

Health Coaching

Implementation and Quality Summary Guide: Technical Annexes



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Annex A - Glossary

Personalised care terms

There are a number of terms that can be confused with health coaching. Those terms include the following:

Motivational Interviewing

Motivational interviewing is a client-centred, directive therapeutic style to enhance readiness for change by helping clients explore and resolve ambivalence.¹

Although it is not health coaching it may be used as a tool by health coaches.

Social Prescribing

Enabling all local agencies to refer people to a 'link worker' to connect them into community-based support, building on what matters to the person as identified through shared decision making / personalised care and support planning, and making the most of community and informal support.

Self-management

Self-management is the usual care for people living with long term conditions.²

Supported self-management

Approaches to increasing the knowledge, skills and confidence (patient activation) a person has in managing their own health and care through systematically putting in place interventions such as health coaching, self-management education and peer support.

Self-management education

Self-management education includes any form of formal education or training for people with long-term conditions that focuses on helping them to develop the

¹ Jennifer Hettema, Julie Steele, and William R. Miller. Motivational Interviewing. Annual Review of Clinical Psychology. 2005 1:1, 91-111

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

knowledge skills and confidence they need to manage their own health care effectively.

Peer support

A range of approaches through which people with similar long-term conditions or health experiences support each other to better understand the conditions and aid recovery or self-management. Peer support may be formal or informal: it can be delivered by trained peer support staff and volunteers, or through more informal, ad hoc support among peers with lived experience.

Patient Activation

The knowledge, skills and confidence a person has in managing their own health and care.

How is health coaching different?

As an approach, health coaching can be distinguished from other constructs by the following:

- It is a way for people to grow that guides and prompts people to be an active participant in their care and behaviour change;
- It is an intervention that facilitates people in establishing and attaining health-promoting goals set by the person in order to change lifestyle-related behaviours, with the intent of reducing health risks, improving self-management of chronic conditions, and increasing health equality of life;
- It is an approach that is non-judgemental, based on strong practitioner communication and negotiation skills, in which people define their own goals, people are supported to choose, helped to explore the consequences of decisions, supported in positive risk taking, and people accepting accountability for decisions made; and
- It is an approach that considers the whole person in addressing existing issues and encourages proactive prevention of new and existing illnesses.

Annex B – Practice examples

Approaches that are used in the delivery of health coaching services

The provision of a targeted telephonic health coaching service in Horsham and Mid Sussex

NHS Horsham & Mid Sussex Clinical Commissioning Group provided a telephone based health coaching service based in Horsham for people with two or more long term conditions and considered to have rising risk. Five people were specifically recruited to the role of being a “health coach” and accredited training took place between March and July 2015. Referrals were made by the GP practice and individuals received between four and twelve coaching sessions over the telephone, of between twenty and sixty minutes each. The service was available seven days a week between 8.00am and 8.00pm. Direct monitoring of 372 patients who availed of the service over a two and half year period showed a reduction in non-elective admissions and Accident and Emergency attendances, as well as significant increases in patient activation measures and positive impact on long term behaviour change leading to reductions in system use.

The application of health coaching skills in General Practice tailored to Patient Activation Measure levels in Sheffield

At Sloane Medical Centre in Sheffield CCG, health coaching is offered primarily by GPs and practice nurses, although health care assistants are also learning and using the skills. The approach was used initially with diabetes patients to support their care planning, but has now been extended to all patients with long term conditions. The coaching service is also offered by the practice as part of patients’ annual review process. Data shows that patient activation measures have increased; with people who were previously at 1 or 2 moving to a level 3 or 4. Health coaching has enabled practices to tailor their approach and be more targeted in terms of how their time is allocated amongst patients. Staff report that it has had a positive effective on their job satisfaction, and given them more scope to be compassionate with patients. The combination of clinical expertise and experience, combined with the unique coaching skillset, is proving very helpful.

