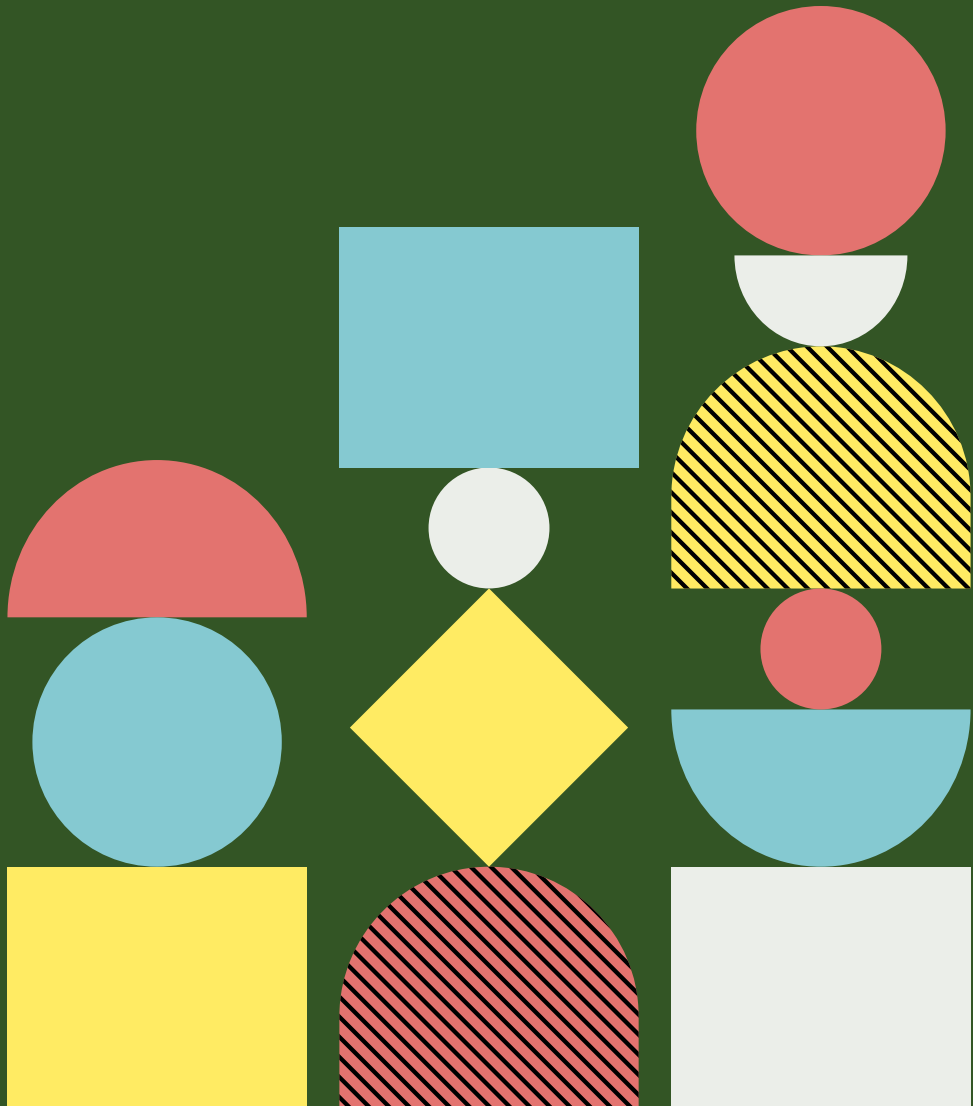


# Employee Health Innovation Fund


## Insights Report



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
Impact  
on **Urban  
Health**

# How to read this report


This report is an interactive pdf. 

You can navigate your way through to relevant sections of the report at the top of the spread based on what you want to find out, rather than scrolling all the way through.

Use the page headers to navigate to different chapters and to click through the pages.

Click  on the top right to go back to the contents page.

Use → to go forward and ← to scroll through the report.

Click  to read spotlights and further information.



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# Forewords

## Design Council

Design is the force shaping our world, influencing everything from the tangible products we engage with daily to the intangible structures that govern our lives. It's the conduit that turns ideas into action.

In this report, we delve into the transformative power of design within the realm of health innovation. Through our Employee Health Innovation Fund programme, we've witnessed first-hand the potential of a person-centred approach in co-designing initiatives that not only enhance employee health but that also highlight the need to address broader societal challenges systemically.

The following stories demonstrate how the project teams we worked with have embraced the complexity of workplace health and wellbeing. They have slowed down and taken a broad view of the challenge they are facing to understand its cause. Their commitment to early design research improved the ambition, novel insight and potential scale of interventions. This approach had the additional benefit of improved trust with employees that were included in the development process.

The Design Council recognises the relationship between design for the enhancement of health and wellbeing, and sustainable living. As the global spectre of climate change looms, our commitment extends beyond individual wellness to cultivating environments that promote life, rewilding spaces and fostering biodiversity.

We're honoured to have partnered with Impact on Urban Health, contributing our expertise to its pivotal mission of addressing health inequalities in urban places. Together, let's pave the way for a healthier, more equitable world by design.



**By Cat Drew,**  
Chief Design Officer

## Impact on Urban Health

The need to foster better health at work has never been clearer. This report emerges from a landscape where the relationship between a healthy workforce and organisational success is acknowledged, yet the gap between awareness and action persists.

We know that there are profound repercussions of neglecting employee health for individuals, employers, and society at large. Where we work in South London, the impact of unhealthy working conditions are not felt equally. People working in low-waged, frontline roles, from minoritised communities already carry a greater health burden, and are more likely to be in jobs that have a negative health impact. Health at work is an issue of health equity.

The Employee Health Innovation Fund programme, a collaborative initiative with the Design Council, sought to investigate the transformative power of a design-led approach to workplace health. This approach helped participating employers connect with, and learn from their employees. Employers uncovered a range of insights from their workforces – like a desire for access to wellbeing services during working hours, and how a cultural divide between staff could be solved through improvements to their workspace. Ultimately, taking a design-led approach showed how we can truly embed the lived experience of employees, and the challenges they face, into solutions that foster better health.

This report encapsulates our collective achievements, emphasising the pivotal role organisational conditions play in building better health for employees, and provides insights for forward thinking employers on how to design better support for their workforce. We are proud to see the outcomes of this innovative programme brought together in this report, not just as a record, but as a catalyst for a broader health and wellbeing movement in Lambeth, Southwark and beyond.



**Barbara Reichwein,**  
Programme Director





# Setting the scene

## About the programme

The Employee Health Innovation Fund (EHIF) programme aimed to help employers discover new ways of supporting the health and wellbeing of their staff. Delivered by the Design Council and supported by Impact on Urban Health, this pioneering programme began with the understanding that improving access to meaningful, inclusive and healthy working environments is an effective way of reducing the risks of long-term health conditions (LTHCs).

Funded by Impact on Urban Health's multiple long term health conditions (MLTC) programme, it supported 7 employers based in Lambeth and Southwark to trial a range of interventions. In this report we will refer to these employers as 'project teams'.

Evidence shows that employers can make a real difference in their employee's lives by creating healthier working conditions and an open culture that makes the management of existing health conditions easier.

The good news is that investing in the health of employees is a win-win situation for both business and staff. Good health at work leads to more productive workplaces, fewer lost hours and fewer people leaving the job market. Occupational health's strategic approach prevents and reduces ill-health among employees.

It reduces staff absence and resignations, keeping people in work when they would otherwise be off sick, leading to higher productivity and reducing risks.<sup>1</sup>

Research has found that optimising employee wellbeing could translate into a remarkable saving of £4,000 to £12,000 per UK employee annually.<sup>2</sup>

## Who is this report for?

Design Council and Impact on Urban Health are publishing this report as a summary of the work undertaken and to share insights and stories that others might be able to learn from. It's for anyone that is interested in taking a design-led approach to addressing health challenges although it has been written with the following key audience groups in mind:

- employers who want to make work healthier for their employees
- policy makers who want to demonstrate the power of holistic approaches to deliver genuine impact
- service providers (including designers and healthcare practitioners) who support organisations to deliver impactful innovation

Optimising employee wellbeing could translate into a remarkable saving of

**£4k-£12k**  
per UK employee annually.





### What is meant by health and wellbeing?

The focus of the programme was what employers could do to better support employee health. It took a broad view of health to include physical, mental, emotional and financial health. The term wellbeing is often understood to mean different things to people in different contexts. The EHIF employer project teams were encouraged to define it in a way that was meaningful to their projects and priorities. Themes within the definition extended to employee happiness with employment and beyond work.

