

# Kirklees Place

## 2024016416 Place Expansion reference

### Development Award Application

*“This work is vital to aid our understanding of what communities really need in order to move around more and gain the health benefits from doing so. The opportunity this brings to really get underneath the barriers to physical activity and work with our communities to design solutions that work for them is incredibly important to us as an organisation and as a place. It comes at a point in time when we are developing the next DPH report on moving more and the inequalities that exist and concurrently with that developing our Physical Activity (Moving More) strategy. There is system level support for this work, and a genuine excitement about what we will learn.”*

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## 1. Kirklees

### Our Place

- 1.1. Our place is the local authority area of Kirklees. The 7 MSOA areas Sport England have highlighted for us are: Batley Central, Staincliffe & Healey, Dewsbury Moor (Lower and Westtown), Ravensthorpe, Deighton & Brackenhall, Huddersfield Leeds Road & Fartown, Lockwood. These areas correlate closely with our local understanding of areas of disadvantage and pronounced social need. However, we remain open to considering other communities and neighbourhoods (particularly others with high physical inactivity levels), as well as under-served population cohorts. We may end up working with fewer areas or groups – we can't say right now – the insight gained in the development phase will inform us.
- 1.2. Importantly, residents typically do not connect or identify as being from Kirklees. They see themselves as being from their local towns, villages, or communities where they live, rather than 'Kirklees'.
- 1.3. Kirklees has a population of 440,000 people. Our age profile is closely matched to that of England as a whole but with slightly higher proportions within the age groups between 0-19 and lower proportions in the age groups between 25-39 – particularly for men. Kirklees has a higher proportion of residents that identify as Asian (19.4%) than England (9.6%) but a lower proportion of Black or Black British residents (2.3%) than England (4.2%). Kirklees' Asian population is predominantly of Pakistani and Indian origin (12.6% and 5.6% of all residents respectively).

- 1.4. Kirklees ranks 73rd for the number of neighbourhoods (LSOAs) in the most disadvantaged 10% nationally. With 31 LSOAs in the 10% most disadvantaged and 47 more in the 20% most disadvantaged, 30.4% of Kirklees residents live in neighbourhoods in the 20% most disadvantaged nationally. This increases to 60.0% for Asian and Asian British residents and 57.3% for Black and Black British residents. This over representation is even more accentuated for the Pakistani ethnic group of which 65.0% living in these neighbourhoods.
- 1.5. Sport England's Active Lives small area estimates suggest physical inactivity within Kirklees varies between 22.9% in Shelley & Shepley and 36.4% in Batley Carr & Mount Pleasant. Those areas with higher physical inactivity are largely more disadvantaged and have higher proportions of black and Asian residents as would be expected from the modelling methodology.
- 1.6. The 'Current Living in Kirklees' (CLiK) survey conducted in 2021 with a sample of 6,000 people across the borough showed a much broader spread in physical activity (PA) levels and a slightly different focus of places of concern. Analysed by ward, Holme Valley South had the highest proportion of residents (73.1%) meeting PA guidelines while Heckmondwike has the lowest (32.2%). All five wards with the lowest PA rates were in North Kirklees while those MSOAs surrounding Huddersfield highlighted by Sport England fall in wards with rates between 45% and 50%.
- 1.7. In addition to geographical deprivation, we also know from the CLiK survey that physical activity levels differ based on age, gender, ethnicity, whether people have a disability or long-term health condition, household income/financial situation, and qualification levels which is in keeping with wider Sport England national data.
- 1.8. These are important factors, given that we know Kirklees experiences:
  - A significant gap in average life expectancy between wards [7.3 years for males and 7.1 years for females].
  - Some wards where people will spend on average over 20 years in poor health and most people will spend part of their working life in poor health (Kirklees Health and Care Partnership).
  - A 15.3% gap in people reporting their physical health as good or very good, and a 13.6% gap for mental health. Respondents from the most disadvantaged quintile are most likely to report bad physical (17%) and mental (16%) health. 22% of residents with any form of long-term physical or mental condition describe their physical health as bad. 15% of residents aged 75+ describe their physical health as bad.
  - 79% of residents state that they have a long-term health condition or illness, with anxiety (33%), depression (24%), musculoskeletal /

rheumatological problems (17%) and high blood pressure (17%) most common. There is clear evidence in the data that anxiety and depression are more common among younger residents.