The provision of a specific service to support self-management through non-clinical health coaching in Dorset

Dorset CCG commissioned the Dorset Self-Management Service to offer 'non-clinical health coaching' to anyone over the age of 18 with one or more long term health conditions. Personalised Care and Support Planning, as well as a mixture of health coaching and social prescribing, is offered by fifteen Self-Management Coaches. The focus is on self-management support to help people to manage the biopsychosocial aspects of their conditions. Health coaching patients receive up to six sessions of forty five minutes, whereas the offering under social prescribing is based on individuals' needs. Patients can access the service by self-referral, referral by a GP via SystemOne, or referral by any other health or social care clinical professional. Outcomes are measured using the Patient Activation Measure (PAM), and an average increase by one level and by ten points in PAM scores has been observed.

The provision of a specific service to support activation through agenda free health coaching in Lewes and the Havens

NHS High Weald Lewes Havens Clinical Commissioning Group commissioned a programme of 'agenda free' health coaching targeted at enabling Patient Activation through directly supporting patients with one or more long-term health conditions (including depression, stress and anxiety), who are struggling to manage in any way to take ownership of their health condition(s). The service is positioned as the 'first port of call' to support patients to move from a 'dependent' mind-set towards one in which they can take control and ownership of their health condition. The service is delivered by Health Coaches who are recruited from the locality from people with a relevant background in related services, such as counselling, who are trained specifically in the skills needed to provide dedicated 'agenda-free' Patient Health Coaching. It is a short-term intervention, generally consisting of 5 to 6 sessions although the number of sessions is personalised to the individual. Access to the service is through self-referral, a GP, or referral by other services, such as condition-specific education programmes. Evidence collected to date demonstrates: higher levels of positive self-directed behaviour and activity; reduced reliance on clinical appointments; improved and more proactive relationships with healthcare professionals; better health and wellbeing outcomes for patients (both reported and measured); and social benefits such as reduced isolation and returning to or remaining in work.

The ways in which health coaching skills can be developed in existing services

Supporting the provision of both a dedicated health coaching service and health coaching skills development in Yeovil

In Yeovil District Hospital NHS Foundation Trust as part of the Symphony Programme (Vanguard site), health coaching is offered in one to one and group settings, to people with or at risk of long term health conditions. It is possible to self-refer for coaching, but most people are referred via their GP surgery, an acute healthcare setting or a wellbeing group such as a drop-in café. The coaching is part of the individual's health package and the aim is that patients begin to take greater ownership of their own health. Training was commissioned to develop a cohort of accredited health coaches who provide specific health coaching services, as well as using the health coaching approach to develop the consultation skills of nurses and volunteers to utilise a coaching mind-set as part of their role. In 2016 sixty people were trained in the health coaching approach with four clinicians participating in a Train the Trainer programme. Subsequently two hundred and sixty more people have been trained in how to use health coaching, including one hundred and fifty by internal trainers. The experiential and practical aspects of the training process have been most appreciated by practitioners. Health coaching has helped to improve patient activation levels and has been found to be a contributing factor towards reducing the number of emergency bed days.

Supporting the provision of both a dedicated health and well-being coaching service and health coaching skills development in Blackpool and Fylde Coast

In 2015, Blackpool Hospitals and Fylde Coast were struggling to meet a high level of patient demand due to staff shortages. The decision was taken to move from an instructive model of care to a patient centred one. Health coaches, named 'Health and Wellbeing Support Workers', were trained to provide advice on non-clinical aspects of patient's health and wellbeing. Subsequently, training was extended to all clinical roles across community divisions, to incorporate a health coaching approach into their practice. Since May 2017, six people have received Train the Trainer training and 450 staff members have been trained in health coaching skills. Patients can be referred to a health coach by a GP, via social care referral, or by any other health professional. Access to health coaching is also possible through treatment by a trained clinical staff member. The introduction of health coaching

skills has resulted in improved levels of patient activation, as well as reduced hospital admissions and emergency attendances. In addition, staff report improvements in their skills, confidence and morale.

