

Document Type:	Standard Operating Procedure	
Reference Number : 2399	Version Number: 1	Next Review Date: 09/08/2022
Title:	Health Coaching Service	
Document Author:	Deputy Service Manager	
Applicability:	All patients as indicated	

1. Purpose of this document:

1.1 The purpose of this Standard Operating Procedure is to outline the procedures and processes to enable the successful delivery of the Health Coaching Service working with individuals and small groups. It gives a full account of the service delivered and the processes involved.

2. Scope of this SOP:

2.1 The document relates to all staff within the Health Coaching Service as part of the Healthy Lifestyle Service for Torbay in order for them to be compliant with the expectations of service delivery and associated competencies required. All service users will therefore be provided with a standardised, evidence based and high quality service from any member of the Health Coaching Team.

2.2 Clients covered – This service is for Torbay residents only.

3. Competencies required:

3.1 Health Coaches will have completed or will be working towards City and Guild Level 3 Health Trainer qualification.

3.2 In accordance with Torbay and South Devon NHS Foundation Trust (TSDFT) policies, all Health Coaches will ensure they are fully compliant with the expected levels of mandatory training required for their role.

3.3 All Health Coaches will attend appropriate training sessions in order to maintain quality client support and ensure their practice is evidence based, and in line with developments within the public health field.

3.4 All Health Coaches will participate in peer review observation sessions.

3.5 Health Coaches will ensure that they are working within TSDFT Values.

4. Procedure / Steps:

4.1 Health Coach Role

4.1.1 Health Coaches provide friendly, approachable, holistic support for individuals who are motivated to improve their health and wellbeing. Health Coaches empower people to make and maintain positive changes to their lifestyle through coaching, goal setting and follow up support.

4.1.2 Alongside our 1-2-1 Health Coaching Service we also offer healthy living workshops for community groups, which can be tailored to facilitate a group's needs. Our interactive group sessions cover a wide range of topics e.g. healthy balance diet, physical activity, stopping smoking and the importance of a healthy lifestyle.

4.2 Booking appointments

4.2.1 All referrals to the Healthy Lifestyle Team come through the Torbay Healthy Lifestyles Hub, as described in section 4 of the Torbay Healthy Lifestyles Service Operational Policy (hereafter referred to as the Policy).

4.2.2 Clients are allocated an appointment with a Health Coach if they meet the criteria laid out in the Policy (sections 4.4 and 4.7). Health Coach Clinics are managed through the services' client management system and the Healthy Lifestyles Administration Team book people directly into available clinic appointments. Appointments last 30 minutes and can take the form of either telephone or face to face appointments depending on the needs of the client.

4.3 Client contact

4.3.1 The initial health coach appointment is an opportunity for the health coach to review the clients' answers to the healthy lifestyles quiz (HLQ); and establish the health behaviours the client would like to work on. The initial meeting should be structured as follows (Improving Health: Changing Behaviour – NHS Health Trainer Handbook; DH, 2008; p6-7):

- Introduction.
- Choosing a behaviour to change (reviewing the HLQ will help here).
- Goal setting.
- Planning behaviour change.
- Boosting confidence.
- Summarising and final checks.

4.3.2 Client flow through the system following the initial appointment is described in appendix 1 and depends on which category the client is allocated to (i.e. Inform, Enable or Support).

4.3.3 **'Inform' clients.**

- The majority of people who fall in the 'Inform' category will not come into contact with the Health Coaching service as they will be directed to online resources. Those that have an initial appointment are provided with information and resources to help them achieve their behavioural goals. The client is then closed on the client management system.

4.3.4 **'Enable' clients.**

- Clients who fall into the 'Enable' category have a health coaching discussion about the behaviours they would like to change. The discussion involves action planning and goal setting to support the client with their behaviour change.
- Clients within the 'Enable' category who are eligible for free prescriptions also qualify for the external offer for additional support (i.e. referral to commercial weight management groups or referral to supervised exercise sessions) as described in appendix 1

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- Clients in the 'Enable' category receive Up to 4 health coaching sessions providing behaviour change strategies to enhance self-care (e.g. goal setting and motivational interviewing). Support is offered face to face, on-line or by telephone by Health Coaches.

