



Towards a Healthier, Happier Britain:

The Case for Health Coaching



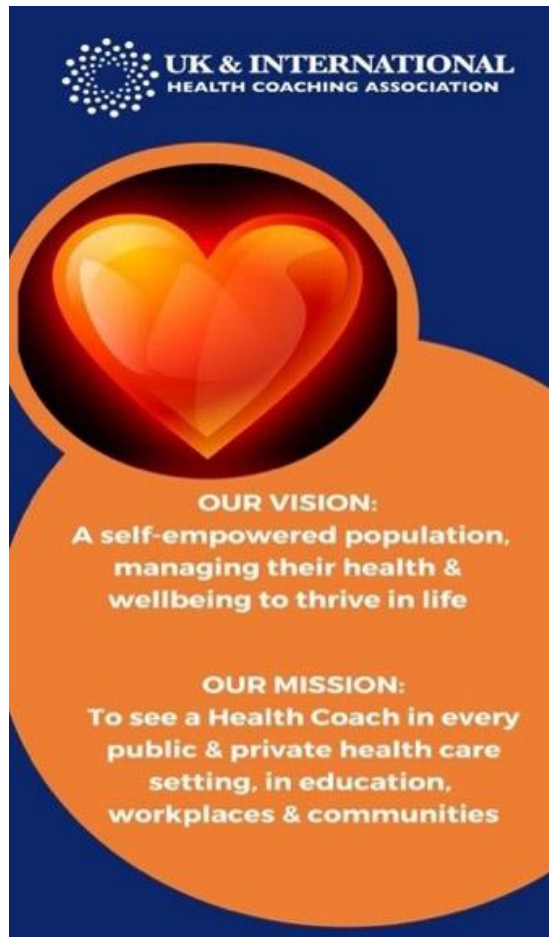
UK & INTERNATIONAL
HEALTH COACHING ASSOCIATION



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The Case for Health Coaching

November 2023



**This report was produced by
UK & International Health Coaching Association (UKIHCA),
the leading professional body for health coaching in the UK and
internationally.**

UKIHCA fully supports the NHS England Personalised Care Group in
introducing health and wellbeing coaching into primary care.

Foreword

The health, and the wealth, of our nation is dependent on our taking radical steps to reimagine how we access and interact with health care provision to tackle the disastrous epidemic of chronic disease that impacts every part of our health care, education and employment sectors and our nation. Our conventional, reactive healthcare systems simply cannot deliver the proactive, preventive health care that Britain needs for a healthier, happier future.

Our economy relies on a healthy and productive workforce. This productivity depends not only on a healthy workforce, but on a strong workplace culture and effective policies for health and well-being. There is a pressing need for employers in public and in private sector organisations and for insurance companies to address and measure the impact of increasing levels of sickness and chronic ill health in their workforce and to find effective and proactive health and wellbeing solutions.

This document reimagines the future for a healthier, happier Britain. A future premised upon a proactive, preventive approach to health and wellbeing, with a health coaching approach at the forefront of every health and wellbeing relationship. A future where every person has access to a health coach whether at home, in the workplace, at their place of education or in their community.

Health coaches are well-placed to elevate the public's low levels of health literacy; they are key professionals with unique skills to help people to make and sustain lifestyle behaviour changes for health creation.

Health coaches are well-placed to support clinicians to turn the tide on the epidemic of chronic diseases and to offer lifestyle modification and health behaviour change as an evidence-based choice for patients. The expression of chronic and major health conditions like diabetes, heart disease, obesity, cancer and dementia are largely lifestyle driven and often preventable; the evidence for this is robust; at what point does it become no longer ethical not to offer patients this choice?

Self-sustainable investment in health coaching can be made possible from the substantial savings to be made by better support for lifestyle modification and behaviour change. A case example is Dr David Unwin's success with type 2 diabetes patients in his Southport practice, demonstrating that a lifestyle approach achieved major prescribing savings of some £68,353 per year less than the area average.

Replicated at scale, this would yield some £24.7million savings for diabetes' prescriptions alone; imagine the additional down-stream savings from reduced hospital appointments, amputations, eye problems, wound care issues and co-morbidities, including heart disease, sleep disorders, cancer, obesity and hypertension.

Health coaching could offer a solution that could make a huge difference to contain the cost of new and expensive drugs to treat type 2 diabetes, such as GLP-1 inhibitors. The cost of these new drugs means that the NHS must, and quickly, develop a lifestyle modification approach as an alternative and a precursor to prescribing.

Integrating health coaches to work within a primary care team with GPs and social prescribers, as well as alongside other medical and clinical healthcare professionals will not only improve the health of the individuals in their care, but it will improve clinicians' job satisfaction, reduce their workload and burnout and will facilitate their own understanding and adoption of health coaching tools and techniques.

Our healthcare workforce needs to be the role models for change and they need to work with health coaches too. Integration of health coaches will support the improvement of the health and wellbeing of our healthcare workforce who will need to sustain healthcare in the years to come. They too need to be supported to adopt healthy choices; we know that many of our doctors and nurses suffer from addictions, lead a sedentary lifestyle and consume processed foods because they are too busy.

This means that a GP will have patients coming to them who require deprescribing of medication, who come with stories of improved fatigue, less joint pain, reduced food cravings and binge eating. They will see better blood sugar control, lowered blood pressure and improved mental health.

Integrating health coaches into the sport and physical activity sector, working with the public alongside sector professionals, will increase people's motivation, confidence, adherence and self-accountability and without doubt, their health.

Integrating health coaches into workplaces will foster a health and wellbeing ecosystem and position wellbeing as a strategic investment that drives returns for recruitment, skill and leadership development, productivity and retention. The returns for staff are plentiful when people are seen and heard: trust, motivation, feeling valued, psychological safety, resilience, connection, creativity and work-life integration.

Placing human-to-human health coaching relationships alongside health technologies, will optimise the potential of digital systems, using information, gamification strategies, rewards, online interaction and health status tracking. Health coaches, as key attachment relationships, motivating and self-empowering people to make and sustain health behaviour changes, will prove a powerful force in eliciting and sustaining health creation.

Health coaching is a powerful modality and a growing professional discipline. It has been adopted in some areas in the NHS, by forward-thinking commercial companies in the health sector and by a growing number of such companies in the corporate sector who see health coaching as key to their successes.

These are the early adopters who see the need, the potential and know the impact that health coaching can have.

The time for health coaching to be mainstreamed and centre stage is now.



Lord James Bethell

Towards a Healthier, Happier Britain:

The Case for Health Coaching

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NAVIGATING A CHANGING HEALTH LANDSCAPE

“If nothing changes, nothing changes. If you keep doing what you're doing, you're going to keep getting what you're getting. You want change, make some.”

- Courtney C. Stevens, The Lies About Truth -

AN OVERVIEW OF THE JOURNEY

Towards a Healthier, Happier Britain: The Case for Health Coaching takes you, the reader, on a journey towards a healthier, happier Britain by setting out the case for integrating the evidence-based modality of health coaching as a foundational platform for every sector of health and human systems in a 21st Century Britain.



Towards a Healthier, Happier Britain: The Case for Health Coaching reviews the critical and well documented issues that are relentlessly hitting the decks of Britain's health and care providers, workplaces, communities and places of education at every level; the health-related policy drivers shaping frameworks for change; and the tsunami of agencies and commentators who are calling urgently, and rightly, for change.

Here, we set out fresh thinking and a strong case for the evidence-based discipline of health coaching as a powerful non-clinical intervention for individual and population health improvement and a foundational pillar for the start of every individual's health care journey; not merely because health coaching can *prevent* the progression of long-term conditions and improve ill-health, but because it is a modality for *creating* health and wellbeing.

We set out what health coaching is, what it is not and how the modality is uniquely equipped with the knowledge, tools and techniques to self-empower individuals, communities and the population to modify their lifestyle behaviours, adopt and maintain healthier habits, develop a sense of agency, create better health and improve their quality of life.

We argue that health coaching is a powerful modality and an underpinning application across every sector in a society whose interests lie in improving the health of the population. From the health and physical activity sector, through the employment, community and the education sector, we make the case that health coaches can support health literacy, work synergistically with social prescribers for truly patient-centred non-clinical care to improve people's health outcomes.

Here, we show that health coaching sits at the heart of a healthier, happier Britain and make recommendations for a joined-up, cross-sector policy framework with a raft of actions which support the integration of health coaching and health coaches into private and public healthcare delivery systems, into prevention and proactive care; into the physical activity sector, into workplaces, the community and into places of education.

WE ASK THAT:

1. Health coaching is recognised and accepted as a first-base, evidence-based non-clinical intervention driving lifestyle modification, behavioural change and health creation for individuals and the population.
2. The modality of health coaching is supported and widely deployed in Britain as an effective solution to prevent ill-health, ameliorate the progression of physical and mental health conditions and support the management of long-term chronic disease conditions at the individual, community and population level.
3. Well-trained, credentialled health coaches are integrated into human systems in public and private healthcare, in businesses and workplaces, in centres for physical activity, in communities and in education, and are seen as key professionals in delivering health literacy and behaviour change for chronic disease prevention, as well as for working with other health professionals to manage and ameliorate the progression of chronic disease.
4. Our hard-wired human need for connection, safety, trust and to be heard is respected and valued. Accessibility to affordable, health coaching, supported by human health coach

interactions re-forging those once-trusted relationships commonly enjoyed with a ‘family doctor’, is enabled through strong partnerships between private sector AI, digital app and video-based health providers and providers of health coaching.

5. Recognition that an investment in health coaching is an investment in the health of Britain, now and for future generations.

And finally, we ask that you, our readers, champion the case for health coaching solutions and actively support the UK & International Health Coaching Association to make lifestyle and behavioural change happen at scale.

So, come on board and support us on a journey towards a Healthier, Happier Britain.

*“The real voyage of discovery consists not in seeking new landscapes,
but in having new eyes.”*

- Marcel Proust -

UK & International Health Coaching Association: OUR JOURNEY SO FAR...

Before embarking on a journey, naturally, you'll want to get to know the guide.

Motivated by the need to bring order, professional standards, public safety and accountability to an exponentially growing but unregulated industry, the UK & International Health Coaching Association (UKIHCA) was established in 2018, as the first professional body in the world for health coaches.

Ours is a story founded on commitment, pro-bono effort and grit. It's also a story of tenacity, achievement and success. And one of positivity, pride and optimism.

UKIHCA is built on three strong pillars of Professionalism, Community and Enterprise.



As a self-regulating, non-profit body, UKIHCA is committed to advancing both the discipline and the profession of health coaching in the UK and globally. And, not least, we are here to reassure and protect the public.^(1,2,3)

Our Constitutional Objectives are to advance the profession of health coaching in the UK and globally; to support the professional development and advancement of health coaches in the

UK and globally; and to support the development of health coaching knowledge and skills in related healthcare modalities.

We want to see a self-empowered population, managing their health and wellbeing to thrive in life.

We want to see a health coach in every public and private health care setting, in education, workplaces and communities.

We set and maintain robust, world-class, internationally recognised standards for education and training and undertake health coaching education and training programme approvals. We set out a clear scope of practice and mandate an annual CPD requirement and are bringing in supervision and mentoring for our 700 self-funded members.

We are developing career pathways and opportunities for the advancement of health coaches working in every context. Members include a rapidly growing number of the 1,200 Health and Wellbeing Coaches employed in the NHS and a growing portfolio-route membership of medically and clinically qualified professionals who have met UKIHCA stringent and robust approval processes. ^(4,5)

UKIHCA Professional Standards Review Group includes representation from NHS doctors and allied health professionals, academia, established health coaching and nutrition education and training schools and employers and has international representation.

We are not alone: in the international context, health coaching has a surprisingly long history. Ideas of promoting health through lifestyle changes emerged in the USA in the 1950s. By the 70s and early 80s, the general discipline of coaching gained exposure with the concept of ‘performance’ coaching, and by the 1980s, large USA corporations had established wellness programs covering a range of issues like smoking, stress, nutrition and weight management, supported by health coaches.

By 2010, the first steps were taken in the USA with the formation of a National Consortium for Credentialing Health & Wellness Coaches⁽⁶⁾ with the aim of creating national standards and certification for the professionalisation of the discipline, and a substantial and robust evidence-base for the efficacy of health coaching now exists.⁽⁷⁾

More recent decades have seen health coaching (variously termed *health and wellness coaching*; *health and wellbeing coaching*; *wellness coaching*; *wellbeing coaching*) grow rapidly in Britain and across the globe and gain recognition as an emerging and powerful, evidenced-based discipline⁽⁷⁾ for chronic disease management, ill health-prevention and health creation, with application in public and private health care practices and systems, in workplaces, in education and in communities.

Where does our journey take us from here?

The UK & International Health Coaching Association is a significant beacon leading a call to action for fresh ideas and new thinking for real change at scale.

We are proud to make the case for health coaching for a healthier, happier Britain.

We look forward to forging a new and reimagined health landscape in which health coaches play a prominent role as the first port of call for more sustainable, proactive and preventive healthcare.

“Yet it is in this whole process of meeting and solving problems that life has its meaning. Problems are the cutting edge that distinguishes between success and failure. Problems call forth our courage and our wisdom; indeed, they create our courage and our wisdom.”

- M Scott Peck, *The Road Less Travelled* -

1. UKIHCA Home page: <https://www.ukihca.com>
- 2.. UKIHCA Progress and Impact: <https://www.ukihca.com/progress>
- 3.. UKIHCA Professional Standards: <https://www.ukihca.com/professionalstandards>
- 4.. UKIHCA Approved Education & Training: <https://www.ukihca.com/ukhca-approved-training-programmes>
- 5.. UKIHCA Membership: <https://www.ukihca.com/why-join>
6. NCCHWC: <https://www.ncchwc.org/history-2/>
7. Sforzo G et al (2018). *Compendium of the Health and Wellness Coaching Literature*: <https://journals.sagepub.com/doi/full/10.1177/1559827617708562>

Defining the Journey

“Definitions establish the way in which we communicate ideas.”

As the health landscape evolves, so new parlance is adopted. For readers who are unfamiliar, we offer key definitions below, with more definitions in Appendix One.

Whole health involves looking at the whole person, not just separate organs or body systems. It considers multiple factors that promote both health and disease. The concept provides a lens through which individuals, families, communities, and populations can improve their health in multiple interconnected biological, behavioural, social, and environmental areas. Instead of treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.

<https://www.nccih.nih.gov/health/whole-person-health-what-you-need-to-know>

Person-centred, personalised care represents a new relationship between people, professionals and the health care system to make the most of the expertise, capacity and potential of people, families and communities. Based on ‘what matters’ to them and their individual strengths and needs, it gives people a choice and control over the way their care is planned and delivered.

Supported self-management is part of the NHS commitment to make personalised care the norm in terms of the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves.

<https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/>

Health promotion is the process of enabling people to increase control over, and to improve, their health, moving beyond a focus on individual behaviours towards a wide range of social and environmental interventions. By building healthy public policies, creating supportive environments, and strengthening community action and personal skills, health promotion supports governments, communities and individuals to cope with and address health challenges.

<https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion>

Lifestyle Medicine is an evidence-based discipline which aims to support patients to prevent, manage and reverse certain chronic conditions, using supported behaviour change skills and techniques to create, and sustain, lifestyle changes. It also considers the broader factors impacting on individuals’ health and wellbeing including ecological health, social, economic and commercial determinants of health and health inequality.

