Design perspectives:

health & wellbeing.

Design for health and wellbeing

Improving health and wellbeing is one of three connected themes in Design Council's strategy for 2020-2024, alongside enabling sustainable living and increasing design skills. As part of identifying where Design Council should best act in this area, we looked at the data on health inequalities (before and during COVID-19), commissioned research with nine senior stakeholders who are active in this field (before COVID-19) and brought together a roundtable of stakeholders in July as the pandemic revealed starkly the different experiences of health that different people face.

This paper outlines the priority areas where design can be used to address the wider determinants of health and wellbeing as they are currently being experienced in the UK. It is divided into three sections: (1) a review of health inequalities that arise from poverty and unequal access to wider determinants, and the need to focus on preventative, not remedial approaches; (2) the role that design is playing in health and wellbeing; and (3) how design could be used to improve health and wellbeing, and reduce health inequalities in the future.

01

Review of health inequalities

There are stark health inequalities in the UK, as evidenced by the Marmot Report *'Fair Society, Healthy Lives'* (2010), and its 10-year review, published in early 2020 by the Institute for Health Equity and the Health Foundation. In the most recent report, we can see how a decade of austerity has increased the health gap between low and high-income areas, and reduced the number of healthy years we can expect to live.[1] Inevitably, these health inequalities have been further exposed and exacerbated by COVID-19.

Poverty and deprivation

There is extensive evidence that health inequalities are impacted by deprivation, urban living and ethnic background, which are often intertwined. Poverty, low incomes and socio-economic inequalities limit people's chances of accessing things that help them develop and maintain healthy lifestyles, such as reliable employment, housing security, and access to healthy food.

"We face significant distributional issues. Inequality has a powerful impact on wellbeing, which has been widening recently." Paul Najsarek, Chief Executive Ealing Council.

"More affluent people are continuing to benefit from improvements in life expectancy but significant population groups are not…there is a significant challenge to be addressed in enabling more people to live healthy and productive lives." Julie Billet, Director of Public Health Camden and Islington Councils.

People facing the greatest deprivation are more at risk of being exposed to COVID-19. They are more likely to have public-facing front-line jobs, be more reliant on public transport and live in areas of high density. Pre-existing long-term health conditions and co-morbidities are also more prevalent in these groups, which puts them at an increased risk of developing more severe outcomes if they contract the virus.[2,3] The most deprived areas experienced more than double the mortality rate than the least deprived areas, with black males being three times at greater risk of dying than white males of the same age.[4]

Measures put in place by government to limit the spread of COVID-19 are placing a disproportionate burden on the health and wellbeing of those already experiencing the sharp end of social and economic inequalities, which is likely to exacerbate those inequalities in future.[5]

Mental health has worsened substantially because of the pandemic, particularly among essential workers. Reports of poor mental health have increased by 8.1% on previous years, with young adults and women hit hardest. For those who are unemployed, 34% of had experienced mental distress and 20% reported suicidal thoughts and feelings. As mentioned above, more than a third of people in the UK have been exercising less during lockdown.

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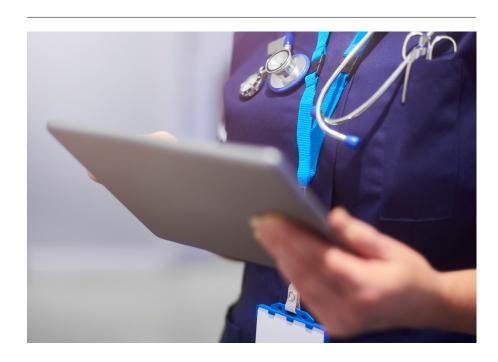
Paul Najsarek, Chief Executive Ealing Council.