### Health inequity

Unhealthy work and ill health go hand in hand, and the burden of ill health at work is not evenly distributed. People already living with health conditions, on lower incomes, impacted by structural inequalities because of their gender, race, or disability, are more heavily impacted by unhealthy working conditions.

The working conditions of low-income roles are often more hazardous, precarious and injurious and can often lead to multiple long-term conditions such as diabetes, chronic pain, asthma, stress and anxiety.

Workers on low incomes may be unable to access employer interventions because their employment status means they are ineligible.

A large proportion of days lost to sickness are due to a small proportion of workers. Women, older workers, those working in the public sector and workers in particular employment roles have more days off.

This health inequity has societal impact. Poor work can create ill health and lead to those living with conditions to have more days off work. Women, particularly young women, are seeing levels of common mental health disorders.<sup>3</sup>

The scale of the problem of employee health and wellbeing inequalities, and the costs to the individual, families, communities, employer, society and the economy, would seem to present a compelling case for employer action. However, despite evidence of the problem having been in the public domain for over a decade, little progress has been made.

### Barriers to action

While the problem, and the benefits of taking action to remedy it, may be obvious, how to act to capture these benefits is less straightforward. The evidence is confusing, hard to access and/or offers strategies that are not easily available to the vast majority of real-world UK employers, 90 per cent of whom have fewer than nine employees.

So far much of the public policy debate and accessible material has been dominated by larger businesses with HR departments and access to professional health and wellbeing support. Real life business examples included in existing materials may not be relevant to many settings, with the responses of smaller businesses including “that’s for big business”, “we’re in a different sector”, or “we can’t afford that”.

Meanwhile, health and wellbeing interventions are failing to gain support from senior managers at the planning, delivery and evaluation stages. But the benefits to a specific business may not become apparent until the planning, delivery, evaluation cycle has been completed.







## Why take a design-led approach?

Design is crucial to innovation. It fills the gap between invention and application by creating tangible products, services and places that people want to buy, use and visit. The Design Council describe it as the interplay between the head, the heart and the hand. The head refers to problem solving that leads to action, the heart to prioritising people in understanding and addressing the challenge, the hand to the ability to visualise that which is often invisible and so implement an intervention.

Responding to the needs of the EHIF programme, design helped to enable health innovation by:

### 01 Identifying the root cause of the problem to solve

A design-led approach goes beyond just making the case for action and advocates for a people-led approach to enable a greater understanding of the diversity of employee needs and ensures these are integrated in the development process.<sup>4</sup>

### 02 Turning ideas (based on research and data) into action

Design research and early-stage testing of interventions helped project teams to develop a more complete picture of employee health and wellbeing, further strengthening their understanding of the challenges. This enabled them to fine-tune their ideas to ensure the health and wellbeing interventions met the needs of the employees.

### 03 Improving the ambition and potential impact of the ideas

A design-led approach helped project teams to develop more ambitious, insightful and ultimately more meaningful projects by clarifying challenges and their underlying causes before coming up with solutions. This approach often results in developing a tailored set of solutions to the diverse needs of employees.

### 04 Building buy-in and trust from employees for wellbeing initiatives

Genuine change requires trust to be established between the employer and the employee, which requires time and intentionality. A person-centred approach to implementation of interventions can support on this as it's likely to improve engagement, efficacy and overall employee trust.

### 05 Enabling collaborations between different partners

A design-led approach is integral to tackling systemic challenges like health and wellbeing. Given the diversity of people involved in employee health and wellbeing, design has an important role in mapping how things interconnect, acting as a translator and holding a neutral space for collaborative partnerships across sectors.<sup>5</sup> This is key because health and wellbeing interventions need to be organisational not individual, yet bespoke and not off-the-shelf.<sup>6</sup>

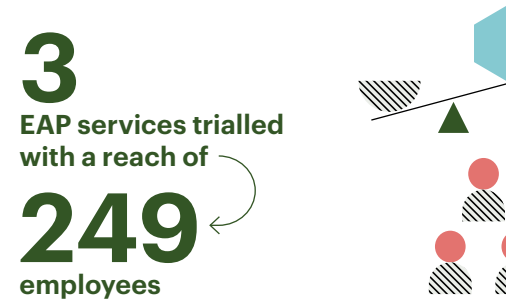
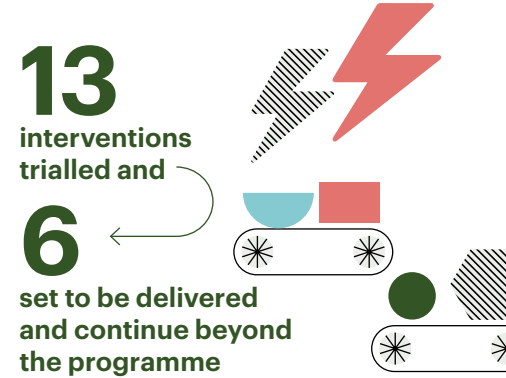
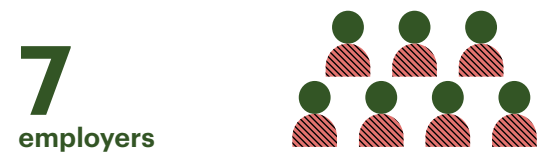
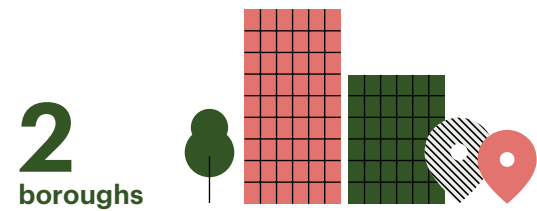
**“Good health at work leads to more productive workplaces, fewer lost hours and fewer people leaving the job market.”**







# Programme in numbers







# An introduction to the project teams

The aim of the EHIF programme was to The EHIF Programme sought to engage employers who were interested in exploring the complex dynamics between work and health. The selected participants were all open to going on a design journey to uncover and address the relationship between their own working practices, conditions, culture and the health of their employees.<sup>7</sup>



## James Glancy Design (JGD)

JGD is a lighting and installation company based in South London creating retail, commercial and public displays across London. They are a group of 35 creative designers and builders but contracts 50 more staff at peak times in the year to install Christmas lighting.

JGD was looking to address mental health concerns of their employees by improving the physical working environment and working culture between the office-based and production-based teams.



## Station to Station (S2S)

Station to Station is a Business Improvement District (BID) covering West Norwood and Tulse Hill, located in Lambeth. The businesses involved in the BID are typical of a London high street with a range of convenience stores, hairdressers, restaurants, gyms and larger businesses such as wholesale suppliers.

Following the impact of COVID-19 on small businesses, Station to Station looked to reimagine ways in which the high street could encourage healthier lifestyles. They worked with Business Under Development (BUD) leaders to deliver an adaptive programme of work.



## Transport for London (TfL) Bus Operators

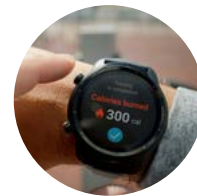
TfL partnered with 13 Bus Operators in London to enable their drivers to resolve health concerns through the use of health and wellbeing assessments. This research builds on the findings from UCL's Institute of Health Equity report, published in July 2020 and March 2021, which investigated bus drivers deaths as a result of COVID-19.

As part of the EHIF, TfL is looking to identify opportunities for Operators to meet the health and wellbeing needs of drivers, and develop recommendations to improve or enhance existing standardised health assessment offers and initiatives.



## Excellerate Services UK

Excellerate is a cleaning and security company working across South London, typically for commercial units. It employs approximately 500 staff members, the majority of whom are women from Latin American communities. As a result of COVID-19, staff were more likely to work alone in empty offices and Excellerate wanted to understand the impact of shift working in isolation their employees' wellbeing. It took steps to make GP advice and counselling more accessible for employees, and to create a working culture that encourages employees to be open and honest about their challenges and the support they need.



