

Health Coaching: Innovation and Adoption

Stories of impact from NHS organisations

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1 Executive summary

Background

For a decade, health coaching has been spreading across the NHS to empower patients to self-manage through a behaviour change conversation. Health coaching defined as:

'a patient-centred process that is based upon behaviour change theory and is delivered by health professionals with diverse backgrounds. The actual coaching process entails goal-setting determined by the patient, encourages self-discovery in addition to content education, and incorporates mechanisms for developing accountability in health behaviors.' Wolever et al. (2013)¹

Drawing on an evidence base predominantly from the USA and Scandinavia, early health coaching innovators have been working from the bottom up to change the way health and care professionals communicate with patients and clients and to demonstrate the positive impact of a health coaching approach. The perseverance is paying off, and personalised care is now central to NHS England's Long Term Plan² which includes health coaching as an effective way to improve self-management. In order to maximise impact, areas that have been successful in implementing health coaching locally need to share their stories to continue building momentum and to support others beginning their adoption journey.

This report explores four case studies of successful health coaching adoption, adaptation and embedding, and explores the impact they report has resulted from health coaching. The four organisations whose stories are featured in this report include:

- Blackpool Teaching Hospitals and the Fylde Coast Vanguard
- The City of Leeds
- South Somerset Symphony Programme
- West Suffolk NHS Foundation Trust

Although the sites were at different places in their journey to embed health coaching, all of them had paid attention to the anticipated outcomes, and how they were going to measure them. However, due to the variation across the sites, resources committed and subsequent evaluation makes it problematic to draw any direct comparisons across the sites in terms of their outcomes.

¹ The definition of health coaching provided by Wolever (2013) is a consensus definition created from analysis of 284 research studies. It highlights the role of the coach in supporting behaviour change in the context of the changing roles of clinician and patient

² NHS, 2019: 24-25.<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Types of impact associated with health coaching

The sites were asked about the impact associated with health coaching and the range of impact types they identified is summarised in Figure 1 below.

Figure 1: Impact associated with health coaching, reported by case study sites



Source: IES, 2019

Evidence to support claims of impact

Qualitative impact data

The most commonly cited evidence of impact was qualitative data/stories. These narratives took various forms including: feedback from interviews and surveys; written vignettes; videos; and meeting records of lived experience. Stories highlight either positive patient outcomes or improved staff wellbeing or both. An example feedback quoted from a staff member was:

"using this approach helps to separate the person from the condition/behaviour and enables the individual and the clinician to see more clearly the direction of change required... It has been beneficial to my patients as it has increased their involvement in their care" Community Nurse

Feedback from West Suffolk indicates a perceived chain of impact from improved staff resilience to a reduction in staff turnover and intention to quit:

'People report that they would have left the profession because they were so exhausted and disenchanted. But having their eyes opened to a new way of working was what allowed them to continue to be the professional they have trained to be.' Senior management representative

Sharing feedback and stories of individual impact were said to be powerful with a range of audiences. For example, in West Suffolk, the site reported that individual patient stories of impact were very influential locally in gaining resources and senior support for additional spreading and embedding activities including across the whole STP. Almost £800k was allocated by the STP to spread health coaching into the community using two physiotherapy trainers employed by the Trust. In a context of limited NHS funding and competition for funding against other initiatives which may appear to have quantitative or easier/quicker-to-measure outcomes, it is interesting to note the success of powerful qualitative stories in explaining health coaching as an enabler of organisational change culture over several financial years. This would lend support to previous evaluation studies and literature reviews which identified qualitative data as impactful evidence for health coaching³.

Feedback from Leeds highlights a belief locally that the use of health coaching has also improved rapport with patients and health coaches have generally been willing to take on multiple responsibilities e.g. signposting, empowering, patient activation, and patient advocating. It is because of these positive stories of lived experiences that in Leeds nearly £1million has been invested in local “better conversation” health coach trainers and facilitators across the city.

Quantitative impact data

In two cases, these individual patient stories of behaviour change were reinforced by a measurement and substantial increase in patient activation levels (PAM) following a health coaching intervention. Patient activation can be described as ‘an individual’s knowledge, skill, and confidence for managing their health and health care’ (Hibbard et al 2005). In Blackpool for example, the site reported that 85 per cent of people starting at level one improved and 67 per cent of those at level two improved after health coaching. In South Somerset, the site reported a 72 per cent increase in repeat PAM scores after health coaching for those who started at level one; a 49 per cent increase among those at level two; 40 per cent at level three; and 25 per cent at level four.

Improvement in PAM score is compelling evidence of system impact since an increase in just one PAM level was found to be associated with an 8.3 per cent reduction in on-going health-care costs (Lindsay et al. 2018). Patients who are most able to manage their health conditions were found to have 38% fewer emergency admissions than the patients who were least able to and they also had 32% fewer attendances at A&E, were 32% less likely to attend A&E with a minor condition that could be better treated elsewhere and had 18% fewer general practice appointments (Barker et al. 2018).

Bed days were an additional data source used at South Somerset Symphony. During 2017/18 the site reported a 16 per cent reduction in bed days over the first eight months of the year. This compared to a maximum reduction of three per cent elsewhere in

³ E.G. Newman, 2014; Newman et al, 2013; Carter et al. 2015; Da Silva, 2014; Newman & McDowell, 2016.

Somerset. This reduction resulted in the site being among top performing in meeting A&E targets as well as enabling the site to be unaffected by the usual winter pressures.

Following current work in Blackpool to ensure accurate and consistent data is collected, it is hoped in future that it will be possible to establish a chain of impact from health coaching to: improved levels of patient activation; improved health outcomes; reduced demands on A&E attendances and elective activity; and the associated reduction in on-going health care costs.

It was interesting to note that perceptions of increased staff well-being had not, as yet, been triangulated at all our case study sites with other sources of data as part of their health coaching evaluation strategies e.g. a staff attitude survey, organisational culture audit and/or well-being index. However, an independent evaluation of the entire South Somerset Symphony vanguard programme, including quantitative, qualitative and econometric elements, found evidence that the programme has led to an improvement in workplace environment and staff wellbeing. Practice managers reported that the stress levels of their GP colleagues had diminished as a result of health coach work, and also highlighted the fact that they were managing their appointments more effectively⁴. The site also reported that the introduction of health coaches also led to a reduction in GP workloads: the reason for this was thought to be because patients had an alternative mode of support.

Difficulties in establishing impact

The cases highlight that the possible impact of health coaching is extensive, multifaceted and can be measured in a number of different ways. Despite the pockets of quantitative evidence, the sites faced difficulty in establishing a causal relationship between health coaching and positive outcomes.

Our main recommendation is that there is a clear need to objectively demonstrate impact; a Randomised Control Trial (RCT) would greatly improve the evidence base and demonstrate the causal impact of health coaching at a patient, staff and system level. To address this need, the Institute of Employment Studies (IES) has provided recommendations for an economic evaluation of health coaching Gray (2019). In the event of an RCT – or indeed any evaluation – the case studies highlighted many potential outcome measures that could be used to demonstrate the effectiveness and impact of health coaching.

⁴ SWAHSN report, 2018

2 Introduction and background

2.1 Background

Healthcare providers across the globe are facing an increasing demand on services, combined with reduced financial resources. The significant rise of long-term conditions is a major factor contributing to the pressure. People with long-term conditions account for over 50 per cent of GP appointments and over 70 per cent of in-patient bed days, and the cost to care for those with long-term conditions is around 70 per cent of the NHS's total spend⁵.

Health coaching is an approach which empowers patients to self-manage their health and wellbeing. Across the health and care system it is well recognised that many people want to be more in control of their health and care, to change habits such as smoking and diet, to make decisions in partnership with their health and care professional and also to manage their health more effectively at home. However becoming really engaged with our own health and changing behaviour isn't always easy:

- Only 30-50% take their medication correctly⁶.
- It can take someone between 6 - 30 attempts to stop smoking⁷.
- Many people feel they have very little control over their health themselves⁸.

It is argued that what is needed is a different type of conversation between people and their professional or peer. Telling people what to do is useful when things are very clear or in an emergency situation. However, when people live day in day out with their condition at home they also bring a lot of expertise about what works best for them. A health coaching conversation would recognise that everyone is an expert in their own lives, that they often have capacity to make a change and they want to improve their health through asking what's important to them and how – together with a health and care professional – they can take small steps to improve.

Whilst health coaching can take many different forms, the most usual form adopted outside the UK has been the introduction of a dedicated health coach role delivered as part of a bespoke service within a primary or community care setting. There is a growing

⁵ Department of Health and Social Care, 2012: <https://www.gov.uk/government/publications/long-term-conditions-compendium-of-information-third-edition>

⁶ Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence NICE guidelines [CG76] 2009 <https://www.nice.org.uk/guidance/CG76/chapter/introduction>

⁷ Chaiton M, Diemert L, Cohen JE, et al. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. BMJ Open 2016;6:e011045. doi:10.1136/bmjopen-2016-011045 <https://bmjopen.bmjjournals.com/content/6/6/e011045>

⁸ CQC In patient survey 2015 <http://www.cqc.org.uk/cconditionontent/surveys>

evidence base demonstrating these health coaching services to be an effective solution to reduce the burden on services and improve health outcomes⁹

Health coaching roles vary in form within the NHS to include formal coaches as peers as well as a coaching approach built into existing professional and clinical roles and conversations. The first health coaching skills training was trialled by Drs Newman and McDowell and evaluated in the East of England in 2010. The approach integrates health coaching skills into clinician consultations, as routine practice. In 2019, health coaching was incorporated into the NHS Long-Term Plan, emphasising the need for greater engagement between patients and healthcare professionals leading to more personalised care¹⁰. Interest in health coaching is growing in the UK with scope for further embedding as part of the new Comprehensive Personalisation Model NHS England¹¹. Since its inception, it is estimated that over 6,000 healthcare professionals have been trained in health coaching using the training developed by Newman and McDowell with over 100 of these clinicians trained as clinician-trainers including within four Vanguard sites:

- Blackpool Teaching Hospitals and the Fylde Coast Vanguard
- Somerset Symphony Integrated Healthcare Vanguard
- Tower Hamlets Together (THT) Vanguard
- Better Local Care Hampshire Vanguard

2.2 Understanding health coaching

Health coaching aims to support people to self-manage, through enabling clinical professionals to have a more empowering conversation in partnership with their patients and finding out what matters to them. Health coaching is therefore congruent and supports self-management by enabling people to feel more confident and able to manage their lives and symptoms. Health coaching includes a suite of techniques, which are solution focused and have a central goal of supporting independence, choice and autonomy. Techniques included in health coaching include: reflective enquiry, motivational interviewing, goal-setting, and problem-solving. The approach is based on the premise that patients are the '*experts in their own life situations and can draw on these experiences to promote personal change*' (Gierisch et al, 2017). Compassion, listening and a positive relationship are geared towards the behaviour change required for better health outcomes. Whilst definitions of health coaching can vary, the mostly commonly used, and one adopted in this report, is that health coaching is:

'A patient-centred approach wherein patients at least partially determine their goals, use self-discovery and active learning processes together with content education to

⁹ Da Silva, Health Education East of England, 2014:

https://eoleadership.hee.nhs.uk/sites/default/files/Does%20health%20coaching%20work%20-%20a%20review%20of%20empirical%20evidence_0.pdf

¹⁰ NHS, 2019: 24-25. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

¹¹ NHS, 2019: <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>

work towards their goals, and self-monitor behaviours to increase accountability all within the context of an interpersonal relationship with a coach.' (Wolever et al, 2013)

The ‘coach’ is a trained healthcare professional, who uses behaviour change theory, motivational strategies and communication techniques, in combination with their existing professional knowledge, to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and wellbeing. Coaches work with patients to aligning health-related goals with their personal value, thus enhancing activation and motivating behaviour change.