Supporting a regional approach in West Suffolk

West Suffolk Hospital has incorporated a health coaching approach across allied health professionals, doctors, nurses, students, and in social care across family & community teams, social prescribers, carers, voluntary sector and local hospice staff. Since 2013, four hundred and forty eight people have undertaken a two day training programme in health coaching skills development. This has been made possible by training internal trainers via Train the Trainer programmes which has enabled the spread of the health coaching approach to be extended. All patients across Suffolk who engage with the professions mentioned have access to health coaching as part of their clinical provision, meaning that patients experience conversations that support them to gain confidence to manage their own condition. As a result patients are more likely to believe that they can lead their own care and generate solutions; this in turn has resulted in more positive experiences for practitioners.

The application of health coaching skills in an acute recovery ward in Hampshire

It's believed that acute care can frequently result in disempowering of patients, which can have a debilitating effect on their mental and physical health. Hampshire Hospitals NHS Foundation Trust has sought to counter this on their acute inpatient elderly care rehabilitation ward by training staff at all levels, from health care assistants to consultants, in health coaching. Seventy staff received training in the health coaching approach, which they incorporated into their day-to-day practice by applying a health coaching in conversations with all patients on the ward. The change in practice aimed to support a change in patients' mind-set from one of dependency towards seeing themselves as partners in their own recovery. An evaluation of outcomes from the programme has shown reduced length of hospital stays, improved functional ability, reduced packages of care at discharge and greater independence for patients. This has translated to a net saving across health and care of up to £4,973 per service user, or £3,620,657 net benefit savings per year for a 28 bed ward.

The application of health coaching skills in a primary care Occupational Therapy service in Gloucestershire

NHS Gloucestershire Clinical Commissioning Group and Gloucestershire Care Services Trust have worked together to commission training on health coaching to 40 occupational therapists (OT's) in 2018; the aim is for individuals to incorporate it into their day-to-day practice so that it becomes the norm when working with patients. The training gives OT's a broader range of tools to be used with a diverse set of patients, with one or more conditions which are often long term in nature, and include mental health issues accompanying a physical condition. Patients access the service as a jointly commissioned health and social care service through social services, self-referral, or referral by a GP or other health professional. By taking a health coaching approach, OT's have found that they have a broader range of tools to assist them to enable patients to lead their own treatment. Practitioners report that this has helped individuals to identify effective approaches to their own treatment more quickly.

Supporting a consistent approach across health, social care, voluntary & community sectors in Manchester

In Manchester, a Self-Care Strategy was published in 2016 jointly by Manchester City Council, the NHS and the voluntary sector. It aimed to encourage and empower people to learn about and start to take action towards improving their wellbeing and preventing ill-health, and to promote collaboration between people with long term conditions and their health and care providers. The Person, Partner, Place (PPP) programme was introduced in early 2017 to support implementation of the strategy which incorporated a consultations skills development course for practitioners in an assets based coaching approach. More than three hundred staff in the health, social care, voluntary & community sectors were trained to integrate the coaching approach into their conversations, and following a Train the Trainer programme, internal trainers have continued to deliver the programme to an additional two hundred staff. This has helped to build skills, knowledge and capacity among the workforce, with the long term aim being that anyone who accesses the health and care system to be engaged in health coaching based conversations. Further systems level work to support empowerment of patients is now in progress, so that those with long-term conditions may access and own their records and take a more active role in managing their conditions.