## Southside Rehabilitation Association (SRA)

SRA is a social enterprise working with adults who have recently suffered from mental health challenges, to provide them with support and training to ensure they feel comfortable returning to work at its catering and printing businesses.

SRA recognised that many of their clients struggle to maintain a healthy weight and are therefore working with Oviva, a support service for managing weight, pre-diabetes and type 2 diabetes, to support their clients to maintain a healthy weight and lifestyle.



## Transport for London (TfL)

TfL is a local government body responsible for most aspects of the transport system in Greater London. Their employee health check data revealed that their 28,000 employees are more likely to be overweight or obese compared to the general population. Over 20% of employees were referred to their GP because of high cholesterol, high blood pressure or mental health concerns.

The occupational health department identified the opportunity of improving the health of their 19,000 employees in operational roles by improving the access to and use of their range of health services, and therefore address the disparity between operational and desk-based staff.



## XeroE

XeroE is a cycle courier company operating from Lambeth. It employs couriers on a flexible contract based on the availability of riders and the volume of jobs required. Typically, there are between 40-80 couriers working at once. The nature of the employment arrangement was the main area of interest for XeroE as it wanted to understand whether this flexible arrangement was negatively affecting couriers' health.





# Insights on health innovation

The EHIF Programme supported the project teams to improve awareness and understanding of the type of health conditions people might be living with, improve their working culture, and create healthier working conditions for all employees. This chapter looks at the outcomes and achievements of the programme gleaned from the work of all participating teams.

## Insights on employer knowledge

While employer awareness of challenges was good, project teams lacked confidence in how to tackle the issues they identified and required support with articulating the challenges as well as implementation, administration, delivery support and strategic advice.

Survey data suggests that project teams' confidence in addressing health conditions and their knowledge of health at work has improved. Six out of seven project teams agreed that engaging in the employer survey agreed that engaging in the programme had resulted in an improved response to staff feedback.

**All project teams agreed that engaging in the programme had resulted in improvements in working processes to support health and wellbeing in their organisation.**

## Insights on working culture

The attitude of management staff plays a disproportionate role in the efficacy of any health intervention. Project teams recognised that empathic and competent managers led to improved employee mental health and an improved working culture, where disclosure of health conditions is encouraged and dealt with in a professional way. Successful engagement with employees required an ongoing and empathic approach to communication of proposed health interventions, involving a broad range of different individuals and methods.

## Insights on working conditions

All seven project teams agreed that engaging in the programme had resulted in improvements in working processes to support health and wellbeing and six out of seven agreed it had resulted in improvements to the workplace environment.

For the purposes of the programme, the definition of working conditions encompassed physical working environments, employment terms, payroll processes, discipline and absence procedures and hazardous environments.

Positive outcomes included practical improvements such as the introduction of a better lunch space, new disabled toilets and bike storage. Design experts encouraged use of materials conducive to employee health and wellbeing, from stimulating artwork to cork flooring and materials that reflect light and deflect heat.







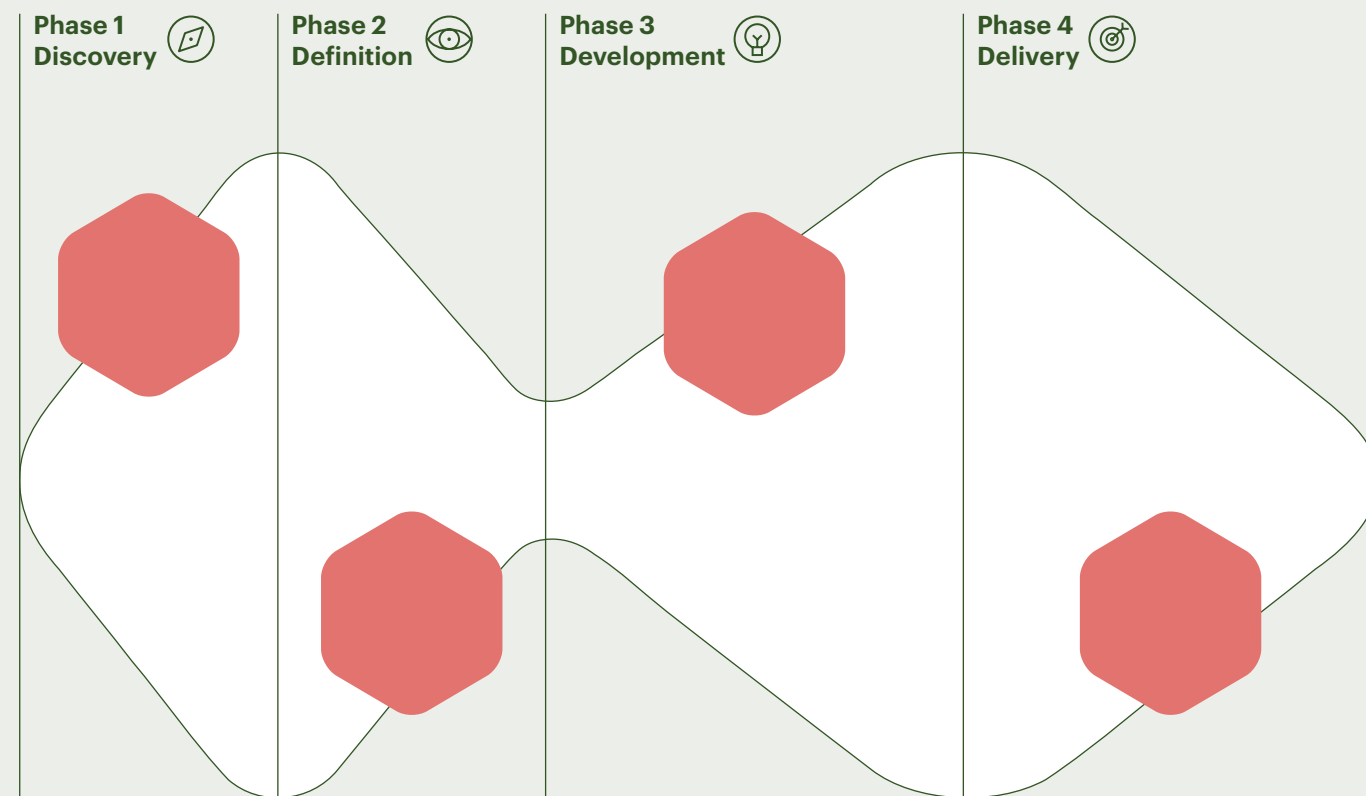
# Mapping the design journey

The EHIF programme worked in four stages, closely following the Design Council’s Framework for Innovation. The framework is a guide for understanding complex design problems and developing solutions. In the EHIF programme it acted as a counterpoint to some of the existing approaches which failed to either capture the needs of employees or to take in to account accessibility, inclusivity and sustainability.

In this chapter we explain the components of the Framework for innovation to achieve significant and long-lasting change.

## Design stages

The two diamonds, divided into four design phases, represent a process of exploring an issue more widely or deeply (divergent thinking) and then taking focused action (convergent thinking). This is not a linear process and many of the project teams learn something more about the underlying problems which can send them back to the former phase.



### Phase 1: Discovery

The first phase helps people understand, rather than simply assume, what the problem is. It involves having conversations with people who are affected by the issues, helping to build the evidence needed to shape the project definition and to raise the ambition of each project. To ensure successful delivery of the project, there is a need to formulate roles and responsibilities within the team to establish whether there may be a skills gap that needs to be outsourced. It is important to understand how the project may inform and be informed by wider organisational strategies.



### Phase 3: Development

The third phase encourages teams to develop different answers to the clearly defined challenges, seeking inspiration from elsewhere and co-designing with a range of different people. This may be an iterative process where teams build evidence-led solutions that they can start to test at a small-scale, rejecting those that will not work and improving the ones that will. Making and testing very early-stage ideas can be part of discovery. Teams often learn more about the underlying problems which can send them back to the beginning to identify the underlying challenge.