4.3.5 **'Support' clients**

- Clients who fall into the 'Support' category have a health coaching discussion about the behaviours they would like to change. The discussion involves action planning and goal setting to support the client with their behaviour change.
- Clients are eligible for up to 12 weeks personalised 1-2-1 support, goal setting and action planning; encouragement and motivation for individuals to make and sustain positive lifestyle changes (e.g. making healthier eating choices and weight control, increasing physical activity, reducing alcohol, coping with stress and improving emotional health and wellbeing).
- Clients within the 'Support' category qualify for the external offer for additional support (i.e. referral to commercial weight management groups or referral to supervised exercise sessions) as described in appendix 1

4.3.6 **Group Work**

- Health Coaches also work with small groups in the community. These may be led by the Health Coach or in partnership with community organisations
- Each opportunity to work with a group in the community must be discussed with and agreed with line manager.
- Appropriate arrangements would have been made with the venue and any partners involved, creating a safe and appropriate environment for both Health Coach and clients to participate. Proper and full attention will be paid to TSDFT health and Safety, Lone Working and risk policies and procedures when working off-site.
- Risk assessments will be made at each venue which will be logged onto the risk assessment register on the shared drive.
- With any community group the Health Coach will follow guidelines and regulations of the premises that they are in i.e.
 - Fire drills
 - Health and Safety
 - Leaving room as it was found
 - Giving a register if required
 - Management of client entry and exit
 - Adhering to the risk assessment actions for the venue
- TSDFT 'values' will be followed with groups as with working with individuals.
- Health Coaches will record all activity using the Trust's client management system (hereafter referred to as the IT system)

4.4 Caseload management

- 4.4.1 Caseload management is via the IT system. Health Coaches have their own caseload.
- 4.4.2 Health Coaches are responsible for managing their caseload, ensuring that all open clients are scheduled for regular contact and any clients that do not attend are followed up in a timely manner. The caseload manager screen on the IT system should be used on a daily basis to review caseloads.
- 4.4.3 The Health Coach will ensure that they manage their diaries, booked appointments and time effectively, ensuring they arrive prepared for the clinic with the necessary materials, equipment and resources required for their work. Time keeping is important and it is the Health Coaches responsibility to aim to see each client on time.
- 4.4.4 The Health Coach will book future sessions from one appointment to the next. However, if it suits the client to do so, a long term series of appointments can be arranged. All sessions are booked to suit the needs of the client in terms of dates, times and location.
- 4.4.5 Once a client has completed their course of support the Health Coach will complete an exit HLQ with them. The exit HLQ is recorded on the IT system and the client is closed on the system.
- 4.4.6 For those service users who do not turn up to scheduled appointments i.e. do not attend (DNA), the Health Coach will make 2 telephone attempts (over 7 days) to contact them and to rearrange their appointment. If this has no result, then a 'Patient – Chase Letter' will be sent to them asking them to contact the Health Coaching Team to rearrange a more suitable time. The client is given 2 weeks to respond. The DNA is documented on the client record within the IT system and if the client doesn't respond they are closed on the system as 'Treatment not completed' and an 'Outcome letter to GP – Did not engage' generated and sent to referrer by the administrator.

4.5 Cancellation of clinics and contingency planning

- 4.5.1 If a Health Coach is unavailable for any reason for a booked clinic, then the Team Lead or their nominated deputy will cancel any clinics that day unless they can be covered by another Health Coach. Each client will be contacted to inform them that the Health Coach will contact them again when they are back at work.
- 4.5.2 If sick leave is likely to be long term, the Team Lead will make alternative arrangements to cover absence.
- 4.5.3 If a Health Coach does not require a clinic room for any reason, the room booking administrator will be informed as soon as possible so that the room can be booked by other users.
- 4.5.4 With any clinic bookings the Health Coach will follow guidelines and regulations of the premises that they are in i.e.
- Usage of internet.
 - Fire drills.
 - Leaving room as it was found.
 - Giving a list of attending clients to the reception staff as required.
 - Management of client entry and exit.
 - Adhering to the risk assessment actions for the venue.

5. Monitoring tool:

- 5.1 Evaluation. The service will be monitored and evaluated as required by the performance management system and service specification. Service user feedback is requested at the end assessment; this offers the opportunity to raise any concerns or convey positive comments. Informal feedback is encouraged throughout. This information is collated anonymously and used to inform service delivery and development.
- 5.2 Quality assurance and review. Members of the team receive annual appraisals with their line manager and part of this process ensures that mandatory training is completed. Additional training is offered to staff members as deemed appropriate and the appraisal offers an opportunity to discuss and agree a pathway of personal development, whilst ensuring the levels of knowledge, skills and expertise are maintained.
- 5.3 The quarterly governance meeting which takes place internally is a forum which oversees the delivery of the service and ensures the operational standards are maintained.

Equality Statement.

