

Health Coaching

Implementation and Quality Summary Guide



**Supported
self-management**



Contents

1. Introduction.....	3
1.1 NHS England Comprehensive Model for Personalised Care	3
2. Health coaching services.....	7
2.1 Commissioning a health coaching service	8
3. Health coaching skills	11
3.1 Commissioning training in health coaching skills	13

1. Introduction

1.1 NHS England Comprehensive Model for Personalised Care

Health coaching is a Supported Self-Management (SSM) intervention and is part of the NHS Long Term Plan's commitment to make personalised care business as usual across the health and care system.

Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths and needs. This happens within a system that makes the most of the expertise, capacity and potential of people, families and communities in delivering better outcomes and experiences. Personalised care takes a whole-system approach, integrating services around the person. It is an all-age model, from maternity and childhood through to end of life, encompassing both mental and physical health support.

This represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to feel informed, have a voice, to be heard and be connected to each other and their communities.

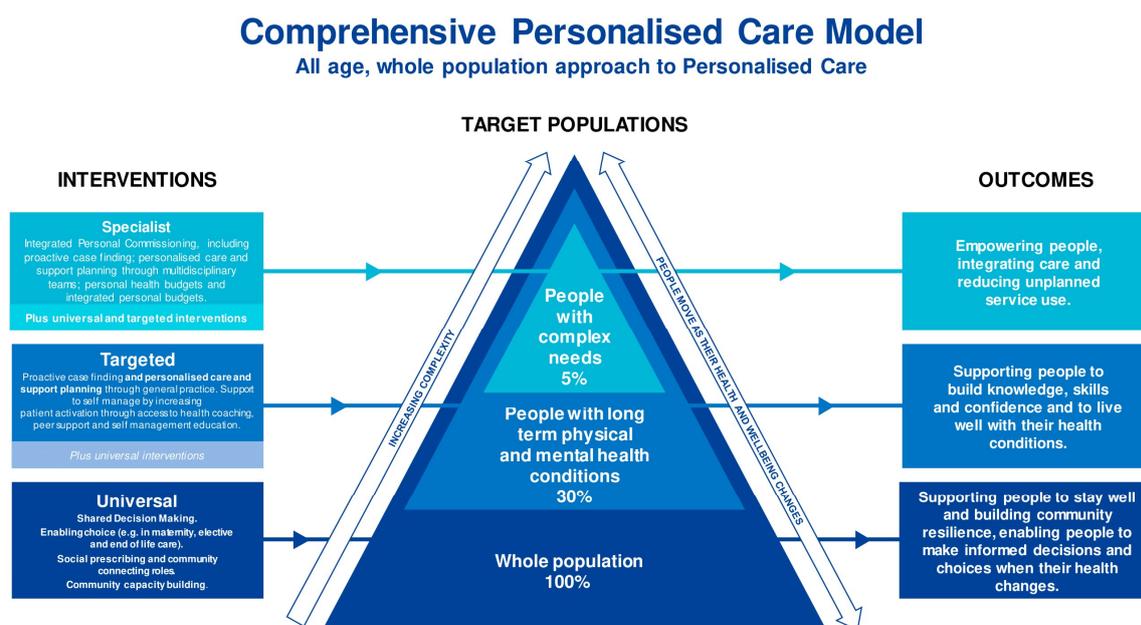
Personalised care is implemented through the Comprehensive Model for Personalised Care (see Table 1). The model has been co-produced with a wide range of stakeholders and brings together six evidence-based and inter-linked components, each defined by a standard, replicable delivery model. These components are:

- Shared Decision Making
- Personalised Care and Support Planning
- Enabling choice, including legal rights to choice
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets

The deployment of these six components will deliver:

- whole-population approaches, supporting people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes,
- a proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence to live well with their health condition, and
- intensive and integrated approaches to empower people with more complex needs, including those living with multi-morbidity, to experience coordinated care and support that supports them to live well, helps reduce the risk of becoming frail, and minimises the burden of treatment.