Health coaching skills supporting a place-based approach to culture change across a local system in Berkeley Vale, Gloucestershire

During 2018-19 seventy local staff participated in multi-disciplinary, cross-organisation 2-day training courses to kick-start a ‘test and learn’ exercise at Berkeley Vale designed to generate learning about ‘how’ health coaching, as part of healthcare roles, can be introduced in support of an Integrated Care System (ICS). Berkeley Vale comprises six GP practices plus associated delivery partners (acute, community, mental health, social care and voluntary provider organisations). The aim has been to integrate working practices and create an ICS culture within the network, as well as up-skilling staff. Locally this was termed a ‘place-based’ approach to implementing health coaching. An emergent action learning process was adopted that responded to on-going feedback from staff and leaders in what was useful and practical. A champions group, supported by the CCG, was established to assist and engage with staff on health coaching as the ‘new way we do things around here’. Post-training activities included skill-share lunchtime sessions to support individual staff and a separate session for team leads to consider their role in embedding the approach and supporting their staff.

Supporting a city-wide approach in Leeds

In 2010 the City of Leeds, working closely with NHS England, implemented a collaborative care and support planning model which changed the way of working with people affected by long-term conditions. Funding was secured from Health Education England (HEE) to work towards integrating health coaching into current models of practice, towards a system-wide approach. The model that evolved is called “Better Conversations”, a person-centred approach of working with citizens across a number of health and care programmes, which acknowledges their strengths and aims to improve quality of life and support independence. The city of Leeds wanted it to be the ‘golden thread’ that ties their health and care strategies together. Since January 2015, more than nine hundred members of staff have been trained to incorporate a health coaching approach into their practice, the majority by internal trainers following Train the Trainer training. Current spread of the approach is on-going and consists of two phases; a one day knowledge and skills course, followed by an embedding course. Therefore any patient being treated by a trained member of staff now has access to a health coaching approach. The programme is still in its infancy, thus impacts have not yet been robustly measured; however anecdotal evidence suggests that there has been positive culture change and there

is strong buy-in to the approach based on sharing of success stories across the system.

Additional Case Studies

The application of health coaching skills to enhance interactions with carers in Suffolk

Suffolk Family Carers provide health coaching through Family Carer Advisers who work in GP practices and the three main hospitals in Suffolk, doing carers' assessments and giving telephone advice. The Community Connector service provides health coaching sessions through social prescribing and most practitioners use health coaching approaches in their case work or their consultations. Seventeen people were trained to an accredited level between January and March 2018. Recipients of health coaching are carers who are referred by a GP, a member of the nursing or reception staff, an advice line, social services, voluntary organisations or they can self-refer. The focus is on helping people to take ownership of their health and wellbeing rather than rely on direction from health practitioners. Funding of the service comes from charity funds, the local council and local Clinical Commissioning Groups.

The provision of health coaching through an enhanced social prescribing service in Bedfordshire

Bedfordshire Rural Communities Charity (BRCC) is currently managing a two year pilot in Health Coaching, funded by Bedfordshire's Clinical Commissioning Group (CCG) and Central Bedfordshire Council/ Bedfordshire Borough Council. The pilot is working across the Ivel Valley and coaching is delivered by Social Prescribing Caseworkers / Health and Wellbeing Champions; ten people were trained between September and November 2018 to an accredited level of health coaching. This level of training goes beyond skills training and the service will meet the requirements of a health coaching service. The service is provided to adults with specific or long standing medical problems associated with a socially based issue, leading to poor health and wellbeing. These can include smoking, drinking, being overweight, loneliness and confidence issues and health coaching is proving effective as part of their treatment. Referrals are made by GPs, practice nurses, emergency practitioners or other staff aligned to a GP practice, such as district

nurses. Recipients normally have three or four sessions, but this can be extended up to eight sessions, based on individual need.

Annex C – Implementation Checklists and minimum standards.

