UK & INTERNATIONAL
HEALTH COACHING ASSOCIATION

Rebuilding Public Health Expertise is Essential.

So is Building the Workforce That Can Translate it into Health

A UKIHCA Strategic Perspective

SP02 - September 2026

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UKIHCA Independence

UKIHCA is an independent, non-profit professional body operating in the third sector. Free from commercial influence, control or ties that could compromise our independence, we exist to advance the health and wellbeing coaching profession, protect the public and uphold high standards of ethical, evidence-informed practice.

The Faculty of Public Health (FPH) and the Association of Directors of Public Health (ADPH) have issued an important and timely challenge to the NHS in England: accredited public health expertise must be rebuilt into the health service.[1]

UKIHCA welcomes that call.

The case is compelling. At a time when health systems are explicitly being asked to move from treatment towards prevention, from hospital to community, and from responding to illness towards improving population health, it would be difficult to imagine a more important moment for public health expertise to be at the heart of healthcare decision-making.

The FPH and ADPH report names something UKIHCA also sees clearly: a striking imbalance between how far public health language and ambition have expanded across NHS policy and functions, and how far the specialist public health workforce within health and care settings has contracted.

Public health language and ambition have expanded across NHS policy and functions, while the specialist public health workforce within health and care settings has contracted.[1,2] The report notes that only around 10% of the public health specialty currently works within health and care settings, despite the specialist expertise this workforce brings to prevention, population health, health inequalities, service design, prioritisation and evaluation.[1]

Rebuilding that capability is essential. But it raises a further strategic question.
What workforce translates population health intelligence into the everyday actions, decisions and relationships through which health is actually created?

Public health expertise cannot work in isolation

The future health system must deliberately embrace different forms of expertise required to make prevention real.

Accredited public health specialists bring something distinctive and indispensable: the ability to understand populations, interpret evidence and intelligence, identify need and inequalities, assess options, advise on priorities, design and evaluate services, and keep population health at the centre of strategic decision-making.

FPH's own description of healthcare public health makes this breadth clear.[1] It encompasses population need, evidence, evaluation, service design, prioritisation, equity, preventive services and partnership working across professional and organisational boundaries.

But population-level intelligence does not, by itself, change health behaviour.

A strategy can identify the populations most at risk, a service can be commissioned, a pathway can be redesigned and a prevention programme can be offered.

Yet there remains a critical point between **knowing what needs to change** and **supporting people to make and sustain change in their own lives**.

That is where the wider prevention workforce matters.

From population health intelligence to individual capability

Health is created through a complex interaction between people's circumstances, environments, relationships, opportunities, resources, knowledge, motivations, confidence and behaviour.

The NHS cannot deliver a prevention strategy simply by producing more information about healthier choices. Nor can it assume that identifying risk automatically produces action.

People need support to translate knowledge into meaningful goals and sustainable changes that fit their lives.

This is one of the distinctive contributions of professionally trained and prepared health and wellbeing coaches.

Whole person health coaching does not substitute for public health expertise. It operates at a different and relational level of the system.

A UKIHCA-Registered Health Coach can work with people to explore what matters to them, strengthen health literacy, develop confidence and self-management, support lifestyle and health behaviour change, and help people sustain changes over time. The role is particularly relevant where prevention depends upon engagement, agency and the capacity to act.

This is not simply a matter of adding another intervention to an already crowded system.

It is about recognising that **health behaviour change is itself a workforce capability**.

A prevention system needs different kinds of expertise

The emerging health system therefore needs to think beyond the binary of "public health workforce" and "clinical workforce".

We need a more sophisticated workforce architecture.

At one level, we need **specialist public health leadership and expertise** to understand population need, inequalities, evidence and system priorities.

At another, we need **health and care professionals and practitioners** able to identify opportunities for prevention and integrate them into everyday services.

And alongside them, we need **professionally prepared practitioners with specific expertise in health behaviour change, supported self-management and whole-person health and wellbeing**, working across the places and pathways where prevention is commissioned and delivered.

These are *complementary* functions.

The public health specialist asks:

What is happening across this population, why is it happening, who is affected, and where should the system intervene?

The health and care system asks:

How should services and pathways respond?