### Phase 2: Definition

The insights gathered during the discovery phase can help define the challenge in a different way. It usually leads to further, more in-depth engagement to help confirm or amend assumptions made about the challenges faced by employees. This results in a clear and reliable brief for addressing the health and wellbeing needs. Note that exploring structural barriers to ill health can feel exposing to employees and this process therefore requires time to build trust.



### Phase 4: Delivery

The delivery will start to implement and integrate the different solutions within ways of working. From the previous phases, there is an evidence base to suggest that these solutions will be able to deliver long-term impact. They need to be effectively communicated to raise awareness and ensure maximum uptake. It is important to continue to gather and review data to measure the intended impact and make further tweaks if necessary.





## Design principles

The framework for innovation outlines four core principles for problem-solvers to adopt so that they can work as effectively as possible.



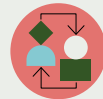
### Put people and planet first

Start with creating an understanding of the employees and their needs, challenges and aspirations.



### Communicate visually and inclusively

Help people in the organisation gain a shared understanding of the problem and ideas. Keep participants informed on progress.



### Collaborate and co-create

Work together with employees to develop ideas and test solutions.



### Make, test, learn

Trial ideas to spot errors early, avoid risk and build confidence in your ideas.

## Design tools & methods

Design tools and methods were used by project teams to identify and address challenges, engage employees in conversations on health and wellbeing and achieve successful outcomes. The following chapters will look at the various tools and methods that project teams used. You can get in touch with the Design Council for more guidance on design tools. Each tool and method serves a different purpose and the Design Council's Framework for Innovation structures their use across three areas:



### Explore:

challenges, needs and opportunities



### Shape:

prototypes, insights and visions



### Build:

ideas, plans and expertise

## Key roles

Project teams received support from a range of experts, guiding them through the process and offering tailored advice on tools and methods to build on design principles and help teams understand the challenges facing the projects. This advice supported the implementation of a designed approach and gave a 'seal of approval' to projects, ensuring project teams were confident in delivering health interventions.



### External expertise

**External facilitators** support strategic thinking to help translate challenges into a project definition and plan, and design scoping exercises to uncover internal blind spots. In later stages of the process, they can provide teams with the tools to be able to navigate difficult conversations with their employees.

**Design experts** facilitate processes of experimentation and testing of employee health and wellbeing interventions by implementing design and communication tools to bring a fresh perspective.

**Health and wellbeing expert advisors** are involved at a strategic level to ensure projects achieve their goals and are embedded in the workplace to establish long-term impact.



### Internal expertise

**Project leads** manage projects to ensure they meet their objectives, facilitate activities and report back to leadership and other stakeholders.

**Employees** are the end user of health and wellbeing initiatives, and their first-hand knowledge of challenges mean they are an integral part of finding solutions.

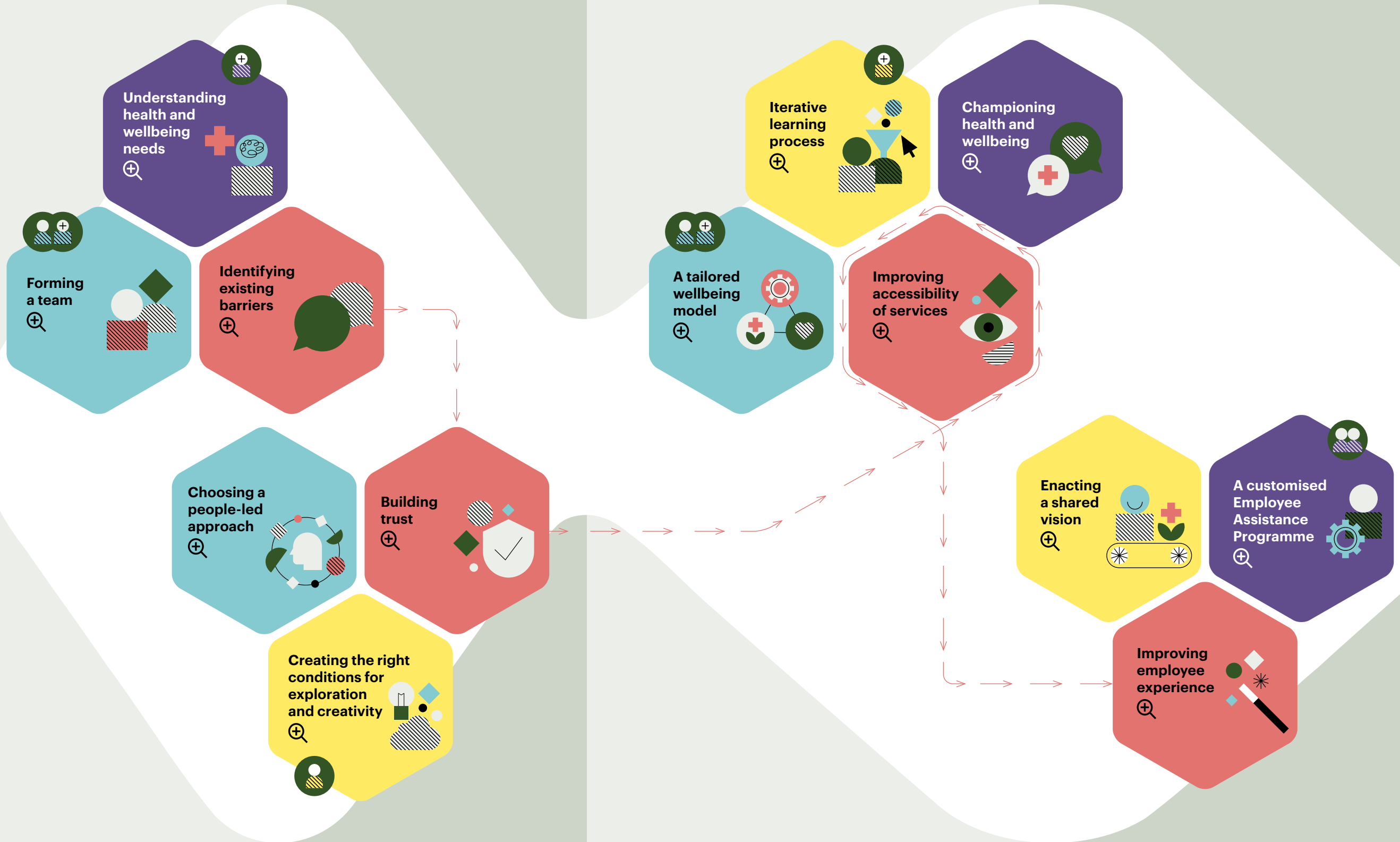
**Senior stakeholders** understand the role of projects in addressing bigger workplace wellbeing goals and champion projects to ensure they are integrated in the workplace and deliver long-term impact.