Table 1: Comprehensive Model for Personalised Care



More information about the Comprehensive Model for Personalised Care and supporting summary guides for its successful implementation are available on the personalised care pages of the NHS England website.¹

¹ <https://www.england.nhs.uk/personalised-health-and-care/>

Who is this document for?

This guide is aimed at all commissioners and system leaders in a health and social care system. It can also support health coaching providers and trainers. For example:

- Sustainability and Transformation Partnerships or Integrated Care Systems to support planning the adoption of health coaching services and skills in provider workforces
- commissioners in Clinical Commissioning Groups or local authorities to directly commission health coaching services to meet the specific coaching needs of people, or to support workforce health coaching skills development through local Commissioning for Quality and Innovation schemes (CQUIN) or other contractual levers, and
- providers to help their workforces to develop appropriate health coaching skills to support people.

This guidance should be used both when commissioning and when deciding what can be reported as health coaching locally. Whilst it is not statutory guidance, the guide outlines best practice and will help you to:

- develop a basic understanding of health coaching
- understand the different types of health coaching currently being used
- choose the right approach for your circumstances
- ensure your approach aligns with the Comprehensive Model for Personalised Care and
- understand what should be considered health coaching when reporting on health coaching services.

It should be read alongside the supported self-management summary guide.²

² <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

What is Health Coaching?

Health coaching is a partnership between health and care practitioners and people. It guides and prompts people to change their behaviour, so they can make healthcare choices based on what matters to them. It also supports them to become more active in their health and care. Health coaching is defined in Universal Personalised Care³ as:

Helping people gain and use the knowledge, skills and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals.

This guide covers two distinct approaches to using health coaching:

Health coaching services - health coaching as a new stand-alone service targeting a specific group e.g. supporting healthy behaviour changes in diabetes

Health coaching skills - training health and social care staff and voluntary sector representatives or carers to use health coaching skills as part of their consultations or conversations, as an approach to practice or mind-set. Health coaching skills can be used to enhance an existing service, as part of wider workforce development.

There are a number of terms used when discussing personalised care which can be confused with health coaching services and health coaching skills. These are defined in Annex A – Glossary in the technical annexes.

National Support

From May 2020 the Personalised care Institute will be providing information on training providers and courses that meet the standards contained in this document with recommendations of training levels for different staff groups.

³ <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>

2. Health coaching services

Health coaching services focus on delivering a structured and/or targeted health coaching service for specific groups of patients. This typically involves:

- the selection, referral and monitoring of people who meet the inclusion criteria (risk stratification and segmentation, having a certain condition or Patient Activation Measure® score/level)
- the provision of an agreed number of sessions for the delivery of health coaching and
- collecting data to report the impact of the health coaching sessions (e.g., via an appropriate tool, such as the Patient Activation Measure®).

Broadly, dedicated service interventions intend to improve health and wellbeing by providing a specific health coaching service for patients that is additional to, and potentially a replacement of, existing services and practitioner-patient relationships. Practitioners who provide dedicated health coaching services are usually identified by a specific role title (e.g. health and wellbeing coach) and have specific knowledge and skills for the provision of the service, including working with patients over a defined period of time.

Table 2: Approaches that are used in delivery of health coaching services.

<p>Targeted health coaching service</p>	<p>Target specific people as a cohort. This might be all those in a geography with a low PAM® score, high risk stratification/scores, or specific condition characteristics. A specific programme of health coaching sessions is delivered to address the individual needs of that cohort of people. Such services can be delivered by suitably trained individuals with either a clinical or non-clinical background depending on the nature of the health coaching provision and the targeted characteristics.</p> <p>For an example in practice please see the provision of a targeted telephonic health coaching service in Horsham and Mid Sussex (Technical Annex B – Practice examples)⁴</p>
<p>Clinical health coaching service</p>	<p>Help patients or patient groups defined by certain clinical or biomedical needs (e.g. lifestyle characteristics, health behaviours, risk factors, or specific condition characteristics). Here a specific programme of health coaching sessions can be</p>

