.](#)



- **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 health protection activities that raise awareness and improve confidence in cancer screenings and vaccinations should be included in the development of your activities throughout the three-year programme.

Additional data to support the development of your rationale in the EOI can be found here-

- [RBKC Ward Profiles 2023;](#)
- [Kensington and Chelsea JSNA Borough Story - Spring 2024.](#)
- [Office for National Statistics Census 2021 profiles, Interactive Census Maps 2021](#)
- Appendix-1 for data summaries

Training and Development

As part of the RBKC Community Public Health Programme, £600k is committed to supporting training and development for the partners across the three years. This is an essential part of the programme. The aim is to build on the experience and expertise in the VCSF to deliver public health improvement that is relatable and relevant to the community you support, and in the long term, build capacity to partner more with more public health on future funds and commissioned services.

When completing your EOI we recommend thinking about what training might be helpful to support your ideas. Phase 3 will then involve working with our Public Health team to develop a training action plan alongside your proposal. This can include Public Health commissioned training, accredited courses such as mental health and counselling or sports coaching, and any other skill-development opportunities that the partners may want to seek funding for, provided they are quality assured and directly related to the delivery of the proposal.

If your organisation is awarded CPHP funding, we will work in partnership with you to find the right training and development offer that is relevant and useful to your organisation, supports the programmes outcomes and benefits the communities you serve.



Funding

Public Health are investing £2.35 million over the next 3 years, allocated as follows:

- £1.5 million (64%) will be directly provided to the VCFS organisations to deliver specific community-based interventions over a 3-year period. These interventions should directly correspond with the programme priorities on people, place, and health.
- £600k (26%) for a dedicated training and skills development programme for the VCFS partners selected for delivering the CPHP. This is an essential part of the programme, where the partners can utilise the relevant upskilling opportunities suited to the needs of their staff and volunteers, and develop a wider understanding of public health outcomes, build knowledge on the appropriate evidence-based approaches, and embed lived experience to deliver the learning in culturally appropriate ways.
- £250k, (10%) for enabling programme coordination, strategic delivery, partnerships and evaluation. Partners will be supported by teams in Public Health, Community Partnerships and Kensington & Chelsea Social Council, to also develop stronger relationships and routes within the wider health and care system.

The amount awarded to each successful VCFS organisation or collaboration will be decided in phase 2 – programme design. (See expression of interest process on page-7 for further details).

To help with your expression of interest, we anticipate that awards 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.

What we will fund

We champion full-cost recovery, and the funding can be used for:

- Delivery of interventions; activities, and resources needed etc.
- Operational costs; including staff and management costs, utilities, venue hire, etc.
- Improving accessibility, e.g., creche, mobility support, interpretation services etc.
- Equipment to support the interventions (e.g., blood pressure monitors etc.)
- Procuring knowledge and/or skills through learning and collaboration with specialist organisations, groups, or expert professionals.



What we won't fund

- Work that statutory bodies (such as schools or local authorities) have a duty to fund.
- Capital or building projects.
- Work that promotes religion or politics, or direct lobbying.
- Children-focussed activity; however, funding can be used to support initiatives for families, where target audience (parents/ carers) are from the communities of focus.
- Trips abroad, or other activity taking place outside the UK.
- Bursaries, sponsored places, fees, or similar costs.
- Help with budget shortfalls or debt repayments.
- Work that has already taken place (retrospective funding).
- Continuation of an existing activity; however, funding can be used to build on that activity to meet the programme priorities.
- Expenditure unable to start within 2 months of the grant award date.

What is the grant award timeframe?