2.3 Existing evidence of impact

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

Whilst much of the research has been conducted overseas, the UK evidence base on the effectiveness of health coaching has been growing. Although studies have typically been on a smaller scale and based on the training of McDowell and Newman, they provide a foundation of evidence to support the adoption of the innovation. To date, there have been three previous outcome evaluations of health coaching in UK. The first found improvements in patient self-efficacy in a small scale pilot in Suffolk (Thomas, 2011). The second explored organisational case studies as part of a large scale pilot across East of England, which found that clinicians were still using the approach up to a year after their training and clinicians perceived reduced demands and patients responding well to the approach it (Carter et al., 2015). A third was an outcome evaluation of a small scale application on a rehabilitation ward in Hampshire: an accompanying economic evaluation estimated an indicative cost saving of £3.6 million (Kibble et al, 2014). A rapid review commissioned by Health Education East of England (Newman, 2014) led to health coaching being selected as one of five national priorities in NHS England’s “Realising the Value” programme to deliver on Five Year Forward View¹² which estimated a £1.5k saving per patient/annum

Assessing impact can be very difficult, especially in organisations that don’t have the capacity to undertake large-scale evaluations. However, based on the principles of patient-centred care, the Patient Activation Measure (PAM) has been found to be an effective measure of an individual’s level of knowledge, skills and confidence (or

¹² NESTA, Health Foundation. Realising the Value

activation) and their capability to manage their own health and care. The PAM is already being used in some organisations to assess the impact of health coaching on individual's activation levels. However, it appears that increased 'activation' has a wider impact than just the individual. A more 'activated' person leads to *'better outcomes, a better experience of care, healthier behaviours, and fewer episodes of emergency care that leads to lower costs for the NHS'*¹³. In particular, lower levels of activation was associated with 8 per cent higher costs in the first year and 21 per cent higher costs in the following year compared to more activated patients (Hibbard, Greene and Overton, 2013). Therefore, organisations already using PAM offer a rich source of data to demonstrate the impact of health coaching.

How to exploit or spread new ideas and innovative practices is a challenge in any sector. Health coaching needed time to grow. As an innovation, health coaching is in its infancy in the UK and has not achieved the same status and established implementation pathways or funding streams to support evaluation. However with support and nurturing from the NHS Innovation Accelerator Programme (NIA) from 2015 onwards for health coaching as a social movement and provision of support and networking for local health coaching trainers and leads from the NHS Leadership Academy during 2018, many sites have introduced health coaching, beyond the East of England.

2.4 Purpose of the research

Despite the spread of health coaching as a practice and the growing evidence base, there is still a need to further evaluate the impact and gain form experience of spread.

The overall aim of this study is to provide an overview on the spread and impact of health coaching within the NIA Programme through a synthesis of local evaluation efforts to date from a range of different sites who have adopted a health coaching approach. Cross-organisational comparisons are attempted and outcomes or impact from a variety of contexts sought to include (but not be limited to) outcomes for patients; workforce; ways of working and organisation culture, costs and performance across the system.

2.5 Structure of this report

Chapter 2 explains the research methods used in compiling the case studies. The experience and results from four case study sites are presented separately in Chapters 3, 4, 5 and 6. Finally in Chapter 7 we look across all four cases to present an overview.

¹³ NHS, see <https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/pa-faqs/>

3 Method

The method to develop the impact case studies consisted of three elements:

- an initial scoping phase to develop a range of inclusion criteria and identify sites eligible to participate in a full-impact case study
- in-depth interviews with a range of stakeholders from each site, and
- desk research to identify any further evidence of impact not identified previously during the interviews.

3.1 Scoping interviews

An initial scoping interview was carried out with an appropriate contact in six settings that have implemented the same initial 2-day health coaching skills training for clinicians (Newman and McDowell, 2016). Calls of up to 45 minutes explored the objectives for health coaching, implementation and outcomes observed and the extent to which aims and outcomes may have changed over time. Based on the following inclusion criteria; organisation type, service type, delivery mode, and type of impact data collected, four sites were invited to take part in the full impact-case studies:

- **Blackpool Teaching Hospitals and the Fylde Coast Vanguard** – A vanguard site encompassing primary, acute and social care in the North West of England exploring new ways of organising and delivering health and care services, using health coaching to tackle the high level of patient demand.
- **The City of Leeds** – A city wide initiative in the North of England, involving multiple partners such as NHS organisations, charities and local councils, taking a person centred approach to reduce health inequalities and improve the quality and sustainability of services.
- **South Somerset Symphony Programme** – A primary and acute care vanguard site in the South West of England with a goal to support the health and wellbeing of patients by shifting the focus of care from a reactive crisis management model to one of preventative health care
- **West Suffolk Foundation Trust** - A trust proving acute and community services in the East of England, adopting a strategic 'pathway' approach to ensure patients consistently receive the same type of patient centred conversation.

3.2 Depth interviews with stakeholders

Four organisations agreed to take part in a full impact case. In total, IES conducted 16 telephone interviews, lasting approximately 30 minutes each, with a range of key stakeholders as nominated by the lead from each site. Interviewees were provided with a research briefing and were asked for informed consents prior to participating in an interview. Interviews were recorded where consent was provided and detailed notes typed up from recordings including quotes. In addition, interviewees were asked during the phone interview if they were able to provide IES access to any data, qualitative and quantitative, that further demonstrated the impact of health coaching. Where provided, the data was incorporated into the final case study.

3.3 Desk research

Desk research was conducted to verify claims made wherever possible and to identify additional evidence of impact that had not been discussed during the interviews. Where identified, the additional data identified was incorporated into the case study.

3.4 Development of case studies

Using the multiple data sources outlined above, organisational case studies were produced by the IES research team and approval to publish requested from each site. The following four chapters present the final four case studies:

- A health coaching service using patient activation measure to stratify in an integrated care system (ICS). The health coaching approach involved a 'train the trainer' model, using coaching in consultations, ground floor championing to spread and success measured with multiple methods - patient activation, friends and families and staff satisfaction scores and patient stories (Blackpool, Chapter 3)
- Place-based coaching approach including positioning and integration within overarching strategy of culture change across the City, a dedicated steering group model of introducing and driving the agenda forward and success judged at individual, organisational and systems levels (Leeds City, Chapter 4)
- Accredited health coach (non-registered staff) in primary care targeting specific patients as part of a much wider Vanguard programme, senior champions to support introduction and independent programme evaluation with quantitative, qualitative and econometric elements (South Somerset, Chapter 5)
- Usual consultations coaching approach involving a bottom-up internal clinician-trainers model of introduction, business case, chief executive advocacy, leader appointment and grant funding to spread within and beyond the organisation and success measured based on qualitative feedback and compelling stories from patients and staff (West Suffolk, Chapter 6).

4 Case study: Blackpool Teaching Hospitals and the Fylde Coast Vanguard

4.1 Background and context

In 2015, healthcare services across the Fylde Coast Vanguard were struggling with a high level of patient demand and too few staff to effectively deliver services. To address the problem, senior members of staff from both primary and secondary care came together to explore possible solutions: they decided to move from their existing ‘expert’ or ‘instructive’ model of care to one which was ‘patient-centred’. As a result, new models of community care were developed and a health coaching approach was introduced into health care services across the vanguard.

For the vanguard, the health coaching approach was designed to empower patients to manage their own health and wellbeing, achieve their potential, and self-manage their health conditions longer term. They aimed to move away from health professionals directing individuals on how to manage their own care, and towards a partnership approach based on a conversation which asks individuals how *they* would like to move forward. Part of the rationale for choosing health coaching was that it was perceived as very flexible and can be tailored to a specific individual, their need and context.

4.2 The journey to a coaching approach as usual practice

Six staff were initially trained to act as internal trainers in health coaching skills. The vanguard decided to begin small by embedding the approach in one specific role: the Health and Wellbeing Support Worker. They received positive feedback, which provided them with a framework to support implementation more widely. Feedback from health and wellbeing and support workers who undertook the training was very positive; they could immediately see the benefits of the approach and as early-adopters they were able to act as informal champions across their service.

‘There were a number of impassioned people spreading the word about coaching who caught the bug.’

Head of Locality

The champions were considered to be vital in supporting and contributing to the success of health coaching. As well as being influencers on the ground, they supported senior and team leaders to develop strategies to engage teams with the approach. As the vanguard valued the flexibility of the approach, teams across the division were able to implement it in a way that suited their specific context. For some teams, only specific staff attended the

training, whilst others trained everyone. Following the training, the champions continued to work with team leaders to gather feedback about the impact of the training on practice, and to further support them to implement new way of working.

'It's about finding different ways of working – some people only have five minutes with their patients. Sometimes it's about encouraging people to keep doing what they're already doing.'

Programme manager and champion

After the success observed with the health and wellbeing and support worker role, the approach has been rolled out across the community divisions, and is open to anyone who is interested in developing a coaching approach. At the time of writing (March 2019) the six internal trainers have trained almost 500 staff members, which represents around half the number of clinical patient-facing staff. Training has not yet been made mandatory, and patient-facing staff members have been the priority to date, but the aspiration of the Associate Director of Nursing is that everyone receives the health coaching training. Training will not be limited to health care professionals; managerial, governance and administrative staff will also participate. The vanguard aim to have trained all staff by March 2021 and to embed the approach into staff members' personal development plans.

4.3 Sustaining behaviour change

As a vanguard site, the champions feel they have been fortunate, not only because funding was provided for the initial health coaching training, but because they have been able to implement the health coaching approach in a strategic and systematic way. Blackpool believes that their approach has enabled successful behaviour change across the system. In particular, they identified four elements that have been influential in supporting change:

Actively advocating the approach

With the support of the Associate Director of Nursing, the champions had the opportunity to present about the training at the divisional board, advocating the health coaching approach. Many of the service heads recognise that things need to be done differently and are role-modelling behaviour. Leaders are using coaching techniques, and are working with staff to overcome to the approach. Additionally, they are role-modelling health coaching by asking staff to be involved, rather than telling them to attend mandated training.