- Inequalities begin to impact early in the life course and there is a 22.3% gap between the most and least disadvantaged decile in healthy weight for school year 6 children (NCMP).

1.9. Many partnerships across the borough (including our Health and Care Partnership) are addressing these long-standing inequalities. Our approach to equality and equity is illustrated by the diagram below.



1.10. This approach includes applying the principal of proportionate universalism, which is important to how we take forward this Place Partnership Approach.

1.11. There is ongoing work to map the many assets that exist in Kirklees – from public, private, third sector and educational site facilities such as leisure centres, swimming pools, sports halls, gyms, and fitness studios. Outstanding areas of natural open space are included, given a third of the borough falls within the Peak District National Park. Parks and other green spaces are included as well as community play areas, MUGA's, and emerging active travel networks including canal tow paths and greenways (such as the nationally recognised Spen Valley Greenway). These are supported by a skilled and passionate workforce – paid and voluntary – who support many of our residents to be active regularly, although we acknowledge that they are also not necessarily the answer for many others as well.

## Existing Engagement

1.12. We know many organisations and partners have insight and knowledge about our local communities and the issues facing them. We also

acknowledge that we do not always make the best collective use of this. We intend to use the development award phase to better understand existing insights, where gaps might be, and how these can be addressed so our work is well informed. We want to listen to & understand the reality for our communities, identify challenges and barriers, produce a set of recommendations and develop ideas for the longer term to try some new approaches.

- 1.13. Our local VCSE infrastructure organisation 'Third Sector Leaders' (TSL) is a key partner with many different organisations and agencies under their umbrella who can contribute to this work. For example, we have the Community Champions Programme where trained local people have trusted and meaningful conversations to raise awareness of important health and welfare messages in particular local communities (either geographical or communities of interest) where there are health inequalities. You can watch [this film](#) to learn of their impact in diabetes and [Community champions lead the charge in cardiovascular disease awareness :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#) will tell you more.
- 1.14. There are also a number of public and third sector-based staff and teams that work closely with communities. These include anchor networks, thematic community networks, local authority community and health services, social prescribers, Kirklees Youth Alliance, Primary Care Networks, and our Community Voices network.
- 1.15. These systems are also complex, and whilst our partnership arrangements are strong and continue to develop, this complexity means that optimising these systems to best understand and respond to the needs of our communities still requires effort. This is tricky work, and we can't assume it will happen for physical activity without significant effort. Hence, we need further support and investment.
- 1.16. We anticipate that some of the work we will do will be in, and with, communities; some of it will be at a system level (borough-wide, cross-organisational, thematic changes such as within transport or education), and some of it will be in the interplay between the two. (See 1.24-1.25 for more on system change) The development award phase is important in helping us understand how best we can do this.
- 1.17. This aligns with existing philosophies in Kirklees, for instance the Kirklees Council Plan which is built upon the pillars of working with people (and not doing 'to' them); working with and alongside partners; and recognising the uniqueness of place that requires bespoke responses shaped by residents themselves. Our 'Inclusive Communities Framework' is one of

four top tier strategies across Kirklees alongside other strategies covering 'Health and Wellbeing', 'Environment' and 'Inclusive Economy'. These also set out how we want to work with communities.

- 1.18. If we really want to engage with the communities who are inactive, we need to be doing things differently, on the assumption that work to date has, in the main, not made the change. This means different routes to engagement, new voices, different structures for decision making. It needs to be genuinely community-led and system enabled.
- 1.19. There will also be supporting structures at a West Yorkshire level (via devolution) that we will rely on.