CHALLENGE

OUTCOME





## Mapping the design journey: A snapshot of four design-led journeys

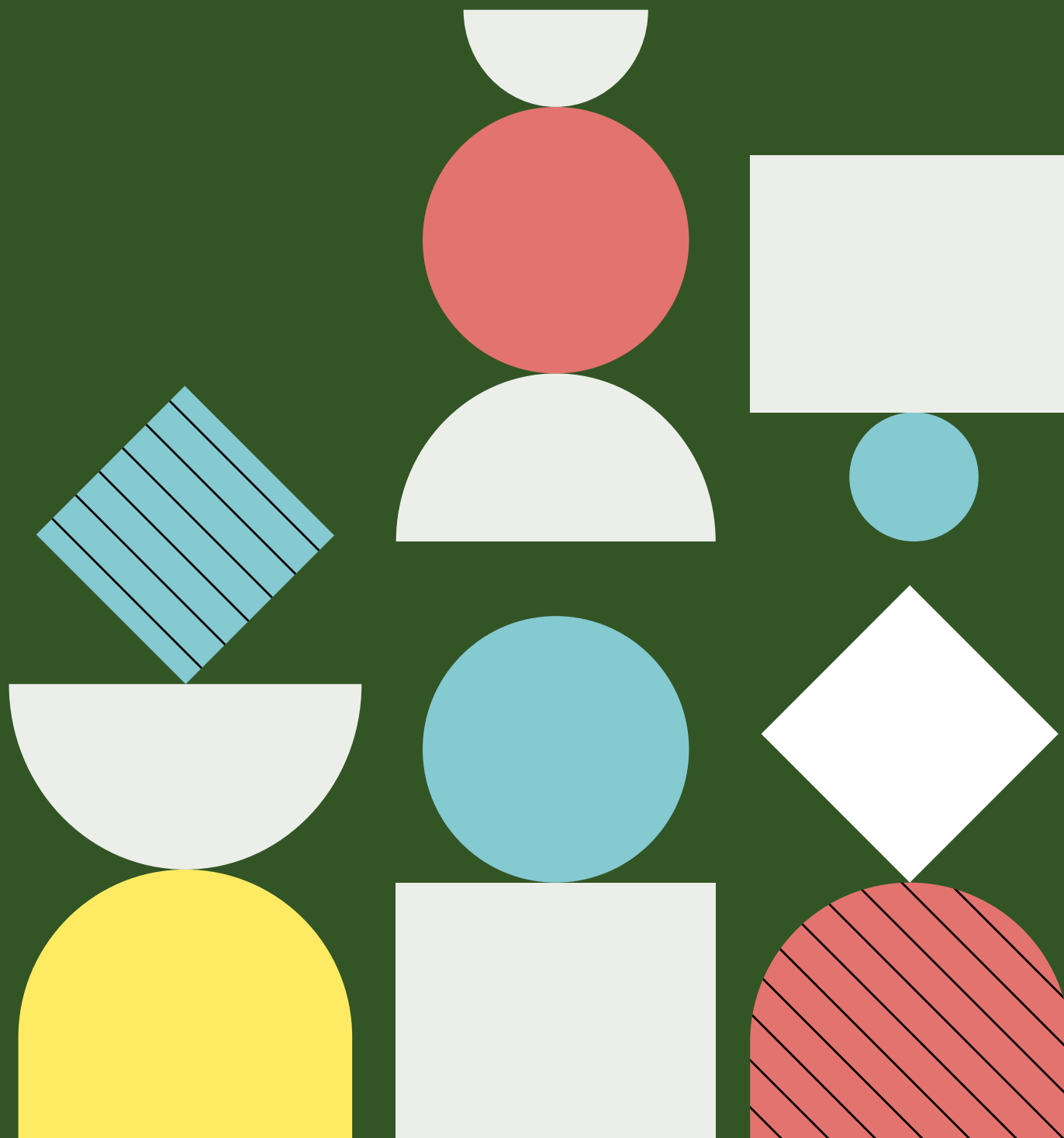
### Employers

-  Transport for London
-  Excellerate
-  James Glancy Design
-  Station to Station

### Key roles

-  **Internal team:** Senior stakeholder, Project lead, Employees
-  **External team:** External facilitators, Design experts, Health and wellbeing expert advisors





## Spotlights

Findings from the EHIF programme can be used by other employers to inform the first stage of their own design innovation journey towards better workplace health.

The following project examples map the different approaches taken by employers to illustrate how a design approach can add value in tackling health and wellbeing issues in the workplace. These spotlights are intended to provide inspiration and insight, rather than to be replicated like-for-like. Most projects remain in progress at the publication of this report, and consequently, a comprehensive assessment of outcomes can only be conducted after their complete implementation.



**Employer: Transport for London (TfL) Occupational Health Team**

**Phase 1: Discovery**

## Identifying existing barriers

Understanding employees' experiences of internal health and wellbeing services.

### Goal

To understand the barriers to TfL's operational staff accessing its existing health and wellbeing services.

### Action

Internal stakeholders convened to define the project scope and intended audience. Although open to gathering information on other themes they primarily focused their conversations with TfL staff on: use and ease of access to digital health platforms (i.e. Silvercloud) during non-work and work time; awareness of other existing Employee Assistance Programmes; awareness of how to communicate health challenges/comfort in disclosing them, and frequency of health and wellbeing conversations.

### Insight

The project team found that while employee awareness of services was relatively high, their use was extremely low. There was a significant number of services, with some duplication, but no clear signposting to help staff understand which were the right fit for them.

Staff preferred to access services during working hours, but the demands and nature of operational work were found to be a barrier for engagement – due to the lack of personal space, uncertainty of work patterns and duration of breaktimes.

One size does not fit all. Services need to be flexible and cater to a range of health conditions, shift patterns and tenures. There was less enthusiasm for digital engagement compared with physical (e.g. posters) and personal (e.g. word of mouth). However, access to digital tools was significant for many operational staff.

**“One size does not fit all. Services need to be flexible and cater to a range of health conditions, shift patterns and tenures.”**







**“The mobile unit carried out 412 health checks across seven locations. These included 252 operational employees, 181 of whom were shift workers, 47 of whom worked nights.”**



**Employer: Transport for London (TfL) Occupational Health Team**



**Phase 2: Definition**

## Building trust

Taking a step back to ensure everyone is aligned

### Goal

To regroup and establish a unified project team with renewed clarity in the wake of staff changes.

### Action

The new team came together and used a moment of uncertainty to develop a broader view of the occupational health department at TfL. The Design Council delivered an opportunity review that offered a safe space in which to discuss the barriers to the occupational health department effectively reaching employees. This exercise also encouraged participants to articulate a vision for the impact they want to have internally at TfL and in the wider health and wellbeing industry. Following analysis of the data gathered, the Design Council helped the team prioritise which projects to pursue.

### Insight

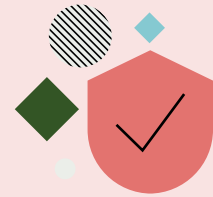
On the surface this appeared to repeat work that had been previously done but taking a step back led to an increased sense of trust amongst the team and ensured everyone was aligned, allowing projects to progress more effectively. Regarding organisational silos, Samatha Phillips, the Head of Occupational Health acknowledged that the team is “now more likely to think of what other departments can [they] work with.”

The opportunity review found that many employees had negative perceptions and experiences of the occupational health department’s ability to help and support employees. The project team agreed that the next top priority action was to deliver further workshops for the occupational health department to contribute to the development of its vision and foster cross-disciplinary teamwork to shape a unified approach. Some of the team members believe that the department has “re-envisioned itself through this process.”





**Employer: Transport for London (TfL) Occupational Health Team**



**Phase 3: Development**

## Improving accessibility of services

Taking occupational health services to decentralised operational employees

### Goal

To create more easily accessible health and wellbeing services for operational employees with shift working patterns.

### Action

A mobile unit was commissioned to enable employee medicals to be undertaken at their local place of work. These onsite visits also facilitated increased face-to-face engagement and promotion of resources that could lead to more preventative action.

### Outcome

The mobile unit carried out 412 health checks across seven locations. These included 252 operational employees, 181 of whom were shift workers, 47 of whom worked nights. The checks identified 11% of participants had high glucose levels and 34% had elevated or high cholesterol levels, with 10% saying they have poor mental health and 15-20% refusing to answer. Employee responses included: "best medical appointment I've ever had" and "having TfL provide a 45min health check service, [is] invaluable to my health."

**“Taking a step back led to an increased sense of trust amongst the team and ensured everyone was aligned, allowing projects to progress more effectively.”**








**Employer: Transport for London (TfL)  
Occupational Health Team**



 Phase 4: Delivery

## Improving employee experience

Promoting a deeper understanding of employee experiences and proactively enhancing them

### Goal

To further understand the negative perceptions and experiences of TfL's occupational health department uncovered in the opportunity review and take steps towards addressing them.

### Action

The team commissioned design practitioners to help understand the entire user experience of a TfL employee in need of occupational health services, and to develop a consistent communication strategy for the department. In addition, a design brief was developed for the departments' new office that reflected their ambition and vision for welcoming and engaging with employees.

A user experience project identified pain points and highlighted opportunities for creating a more consistent experience. A branding and communications project conducted site visits, workshops and interviews to uncover and tackle underlying challenges in accessing information.

### Outcomes

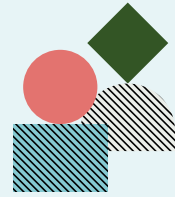
The design practitioners realised that demonstrating the supportive and positive role of the occupational health team, including the economic benefits due to raised productivity, would be needed to address the deeper operational shifts required for long term change.