⁴ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

	<p>delivered to address the medical need. Such services are usually delivered by clinicians or other suitably trained individuals with specific clinical knowledge about the nature of the health coaching provision.</p> <p>For an example in practice please see: The application of health coaching skills in General Practice tailored to Patient Activation Measure levels in Sheffield (Technical Annex B – Practice examples)⁵</p>
Non-clinical health coaching service	<p>Addresses the needs of people but is not designed to tackle a specific clinical need or offered only to a specific cohort of people. These services can help people with low PAM® scores or those who need help changing health behaviours. Such services are usually delivered by individuals with strong coaching and communication skills with the ability to work alongside people to encourage their engagement. These services also tend to be more non-directive than targeted and clinical health coaching services. For an example in practice please see: The provision of a specific service to support self-management through non-clinical health coaching in Dorset; and the provision of a specific service to support activation through agenda free health coaching in Lewes and the Havens. (Technical Annex B – Practice Examples)⁶</p>

2.1 Commissioning a health coaching service

Prepare people and the system

Be clear what you want the service to provide. You should consider where it will be positioned within clinical pathways and alongside other supported self-management interventions in the local health and care system. Doing so will ensure referral pathways and other services are well understood, that connections in and out of the new health coaching service make sense to people and operate in a timely and smooth way.

Consider which type of dedicated service might be most appropriate in meeting that objective:

- Targeted health coaching service
- Clinical health coaching service
- Non-clinical health coaching service

⁵ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

⁶ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

Ensure people locally are involved in planning the service and understand what health coaching is and why it is being considered. A taster experience may be useful to ensure providers across the local system have a good appreciation of what patients or clients will experience.

Local infrastructure

Existing commissioners, stand-alone service providers of targeted health coaching services and patients described a consistent set of local issues that commissioners should consider. A summary of things to consider can be found as a checklist in Technical Annex C – Implementation Checklists: Health coaching services local infrastructure checklist.⁷

Minimum standards

For health coaching as a stand-alone service, people (e.g.: Health and Wellbeing coach) should attend an accredited health coaching skills programme (minimum 4 days) incorporating individual assessment of health coaching skills and documented practice hours (as specified by the accrediting body) plus by opportunities for reflection and follow up activities with ongoing supervision is recommended.

The minimum skillset required after completing training, the minimum length of training needed to develop the skills, the delivery method, follow-up and ongoing development of skills, supervision required, and costs of training is described in Technical Annex C and should be reviewed before commissioning a service.⁸

Telling people about the service

It is important that people and practitioners are made aware of new services that are offered to ensure there are appropriate referrals or self-referrals into the service. Communicate the purpose of the service, for example, is the goal to meet a specific cohort of people's need? Or address a health inequality among a specific demographic or condition?

Anticipate what the wider system needs to do to maximise this opportunity. Create an action plan of who should do things and when and plan for the resources

⁷ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

⁸ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

required. Make sure you engage senior leaders and people who can support the success of your work too.

Consider how you will communicate this to patients and other parts of the system. How will patients get referred or will they self-refer?

Quality

If you are thinking of commissioning an external organisation to deliver a health coaching service, it is important to consider their experience in delivering such services. There are no barriers to market entry in the UK and commissioners must assure themselves of the quality of services providers deliver. It is important to check the qualifications, experience and membership of appropriate professional bodies of any firms or individuals that your organisation is considering using to provide health coaching services.

Professional bodies for health coaching include the International Coach Federation (ICF), European Mentoring Coaching Council (EMCC), Association of Coaching (AoC) and UK Health Coaches Association. All the main professional bodies require members to adhere to codes of conduct and ethics with associated complaints procedures.

Beyond looking for specific qualifications, experience and knowledge, it is important to look for health coaches who have certain qualities, skills or personal characteristics that are critical to successful coaching. This means health coaches that can use general non-directive and directive coaching skills and techniques, insights and processes informed by health psychology and behaviour change science, and their own specific knowledge and skills as a practitioner.