## **Barriers**

- 1.20. Kirklees' diversity means every conceivable obstacle to increased physical activity—be it financial, time-related, facility-related, knowledge-based, motivational, or otherwise—affects someone. Many are the same underlying factors that drive wider inequalities across the district. In recent years these have been compounded by the impact of the Covid pandemic and subsequent – and ongoing – cost-of-living pressures, and budgetary pressures facing local government, health, and VCSE organisations. This includes facility operators and physical activity providers whose programmes are often dependent on funding which is under threat or has disappeared.
- 1.21. We also know there are many systemic barriers within our systems. Compared to other districts we know that more needs to be done by Kirklees Council, and other big institutions and policy owners, to embed physical activity into their policies and systems. Some systems need to 'let go' and know when to step in. We also want systems to connect to each other.
- 1.22. We need to consider the impact of budgetary decisions on wider partners and the physical activity agenda, however capacity and leadership within the Council has been limited. Other systemic challenges include sustainability of the third sector (a reliance on grants – often from the LA), the health system finding time to look within themselves to embed more physical activity and movement into pathways, and workplaces realising that encouraging their staff to be healthier would make them more, not less, productive.
- 1.23. The health sector is now making progress in embedding physical activity, though only more recently. Health and care staff welfare is being prioritised by the Integrated Care Board (ICB) and physical activity is included in this agenda.

## **Work we have already done**

- 1.24. There have been a number of pieces of work in recent years to try to help increase levels of physical activity. These include:
- The Everybody Active Advisory Group (EAAG) has existed in various forms since 2001. Increasing amounts of partnership work is already taking place, but mostly has focused on the delivery of individual activities and interventions rather than systemic change [See appendix A for members].
  - Whole systems approach sessions in Dec 2019 – brought 30 system leaders together with Charlie Foster and Nick Cavill, to map our complex systems affecting physical activity. While this created connections and excitement about potential change, Covid hit shortly after.
  - Wider systems leadership courses in 2019 and 2022, for colleagues from across the health and care systems. Although not physical activity specific these align with the approach advocated by Sport England and therefore have helped to prepare the ground.
  - We held our Leadership Essentials 2-day event in June 2024 which was very successful and has helped to shape this development bid [See appendix B for attendees]
  - Kirklees has had a few isolated pieces of funding ('Tackling Inequalities Fund' 'Active through Football', 'We Are UndebeatABLE') so we are keen to look at how longer term, sustainable change can be achieved through effecting systemic change.
  - Since our Leadership Essentials 2-day workshop we have seen a few ripples. We have connected a colleague in Kirklees Adult Social Care to a peer in Calderdale to share learning and see what she can do in Kirklees.
- 1.25. We believe that significant system change is possible, and through this opportunity we expect that more people will recognise that they have the power to change lives and be given the capacity, freedom and feel entrusted and empowered to do so.
- 1.26. We know that there are several ways to change systems. Our overall approach is for this work to be community led and system enabled. We will have a focus on community-led insight enabling systems to change (i.e. the community flags a problem, and the system reacts) and we will also work with the system to help it see the changes it can make itself. We intend to work at both levels. We know there will be opportunities in both, and we are passionate to work with system leaders to help them make changes within

their own system (not necessarily requested by residents) that they know they can and should make. We also know communities will feedback through the process requesting and needing other systemic changes.

## Key Partners

- 1.27. Using existing partnership arrangements, including the partners who currently make up the EAAG and its sub-groups (Appendix A) as a starting point, we will work with a range of partners and stakeholders during this work. We fully expect to include both existing stakeholders and new ones, especially in the communities we are seeking to support, or from the systems that we want to impact. We are clear that we do not want to pre-determine who these partners will be, however we recognise that some key players need to be involved in supporting this.