The project team identified three functions of the occupational health department: preventative, proactive and reactive. The preventative and proactive services are largely dealt with by the wellbeing team, the reactive services by the clinical team. They found this created an unspoken divide, with the clinical team seen as more important because of their legal mandate. Mapping the services and clearly articulating their relationship to one another will, alongside the team's successful office move, contribute to an improved working culture and positive communication strategy.





**Employer: Station to Station (S2S) and Business Under Development (BUD) Leaders**



**Phase 1: Discovery**

## Forming a team

Identifying helpful partnerships to deliver a responsive programme that adapts to evolving needs

### Goal

To come up with a comprehensive response to work-related issues that surfaced in the challenging aftermath of COVID-19.

### Action

Extensive discussions between S2S and the Design Council to agree on a distinctive vision for the project led to a shift towards a design-led approach. This encompassed a dedicated phase to define a health and wellbeing offering that resonated with the community and gain a deeper understanding of the issues affecting workplaces.

A strategic partnership was established between S2S and BUD leaders. Leveraging its members' roles as Business Improvement District (BID) managers with strong ties to local businesses, S2S was well placed to take responsibility for business and community engagement within the project. BUD leaders played a crucial role in delivering the programme and facilitating research activities and health and wellbeing initiatives.

### Outcome

The evaluation framework underwent refinement to ensure continuous data capture throughout the process. This facilitated the fine-tuning of the health and wellbeing offer along the way and enabled the team to build evidence of tangible impact. This iterative approach became integral to the project's success, allowing for ongoing adjustments based on real-time insights and ensuring the programme's responsiveness to the evolving needs of the community.

### Key roles

**Project lead:** Station to Station's dedicated project manager meant it was able to deliver an iterative programme with continual improvements made to establish a tailored health and wellbeing offer.

**External facilitator:** The Design Council was brought in as a critical friend to support a Station to Station to understand their challenges and develop them into a scope of work.





**Employer: Station to Station (S2S) and Business Under Development (BUD) Leaders**



**Phase 2: Definition**

## Choosing a people-led approach

Establishing a highly personalised engagement approach to get under the skin of health and wellbeing challenges

**Goal**

To initiate a meaningful dialogue on health and wellbeing with small and medium businesses in the West Norwood and Tulse Hill neighbourhood and craft a tailored response to the challenges.

The separation of workshops for employers and employees aimed to foster a safe environment for open disclosure. The research phase culminated in a wellbeing day, where findings were publicly shared, allowing for refinement.

**Action**

Surveys were conducted in the local area, capturing insights on overall wellbeing, barriers to health and awareness of initiatives. These were complemented by workshops where employees anonymously discussed identified barriers. These were then discussed in a subsequent employer workshop that resulted in an early formulation of a health and wellbeing offer.

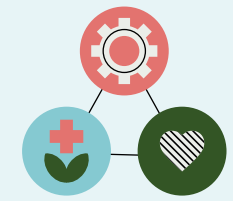
**Insight**

Engaging a total of 71 employers and employees, the research provided a snapshot of sentiments regarding workplaces and wellbeing. The challenges faced by employers were found to be centred around supporting their employees, while employees' concerns revolved around the leadership styles of their managers and employers. Solutions were categorized across themes ranging from easy wins to more complex challenges, including creating support networks, providing community bonding activities, enhancing managerial training for empathetic leadership, improving work/life balance, optimizing work environments and implementing policies related to leave and wellbeing days.

Initial interactions with local employers and employees revealed a reluctance to disclose information about their health and wellbeing. Recognizing the need for a more personalised approach, the project's framework evolved to facilitate this.



**Employer: Station to Station (S2S) and Business Under Development (BUD) Leaders**



**Phase 3: Development**

## A tailored wellbeing model

Using real-time data on engagement with health and wellbeing initiatives to adjust and update services

**Goal**

To provide a locally led health and wellbeing package that promoted collaboration and addressed the issues identified in research.

To build on these learnings, S2S developed a business engagement and mentoring network in collaboration with BUD leaders to promote collaboration between employers beyond the duration of the programme.

**Action**

The initial package featured a range of health and wellbeing solutions, sourced from within the BID community to foster a network of peer-to-peer support. Initial signups did not translate into participation, prompting a review which led to the discontinuation of some. These were replaced with alternatives including business rates surgeries, an Employee Assistance Programme (EAP) and apprenticeship webinars to support staff retention. Other adjustments included simplifying language and financial incentives such as free lunch. In-person activities were strategically rescheduled during mid-week lunchtime slots. The tagline 'Keeping your staff & Keeping your staff happy' was integrated to promote the health and wellbeing initiatives.

This also included structural changes in the governing system of the BID enhanced communication between the board and businesses, with a steering group serving as ambassadors for immediate business community issues.

Additionally, the ChooseSE27 app was introduced to provide a platform for businesses to communicate with customers, enabling them to report issues and opportunities within the wider business community. Currently, 400 businesses are registered, with 76 actively using the app.

**Key roles**



**Health and wellbeing expert advisor:**

Communication expert Fay Quayle supported Station to Station to fine-tune its outreach activities, supporting collaboration with the local community and the development of a long-term outreach strategy.



**Senior stakeholder:** Station to Station made changes to their governing system to improve the communication between their board members and local businesses and champion the outcomes from the programme.

**Outcome**

Strong relationships were cultivated between a diverse section of employers. The success of the scheme relied on extensive support from S2S throughout, reflecting the importance of building strong relationships in implementing effective health and wellbeing initiatives within the local business community.



Employer: **Excellerate Services UK**



Phase 1: **Discovery**

## Understanding health and wellbeing needs

Working with a wellbeing consultant to establish health and wellbeing focus areas

### Goal

To gain a comprehensive grasp of health and wellbeing needs of employees to provide targeted support.

### Action

Excellerate selected wellbeing consultant Rener Wellbeing to undertake a needs analysis to understand the needs of staff and support the development of evidence-based wellbeing activities. Data was gathered through surveys and interviews, including 82 survey responses and six in-depth phone interviews. This research involved employees from 38 different buildings across a range of seniority levels. There were 47% working only day shifts, 33% working only night shifts and 71% who usually worked alone.

### Outcome

The needs analysis helped to identify four focus areas for future health and wellbeing interventions.

- Mental health, where a visible group of employees struggled regularly, and over half expressed interest in work-sponsored support.
- Financial wellbeing, where over half of employees had some form of concern, often linked to lack of access to resources or knowledge about short/long-term planning.
- Wellbeing support for managers, with over half lacking the time or training they needed to effectively help their staff.
- Finally, peer-to-peer support, with many employees expressing interest in a more open environment with more accessible wellbeing provisions.

### Key roles



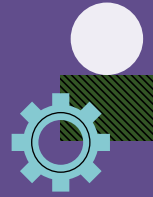
**External facilitator:** Excellerate, among others, worked with a wellbeing consultant to conduct employee research to understand the main challenges.

“The needs analysis helped to identify four focus areas for future health and wellbeing interventions.”





**Employer: Excellerate Services UK**



**Phase 3: Development**

## Championing health and wellbeing

A bottom-up approach to tackling health and wellbeing issues in the workplace

**Goal**

To prompt honest and open conversations about health and wellbeing at work through peer-to-peer support.

**Action**

Excellerate selected six voluntary wellbeing champions to provide a link between issues experienced by employees and health and wellbeing services offered through the EAP. Each champion was allocated a group of employees and received training in how to talk to them about their wellbeing and encourage them to take advantage of the existing services on offer.

**Outcome**

The introduction of wellbeing champions resulted in more employees having greater access to support, creating a feedback loop between the different available services. Health and wellbeing is discussed more frequently within the selected groups and taken more seriously by the senior leadership, with plans to introduce champions across the company. Wellbeing champions were found to be particularly valuable for those working night shifts.

**Key roles**



**Employees:** Excellerate employees became volunteer 'health and wellbeing champions' and were instrumental in encouraging conversations to remove stigma and signpost employees to available services.