If the health coaching service involves working with people living with chronic medical conditions or are not unwell but are their risk through unhealthy behaviour, the coaches should understand the most common conditions they face.

A quality checklist to support this can be found in Technical Annex C – Implementation Checklists: Recognising Quality Health Coaching Services.⁹

⁹ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

3. Health coaching skills

Development of health coaching skills focuses on training health and social care staff, voluntary sector representatives, and carers to use health coaching skills as part of consultations or conversations. This involves supporting practitioners to develop their own health coaching skills, conversation frameworks and mind-set, so that they can use a health coaching approach in their usual role

Table 3: The ways in which health coaching skills can be developed in existing services.

<p>Health coaching skills aligned to support patient activation</p>	<p>Use health coaching to both tailor your consultation approach to people’s individual needs, preferences and assets at the different levels of activation, and to use patient activation to measure progress made by people. Appropriate use of health coaching skills can increase a person’s patient activation and their capacity to self-manage effectively. Two examples in practice can be found in Technical Annex B – Practice Examples: Supporting the provision of both a dedicated health coaching service and health coaching skills development in Yeovil and Supporting the provision of both a dedicated health and well-being coaching service and health coaching skills development in Blackpool and Fylde Coast.¹⁰</p>
<p>Health coaching skills development</p>	<p>Where a programme is offered to individual practitioners to enhance consultation or communication skills. Practitioners see themselves using these skills to support them to undertake their existing role using a health coaching approach. Two examples in practice can be found in Technical Annex B – Practice Examples: The application of health coaching skills to enhance interactions with carers in Suffolk and Supporting a regional approach to health coaching skills development in West Suffolk.¹¹</p>
<p>Health coaching enhanced service</p>	<p>Critical mass of practitioners in a service or team who use health coaching skills. Practitioners describe their team or service as more personalised because it is underpinned by health coaching. Two examples in practice can be found in Technical Annex B – Practice Examples: The application of health coaching skills in an acute recovery ward in Hampshire; and The application of health coaching skills in a</p>

¹⁰ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

¹¹ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

	primary care Occupational Therapy service in Gloucestershire. ¹²
Health coaching as part of a wider coaching culture	Where an organisation wants to create a coaching culture at all levels, which supports the development of health coaching skills at the front line. Practitioners, managers, and leaders use coaching approaches in each of their respective roles. Health coaching is seen as an extension of organisational culture and values. Examples in practice can be found at Technical Annex B – Supporting a consistent approach across health, social care, voluntary & community sectors in Manchester; Health coaching skills supporting a place based approach to culture change across a local system in Berkeley Vale, Gloucestershire; and Supporting a city wide approach in Leeds. ¹³

Table 4 details further examples of how health coaching skills can be applied by staff when delivering services in different sectors in the health and social care system.

Table 4: Examples of how health coaching skills are used in wider workforce development

Acute settings	Primary care settings	Social care and voluntary sector settings
Managing frequent attenders Changing conversations about pain management injections Increasing participation in exercises in outpatient clinics Achievable goal setting led by people Medicines concordance on ward, at discharge, at dispensary Supporting increase in sense of control after surgery Aligning clinical objectives with patient rehabilitation goals	Frameworks for changing the conversation Management of long-term conditions Lifestyle and behaviour change Supporting personalised care planning Recovery and rehabilitation Concordance and agreement with treatments Pain management Procedural and functional skill development Mental health (well managed)	Working with carers Social prescribing Encouraging engagement with services Supporting return to work Supporting participation in community activities Increasing exercise Addressing loneliness Supporting recovery from drug and alcohol addiction Managing expectations about housing service provision

Health coaching has a considerable evidence base. Whilst most of the initial development of health coaching was undertaken outside of England, there have

¹² <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

¹³ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

subsequently been several well evaluated pilots of health coaching in the United Kingdom showing positive outcomes for both health and social care professionals and people. A high-level overview of available evidence is presented in Technical Annex D¹⁴