<https://bslm.org.uk/lifestyle-medicine/what-is-lifestyle-medicine/>

Healthcare in the 21st Century: are we on the right road?

“The wheels on the bus go round and round...”

- Verna Hills -

“Healthcare, we have a problem...”

The needs of the population of Britain today have changed rapidly and are fundamentally different from the NHS of 1948. At that time, the NHS healthcare bus was largely concerned with dealing with acute care and fighting the infectious diseases afflicting the passengers on its bus.

Some seventy-five years on, the bus is bigger, and the wheels are still going round and round. But its tyres are worn as the bus struggles to meet the needs of its 21st century passengers, challenged by living with one or more chronic illnesses. One in four of us are suffering from at least two chronic disease conditions and needing longer-term care. Many more of us, with ever more urgent and complex needs, are waiting to board the bus at every stop.

And we 21st century passengers are very different from those of generations past: we want change.

But we humans and our human systems don't *like* change. Predictability makes us feel safe in an unsafe world and top-down attempts to change or tinker with 'the system' have been met with push-back and resistance and a pervasive narrative that “*people don't want a nanny state telling them what they should do*”.

However, feedback from a new report published on 26 September 2023 by the Food, Farming and Countryside Commission – ‘*So, what do we want from food? Citizens are hungry for change*’ – dispels the notion that the British public fears and rejects government intervention.

“The results are now... people overwhelmingly reject excuses for inaction (like “no-one wants a nanny state”) and expect governments to use their power and resources to tackle the difficult issues. This is consistent across all political groups... there is widespread agreement ... that firm government intervention is needed to correct costly market failures, such as rises in pollution and diet-related illnesses.”

The report shows the UK public overwhelmingly backs state intervention to improve the food system:

“... But change needs to come from the top as well. We need the politicians to get on our side. We've got the facts, we've got the case studies, and we know where we need help. We need to spread the profits out in our supply chains and make sure everyone can access nutritious and sustainable food and lead healthy lifestyles.”

People, everywhere, care. And they want action.

<https://www.spectator.co.uk/article/the-unstoppable-rise-of-the-nanny-state/>

Healthcare, there is a problem:

- **A ‘sick’ population getting sicker** – avoidable, chronic disease and mental health conditions are escalating. The [Covenant for Health](https://www.dropbox.com/scl/fi/8v0nr5nnv9wmavo6mpzas/A-Covenant-for-Health-Report.pdf?dl=0&rlkey=q8rhmh3bleoq10skhudwndcd5) sets out a thought-provoking summary of the landscape:
 - **The UK has amongst the worst population health in Europe;** we are the most obese nation in Western Europe with 25% of children aged 10-11 being overweight or obese; we consume more harmful highly processed food than any other European country; our excess drinking is the worst of 25 countries’ studies; some 2.5 millions of us cannot work due to ill health. Physical inactivity is associated with 1 in 6 UK deaths and some 12 million adults are inactive and at risk of developing physical and mental illnesses or death.
 - **Mental health issues** affect some 25% of adults and some 17% of children and young people; one in six children aged 5-16 have a probable mental health disorder.
 - **Reactive healthcare model** – the NHS cannot make our country healthier if its priority is treating ill-health.
 - **Air pollution** – poor air quality is our largest environmental risk with 26,000 to 38,000 of us dying each year and others suffering long-term ill health.
 - **Health inequalities in the most deprived places in England** – poor food, poor quality housing, air pollution, smoking, obesity, excess alcohol, inactivity and multi-morbidity levels are all much higher than they used to be, with people spending longer in ill health and dying earlier.
 - **Use of resources** – genetics, environment and behaviours drive 70% or more of our health status. Treating sickness consumes 90% of resources, yet accounts for less than 30% of treatments.

<https://www.dropbox.com/scl/fi/8v0nr5nnv9wmavo6mpzas/A-Covenant-for-Health-Report.pdf?dl=0&rlkey=q8rhmh3bleoq10skhudwndcd5>

- **The impact of commercial determinants of health** – the private sector’s commercial activities affect people’s health, directly or indirectly, positively or negatively, through their business actions, for example: supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping and other activities.

Commercial determinants of health impact a wide range of risk factors, including smoking, air pollution, alcohol use, obesity and physical inactivity, and health outcomes such as noncommunicable diseases, communicable diseases, epidemics and mental health conditions.

These determinants affect everyone, but young people are especially at risk through exposure to focused and manipulative advertising. Unhealthy commodities worsen pre-existing economic, social and racial inequities.

<https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>

- **Overwhelmed, unhealthy health professionals** – stressed, depressed and suffering moral injury, disengagement is profound: our healthcare workforce is a shrinking workforce. One in three UK medical students plans to leave the NHS within two years of graduating, based on a recent survey (September 2023) by the BMJ, due to burnout and

lack of work-life balance. We have a duty as a nation to support the health and wellbeing of our future health workforce so that they can deliver best care.

<https://www.bmj.com/content/382/bmj.p2103>

“Of the 1.4 million people who work in the NHS in England, more than 50% say they’re unable to meet all of the conflicting demands on their time at work. Nearly 40% say that they’ve been unwell as a result of stress at work in the previous year. Around 50% more staff report debilitating levels of work stress, compared with the general working population as a whole, and we know that this has an impact on the quality of care; we know that it affects error rates, it affects people’s ability to be compassionate and it affects, in the acute sector, patient mortality.”

<https://www.kingsfund.org.uk/audio-video/michael-west-collaborative-compassionate-leadership>

- **An unhealthy workforce impacting workplace productivity** – it’s time to move beyond a light-touch ‘wellbeing at work’ approach to building *cultures of wellbeing*, placing health and wellness at the heart of the employee proposition and fully integrated into the strategy, culture and business performance outcomes.

The UK Work Wellbeing Report 2023, by Indeed, notes:

- Only 23% of workers are thriving in the workplace with high wellbeing, and thriving employees drive business performance.
- Workplace wellbeing impacts productivity, creativity, health, relationships, retention and recruitment. The need to have an engaged, healthy and enthused workforce is instrumental in securing good business results and a sustainable workforce.
- Expectations are rising among younger generations with 61% of Gen Z workers expecting their wellbeing needs to be supported by their employer.

Digital platforms to measure, assess and devise bespoke wellness action plans for each organisation are more readily available now; and ultimately, what gets measured gets done.

The Chartered Institute of Personnel Development (CIPD) *Manifesto for Good Work*, published in September 2023, includes a pillar for ‘healthy work’. The CIPD are calling on the government to develop effective policies to help create a healthier workforce and better managed and productive workplaces. One proposal is to:

“Nominate a director for work and health to work with employers and across government departments to improve the recruitment, retention and progression of people with disabilities and long-term health conditions.”

Both of these recent reports are sharing the trends for current and future challenges and creating a compelling case for action.

<https://www.cipd.org/uk/knowledge/reports/health-well-being-work/>

<https://www.indeed.com/career-advice/news/workplace-wellbeing-report-2023>

- **The growing number of people of working age unable to work because of sickness or disability** – an issue of increasing concern, both for the individuals concerned and for the taxpayer. The Department for Work and Pensions has estimated that the current annual bill of just under £19 billion for working age disability benefits is expected to rise by 33% in real terms – in just four years’ time.

As part of its mission to improve population health outcomes, LCP’s On Point report: *‘Could early intervention prevent a retirement disability benefit timebomb?’* (September 2023) makes the case that there are three key phases in the disability benefits life-course of an individual with a health condition, which provide opportunities for targeted intervention to improve their health, reduce their requirement for disability benefits, increase productivity and reduce the benefits bill.

1. **Preventing the requirement** for disability benefits by **reducing the onset of ill-health**
2. **Reducing the risk of** those with **long-term conditions** requiring disability benefits
3. **Reducing the duration** of disability benefits receipt by addressing **amenable deterioration in health.**

<https://www.lcp.com/media/1150643/could-early-intervention-prevent-a-retirement-disability-benefit-timebomb.pdf>

- **Impact on communities** – we have a growing body of evidence that health outcomes for disadvantaged groups are dramatically worse across a number of measures, with poorer people living shorter lives in greater discomfort due to ill health. These socioeconomic inequalities are evidenced in greater levels of diagnosed ill health among minority ethnic populations and in different regions of England.

The results of a [Health Foundation analysis](#) (August 2022) show health inequalities start at a very early age and continue to develop through adulthood.

Chronic pain, chronic obstructive pulmonary disease (COPD), alcohol problems, anxiety and depression, cardiovascular disease and diabetes contribute to 64% of the burden of disease in the most deprived decile, compared with 49% in the least deprived decile.

All of these conditions are at least 50% more prevalent in the most deprived areas of England than the least, and COPD is over three times more common when standardised for age.

<https://www.health.org.uk/news-and-comment/charts-and-infographics/quantifying-health-inequalities>

- **Impact on society as a whole** – according to a report published by the Health Foundation (July 2023), 9.1 million people in England are projected to be living with major illness by 2040, 2.5 million more than in 2019 – almost 1 in 5 of the adult population.

Most of this rise is the result of an ageing population – as life expectancy increases and the baby-boomer generation reaches older age. Much of the projected growth in illness relates to conditions such as anxiety and depression, chronic pain and diabetes, which are predominantly managed in primary care and in the community.

This reinforces the need for investment in general practice and community-based services, focusing on prevention and early intervention to reduce the impact of illness and improve the quality of people's lives.

The number of people living with major illness is projected to increase by 37% – over a third – by 2040, *nine times* the rate at which the working age population (20–69-year-olds) is expected to grow. This would create additional pressures on us all to care for and fund a growing population with high health and care needs.

At every level, we are facing a challenge of unparalleled proportions.

The bus can no longer carry us all. We need to pivot.

Changing lanes: What does the SatNav say?

“We need to pivot.

And to do this we have to step outside the institutions and start in homes, communities and workplaces where health is created. These cannot be conversations that start with questions about how to fix this service or harness the public to an NHS agenda.

Rather these need to be open conversations, a radical listening to everyday reality – about wellness and how to sustain it, about how we are living now and how can we create the support and conditions for collective flourishing.”

- Hilary Cottam, The King’s Fund -

A tsunami of recent reports, publications and commentaries highlight the issues and make recommendations on what needs to be done to address the complexity of the challenges for 21st century healthcare.

An emergent consensus of themes, concepts and vocabulary underpin and form the backbone of our arguments here:

- 1. Delivering a whole health and person-centred focused healthcare which considers individual needs and provides an integrated care approach.**
- 2. Driving a sustainable and personalised healthcare of the future which addresses health inequalities in access to care.**
- 3. Value-adding healthcare by investing in prevention and health promotion, both being cost-effective approaches with positive long-term outcomes for individuals and populations.**

NHS Long-Term Plan

Chapter One sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.

Chapter Two sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities. Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to – not a substitute for – the important role of individuals, communities, government, and businesses in shaping the health of the nation.

Chapter Three sets out further progress on care quality and outcomes.

Chapter Four sets out how current workforce pressures will be tackled, and staff supported. The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. With 1 in 13 posts unfilled in community and hospital care our staff are feeling the strain.

<https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers>

Chapter Five sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS. These investments enable many of the wider service changes set out in the Long-Term Plan. Over the next ten years they will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and conditions.

NHS@75 Priorities for the Future

NHS@75 Priorities for the Future by the NHS Assembly aims to help the NHS plan a national and local response on how to respond to long-term opportunities and challenges; highlight what most needs to change; and outline what is needed for the NHS to continue fulfilling its fundamental mission in a new context.

The report sets out 3 priorities: Preventing ill health, personalising care and delivering co-ordinated care closer to home.

Covenant for Health: Policies and partnerships to improve our national health in 5 to 10 years

A Covenant for Health represents a resilient, cross-party commitment to build a healthier nation, robust enough to sustain across governments, with collaboration between people, places, the NHS, businesses and government and partnerships with business, local authorities, and key charity groups.

The paper contributes to “*manifesto thinking in all political parties and for discussion with organisations concerned about population health*”, proposing not only “*a programme for government action, but a new Covenant for Health that brings together businesses, the NHS, communities and individuals.*”

<https://www.dropbox.com/scl/fi/8v0nr5nnv9wmavo6mpzas/A-Covenant-for-Health-Report.pdf?dl=0&rlkey=q8rhmh3bleoq10skhudwndcd5>

NHS Comprehensive Model for Personalised Care

The NHS Personalised Care Model identified personalised care as a growing priority, with “*full integration of health and social care centred around the person*”, deploying “*rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self- management.*”

The model encourages **self-empowerment** in how an individual's care is delivered, using a **whole-system approach** and **integrating services** to support building a **new relationship** between the **patient, professional** and **health care resources**.

The principles are to encourage **individuals to be at the centre of decisions**, to **enable patient choice**, to be **well informed** and for **patients to have a voice** so they can **influence their care pathway**. It also supports **care being delivered** at the **right time** and in the **right way**.

NHS major conditions strategy

With one in four of us now living with at least two chronic health conditions and the incidence expected to rise over time, the major condition strategy asks the question: **“how should our approach to health and care delivery evolve to improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity?”**

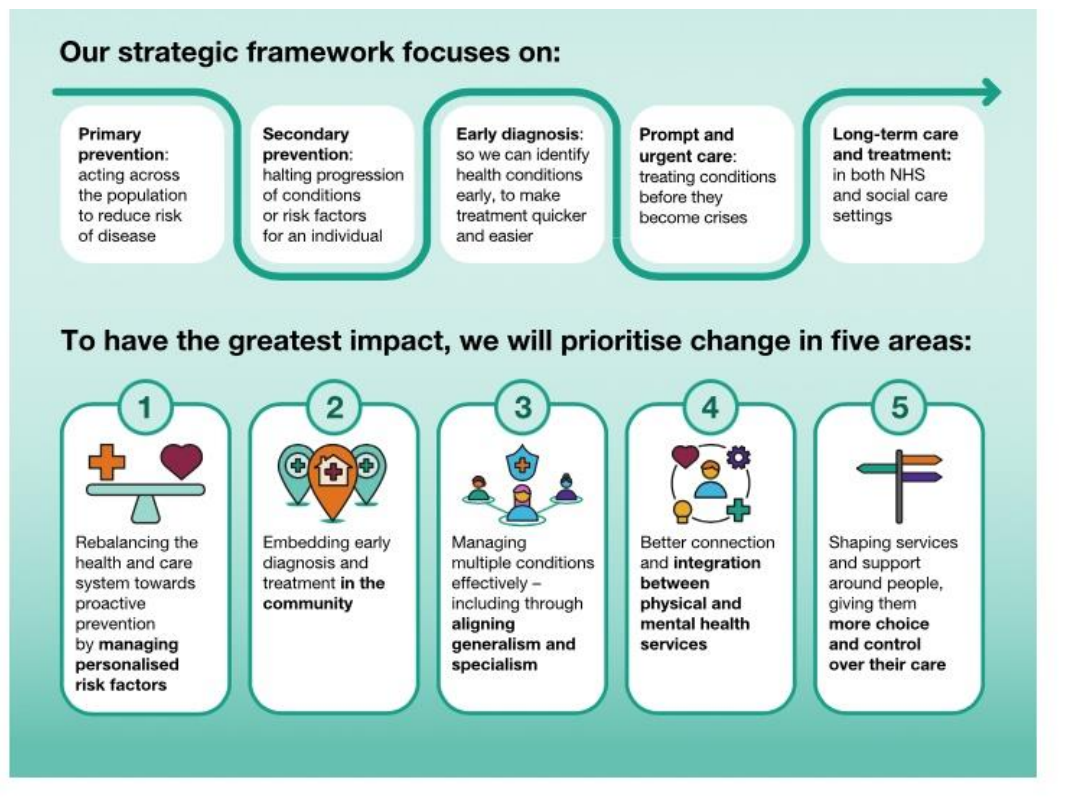
Focusing on six areas: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD), the Strategy talks about early diagnosis, intervention and quality treatment. It also talks about making a difference in five areas which will have the greatest collective impact across all the conditions:

Summary of strategic framework



- rebalancing the health and care system, over time, towards a **personalised approach to prevention** through the **management of risk factors**

- embedding **early diagnosis and treatment** delivery in the **community**
- managing multiple conditions effectively – including embedding **generalist and specialist skills within teams**, organisations and individual clinicians
- seeking much closer alignment and **integration between physical and mental health services**
- shaping services and support around the lives of people, giving them **greater choice and control** where they need and want it and **real clarity about their choices and next steps in their care**



My full reality: the interim delivery plan on ME/CFS

ME/CFS is a complex, poorly understood and debilitating medical condition affecting some 241,000 children and adults in England.