## Governance

- 1.28. Leadership for the programme is being jointly provided by a steering group with representatives from Kirklees Council, Third Sector Leaders, University of Huddersfield, Kirklees Place ICB, and Yorkshire Sport Foundation (YSF). The expectation is that it will then continue to oversee the full award in due course, though with a change of membership as necessary. We are very conscious that the steering group is 'system heavy' at present, and we do not want to enforce our strategic 'rules of working' (risks/strategies) onto others.
- 1.29. As we incorporate other members, to ensure we are more representative, we will ensure we offer financial support to community organisations and individuals to allow them to be active members.
- 1.30. The funding for the development award will be held by YSF, and it is anticipated that a new role to drive this programme will be created. We have not yet determined who will hold the funding for the full award.
- 1.31. In-kind support will be given from the subgroup:
- YSF (Development Manager, data and evaluation input for monitoring, evaluation and learning (MEL) plan, support to deliver 'Theory of Change' workshops and development of the plan, plus access to data and insight. Further support is available from colleagues specialising in Active Design, children & young people (CYP) and schools, event planning, communities, comms, regional contacts),
  - Kirklees ICB (Director of Partnership Development),

- Council (policy team, Public Health Consultant and colleague)
- Third Sector Leaders – (CEO of the infrastructure body)
- University – Access to colleagues and programmes to support MEL, linking to wider funding, opportunities to collaborate with Health Innovation Hub

1.32. To complement this work (but not part of the Place Partnership work or capacity) and as further evidence of the wider commitment to this agenda, the 2025 'Director of Public Health Report' will be focused on getting people moving more. We will also be working closely with the chair of the 'Health and Wellbeing Board' to ensure strong support for the programme.

## **2. What the investment will be used for**

### **Investment Being Asked For**

#### **Community engagement**

2.1. Learn from the other Place Partnerships and the work of the original Local Delivery Pilots and visit some of these to help us to fully understand and see what they have done. We have connections with existing Place Partnerships (LDPs) in Calderdale, Doncaster and Bradford, via Yorkshire Sport Foundation, as well as the other 5 areas under YSF's remit. We are open to recommendations of other areas doing similar (or different) approaches to us so we can learn from their experience.

2.2. We want to build our existing community workers' skillsets, by helping them embed physical activity into their role. Examples of these roles are:

- Community health champions (mentioned above)
- The Community Voices Programme run across Kirklees and Calderdale by Voluntary Action Calderdale (VAC)
- Community connectors (managed by the Council)
- The Community Anchor organisations commissioned as lead VCS organisations in the different parts of the borough
- A wealth of third sector and voluntary groups
- Wellness Coaches
- Social prescribers (managed by the Council)
- Youth workers
- Sports deliverers (private sector, Foundations, professional sports clubs)

- HAF (Holiday activities and food) programme leads
- 2.3. During the development phase we will consolidate asset mapping of these teams and providers and draw together their existing insights on physical activity and related issues.
- 2.4. We also plan to do further engagement work with communities and individuals to build on what we already know, understand the issues and barriers more fully and to work with them to develop community led solutions. Building a genuine sense of mutual trust as part of this work is vitally important. We want this work to be community led itself and therefore will use some of the development award to pay for this additional work.
- 2.5. This will allow us to develop a holistic and shared view of the barriers and enablers of physical activity, allowing us to identify transformational change opportunities for Kirklees. We need to understand our communities and their behaviours, using models like COM-B, as well as their views on physical activity.
- 2.6. We also appreciate that not everyone we need to work with will be linked to a community group as they may be more isolated, so we need to do things differently.
- 2.7. This funding could be used for hosting workshops to bring together our existing community workforce; it could be to pay expenses to our community workforce and voice to spend time with system leaders to upskill them; it could be investing in technology to help us better share insight...we're not sure yet,

## **Systems engagement**

- 2.8. The recent training funded by Sport England has been hugely valuable in beginning to upskill and network those partners who attended. We anticipate that further systems leadership training will be beneficial, with the same and new groups of people. Our Leadership Essentials workshop attendees suggested systems leadership, compassionate leadership, cultural differences in decision making, and common purpose training. Leadership can be messy, no one owns this, and we need to get into the weeds and use our experience to unpick behaviours and approaches. We need more people around the table to start their own movements.
- 2.9. Leading 'Design Thinking' sessions with staff from within systems to create the time to think about what they do now, what they could do, and what it

would take to get there. This will include thinking about personal motivation, wider workforce training, policy change to implement, and culture shift.