Wider determinants

Access to health services is but one of many contributing factors to our overall health. Wider determinants of health, as described by the Health Foundation, comprise: employment, environment, education, social connections, food, a sense of belonging and purpose, and housing.[6] Black, Asian and minority ethnic people and those on low incomes often have poorer experiences of, and unequal access to, these assets, thereby widening the health gap. These wider determinants include:

Good work and a sense of purpose. These are key to people's health and wellbeing. Many people are already experiencing job insecurity as a result of COVID-19, with many of those unemployed before the crisis worrying about their future job prospects. Of those people, 34% of had experienced mental distress, and 20% reported suicidal thoughts and feelings.[7] In the short term, a post-pandemic economic recession will undoubtably increase unemployment. This outcome will further compound the projections made by the ONS that automation would also make many roles in our current workforce redundant in the future. Those with the highest levels of education can expect to access better jobs, and to have developed stronger social connections and a sense of achievement and self-worth.[8] For this reason, considerations on the future of good work should take into account the needs and skillset of our future workforce, as analysed in our own research: Designing a Future Economy.[9]

"It is essential to think about what the future of work will look like and how people's mental wellbeing will be affected." William Roberts, Head of Social Care Innovation Unit.

There is an increasing understanding of the important role of **good relationships and social connections** in maintaining health and wellbeing. Being loved and valued as a human being is intrinsically tied up with our sense of self-worth. Modern lifestyles and digital distraction, however, are leading to greater isolation. In fact, during the pandemic people have reported greater levels of anxiety and isolation.

"Relationships matter a lot more than we thought they did." Nancy Hey, Executive Director of the What Works Centre for Wellbeing

There is a wealth of evidence that the **quality of people's homes and wider environment**, including easy access to local high streets, sustainable transport, community assets outside the home and green spaces, has a significant impact on health and wellbeing.[10] Sport England research has found strong correlations between physical activity and better mental health, describing it as 'a wonder drug' that reduces depression, anxiety and stress, while improving self-esteem and mood.[11] We have found that that many health inequalities were being exacerbated by the differences in people's ability to access activities, open green spaces and digital offers through which to continue exercising.[12]

Many places throughout the UK are suffering a housing crisis, with negative consequences for people's health. The quality of housing and the opportunities it affords, including access to personal and outdoor space, are highly variable. For example, 2.7 million people in England do not have a green space within a ten-minute walk (ref Fields of Trust research), one in eight households in Great Britain have no access to a private or shared garden, and black people in England are nearly four times as likely as white people to have no access to outdoor space at home.[13] As a result of the lockdown, more than 36% of people have said that their physical activity had been curtailed during the pandemic.[14]

"Many people can't afford to live in a healthy house or live in a healthy community with good access to work, schools and public open spaces." Dr Helen Pineo, Lecturer in Sustainable and Healthy Built Environments, The Bartlett UCL.

Aspiration, a sense of belonging to and pride in your place can improve mental health and increase social connectedness, as well as build an individual's resilience to difficult events, managing stress and depression.

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Poor air quality is described by Public Health England as the 'largest environmental risk to public health' in the UK. Chronic conditions, such as cardiovascular and respiratory diseases, have been shown to be caused by long-term exposure to air pollution, which causes an estimated 40,000 early deaths every year.[15] Patients who developed severe symptoms with COVID-19 were twice as likely to have pre-existing cardio-pulmonary conditions, which may have been caused or exacerbated by exposure to air pollution.[16] Under the lockdown, harmful particulate concentrations fell by a third and air pollution levels were at their lowest since measurements began in 2000. It has since risen to pre-lockdown levels in the last few days (29th June).[17]

Food and diet is the biggest risk factor for preventable poor health in England.[18] The quality of what we eat and drink has deteriorated, leading to an epidemic of obesity, diabetes and other lifestyle-related long-term health conditions. More than a quarter of people in the UK are now obese, and the numbers continue to rise. Income inequality and our environment makes it difficult to make healthy decisions: research has found that it is three times more expensive to get the required energy from healthy foods than unhealthy ones, and between the years of 2014 and 2017 4,000 fast food outlets opened, most of which were in economically disadvantaged areas.[19] At the same time, a third of young people say they often worry about having enough food to eat. More than five million people across the UK have gone hungry since the COVID-19 outbreak began, and a range of issues including limited funds and an inability to get items from shops has led to more people accessing foodbanks.[20]

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Focus on prevention

We now widely recognise that resources are all too often going into remedial approaches directly treating poor health, when investment in preventative medicine, facilitating lifestyle changes and social prescribing would be both more effective and efficient. By focusing on prevention and supporting people to lead healthy lives, we can help people to avoid long-term poor health, health-related disability and mental distress. A prevention-based approach will enable people of all ages and backgrounds to develop, maintain and enjoy healthier lives.

