
Roundtable discussion

Using design to reduce health inequalities.



Introduction

Design Council's mission is to make life better by design. Using design to improve health and wellbeing, and reduce health inequalities 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 our work to identify 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), brought together in the 'Design Council's perspective: health and wellbeing' paper; and convened a roundtable of stakeholders in July as the pandemic revealed stark differences between people's health experiences.

The roundtable session had two aims: (1) to highlight how design is currently being used and (2) to share best-practice initiatives to explore collectively how design can be used to address wider determinants of health and wellbeing.

Design Council has a long history of designing for improved health and wellbeing, addressing numerous design challenges within healthcare settings (for example reducing A&E aggression, increasing patient dignity, reducing hospital infections). More recently, our work has considered the wider determinants of health, with programmes including: Transform Ageing, supporting communities to design solutions to reduce social isolation; Home of 2030, engaging the public in what they want and need from their future homes; and BBC Radio 4's The Fix, which looked at co-producing solutions around debt and financial resilience.

Four major opportunities came out of the roundtable, which validated and built on our research:

- involve people and communities in co-design and co-production
- support a new kind of leadership that can promote inclusion and shift power
- convene different partners drawing together different types of knowledge and create whole-system change
- develop partnerships around healthy, sustainable and active places.

The virtual roundtable

Welcome to the 'Design for health and wellbeing' virtual roundtable

1

Hello!
 Welcome to the workshop space. Have a look around at the agenda, see who else is in the room (and say hello on Zoom chat from 13:00 on Thursday) and read our strategy.

Today's agenda

Our Strategy 2020 - 2026

Participants

UKRP - REPLENISH project - Leadership Board meeting

This is our roundtable
 A roundtable with 20 participants from across the UK, with members of the design team acting as facilitators.

When other design teams are working together
 Working together to create a better future for all.

Our goals

- 1. To create a better future for all
- 2. To create a better future for all
- 3. To create a better future for all
- 4. To create a better future for all
- 5. To create a better future for all
- 6. To create a better future for all
- 7. To create a better future for all
- 8. To create a better future for all
- 9. To create a better future for all
- 10. To create a better future for all
- 11. To create a better future for all
- 12. To create a better future for all
- 13. To create a better future for all
- 14. To create a better future for all
- 15. To create a better future for all
- 16. To create a better future for all
- 17. To create a better future for all
- 18. To create a better future for all
- 19. To create a better future for all
- 20. To create a better future for all

Our people are great
 A roundtable with 20 participants from across the UK, with members of the design team acting as facilitators.

Presentations to inspire discussions

Kieron Boyle, Chief Executive of Guy's and St. Thomas' Charity (GSTC) and Trustee of Design Council

Kieron introduced the ways in which cities impact on our health and the potential for design to reshape cities to tackle health inequalities. As one of the world's largest urban health foundations, GSTC's focus is on addressing complex health challenges such as improving mental health and finding innovative solutions to the health effects of air pollution.

Design is an effective tool for democratic collaboration between different groups of people to address health inequalities – including built environment experts, health practitioners, civic institutions and social investors. However, there isn't equal access to the design process for effective collaboration and systems change. Design can also be a catalyst for reimagining the status-quo, especially now due to COVID-19, there is a sharper focus on reimagining healthy cities and designing thoughtfully around clean air. Design can also help us in understanding complex issues deeply, for example, childhood obesity. Design-intensive processes have shown that the real issues here are around unequal access to environments that promote healthy lifestyles. We must focus on developing innovative solutions to address these deep and complex issues.

Prof. Chris Rogers, Professor of Geotechnical Engineering, University of Birmingham

Chris talked about the role design plays in creating, maintaining and repairing the physical infrastructure that supports society. Chris is currently leading on an ambitious research project seeking to provide evidence of the impact of architecture and the green and blue environment on the prevention of non-communicable diseases.

He argues that a systemic approach is necessary to improve health and wellbeing, observing how our interventions impact on different systems, looking at all consequences, positive and negative, and creating alternative business models that promote health as well as economies.

Maayan Ashkenazi, one of our Built Environment Experts, facilitated an inspiring panel discussion with four perspectives on the role of design at different levels of the system, from a strategic framework for the built environment to the design of the interface of a watch. All of which are vital for health and wellbeing in a place.