Recognising Quality Health Coaching Services

	✓
Does the provider ensure that staff are members of a relevant professional body, at an appropriate level, and adhere to a code of ethics/conduct?	
Do the provider's staff have appropriate health coaching training and qualifications?	
Have the provider's staff delivered an appropriate minimum number of hours of health coaching in the last year?	
Has the provider ensured there are development opportunities for health coaching staff as part of their continuing professional development?	
Does the provider have formal coaching supervision arrangements in place and/or do they practice peer-observation?	
Does the provider ensure that staff are up to-date with current best practice guidance in delivering health coaching?	
Does the provider and their staff have adequate experience and training supporting the relevant patient/user group?	
Does the provider use a consistent approach to tools, techniques, and models of health coaching across their service to ensure continuity of care?	
Does the provider's approach to equality and diversity both as an employer and as a service provider meet NHS requirements?	

Health coaching services local infrastructure checklist

	✓
<p>Is there a robust business case for commissioning a health coaching service?</p> <p>Specific questions that should be addressed include:</p> <ul style="list-style-type: none"> • How do you know you need a health coaching service? • what specific problems will it address? • How are the problems currently being addressed and how will a health coaching service be better? • Are you clear who the service is for? Who will be eligible? How will people be referred or accessed? 	
<p>Have you ensured the accessibility and flexibility of the service?</p> <p>Specific considerations include:</p> <ul style="list-style-type: none"> • physically, location, timing, language? • Can the service be co-located with other services? • Will it need to be rapid and reactive? 	
<p>Is there an appropriate people plan, including human resource requirements?</p> <p>You should consider:</p> <ul style="list-style-type: none"> • What are the minimum skills, qualifications, experience, specific knowledge a person should have to deliver the service? • What is the minimum length of training needed to develop the skills? • Is specific training for staff needed to support the people they will work with? 	
<p>Is there on-going training and development in place for the people who deliver and manage the service?</p>	

<p>Is there a plan to ensure those using the service are prepared for the first session and they feel ready to participate?</p>	
<p>Is there appropriate follow up for those using the service?</p>	
<p>Do you know what will the cost be?</p> <p>You should consider:</p> <ul style="list-style-type: none"> • How will you calculate the cost? • How will the service be resourced sustainably? 	
<p>Are existing services and the wider system prepared so support and integrate with this service?</p> <p>You should consider:</p> <ul style="list-style-type: none"> • How will you provide the best chance for this kind of intervention to make the desired impact? • Who needs to do it and when? 	

Minimum standards for a dedicated stand-alone health coaching service

Differences and similarities between these standards and the standards for training health, social care and voluntary sector staff in health coaching skills are highlighted in blue.

<p>What is the minimum skill set a person should have on completing health coaching skills training</p>	<p>Core skills and competencies in:</p> <ul style="list-style-type: none"> • Active and empathic listening • Effective questioning • Building trust and rapport • Providing supportive challenge • Shared agenda setting • Collaborative goal setting • Shared follow up planning • Using simple health literate communication techniques such as teach-back • Structuring conversations using a coaching approach • Understanding the health coaching approach and mindset • Understanding when health coaching is an effective approach and its limitations • Select and apply a range of health coaching models, conversation frames and techniques • Detailed knowledge of the core concepts and principles of personalisation, patient activation, health behaviour change, self-efficacy, intrinsic motivation and assets-based approaches • Detailed understanding of self-management support and associated techniques • Advanced skills development incorporating practice, reflection and planning for the application of learning to practice <p>Specific skills and competencies required for on-going health coaching:</p> <ul style="list-style-type: none"> • Creating and maintaining a safe and positive relationship • Setting and maintaining appropriate boundaries • Structuring programmatic and sessional goals • Managing and making effective use of time • Managing resistance to change and ambivalence • Being responsive and sensitive to the needs and beliefs of the client • Appropriate use of problem solving, and goal follow up across sessions to maintain and increase activation • Monitoring and collecting outcome measures
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	<ul style="list-style-type: none"> Understanding how to apply health coaching in group settings
Minimum length of training needed to develop the skills	<p>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 is recommended.</p> <p>Note: some providers consider traditional coaching training to be unsuitable for developing skills to work with their client group, and therefore may prefer to validate their health coaches experience and qualifications independently. As a commissioner you will need to consider appropriate quality assurance arrangements in this situation.</p>
Delivery method	<p>The following recommendations should be considered:</p> <ul style="list-style-type: none"> Co-ordination with local managers to ensure the service will meet local needs and align with rest of the system Face to face group workshops Experiential learning (i.e. learning by reflecting on past experiences with health coaching) with a focus on skills practice Evidence of reflective learning between sessions Individual skills assessment Preparation and review sessions delivered online can work but need to be accessible
Follow up and on-going development	<p>Some of the following mechanisms should be considered:</p> <ul style="list-style-type: none"> Refresher sessions Buddying with peers One-to-one support from a practitioner with more health coaching experience Action Learning Sets e-learning to revisit or deepen training Supervision On-going improvements to systems and processes Peer observation and feedback Support for monitoring and collecting outcome measures
Supervision	<p>Supervision of health coaching service provision is essential and should be evidenced and undertaken regularly. Individual and group supervision (to share learning) is recommended.</p>
Costs	<p>External provision of training range in cost between £800 and £1500 per individual trained including accreditation fees.</p>