2.10. Spending individual time with systems leaders, helping them dig into their systems and unpick barriers and blockers.

2.11. We can't say which systems we should start in yet, though some are being 'warmed up' already. This is much like we don't know which communities to start in, until we start. We will go where the energy is.

### **Trying Things Out**

2.12. During the development award phase, we want to try things out and we have included some finances in our bid to allow us to do this. This will be based on the engagement work with communities and the formal system. This may be about capacity building in a system; and it may be about trying out new approaches with the third sector, it may be engaging the university to embed more physical activity and inequalities into their curricula...we don't know yet.

2.13. Some of these things may be small scale/low cost to help us to begin to work with communities as we develop our understanding of barriers and what we can do to help remove these and begin to support communities.

2.14. By this, we do not mean grant programmes as we have done these in the past with little sustainable legacy, and other organisations already do this in Kirklees.

2.15. We acknowledge that some groups can't accept money from Lottery. Should we work with these groups in any way, we will work with Sport England to overcome this challenge around funding sources, as Yorkshire Sport Foundation have done before.

2.16. We may also develop a small number of pilot areas of work to test our larger scale interventions. These will be based on the outcome of the engagement work, and our intention is to begin these during the development award phase so that we can learn by doing things as well as by talking and listening to people.

2.17. As already mentioned, we know we need to do things differently, as work to date has not significantly changed activity levels, nor had long-lasting impact to our residents.

### **3. Outcomes of the Investment**

- 3.1. Our goal for the Kirklees Sport England Place Partnership programme is to reduce inequalities in physical activity in Kirklees. The purpose of the development phase is to:
- Listen and better understand the reality of our communities
  - Identify challenges and barriers
  - Warm up and work with the more formal system
  - Develop pilots and 'try stuff'
  - Measure the impact of our work and learning as we go
  - Produce a set of recommendations and report for the full award phase
  - Develop our 'Theory of Change'/logic model and our monitoring, evaluation and learning (MEL) approach
- 3.2. Outcomes may be purely around health inequalities or may have wider reach into other social outcomes such as crime, employment and wider life skills.
- 3.3. We acknowledge that long term change comes from both a) communities' insight and knowledge leads to system and sustainable change (community-led and system-enabled) b) the systems acknowledging they can make changes within themselves.
- 3.4. Right now, we don't fully know what communities want and need and that is the very purpose of the development award - to build trust and put in place structures that will enable this going forward.
- 3.5. During the development phase we are focusing significantly on strengthening the conditions for success – particularly the first five of the conditions contained in the systems Maturity Matrix. We therefore expect to see a significant improvement in our self-evaluation against those conditions in the Maturity Matrix, that we have already completed twice with the NELP team
- 3.6. We need to understand what sustainability means to us and how we measure it. Work will take place during the early stages to better understand this as a network.
- 3.7. We think an early step will be to create the principles around how we work.

#### **The recommendations report**

- 3.8. A crucial product of the development phase will be a robust set of recommendations and a plan for the delivery stage. This will:

- Summarise the findings of engagement and mapping work.
- Identify the key barriers to physical activity of the priority communities and the systems that create and perpetuate them.
- Define the priority communities – whether framed by geography and/or sociodemographic characteristics – with high physical inactivity/low physical activity rates.
- Define the systems to work closest with (both as a result of the community insight AND because the system sees the impact they could have on outcomes by making changes).
- Articulate within a theory of change the actions that will be taken to address these systemic barriers, the outputs and outcomes expected to result from them, and the assumptions that underpin our understanding of this process of change.
- Develop our approach to monitoring, evaluation, and learning that will be used in the full award phase. We will work with the University of Huddersfield to develop our approach, as well as learning from other areas of community led work and approaches.
- Importantly we will develop our approach to measuring the success of individual projects/interventions and assessing their cumulative impact at population levels.
- Explain how the 10 conditions within the Maturity Matrix will be further strengthened throughout the programme.