'They are living by health coaching, and they are open about it. It is not a secret weapon.'

Head of Locality

'Ultimately rapport has to be built with the team leader because that's where the change happens. And what comes after can only support change that is already happening.'

Organisational Development Facilitator

Sharing learning

Blackpool encourages the sharing of learning at many different levels. As part of the vanguard, Blackpool shared their learning and challenges with other sites, and has received valuable insight from other sites who have adopted the approach. At a service level, training groups were made up of people from many different professions and services. It was felt that this helped individuals to understand other perspectives and begin to break down the barriers between services. At a team level, some practitioners didn't initially grasp what the health coaching approach was about. Due to the shared learning taking place among colleagues, there is now more enthusiasm about it and staff are a lot more engaged.

'It's also good to have a supportive mechanism around you when you are made to think about all the challenges you face on a daily basis. When people are allowed to express their daily challenges, they realise that it's valuable to find time for this.'

Organisational Development Facilitator

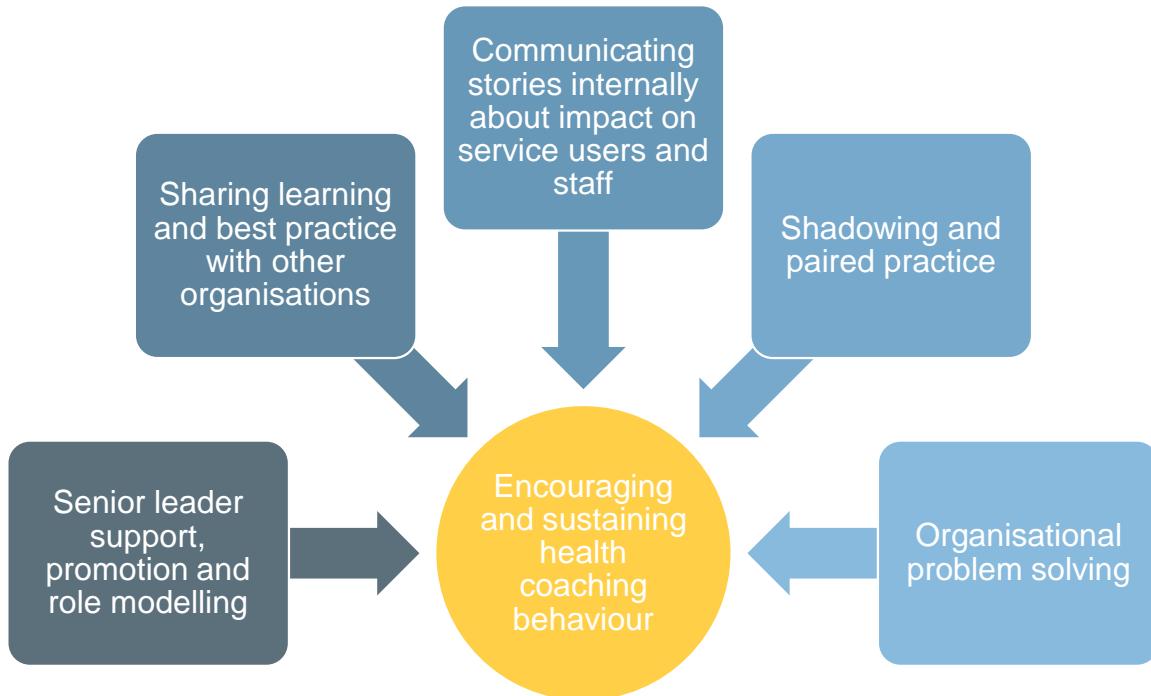
Sharing patient stories

To encourage some healthcare staff to become more engaged with health coaching, Blackpool collected evidence to demonstrate the benefits of the approach. Sharing patient stories helped to demonstrate the positive outcomes of health coaching, which led to staff becoming more invested in the approach.

Shadowing and paired practice

Staff have been actively encouraged, where possible, to shadow their colleagues who are already using the approach. It is not always easy to put health coaching into practice, and observing others who use the techniques has proved to be a valuable practice. Currently, three out of 11 teams have been able to pair up in this way.

Figure 1: Practices that encouraged and sustained behaviour change in Blackpool



Source: IES, 2019

4.4 The impact of health coaching

Even at this early stage, health coaching has had a significant impact, not only on patients, but on workforce. The success of the health coaching has been measured by staff satisfaction, the patient experience and Patient Activation Measures (PAM). Within the division, governance meetings always start with patient stories, and increasingly these feature health coaching and coaching conversations.

Increase in patient activation measures

Quantitatively the patient activation scores have shown improvement. For PAM level 1 there was an 85 per cent improvement in scores; level 2 saw a 67 per cent improvement; and there was a 67 per cent improvement across all four levels, representing over 1000 patients within the division¹⁴.

Feedback from patients, friends and families

There has been no adverse effect on short term scores. When new ways of working are introduced, complaints typically increase in the short term and friends and family scores can decrease in the short term because they represent a change to patients. However, since health coaching was introduced, there was no increase in complaints and the friends and family scores have remained static.

¹⁴ PAM scores Blackpool Teaching Hospitals NHS Foundation Trust 14/02/2019

Drop in referrals

In the Extensive Care Service the number of people referred to another service (for example elective surgery) has decreased. Blackpool believes this may be because patients have been more involved in the decision as to whether they require further treatment.

Lower numbers at A&E

Blackpool have identified that fewer people are presenting at A&E since health coaching was introduced. However, they acknowledge that it is not possible to attribute this entirely to health coaching. Blackpool believe that the number of frequent callers into GP surgeries could be reduced by health coaching; therefore, it could be useful to monitor this factor as it may provide insight into the impact of health coaching on reduced service usage.

Staff are using health coaching conversations to encourage patients to take more responsibility for the management of their medication. Conversations are focused around giving the patient a greater understanding of how their medication works, and it is assumed that this is likely to improve going forward. Therefore, Blackpool aims to measure the number of patients who arrive on the ward longer term with an understanding about the self-management of medication.

Positive patient outcomes

Patient stories are captured wherever possible. The case study below describes the positive impact health coaching had on a patient's health and wellbeing. This patient's PAM score increased from two to four during this time.

'I started this journey in January of 2017. Now at the end of 2018 I am four stone lighter and feel much more in control of my weight and eating habits. I feel much more positive and very proud of myself for my achievements. Looking back on my journey I know it is because I was involved all the way that I found the drive to keep going, being able to set my own parameters with the guidance and support of the team made all the difference...the team talked with me rather than told me what to do...Once you start being involved it becomes more personal. You are making your own decisions and realise that when something goes wrong it's down to you.'

Patient

Feedback from health care professionals suggests that the patients they treat are starting to become more active in their own health and wellbeing. This has been evidenced in the language they use when discussing their care. For example, health professionals support patients to create a personal care plan; since the introduction of health coaching, it has been observed that the language used by patients in these plans is more focused around self-care. Now, they are seeing more patients acknowledge 'I need to action...' rather than relying on the healthcare professional to give instructions.

Positive staff impact

Health coaching has also had a significant positive effect on staff. The champions have reported that staff members feel the approach has increased their skills and confidence. In turn, this has increased morale, as they feel they are able to make a real difference to their patients. The approach has also helped practitioners to realise that patients must also take responsibility for their healthcare.

'...they don't go home with the responsibility for patients' health as they might have done before.'

Head of Locality

Additionally, some staff feel that the approach has not only changed how they interact with patients, but also how they communicate internally with colleagues.

'It's also challenged us in the way we manage and communicate with staff because we've had to take a different approach as well.'

Organisational Development Facilitator

Figure 2: Observed positive outcomes associated with health coaching



Source: IES, 2019

4.5 Challenges and barriers

Blackpool identified a few barriers they have faced since embarking on their health coaching journey.

A gradual process

As with many healthcare interventions, Blackpool understands that the implementation and desired behaviour change will take a long time. Whilst they are still early on in their journey, they can see the difference health coaching has already made.

'This is better than what we were doing six months ago...sending patients out with a bag of medication and assuming sometimes that they really understood how that medication contributed to their overall health and wellbeing.'

Associate Director of Nursing

Outcome measurement difficulties

Despite all the wonderful stories Blackpool has gathered, it has proved difficult to objectively measure the impact of health coaching. Staff members have reported that health coaching has led to better medication management, improvements to patient's physical conditions and better trust between professionals and patients, even in a client group who are difficult to engage and are regarded as particularly non-compliant.

'But measuring that [the observed outcomes] tangibly has been very difficult to do.'

Associate Director of Nursing

'We are asking people who have been practicing in a certain way for many years to do things in a different way which takes time...Also a lot of our patients have complex lives and health conditions so change is not always quick to measure and show that. Finding the right metric was therefore a barrier.'

Organisational Development Facilitator

Changing mind-sets

The mind-set shift for both staff and patients has not been without challenge. The lack of time and resources available means some teams are struggling to make the change and adopt a new style of working. Additionally, there are some patients who are struggling with health coaching as a new approach, as they feel they are not getting what they want from their healthcare professionals.

Continuing to innovate

Although health coaching has been implemented in Blackpool for two years, they still feel as if it is 'early days'. The champions acknowledge that there is a lot of work yet to do in order for the approach to become 'normal practice'. They are taking small steps to change the culture, but time and workload pressures make this difficult. Despite the challenges, Blackpool believes that the focus needs to be on the culture that is being created. To support the cultural change, they will continue to engage with vanguard and wider medical workforce. Sharing patient stories has been a very successful way to communicate the impact of the approach.

'Everyone needs to take on that health coaching approach.'

Organisational Development Facilitator

Health coaching is also being utilised within the workforce. The Associate Director of Nursing is looking at using health coaching in relation to the management of sickness absence, the management of stress at work and the resilience of staff. They have a vision that health coaching, with buy-in from occupational health, can be used to develop and support staff internally as part of their care model.

5 Case study: The City of Leeds

5.1 Background and context

In 2010, the city of Leeds was working closely with NHS England on the integration of health and care, with three main priorities: risk-stratifying the population; developing integrated health and social care teams; and embedding supportive self-management. As a result, Leeds implemented a Collaborative Care and Support Planning (CCSP) model based on the Year of care approach, which changed the way primary care supported people living with long-term conditions to a more person centred, holistic approach. As they were starting to embed the model, they were contacted by Health Education England (HEE) about adopting a health coaching approach.