Health coaching skills training implementation checklist

	✓
Are you clear why skills development in health coaching is needed and what problems will it address?	
Will health coaching be integrated with a whole system approach to delivery of the comprehensive model for personalised care?	
Do you have a plan to generate the support and resources needed to start implementation?	
<p>Do you know who you will target for health coaching skills development?</p> <p>You should consider:</p> <ul style="list-style-type: none"> • which specific professions/groups/department will receive training, • will it be for staff or non-staff, • will it be within or across organisations, • how many will get the training, and • will it be mandatory or voluntary? 	
Have you identified what skills people need to develop and what skills people should have after completing health coaching skills training?	
<p>Have you determined what format the training be delivered with?</p> <p>You should consider:</p> <ul style="list-style-type: none"> • Where e.g. near to site if trainees are co-located? • When e.g. to best fit with normal working patterns? • Who e.g. trainers external/internal, clinicians/non-clinicians 	
Have you decided who should be prioritised for training?	

<p>For example: team leads in a trial group, whole intact teams, or a mix of individuals.</p>	
<p>Have you decided what the scope of training is in terms of breadth and depth?</p> <p>You should consider:</p> <ul style="list-style-type: none"> • Is this skills training only, • Will there be course preparation, • Will there be follow up training, • Will there be on-going support for leaders and champions, and • Will there be in-house trainers for on-going sustainability? 	
<p>Have you estimated the costs?</p>	

Recognising a quality health coaching skills training provider

	✓
Are providers allowing enough training time to do it well?	
<p>Has the provider recommended follow-up activities to support training participants in reflection and confidence building?</p> <p>You should also consider:</p> <ul style="list-style-type: none"> • Who will do this and when? • Will it meet the needs of your intended target audience for the training? 	
Will the delivery format meet the needs of your target audience?	
Has the provider offered support to brief and liaise with local managers and/or champions to ensure successful transfer of learning back into the workplace?	
If training is delivered in a normal workplace or healthcare environment, is it suitable for the purpose?	
Does the provider deliver a learning environment that supports practical application of skills in a safe environment?	
Does the provider facilitate people to take ownership of their learning and ongoing development?	
Does training draw on best teaching methods, assessment processes, and supervision processes?	
Can the provider support sustainability and cost reduction, for example through trainer the trainer or internal skills transfer models?	

Minimum standards for training health, social care and voluntary sector staff to use health coaching skills.

Differences and similarities between these standards and minimum standards for a dedicated stand alone health coaching service are highlighted in blue.