This cross-party interim plan sets out service improvement actions around 3 key themes: attitudes and education, living with ME/CFS and research.

- **Attitudes and education of professionals** – professionals should **ask questions to explore and acknowledge the impact that ME/CFS can have** on people's lives, taking the time to **communicate clearly** in ways that **build trust**, acknowledge **gaps in knowledge**, **enable understanding** and **manage expectations** appropriately.

- **Living with ME/CFS** – focuses on **how public services can best support people with ME/CFS in the context of overall quality of life, education and social care**, with key success indicators for service improvements:
 - **Support for children and adults with ME/CFS to manage their condition and, where possible, prevent it from worsening**
 - Support to access routine healthcare assessments, treatment and **prevention activities for other health conditions**
 - Professionals with **the skills, experience and resources required to appropriately support people living with ME/CFS and develop their skills in the field.**
- **Research** – 10 priority areas focusing, however, only on *medical* interventions.

The King's Fund

As an independent charitable organisation, The King's Fund offers a unique understanding of the strategic context for health and care now and in the future. Its work is focused on:

- Driving improvements in health and wellbeing across places and communities
- Improving health and care for people with the worst health outcomes
- Supporting people and leaders working in health and care.

In its report, The practice of collaborative leadership, (July 2023) The King's Fund highlights the challenges of co-ordinating complex care across organisational and professional boundaries.

Given the pace of change needed to solve many of the problems facing our health and care system, the report strongly recommends that leaders extend the practice of **collaborative leadership beyond organisational boundaries, to work with a broader range of local organisations and local communities.**

“A true collaboration values difference and prevents any one organisation or group from dominating. This may be difficult to achieve in health care systems that have traditionally valued some organisations or professional groups above others but if done well collaboration will promote staff engagement and accelerate service transformations that will benefit patients, staff and communities.”

<https://www.kingsfund.org.uk/publications/practice-collaborative-leadership>

National Voices

Invited by the NHS Assembly, National Voices brought together 50 members and people with lived experience to offer insights and recommendations on future directions for the NHS. In their NHS at 75 Insights Report, two themes emerged:

Prevention – agreement with the aim of NHS support for people to **live healthier lives for longer** and **NHS-community partnerships** that deliver practical solutions and on the ground changes.

Personalisation – “*My recovery started when my clinician asked me what I really wanted ... not many clinicians know that they need to ask this question.*”

https://www.nationalvoices.org.uk/sites/default/files/public/publications/nhs_at_75.pdf

Community (Retail) Pharmacies

A report by The King’s Fund & Nuffield Trust, commissioned by Community Pharmacy England, sets out a vision for how pharmacies will play a particularly important role in **supporting self-care** and helping their **local populations to stay healthy and well**.

The report asserts that over the next decade, community pharmacies will undergo significant transformation, becoming central to the delivery of **joined-up, responsive and person-centred community-based health and care services**, reflecting the increased significance of community pharmacy in the healthcare ecosystem.

The growth of the independent prescriber role will mean that a large proportion of **patients with self-limiting conditions will use a community pharmacy as their first contact point** for treatment and advice.

https://www.nuffieldtrust.org.uk/research/a-vision-for-community-pharmacy?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=14127400_NEWSL_Weekly%20update_220923&utm_content=Button_CommunityPharmacy&dm_i=21A8_8ESRS_3O4RNA_YPSPU.1

The Patients Association

In its *Six Principles of Patient Partnership* the Patients Association calls for **valuing patient partnerships** and the benefits of **partnering with patients** in both their **own care and treatment** and in the **design and delivery of services**:

1. Quality and outcomes: Working in **partnership with patients ensures that services meet patients’ needs and, therefore, achieve better results for patients**
2. Cost-effectiveness: Ensuring that services meet patients’ needs **minimises money wasted on ineffective services**, or on services needed to rectify problems arising from inadequate care and treatment
3. Safety: A system that works with patients will value their input and **be responsive to concerns about emerging safety problems**. Failure to respond to such concerns is consistently a factor in NHS safety scandals, and a major contributor to the NHS’s clinical negligence bill.

In their review of a series of webinars in **Patient Partnership Week** (September 2023), the Patients Association noted:

- Start with the patient – what matters to them?
- Health professionals don't have to do everything – patients can lead
- Patients are the experts when it comes to themselves – it's not patient story, it's patient evidence
- Have each others' back – patients and professionals working together improves everyone's experience of the health service
- Kindness and compassion – essential to good partnerships
- Equity of access – how does the system ensure no one is left out?

<https://www.patients-association.org.uk/the-six-principles-of-patient-partnership>

Physical activity/fitness sector

In '*Unlocking the potential: How sport, recreation and physical activity can help improve the health and wellbeing of the nation*', the National Sector Partners Group argues for collaboration with all arms of government to realise the contribution and benefits that sport, recreation and physical activity can make supporting the NHS.

“Indeed, senior health leaders have consistently called physical activity the ‘miracle cure’ which can tackle the growing burden of preventable illness.”

Sport, recreation and physical activity are woven into the fabric of our communities, positively impacting the lives of millions of people across the whole of the UK.

By working more collaboratively with all arms of Government, sport, recreation and physical activity can make a far greater contribution to the key public policy challenges the Government now faces, notably:

- Deep-rooted **inequalities in health** and in **access to wider social and economic opportunities**
- Consistent **upward pressure on health spending** and associated public services
- Sharp **declines in levels of activity** and associated **physical and mental wellbeing**.

The sport, recreation and physical activity sector supports every community across the country:

- An estimated **100,000 grassroots sports clubs** delivering organised sport, recreation and physical activity opportunities to millions of people across the country every week
- **Sport and outdoor recreation providers** which engage millions of people in the natural environment through **outdoor and water pursuits**
- Over **7,000 gyms, pools, and leisure centres**
- **Schools in every community**, including 20,000 schools in England which participate in the School Games and other programmes run by the Youth Sport Trust.

Collectively, members and their networks contribute tremendous economic and social benefits to our society: (*Figures for England only*)

Over £85.5bn per annum in social and economic benefits. Investing in community sport and physical activity generates almost £4 in value for every £1 spent, comprising:

- **£72.0bn** in social value provided by a healthier population, improved mental wellbeing, improved educational attainment and social and community development. This is made up of:
 - £9.5bn in savings from preventing serious physical and mental health conditions
 - £42bn worth of value created from improved mental wellbeing of participants and volunteers
 - 20bn in value from stronger and safer communities: 10,000 fewer crime incidents; replacement value of work done by sports volunteers (£5.7bn); improved levels of social trust, belonging and community engagement (£14.2bn).
- **£13.8bn** in economic value generated through sports related goods and services

https://www.ukactive.com/wp-content/uploads/2022/07/Unlocking_The_Potential_report_ukactive_and_partners.pdf

https://www.sportengland.org/guidance-and-support/measuring-impact?section=social_and_economic_value_of_community_sport

Course-correct, right lane: Who's in the driving seat?

“Tackling this problem is not just a job for the NHS – we cannot treat our way out of a public health crisis.”

- Richard Murray, CEO The King's Fund -

Course-correcting to a new lane means recognising that treatment may be necessary, but it's not sufficient. We must recognise that each individual is the expert in their own life, with choices and opportunities (but also constraints) to create better health and quality of life.

We must put passengers into the driving seat of their own 21st Century health bus.

But how do we equip passengers with the skills to drive the bus?

A coaching approach

A 'coaching approach' builds confidence, self-empowerment and a sense of personal agency and self-accountability. It's powerful. Why?

A coaching approach isn't didactic; it doesn't 'tell' people what to do. If telling was sufficient to improve health outcomes, why do we have an enduring, chronically sick population?

But no-one wants to stay sick, so why is it that people don't follow medical advice? Perhaps people need more information?

Perhaps... but information must be *accessible*. When we consider that the reading age of over 7 million adults in the UK is just NINE years of age and that nearly half of us (4 in 10) struggle to understand the health information we're given, we must consider if it's information that is accessible and communicated in the right way?

Those most at risk of disadvantage have a low level of health literacy, language barriers, learning disabilities and cognitive decline.

Low health literacy is associated with poorer general health, increased hospital admissions, lower vaccination uptake and lower life expectancy.

<https://evidence.nihr.ac.uk/collection/health-information-are-you-getting-your-message-across/>

An option is to provide information and education in the context of a coaching approach; presenting information as tentative and for consideration of possibilities, rather than as *directive* knowledge.

Of course, health information and education is necessary... but it's *not* sufficient. People need the skills and support to modify lifestyles and change behaviour sustainably.

Lifestyle modification and behavioural change

Changing our behaviours and the habits of a lifetime is challenging and overwhelming. People stay stuck.

We have an environment that accepts and even encourages behaviours that fuel chronic disease, and a culture which has created a dependency on ‘experts’ to ‘fix’ us, making it difficult and challenging for people – especially those with a low level of health literacy – simply to respond to education and information, particularly when this health information is pitched against a plethora of powerful influences and barriers.

These influences include advertising, the wider economic, social and commercial determinants of health, an obesogenic food environment, individuals’ established habits, cultural behavioural norms and a health system focused on treating disease, rather than on preventing ill-health and health creation.

So, how does a coaching approach help people make personal changes to the way they live, to improve health outcomes in the face of many challenges and barriers?

- **Behavioural science and behaviour change theory**

Behavioural science and a health coaching approach combine to give us **evidence-based tools for change** that can work for the individual, even in the face of both personal and environmental challenges.

- **Positive psychology**

Positive psychology focuses on the positive events and influences in life, giving a **framework for change** that focuses on using strengths, optimism, inspiration, and positive states of being as a way of helping people to flourish and find positive outcomes.

- **Communication skills**

Effective communication and genuine connection are subtle but key skills for influencing with integrity and helping people achieve greater self-awareness and self-empowerment.

- **Motivation, accountability and self-accountability**

Everyone is at a different stage of ‘activation’ or readiness to change; getting started or helping a person to get started is just the beginning. **Maintaining long term motivation comes from many sources and is fundamental for sustained change.** In a holistic coaching approach, purpose and meaning are the ultimate motivators. Helping a person identify what’s important to them, helps them stay focused and committed with much more ease than willpower.

Self-defined outcomes based on what people really want and what is important to them can lead to long lasting internal self-accountability. Working within a coach-approach provides external accountability to seal the deal.

- **Expert vs coaching approach: telling vs self-empowering**

The facilitative approach that coaching offers sits at the centre of its success. A fundamental component is the way a coaching approach inspires **self-direction, self-empowerment, and self-management** in the recipient. Nothing feels as good as the decision you make for yourself; supported self-decision making inspires personal growth, participation, independence and lasting change.

- **Delivering information and education**

Providing education in the context of coaching is that of presenting information as tentative and for consideration of possibilities rather than as directive knowledge. This distinction highlights the importance of training coaches in skills designed to incorporate educational information so that the process remains patient-centred.

van Zyl LE, Roll LC, Stander MW, Richter S. Positive Psychological Coaching Definitions and Models: A Systematic Literature Review. <https://pubmed.ncbi.nlm.nih.gov/32435218/>

Michaelsen MM, Esch T. Understanding health behavior change by motivation and reward mechanisms: a review of the literature. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10317209/>

Arlinghaus KR, Johnston CA. Advocating for Behavior Change With Education. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6124997/>

Ruth Q, Wolever, PhD et al. Glob Adv Health Med. 2013 Jul; 2(4): 38–57. Published online 2013 Jul 1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833550/>

- **Recognising and respecting the complexity of lived experience**

A complexity of factors arises from the wider determinants of health, to comprise an individual's lived experience, constraining their life choices, opportunities and health behaviours. These may be the pressures an individual or group has faced over the course of their life, their current financial and social circumstances and the quality of their physical environment – keeping them in 'stuck' lifestyles, the habits of a lifetime and behaviours that don't serve their health outcomes.

Health Coaching: Britain's best kept secret

What is 'health' coaching?

Health coaching is a non-clinical intervention. It is the application of coaching knowledge and specific tools and techniques for lifestyle modification and behavioural change in a health and wellbeing context, to aid self-empowered health decisions and support people to improve their health outcomes.

Health Education England (2015) defined health coaching as the “*patient-centred process which is based upon behaviour change theory.*”

The NHS describes health coaching as “*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 Care 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.”

<https://www.england.nhs.uk/wp-content/uploads/2020/03/health-coaching-implementation-and-quality-summary-guide.pdf>

UKIHCA sees health coaching in terms of ‘whole-person, whole-health, whole-life’.

“A uniquely self-empowering, evidence-based approach to making and sustaining lifestyle choices to improve health and wellbeing. Health coaches support people to actively participate in their own care and make choices that are important to them, drawing on an individual’s vision, purpose, values and strengths, priorities and challenges to establish goals and elicit and maintain motivation for change.”

A clinician-led vs health coaching approach

Clinician-led approach	Health coaching approach
Clinician is viewed as the expert	The patient is viewed as an expert in their own life
Decisions are made by the clinician	Decisions are made in patient-clinician partnership
Patient told what to do	Patient finds their own solutions
Patient believes it is the clinician’s role to ‘fix’ them	Patient believes that they have an active role to play in changing to improve their own health

Goals are set by the clinician and success is measured by them	The patient is supported to define their own goals & success is measured by their attainment
Patient required to change as requested	Collaboration and assistance in facilitating change
Focus on extrinsic motivators	Intrinsic motivators included
Psychological barriers to change not considered	Psychological barriers to change included
Can be an increase in resistance to change	Usually a reduction in the resistance to change

McDowell A 2014 – TCP Health

<https://tpchealth.com/health-coaching/>

Professional standards and frameworks in health coaching

The UK & International Health Coaching Association Education and Training Standards for Professional Health and Wellness Coaching (2021)

UKIHCA’s Education and Training Standards for Professional Health and Wellness Coaching have been developed to take account of a rapidly evolving health and wellness landscape, within both a national and a global perspective. As leaders in the field of health coaching, UKIHCA are wholly committed to the advancement of the discipline and the profession of health coaching.