The health and wellbeing coach can help ask:

What does this mean for this person, what matters to them, how can they develop their personal agency and the confidence and capability for change? What can they realistically change, and what support will help that change become sustainable?

A mature prevention system needs to respond to all three questions.

This matters particularly as healthcare moves into neighbourhoods

The direction of NHS reform makes this workforce question increasingly important.[3],[4]

If healthcare is moving closer to communities prevention is becoming a core organising principle, and neighbourhood systems are expected to work across organisational boundaries, then workforce design cannot remain confined within traditional professional or institutional silos.

Public health expertise needs to connect with primary care, community services, local authorities, voluntary, independent and community organisations and the wider neighbourhood infrastructure.

And professionally credentialed health and wellbeing coaches should have a place within that architecture wherever prevention, personalised care, supported self-management and sustained lifestyle and health behaviour change are part of the commissioned model.

This is particularly important because the determinants of health do not respect organisational boundaries.

Neither should the prevention workforce.

Professional standards matter

There is, however, an important qualification.

If health and wellbeing coaching is to become part of the infrastructure of a prevention-led health system, the answer cannot simply be to increase the number of people using the title "health coach".

Public health bodies are right to emphasise accredited expertise and professional standards.[1]

The same principle should apply to the wider prevention workforce.

Integration requires confidence about education and training, credentialing, competence, ethical practice, scope of practice, supervision, continuing professional development and accountability.

This is precisely why UKIHCA has invested in professional standards for education and training, professional registration and a defined scope of practice for UKIHCA-Registered Health Coaches.

The objective is not professionalisation for its own sake. It is to provide the assurance required when a workforce becomes part of a health system on which people and communities depend.

Our recently published international white paper, ***Evolving the Field of Health and Wellbeing Coaching***, reflects this wider maturation of the field. Developed collaboratively by organisations across Australia and New Zealand, the United States, Singapore and the UK, it argues for clearer scope, ethical practice, evidence-informed development, public protection, professional readiness and responsible integration into health and wellbeing systems.[5]

That direction is entirely compatible with the FPH and ADPH proposition.[1]

From rebuilding expertise to designing the whole workforce

We need to recognise the opportunity now is bigger than restoring public health expertise to NHS structures.

It is to use NHS reform to rethink the whole prevention workforce.

That means asking, systematically:

- Where is specialist public health expertise required?
- Where should Directors of Public Health and their teams provide population-health leadership?
- What public health functions need to remain connected across NHS and local government?
- Which workforce capabilities are required to translate prevention strategy into service delivery?
- Where are people likely to need support with health literacy, motivation, self-management and sustained behaviour change?
- Which professional groups are appropriately prepared and credentialed to provide that support?
- How should these different capabilities work together across neighbourhoods?

These are workforce-design questions, not simply questions about individual professions.

And they require collaboration.

A shared opportunity for public health and health coaching

UKIHCA therefore sees considerable potential for closer dialogue with the Faculty of Public Health, the Association of Directors of Public Health and other public health bodies.

There is common ground.

- We share an ambition to move beyond a health system that predominantly responds to illness.
- We share a commitment to prevention and health improvement.
- We share concern about health inequalities.
- We recognise that population health requires action beyond the boundaries of individual clinical encounters.
- And we recognise that professional standards, evidence and public accountability matter.

The question is how these principles can be translated into a workforce capable of delivering them.

Rebuilding accredited public health expertise into the NHS is an essential part of that answer. – but it is not the *whole* answer.

The next step is to build a prevention workforce in which specialist public health expertise, health and care professionals, community capability and professionally credentialled and prepared health and wellbeing coaches are designed to work together.[3],[4]

Population health intelligence tells us where the need is.

Health systems determine how they respond.

But ultimately, prevention succeeds when people and communities have the capability, opportunity, motivation and support to act.[6]

That is a conversation UKIHCA would welcome having with public health colleagues.

Artificial Intelligence Assistance Statement

AI tools were used to support drafting, structuring, iterative development, and editorial refinement under human direction. All content was critically reviewed, revised, and approved by the authors, who retain full responsibility for the final output.

For UKIHCA's full *AI – Publications/Communications Assistance Policy*, please visit **HERE**.

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Please reach out to **info@ukihca.com** and one of our Team will be happy to help.