Many organisations across the Leeds system – from NHS to third sector – were interested in taking health coaching forward within their organisations. The interest in the approach enabled the city to secure funding from HEE to start conversations about a city-wide approach to health coaching, initially with the aim of embedding this within each of the main provider organisations. A co-ordination group was established and it became clear that they needed to consider how both the different organisationally based work on health coaching and other similar approaches such as CCSP in primary care, and strength based social care, needed to be more connected. They spoke to stakeholders across health and social care and third sector in Leeds about the ways that health coaching integrated into their current models of practice, and asked for views on how Leeds could adopt a system-wide approach to ‘working with’ people. Whilst organisations had individually implemented a range of discrete interventions, there was a real demand for one common approach across the system that would pull everyone together.

5.2 The business case for a city wide approach to health coaching

The steering group slowly started to develop a business case to support a system-wide approach to health coaching. The feedback they received from stakeholders in the system was that, whilst they saw the real value of health coaching, they wanted something that slightly deviated from and widen the traditional approach. There was a concern that health coaching was too ‘medical’ in its content, and – as they were trying to target the Leeds system more broadly – the approach needed to be more inclusive for the benefit of the varying professions and specialities, and most importantly to provide one approach for ‘working with’ the people of Leeds.

Since 2013, over 400 people have been trained in health coaching and various pilots had taken place. These pilots showed that the approach was successful, and that those who

had been on the training really valued it, as 93 per cent of attendees would recommend the skills day¹⁵. However the ‘train the trainer model’ was not sustainable in the long-term as organisations didn’t have the capacity to release time from their employees’ day jobs in order to deliver the training. The pilots also identified that simply sending people on training courses was an insufficient approach to affect change; to be successful, the training must be supported and embedded by a central team. The major gap identified by frontline staff was not to dismiss the different approaches within each profession/target group, but to start to build a common culture and skills base that could be utilised by everyone

As a result, the energy of the co-ordination group evolved locally into driving forward ‘better conversations’. ‘Better conversations’ was defined as a person-centred approach of ‘working with’ citizens across a number of health and care programmes, which acknowledges their strengths and aims to improve quality of life and support independence. The city of Leeds wanted it to be the ‘golden thread’ that ties their health and care strategies together.

5.3 The journey to better conversations

A better conversations steering group was convened, consisting of representatives from services across the Leeds health and care system who were focused on developing the better conversations training package. Their core aim was to produce something that was neutral in language, works across the city, and doesn’t alienate any large parts of the system. They were trying to move away from the tribalism that can be present in health and social care. The steering group was successful in a business case for iBCF funding of over £1m for 3 years to drive forward this approach.

The implementation of better conversations is designed to be delivered in two phases. The first phase consisted of a one day training course, which aims to develop the knowledge and skills required to adopt a person centred approach. The city has a team of five who are responsible for delivering the skills training across the whole health and social care sector in Leeds. The second phase is a period of supported ‘embedding’ of skills and knowledge within the service or organisation. Whilst the embedding phase is still under development, the aim is to work with local teams to support them implement and embed a person-centred way of working. The support could range from how teams work with service-users to adapting operational process. The embedding phase is considered vital to ensure the city adopts a constant approach, which is also tailored to the operation practice of each specific different service.

Better conversations also targeted the ways that health and care professionals communicate within the system. Very often in health and care, each profession or specialism has its own language. The team identified that an important outcome of the approach is that professionals talk to each other in a language that everyone understands; this will enable professionals to effectively share information and reduce

¹⁵ Evaluation conduction by the City of Leeds

barriers between the services. In turn, this should positively impact the service user by reducing the number of times they need to tell their story to the professionals they meet on their journey through the system. It is this 'citizen focus' rather than 'patient focus' that Leeds believes will motivate systemic change.

The training started in November 2018 and initially engagement by different services has been mixed, especially with the embedding work. Some areas show real appetite for the work, whilst for others it's been more difficult. There were certain challenges in engaging teams or leaders who felt that they already demonstrated and applied the better conversation skills; however, after attending the training these people frequently pointed out that, in reality, they were not as competent as they initially thought they were. Demonstrating and role-modelling the approach were effective tactics used to entice people to attend the training. It was also important to ask teams what they felt ready to do, rather than acting as the authoritative expert with a hard-line approach to training attendance.

Better conversations is still in its early phases (April 2019), and already over 50 better conversation skills days have taken place 600 people have attended the training. However, the steering group are paying a great deal of attention to how the skills and approach will be embedded across the system after the training. For Leeds, this is a culture change project which will enable them to become the best city for health and wellbeing. Their aim is to see systemic change at the individual, team, organisation and system levels, and they have devised a number of strategies to realise this goal.

First, better conversations is integrated within the Leeds Health and Wellbeing strategy, and the Leeds Health and Care Plan.

'If it's just a lonely voice it's really difficult to move forward; it really needs somewhere to sit.'

Senior manager

Second, there is a dedicated multi agency steering group designed to drive the agenda forward.

'That group knocks on many doors and speaks to system leaders. It has reps from across health and care, from district councils, social care, CCG, community health, to ensure the approach isn't done in isolation in different organisations. The steering group is the gel that kept it all together.'

Senior manager

Third, they are supporting teams and clinical care pathways to embed their new skills and process consistently across the system.

'A patient might not just touch one particular service; they will touch a range of services so the idea is that you have the golden thread of a conversation throughout that patient's or citizen's journey.'

Service delivery manager

The on-going work to embed the strategy is very bespoke as it focuses on what individual teams want and need. Whilst they are at the beginning of this journey, they have a number of ideas about what team-working will look like in the future, including: the setup of peer review networks; shadowing opportunities; and 'review and feedback' sessions.

'Yes there is the one day skills offer as a package but it's about how they then take that into their work about how they apply it. You can create a skills day, but without the embedding process and helping people apply those skills then it's worthless.'

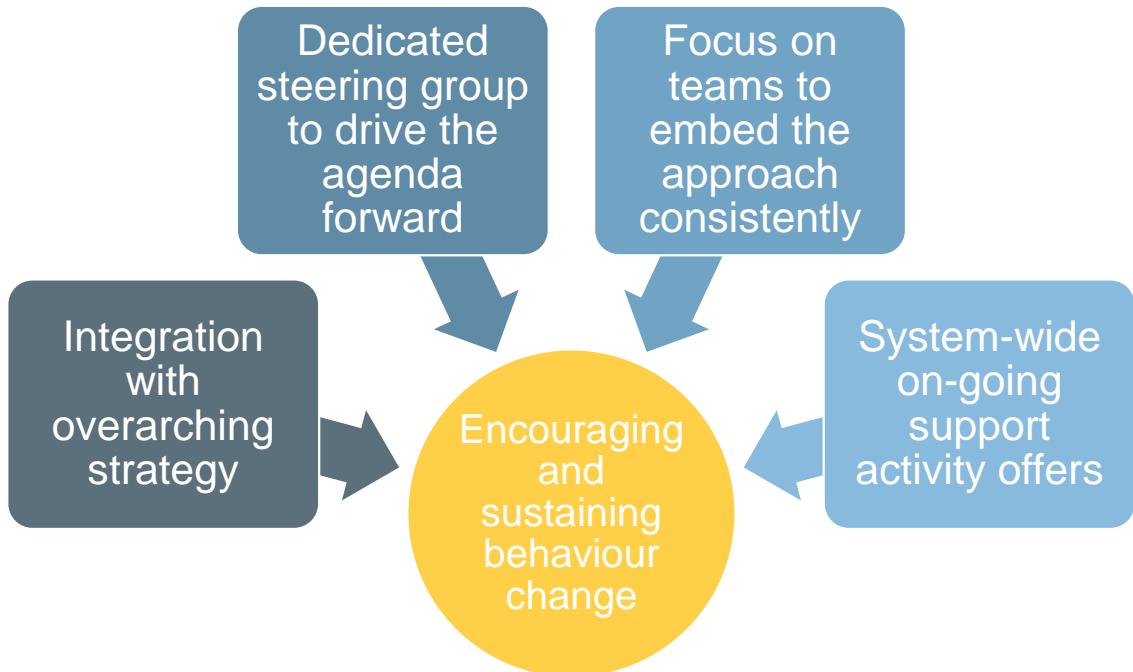
Service delivery manager

Leeds is committed that Better Conversations is part of a much wider culture change approach to 'working with people' within the city. As well as health coaching, the holistic approach includes initiatives such as strength based social care, restorative practice, shared decision making, collaborative care and support planning, advanced care planning and making every contact count.

'Our aspiration is the 'working with' approach is inherent in everything we do – it's just the way we work in Leeds.'

Senior manager

Figure 3: Practices that encouraged and sustained behaviour change in Leeds



Source: IES, 2019

5.4 How the impact is being judged

As Leeds are still very early on in the better conversations journey, they are spending time thinking about their approach to judging the success of the initiative. For them, success can be viewed at three levels.

1. Every individual should feel supported, have collaborative conversations, and work on what matters to them.
2. At the organisational level the collaborative approach won't only be outward-facing. Colleagues and peers will have these better conversations with each other, as well as with their patients.
3. For the system as a whole, the approach will have been implemented consistently and have longevity- 'working with' people being the way Team Leeds operates. It cannot be 'here today, gone tomorrow'.

The group are thinking very carefully about how they will measure these outcomes, and have spent significant time designing the evaluation materials, supported by a joint NHS and City Council evaluation service. A robust, mixed methods evaluation is due to start in 2019. For example, there is an electronic evaluation form that trainees complete at the skills days, and that will be repeated at four, eight, and 12 months post-training. It will measure the key dimensions of a 'better' conversation and the practical skills developed on the training. The evaluations follow up on the dimensions of the conversations, to see how trainees feel they are progressing in terms of not just the frequency that they have better conversations, but also as their ability to apply the skills. There will also be other measures of evaluation, such as focus groups with the staff and public and questionnaires for members of the public who are accessing services. All of this is driven by the original outcomes that they set:

1. Put people at the centre of all decisions
2. Actively listen to what matters most to people
3. Start with people's lived experience
4. Work as partners to achieve individual goals
5. Be restorative and offer high support and high challenge
6. Build on the assets in ourselves, our families and our community
7. A focus on what's strong rather than what's wrong

Anecdotally, culture change has already been observed since health coaching was first introduced back in 2013. Initially, whilst people valued the training, they thought that it would be too time consuming or costly to introduce into their organisations. However, people are now '*totally bought in to*' the approach and don't look for any barriers to implementation. The team attribute the change in attitude toward the approach to the success stories which are being shared around the system.

6 Case study: South Somerset Symphony Programme

6.1 Background and context

In October 2014, the NHS Five Year Forward View set out a new shared vision based on seven new models of care. In January 2015 the NHS invited South Somerset to be one of the Primary and Acute Care Systems (PACS) Vanguards, as the South Somerset Symphony programme ('The Symphony Programme').