Design deeply.

We understand the root of the problem and its wider context so together we tackle the cause, not the symptom.

Design disruptively.

We are bold, provocative and reimagine the status quo, rather than just making a better version of what already exists.

Design collaboratively.

We recognise that one solution is not going to fix a problem, so we team up with others who are also working on the same goals.

Design democratically.

We shift power to communities by helping them to develop their own design skills to bring about positive change in their lives.

You can watch the panel discussion and Q&A [here](#)



Dr Helen Pineo, Lecturer in Sustainable and Healthy Built Environments at UCL and Design Council Built Environment Expert

Dr Helen Pineo talked about how the built environment is a powerful tool for tackling health inequalities and shared a new framework (THRIVES) which shows how it can create health and wellbeing at different scales (local, ecosystem and planetary) and at different levels (building to neighbourhood to city).

The framework builds on theory and new research, highlighting three key areas for how we should design, outlined below.

- Health impacts often occur far away from new development or many years after construction. This requires design teams to think of impact beyond property boundaries.
- Structural barriers prevent healthy living for many groups in society. The framework advocates for a shift in focus for built environment professionals to develop targeted interventions and design with inclusive processes, as well as inclusive and diverse teams.
- The urgency of environmental degradation that is caused by urban environments, affecting health through many pathways, including extreme weather. Sustainable design principles for health need to be integrated into sustainable design and construction.

Find out more about the [THRIVES framework here](#)

Jacqueline Bleicher, Founding Director of Global Urban Design and Design Council Associate

Global Urban Design (GUD) is a social enterprise that provides the skills and services required for creating great places. Jacqueline talked about the importance of inclusive place-shaping to health and wellbeing through meaningful community engagement.

GUD uses a five-stage co-design process to equip communities with the skills and knowledge to express their ideas on how to influence and change their places and work with local decision-makers. Different types of community engagement are vital to co-design places with people to foster inclusivity and create interactions between different groups of people (chance-making, repeated viewing, conversations).

You can also watch the [presentations here](#)

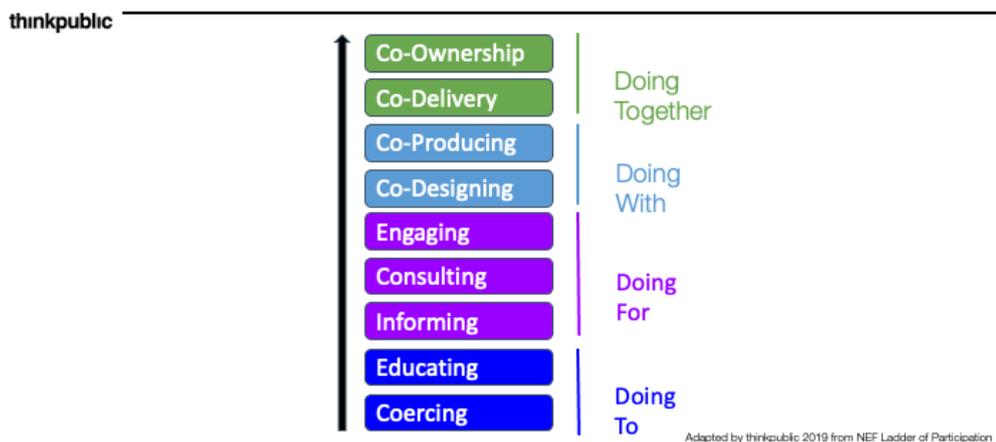
Deborah Szebeko, Founder of thinkpublic and Design Council Associate

Deborah talked about place-based service design and ways in which communities can take ownership of the services they use and the spaces they live in. Over recent years more organisations have moved from a ‘doing to’ towards a ‘doing for’ approach to design, which includes engagement and consultation. Deborah argues that we should also be moving towards a ‘doing together’ approach, which includes co-design and co-production.

When we co-design and co-produce solutions, we are not only designing more interesting and better products, services, and places; we also see a transformation of the individuals that are going through the journey. They start to see their own potential and to take ownership within their community to make something happen. The design process has the power to transform communities, fostering collaboration and supporting people to see possibilities and take necessary actions towards change. Deborah brought this process to life by presenting different case studies, from a Community Coach Club in Barnet to FutureGov’s Citizen Assembly model and Philips Healthcare’s approach to innovation.