Cradle to career: children and young people

We need to focus on ensuring children and young people have the best start in life. The UK has a higher than average level of unhappiness in children, due in large part to social and economic inequalities.[21] Early life plays a critical role in preparing people to lead healthy and independent lives as adults, and yet the closure of community assets such as children's centres and youth services make this more difficult to achieve.

"Focusing on the first 1,000 days of life can help people be healthier and more independent." Debs Harkins, Director of Public Health, Dudley Council.

"Should we be putting more money into education rather than building new hospitals?" William Roberts, Head of Social Care Innovation Unit.

Cradle to career is a long-term preventative, relational and cross-systems approach to raising children through community-led change. The Winch in Camden is a good example of this approach in practise. By working with young people to develop their skills, strengths and sense of purpose, the organisation is able to navigate them through life challenges and bring the community together to address local issues.[22] In 2018, the Winch worked with 1,400 children, young people, parents and local residents in North Camden, including a 200 person-strong community-led change programme, a new community library and 42 invested-in new ventures.[23]

Older people

The UK's rapidly ageing population has increased demand on social and health services in recent years, and the pandemic has exposed the acute strain placed on our NHS. A lack of decent and affordable housing – especially homes without fall hazards and other potential health hazards – is an especially acute problem for people in later life. Between 2012 and 2017, the proportion of people aged 75 or older living in a non-decent home increased, even while the proportion of non-decent homes throughout the UK fell.[24] Homes that are adaptable, that help instead of hinder day-to-day activities, enable people to stay in their homes longer and maintain their independence. Over a quarter of people aged over 65 struggle to perform at least one such daily activity; and with our ageing population, that number will only increase.[25]

"The challenge is to keep people healthy rather than treat illness. This depends on different sectors working together and working together well." Shirley Cramer, Chief Executive, Royal Society of Public Health.

Our own Transform Ageing programme (2017-2020) was a pioneering programme taking a community- and design-led approach to improve people's experience of ageing.[26]

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Shirley Cramer, Chief Executive, Royal Society of Public Health.

Emerging positively from the pandemic

The pandemic, while experienced unequally, has increased people's awareness of the need to address inequalities and people's personal awareness of the need to keep healthy, exercise, look after neighbours and eat good food. Forty per cent of people have said they felt a stronger sense of community and 39% feel more connected to friends and family, and 42% of respondents to a YouGov survey said that they now valued food more.[27]

02

How design is currently being used

Design thinking is increasingly being used in national and local Government, in the NHS and local councils to help shape services and policies. The Design Council's Design in the Public Sector programme has supported 70 councils since 2015, which range across the wider determinants of health, and in 2018/19 and 2019/20 focused specifically on health and wellbeing. Forthcoming evaluation (Flood, R 2020) of this cohort found that attendees found the space and time to work in multidisciplinary teams and hear from resident experiences were critical for them to reframe challenges, and senior buy-in is also essential. FutureGov, Snook and Shift are all design agencies specialising in design for health and wellbeing.

"When councils plan regeneration schemes, for example, we consciously try to apply high standards of design. We are increasingly using the design approach to involve communities in the design of the places they live in. We also recognise that the way to improve wellbeing involves influencing public behaviour, influencing the wider determinants of health in their lives, and influencing how services operate." Paul Najsarek, Chief Executive, Ealing Council.