3.1 Commissioning training in health coaching skills

In terms of training health and social care staff and voluntary sector to use health coaching skills as part of consultations, there are two major issues for commissioners to consider. The first issue is what to commission. The second issue is what outcomes to specify. Both depend on how widely or narrowly you define what the end goal is. For instance, if you decide that health coaching should become the usual way of working across the whole system that implies that a different scale and type of intervention will be required. This is more like commissioning a large-scale organisational and workforce development strategy or culture change programme. It is not like commissioning work within one specific team or existing service where a modest but contextualised programme and some follow-up support to achieve sufficient changes at a smaller scale is required.

Draw on an emerging evidence base of what works to embed health coaching in provider organisations as part of usual consultations.¹⁵ This will help stakeholders agree locally on what will be 'in' and what will be 'out' of scope. It will also clarify both whether any external support may need to be commissioned (and if so what) and what outcomes are hoped for (and how you will measure success).

Prepare the people and the system

Health coaching is not a quick fix, it requires a long-term commitment to introduce and embed health coaching as a way of working. It is not just a matter of funding some skills training and requires understanding and buy-in from management as well as practitioners. Embedding health coaching skills start with practitioners, managers and system leaders. It should be aligned to Health Education England and Skills for Care's work on person centred behaviours.¹⁶ Replicating the success of a health coaching approach elsewhere is just as hard as introducing other large-scale change.

¹⁴ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

¹⁵ Recommendations based on evidence collated from a range of sources including the Health Coaching Coalition:

https://www.betterconversation.co.uk/images/A_Better_Conversation_Resource_Guide.pdf

¹⁶ <http://www.skillsforhealth.org.uk/services/item/575-person-centred-approaches-cstf-download>

Ensure that local providers recognise that health coaching is also culture change in addition to a set of skills for practitioners. Describe clearly which problem(s) a health coaching approach will help to solve and ideally embed your initiative within a strategic priority. Ensure the goals are defined, what success looks like and how it will be measured before you start.

Ensure line managers, team leads and champions at every level within provider organisations locally understand what coaching is before their staff are trained so briefing beforehand (and ideally a taster experience or the full training themselves) is essential.

Identify how coaching conversations and goals will be recorded and shared. Otherwise mind-sets might be ready for health coaching, but local systems will be barriers.

Local infrastructure

Existing commissioners, providers of health coaching skills training and people describe a consistent set of local issues for commissioners to consider. The issues to consider are presented as a checklist in Technical Annex C – Implementation Checklists: Health coaching skills training implementation checklist.¹⁷

Minimum Standards

For developing coaching skills a 2-day quality assured training programme with opportunities for reflection and follow up activities is recommended. This training would be appropriate for Social Prescribing link workers, care co-ordinators, people involved in delivering personalised care and support plans, and similar roles.

The minimum skillset required after completing training, the minimum length of training needed to develop the skills, the delivery method, follow-up and ongoing development of skills, and costs of training is described in Technical Annex C and should be reviewed before commissioning skills training.¹⁸

Selecting training providers

Commissioners of training tend to take a subjective judgement which considers track record, reputation, accreditation and quality, integrity of the product, availability, and

¹⁷ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

¹⁸ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

ability to flex approach to needs of different teams and situations, cost and the rigour of the approach to the training. Training providers with quality references from elsewhere in the national or local system and those who evaluate their training or other interventions tend to be considered lower risk choices. Health coaching skills training needs to be experiential including an opportunity to practice what for many will be new skills. Drawing on theory of behaviour change, training providers should be able to engage in discussions about how tools and techniques can be used in the real-life settings.