Ensuring robust, peer-reviewed professional standards for health coaching training to underpin the development of highly qualified health coaches and their career progression has been a critical step in the development of the profession.

A formal definition underpins UKIHCA Professional Standards for Health Coaching Education and Training and practice of UKIHCA-Approved health coaches:

“Health and wellness coaching is a client-led, collaborative process that aims to promote self-management, self-empowerment and equip an individual to adapt positively to their internal and external environment to create a state of resilience through the pursuit of activities and a lifestyle that cultivates their whole-health continuum.”

UKIHCA 2021

The Standards provide an important benchmark against which health coaching education and training programmes can be evaluated.

UKIHCA Standards are organised under four pillars:

1. **The Education Pillar** is designed to ensure that training providers who run education and training programmes for health coaching, have in place satisfactory underlying education provision with the appropriate credentials and specialised interpersonal skills training to assure quality education to students.
2. **The Coaching Pillar** sets out the fundamental coaching skills and related tools, models and performance criteria considered necessary for an effective and safe coaching process. This pillar draws on the evidence-base found in modalities such as behavioural science and positive psychology.
3. **The Health and Wellbeing Pillar** covers a broad range of general health knowledge and information considered to be an appropriate evidence-based background for a health coach to be aware of. Together with the Coaching Pillar, this pillar fundamentally addresses the integration of the coaching skills and health knowledge within the Scope of Practice of this professional role.
4. The fourth pillar covers **Professional Practice** as required and applied in a variety of contexts, both for the employed health coach and those taking the entrepreneurial route of private practice. It is essential for health coaches to understand and adopt the ethical, legal and professional practice requirements, as this new role evolves and takes its place at the heart of our health care systems.

The NHS Workforce development framework for health and wellbeing coaches (2021)

As well as leading the establishment of professional standards for health coaching, UKIHCA has been an active and committed participant in supporting the NHS **Workforce development framework for health and wellbeing coaches**.

Through the Additional Roles Reimbursement Scheme introduced in 2019, primary care networks (PCNs) can claim reimbursement for the salaries (and some costs) of the now 1,200 NHS health and wellbeing coaches.

The NHS framework describes in detail the role of health and wellbeing coaches working in the NHS, highlighting that:

- Health coaches support people with their physical and mental health and wellbeing, people with long-term conditions and those at risk of developing them. Working with the person to set personalised goals, health coaches focus on improving health related outcomes where lifestyle modification and self-management have a significant impact on outcomes and prognosis.

- Health coaches are an effective intervention for improving self-management, by developing people’s motivation, knowledge, skills and confidence around a variety of issues/conditions, including: weight, diet, activity levels, stress, mood, low level mental health issues, diabetes cardiovascular disease, stroke, hypertension, end of life care, persistent pain.
- Using coaching skills, models of behaviour change and positive psychology to guide people on how to meet their personal health and wellbeing goals, health coaches support people to think through their own challenges and goals, increasing their self-efficacy, motivation and commitment to move forwards to make changes to their lifestyle and improve their health.
- For some people, the earliest stages of health coaching involve generating enough psychological safety to start to engage with support. Many people need this initial confidence and building trust before they can develop their own health and wellbeing goals.
- Health coaches can also support groups of people through group coaching sessions and structured self-management education. Downstream, this can support the development and capability of peer support groups.

Adding value with health coaching

Benefits for people:

- Focus on their clinical and non-clinical needs and factors that may be impacting on their health and wellbeing
- Work in partnership to guide and support people to meet their self-identified short and long-term goals
- Self-empower people to understand their own strengths and unlock their potential to self-manage their condition/situation
- Support people to strengthen life skills, such as emotional regulation and executive function
- Enable people to sustain healthier lifestyle choices and improve health and wellbeing outcomes, sometimes while waiting to access other services
- Help people take steps to prevent long-term illness and prevent conditions from escalating.

Benefits for the health and care system:

- Freeing up clinical time by supporting people to develop their own knowledge, skills and confidence to self-manage their conditions
- Freeing up clinical time by providing dedicated time, capacity and expertise to support people with behaviour change
- Improving patient outcomes through sustained behaviour change, leading to improved blood sugar control, weight reduction, reduced blood pressure, thus reducing the need for further clinical interventions, or optimising outcomes from future interventions, for example surgery
- Supporting people on NHS waiting lists to help them stay well, or prepare for upcoming clinical interventions
- Tackling health inequalities through targeted work with specific groups identified through population health management data, for example, people with long-term conditions
- Enhancing the quality of interactions between people and the health and social care system, improving satisfaction for both staff and service users.

What health coaching is NOT

- A clinical intervention, treatment or therapy
- An advisory role
- Life coaching
- A social prescription.

Health coaches do not*

- Provide a diagnosis, therapy, treatments or make recommendations
- Direct, advise or tell people what they should do
- Order laboratory tests or interpret results
- Recommend or sell supplements
- Provide psychotherapy or counselling
- Give nutritional advice or create meal plans
- Design exercise plans.

**Unless covered by an additional Scope of Practice*

Health coaching – What’s the evidence?

Internationally and in the UK, evidence for the effectiveness of health coaching is strong and rapidly growing – below are examples of its efficacy:

Health coaching efficacy

The Compendium of the Health and Wellness Coaching Literature (Sforzo et al 2017/18) comprises the most comprehensive documentation of research on the effectiveness of health coaching interventions. The Compendium reports on a systematic review yielding 219 articles meeting the criteria for the effectiveness of health and wellness coaching for a wide range of health conditions. It provides substantial evidence for a positive impact on the chronic, often lifestyle-related, diseases scouring our modern health care system.

Lifestyle behaviour change as a treatment for chronic disorders has long been recognised as effective but viewed as unachievable in a sufficiently scalable manner. The Compendium brings together a body of literature suggesting health and wellness coaching may be a valuable tool for improving the applicability of behaviour change interventions in the treatment of chronic disease.

Appendix 1 of the NHS Workforce development framework for health and wellbeing coaches reports that health coaching:

- 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, for example, a reduction of 20% to 40% in readmissions, the need for residential home placements after rehab and physio follow-up appointments.

<https://www.england.nhs.uk/long-read/workforce-development-framework-for-health-and-wellbeing-coaches/#13-1-appendix-1-evidence>

Evaluations show that health coaching can produce positive effects on:

- Adoption of healthy behaviours, improving physical activity, weight management, BMI, HBA1c and dietary fat
- People’s motivation to self-manage, patient activation and self-efficacy
- Patient satisfaction and quality of life
- Savings including about £3.6 million on a rehabilitation ward, £12.5K per physio and £1.5k per person in two other settings
- Staff satisfaction, resilience, leadership and culture of services.

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

A recent study by Araja et al (July 2023) '*Coaching to strengthen critical success factors in integrative care for chronic fatigue patients: the Patient Needs-Resources Model*' reported:

*“The main critical success factors identified for integrative approaches were a **holistic** approach, that provides a more comprehensive diagnostic and personalized treatment strategy, a **multidisciplinary team**, and **patient engagement and coaching** was identified as a potential **unifying and reinforcing element**.*

*Coaching exposes support addressing the patient engagement issues identified by the Patient Needs-Resources Model (PN-R Model) such as low levels of **self-efficacy, optimism, and subjective well-being**. Coaching may assist patients to **identify and prioritize their goals**, becoming aware of **their personal resources**, developing **strategies** for managing symptoms, and building **skills to increase their self-efficacy and active engagement** in the treatment process.”*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10400772/>

Dr David Unwin has shown how self-sustainable investment in health coaching can be made possible from the substantial savings to be made by better support for lifestyle modification and behaviour change. Dr Unwin's success with type 2 diabetes patients in his Southport practice has demonstrated convincingly that a lifestyle approach achieved major prescribing savings of some £68,353 per year less than the area average.

Replicated at scale, this would yield some £24.7million savings for diabetes' prescriptions alone; imagine the additional down-stream savings from reduced hospital appointments, amputations, eye problems, wound care issues and co-morbidities, including heart disease, sleep disorders, cancer, obesity and hypertension.

<https://pubmed.ncbi.nlm.nih.gov/37559961/>

<https://www.bmj.com/content/381/bmj.p848#:~:text=Diabetes%20UK.,Apr%202023>

Health coaching and long-term efficacy

A systematic review: '*Health and Wellness Coaching and Sustained Gains: A Rapid Systematic Review*' by Ahmann et al., (June 2023) asked the question “*Are beneficial coaching changes still evident more than six months after the cessation of a six-month coaching program?*”

The authors found that coaching effects were sustained in 25 of the 28 studies examined (nearly 90%).

The present study demonstrated that a coaching program, supporting and encouraging behaviour change, can have long-lasting benefits. In fact, in nine studies examined outcomes of interest (e.g., physiological and psychological) actually *improved* months after ceasing the coaching process. This likely indicates that healthy behaviour habits, newly formed during the coaching process, yielded enhanced benefits months after the last coaching session.

This finding is supported by a large JAMA-published cluster RCT that found blood pressure changes after coaching were sustainable for up to **four years** (Nguyen-Huynh et al., 2020).

https://sage.figshare.com/collections/Health_and_Wellness_Coaching_and_Sustained_Gains_A_Rapid_Systematic_Review/6705315

Health coaching and digital efficacy

Pinto et al (2005) compared the effects of brief advice to moderate-intensity physical activity from a clinician supplemented by telephone-based counselling by health educators, with simple brief advice. They randomised 100 primary care patients and those in the extended-advice arm reported significantly greater participation in moderate-intensity physical activity than the brief-advice group at 3 months and 6 months.

Lawler et al (2010) evaluated a 12-month, telephone-delivered diet and physical activity intervention and the extent of multiple health behaviour change: 434 patients with type 2 diabetes or hypertension were recruited from 10 general practices and were randomised to receive telephone counselling or usual care. Those receiving telephone counselling were significantly more likely than those in usual care to make greater reductions in multiple behaviours after adjusting for baseline risk behaviours.

An impressive 2022 randomised control trial, '*Long-term Weight Loss in a Primary Care–Anchored eHealth Lifestyle Coaching Program: Randomized Controlled Trial*', led by the Department of Public Health at the University of Southern Denmark and Liva Healthcare, found that digital health coaching is more effective than traditional, or non-digital care in ensuring sustained weight loss in people with type 2 diabetes and obesity over a 12-month period.

Study results

- Mean weight loss of 4.5 kg in the intervention group compared to 1.5 kg in the control group
- 38% of people in the intervention group lost more than 5% of body weight compared to 19% in the control group who lost the same amount
- Mean BMI decreased significantly with a 1.5 kg/m² BMI reduction in the intervention group compared to a 0.5 kg/m² BMI reduction in the control group
- Those in the intervention group with type 2 diabetes achieved 0.5% reduction in long-term blood sugar levels (HbA1c) compared to 0.4% for those in the control group
- 9.9 cm mean reduction in waist circumference in the intervention group compared to a 4.5 cm reduction in the control group.

<https://www.jmir.org/2022/9/e39741>

The results of a University of Maryland study (Attridge et al., 2023) *Mental Health Coaching from Employee Assistance Program Improves Depression and Employee Work Outcomes: Longitudinal Results from CuraLinc Healthcare 2020-2022*, examined changes in the work and clinical outcomes of 872 employee users after their using individual mental health coaching services from an employee assistance programme.

The coaching intervention included individual sessions that focused on helping the employee with personal goal setting, problem-solving and skill-building. After 5 weeks of online coaching interventions, absenteeism reduced by 88%; productivity increased by 32%; severity of depression reduced by 66%.

Results showed that, at pre and post measurement in the past month the average total hours of absenteeism and lost productivity combined was reduced from 52.8 hrs to 14.5 hrs. For the same period, the employees' percentage risk of clinical depression reduced from 20% to 0%.

Ref: <https://www.ijsrp.org/research-paper-0223/ijsrp-p13438.pdf>

Equally impressive, are the results of a 2023 randomised controlled trial by Health Navigator (HN), *Mortality Halved for Older Males Receiving AI Screening Combined With Personalised Coaching* published in the *Emergency Medicine Journal* presenting strong evidence of the impact of AI screening models, combined with personalised health coaching – *halving* mortality for older males.

<https://emj.bmj.com/content/early/2023/10/11/emered-2022-212908>

Creating a Healthier, Happier Britain:

Health Coaching on the Ground

“Alone we can do so little, together we can do so much.”

- Helen Keller -

Health Coaching and Health Policy

As a professional body, UKIHCA can help policy makers and agencies to progress an integrated, cross-sector, proactive and preventative health agenda by interlinking with and supporting a wide variety of stakeholders to offer a non-clinical, cost-effective solution to lifestyle, health and wellbeing challenges facing the NHS, communities and employers across Britain and employers.

In 2021, UKIHCA submitted a response to a UK Parliament Committee’s Call for Evidence on the Future of General Practice, providing examples of evidence on the contribution and efficacy of Health Coaching to General Practice.

RECOMMENDATIONS:

Place an obligation upon ICSs to create, enable and integrate health coaches into health and wellbeing initiatives between operators of primary care agencies and public physical activity facilities, potentially re-training, enhancing training and utilising existing professionals across all disciplines related to whole health and wellbeing.

Prioritise integrating health coaches into initiatives that:

- Work in partnership with NHS colleagues to ease the pressure on NHS services and support early intervention opportunities
- Work with communities to share best practice and guidance
- Enable accessibility to affordable health coaching technologies supported by human health coach interactions, through strong partnerships with private sector AI, digital app and video-based health providers.
- Operate in the education sector to provide early intervention opportunities
- Operate in the physical activity sector, providing non-clinical intervention
- Operate within the workplace, to better equip organisations to respond to the ageing workforce and rising health factors impacting sickness absence, turnover and lifestyle illness.
- Support integration of health coaching into workplaces and businesses, through a quality Kite Mark.

Clinical Medicine and Health Coaching

The role of a clinical professional is to advise and direct patients or clients on the best approach to treat a medical problem or an illness.

By contrast, a health coach approach sees an individual holistically – from a physical, emotional, spiritual, social, intellectual, occupational, perspective – and supports them to identify, action – and, crucially, to maintain – changes to aspects of their lifestyle and behaviours which may be contributing to, or increasing their risk for, ill-health and chronic disease conditions.

This may include, for example, how they eat, move, sleep, rest, manage stress, cultivate meaningful relationships, or find purpose and meaning in life.

Perhaps the crux to tackling the chronic disease epidemic are three key lifestyle areas where health coaches can make a difference: diet, stress (and emotional health) and physical activity.

Let's take Natalie's experience

Natalie is 40 years old and has had a stressful couple of years at work. She's starting to experience what she thinks are perimenopause symptoms, is putting on weight and is feeling tired and slightly down. She just feels her 'get-up-and-go' has got up and gone.

Natalie's GP practice has taken a pro-active approach to integrating health coaches and lifestyle medicine into their multi-disciplinary team and Natalie has a designated health coach at the practice, who contacts her every 6 months to check how she is doing.

Up until now, Natalie has never felt she needed help, but her symptoms are increasingly impacting her day-to-day life, so decides to ask for a health coaching session before things get worse. She has a hectic schedule with work and family commitments, so she books a 30 minute 1:1 virtual consultation, using her practice health app.