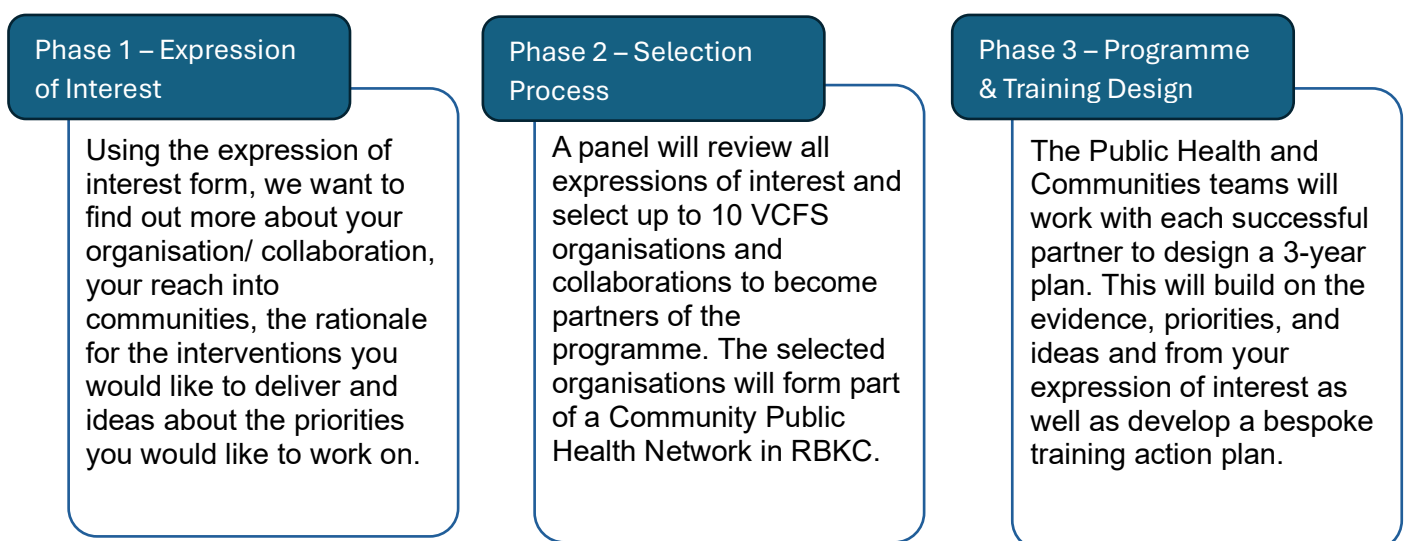
The grant award timeframe is 36 months commencing on 1 November 2024 to 31 October 2027.

Can I apply for more than one grant?

No, you can only apply for one grant from only one funding strand.

Expression of Interest process

The application process will include 3 stages, starting with an expression of interest.





Phase 1 – Expression of interest

We will be using this phase to select up to 10 partners to work with over the next 3 years. Using the expression of interest form, you'll have the opportunity to tell us about your organisation or collaboration, how you currently reach our priority audiences, as well as your ideas and examples on the types of interventions you would like to be funded to design and deliver.

Organisations are encouraged to consider the needs of the communities you support and use the available evidence (on page 5) to provide rationale for the interventions you would like to deliver.

At this stage of the process, we do not expect the applicants to have a set idea of exactly how they would deliver the said interventions. However, by the end of year-3, we would like to see the programme to be able to achieve the following outcomes for the key communities-

- A commitment to routine physical activity and (measurable) improvement in fitness levels for communities.
- An improved understanding of culturally relevant healthier food options and the importance of balanced diet, and how to achieve this on a budget.
- Improved use and understanding of the benefits of routine biological readings and health checks, such as BMI, blood pressure, sugar, and cholesterol levels; and building appropriate healthier habits to mitigate the risks of developing health conditions.
- Improved understanding of emotional wellbeing and self-help tools in identifying and managing symptoms of poor mental health in culturally appropriate ways.
- Reduced risk, identification, prevention and community-based management of type-2 diabetes, high blood pressure, stroke, inactivity, unhealthy weight and heart diseases.
- Improve understanding of the benefits of preventative healthcare, including screenings for an earlier identification of lung, breast, and bowel cancer, and confidence and improved uptake of vaccinations and immunisations.
- Improve access, availability and acceptance into services and support options.

Phase 2 – Selection process

The selection panel will be made up of colleagues from Public Health, RBKC Community Partnerships and Commissioning teams, the NHS, North-Kensington Recovery Team (ICB), and the Voluntary & Community Sector, who will then deliberate on the applications, using a fair eligibility criterion, and select partner organisations to join the programme.

You will be asked to select from the health priorities (heart health, lung health, mental health); the information and ideas you share should relate to that priority. You can select a second health priority and cover this in your expression of interest, but please be clear on which is your preferred option. If we receive multiple EOIs focusing on the same theme, with similar activities we'll then look to second options to ensure a diverse mix of activities and themes across the board.



To help support you to complete your expression of interest we have included an indication of what the panel will be looking for in Appendix-2 (page 13). Full details on the selection criteria will be shared in the online information sessions scheduled for Wednesday 24th July and Thursday 25th July (page 2).

