

Health and Wellbeing Coach (HWBC) Workforce Development Framework Summary

1. [Introduction](#)

- This summary is adapted by Transformation Partners in Health and Care (TPHC) from the [Health and Wellbeing Coach Workforce Development framework](#) developed by NHS England, in collaboration with range of stakeholders including Health Education England (HEE).
- The WDF focuses on the core functions, skills and competencies of the HWBC role alongside the professional support, training and development HWBCs require to enable them to practice safely, work effectively, and support improved outcomes for people and communities.
- We have summarised the key points and resources from the full 22-page WFD. Each heading in this summary is linked back to the corresponding section if the full detail is required.

2. [Context](#)

- The [NHS Long Term Plan](#) states that personalised care should become business as usual across the health and care system, Health and Wellbeing Coaches support this commitment.
- Funding is provided to expand the primary care workforce and employ personalised care roles, through the [Additional Role Reimbursement Scheme \(ARRs\)](#), as part of the [Network Contract Directed Enhanced Service \(DES\)](#).

3. [What is a Health and Wellbeing Coach?](#)

- Health and wellbeing coaching provides direct specialised support to people, often with long term conditions or challenges around their lifestyle, for behaviour change that improves their health and wellbeing.
- People can be easily referred to HWBCs from a wide range of local agencies including NHS services including the other personalised care roles, pharmacies and self-referral, they are also likely to proactively identify people who may benefit through looking at practice data.
- For more information about the HWBC role see TPHC's [one pager about HWBCs](#).
- [Find out more about the benefits of the role](#). The [boundaries of the role are also explained here](#).

4. [Employing a Health and Wellbeing Coach](#)

- [The HWBC recruitment pack](#) developed by NHSE England, contains a job description and person spec which can be tailored to the employer.
- [The Health and Wellbeing implementation guide](#) is helpful for setting up a coaching service.
- Requirements for employing HWBCs are outlined on pg. 96 onwards of the [Network Contract DES specification](#).

5. Training requirements prior to taking referrals



- [Personalised care and Health and wellbeing coaching.](#)
 - This includes a [Four-day PCI accredited health coaching training](#) .
- [Induction and training](#) specific to the setting the role is working in.
- They may also benefit from shadowing, practice coaching sessions, spending time with referrers.

6. [Supervision requirements](#)

- PCNs have a contractual responsibility to provide supervision as set out in the [Network Contract DES contract specification](#). If coaches are commissioned through a third party, these supervision requirements should be fulfilled within the arrangement. This includes:

[Three distinct types of supervision](#), including:

- Line management support (including appraisals per the employer's usual arrangements) and supervision, with monthly meetings and ad hoc support.
- Access to supervision from a clinician, every 2-3 months, with a mechanism to raise urgent queries.
 - Supervision meetings should allow discussion for patient related concerns and support the CC to follow safeguarding procedures.
- Health coaching supervision and CPD. 1-2 hours per month as an individual.
 - This must be carried out by a [qualified health coach – \(min Tier 3 practitioner\)](#).

[Read more about the role of supervisors in HWBCs ongoing development.](#)

7. [Ways of working – professional framework](#)

- Caseload:
 - HWBCs should manage a caseload of patients, working with them face-to-face and virtually, working closely within an MDT.
 - Caseloads should be determined based on the complexity of cases & the capacity and experience of the coach.
 - Coaching sessions should be tailored around individual needs and can vary in length and frequency. [A guide to what form, structure and content sessions may take.](#)
- Referrals
 - Can come from anywhere in the health and social care system, in communities and the voluntary sector or via self-referral.
 - Patients can be proactively targeted using population health data.
- Working as part of an MDT
 - HWBCs should be fully integrated within MDTs to offer expertise on where health coaching, supported self-management could be of benefit.



- They must have access to other healthcare professionals, electronic 'live' and paper-based record systems for each practice, and support and training to use these.
- Working with the three personalised ARR's roles
 - Can refer between the three roles to achieve empowerment of patient to self-manage.
 - Share information on different aspects of patient care e.g. by holding regular meetings to discuss shared patient caseloads.

8. [Competency framework](#)

- [The Competency Framework](#) sets out the competencies that all HWBCs require to be effective and assists those who employ or direct the activities of HWBCs to understand how these competencies can be achieved.
- There are four key areas:
 1. Professional competencies for health and wellbeing coaches.
 2. Skills for communication and enabling in a health coaching context.
 3. Knowledge of models and frameworks.
 4. Group work skills to support self-management and group approaches.
- It is aligned to the NHS England [sample Job Description for HWBCs](#) and the [Core Curriculum for Personalised Care](#) published by the Personalised Care Institute (PCI).
- The framework can be used with [the Portfolio of Evidence](#) to enable supervisors and HWBCs to explore their skills and development needs.

9. [Ongoing training and CPD](#)

Health and wellbeing coaches should have:

- Dedicated time and funding for training and attending peer support. [Funding streams for PCNs to develop and support ARR's.](#)
- Supervision, appraisals, and personal and professional development planning using the [competency framework.](#)
- [Portfolio of evidence](#) to structure conversation around CPD
- Training could be informal, such as attending webinars, or formal offers via the [PCI](#), [Training Hubs](#), [Leadership for Personalised Care](#), a PCN, trust, or integrated care system (ICS).

[More information about four tiers of practice/expertise for health and wellbeing coaches.](#)

Additional training is required for [Health and Wellbeing Coaches to develop into specialist roles](#), who may work with specific cohorts.

10. [Entry to the role](#)

- There is no set career route into becoming a health and wellbeing coach.
- People need transferrable skills to meet the core competencies required.



- May offer a route into employment for those who may have few formal qualifications, have lived experience or volunteering experience in community services.
- A [community health and wellbeing worker apprenticeship](#) is one route.
- Coaches with prior coaching experience should still attend the four day PCI accredited training on joining the NHS.

11. [Career development](#)

- There are various options for career development, but no set route.
- Excellent entry level career in the health and care sector.
- [Competency framework](#) and [the Portfolio of Evidence](#) may help identify transferable skills and consider next steps.

12. Management and leadership roles:

- Line management of personalised care roles or teams may be a natural progression for experienced health and wellbeing coaches, [find out more.](#)

[Useful resources can be found here.](#)