The credibility and experience of the individual trainers is key. People will only engage and shift their thinking if the teacher is credible and authentic from their perspective, but perceptions of credibility vary and there are no hard and fast rules about what gives someone credibility. Training providers from a similar profession to their own really matters to some and, especially for clinicians; a trainer from a clinical background would often be preferred. For others, trainers with experience of working in a similar environment matters more so that the trainer has experience of the situations likely to be encountered and examples of using particular tools and techniques are contextualised e.g. care home setting. Some trainers are regarded as having personal credibility without coming from a trainees' own profession or context because they are skilled trainers with an excellent understanding of contextual differences combined with deep experience of coaching skills and activation. Feedback from previous clients or asking for a short 'taster' session could help in your assessment process.

The issues to consider are presented as a checklist in the Technical Annex C – Implementation Checklists: Recognising a quality health coaching skills training provider.¹⁹

Roll-out initial training

Training participants need to be briefed in advance on the need for a different and consistent way of working across the system, from a 'fixer' to an 'enabler' mind-set so they understand what the point of the training will be. Help people to understand how health coaching will benefit them, service users and the wider system.

Getting together individuals or people from a similar role or profession in a group for face to face training is the most common way to deliver training. People can be brought together, however, for training from different perspectives and from different

¹⁹ <https://www.england.nhs.uk/personalisedcare/supported-self-management/supporting-tools/>

parts of an area. A shared training experience can help break down barriers and build links across the system. Alternatively training current teams can facilitate on-going support for each other once back in their own setting and the ability to integrate health coaching into their way of working.

The leaders and line managers of those being trained must allow enough time for learning and be active in changing how the system works alongside developing the work force. If you motivate staff and give them the capability for change then it might be frustrating for them if the opportunity for change is not there due to lack of buy in from leaders or managers. Skills not practised may also become lost. Developing a shared language matters so if you are taking a city-based or place-based approach you may need a whole person focus rather than a 'patient' focus.

Give staff on-going support and reflective practice opportunities

Support staff to digest and embed their new knowledge and skills following the period of training. Create an environment and space which facilitates the sharing of learning and practice and supports further skill enhancement and behaviour change.

Senior staff should role-model coaching as the only way of working in the profession, organisation or system. It may be helpful to adopt an attitude of living the values of health coaching by extending the coaching approach internally to reinforce the cultural change. The skills learnt on the training can also be used to communicate within an organisation and cross-service with colleagues and peers.

Embed and spread until it becomes business as usual

Consider establishing a co-ordination team from within the profession, provider organisation, or locality whose role is to kick start the approach and drive it forward. Consider releasing some time from their day jobs so that they have capacity to lead and steer the initiative.

Remind leaders that health coaching as a culture change is not just a one-off training programme and relationships are key to getting more people involved. Ensure senior managers buy in to both 'better conversations' as an end goal and the steps that will be necessary to achieve it. A few key strategic advocates or clinical champions will make a big difference in securing the support and resources needed over time.

Find the common ground and build on it. Not all parts of the system will have been ready to participate at the outset so ensure you have a plan for bringing them along

with you when they are ready to maximise consistency of approach across the system.

Ensure that provider organisations evaluate the impact of health coaching using both qualitative and quantitative methods. Advertise and communicate the successes, large and small, to create momentum for the approach.

What should you expect to pay?

Parameters for expected training costs should be set. Again, just like there is an expected purchase price for items of service in the NHS, a similar model should be applied to training in the NHS, with agreed parameters (e.g. trainer/trainee ratio).

These need to be transparent and set to deliver good value for the NHS, whilst offering fair remuneration to providers. There might be different expectations of purchase price depending on groups being trained and the delivery format you want. For instance, five two-day programmes each scheduled over four half days in five difficult to reach general practice locations will command a higher price than five whole day blocks scheduled back to back on consecutive days in the same central location. There is a balance between what outcome is required and the best delivery pattern to secure those outcomes versus the cost of that pattern.

Initial training is an upfront investment but reducing the cost of training over time will be an important consideration if you are going for a universal health coaching approach. A number of people already trained can be offered additional training to develop as a champion for running future programmes internally and/or acting as internal consultants adapting and changing the training strategy according to changes in the system.