Early on, the Symphony Programme collected data showing that 50 per cent of their healthcare resources were being used by only four per cent of the population and a high proportion of these users were older adults living with a number of long-term health conditions¹⁶. In a climate of diminishing finances, it became a priority for South Somerset to adopt 'significant and radical change'¹⁷ in order to provide effective care whilst reducing the demand placed on NHS services. Health coaching, with its focus on improving capacity for individuals to look after their own health and wellbeing, was seen as a solution to support both of these goals.

In 2015 The Symphony Programme and Yeovil district hospital began implementing health coaching. The goal was to support the health and wellbeing of patients and people in the area by shifting the focus of patient care from a reactive crisis management model to one of proactive preventative health care. There was also a wider desire within the NHS to '*balance the books*' given the financial difficulties facing the service at the moment, within the broader context of worsening public health.

6.2 The journey to embedding health coaching as a role for some staff and a skill for all

6.2.1 Introducing and embedding at scale

As part of the Enhanced Primary Care aspect of the Symphony Programme health coaching within primary care was implemented, aiming to support those with those patients with, or at risk of, long term health conditions. Firstly, they developed the role of an accredited health coach. Designating a specific health coach role was a core feature of the intervention and was designed to give primary care practitioners 'the headspace to be more proactive in the delivery of the care'. The role was initially developed for non-

¹⁶ South Somerset Symphony Vanguard Evaluation report, October 2018

¹⁷ Ibid.

registered individuals working in primary care, with the role combining health coaching, care coordination, navigation and establishing links to the community.

To embed the health coaching approach on a wider scale, the two day health coaching skills training was opened up to all staff working in primary care. Although everyone was encouraged to participate in the training, it was not made mandatory. A series of master-classes and half day seminars were held to raise awareness of health coaching as a practice and a skill set and to encourage participation. The Symphony Programme believed that training a critical mass would mean that service users receive a consistent health coaching approach by all the professions they come into contact with, hopefully leading to better outcomes.

The training for health coaches was the two day health coaching skills course, followed by catch-up sessions and forums where health coaches could support one another. There was some initial difficulty filling the courses, not due to a lack of interest, but because it was difficult for staff to release time for training. To address this, Symphony Programme champions worked with the Somerset-wide health education trust to advertise training opportunities across the entire county, which meant attendance increased, again through self-referral. After South Somerset introduced Patient Activation Measures (PAM) in 2017 a significant increase in training self-referral was observed. This was attributed to increased awareness of the positive impact of health coaching on activation levels. Since 2015, nearly 300 people have been trained in health coaching skills, over 100 of which have been working as health coaches or similar roles such as wellbeing advisors or health connectors).

The Symphony Programme saw the value in health coaching, both as a role, but also a skill which can be used by all healthcare professionals.

'Health coaching training provides those that have not yet had that exposure to gain the necessary skills through patient facing work or those who are experienced but have not considered the potential of a coaching style in patient treatment with these skills. The skills relevant to health coaching are embedded in certain roles but these skills can also be of use to those in roles where the usefulness of a coaching approach is less self-evident. Health coaching should not be considered a standalone service but rather an approach to be integrated into a variety of different health practices.'

Health coaching lead

6.2.2 Motivating and sustaining change

The Symphony programme identified a number of enablers which helped embed the health coaching approach and sustain behaviour change in the Vanguard.

External support for health coaching

The implementation of a health coaching approach has been well supported by Yeovil District Hospital trust, the complex care team and also by the 17 primary care practices involved, largely due to the external support from the vanguard programme. The hospital

executives embraced the approach under the vanguard, and allowed various lead staff the freedom to complete the training.

However, one of their primary challenges is to secure on-going funding to ensure the long-term implementation of the programme. Funding from the vanguard has come to an end and, though they are not yet at the stage of re-commissioning the programme, the hospital trust has maintained its funding for the time being with additional support being provided by Somerset GP Education Trust. Health coaching is written into the county wide Sustainability and Transformation Plan (STP) but, due to the on-going clinical services review, health coaching's future at the trust is uncertain.

Peer support

It was important for medical practices to train multiple staff members in health coaching, which helped to encourage its full integration with colleagues. It has also proved valuable to assign a health coaching lead that can champion the training, inspire other practitioners, and help their colleagues and patients to understand the benefits of the health coach role.

Additionally, the health coach can act as a set of eyes and ears for GPs, thereby providing continuity of care between the GP, health coach and patient.

'Many interviewees reported that health coaches were 'open to engaging with other health care professionals as much as possible to enhance care' and sought to undertake 'bridging work' between decision makers (GPs) and those enacting the support for patients (health coaches and other health care staff).'

South West Academic Health Science Network (SWAHSN) report¹⁸

It is essential for GPs to support and value the health coach role in order to ensure the initiative's success.

'They are vital and we need them involved.'

General Practitioner¹⁹

It is important to provide sufficient space and time to develop the health coach role, and according to the SWAHSN evaluation, 'practice managers felt approximately three months was needed for this process.'²⁰

Positive behaviours of health coaches

The success of The Symphony Programme is described as having been in part due to the effective behaviours of the health coaches e.g. taking time to investigate issues with

¹⁸ SWAHSN report, page 7, October 2017

¹⁹ SWAHSN report, page 4, October 2017

²⁰ SWAHSN report, page 7, October 2017

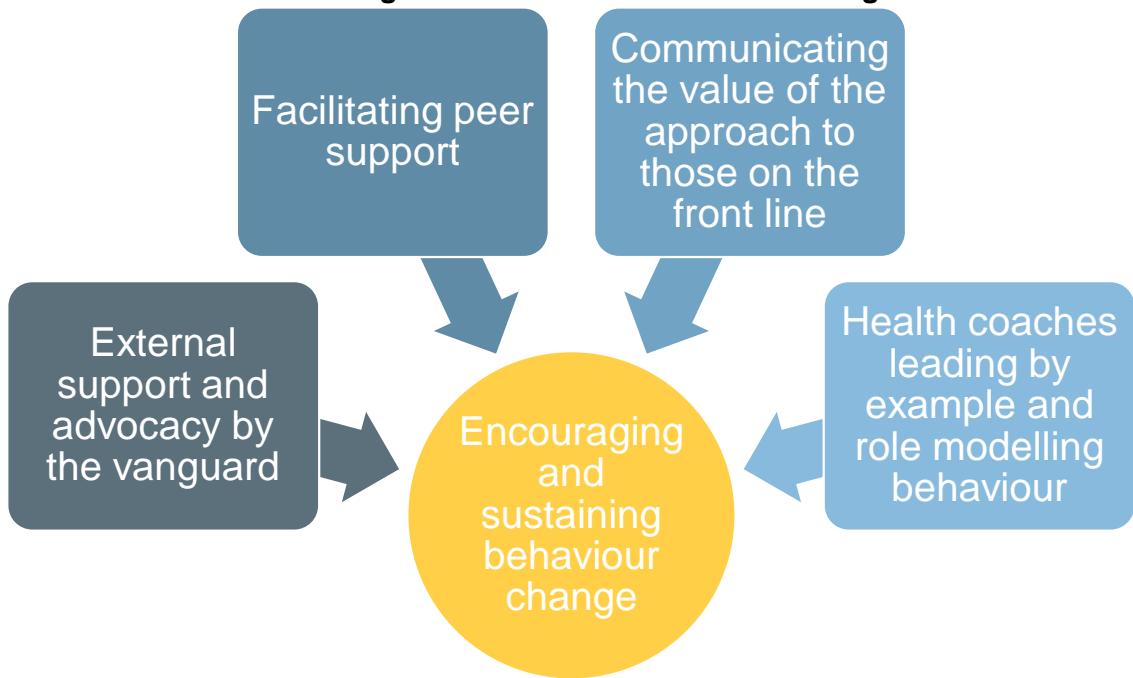
patients and approaching work flexibly. Health coaches have used coaching skills such as active listening, specific coaching techniques such as motivational interviewing and TGROW and have also incorporated PAM scores as a consultation discussion tool where appropriate. Multi-disciplinary team meetings, known as 'huddles', have proved to be effective for the integration of health coaching and to bridge the gap between primary and secondary care. These huddles involve the entire primary care team including health coaches, the complex care team who work across primary and secondary care, plus other relevant professionals from social work, district nursing, voluntary sector organisations and integrated rehabilitation teams.

'Some of the most important work often happens during the huddles.'

General Practitioner²¹

The use of health coaching is also believed to have improved rapport with patients and health coaches have generally been willing to take on multiple responsibilities (e.g. signposting, empowering, patient activation, and patient advocating).

Figure 4: Practices that encouraged and sustained behaviour change in Somerset



Source: IES, 2019

6.3 Impact and outcomes

Between 2016 and 2018, an independent evaluation, of the entire South Somerset Symphony vanguard programme, with quantitative, qualitative and econometric elements, was carried out by SWCSU in partnership with SWAHSN and York University. This

²¹ SWAHSN report, page 9, October 2017

independent evaluation was conducted to assess the success of the programme and whether it has delivered a sustainable model of primary care. The issues the evaluation addressed were:

- the impact the vanguards are having on patient outcomes and experiences;
- the effect on the health of the local population; and
- The positive and negative consequences of the new model of care.

Impact on patient outcomes and experiences

Findings from the SWAHSN evaluation showed that patients' resilience and confidence to self-manage had improved since the introduction of health coaching; they also experienced a reduction in social isolation, an increase in positive lifestyle changes and weight loss. General improvements on tailored patient outcomes, patients' resilience, an increased confidence to self-manage and positive lifestyle change have all been observed. Patients were highly satisfied with services received in 2017-18 and improved patient wellbeing was reported.²²

PAM scores have also been used as a consultation tool to judge the starting point and direction of goal-setting and coaching work. It was used at differing levels across the practices and where it was being used it was 'widely praised'²³.

In addition, it is believed that health coaching goes some way to provide a means of achieving an 'equitable' personalised service, rather than an 'equal' service, which gives the same care to all despite a wide range of needs.

Effect on the local health system and the health of the public in the region

'Population level data shows reductions in non-elective bed days and stable levels of emergency admissions in South Somerset...Avoidable attendances at A&E appear to have been reduced and all metrics related to Emergency Bed Days and/or Length of Stay point towards a successful shift of activity towards Ambulatory Care.'

Extract from the South Somerset Symphony Vanguard Evaluation

As further evidence of the potential impact of the Symphony interventions, there was a 45 per cent reduction in 12 month mortality rates in respiratory patients and a 29 per cent reduction in CHF patients in South Somerset. It is difficult to attribute this directly to the Symphony programme, but it is '*...suggestive evidence of the potential impact of the Symphony interventions'*²⁴

'The population level data shows positive trends compared to the rest of the country showing optimism that the care models put in place have made a positive impact.'