However, interviewees felt that design's potential contribution was nowhere near being exploited to the full. They pointed to a lack of awareness of the design process.

"I don't think that design thinking, the double diamond, is remotely universal or well-understood. It is not something that is well-embedded." Julie Billet, Director of Public Health, Camden and Islington Councils.

The awareness of the role that design can play in creating healthy places has increased, demonstrated by initiatives such as the NHS Healthy New Towns programme. However this is still not being achieved across the board, as demonstrated by the 2020 National Housing Audit, which showed that the design of majority of new housing environments in England are 'mediocre' or 'poor'.[28]

"Good design principles can help to create healthy communities. There is some good work on healthy design." Debs Harkins, Director of Public Health, Dudley Council.

But currently, the design of the built environment is not meeting the needs of all groups. Although there is strong recognition of the role that design plays in creating environments that are physically accessible (with the Equality Act 2010 making it a requirement that people do not experience discrimination in their access to and experience of places and services more generally), there is limited understanding across the industry of the role that environments play in creating welcoming places for people. Design Council's Inclusive Environments programme is seeking to grow people's understanding of what inclusive environments are and why they are important.

Design Council's *Healthy Placemaking* research found that practitioners are not using enough data, nor measuring the impact of the design process, and although there is senior buy-in, this doesn't translate to frontline staff.

"We don't monitor the built environment very well. When we design something we don't know how well it performs in practice." Dr Helen Pineo, Lecturer in Sustainable and Healthy Built Environments, The Bartlett UCL.

Design is also being used to create commercial products and services that support people to stay healthy. *"There is some important thinking about design and older people. We want people to stay in their own homes as long as possible. What are the things in their environment that will enable them to stay? They all have important design features: beds, bathrooms, easy-to-use kettles."* Shirley Cramer, Chief Executive, Royal Society of Public Health.

Design Council's accelerator programme, Spark (2014-2019), has supported hundreds of innovators to fast-track their products, many of which support people to lead independent and healthy lives at home. Across the lifetime of the programme we supported 150 inventors through our Design Camp, helping to bring 44 ideas to market that collectively secured £1.8million in follow-on investment.

Technology is being used in healthcare, with organisations like the Helix Centre pioneering its use. But it is not always created in a user-centred way. COVID-19 has hugely increased the digital literacy of the population, but it is not equal and there are continued concerns about privacy and data. Organisations like the Wellcome Trust and Comuzi are working to understand the best uses of patient data.

"People don't have enough information about their health status in order to better manage their own health. Digital technology can play a major role in the transformation of health services and enabling people to become better informed and more empowered." Yinka Makinde, Programme Director, Digital Health London.

"Good design principles can help to create healthy communities. There is some good work on healthy design."

Debs Harkins, Director of Public Health, Dudley Council

03

How design could be used

1. **Design to increase inclusion and equality**

Design needs to be focused on supporting those experiencing inequalities to achieve the best in life. Inclusive design means not just designing for the extremes (with the view that it will then work for everyone) but creating choice and flexibility for different needs, and also designing as part of a wider system of innovation tackling inequalities systemically.

"Levelling up is not just about transport, it should be about levelling up health outcomes as well." Shirley Cramer, Chief Executive, Royal Society of Public Health.

2. **In places, multidisciplinary design (across design practices) could be used to address the wider determinants, especially around the environment**

Place-based approaches drawing together a wide variety of design techniques, and working across different interventions, from community to policy.

"It is important to think about what can be done at no extra cost. Could design be used to improve the physical environment in ways that don't increase costs for the developer but result in healthier places?" Dr Helen Pineo, Lecturer in Sustainable and Healthy Built Environments, The Bartlett UCL.

Design Council's Transform Ageing programme found that while the 62 social entrepreneurs it supported had identified benefits in wellbeing and social isolation, and in local employment, there is greater potential to involve more partners and extend impact through a place-based approach, involving other partners, (for example housing, transport and retail).