<p>What is the minimum skill set a person should have on completing a health coaching skills training</p>	<p>Core skills and competencies in:</p> <ul style="list-style-type: none"> • Active and empathic listening • Effective questioning • Building trust and rapport • Providing supportive challenge • Shared agenda setting • Collaborative goal setting • Shared follow up planning • Using simple health literate communication techniques such as teach-back • Structuring conversations using a coaching approach • Understanding the health coaching approach and mind-set • Understanding when health coaching is an effective approach and its limitations, and how it should be tailored to lower levels of health literacy and patient activation • Applying health coaching models, conversation frames and techniques • Understanding how to integrate health coaching into current role in a way that's consistent with the values and expectations of your setting • Knowledge and recognition of the core concepts and principles of personalised care, shared decision making, patient activation, health behaviour change, self-efficacy, motivation and assets-based approaches • Developed skills to further develop their health coaching through on-going practice, reflection and planning as reflective practitioners
<p>Minimum length of training needed to develop the skills</p>	<p>A 2-day programme plus opportunities for reflection and follow up activities is recommended</p>
<p>Delivery method</p>	<p>The following recommendations should be considered:</p> <ul style="list-style-type: none"> • Briefing for managers to prepare systems and processes as necessary • Face to face group workshops

	<ul style="list-style-type: none"> • Full day events generally preferable over multiple half day events but not always possible in some contexts • Experiential learning with a focus on skills practice • Reflection on practice within one month of initial training • Preparation and review sessions delivered online can work but need to be accessible
Follow up activities and on-going development	<p>Some of the following mechanisms should be considered:</p> <ul style="list-style-type: none"> • Refresher sessions • Buddying with peers • One-to-one support from a practitioner with more health coaching experience • Action Learning Sets • E-learning to revisit or deepen training • Supervision • On-going improvements to systems and processes
Costs	<p>External provision of training range in cost between £300 and £450 per individual trained. Internal provision (e.g., through a train the trainer approach) costs significantly less.</p>

Annex D - Evidence

Much of the existing evidence on the effectiveness of health coaching comes from studies undertaken overseas. There is compelling meta-analytic evidence which demonstrates that health coaching services have a positive impact on the outcomes of patients with chronic diseases such as, diabetes, hypertension, obesity and heart disease (Sforzo et al, 2018). As well as having a positive effect on patient health and wellbeing, health coaching has also been found to reduce the demand on healthcare services. For example, a large scale randomised control trial conducted in Sweden demonstrated that the implementation of health coaching reduced hospitalisation rates by 12 per cent (Edgren et al. 2016).

Whilst much of the research has been conducted overseas, the UK evidence base on the effectiveness of health coaching has been growing. Although they have typically been on a smaller scale, they provide a foundation of evidence to support the adoption of the innovation. To date, there have been three previous outcome evaluations of health coaching in UK. The first found improvements in patient self-efficacy in a small scale pilot in Suffolk (Thomas, 2011). The second explored organisational case studies as part of a large scale pilot across East of England, which found that clinicians were still using the approach up to a year after their training and clinicians perceived reduced demands and patients responding well to the approach it (Carter et al., 2015). A third was an outcome evaluation of a small scale application on a rehabilitation ward in Hampshire: an accompanying economic evaluation estimated an indicative cost saving of £3million (Kibble et al, 2014). A rapid review commissioned by Health Education East of England (Newman, 2014) led to health coaching being selected as one of five national priorities in NHS England's "Realising the Value" programme to deliver on Five Year Forward View.

Health coaching is associated with high practitioner and patient satisfaction, increased patient motivation to self-manage and adopt healthy behaviours, reduction of waste, improved outcomes and positive impact on the culture of services and health inequalities.