²² SWAHSN report, 2018

²³ SWAHSN report, page 9, 2017

²⁴ South Somerset Symphony Vanguard Evaluation report, page 6, October 2018

Extract from the South Somerset Symphony Vanguard Evaluation

However, it should be pointed out that the impact evaluation has proved to be challenging due to the evolving nature of the interventions and the fact that the vanguard sits within a health system that is undertaking significant programmes of work.

Benefits of health coaching on staff

There is evidence that the programme has led to an improvement in workplace environment and staff wellbeing. Practice managers reported that the stress levels of their GP colleagues had diminished as a result of health coach work, and also highlighted the fact that they were managing their appointments more effectively²⁵. The introduction of health coaches also led to a reduction in GP workloads, as patients had an alternative mode of support:

'Because I had access to her [health coach] I was able to avoid appointments with my GP. She [health coach] would say "well I can support you with that or speak to the GP about that for you" and this helped me not to phone my GP.'

Patient²⁶

'I've heard that patients are asking to speak to a health coach rather than their GP for minor or continuing self-management issues. But the coach still knows there's back up if they need it from the practice.'

Practice manager²⁷

From a service perspective, health coaching training has provided participants with the opportunity to efficiently develop skills that are typically gained through many years of on-the-job experience.

Positive experiences of health coaches

Health coaches have provided feedback advocating use of the approach. Evaluation data shows that 80% of cases handled by health coaches were considered successful patient interventions²⁸. Testimony from a health coach identifies that their intervention has the ability to reduce the demand placed on other services:

'He was collecting medication from the pharmacy but not taking any of the medication so his condition was up and down. When I realised all the unused medication was in his kitchen cupboard I talked to him about why he didn't take his medication and we managed to iron that out. I know that we had saved a hospital admission that day.'

²⁵ SWAHSN report, 2018

²⁶ SWAHSN report, page 12, 2018

²⁷ SWAHSN report, page 8, 2018

²⁸ Ibid

Health coach²⁹

From the perspective of a practitioner, health coaching has provided additional tools with which to treat patients and a structure for strengthening and validating their existing skills.

Supporting system wide change

There is good evidence that health coaching, as part of Enhanced Primary Care, is meeting this aim of being '*seamless, person centred and well-integrated*'³⁰. In spite of various challenges, health coaching has been widely and successfully integrated across the vanguard. Health coaching has had a positive impact of capacity within the trust. But it cannot, and has not, solved every problem - there still aren't enough GPS for instance - but it has made a contribution to improvement of the health service in the region.

Figure 5: Observed positive outcomes associated with health coaching



Source: IES, 2019

²⁹ Ibid.

³⁰ Ibid.

7 Case study: West Suffolk Foundation Trust

7.1 Background and context

West Suffolk Foundation Trust (WSFT) provides acute and community services in the East of England. In 2014, when WSFT was providing acute services only, two physiotherapists became the trust's first accredited health coaching clinician-trainers thanks to a pilot train-the-trainer programme funded by Health Education East of England. Their accreditation coincided with the appointment of a new chief executive who was also an advocate of health coaching. This led to a desire for a more strategic 'pathway' approach to ensure patients consistently received the same type of conversation.

An important first step was to define what health coaching meant within the context of the organisation. For WSFT, a health coaching approach is '*having a different type of conversation with people in a way which supports and allows them to take ownership of their own care*'. In practice, it's about the way you interact with patients, which offers them the opportunity to take more responsibility and draw upon internal resources. However, WSFT acknowledged that clinicians still have an important part to play in that conversation and at times they have to offer advice.

In 2015, the business case was presented, which included impact data from other organisations and the initial internal feedback from those who had been through the training locally. It was the internal perceptual feedback which proved very persuasive for the board. The board realised that health coaching had the possibility to not only improve patient outcomes, but also enhance the wellbeing of their staff. The trainers felt that the business case they developed was vital for gaining momentum, as it was at this point that '*doors started opening*' for the team, whilst before they were '*trying to swim upstream*'. The business case also motivated some members of the senior leadership team to attend the training in order to further their own understand of the concept and to personally experience the impact of the training.

'It's very difficult to tell someone what you leave the training with because it's experiential. We feel that [the attendance of the senior leadership team] has been key.'

Health coach and team member

7.2 The journey to a different type of conversation with patients

Once the business case was approved in April 2015, the two physio/clinician-trainers alone initially grew the initiative from the ground up whilst also managing a patient workload. Their vision was for all clinicians to have a different type of conversation with their patients, as opposed to a separate workforce being brought in to deliver a health coaching 'service'. This was an important distinction to make as, over time, every clinician has contact with thousands of patients, and training a whole pathway gives patients the opportunity to have the same type of conversation with everyone along their journey. The better conversations approach was thought to be the '*best of both worlds*', as it combines coaching skills with clinical knowledge and expertise.

The new chief executive, seeing an opportunity for health coaching to become more strategic and with a vision to try to join up similar sorts of well-being initiatives within the trust, appointed a public health registrar to shape the vision and take on leadership of the programme. In addition to the two original clinician-trainers, it was at this point that a third trainer, along with an administrator, joined the team. The appointment of a formal leader was described a turning point; it provided much needed momentum and vision whilst enabling the trainers to focus on training delivery and supporting the use of the skills in practice.

'She completely believes in the approach and can see its applicability across a wide variety of services. She has the strategic vision and the skills to turn it into reality.'

Health coach and team member

In 2016, the acute trust merged with the local community trust, and from that point they started training clinicians working in the community setting. They had become a border alliance and were training on a much broader patch. The team also secured a Challenge Fund grant in 2018, which enabled them to spread beyond the health sector. Most recently, WSFT have been training social prescribers and local area coordinators, as well as speaking to people in the councils about the approach.

'It's in its infancy at the moment, but we are starting to get much more of a drive in the community setting.'

Health coach and team member

From the outset, the team felt very strongly that attendance on the training should be voluntary; people must want to do the training for it to be as successful as possible.

'We have taken the approach if people are coming forward for it they are already in the frame of mind to take the concept on board.'

Health coach and team member

Therefore, the team use a variety of marketing techniques to highlight the benefits of the approach and encourage people across all disciplines to attend. In the first 12 months

they spoke with as many teams and people as possible, whilst over the last few years they have spoken at multi-discipline events. Word spread as clinicians began to see the benefits of health coaching, and many people started self-referring onto the training. To date, the team have trained over 400 people from a wide variety of specialisms, from social prescribers to GPs.

7.3 Actions to sustain behaviour change

It is not just behaviour change on the part of patients which is important. The training itself was designed with sustained behaviour change in clinicians in mind. Many people arrive thinking ‘I do all this stuff already’ but soon become aware that there are areas that can be developed. Therefore, there is an initial day to learn the basics, a week break to reflect on and use the new skills, followed by a final day of training to stretch and consolidate learning. To support trainees in embedding the new skills when they are back in their day jobs, the team offer a number of options for on-going support. Firstly, everyone is invited to a two hour Continuing Professional Development (CPD) session as an opportunity to refresh their skills. Secondly, drop-in sessions are available where people can practice their skills or share any issues they have had whilst using the techniques. More recently, the team have been working with specific services and teams to help them embed health coaching practices into their services. It’s this final approach that the team are eager to do more of, and which will help to embed the techniques across the systems and drive culture change.

The activities undertaken by the health coaching team are only part of the story when it comes to behaviour change. The team identified a number of organisational enablers which they saw as vital to their success:

- Supportive and positive senior management

‘We seem to have been quite lucky all the way along as we have good supportive managers who totally get the concept and see the benefits of it. Without them on board we would have got nowhere.’

Health coach and team member

- The quality of the training

‘It’s really cleverly written. It’s so clever and so different from normal training. The quality of the training speaks for itself but that helps us get people interested.’

Health coach and team member

- Enthusiastic and positive staff

‘It really feels like people are ready for this training. The word of mouth spread and just the energy of people, we have had energy from the bottom to the top. The power of word of mouth of people going back to their teams means we don’t have to sell it. It sells itself.’

Health coach and team member

■ Strategic alignment with the trusts' and national priorities

'The timing has tied in well to the strategic priorities to the organisation and nationally, as it does align with the five year forward view. What we noticed was that the people coming on to the courses now are at a more advanced stage of thinking around self-management than they were four years ago when we started. It feels like we are starting to get a little bit of system change.'

Health coach and team member

The journey, however, has not been without its difficulties. A major barrier has been releasing staff at the same time to participate in the training; filling all 20 places available on each training session has been a challenge. This has a financial implication, as the costs are the same to the trust regardless of the number of staff attending. Additionally, whilst WSFT has been very positive in regards to funding, the impact of health coaching tends to be long-term and is very difficult to isolate. Therefore providing 'hard evidence' for up-front funding can prove tricky.

'On the whole, we have been very lucky, but one of the things we are always fighting against is that you are asking for upfront investment for longer term gain. However, the trust has been very good about this.'

Health coach and team member

Figure 6: Practices that encouraged and sustained behaviour change in West Suffolk



Source: IES, 2019

7.4 The impact of health coaching

From a financial perspective, WSFT have found it very difficult to demonstrate impact, and there is a perception of very little national data to draw on. However, numbers are just one side of the story. WSFT have collected a wealth of feedback and patient stories, and have observed changes in the way people work that demonstrate the positive impact of health coaching in the system.

7.4.1 Increased positivity and resilience in staff

The team have noticed that clinicians are very enthusiastic when they come out of the training, with 98 per cent reporting they would recommend the training to others. Not only this, 100 per cent stated that the training has impacted their resilience to some degree³¹. In verbal feedback, people were commenting that they 'don't feel guilty for not fixing my patients now', 'the pressure is off my shoulders' and 'I feel like I'm sharing responsibility'. The team believes that the training played a fundamental role in enabling clinicians to become more resilient and to reduce the heavy feelings of responsibility.

'The health coaches themselves felt the massive personal and professional benefit of learning a set of skills which gave them the resilience they were lacking, gave them a new set of tools when they were often feeling they were burnt out, and they have the personal experience of not having to be the fixer anymore and making that paradigm shift to shared responsibility.'

Senior management representative

'People report that they would have left the profession because they were so exhausted and disenchanted. But having their eyes opened to a new way of working was what allowed them to continue to be the professional they have trained to be.'

Senior management representative

7.4.2 Positive shift in organisational culture

In parts of the organisation where everyone has been through the training, they have seen a shift to a much more positive coaching culture. This is reflected in how people behave with one another and their patients. For example, specific teams are incorporating coaching approaches as part of their team meetings. However, clinicians are struggling with the pressures they face every day, which makes it difficult to implement the changes into their clinical work. WSFT are continuing their work to understand how best to support people in incorporating health coaching into their everyday work.