Aditya Kasliwal, Co-founder, Personal Alarm Watch (supported through Design Council’s Transform Ageing programme)

Aditya talked about the potential for digital tech to allow people to better experience their neighbourhoods, giving the example of the Personal Alarm Watch he and his team created as part of Design Council’s Transform Ageing programme. Aditya described the journey they went through to develop a product that could make people more independent, not only in their homes, but also in their communities. Central to their design process has been meeting and talking to people in later life along with their families and carers through design workshops, focus groups and one-to-one interviews. Design has a role to play in facilitating open, inclusive conversations to develop products and services meeting people’s needs. Through this co-design and prototyping approach, Aditya and his team realised that pendants were stigmatising, so they turned to the watch. As the red alarm button needed to be easily accessible, they moved it to the top surface. These insights could only have been found out through speaking to users, which the team did throughout the process, from understanding needs to testing and spreading the word to increase uptake.



DOING WITH & TOGETHER

Understanding user needs, identifying insights & opportunities, designing services & scaling solutions.

Summary of group discussions

Reducing inequalities in health and wellbeing requires a systemic approach across the wider determinants of health (defined by Dahlgren and Whitehead's [Rainbow Model](#) and by the [Health Foundation](#)). Group discussions were based around four of the wider determinants, recognising that different design disciplines can come together to create bigger change when they work together. We gave groups hopeful scenarios (below) and asked what might we do together.

Scenario 1: The people we meet **A neighbourhood which has a mixture of people from different backgrounds and where everyone knows at least 20 people well enough to talk to and help out**

During COVID-19, communities have been a core part of the emergency response, with mutual aid groups supporting each other (often to prevent isolation) and local groups making street and space adaptations to encourage more walking and cycling. This sense of local connection and shift in power needs to be amplified in the with-COVID world.

Design can be used to reimagine spaces in a way that encourage interaction and connection, physically opening up spaces and putting on inclusive offers that combine services or cultural activities aimed at bringing together people from different backgrounds.

For example, the redesign of a university included the main part of the campus left open for people to come together in different ways, including outdoor activities and performances, rather than being taken up with facility buildings; communities supported to design and run sports facilities as wider community assets; and more wildlife areas were created within schools. This is about “starting the conversation in different places” and letting different groups imagine how they would like to use it. Co-production is a way for communities to come together and share the space for creation.

Social distancing means that we will have to think differently and imaginatively about how people connect in spaces in a safe way, and how we combine digital and physical spaces to create connection.



Scenario 2: The air we breathe
A town where PM2.5 concentrations are reduced at least 30% and NO2 by 50%, with everyone having access to the same air

The COVID-19 experience has shown that some aspects of air pollution can be successfully improved at a scale. We should reflect on the positives of reducing the use of private transport and the creative re-purposing of our streets and public spaces during this time, while at the same time addressing those changes that were detrimental to our health (for example, reduced activity levels).

Housing, better connectivity and urban planning have valuable roles to play in improving health and wellbeing. Indeed, our conversation started with a reminder that planning used to be a public health discipline 110 years ago. We can design our places and neighbourhoods in ways that encourage active travel, design out private cars and increase the use of public and other modes of shared transport. We also discussed how interventions to improve air quality are often not as straightforward as they seem, discussing an example from countries where commercial and industrial activities are responsible for pollution while also providing employment to people. We must act systemically, connecting together design at the community and policy level, and create shared views on what a healthy city looks and feels like.

We can design our places and neighbourhoods in ways that encourage active travel, design out private cars and increase the use of public and other modes of shared transport.



**Scenario 3: The places we move around
A city where 80% of people from all
backgrounds can use public transport,
walk, run or cycle to work or see friends**

In the with-COVID world, the 15 or 20-minute neighbourhood is getting much traction. This incorporates the physical design of a space (encouraging physical activity such as walking, cycling, running or tending to a green space), sustainable and ethical local business innovation or social entrepreneurship, co-location of health and community services, as well as a co-design community to share resources and activities. The cargo bike was the metaphor used by one group to encapsulate this: active travel, local commuting, local business delivery. We must recognise, however, that while some people may want services nearby, others may want to access services in a more discrete way, and that one unintended consequence might be more insular communities.