Sarah, a health coach in the practice, emails confirmation of their appointment and asks Natalie to complete a three-day lifestyle diary in advance of the session. It asks Natalie a few simple questions about her health and her health goals and how she is eating/sleeping and relaxing/exercise/ relationships and managing her stress. This gives Natalie an opportunity to reflect on her current lifestyle, how she is really feeling and how she might like things to be different.

To prepare for the coaching appointment, Sarah reviews the information that Natalie has sent through and her GP records and notices that Natalie hasn't been into the surgery for a couple of years.

At the consultation, Sarah introduces herself and begins with a friendly conversation to put Natalie at ease and build trust and rapport. She asks about some of the symptoms Natalie has described and tries to find out a little more about what's been going on in her life and what is really important to her. Natalie is grateful to have the opportunity to talk things through and feels listened to.

From the conversation, Sarah is slightly concerned that Natalie may be at risk of diabetes. She opens a discussion with Natalie about some of the signs and symptoms and asks if she might consider having some bloods taken.

Natalie decides to book in for a blood test, which is done at the practice by a phlebotomist and at the weekly practice team meeting, the multi-disciplinary team review Natalie's case and her blood results.

The results show that Natalie is in fact prediabetic. The team agree that at this stage Sarah, as a health coach, is the best person to support Natalie and to discuss with her strategies that Natalie can adopt to reduce her weight gain, make dietary changes to lower her blood sugar and insulin levels using a blood sugar tracking device, as well as to support her with strategies to reduce stress.

Sarah coaches Natalie to understand the mechanisms at play in her condition and how making changes in her lifestyle will support her health and ameliorate the progress of her pre-diabetes. She helps Natalie to set a motivating long-term goal for her health and wellbeing and to think through smaller, actionable steps toward reaching her goal as well as strategies to overcome challenges to her progress. Every week Sarah checks in with Natalie using the practice health app, through which Natalie can message Sarah and ask questions and can also share her blood sugar tracking information.

During this time, Natalie feels really inspired to make lifestyle changes because she has connected up feeling well to her long term goal of being a healthy role model for partner and children and the regular contact with her health coach Sarah provides accountability for staying on track with her chosen changes.

Within 6 weeks Natalie has reversed her prediabetes and has started to lose weight. She is feeling much better with much less fatigue. She has started meditating daily, is moving a lot more and is taking regular time out in nature, which has really helped her mood. With her partner's support, the family has been able to make changes around healthier eating choices, cooking together, regular family walks and less screen time.

Natalie's experience of receiving health coaching support has given her sense of autonomy, confidence, self-accountability and optimism, leaving her inspired her to maintain a proactive approach to her own health and to learn more about what she and her family can do to optimise their health and wellbeing.

RECOMMENDATIONS:

Support awareness-raising of the evidence, efficacy and benefits of a health coaching approach in clinical practice.

Integrate health coaching knowledge and skills in medical and clinical curricula and continuing professional education.

Call on health care professionals from all disciplines to develop and adopt an evidence-based health coaching approach as a fundamental element in their professional toolbox.

Integrate health coaching into primary and secondary care, establish routine referral pathways and measure clinical outcomes (physical and psychological parameters), collect the evidence and publish outcomes on the value-based care model.

Establish key pilot projects where a new primary care model with a significant investment in health coaching are trialled to evaluate the financial and health impact on the practice population.

Patient Initiated Follow Up (PIFU) and Health Coaching

To realise the ambition of reducing one third of outpatient appointments through PIFU programmes effectively, we must first address how we are going to improve the Health and Wellbeing of patients whilst on PIFU. Patient demand is usually driven by unmet patient needs, often a combination of physiological deterioration, anxiety and other mental health issues, as well as social and wellbeing issues. PIFU programmes present an ideal opportunity to incorporate health coaching.

As set out in NHE's Patient Initiated Follow Up: An Opportunity for Coaching People to Better Health (Kechagioglou P & Natrins I, 2022) there is now substantial literature which suggests that health coaching interventions improve physical activity, and lead to reduction in cholesterol levels, better diet self-management, reduction in HbA1C, decreased hospitalisation rate and improved pain severity.

https://mag.nationalhealthexecutive.com/?m=62920&i=768876&view=articleBrowser&article_id=4386829&ver=html5

RECOMMENDATIONS:

Identify patients at risk of deterioration or with chronic health conditions which can be managed or reversed with lifestyle and behaviour change.

Integrate health coaching into personalised PIFU programmes, with health coaches collaborating with hospital and primary care clinicians.

NHS Personalised Care Model and Health Coaching

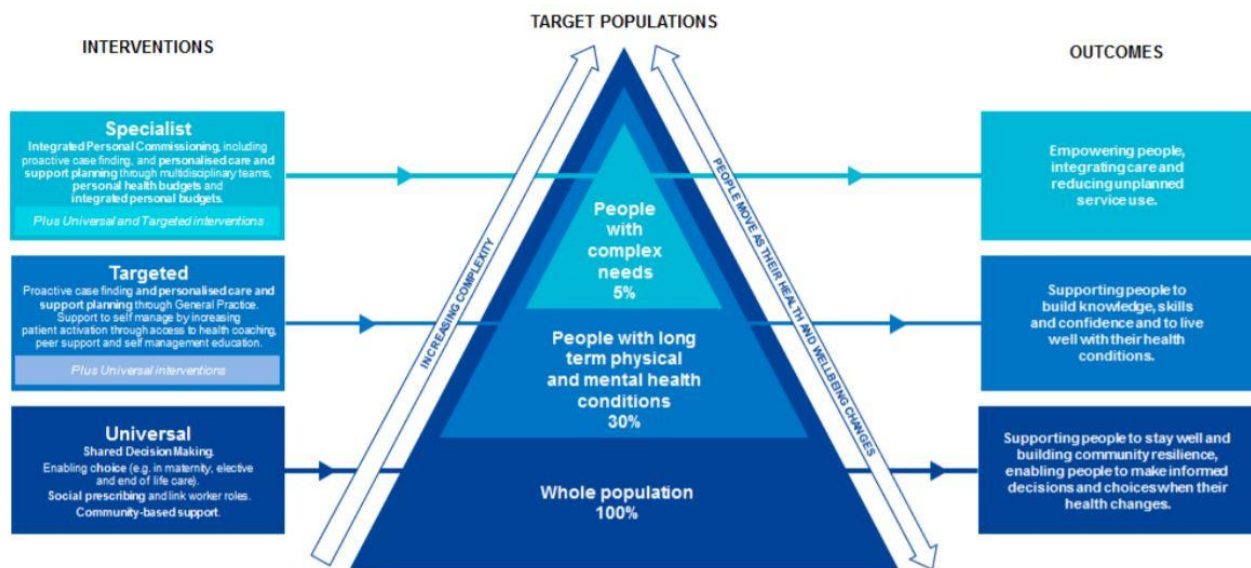
The NHS Personalised Care Model (shown below) encourages self-empowerment in how an individual's care is delivered using a whole-system approach and integrating services to support building a new relationship between the patient, professional and health care resources.

The principles are to encourage individuals to be at the centre of decisions, to enable patient choice, to be well informed and for patients to have a voice so they can influence their care pathway. It also supports care being delivered at the right time and in the right way. These principles fundamentally underpin health coaching.

Personalised care, unique to every individual's context and needs, are foundational principles for UKIHCA.

Comprehensive Personalised Care Model

All age, whole population approach to Personalised Care



Well thought-through, resourced policies, supported by accessible information and education will drive ‘top-down’ approaches to population and individual health and wellbeing improvement.

Ill-health prevention and health promotion are strategies that will improve population health at scale, freeing up resources for patients with special needs, for bridging the health inequalities gap and for advancing health education.

However, the *key* to achieving sustainable outcomes on the ground, will always be at the individual level of lifestyle and behaviour change.

<https://www.england.nhs.uk/wp-content/uploads/2019/02/comprehensive-model-of-personalised-care.pdf>

RECOMMENDATIONS:

Health coaches can be a critical element in the successful implementation of policies in a new approach to health and wellbeing, which target and impact on all three segments of the personalised care model pyramid above.

Whole Population Proactive Care (100%)

Make physical education a core subject at secondary schools and have trained PE specialists in all primary schools.

Put whole health literacy – including physical literacy – and wellbeing at the heart of a ‘curriculum for life’.

Support positive mental health from an early age and throughout life.

Enforce legally binding standards for healthy homes and town and country planning.

Give communities power to promote social wellbeing locally.

Establish ring-fenced budgets for active travel schemes.

Subsidise healthy foods, offer tax-free vegetables and fruits, increase taxation on sugary foods and alcohol.

Establish 'Stop' campaigns and group programmes for alcohol and smoking.

Educate on environmental toxins and how to recognise and protect at home (links with proper housing as well).

Mandate health and wellbeing assessments for workforce, school and university students.

Establish assessments driven by occupational health in the workplace to drive health and wellbeing (increased productivity, reduced sickness).

Establish lifestyle and behaviour change improvement programmes in schools, universities, communities and workplaces, supported by qualified health coaches.

Facilitate 'lifestyle communities' (local parks, local gyms, online, vulnerable communities).

Establish women's health and men's health initiatives in the workplace and community.

People with long-term conditions (30%)

Encourage integrated/joint working between social prescribers and health coaches and curb the over prescribing of drugs and medication.

Offer incentives for businesses to support a healthy workforce.

Population health management: identify at-risk population and address, segment population based on health and wellbeing index.

Facilitate partnerships with digital health initiatives and CICs (e.g., Nutritank, Oncio), digital reminders for screening appointments and vaccinations.

Support digital health and self-monitoring (wearables, blood pressure, glucose), targeting particularly people with chronic conditions to bring them into a better state and reduce hospital admissions, including virtual health coaching access.

Establish health coaching through primary care to secondary care; establish routine referral pathways and measure clinical outcomes (physical and psychological parameters); collect the evidence and disseminate outcomes for value-based care models.

People with complex needs (10%)

Integrate working practices between social prescribing and health coaches to tackle loneliness and promote a sense of empowerment, health and wellbeing.

Health Coaching and Community (Retail) Pharmacy

With the prospect of community pharmacies becoming increasingly central to the delivery of person-centred, community-based health and care services, the growth of the independent prescriber role and a large proportion of patients with self-limiting conditions using community pharmacy as their first contact point for treatment and advice, health coaches would be ideally placed to support this framework.

RECOMMENDATIONS:

Encourage/support community pharmacists to develop health coaching knowledge and offer access to health coaches.

Integrate health coaches into high street pharmacies, developing joint working between social prescribers, health coaches and pharmacies to curb the over prescribing of drugs and medications.

Health Literacy and Health Coaching

Health literacy refers to individuals having enough knowledge, understanding, skills and confidence to understand and use health information, to be more active partners in their care, and navigate health and social care systems.

Research has shown that the average reading age of adults in the UK is 9 years old. 43% of working-age adults in England have low health literacy, rising to 61% if numeracy is involved.

Health literacy is not restricted to the ability to read and write and encompasses computer and numerical literacy and the ability to interpret graphs and visual information.

Within its Person-Centred Tool Kit, the Royal College of GPs sets out the impact of low health literacy on person-centred care:

Health literacy affects people's ability to:

- Engage in self-care and chronic disease management
- Share information such as medical history with professionals
- Navigate the healthcare system such as locating services and filling in forms

- Understand concepts such as probability and risk
- Evaluate information for quality and credibility.

As a result, individuals with low health literacy are:

- More likely to have emergency and avoidable admissions
- Less likely to engage with health promotional activities such as vaccination
- Less likely to adhere to treatment.

The complex nature of health literacy requires a multi-faceted approach which addresses individual and community limitations, education and training of professionals as well as the resources available and peer support to assist.

<https://elearning.rcgp.org.uk/mod/book/view.php?id=12953&chapterid=578>

In their August 2022 paper '*Exploring Health Literacy and its Relationship to Health and Wellness Coaching*' Ahmann et al explored the connection between health coaching and health literacy, in relation to health outcomes and to health literacy. Based on this exploration, it appears that health coaching is an intervention that may support and enhance client health literacy.

The authors cite evidence that health coaching is effective in fostering client motivation, as well as in improving both psychosocial and behavioural outcomes, and has been linked to improvements in biological indices related to chronic illness (Wolever et al., 2017).

These areas of effectiveness "*parallel processes of, and outcomes related to, health literacy, underscoring that health coaching may not only be an intervention that supports individuals in meeting their health and wellness goals, but, by helping them navigate and effectively utilise information, supports, and services, it may also serve as an approach to improving quality of life and health outcomes.*"

<https://radar.brookes.ac.uk/radar/items/b545b921-cd73-4071-85a0-1480397e4181/1/>

Whole health literacy (including physical literacy) and wellbeing should be at the heart of a 'curriculum for life'. Health literacy has been linked to empowerment and a sense of coherence. Health coaching is, by its nature, an empowering process that supports self-determination and self-efficacy.

RECOMMENDATIONS:

Deploy health coaches to improve people's health literacy, self-empower and support people to engage in their own health and wellbeing and to modify lifestyle behaviours.

Digital Health and Health Coaching

Health behaviour change interventions provided through health coaching have been used in a variety of settings including community, primary care clinics and opportunistically, in vaccination hubs and pharmacies. Such interventions can help improve lifestyle behaviours and train people to use self-management approaches. Telephone and digital based

interventions can provide access to people in rural and remote areas and for those who have difficulty accessing care.

Digital delivery of supportive care and self-management approaches is increasing exponentially and has a considerable track-record impacting behaviour change (Harris 2018).

The Covid-19 pandemic has highlighted the need for person-centred supportive programmes which can be provided in the comfort of people's homes and replace traditional and costly face-to-face approaches. The provision of health coaching should be one of the services that can be delivered to people wherever they are and at the point of need, leveraging digital technologies.

Harris J, Cheevers K, Armes J. The emerging role of digital health in monitoring and supporting people living with cancer and the consequences of its treatments. <https://pubmed.ncbi.nlm.nih.gov/29927756/>

Lawler SP, Winkler E, Reeves MM, Owen N, Graves N, Eakin EG. Multiple health behavior changes and co-variation in a telephone counselling trial. <https://pubmed.ncbi.nlm.nih.gov/20419359/>

Pinto BM, Goldstein MG, Ashba J, Sciamanna CN, Jette A. Randomized controlled trial of physical activity counseling for older primary care patients. <https://pubmed.ncbi.nlm.nih.gov/16242586/>

RECOMMENDATIONS:

Democratise access to health coaching, leveraging digital technologies (e.g. SMS, email, video calls, digital health coaching platforms) to integrate the benefits of health coaching into people's busy lives.

Widen opportunities to access shared digital technologies at GP practices and integrate group health coaching in communities and village halls through digital means.

Offer digital health coaching to patients who are under the Patient Initiated Follow-Up scheme, preventing unnecessary hospital visits and improving adherence to lifestyle behaviours that promote health.

Provide access to digital health and self-monitoring (wearables, blood pressure, glucose) and to virtual health coaching, targeting people with chronic conditions to prevent progression of long-term conditions, reduce hospital admissions and improve quality of life.

Facilitate partnerships with digital health initiatives and CICs (e.g., Nutritank, Oncio), digital reminders for screening appointments and vaccinations.