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

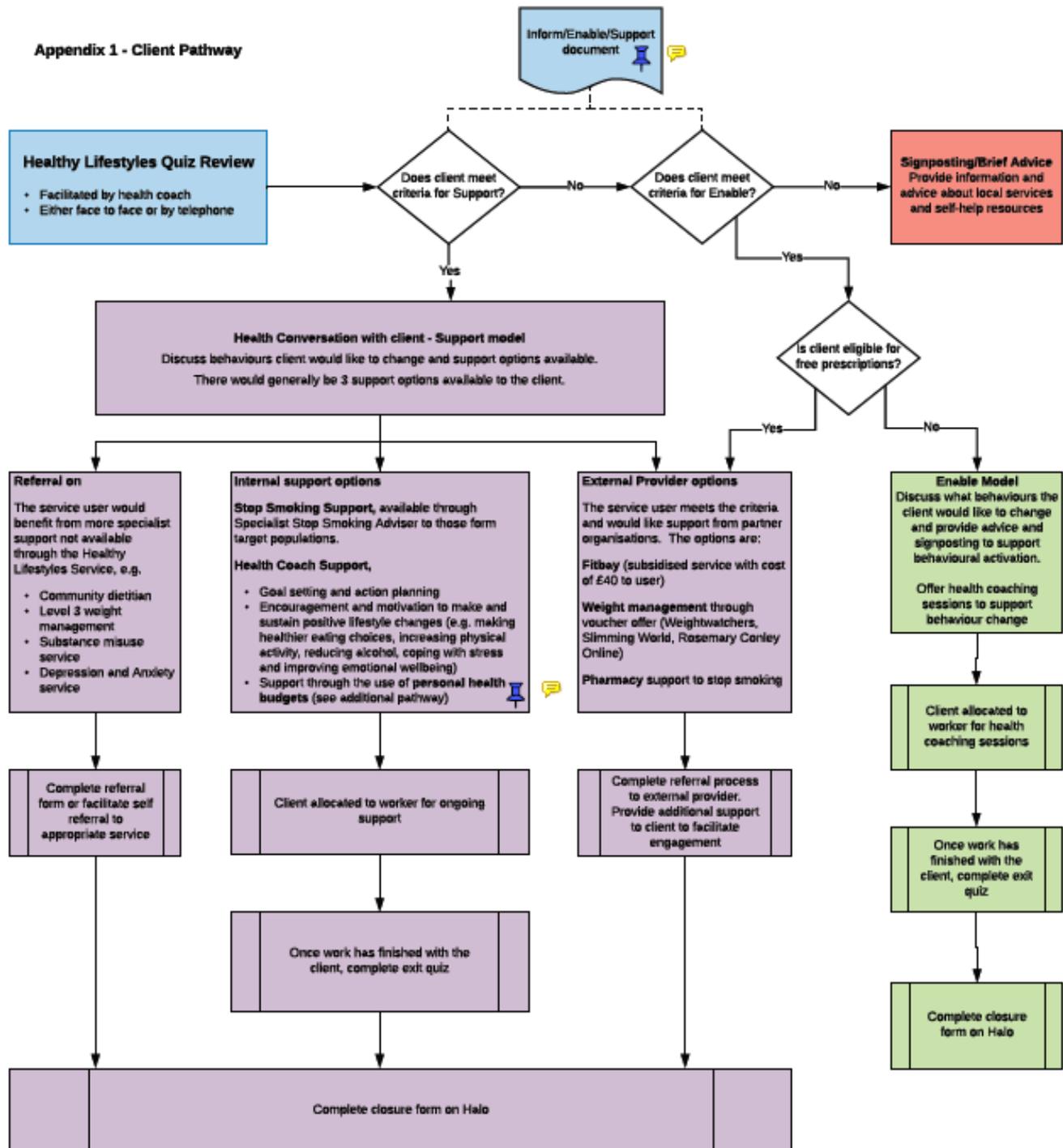
The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and [Equality Impact Assessments](#) please refer to the [Equality and Diversity Policy](#)

References:

Improving Health: Changing Behaviour – NHS Health Trainer Handbook; DH, 2008

Appendix 1

Appendix 1 - Client Pathway



Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2399		
Document title:	Health Coaching Service		
Purpose of document:			
Date of issue:	09 August 2019	Next review date:	09 August 2022
Version:	1	Last review date:	
Author:	Deputy Service Manager		
Directorate:	Allied Health Professionals		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Group		
Date approved:	18 April 2019		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
09 August 2019	1	New	Care and Clinical Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.