There is a need for better data to support innovation, both to understand the geo-spatial characteristics of a place and how people move around space differently: not everyone's 20 minutes are the same. Older people or those with disabilities might experience walking and active travel in different ways, and in Manchester's age-friendly neighbourhoods, further methods (for example, walking interviews, peer research) have been used to understand this. There are opportunities for safe data sharing across local authorities/local directors of public health and NHS in order to improve research initiatives on the impact of healthy neighbourhoods and to influence policy.

High level frameworks and strategic plans, as well as neighbourhood tactics, are both important. Active design principles need to be built into property codes of conducts, a national spatial plan can ensure investment in infrastructure is in place and equity frameworks are important to embed inclusive engagement into planning (and to do so early). Many tactics were shared, ranging from secure and enjoyable bike sharing and parking; removal of street clutter; repurposing of smaller unused spaces for communities to share resources, such as food growing. Design Council has recently published *A Public Vision for the Home of 2030* with insight from more than 2,000 members of the public around their aspirations for healthy homes, RTPI's *Planning The World We Need* has many points on active travel and Sustrans' strategic priority is around liveable cities and towns for everyone.

There is a need for better data to support innovation, both to understand the geo-spatial characteristics of a place, how people move around space differently.



Scenario 4: The work we do
A place where people tell you their purpose (not their job) and where employers care more about the health and wellbeing of their employees than profit

COVID-19 has exposed health inequalities which are disproportionately affecting people from Black Asian and Minority Ethnic backgrounds, especially those who have been working throughout the pandemic. We need to engage employers in what they can do to support the health and wellbeing of their staff.

We need to achieve a greater focus on flexible workspaces that have integrated offers for centering wellbeing and social connection. For example, co-designed workspaces as demonstrated by the Hub Workspace at Wellcome (co-designed by researchers at Heart n Soul), or Project Wingman, which

St Bartholemew's hospital introduced for their NHS staff during the pandemic using the skills of grounded cabin crew to provide a space to unwind before, during and after hospital shifts. Physical design, as well as exploring how to bring together personal and professional ethics, values and motivations together to the workplace, is vitally important.

In the with-COVID world, we need to explore the opportunities of regrouping and rearranging. Looking at vacant spaces and existing (and now unaffordable) spaces – how can we create the conditions (of space, time and design) for partnerships to develop? For example, for local government and health practitioners to share space and work together, or designers and social innovators to share space with community groups or charities.



The overarching theme across all groups was that we need to have better community engagement, involving more diverse groups and seeing community members as designers or co-producers of outcomes

Design could play a role in creating an environment where people are co-designing healthy places and services. Local places provide opportunities to combine design around green issues, smart and tech-enabled homes, and work and social connection. Examples included community-led services, social prescribing and peer mentoring networks. But lots of examples of what is called ‘co-production’ are not, and more in the realm of co-design or even consultation. True co-production involves the shared delivery and decision-making between communities and organisations, which requires a very different way of working and shifting of power.

It takes time to engage with people that have not normally engaged with ‘the system’; this requires building trust and sharing power. Feedback and communication are vital, particularly among places that have felt over-researched or engaged with no follow through. There are many different groups that use places, and their different needs and aspirations must be negotiated. We need to think about the different needs of people with disabilities, older people, parents and young children, and different modes of getting around.

Therefore the co-design process needs to be delivered at the pace of participants not at the pace of ‘design practitioners’. This takes time and resources, which are often seen as ‘invisible’ activities around a design project, and therefore underfunded. As Jacqueline Bleicher said “we need to craft engagement strategies which are relevant to communities’ terms not organisational ones”. As the design practice evolves, we need to move from combining multidisciplinary design teams towards an integrated team with peer researchers and activists within communities.



Opportunities and what next

It was 37 years since Dahlgren and Whitehead came up with their definition of health inequalities, and we cannot wait any longer to act. Jacqueline Bleicher showed an image of a tube map of London which shows a difference in average life expectancy of 10 years from Chelsea to East Ham, first created by Justine Fitzpatrick. We can change this. There are some clear opportunities for us to work together to:

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

Building on our research, there is a clear need to engage communities to design services and 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. There is a wealth of information out there (for example the What Work's Centre's *Co-production Scoping Review*), but this needs simplification or translation into different professional contexts. Firstly, there is an opportunity to review best practices for co-design and co-production with communities across the public and private sectors, and share with practitioners. COVID-19 has shown the rapid organisation within communities, and the linking of services and resources led by communities. As a result, authorities are recognising the need

for a shift in power. The role of people with lived experience, community or peer researchers and activists can be amplified using design methods and there is an opportunity to highlight how communities are using design mindsets and skills to create change, and to support more of this.