Social Prescribing and Health Coaching

The National Academy for Social Prescribing (NASP) defines social prescribing as working *“alongside traditional healthcare to resolve issues that contribute to poor health and quality of life. It creates sustainable, supportive networks and relationships. And it connects people to non-medical support.”*

<https://socialprescribingacademy.org.uk/about-us/>

Social prescribing has gained huge momentum as an effective vehicle to connect people to activities, groups, and services in their community to meet their practical, social and emotional needs.

Through the NHS Additional Roles Reimbursement Scheme, social prescribing link workers in primary care are funded to connect people to a community that can support people with one or more long term conditions, those who need support with their mental health, who are living in deprived communities, or who have complex social problems that affect their health and wellbeing.

Counter intuitively to the concept of social prescribing, reviews of its efficacy have been mixed. A 2022 BMJ systematic review found no consistent evidence that social prescribing improves social support, physical function, or reduces use of primary health services, and only limited evidence that it improves subjective assessment of personal health or quality of care received.

In its 2023 rapid scoping review Building the economic case for social prescribing NASP has highlighted that social prescribing is a complex, multisector approach with multiple inputs and outcomes and demonstrating its economic and health service impacts is challenging using conventional models of evaluation. NASP recognises the urgent need for more coordination to develop consistency in evaluation design and data and continues to build an evidence-base.

<https://socialprescribingacademy.org.uk/media/g0epkbly/briefing-building-the-economic-case-for-social-prescribing-3.pdf>

It must be clearly understood that social prescribing is not a modality for lifestyle modification or sustained behavioural change.

Social prescribing link workers are trained in motivational interviewing and many experienced social prescribers will use some coaching skills. However, workers in this field are-not systematically trained in, or equipped with the knowledge, tools and techniques deployed in the modality of health coaching - process which holds the key to supporting people to make and maintain lifestyle and health behavioural change for improved health outcomes.

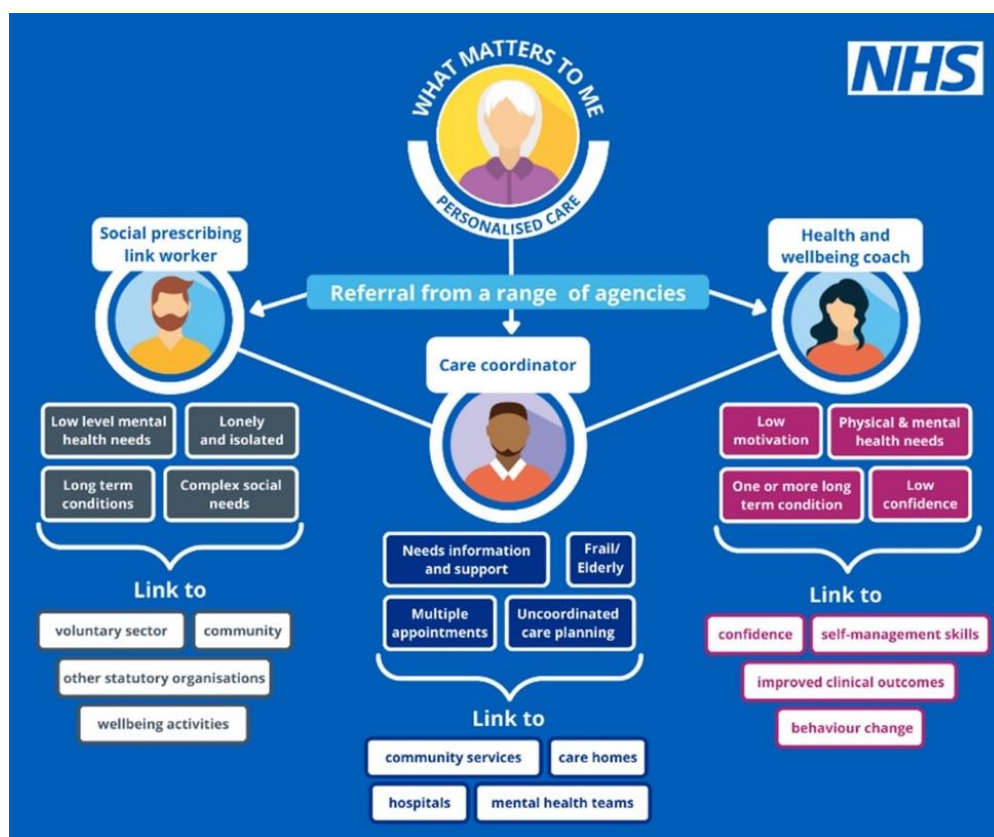
It may be for this reason that research studies are not finding stronger evidence for the significant investment in social prescribing initiatives.

As we have seen, a substantial body of evidence clearly demonstrates that health coaching can hold the key not only to supporting people to explore and optimise social prescribing opportunities, but to maintaining new behaviours by developing a sense of agency, self-accountability, motivation and the resources to overcome challenges. Local and national

policies that facilitate and foster collaborative working relationships between social prescribing link workers and health coaches will offer patients a truly patient-centred care.

Indeed, as GP Dr Ollie Hart who, as a PCN Clinical Director and PCI accredited trainer, has trained hundreds of health coaches and link workers, says: *“Doctors and nurses rarely have the time (and often the skills) to explore safely and compassionately what is really going on in people’s lives. To be honest that’s often not the best use of their time, training, and skillset. Health Coaching training gives people the skills to do this really well. This can be employed in brief interventions, but often it’s best enacted by dedicated coaches with more time. Health coaches and link workers connect patients with how they can take a role themselves to manage their health and wellbeing in a way that works for them.”*

<https://www.personalisedcareinstitute.org.uk/2022/01/20/the-true-value-of-link-workers-and-health-coaches-in-our-nhs/>



RECOMMENDATIONS:

Social prescribing link workers, together with the 1,500 NHS-funded health and wellbeing coaches and the 700 self-funded, UKIHCA certified health coaches, **should work closely together** in a powerful, synergistic relationship for health creation, delivering person-centred, cost-effective and sustainable, non-clinical interventions.

Physical Activity and Health Coaching

The evidence is clear that physical activity, exercise and movement of every sort are key to improving health outcomes and creating health by preventing or reducing risk for major conditions, including cancer and mental health conditions.

NHS Live Well tells us:

“Exercise is the miracle cure we’ve always had, but for too long we’ve neglected to take our recommended dose. Our health is now suffering as a consequence.”

People who exercise regularly have a lower risk of developing many long-term (chronic) conditions, such as heart disease, type 2 diabetes, stroke, and some cancers.

Research shows that physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing risk for stress, clinical depression, dementia and Alzheimer’s disease. People who do regular physical activity have lower risk of coronary heart disease and stroke, type 2 diabetes, bowel cancer, breast cancer in women, early death, osteoarthritis, hip fracture, and falls (among older adults).

In addition to its benefits to individuals, access to recreational sport, leisure, games and play can make an important impact on social and community engagement.

<https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

The ‘move to health’

For many years, the sport and fitness industry has been lobbying the policy makers to recognise the contribution that thousands of facilities and hundreds of thousands of trained staff and volunteers can make to improving the health of the nation and so relieving pressure on the health service. This activity has been largely ignored.

More recently, the sport and fitness sector has recognised that it must more clearly align itself with the health sector to be perceived and considered as a partner. As examples: the Fitness Industry Association, rebranded as UK Active with the strap line ‘*more people, more active more often*’; sports centres became leisure centres and more recently community hubs (Life Leisure Greater Manchester); and fitness and sports professionals adopted language to describe exercise in terms physical activity and movement – concepts with which the general public could more readily identify.

In 2015, Sport England launched the ‘This Girl Can’ campaign, designed to address the gender activity gap to change how women think and feel about exercise - and encourage women to be active in ways that work for them, regardless of age, background or ability. Now, eight years later, the campaign is in its fifth phase focusing on four key areas - Social, Suitable, Self-Affirming, and Safe – helping more women to feel that becoming active is a rewarding, pleasurable experience.

Industry events have created platforms for education and debate on the subject of ‘move to health’. For example, Elevate Conference 2023 hosted a session entitled ‘Activating the

Nation’ with the description *‘Activating the Nation will explore ways to get the inactive more active by addressing the challenges, potential solutions and opportunities for collaboration. Exploring how to boost the nationwide movement to get people active, this theatre will explore topics from active aging, kids’ activity, how inequality is limiting movement and, most importantly, how we can support the wellbeing of the nation and support the healthcare system’.*

The same conference hosted a Thought Leaders panel where representatives from GM Active (Greater Manchester borough leisure centre operators) presented ‘A case study in the pivot to Active Wellbeing’.

The Why Sports Conference 2023 was staged at the Royal Society of Medicine where the Chief Strategy Officer for Sport England shared the stage with Kim Leadbeater MP, who spoke about a New Vision for a Healthy & Active Great Britain.

CIMSPA (the professional body for sport and physical activity) now plays a lead role in collaboration with local and national government and its agencies to achieve its stated objective of *‘Shaping a recognised, valued and inclusive sport and physical activity sector that everyone can be a part of’.*

Active Partnerships, funded by Sport England, creates Active Places in local communities – *‘To make it easier for everyone to enjoy an active life’* - not a mention of exercise, fitness or sport.

Driving this move to health, local and national initiatives deliver programmes that impact their communities:

- Dr Hussain Al Zubaidi – RCGP Lifestyle & Physical Activity Lead and a Swim England clinical advisor. Hussain heads up the social prescribing team at the Leamington Primary Care Network which assists people holistically to promote, protect and improve their health, where he runs a pioneering NHS-based fitness club and lifestyle clinic, helping to educate and support patients to eat better, move more and connect with their community.
- GM Active – Prehab4Cancer is a collaboration between NHS Greater Manchester Cancer Alliance and GM Active, that is itself a collaboration between 12 public leisure facilities in the Greater Manchester area, which means that often patients can access the service close to their home. Prehab4Cancer is designed to help people take an active role in their cancer care and live as well as possible with and beyond cancer. GM Cancer is the first regional system in the UK to introduce large scale 'prehabilitation' as a standard of care for cancer patients. The outcomes are positive and generate savings in terms of availability of beds and reduced returns to treatment.

https://wessexcanceralliance.nhs.uk/wp-content/uploads/2022/01/GM_Prehab4Cancer_Evaluation_Report_Final.pdf

- 5K Your Way Community Physical Activity initiative by Dr Lucy Gossage, Consultant Clinical Oncologist in Nottingham. A community group is available close to every cancer unit in England.

If engaged in such programmes and initiatives, health coaches can provide an on-the-ground mechanism for supporting individuals' motivation and adherence, improving their physical, mental and social health outcomes, fostering community engagement – and making a powerful contribution to re-building Britain's communities.

RECOMMENDATIONS:

Facilitate conversations and collaboration between the health and physical activity sector.

Provide trained PE specialists in all primary schools and make physical literacy and education a core subject in secondary schools.

Support physical activity professionals to incorporate foundational health coaching skills into their skill set.

Integrate and enable 'lifestyle' communities in local parks, sports and social clubs, local gyms, leisure centres, online, and for vulnerable communities, supported by health coaches.

Include health coaching as a required element in Government-funded physical activity programmes.

Health Coaching: Preventative Medicine and Health Creation

Health coaching programmes could directly impact the bottom line in health outcomes. If the whole population has access to support that provides an early non-clinical intervention, builds resilience and aids self-empowered health decisions for individuals and communities, there is a significant opportunity to prevent the progression of long-term physical and mental health conditions. The benefits include:

- Individuals and communities improving their lifestyle, health and wellbeing via education, resources, behaviour change, guidance and support.
- Whole-population support by focusing actions on the bottom of the pyramid in the Comprehensive Personalised Care Model. Health coaches can ease pressure on complex services and this approach, coupled with increased health screening and early detection, could prevent lifestyle-driven illnesses, resulting in fewer deaths from smoking, cardiovascular conditions and the complications caused by growing number of cases in diabetes, obesity, cancer and addiction.
- A cost-effective solution to the challenges facing the NHS by prioritising early intervention, which would free up resources and skills to focus on more complex care needs. This enables a more sustainable health care system that can intervene more effectively when and where needed.

In December 2021, UKIHCA led a multi-disciplinary team of clinicians to respond to a UK Parliament Committee's Call for Evidence on the Future of General Practice, with a formal submission providing examples of evidence available on the contribution and efficacy of

health coaching to General Practice to argue for embedding qualified health coaches as part of a multi-disciplinary team.

One important example is illustrated by UK Compassionate Communities – Frome Model
At any age, social isolation and loneliness impact both physical and mental health. Dr Julian Abel has been implementing and rolling out the Frome Model across the Mendip area of Somerset since 2016. The success of the model is grounded in cultivating social connectedness as the most effective intervention for improving health and longevity.

Social connectedness (a key element in the discipline of lifestyle medicine and whole-health creation) has a bigger impact on health than giving up smoking, reducing excessive drinking, reducing obesity and any other preventative interventions.

Dr Abel's report was able to show that UK emergency admissions accounted for nearly 20% of the £110 billion healthcare budget. At a time when emergency admissions in Somerset rose by 30%, those in Frome *reduced* by 15%.

This is the first intervention that has successfully reduced emergency admissions to hospital across a population, and it offers the possibility of averting the current crisis in the NHS of increasing admissions to hospital and rising NHS costs.

RECOMMENDATIONS:

Health coaching should be integrated into health promotion and illness-prevention strategies at individual, group, community and population levels to support lifestyle modification and sustainable behavioural change at scale.

Health coaching programmes could directly impact the health care delivery's bottom line by easing pressure on complex services. This approach, coupled with increased health screening and early detection, could prevent lifestyle-driven illnesses, resulting in fewer deaths from smoking, cardiovascular conditions and the complications caused by a growing number of cases in diabetes, obesity, cancer and addiction.

Actions should be focused on the bottom of the pyramid in the Comprehensive Personalised Care Model supporting the 'whole population':

- Lifestyle and behaviour change improvement programmes (in schools, universities, workplaces) supported by qualified health coaches
- Whole health literacy – including physical literacy – and wellbeing at the heart of a 'curriculum for life'
- Physical education as a core subject in secondary schools and trained PE specialists in all primary schools
- Positive mental health education initiatives from an early age continuing throughout life.
- Ring-fenced budgets for active travel schemes
- Education on environmental toxins and how to recognise and protect at home
- Self-empowering communities to promote social wellbeing locally
- Lifestyle communities in local parks, local sports and social clubs, gyms and leisure facilities, online and within vulnerable communities
- Subsidies for healthy foods, tax-free vegetables and fruits, increased taxation on sugary foods and alcohol
- Legally binding standards for healthy homes and town and country planning
- 'Stop' campaigns and group programmes for alcohol and smoking
- Health and wellbeing assessment mandates for workforce, school and university students
- Focused women's health and men's health initiatives in the workplace and community
- Population health management – identify at-risk population and segment population based on health and wellbeing index
- Partnership with digital health initiatives and CICs (e.g., Nutritank, Oncio), digital reminders for screening appointments and vaccinations
- Digital health, self-monitoring (wearables, blood pressure, glucose) and virtual health coaching, targeting people with chronic conditions to prevent progression of long-term conditions, reduce hospital admissions and improve quality of life
- Health coaching in primary and secondary care; routine referral pathways; measured clinical outcomes (physical and psychological parameters): collect, disseminate and publish the evidence on value-based care models.