**Employer: Excellerate Services UK**



**Phase 4: Delivery**

## A customised Employer Assistance Programme (EAP)

Providing a package of support to tackle health and wellbeing in the long-term

**Goal**

To increase uptake of health and wellbeing support by providing a tailored package of more tangible benefits.

**Action**

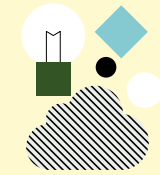
Pre-recorded workshops provided in the initial round of support had low uptake so were replaced with an EAP of more tangible benefits, based on the learnings from the needs analysis. Many of Excellerate's employees work in retail/office sites, inspiring a retail-focused EAP called 'Retail Trust', which provided much needed services accessible to both employees and their households. These included financial benefits, such as retail vouchers and help for parents to purchase school uniforms. It also included better support for managers and a 24-hour GP service, invaluable for shift workers.


**Outcome**

In October 2023 the EAP was rolled out across the company for a trial period of 12 months. A continuous communications strategy was put in place to sign post employees to this support. Engagement and impact is being closely monitored through monthly reports. These show that 200 members of staff have signed up, accessing £1,500 worth of benefits so far. This data will feed into the development of other health and wellbeing initiatives that may be trialled in the future.



Employer: James Glancy Design (JGD)



 Phase 2: Definition

## Creating the right conditions for exploration and creativity

Fostering the development of an ambitious project by maintaining an open mindset

### Goal

To improve the working environment to meet employees' health needs and improve the relationship between production and office staff.

### Action

Proposed changes to the workspace were initiated through a co-design process with staff to create a sense of ownership and agency. An external design expert was commissioned to engage directly with employees about their health and wellbeing and to understand challenges and develop possible solutions. Candid iteration and collaboration required a creative environment that encouraged creativity by offering immunity from the normal hierarchies of the workplace. JGD's leadership team did not participate in the design process and remained open-minded to accept several possible outcomes. The project lead at JGD contributed a candid account of its working culture and the project team and external experts surveyed the building to map their own perception of the immediate issues.

### Insight

A cultural divide was observed in the physical workspace, with production staff occupying the unheated ground floor and communal areas, and office staff occupying the upstairs office space, with little interaction between the two. The insights gathered revealed some issues that could be resolved immediately. These were simple, functional improvements to the workspace such as removing internal walls to increase daylight, improving WiFi access and de-cluttering communal spaces.

Other symptoms of dysfunction, where the causes were unclear, were identified as 'grey areas' requiring further investigation.

### Key roles



**Project lead:** The lead at James Glancy Design understood and trusted the design process, enabling creativity and enough time for meaningful engagement with employees, resulting in more in-depth insights.





Employer: James Glancy Design (JGD)



📍 Phase 3: Development

## An iterative process

Harnessing employees' design skills and empowering them to take ownership

### Goal

Co-designing a shared proposal for a more functional workspace to improve working culture.

### Action

The external design expert helped translate managers' ambitions into co-design workshops with employees from different departments who wouldn't usually work together. These began with mapping employees' experience of the existing workspace and went on to design a set of ideal workspaces based on the needs, preferences and insights from employees. Negative feelings were used constructively to map critiques onto a floorplan of the workspace and create an understanding of the ways in which it was used, any hierarchies at play and where tensions between colleagues and barriers to collaboration might manifest. Tasks were tailored to suit the dynamic and skills of the group, enabling creative 'flow' and the confident expression and sharing of ideas.

### Outcome

Shared activities built an understanding between employees of their own frustrations, and those of their colleagues, leading to a more empathetic approach to space planning. The workshops supported the development of a shared vision and key spatial requirements, forming an action plan and architectural brief which was used to commission the Vers Collective to develop solutions.

### Key roles



**Design experts:** Vers Collective worked with James Glancy Design on their engagement workshops. An excellent understanding of design tools enabled her to build flexibility into the process, and develop trust with employees which supported the development of detailed proposals.

**“Negative feelings were used constructively to map critiques onto a floorplan of the workspace and create an understanding of the ways in which it was used, any hierarchies at play and where tensions.”**







Employer: James Glancy Design (JGD)



🎯 Phase 4: Delivery

## Enacting a shared vision

Implementing health and wellbeing proposals in line with the hierarchy of needs

### Goal

To agree a refined brief for a better workplace with a clear hierarchy of need.

### Action

Employees developed a clear hierarchy of needs, differentiating between the ‘must haves’, ‘need to haves’ and ‘nice to haves’, with accompanying outcomes. These informed the brief for Vers Collective’s design proposal for a better workplace. Actioning the proposal required re-engaging with leadership and it was soon clear that the separation that had initially aided the process was a barrier to implementation. Following news that the entire workplace was being relocated, the Vers Collective developed two additional spatial requirement briefs, translating the workshop findings into two guides for future decision making. The first was a medium-term ‘wish list’ for the temporary re-location site, the second was a more robust ‘user brief’ for the re-developed site (which included JGD’s future office spaces), suitable to be shared with the site developer.

### Outcome

The decision to relocate offices changed the nature of the hierarchies agreed in the workshop. Events meant that an employee feedback loop intended to promote transparency and accountability was not leveraged to its full potential. JGD took the internal decision to prioritise health and wellbeing interventions that improved the usability and accessibility of the workspace in the short-term, including improvements to seating and desks and the wellbeing area as well as more accessible toilets and cycle storage.







# Going forward

Creating the conditions that enable innovation in the workplace to be adopted and sustained is vital in addressing the health and wellbeing of employees experiencing health conditions.

**We have therefore listed a set of actions to support the uptake of a design-led approach to enable health and wellbeing innovation.**

## What employers can do

- Explore existing data to uncover trends or to identify where a health and wellbeing initiative might be beneficial and how it might be designed and applied equitably, by removing barriers and focusing on the experiences of employees.
- Implement co-design processes to understand the unique needs and priorities of employees. This approach ensures that the employees' lived experience is integrated into the design of wellbeing initiatives. This will foster greater equity and help increase engagement levels in wellbeing initiatives.
- Communicate visually and inclusively: Utilise design methods that elicit conversations with employees to discover areas where they would like to receive support; assess what is going well and what is not.
- Communicate clearly with employees about plans for improving health and wellbeing. Avoid over-promising or under-delivering. Provide a rationale for decisions on which changes will be taken forward and which will not. Keep employees in the loop about plans and changes so that they can see what their contributions have led to.
- Implement evaluation methods to measure the uptake of initiatives and their impact. Consider working with a researcher with expertise in impact and outcome measurement.

## What service providers can do

- Provide flexible rather than fixed packages of support so that the initiatives can be flexed to the needs of different groups.
- Work with employers to advertise the diverse range of support options available.
- Share success stories of the beneficial impacts of wellbeing initiatives on employee health, organisational culture and workplace productivity.
- Enable a staged approach to designing a package of support to ensure it is evidence-led with meaningful input from employees.

## What government and policy makers can do

- Develop a national health at work standard for employers including fundamental commitments to work security and pay. This will provide an excellent base for improving the quality of occupational health provision.
- Improve current sick pay offerings through baseline standards to ensure workers can take time to recover if they are unwell while maintaining their living costs. This will both improve the long-term health of employees and create more sustainable work environments.

- Enable health and wellbeing initiatives across small and medium enterprises (SMEs) by supporting intermediate organisations, such as BIDs, through grants to enable health and wellbeing improvements across districts. There is a need for a collaborative approach for SMEs that are typically unable to afford the time and resources required to address workplace health and wellbeing. We welcome the New Occupational Health Taskforce addressing this exact issue and support the launch of the WorkWell pilot seeking local system partnerships.
- Explore place-based opportunities provided by intermediate organisations, such as Business Improvement Districts. These organisations help remove barriers for SMEs with restricted finances and awareness of available support.

- Encourage joint working and information sharing to develop a centralised strategy between the various government departments that have responsibility for health.
- Develop specific services to increase the efficacy of occupational health provision in the UK. We recommend that these services are developed with partners skilled at working iteratively to ensure cross-industry accessibility and scalability.



# Appendix: Methodology and programme evaluation

## Rapid Evidence Review

The Design Council commissioned a rapid evidence review (RER) at the start of the programme, in 2020. It highlighted a lack of comprehensive data on the effectiveness of workplace interventions in addressing health conditions, particularly amongst marginalised groups.