Support a new kind of leadership that can promote inclusion and shift power

Genuine community engagement requires a very different types of working. The conversations all highlighted the need for whole system, place-based working, which requires 'systems leadership' roles which build relationships and trust, create the space and time for inclusion of different perspectives, and are self-reflective of own positions of power. As one participant said, "Progress moving at the speed of trust". There is an opportunity to work with people at all levels on place-based programmes to develop this style of leadership, and to highlight and praise those who actively promote inclusion. And to support policies and regulations (for example, equality impact assessments or inclusion principles at forefront of any design principles) that embed this into our systems.

Design has an important role in mapping how things interconnect, acting as a translator and holding a neutral space for collaborative partnerships across sectors.

Convene different partners drawing together different types of knowledge and creating whole-system change

These conversations reinforced how interconnected the wider determinants of health are, particularly when considering the 20-minute neighbourhood which requires collaboration across all different sectors (for example, planning departments, highway authorities and public health departments, local businesses, communities) and from grassroots to government. Our research also showed how different disciplines can come together to learn and innovate. Design has an important role in mapping how things interconnect, acting as a translator and holding a neutral space for collaborative partnerships across sectors. There are opportunities to draw on the full breadth of design disciplines to make healthy places, from architecture to branding, from service to policy design.

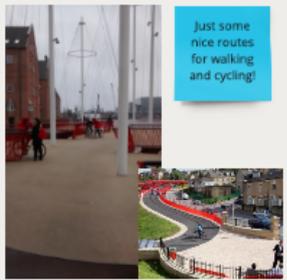
Develop partnerships around healthy, sustainable and active places

There are many urban tactics for getting more people to walk, cycle and be healthier, and COVID-19 has prompted many more being instigated by communities. There are opportunities for partners at the roundtable to work together to build larger programmes which have more impact, including developing joint frameworks and approaches which can be scaled, and to share knowledge widely.



Inspiration library

We asked the attendees to share their best practice examples of health and wellbeing — one 'go to' example of design for health and wellbeing and one everyday object, service or process that improves your health and wellbeing. Here are some examples.

<p>Roland Harwood Liminal</p>  <p>WellApp is envisaged as a tool for an individual to track and gain insight and manage their mental wellbeing through personal behavioural data from a range of everyday digital services.</p>  <p>Intentional Plug is an online community checking and sharing health-related goals in between. It's about drinking 'Just 5 minutes' and saving hours for more creative thinking.</p>	<p>Cat Drew Design Council</p>  <p>Participatory Budgeting is a great support tool of getting young to know about 20% of their supported AIG.</p>  <p>The Participatory Budgeting process is a great support tool of getting young to know about 20% of their supported AIG.</p>	<p>Sabina Dewfield Design Council</p> <p>Meet 'Gargota Gardens' Ron Fuley An 11 year old community garden project in the North West of England.</p>  <p>Ron Fuley - Gargota garden project lead.</p>	<p>William Roberts Innovation Unit</p>  <p>This is the idea that the route, it's not the bike and it's not the person, it's the route that's the key to the success of the project. It's about the route that's the key to the success of the project.</p>
<p>Tayo Medupin Shift</p>  <p>BLACK MINDS MATTER UK</p> <p>RADICAL</p>	<p>Paul McGarry Great Manchester Combined Authority</p> <p>https://www.salfordcvs.co.uk/tech-and-tea-online</p> <p>https://www.manchest.ac.uk/discovers/news/developing-age-friendly-communities-in-the-northern-gateway-urban-regeneration-project/</p> <p>https://www.msa.ac.uk/research/project/106/</p> <p>https://www.manchester.gov.uk/info/2/0009/1/older_people_7113/reversing_things_to_go_and_local_contacts</p>	<p>Elli Thomas Design Council</p>  <p>Miller Street Gardens is a community garden run by 100 volunteers who support people with experience of homelessness to learn skills and engage together in food growing.</p> 	<p>Andy Cope Sustrans</p>  <p>Just some nice routes for walking and cycling!</p>
<p>Allison Savich Sport England</p>  <p>Origin Fitness - outdoor fitness centre open to all ages - related to address mental health challenges.</p>  <p>Whoop band - keeps me accountable for sleep and healthy behaviours.</p>	<p>Leandra Box Race Equality Foundation</p>  <p>The High Street is a great place to live and work. It's a great place to live and work. It's a great place to live and work.</p>  <p>Space to sleep, meditate, stretch, bend... portable, and cheap.</p>	<p>Caroline Ward Wellcome</p>  <p>Neuro Love is a community-led initiative that supports people with mental health issues to engage in social activities and improve their mental health.</p>  <p>Running clubs such as https://www.manchester.gov.uk/info/2/0009/1/older_people_7113/reversing_things_to_go_and_local_contacts and https://www.manchester.gov.uk/info/2/0009/1/older_people_7113/reversing_things_to_go_and_local_contacts are great for people with mental health issues.</p>	<p>Marcus Grant Cities & Health inc.</p>  <p>Manchester Gateway & Station Place - a community-led initiative that supports people with mental health issues to engage in social activities and improve their mental health.</p>  <p>Playing Out - a community-led initiative that supports people with mental health issues to engage in social activities and improve their mental health.</p>

