



Yorkshire and the Humber Leadership Academy  
Excellent leadership, excellent organisations,  
transforming systems together.



**Health Education England**

# Health Coaching Introduction

By Anthony Owens  
Organisational Development Consultant  
NHS Yorkshire and the Humber Leadership Academy  
May 2016

## Health Coaching Introduction

### Background

Developed economies are seeing escalating demands on health services from an ageing population with increasing prevalence of long term conditions such as diabetes and musculoskeletal problems. To some extent, the well-intended approaches to healthcare provision have contributed to this picture and created an unhealthy dependency on health services.

Health coaching applies coaching in healthcare settings to help patients self-manage their health condition in pursuit of their goals. In the NHS in England, this fundamentally changes a historically paternalistic culture, moving from a situation where health professionals held control in the delivery of care, towards a shared decision-making process with the patient.

The term 'Patient Activation' describes a patient's level of self-efficacy. Research shows that patients with higher activation have better health outcomes, and coaching has been shown to raise patient activation.

The promotion of health coaching offers a means to respond to the escalating demand for health services that will outstrip the capacity of the NHS. More importantly the approach models a more ethical relationship between care providers and the populations they serve.

### Approach

Health Education Yorkshire and the Humber supports the development of sustainable coaching capacity in health systems. Organisations in the region were asked to tell us what they knew about health coaching to help understand where our baseline was. We learned that a number of areas had been working with this approach for some time, with diverse approaches developing in different areas. Examples included using health coaching by telephone, training members of the public to be health coaches, training all staff to engage with patients using coaching approaches.

We created a regional conference in Barnsley where health coaching is flourishing and opened this to the wider region as an opportunity to raise awareness, connection and momentum. The principles of systems coaching and appreciative inquiry had the effects of acknowledging great local practice and encouraging other areas.

Learning from this experience informed our decision to offer start-up funding and consultancy to areas where we found good levels of readiness for health coaching. Leeds is one of our major cities in the process of developing integrated approaches to care that spanning health and social care. A nationally recognised model "The House of Care" had been used to shape initial investment to develop person centred services.



Health coaching offered an opportunity to instil coaching values and approaches in a city wide workforce.

Encouraging clinical staff to take time to attend training is generally a challenge. In contrast the case for health coaching was quickly recognised by front line staff and clinical leaders which created a bottom up demand for training.

A train the trainer approach was commissioned and delivered by a company called The Performance Coach. Training was delivered to a selected cohort drawn from credible, passionate individuals from a range of disciplines in health and social care. Training was delivered in a way that modelled the coaching approach and was highly experiential. This supported the development of a cohesive cohort who have become champions for health coaching as well as trainers.

Paralleling the development of trainers we initiated an informal group made up of development leads from across the city. Following the principles of systems coaching the group were encouraged to; Develop shared purpose and values, appreciate diverse perspectives, form questions and create connections that engaged others to address their questions. Group members were able to engage wider strategic leaders and gradually develop understanding and engagement in health coaching. The group is characterised by shared understanding of health coaching, the credibility of members who are strategic leaders in their own right and the shared narrative they created. The group have identified a number of priorities needed to establish health coaching.

These include:

- Resilience and support for trainers
- Priorities for training in neighbourhood teams.
- The development of supervision arrangements for practicing health coaches.
- A citywide workforce development plan that sees health coaching skills throughout the workforce.
- Gathering of evidence and case studies to support learning and future investment.

### **Impact**

Health professionals accessing health coach training experience surprise that they find opportunities to be more patient centred than they imagined. They also experience high support for their resilience and development. Many report the training reminds them of their reasons for joining the caring professions.

Patients are experiencing higher levels of empathy and engagement in the interactions with those who provide care. This can be a surprise to some who are used to the dynamic of being told what to do. The focus of goal setting with patients is shifting from how do we control your health to how can we help you manage your health and live the life you want. Some patients describe the effect of health coaching has been to make them more awkward patients in ensuring their voice is heard and their needs considered.

At a system level the evidence for health coaching is growing. Our informal strategic group has formalised itself in recognition of its potential to create system change. In so doing the group is set to take an ever more proactive stance in its relationship with formal strategic groups in the city. This shift has striking resonances to the shift at the heart of health coaching.