Phase 3 – Programme and training design

Selected partners, making part of the Community Public Health Network, will then move to phase 3.

Between 2nd September to 16th September, we will work 1-1 with each organisation or collaboration to understand more about your ideas, what you may need to develop and implement them, and how we can all work to support each other.

The first in-person Community Public Health Network workshop will take place on Thursday, September 19th. We will share more details with the successful partners nearer to time.

Over the following months, we will work together through in-person workshops and online sessions to co-design your full programme plan, which includes-

- Agreeing your deliverables, outputs, and milestones
- Working with the Public Health team to create a training and development plan.
- Designing your interventions with your communities
- Work with us, our academic and lead VCFS partner, to design an evaluation framework which will include defining the outcomes you can demonstrate the impact of your intervention.
- Agree the allocation of funding and complete a full budget (funding for year 2&3 will be agreed in principle but dependent on effective monitoring and delivery against agreed outputs/outcomes)

Throughout the duration of the programme, we expect your interventions to evolve and enhance over time, based on the emerging community needs and the skills developed as part of the training programme. As part of phase 3, we will work with you to design and achieve your key deliverables. An indication of the measures of programme's success can be found in Appendix-3 (page-14).

Eligibility criteria

We are inviting expressions of interest from voluntary, community and faith sector organisations who meet the following criteria:

- You are a non-profit organisation, including but not limited to-
 - Charitable institution registered under the Charity Commission.
 - Community Interest Company registered under the Companies House.
 - Constituted group.
 - Charitable incorporated organisation.
 - Place of worship officially registered as such with the Superintendent Registrar.



- You are based in and/or support people who live or seek support in the Royal Borough of Kensington & Chelsea.
- Have a bank account and have published accounts for at least past one year.

Preference will be given to applications who are willing to work in partnership and / or a consortium of organisations who would like to work together, with a lead organisation being responsible for funds and overall delivery.

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.

Selection criteria

The selection panel will be looking for the expressions of interest to demonstrate reach into key communities of focus and a real desire to take action with the public health ethos 'health for all, all for health', and applicants will need to:

- Be based in the Royal Borough of Kensington & Chelsea, or work within the borough.
- Demonstrate the willingness and ability to meet the programme priorities- people, place, health, by delivering at least one of the specified interventions - (see Page-4)
- Have relationships with and reach into the key communities of focus – (see Page-4)
- Have experience of delivering culturally competent initiatives.
- Demonstrate the alignment of objectives and values between the organisation and the EOI.
- Demonstrate the commitment to skills development and working together towards the same vision of improving public health outcomes and reducing health inequalities across RBKC.
- Ensure project initiatives are accessible to all.
- Demonstrate the willingness to strengthen partnership working with other local services within the wider health & care system.

We will expect the following policies in place:

- Adults safeguarding policy, if working with vulnerable adults.
- Children safeguarding policy, if working with vulnerable families.
- Food hygiene certification, if the activity involves cooking or eating on site.
- Health & safety policy, for community events.

[Kensington & Chelsea Social Council](#) can support with policy development if required.

Please make use of the online information sessions (details on page 2) to understand more about the process and have an opportunity to ask any questions prior to your submission. For further advice, please feel free to contact Muskaan (mkhurana@westminster.gov.uk) or Gabin (gabin.sinclair-constance@rbkc.gov.uk).



RBKC Community Public Health Programme; Expression of Interest Guidance

Register your interest

We look forward to receiving your expressions of interest to deliver the Kensington and Chelsea Community Public Health Programme.

To register your expression of interest please complete the form attached and submit to voluntarysector@rbkc.gov.uk by 5 pm 8th August 2024.

If you wish to discuss the criteria more in detail, or if you have any questions, please email us at the same address: voluntarysector@rbkc.gov.uk

Key contacts

Muskaan Khurana, Head of Health Equity and Engagement, Public Health:
mkhurana@westminster.gov.uk

Gabin Sinclair-Constance, Head of Community Partnerships, Communities:
gabin.sinclair-constance@rbkc.gov.uk



Appendices

Appendix 1: Data summary on long-term health conditions experienced by ethnic communities in RBKC.