<p>Sarah Burgess Plan C</p>  <p>Everyday object-footpath</p>  <p>South bank bridge - access to the river, beach and beautiful parklands, diverse spaces</p>	<p>Sarah Weir Design Council</p> <p>community gardens - 100000 people in London have a garden. 10% of the population are in 10% of the gardens. 10% of the population are in 10% of the gardens.</p> <p>3D printed swabs (new design for COVID19)</p> <p>https://www.hertford.ac.uk/news-and-media/news/2020/05/12/3d-printed-swabs-covid-19/</p>	<p>Deborah Szebko Thinkpublic</p>  <p>Qualifying to Qualify - Get On. A group of runners that challenge regular members with helping our communities.</p> <p>https://www.geton.org/</p>  <p>Reconnecting communities through nature. A group of runners that challenge regular members with helping our communities.</p>	<p>Tatevik Sargsyan Young Foundation</p>  <p>Run Talk Run - a running club and safe-space to talk about mental health</p>  <p>Bianchi - first bicycle manufacturer 1885 Milan, Italy</p>
<p>Ben Lee Shared Intelligence</p>  <p>Victorian water sanitation</p> <p>The degree education system has been a huge contributor to my lifetime healthiness</p> 	<p>Jenny Mindell UCL</p>  <p>More green space with green roofs, urban gardens and green walls, urban forests to create beautiful places, and trees through your daily commutes & leisure walks through forests of parks to help you feel better walking, cycling or jogging outdoors.</p>  <p>But this is another source of the problem - most people don't have the luxury of space. If we allocated more road space to active travel and more of the rest to public transport, it would be far more equitable.</p> <p>Equitable Mobility to Have Right of Way</p>	<p>Deborah Kellard Design Council</p>  <p>Walking for health is England's largest network of health walks with over 302 active walking schemes. https://www.health.gov.uk/health-walks</p>	<p>Jacqueline Bleicher Global Urban Design</p>  
<p>Tyler O'Sullivan PHE</p>  <p>How many COVID-19 cases in a town square? The answer is: it depends on the design of the space. A well-designed town square can reduce the risk of transmission by up to 50%.</p>  <p>Swimming pools - 100000 people in London have a swimming pool. 10% of the population are in 10% of the swimming pools.</p>	<p>Andrew Hughes LGA</p> <p>What a difference a plate makes</p> <p>https://www.local.gov.uk/sites/default/files/documents/192095_Health_and_wellbeing_boards_V06120618.pdf</p>	<p>Kate Burn NHS Digital</p>  <p>Joe Whist - NHS Digital. NHS Digital is a leading provider of digital health services. We are committed to improving the lives of patients and the way we work.</p> 	<p>Sue Morgan Design Council</p>  



Design Council
Eagle House
167 City Road
London EC1V 1AW



info@designcouncil.org.uk



020 7420 5200



designcouncil.org.uk