The RER guided the Design Council's approach to many aspects of the EHIF. It established that a diverse portfolio of projects, in different industries and job-types, would be invaluable for gathering insight on the effectiveness of health and wellbeing interventions for those living with health conditions and/or on low incomes. It was particularly helpful in identifying employers in Southwark and Lambeth that would be most likely to fill evidence gaps.

The RER also highlighted the importance of a patient, person-centred approach to implementation of interventions. The key insight was that focusing on early-stage implementation is likely to improve engagement, efficacy and overall employee trust in the employer. This is typically achieved through proactive engagement with employees on the appropriateness of an intervention, long lead-in times to engage a broad group of employees/address any concerns and establishing achievable evaluation methods.

## Selection criteria

- There were three main eligibility criteria for employers:
- Based in, or with significant activity in, the London Boroughs of Southwark and/ or Lambeth.
- Evidence of one or more long-term health conditions (of the 32 identified and recognised by Impact on Urban Health) amongst the employee group.

For large employers, salaries at or above the London living wage (or with evidence of how the employer will raise wages to the London Living Wage). For smaller employers, at or below the median hourly wage for London.

From this cohort, the programme aimed to engage employers who were willing to understand the complex dynamics between work and health and understand how their own working conditions, policies and processes affected employees. Importantly, the programme did not seek employers who already had a firm grasp of the key challenges faced by employees.

The programme received 15 expressions of interest and 12 applications, seven of which were accepted.

## Design support

The delivery of the EHIF programme coincided with the start of the COVID-19 pandemic and staffing changes, both of which had a significant impact on its delivery. A smaller number of projects received closer support in developing and iterating their plans. This proved more intensive to deliver but was reported to be beneficial.

Design support was made available to all project teams to increase their confidence in project delivery. Though the depth of design support varied across the cohort, each employer had access to the following:

- **The Design Council** was an active participant in the delivery of the projects in the programme and maintained close involvement with project teams to support how interventions were designed and developed so they had the best chance of success.
- **Design Council Experts** are practitioners in the Design Council's expert network. They were commissioned to provide design support to each project at every stage. This covered communication methods, tools and activities built on design principles to help understand challenges and come up with solutions. Their involvement supported an iterative approach to engaging people and gathering information.

- **Advisory board members** initially acted as a sounding board and shared their expertise in short meetings with project teams. This support structure was adapted to a more integrated/bespoke approach during the project, based on employer feedback. Board members were allocated to individual project teams or 1-1 support based on skills and requirements, to offer more qualitative and in-depth feedback and discussion.





## Project evaluation

Project evaluation was conducted by RAND research consultants, the Design Council and independent researcher PraxisCollab across the duration of the project using a combination of qualitative and quantitative methodologies, designed to meet requirements of the evaluation.

Inevitably, the programme experienced several challenges, many of which could not have been foreseen or avoided such as the COVID-19 pandemic. The challenges led to delays, and delivery of the programme differed from initial plans. This shift in approach meant that it became more difficult to maintain a standardised evaluation and measurement approach.

The project evaluation focused on understanding the design and delivery process of the individual projects to establish key learnings on how to achieve a successful development and implementation of health and wellbeing insights. It did not seek to evaluate the impact it had on employees in achieving better health and wellbeing outcomes.

A programme-level Theory of Change (TOC)<sup>8</sup> was developed by RAND for slowing the progression from one-to-many long-term health conditions. The hypothesis said that this can be achieved through:

- **Better knowledge:** improving employer awareness and understanding of health conditions
- **Better work culture:** increasing trust between colleagues and improving rates of disclosure of health conditions

- **Better work conditions:** improving conditions for all employees, but particularly those who are marginalised and living with health conditions

The TOC was used to guide the development of interventions and observe the type of impact they were beginning to have by shaping interview questions.

The research was not able to engage with equal numbers or types of participants in each project, due to availability, staff turnover and some projects having been completed whereas others were ongoing. Therefore, the data gathered is not weighted equally across the programme of projects and the findings are based on available data.

Data capture by employers was variable, as some projects collected their own data throughout, but others did not. Survey data from the initial evaluation illustrates that all of the projects undertook some form of data capture within their programmes, either in the early stages before designing solutions or to gather feedback about the quality of the activities delivered to employers and employees. However, these methods varied greatly, and were not shared across the programme, making it difficult to establish the extent to which meaningful results can be drawn from across the programme.

### Interim programme report

The Design Council conducted a survey in April 2022 followed by interviews with employers in July 2022. This data was used to draft an interim project report identifying which stage of the proposed projects employers were currently working towards and key lessons learnt around the areas of knowledge, culture, conditions, and the use of design.

## Final project evaluation report

Further research was conducted by PraxisCollab between February and September 2023 to identify what approaches were taken through the EHIF to make work healthier and the changes that occurred as a result.

It also aimed to identify what was learnt from the EHIF about what employers can do to make work healthier for their employees, what government can do to incentivize employers to make work healthier in different contexts and what the wider sector can do to influence employers and government to prioritise healthier work.

The projects in the programme were at different stages in delivery, therefore the focus of the evaluation covered the process, the strengths and challenges of delivery as well as outcomes and impact of projects, in varying degrees according to the stage of delivery of each project. Some projects are ongoing beyond the period of the evaluation.

In total, 19 individuals took part in the research through a combination of interviews and focus groups. Participants included employees from each project, Design Council Experts, Implementation Advisory Board members, the programme management team, and the funder.

Research methods included:

- **Document review:** PraxisCollab conducted a review of programme documentation including the initial application documents from each project, data collected over the course of the programme including survey and interview data and the rapid evidence review about employment health and wellbeing programmes.
- **Workshop:** with funder and programme management to playback the results and implications from the initial research activities, determine the priorities for the evaluation, discuss the suggested plans and framework for the evaluation and work out next steps.
- **Design evaluation framework:** to conduct a process and outcomes evaluation covering overall programme delivery and each project individually, gathering qualitative and quantitative data about the design set up delivery, outcomes and learnings. The evaluation framework was signed off by Impact on Urban Health and the Design Council.
- **Qualitative data collection tools:** used to gather data about the process, the approaches used, strengths and challenges of delivering the programme, and the outcomes and learning from the programme.



# Endnotes

- 1 Nicholson PJ. (2022). *Occupational Health: The Value Proposition*. [som.org.uk](http://som.org.uk)
- 2 Business in the Community (2023). *Prioritise People: Unlocking the Value of a Thriving Workforce*, [bitc.org.uk](http://bitc.org.uk)
- 3 Health Foundation (2018). *What makes us healthy? An introduction to the social determinants of health*. [health.org.uk](http://health.org.uk)
- 4 Society of Occupational Medicine and Birbeck University of London (2023). *Organisational Interventions to Support Staff Wellbeing: Case Studies and Learnings from the NHS*, [som.org.uk](http://som.org.uk)
- 5 Design Council (2020). *Roundtable discussion: Using design to reduce health inequalities*, [designcouncil.org.uk](http://designcouncil.org.uk)
- 6 Society of Occupational Medicine and Birbeck University of London (2023). *Organisational Interventions to Support Staff Wellbeing: Case Studies and Learnings from the NHS*, [som.org.uk](http://som.org.uk)
- 7 The Methodology section offers more information about the selection process and composition of the programme portfolio.
- 8 Theory of Change (ToC) is a methodology that assists organisations in planning, implementing, and evaluating initiatives aimed at creating social and environmental change.

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# Acknowledgements

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The Design Council has been the UK's national strategic advisor on design for 80 years. We are an independent not-for-profit organisation that champions design and its ability to make life better for all. Our work encompasses thought leadership, tools and resources, showcasing excellence and research to evidence the value of design and influence policy. We uniquely work across all design sectors and deliver programmes with business, government, public bodies and the third sector. Our Design for Planet mission aims to accelerate the critical role design must play to address the climate crisis.

## Impact on Urban Health

Impact on Urban Health is an independent urban health foundation. Working in partnership with others, it takes a place-based approach to tackling urban health issues in the London Boroughs of Lambeth and Southwark, sharing what it learns with other cities around the world.