- The leading causes of early death for residents in RBKC are linked to diseases of the heart (High blood pressure/hypertension, stroke, heart attack, high cholesterol, diabetes, heart failures), diseases of the lungs (breathing difficulties/COPD, asthma, flu, lung cancer), cancer or tumours and serious mental illness.
- Black Caribbean groups in North-Kensington have higher rates and risk of developing Hypertension, and Stroke is one of the leading causes of death in Black men.
- Prevalence of Type-2 Diabetes is three times as likely in RBKC BAME communities (Asian, Black African and Black Caribbean). High blood sugar can lead to high blood pressure. Diabetes and Hypertension contribute to unhealthy weight.
- Symptoms of poor mental health in Black Caribbean and Asian communities in RBKC are significantly under-diagnosed, and hidden, often presenting in a myriad of ways. They are more common for people aged 50-79 years.
- Asian communities in RBKC are at a significantly higher risk of developing Type-2 Diabetes and Coronary Heart Disease. People with diabetes are 2 to 4 times more likely than others to develop cardiovascular disease, and it remains the most common cause of death for people with diabetes.
- Breast, cervical and bowel screenings for RBKC residents are lowest in the country (lower in areas of deprivation), with high rates of cancers seen in Asian and African communities.
- Asthma, often linked to Smoking and air quality index, are more commonly seen in Black African communities in RBKC.

(Sources: Office for Health Improvement and Disparities, RBKC Ward Profiles, Census 2021, NHS Digital)



Appendix 2 – Desirable criteria for selection

We will be looking for expressions of interest to demonstrate a real desire to take action with the public health ethos 'health for all, all for health'. They will need to define how they will best serve the needs of the community group with reference to:

Relationships: Organisations are able to show how they reach into and maintain effective relationships with key community groups in borough with most to gain. This includes, but not limited to, 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; and Inclusion health groups (people with learning difficulties, neurodiverse needs, physical disability, or serious mental illness).

Access and availability: Initiatives will need to be based in accessible community locations where people dwell and engage on a routine basis. The organisations must deliver in the areas where majority of the identified communities live, work or seek support, primarily in the wards of Chelsea Riverside, Dalgarno, Golborne and Notting Dale. Organisations supporting people with additional health needs could deliver across the borough provided the services are accessible and deemed appropriate by the users.

Cultural relevance and understanding of the community: Organisations will need to demonstrate that through experience, they have a strong understanding of the communities they are aiming to support. It must be relevant to the diverse and intersectional needs of the communities, culturally appropriate to the ethnic needs, and sympathetic to people's individual circumstances.

Learning and insight, and monitoring impact: Organisations will need to routinely capture the emerging insight from the communities they support, enhance the reach into new participants, and demonstrate impact on both psychosocial and measurable public health outcomes.

Integration with other local services: Organisations will need to work with the wider health and care system by building links, pathways and referral routes, both into community-based provision and mainstream services. Access to other functions like community champions and social prescribers, and connections with wider community activities and local partnerships for joint working will be key. This may also include working with the Integrated Neighbourhood Teams, Vibrant Healthy Communities and other strategic forums to embed community voice.

Skills development: Organisations will demonstrate a commitment to utilise relevant skills-development opportunities, embed the learning into delivery of outcomes, and co-design the scope of the programme from year to year.



Appendix 3- Suggested programme deliverables, by end of Year-3:

We expect your interventions to evolve and enhance over time, throughout the duration of the programme, and would aim to see strengthened links with Community Champions, social prescribers, Local Area coordinators and other frontline services, and partnerships with local GPs, and referral pathways and data sharing with mainstream services.

As measures of programme's success, we would aim to have one or more of the following initiatives embedded in the community by the end of three years-

- A version of 1:1 tailored support and outreach for vulnerable households and using relational approaches to enable them to engage in healthier lifestyles while supporting with other issues and concerns which impact their health.
- Delivery of drop-in health assessments (example, finger-prick tests, BP monitoring, BMI etc.) in community settings- as part of routine activity.
- Culturally relevant 1:1 supportive advice or tailored health coaching on diabetes prevention and management, healthy weight, and nutrition, maintaining blood pressure and heart health, stop smoking or substance use, managing stress and anxiety. This may include peer support groups for those adults more at-risk or, or those living with similar health conditions.
- Community-led fitness/ exercise groups or fun-exploratory walks with specialist nutritionist advice (in multiple languages) for specific communities more at risk (e.g., Asian)

Other community-led innovative approaches:

[Community-led Health- We believe communities matter](#)

[Community-centred practice: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

[Library of community-centred and asset-based approaches – UKHSA](#)