Outcomes recorded include:

- Increases patient motivation to self-manage and adopt healthy behaviours
- Increases adherence to medication
- Improves self-efficacy and patient activation
- Works best for those most in need
- Can impact on outcomes such as HbA1c
- Can reduce waste e.g. a reduction in 20-40% readmissions, the need for residential home placements after rehab and physio follow-up appointments

How these outcomes are achieved through health coaching is that informed, empowered patients have the knowledge, skills and confidence to manage their own health. They make healthier lifestyle choices, personally relevant decisions, adhere to treatment regimes, and experience fewer adverse events. Patients who possess the skills, confidence and knowledge to manage their own health, use services more effectively resulting in savings of between 8% and 21% of costs.³

Health coaching skills training provides clinicians and non-clinicians an opportunity to acquire the necessary interpersonal skills to share responsibility with patients or service users and empower them to self-care and change behaviour.⁴

What constitutes 'good' health coaching looks like may be described differently depending on your perspective and which type of health coaching is being referred to. People working within the system tend to think of health coaching as involving a similar skill set for the person leading the coaching conversation. However, from the perspective of person being coached there is an expectation that in a specialist health coaching service context there would be higher standard of training and expertness in health coaching and supporting behaviour change. They would not expect the same level of expertise from someone trained in using health coaching part of their usual role.

³ Hibbard J, Gilbert H (2014) http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/supporting-people-manage-health-patientactivation-may14.pdf

⁴ Wolever, et al (2013). A systematic review of the literature on health and wellness coaching: defining a key behavioral intervention in healthcare. *Global Advances in Health and Medicine*, 2(4), 38-57

Good evidence-based health coaching can be recognised within a health and care system when there is:

- a clear articulation and evidence of the role of health coaching in the system
- health coaching linked to the vision, values and strategy of the organisations and system
- a commitment by all parties to promote health coaching
- evaluation and data collection undertaken, and outcomes measured including those relating to wider determinants of health e.g. housing, employment,
- adequate resources, infrastructure, time and space allocated to the delivery process and practitioners delivering health coaching,
- a system that includes health coaching in its variety of forms e.g. as an approach and a service,
- activity linked to a bigger national picture and the comprehensive model for personalised care,
- Practitioner and leader support and sufficient time to specifically develop undertake or evaluate health coaching and to develop new roles, and
- consideration given by system leaders to the comprehensive model for personalised care, including how health coaching and behaviour change in supported self-management can augment other components.

Annex E – Additional Resources

Better Conversations

‘Better Conversation’ resources for clinicians and health and care leaders including video, infographics and a resource guide which contains case studies, evidence and tips on how to introduce a health coaching approach to improve the quality of conversation and help patients change behaviour.

<https://www.betterconversation.co.uk/>

Better Conversation: Tools for Action

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

Better Conversation: A guide to health coaching

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

Institute of Employment Studies Evaluations

The Case for Health Coaching: Lessons learned from implementing a training and development intervention for clinicians across the East of England

<https://www.employment-studies.co.uk/sites/default/files/resources/summarypdfs/heee0715a.pdf>

Recommendations for an economic evaluation of health coaching

https://www.employment-studies.co.uk/system/files/resources/files/520_0.pdf

Health Coaching: Innovation and Adoption. Stories of impact from NHS organisations

<https://www.employment-studies.co.uk/resource/health-coaching-innovation-and-adoption>

Patient Activation Resources

Supporting people to manage their health: An introduction to patient activation

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf

NHS England Patient Activation and PAM® FAQs

<https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/pa-faqs/>

PAM® implementation quick guide

<https://www.england.nhs.uk/wp-content/uploads/2018/04/patient-activation-measure-quick-guide.pdf>

NHS England Resources

NHS England (2019), NHS Long Term Plan. Available online:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Social prescribing and community-based support: Summary guide

<https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/>

Shared Decision Making: Summary Guide

<https://www.england.nhs.uk/publication/shared-decision-making-summary-guide/>

Supported Self-Management Summary Guide

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

Professional Bodies

International Coach Federation (ICF)

<https://coachfederation.org/>

European Mentoring Coaching Council (EMCC)

<https://www.emccouncil.org/>

Association of Coaching (AoC)

<https://www.associationforcoaching.com/>

UK Health Coaches Association

<https://www.ukhealthcoaches.com/>