Health Coaching and Foundations for Wellbeing

Health coaching can support government to achieve the necessary traction to improve the health and quality of life for children and young people. Providing support, education and guidance on health mindset and on making healthier choices, can align to the curriculum and policy changes in respect of health, resilience, nutrition (particularly ultra-processed food choices), exercise, sleep, hydration and more.

The [Mental Health of Children and Young People in England 2022](#) report by the NHS noted that among 17 – 19-year-olds, the proportion with a probable mental disorder increased from 10.1% in 2017, when the report was first commissioned, to 17.4% in 2021 and again to 25.7% in 2022. There is a similar change in other age groups. Household circumstances, school, disordered eating, sleep problems, loneliness, self-harm and social media were linked in their findings.

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england>

When the bumps in the road occur, how well young people can respond and cope with pressure will influence their ability to remain effective in class and secure good education outcomes. Having access to independent resources of support via a health coach takes the pressure away from overburdened teachers. Poor outcomes in school, generationally low levels of aspiration and lifestyle health challenges can be hard to break free from and can lead to further life challenges of potential unemployment, addiction and criminality. An intervention is needed to break this cycle, and the earlier in life the better.

Suicide rates for higher education students have been revealed for the first time. The [Office for National Statistics](#) figures show 95 recorded university student suicides for the 12 months up to July 2017 in England and Wales. This is lower than for the general population of similar ages but does not include suicides among students at further education colleges.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimating-suicide-among-higher-education-students-england-and-wales-experimental-statistics/2018-06-25>

However, since the 1950s there has been limited data on student suicides. A report published last autumn by the [Progressive Policy Think Tank](#) showed the numbers of students disclosing mental health problems had increased fivefold in a decade.

<https://www.ippr.org/research/publications/not-by-degrees>

RECOMMENDATIONS:

Embed health and wellbeing information and education, aligned to the curriculum, at every level, in an educational ‘curriculum for life’.

Support schools, colleges and universities to offer access to health coaches within a group health coaching model with provision for individual access.

Provide students in schools, colleges and universities with access to health coaches to improve their whole-health literacy, physical and mental health and wellbeing; to educate and support students to make healthier choices on nutrition (particularly ultra-processed food choices), physical activity, sleep and build psychological/emotional resilience.

Put physical education as a core subject at secondary schools and have trained PE specialists in all primary schools.

Health Coaching and Well-Connected Communities

In community-based health coaching, coaches work with individuals, community organisations, and other stakeholders to address the unique health and wellness needs of a community.

Community-based coaching takes a collective approach to the promotion of health and wellness, often involving partnerships with community organisations, outreach and engagement with community members, and culturally responsive programming to address health disparities and improve health outcomes. The health coach acts as a facilitator for enabling an environment where groups work together to establish circumstances where health behaviour change can take place on a community scale.

<https://www.afpafitness.com/blog/community-based-coaching-health-and-wellness-coaching-for-community-health/>

The goal of community-based coaching is to create sustainable and community-driven change by empowering individuals, organisations, and communities to improve their health and wellbeing. Community-based coaching can be applied to a wide range of health and wellness topics, including nutrition, physical activity, mental health.

The Frome Model provides a powerful example of how cultivating community connectedness led to significant improvement in health outcomes and in cost efficiencies.

Evidence indicates that lack of social connection and isolation can link to health inequalities. To open up resources and accessible conversations, with social prescribing link workers and health coaches working synergistically, can bring options to re-engage in society, take back control of an individual's health and contribute to communities. As an individual starts to rebuild confidence and improves their lifestyle outcomes, they may be able to resume employment, volunteer, exercise and generally thrive more in society, thereby reducing the risks associated with declining mental health, loneliness and isolation.

This approach works well with the King's Fund vision of the best possible health and care available to all, with their strategic priorities of:

- Driving improvements in health and wellbeing across places and communities
- Improving health and care for people with the worst health outcomes
- Supporting people and leaders working in health and care.

<https://www.kingsfund.org.uk/publications/communities-and-health>

RECOMMENDATIONS:

Give communities the power and support to promote social wellbeing locally.

Facilitate ‘lifestyle communities’ in local parks, local sports and social clubs, gyms and leisure facilities, online and within vulnerable communities.

Integrate health coaches into a wide range of community settings to support health literacy, offer group coaching and support/facilitate peer to peer coaching conversations.

Encourage integrated/joint working between social prescribers and health coaches.

Support UKIHCA to collaborate with partners such as the King’s Fund to raise awareness of and increase the reach and impact of health coaching within communities.

Health Coaching and Workplace Wellness

Workplace wellness should be high on the agenda for every business, of every size: the crisis in health is a crisis for business and in workplaces.

The strength of our economy relies on a healthy, present and productive workforce. A productive economy depends not only on a healthy workforce *per se*, but on a strong workplace health and wellbeing culture, supported by data-driven, actionable and cost-effective policies. The challenges and costs associated with recruitment and retention are clear but in addition, the ageing workforce, financial wellbeing challenges from the cost-of-living crisis and the number of people working with illness and lifestyle challenges is growing rapidly.

There is a pressing need for employers in public and in private sector organisations and for insurance companies to address, measure and evaluate the human and financial impact of increasing levels of sickness and chronic ill health in their workforce and to invest in data-driven, proactive health and wellbeing solutions.

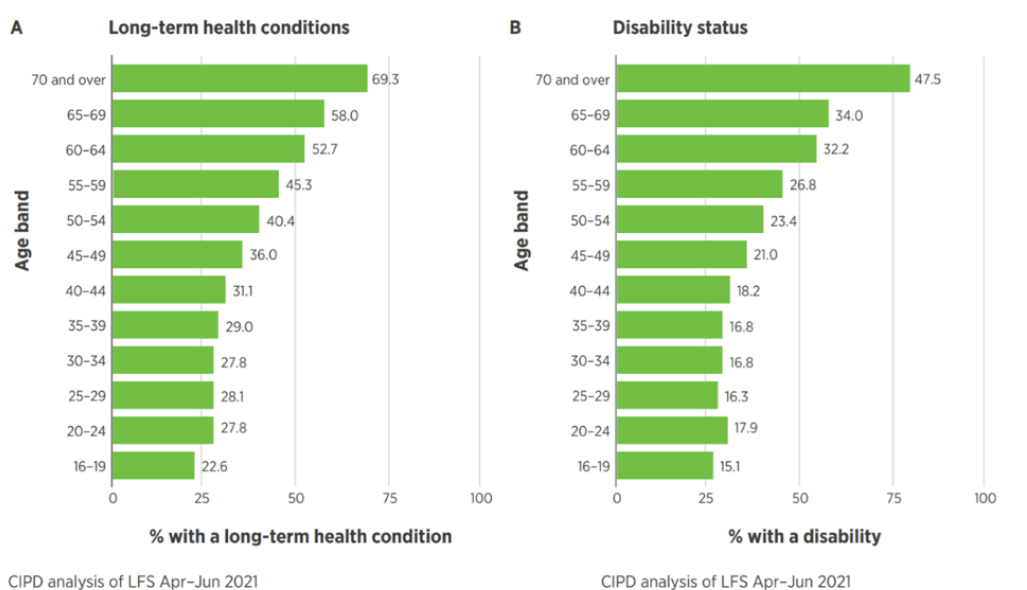
The DHS major conditions strategy reports that 1 in 4 of us in the UK is now living with at least 2 health conditions and that proportion is expected to rise.

McMillan Cancer Support reports that 1 in 2 of us will receive a cancer diagnosis in our lifetime; 3.5 million of us are living with cancer and 900,000 of those are of working age – rising to 3.5 million by 2030.

The ONS 2021 Census reported that 500,000 more people are out of the labour force because of long-term sickness. Between June and August 2022, around 2.5 million people reported long-term sickness as the main reason for economic inactivity, up from around 2 million in 2019.

The Chartered Institute of Personnel Development (CIPD), in its June 2023 report ‘Is the UK getting sicker?’, raises concerns over the rise in people inactive (not working or seeking work) due to ill health.

Figure 19: Health and disability, by age¹⁵



The May 2023 labour market statistic showed this category of inactivity to have reached record high levels.

Economics of Workplace Wellbeing

Organisations must align their culture, strategic objectives, KPIs and risk factors to the health and wellbeing of their workforce. Employers must take a leading role in partnering with health agencies and take meaningful action to track, prevent and reverse the loss of key components of the population's workforce to ill health, stress and the inability to achieve sensible work-life integration.

The existing Employee Assistance Programmes, wellbeing champions and mental health first aiders are all well intentioned, but workforce data would suggest that they have yet to yield lasting change in health and wellbeing outcomes.

In April 2023, the Office of National Statistics published an article confirming that sickness absences had increased, bringing the UK back to levels last seen in 2004. The report noted that **185.6 million working days were lost due to sickness or injury during 2022 representing a 25% increase on the 2021 data.** This is coupled with sickness absence hitting an 18-year high and, concurrently, growing NHS waiting lists.

Their findings also noted the increase in people not working or seeking work due to ill health. People who are economically inactive, as measured in the Labour Force Survey, includes students, carers in the family home, long term sick and disabled people, temporarily sick and disabled people, retired people and discouraged workers.

On 15 August 2023, the ONS released data reporting that there were 26,000 additional people recorded as economically inactive between April and June 2023 – an all-time high. This means a total of 2.58 million people are off work due to chronic illness, a figure that has risen by 449,000 since the start of the pandemic in January 2020.

The crisis in the NHS waiting lists, workers struggling to access diagnoses and treatment coupled with staffing shortages continues to impact the economy.

'My full reality: the interim delivery plan on ME/CFS' indicates there are strong economic reasons to address ME/CFS: the 20/20 Health 'Counting the cost' report estimated that a **weighted minimum cost to the UK of ME/CFS is £3.3 billion**, using a cautious assumption of 0.4% prevalence (based on studies from April 2014 - March 2015).

Kate Shoesmith, Deputy Chief Executive of the Recruitment and Employment Confederation (REC), voices concerns that long-term sickness is contributing to the ongoing skills shortage.

*"The issues brought up in the ONS' report are deeply intertwined. It's particularly concerning to see the record high of economic inactivity due to illness while we continue to see significant problems recruiting and retaining staff in the health and care sectors....
...we need a fundamental rethink of the models of work in the NHS and beyond."*

The Bank of England found similar results in their research which noted that, of the long-term sick in the UK, **52% were of working age and able to work but were unable to do so due to ill health resulting in disability claims doubling from July 2021 to July 2022**. The Institute of Fiscal Studies reported that the number of new disability benefit claimants has doubled in a year.

In summer 2021, each month 15,000 or so working-age people started a Personal Independence Payment (PIP) claim. That monthly figure had remained little changed for years. It then steadily increased, such that **by July 2022 (the latest data) it had doubled to 30,000**.

The increase in claims has been seen across ages and conditions; all ages have seen claim rates roughly double, although for teenagers it has tripled. Claims for most major conditions also increased similarly.

Around a third of the new claims are for mental or behavioural conditions, although among claimants under 25 that figure rises to 70%.

<https://ifs.org.uk/publications/number-new-disability-benefit-claimants-has-doubled-year>

An ageing population, working longer, increases the likelihood that a higher proportion of the workforce will be living and working with long term health concerns.

Health coaching can support the development of a healthier and more resilient workforce now and for the future.

To influence health and change behaviours takes time. Health coaches can support an individual to address the concerns in their life and enable them to thrive at work, sustain attendance, manage stress more effectively and contribute to the organisation's outcomes.

To sustain economic growth and a strong working population, organisations must invest in their workforce and recognise the challenges people face today living and working in the current climate. Health coaching in the workplace can be the resolution needed and effect desperately needed change.

RECOMMENDATIONS:

Establish proactive workplace health and wellbeing policies which facilitate employers and health agencies to work collaboratively to address the needs of their workforce.

Offer incentives for health and wellbeing assessments for employees that are linked to organisational health markers.

Support the development of meaningful, holistic audit tools and approaches to track, measure and evaluate ROI in workplace health and wellbeing.

Support UKIHCA to work with employers, insurers and other key stakeholders, as part of the solution to tackle workplace wellness to create and support a healthy workforce.

Establish workplace lifestyle and behaviour change improvement programmes, supported by qualified health coaches.

Creating a Workplace Wellbeing Ecosystem – A Role for Leaders

By supporting leaders to integrate business and employee wellbeing goals with employees' values, health coaches can help to elevate organisational culture and optimise individual and business performance, fostering and implementing a set of attitudes and new behaviours focused on optimising individual health, living well, enjoying work and cultivating a sense of belonging.

Creating healthy patterns within an organisation provides an opportunity to allow staff to be their best-selves *and* improve working environments, productivity and a sense of team connection and belonging, creating a ripple effect through connection, mutual support and encouragement. Staff can share the learning with each other, with their families and their wider communities. This is the basis of a healthy ecosystem.

The ROI for staff is plentiful: trust, motivation, feeling valued, psychological safety, resilience, connection, creativity and a work-life integration and wellbeing *beyond* fruit on Fridays.

As Margaret Moore, MBA has shown in [The Power of Coaching to Improve Employee Health, Creativity and Performance](#): *“the bigger opportunity for ROI is to improve mental and physical thriving, which leads to more energy, creativity, resilience, productivity and loyalty – precious outcomes that you can observe with your own eyes.”*

<https://www.welcoa.org/uploads/pdf/survey/margaret-moore-interview-wellness-coaching.pdf>

Demonstrating Social Value with Health Coaching

Social value is the beneficial contribution an organisation makes to society (particularly to the community in which it operates) and the measured impact on wellbeing of its economic, social and environmental activities.

The Social Value Model includes a menu of social value priorities for central government departments to include in their procurement as applied to SMEs tendering in the public sector.

Health coaching and Social Value

Theme 5 of the Social Value Model addresses two government policy outcomes: improving health and wellbeing; and improving community integration. Adopting or integrating health coaching into business practice has potential to demonstrate social value:

- **Influencing support for health and wellbeing**

This could include measures to raise awareness or increase the influence of staff, suppliers, customers, communities and/or any other appropriate stakeholders to promote health and wellbeing, including physical and mental health through engagement, co-design/creation, training and education, partnering/collaborating and volunteering.

For example, government-charity partnerships such as that with Mind to create the Mental Health at Work website, which includes a raft of resources from key organisations across the UK, all aimed at helping employers get to grips with workplace mental health.

- **Improving community integration**

This could include volunteering and greater collaboration of public and private sector organisations (for example with UKIHCA) and local communities and where contracts involve engagement with the community, for example through focus groups or end-user consultation.

<https://www.executivecompass.co.uk/social-value-practice/what-is-social-value/>

Workplace Health and Wellbeing: A Kite Mark for quality standards

The growth in the health coaching market has been rapid, is diverse and is not a statutorily regulated sector; UKIHCA are proud to be at the leading edge of establishing and implementing global standards in health coaching.

Evidence and experience of organisations who offer employee health coaching, such as AXA Health, and with Workplace Wellbeing programmes, such as TCP Health, demonstrate that organisations that engage with high quality health coaching can experience transformational outcomes both for the individual and for the organisation.

In an interview with WELCOA (Wellness Council of America), Margaret Moore MBA, a global wellness coaching expert and co-founder of the National Board for Health & Wellness

Coaching “emphasizes the many ways health and wellness coaches can impact employee health—and an organization’s ROI—by helping individuals navigate the mindset and behaviour change process, enabling full engagement in a health-giving lifestyle.”