'We have committed to getting a consistent value set across the organisation.'

Senior management representative

³¹ Source: internal post-training survey

7.4.3 Patient experience and outcomes

WSFT have collected many powerful stories from those who have benefited from health coaching.

Respiratory physiotherapy

A respiratory physiotherapist worked with a 68 year old gentleman with breathlessness, which had previously been referred for exercise but not gone through with it. His condition had not improved and he was angry and frustrated. They had a discussion around his goals, his barriers to exercise and what he felt he could do to move things forward. Health coaching shifted this gentleman from someone who was very angry and frustrated to someone who was much happier and calmer, had accepted his condition and seemed motivated to carry out his self-identified plan of action. What's more, because this gentleman was motivated to self-manage more effectively, he was discharged from the Respiratory Consultant's care.

Community nursing

A community nurse working in palliative care was seeing a client who was struggling to cope. He was becoming increasingly dependent on his parents, who were his main carers. As a result of her health coaching training the nurse described her new approach: 'I took longer to explore the options with the client and the parents as the main carers. I was confident in feeding back options and gaining patient choice. I did not feel responsible for making change happen but much more focused on how to facilitate change at the client's own pace. I feel that using this approach helps to separate the person from the condition/behaviour and enables the individual and the clinician to see more clearly the direction of change required. I have found that the health coaching course has had a positive benefit on myself as a clinician and as well as on a personal level. I think it has helped me to think more clearly. It has been beneficial to my patients as it has increased their involvement in their care – especially those who have difficulty in engaging with services due to poor communication skills or who lack insight. It has helped my team as I am clearer in my communication. I also feel my personal resilience is stronger.'

Cardiac rehabilitation

A physiotherapist saw a 46 year old gentleman for a cardiac rehab assessment following a heart attack. He lived a very sedentary lifestyle in a high stress job. The physiotherapist described his journey due to health coaching: 'We had a health coaching conversation which gave him the time and space to think, and by prompting him with the right sorts of questions the gentleman was able to come up with all of the ideas about how to move forward. By the end of the conversation he reported feeling motivated to make changes and as though he had some clarity as to what he needed to do to make the changes. A week later he had gone from doing no activity to walking a half an hour most days. After six weeks he was walking half an hour at least once a day, every day. He had begun cycling and had plans to start swimming. He commented, "I used to need to rest for a couple of hours if I walked into town at the weekend but now I enjoy my walk to town." When asked what he felt had prompted this series of positive changes he said that he absolutely felt it was triggered by the health coaching conversation that we had had. He even said he was trying to use similar questions with friends and family to encourage them to make positive changes. He said, "It made me realise how much we make excuses for not doing things that we know we should be doing."

Figure 7: Observed positive outcomes associated with health coaching



Source: IES, 2019

7.5 Continuing to innovate

Whilst WSFT have found it difficult to objectively measure outcomes, they are continuing to persevere. They have recently been awarded some patient activation measure (PAM) licences, so embedding PAM usage is the next phase they are about to embark on. As well as being an outcome measure, they hope PAM will enable coaches to tailor their approach to someone's activation level and motivate patients to become more active in managing their own care.

'We are introducing the PAM with our staff that are consistently using the techniques; we won't have a control group because the techniques are already being used, but we are hoping this will help us describe the changes over time.'

Senior management representative

8 Discussion

As with any innovation, especially in a context as complex as the NHS, the spread and rate of change can be slow³². At the outset we considered that the four sites included in this research were second wave adopters of the health coaching approach and as such play a significant role in proving the evidence of impact required to encourage successful uptake across the NHS. The case study sites themselves however, despite reported successes, were clear that they regard health coaching as still in its infancy in the NHS with themselves as early adopters with still much to learn.

It was interesting that the health coaching journeys experienced by each site included in this research have varied widely, despite all receiving the same initial training.

8.1 Adoption and innovation

8.1.1 Different positioning and conceptualisation

From the case study write-ups, we can see that each site had adapted the approach to meet their needs and achieve their desired outcomes. Identifying the context and understand their need was an important first step for all the sites. This was often established during a period of consultation with a range of key stakeholders, and it was this process that enabled the design of an intervention that was fit for purpose for each specific context. For example, the city of Leeds received feedback that there was a need for a ‘joined-up’ system wide approach to health coaching (not just within the NHS), therefore their approach needed to work for clinicians as well as those working in other sectors, such as social services. The collection of detailed feedback at the initial stages not only supported the design of the intervention, but was believed to contribute to generating engagement and buy-in of the health coaching approach.

The key consideration and decision seemed to be whether to introduce a health coaching approach as a vehicle/means to support the delivery of a broader strategic priority versus a way of working differently as an end in itself.

8.1.2 Different implementation models

The case studies also highlight the different ways in which the sites operationalize health coaching. For example, for some sites it was a purely skills based approach open everyone (both clinical and non-clinical staff), whilst for others created specific health coaching roles in addition to training everyone in the skills. This variation demonstrates

³² Collins, (2018) <https://www.kingsfund.org.uk/publications/innovation-nhs>

the flexibility the approach offers, whilst keeping the core ‘patient-centred’ concept at its heart. The variation in the approach observed across the sites is a positive sign, as one of the core reasons innovations in health care tend to fail is because of the inability to be reproduced in difference contexts³³. The diversity of the health coaching approach is a clear benefit for future adoption, and the cases demonstrate that health coaching can be implemented and adapted to a wide range of contexts.

Key considerations and decisions seemed to include:

- Training clinical staff only, non-clinical staff only or a combination
- Outsourcing the initial training of staff and on-going support or develop a cadre of internal trainers
- Start small and expand the reach in a targeted and gradual manner or think big and introduce widely so the message is clear that this new way of working is here to stay

8.2 Embedding health coaching: enablers for change

Drawing from evidence across the four sites, three broad categories of enabler were identified which were thought to significant contribute to the uptake and spread of health coaching.

8.2.1 Clarity of vision

The first enabler identified for the successful embedding of health coaching was the presence of a clear vision and direction of travel. There was a number of ways in which this manifested within each site. Firstly, senior leader buy-in and support for health coaching was considered instrumental in creating the momentum for change, both from a resource perspective but also by endorsing the approach as an organisational priority. Furthermore, some senior teams believed that in order to see substantial change, health coaching should be aligned not only with the organisations strategy, but with national policy. This ensured that the work around health coaching was not happening in isolation of the wider NHS priorities and therefore was more likely to be integrated on a long-term basis. Lastly, sites identified that there is also a need to have an individual, or group of individuals, responsible for driving forward the adoption. In the absence of this, there was a tendency for progress to stall or be slower than desired.

8.2.2 Describing, communicating, advocating and role modelling

Telling the health coaching story, by deploying an effective communication strategy was perceived as a second enabler for embedding change. Senior leader advocacy was considered vital in order to get people bought-in, and to persuade them to invest time and

³³ Horton, Illingworth & Warburton (2018) <http://reader.health.org.uk/the-spread-challenge/executive-summary>

energy in the training. Furthermore, sites where senior leaders who attended and subsequently role modelling the approach thought saw particular success. Sites found that once word had spread about the range of beneficial outcomes of health coaching, uptake in training increased. In particular, the sharing of patient stories, from within the organisation, was very effective in generating engagement. It is vital that organisations consider their strategy to promote health coaching internally, and whilst word of mouth is beneficial, it isn't enough alone.

8.2.3 Post-training support for practitioners for skills and confidence

Finally, the provision of continued support to embed and use new skills was considered an enabler for behaviour change. Organisations provided this support in a number of different ways, but three types of activities were most commonly thought to support behaviour change: Opportunities to share learning, both formal (such as workshops or conferences) and informal (such as team meetings); support groups and parried practice enabled colleagues to one another with the approach; and whilst not fully developed across all the sites, one-to-one consultation with services to develop new ways of working which embed the approach in their context.

The sites felt that, in particular, the three enablers for change provided momentum and gave organisations significant advantages when it came to implementation. The experience of accredited health coaching clinician| an-trainers with East England was used to develop the 'seashell' model (Carter & Newman, 2017) to lend further support to organisations seeking to introduce and embed health coaching . The model was based on an existing evidence-based model of large scale change already used in the NHS³⁴ which has been a useful tool for organisations. The enablers identified by the sites are reflective of the ones that make up the seashell, reinforcing the utility of the model developed by health coaching innovators and early adopters within East of England.

8.3 Evidence of impact

Although the sites were at different places in their journey to embedding health coaching and collecting impact data, all of them had paid attention to the anticipated outcomes, and how they were going to measure them. However, due to the variation across the sites, in

³⁴ Bevan et al, 2011

regards to stages of their journey, the funding received and resources committed to the approach and subsequent evaluation makes it problematic to draw any direct comparisons across the sites in terms of their outcomes. The sites identified a broad range of evidence of impact, which are discussed below under three broad categories; patient outcomes, staff outcomes and organisational/system outcomes.

8.3.1 Improvement in patient outcomes

Patient outcome measures were one of the most common identified evidence of impact. Data put forward from the sites was collected from a range of difference sources, from patient case studies to evaluation reports. All of the sites could provide evidence from multiple different sources of the impact on health coaching on patient experience and health and wellbeing.

One of the strongest pieces of evidence collected from two of the sites was the impact of health coaching on 'Patient Activation Measure' (PAM) scores. The PAM is a 100-point scale which records the extent to which an individual feels able to manage their health, taking into account their knowledge, skills and confidence. Based on the score, patients are grouped into one of four 'levels of activation'. Both sites saw a large increase in patients moving up at least one level, this is a significant piece of evidence. Changes in a patients PAM level have been shown to have a significant financial impact on healthcare services, where an increase in just one PAM level was found to be associated with an 8.3 per cent reduction in on-going health-care costs (Lindsay et al. 2018). As PAM licences do come at a cost, the other two sites hadn't yet been able to implement them. Despite this, qualitative data demonstrated the positive impact health coaching has had on the health and wellbeing of a patients suffering from a wide range of different types of health conditions.

8.3.2 Positive outcomes for staff

In addition to the positive patient outcomes, all sites reported observations of a positive impact on their staff. Firstly, all four sites reported that the training was very well received and those who attended were 'very satisfied' with their experience and were generally quick to see the potential impact of the approach. In addition training attendees reported that their knowledge and skills improved, and they learnt tools and techniques that they would be able to apply in their day job. Finally, staff also that the new knowledge and skills they had acquired enabled them to 'let go' and stop feeling responsible for the outcomes of their patients. In turn, this has made them more resilient has improved their overall wellbeing.

In at least one case, a staff member reported that if they had not undertaken the health coaching training they would have left their job and this comment was linked to higher self-perception of resilience.