As well as physical aspects of design, we need to promote awareness around its other strategic uses. Our interviewees pointed not only to "obvious" design contribution to the physical environment, housing and products, but also the wider role of design in more macro strategies (e.g. policy or organisational design) and the involvement of people in decision-making processes.

"There's a danger that we won't get the most out of design as there's a misconception that it's all to do with physical development and physical infrastructure. Even though the wider design approach is commonly used, the understanding of it is by no means universal. More could be done to spread good practice and show the contribution design could make." Paul Najsarek, Chief Executive, Ealing Council.

"Design makes a major contribution to creating the conditions in which it is easier for people to be healthy. It is really important that people who are responsible for delivering this work with residents and users of health and care services."

Debs Harkins, Director of Public Health, Dudley Council

3. Involve communities and people in co-design and co-production

We must engage communities to design places that are inclusive for all, using design skills and mindsets to empower them to make change in their own lives, behaving in ways which are more conducive to wellbeing.

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Debs Harkins, Director of Public Health, Dudley Council.

It is possible to work with people on two levels: co-design and co-production.

First, we should design the conditions in which it is easier for people to be healthy, for example policies we live by or the built environment that surrounds us. And to engage people in the design process early and throughout. We should always involve people in the co-design phase of services so we know we're addressing the right issue.

We should also create more participatory models of change, for example upskilling communities themselves to take action. FutureGov has been working with Camden Council on a Health and Wellbeing Neighbourhood Assembly and with the Young Foundation on a Communities Driving Change programme in Tower Hamlets. Our Transform Ageing programme (see above) found that people wanted to take forward ideas that they had helped generate. Some 46% of the social entrepreneurs were older people, and they provided 193 jobs and 800 volunteering opportunities.

4. Linking health and wellbeing to sustainable living

Climate change is a huge threat to global health. Design for sustainable living is also design for health and wellbeing. And not just around designing for net-zero or low carbon housing, but understanding – through the advent of the microbiome – that we have a more intrinsic, two-way relationship with the world around us. We need to create a life-promoting environment, rewilding and introducing greater biodiversity. And the obvious link is promoting cycling and walking which is good for the environment and our bodies.

5. Measure impact of what works

Interviewees said that there is a need to focus on evaluation, review and learning. We must iterate based on what has and hasn't worked in past, to maximise the value of design.

"It is important to collect and use evidence on the impact of changes introduced as a result of the application of design thinking." Nancy Hey, Executive Director of the What Works Centre for Wellbeing.

6. Convene different disciplines, including technologists, scientists, medics and nurses, drawing together different types of knowledge

Design needs to work with other specialists, bringing other types of knowledge. For example, using data to understand how people are behaving in the world, or concepts around microbiome and ecological knowledge.

"We need to make better use of the data we have. It can give policy insights. Behavioural insights can be used to understand how people will act and can be influenced." Nancy Hey, Executive Director of the What Works Centre for Wellbeing.

"It would be interesting for design professionals to speak more with people they do not usually engage with: health policy people, nurses, service users, consultancies that operate in the health world." William Roberts, Head of Social Care Innovation Unit.

Within the NHS (e.g. Barts Health NHS Trust and Guys & St Thomas' NHS Foundation Trust) there is a lot of training happening around design and digital, which could be spread further. Summer courses exist within universities between medics and designers, but more could come out of these. According to an interviewee, currently scientists hesitate to collaborate with designers because of the risk to their reputation.

Collaboration is also key to increasing the use of design quality, with built environment practitioners believing that greater collaboration between planning departments, highway authorities and public health departments to ensure that policies and practice put healthy placemaking at the forefront of all placemaking projects.

7. Interviewees also see potential for the design process to enable new technologies to play a bigger role in improving health and wellbeing

"There is an increase in the number of organisations thinking about bringing in innovations, particularly digital innovations. Some are starting to set up innovation hubs. There is an opportunity to adopt a design approach when an organisation is thinking about how to innovate. This is a nice way of trying to embed this design approach." Yinka Makinde, Programme Director, Digital Health London.

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