A Kite Mark for Best Practice in Health Coaching

There is no established ‘roadmap’ for the integration of health coaching into workplace settings, leaving each individual organisation to create their own. As the leading professional body for standards UKIHCA is keen to see, and committed to supporting, organisations to achieve high quality practices and results.

UKIHCA has developed a Best Practice in Health Coaching Kite Mark to offer organisations using robust, professional health coaching or integrating health coaching skills within the organisation. The Kite Mark is awarded to publicly acknowledge organisations adopting health coaching best practices in the workplace and deploying qualified health coaches and/or experienced health coaching skills.

A UKIHCA Kite Mark will signal the organisation is working to robust professional standards, protecting organisations from engaging with less robust and unregulated services operating within this space.

RECOMMENDATIONS:

Support awareness of UKIHCA’s Best Practice in Health Coaching Kite Mark in the employment and insurance sectors.

Incentivise organisations to support the health and wellbeing of their workforce with high-quality, professionally qualified health coaches.

RECOMMENDATIONS

Policy makers have a challenging but golden opportunity to take a radically new approach to benefit and enhance the health and quality of life for our population – as individuals, families, communities, businesses and indeed the nation as a whole – while reducing pressure on both the NHS and public expenditure.

UKIHCA restates its whole-hearted commitment to three objectives that are closely aligned to addressing the contemporary issues discussed in this report:

- **To see a self-empowered population, managing their health and wellbeing to thrive in life**
- **To see a skilled health coach in every public and private health care setting, in education, workplaces and communities**
- **To see improvements in health and wellbeing of the population, through the integration of health coaching as a non-clinical evidence-based intervention, into clinical and patient pathways, prevention programmes, workplace environments and in communities.**

Integrating health coaches at every level of health care delivery and in employment settings is a proven, cost-effective way to assure a healthy and productive workforce which will lead to financial and workforce sustainability in the long-term.

Our GLOBAL RECOMMENDATIONS are as follows:

Quality Assurance

- Ensure adequate funding is prioritised for robust and continuing education, training and the certification of qualified health coaches across all contexts in Britain.
- Recognise the different levels of health coaching in practice, from entry level roles to UKIHCA-Approved health coaches who have undergone extensive training and experience.
- Expand the reach and impact of health coaching through accessing fully qualified health coaches via UKIHCA database, safe in the knowledge that the skills, standards and scope of practice have been robustly assessed and practitioners operate safely.
- Set out and adopt a robust approach to governance and policy development, aligned to the NHS Personalised Care Model and to the Recommendations in this report.

Collaboration

- In recognition of the move towards ‘**whole health**’, engage and combine inputs and efforts with other organisations, specialists and industries. Breaking down silos, working and moving towards cross-sector and multi-disciplined partnerships will require a truly collaborative leadership which values differences and embraces and engages diversity.
- Align government policy and incentives for organisations to engage with accredited and credible workplace wellness programmes, to respond to the current and rising challenges in the workforce population. To invest and prioritise health coaching and whole health responses now is to future proof organisations and their ability to attract and retain talented workers in their companies.
- Develop trusted partnerships and specialist alliances to create a holistic, well-informed plan to respond now and in the future to support a healthier, happier Britain.

Education for healthier, happier people

- Use health coaching to support health education, health promotion and early intervention to change health outcomes and create health.
- Educate, inspire and support the next generation to view the factors that drive health and well-being.
- Facilitate young people to engage with their health and equip them to break the habits that promote ill-health.
- Raise aspirations and create opportunities for all individuals and communities that bring health, education, economic and societal benefits for Britain.

Our **SPECIFIC RECOMMENDATIONS** are as follows:

Health Policy and Health Coaching

Place an obligation upon ICSs to enable the integration of health coaches into health and wellbeing initiatives in primary and secondary health care, social care agencies, public physical activity facilities, education and workplaces.

Potentially re-train or enhance training so that existing professionals across all disciplines can incorporate health coaching skills into their professional practice.

Prioritise integrating health coaches into initiatives that:

- Work in partnership with NHS colleagues to ease the pressure on NHS services and support early intervention opportunities
- Work with communities to share best practice and guidance

- Enable accessibility to affordable health coaching technologies supported by human health coach interactions, through strong partnerships with private sector AI, digital app and video-based health providers.
- Operate in the education sector to provide early intervention opportunities
- Operate in the physical activity sector, providing non-clinical interventions
- Operate within the workplace, to better equip organisations to respond to the ageing workforce and rising health factors impacting sickness absence, turnover and lifestyle illness.

Support integration of health coaching into workplaces and businesses, through a quality Kite Mark.

Clinical Medicine and Health Coaching

Support awareness-raising of the evidence, efficacy and benefits of a health coaching approach in clinical practice.

Integrate health coaching knowledge and skills in medical and clinical curricula and continuing professional education.

Call on health care professionals from all disciplines to develop and adopt an evidence-based health coaching approach as a fundamental element in their professional toolbox.

Integrate health coaching into primary and secondary care, establish routine referral pathways and measure clinical outcomes (physical and psychological parameters), collect the evidence and publish outcomes on the value-based care model.

Establish key pilot projects where a new primary care model with a significant investment in health coaching is trialled to evaluate the financial and health impact on the practice population.

Patient Initiated Follow Up (PIFU) and Health Coaching

Identify patients at risk of deterioration or with chronic health conditions which can be managed or reversed with lifestyle and behaviour change.

Integrate health coaching into personalised PIFU programmes, with health coaches collaborating with hospital and primary care clinicians.

NHS Personalised Care Model and Health Coaching

Whole Population Proactive Care (100%)

- Establish lifestyle and behaviour change improvement programmes in schools, universities, communities and workplaces, supported by qualified health coaches

- Make physical education a core subject in secondary schools and have trained PE specialists in all primary schools
- Put whole health and wellbeing literacy, including physical literacy, at the heart of a 'curriculum for life'
- Support positive mental health from an early age and throughout life
- Establish ring-fenced budgets for active travel schemes
- Give communities power to promote social wellbeing locally
- Facilitate 'lifestyle communities' (local parks, local gyms, online, vulnerable communities)
- Create women's health and men's health initiatives in the workplace and community
- Establish 'Stop' campaigns and group programmes for alcohol and smoking
- Subsidise healthy foods, offer tax-free vegetables and fruits, increase taxation on sugary foods and alcohol
- Educate on environmental toxins and how to recognise and protect at home (links with proper housing as well)
- Enforce legally binding standards for healthy homes and town and country planning
- Mandate health and wellbeing assessments for workforce, school and university students
- Establish assessments driven by occupational health in the workplace to drive health and wellbeing, increased productivity and reduced sickness.

People with long term conditions (30%)

- Encourage integrated/joint working between social prescribers and health coaches and curb the over prescribing of drugs and medication
- Offer incentives for businesses to support a healthy workforce
- Conduct population health management, identify at-risk population and address, segment population based on health and wellbeing index
- Establish health coaching through primary care to secondary care; establish routine referral pathways and measure clinical outcomes (physical and psychological parameters); collect the evidence and disseminate outcomes for value-based care models
- Support digital health and self-monitoring (wearables, blood pressure, glucose), targeting particularly people with chronic conditions to bring them into a better state and reduce hospital admissions, including virtual health coaching access
- Facilitate partnerships with digital health initiatives and CICs (e.g. Nutritank, Oncio), digital reminders for screening appointments and vaccinations.

People with complex needs (10%)

- Integrate working practices between social prescribing and health coaches to tackle isolation, mental health issues and promote a sense of empowerment, health and wellbeing.

Health Coaching and Community (Retail) Pharmacy

Encourage/support community pharmacists to develop health coaching knowledge and offer access to health coaches.

Integrate health coaches into high street pharmacies.

Encourage integrated/joint working between social prescribers, health coaches and pharmacies to curb the over prescribing of drugs and medications.

Health Literacy and Health Coaching

Deploy health coaches to improve people's health literacy; self-empower and support people to engage in their own health and wellbeing and to modify lifestyle behaviours.

Digital Health and Health Coaching

Democratise access to health coaching, leveraging digital technologies (e.g., SMS, email, video calls) to integrate the benefits of health coaching into people's busy lives.

Widen opportunities to access shared digital technologies at GP practices and group health coaching in communities and village halls through digital means.

Offer digital health coaching to patients who are under the Patient Initiated Follow-Up (PIFU) scheme, preventing unnecessary hospital visits and improving adherence to lifestyle behaviours that promote health.

Provide access to digital health and self-monitoring (wearables, blood pressure, glucose) and to virtual health coaching, targeting people with chronic conditions to bring them into a better state and reduce hospital admissions.

Facilitate partnership with digital health initiatives and CICs (e.g. Nutritank, Oncio), digital reminders for screening appointments and vaccinations.

Social Prescribing and Health Coaching

Social prescribing link workers should work closely and synergistically with the 1,500 health and wellbeing coaches (NHS funded) and the 700 UKIHCA-Approved health coaches (self-funded), to deliver person-centred, cost-effective, sustainable non-clinical interventions that improve health outcomes and prevent ill-health.

Physical Activity and Health Coaching

Facilitate conversations and collaboration between the health and physical activity sector.

Provide trained PE specialists in all primary schools and make physical literacy and education a core subject in secondary schools.

Support physical activity professionals to incorporate foundational health coaching skills into their skill set.

Integrate and enable ‘lifestyle’ communities in local parks, sports and social clubs, local gyms, leisure centres, online, and for vulnerable communities, supported by health coaches

Include health coaching as a required element in Government-funded physical activity programmes.

Health Coaching: Preventative Medicine and Health Creation

Integrate health coaching into health promotion and illness-prevention strategies at individual, group, community and population levels, supporting lifestyle modification and sustainable behavioural change at scale.

Actions should be focused on the bottom of the pyramid in the **Comprehensive Personalised Care Model** supporting the ‘whole population’:

- Lifestyle and behaviour change improvement programmes (schools, universities, workplace) supported by qualified health coaches
- Whole health and wellbeing literacy, including physical literacy, at the heart of a ‘curriculum for life’
- Physical education as a core subject in secondary schools and trained PE specialists in all primary schools
- Positive mental health education initiatives from an early age and throughout life
- Ring-fenced budgets for active travel schemes
- Education on environmental toxins and how to recognise and protect at home (links with proper housing as well)
- Self-empowering communities to promote social wellbeing locally
- Lifestyle communities in local parks, social and sports clubs, local leisure centres and gyms, online and with vulnerable communities
- Subsidies for healthy foods, tax-free vegetables and fruits, increase taxation on sugary foods and alcohol
- Legally binding standards for healthy homes and town and country planning
- ‘Stop’ campaigns and group programmes for alcohol and smoking
- Population health management: identify at-risk population and address, segment population based on health and wellbeing index.

Health Coaching and Foundations for Wellbeing

Support schools, colleges and universities to offer access to health coaches within a group health coaching model.

Embed health and wellbeing information and education, aligned to the curriculum, at every level, in an educational ‘curriculum for life’.

Provide students in schools, colleges and universities with access to health coaches to:

- Improve their whole-health literacy, physical and mental health and wellbeing; to educate and support students to make healthier choices on nutrition (particularly ultra-processed food choices), physical activity and sleep
- Build psychological/emotional resilience
- Participate in ‘core’ physical education activities in all schools, supported by trained PE specialists in all primary schools.

Health Coaching and Well-Connected Communities

Give communities the power and support to promote social wellbeing locally.

Facilitate ‘lifestyle communities’ in local parks, social and sports clubs, local leisure centres and gyms, online and with vulnerable communities.

Integrate health coaches into a wide range of community settings to support health literacy, facilitate group coaching and support/facilitate peer to peer coaching conversations.

Encourage integrated/joint working between social prescribers and health coaches.

Support UKIHCA to collaborate with partners such as the King’s Fund to raise awareness of and increase the reach and impact of health coaching within communities.

Health Coaching and Workplace Wellness

Establish proactive workplace health and wellbeing policies which facilitate employers and health agencies to work collaboratively to address the needs of their workforce.

Offer incentives for health and wellbeing assessments for employees that are linked to organisational health markers.

Support the development of meaningful, holistic audit tools and approaches to track, measure and evaluate ROI in workplace health and wellbeing.

Support UKIHCA to work with employers, insurers and other key stakeholders, as part of the solution to tackle workplace wellness to create and support a healthy workforce.

Establish workplace lifestyle and behaviour change improvement programmes, supported by qualified health coaches.

Workplace Health and Wellbeing: A Kite Mark for quality standards

Support awareness of UKIHCA's Best Practice in Health Coaching Kite Mark in the employment and insurance sector.

Incentivise organisations to support the health and wellbeing of their workforce with high-quality, professionally qualified health coaches.

Let's away with silos and egos

When we think of the process of health coaching, we think of listening, reflecting, facilitating, collaborating, integrating and co-creating for sustainable change and health creation.

These are processes which will be critical if we are to help people modify their lifestyles and change behaviours, to achieve the vision of a happier, healthier and more productive Britain.

On this journey then, we must all, therefore, walk our talk.

There surely can be no better time to step out of professional silos, demonstrate humility and leave egos at the door to work together, for better.

For the rewards are worth it. Evidence and lived experience are showing us clearly that a health coaching approach is transformational at every level:

- For a patient or client's health outcomes and their experience
- For a health professional's practice and job satisfaction
- For health systems, communities and populations.

The journey is only just beginning; the road will be long and challenging and we will travel further and more quickly together.

As an integral part of a collaborative, cross-sector and multi-disciplinary effort, the UK & International Health Coaching Association is committed to bringing our skills and expertise as specialists in the discipline of health coaching to the challenge of delivering the responsive, person-centred healthcare that people want and that the nation needs.

“Tomorrow belongs to those who can hear it coming.”

- David Bowie -

APPENDIX ONE:

DEFINITIONS

- **Health creation** is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.
- **Shared decision-making** ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.
- **Non-clinical interventions** are applied independently of a clinical encounter between a health provider and a patient. For example: health coaching, social prescribing, engagement with art, music, nature.
- **Reactive care** focuses on addressing health issues and medical conditions after they have already occurred. Reactive care tends to be delivered when there are specific symptoms, diseases, or emergencies present.
- **Proactive care** or anticipatory care, involves identifying and addressing potential health issues before they become severe or symptomatic. Proactive care focuses on early detection and interventions to prevent or migrate the progression of health problems.
- **Preventative care** aims to avoid or reduce the occurrence of health problems and illnesses before they develop or progress, to help individuals maintain good health and prevent diseases.
- **Integrative medicine** is an evidence-based model of healthcare that treats the whole person and not just their condition, bringing together a wide range of conventional, lifestyle and holistic approaches to support health and wellbeing. Integrative Medicine prioritises wellness and resilience, supports balance and vitality, optimises health and reduces disease risk. It encourages the patient to take a more active role in their health through self-care.
- **Prehabilitation** aims to enhance general health and wellbeing prior to major surgery by intervening in the preoperative period to modify behavioural and lifestyle risk factors.
- **Multidisciplinary teams or MDTs** are teams consisting of individuals drawn from different disciplines who come together to achieve a common goal, whether that be a project to introduce a new role, redesign of a patient pathway or providing care in a different way.

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