8.3.3 Positive impact on the organisation and local system

The cumulative effects of health coaching were reported to have a positive impact of the organisations as a whole and the local system. Many interviewees described a shift to a more positive organisational culture since the introduction of health coaching. This has been reflected in the way people communicate with one another internally, by using their health coaching skills. As a result, of the positive impacts on both staff and patients, morale has appeared to improve. Although there have been some reported cultural shifts, there is also an acknowledgment that changing an ingrained culture and ways of working takes time, and all of the sites considered themselves to be early on in this journey.

As well as a shift in culture, there is some evidence that the site have benefited financially from health coaching. In two cases, the sites using PAM saw a vast improvement in activation levels after a patient had received a health coaching approach. As previously mentioned, an increase in just one PAM level is reported to leads to reduction in health care costs. Although no site was yet able to explicitly demonstrate a financial saving associated with health coaching, based on the increase in PAM scores, it is likely the sites could have experienced a reduction in costs. This assumption is supported by the evidence that some sites have experienced a reduction in usage of some services since introducing health coaching³⁵, which would also positively impact the financial position. It would be helpful to see an economic evaluation running alongside the introduction and spread of health coaching in the near future (see Gray, 2019).

8.4 Challenges faced when evaluating the impact of health coaching

From the case study write-ups it is clear that evaluating the impact of health coaching is not straightforward. A number of different factors contributed to the sites difficulty in measuring and assessing the impact of health coaching, these are presented below with suggestions for addressing the issues.

- It was felt that there is not a clear evidence base to assess the potential impacts of health coaching; leading to uncertainty about what organisations should measure to demonstrate impact. To address this challenge, Figure summarises the measures identified by the sites.
- The nature of the health coaching, as a skill based approach embedded into many elements of practice (and often alongside other interventions), makes it hard to isolate its specific impact. However, qualitative evaluation can draw out stories of impact from individual cases.
- Sites tended to experience a preference from decision makers of quantitative measures of impact; however this can be complex and costly to implement, especially

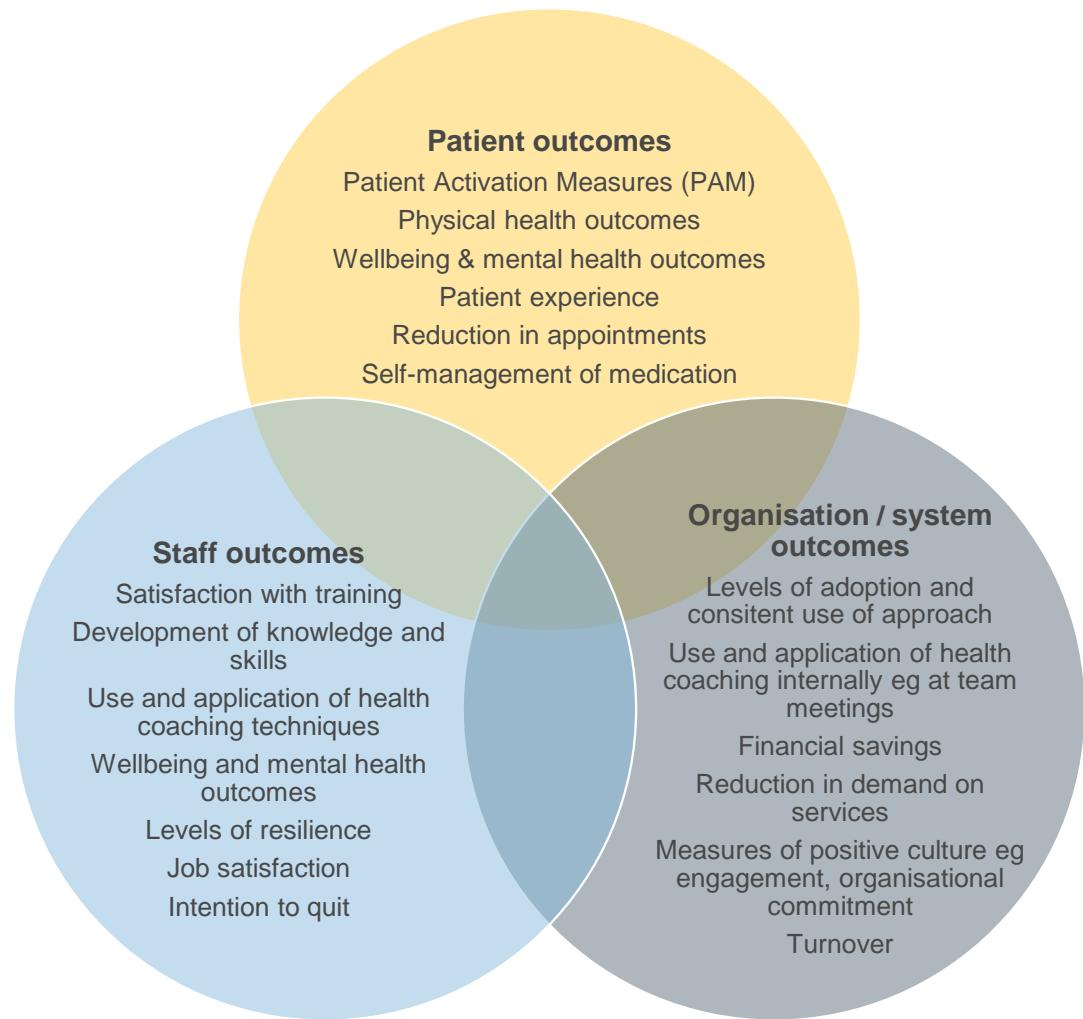
³⁵ The evaluation of this site could not prove the reduction in demand was explicitly due to health coaching, other interventions or practices could have been contributing.

in smaller scale interventions. Drawing upon national economic evidence, as proposed by Gray (2019), would support organisations in making their business case.

- Objective measurement of impact typically took place at the patient level, for example using PAM. However, the outcomes of the approach are diverse and organisation didn't always anticipate the impact on staff and the organisation or system. Unexpected impacts are always welcome, but anticipating outcomes earlier allows for more robust data collection to evidence the impact.
- Evaluation and impact assessment wasn't always considered *before* an intervention commenced. Without measuring a sites 'starting place' it is hard to objectively demonstrate the impact health coaching has had on various outcomes.
- Sites did not consistently measure the uptake and adoption of health coaching techniques after staff had participated in the training. Understanding the extent to which health coaching is consistently and competently deployed across the sites is a vital link to impact. Without understanding the levels of use, sites may find that they are unable to demonstrate impact, not because the approach is not effective, but because it isn't being consistently deployed. Organisations should focus attention on measuring the usage levels and quality of the way the approach is used throughout the organisation.

Based on the data from the case studies, the figure below illustrates the potential measures organisations can use to evaluate the impact of health coaching.

Figure 8: Potential measures for evaluating the impact of health coaching



Source: IES, 2019

8.5 Insights and learning

Looking across the case studies, the research team reflected on the key learning which enabled the sites to be successful in implement health coaching and this has been groups by the implementation stage below. Following this, we present a summary of key insights.

8.5.1 Designing and developing the approach

- Secure the buy-in and advocacy of senior leaders; this can be achieved by creating a business case to present to the executive team at the beginning of the journey. Using a mixture of objective data and patient / staff stories was considered to be highly influential.
- Do not think of health coaching as a standalone intervention, consider it a culture change not just a programme. As cultures differ across the NHS, one size doesn't fit

all; ensure that your intervention is tailored to your specific context by engaging with the system before the approach is designed.

- Define what health coaching means in your organisation and what that looks like in practice; create a common narrative to ensure everyone is on the same page. Before implementation begins, create a vision and develop a comprehensive communication and engagement strategy to advertise the approach and the system wide benefits it can achieve.
- Fund a team whose role is to kick start the approach and drive it forward – this team must be given the appropriate to spend on the approach to ensure maximum impact.
- Define your goals, what success looks like and how you are going to measure it before you start on the journey.

8.5.2 Embedding health coaching and changing behaviour

- Embed the initiative within a larger strategy so that it can be implemented to maximum effect; it may not hold the weight to drive change on its own. Ensure the language you use to describe health coaching and the wider strategy is accessible to *all* of the people you want to be using the approach – technical language may alienate some individuals.
- Break down professional boundaries – having cross-professional training sessions helps increase the mutual understanding and shared experience necessary for wider organisation culture change.
- Apply a coaching approach internally to reinforce the cultural change - the skills learnt on the training can be also be used as a way to communicate *within* an organisation by leaders and staff in they communicate cross-service and with colleagues and peers. Leads can place emphasis on ‘practicing what we preach’ by extending the coaching internally to tackle tricky HR problems e.g. sickness absence.
- Don’t forget about people once the training is over - support trainees to embed their learning and to use their new skills in practice. Use paired practice and shadowing as post-training support for further skill enhancement and behaviour change.
- Ensure that you have the mechanisms in place to measure the take-up and adoption of health coaching across the organisation. Embed a quality assurance process so you know that, not only is health coaching being implemented, but it is being used competently.

8.5.3 Assessing outcomes and impacts

- Do not forget about the importance of evaluation! There are many way in which impact can be demonstrated, see Figure . Before you start, assess the outcomes most relevant to your organisations and take a baseline measure. This will be vital evidence!
- Measuring impact is difficult; think about it before you begin your journey and use a variety of different methods to collect data. It’s not all about the numbers – patient and clinician stories are very powerful.

- Consider how you will measure the ‘tangible’ outcomes – these will be persuasive for decision makers, but are typically more difficult to measure.
- Advertise and communicate the successes, large and small, to create momentum for the approach. Help people to understand how health coaching will benefit them, service users and the wider system.

8.6 Conclusions

Despite the wide range of impact the sites identified, there was an acknowledgement by the sites that they had found it difficult to objectively measure outcomes, such as financial or health outcomes. There are many other factors which influence these outcomes, and is it difficult to isolate the specific impact of health coaching. In our view it becomes more difficult to demonstrate impact if sites don’t measure the ‘before’ state, that is, before any implementation has taken place. Therefore it is vital that organisations think about their desired outcomes, and how they are going to measure them, before they start implementation.

Sites adopted a range of different methods to support with implementation and motivate behaviour change. In particular, having a vision supported by senior management, effective communication the health coaching story and the provision of on-going support were considered most effective. In addition, sites can use the seashell model to support with the effective embedding of health coaching.

The case studies included in this research demonstrate the diversity and flexibility of health coaching. Each site, ranging from acute trusts to whole cities, have created an approach which they believe is appropriate for their specific context. Despite being at various stages on their journey, the sites have identified many different areas of impact which they associate with health coaching, including improved patient outcomes, better staff wellbeing and cultural shifts across the organisations and system. The PAM data is particularly compelling, highlighting both patient improvement and potential financial benefits.

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