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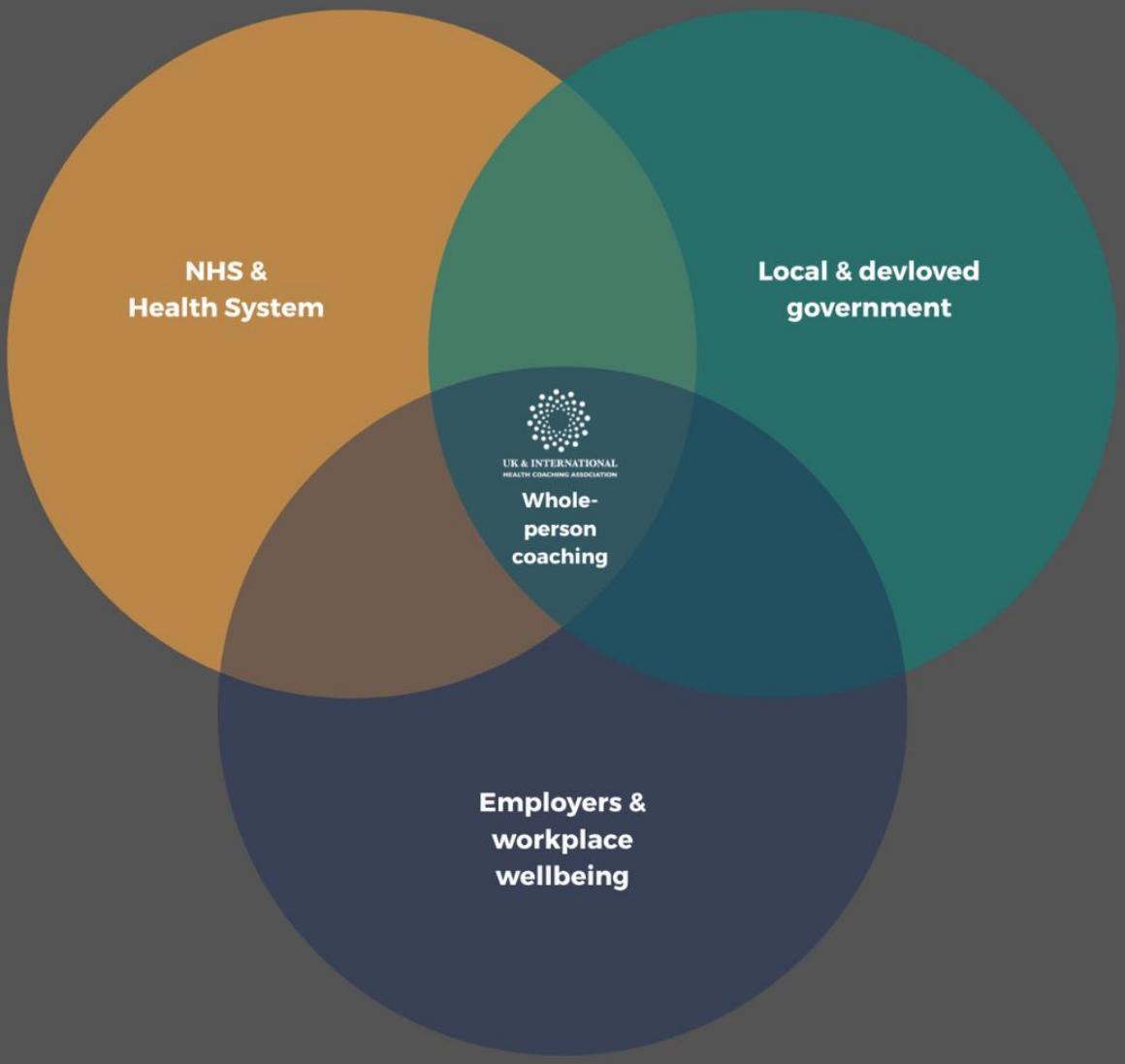

Health in All Policies:
Implications for Professional Health & Wellbeing Coaching in Local and Devolved Government

A UKIHCA Strategic Perspective

SP07 - 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.

Executive Summary

In 2026 the Local Government Association (LGA) published a Health in All Policies (HiAP) Manual, setting out a practical framework for embedding health, wellbeing and health equity into every area of council decision-making in England (Local Government Association, 2026).

The manual is directed at local government officers rather than health professionals and does not reference health coaching. Its significance for UKIHCA lies not in what it says about the profession, but in what it reveals about the direction of the wider system: a strengthening statutory and cultural expectation that health be considered a shared, cross-sector responsibility, and a set of institutional gaps that a credentialled coaching workforce is well placed to help close.

This paper summarises the manual's core content and sets out four areas of strategic relevance:

- The positioning of health coaching relative to 'Making Every Contact Count' (MECC) initiatives already embedded in many councils;
- the currently under-defined role of councils and the social determinants within national Neighbourhood Health Framework implementation
- a new statutory duty on Strategic Authorities introduced through devolution legislation;
- and the manual's independent reinforcement of the link between employment conditions and health outcomes, relevant to employer-facing coaching provision.

The paper concludes with observations for UKIHCA's ongoing policy and partnership work.

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1. Introduction and Context

Health and wellbeing coaching has traditionally been positioned primarily in relation to NHS-facing workforce frameworks, integrated care systems, and clinical or near-clinical settings. The LGA's Health in All Policies Manual represents a different entry point into the system: local government, where the social determinants of health — housing, transport, employment, planning, leisure and education — are shaped directly, and where health outcomes are understood as a by-product of decisions made largely outside the health sector (Local Government Association, 2026).

The World Health Organisation's 2013 Helsinki Statement on Health in All Policies established the underlying principle nearly a decade and a half ago: that public policy across sectors should systematically account for its health implications (World Health Organisation, 2013, cited in Local Government Association, 2026).

What is new is the practical, operational form the LGA manual gives this, alongside NHS England's prevention-focused **10 Year Health Plan**, the roll-out of **Neighbourhood Health Plans** from 2026/27, and new devolution legislation that places health inequality duties on regional government for the first time (Local Government Association, 2026).

For a professional body representing a skilled, credentialled, evidence-based health and wellbeing coaching workforce, a document of this deserves to be read closely - not because it mentions health coaching, but because it describes, in granular detail, the institutional conditions within which the profession can and should be positioned.

2. What the Manual Sets Out

2.1 A cross-sector definition of health

The manual frames HiAP as a 'health equity in all' approach: health and health inequalities are understood as substantially shaped by the conditions in which people are born, grow, live, work and age, rather than by healthcare provision alone (Local Government Association, 2026). It asks every council function — not only public health teams — to consider the health and equity implications of routine decisions.

2.2 Statutory and policy grounding

HiAP is presented as a means of meeting existing legal duties, including the public health duty under the Health and Social Care Act 2012 and the Public Sector Equality Duty, and of supporting efficient, prevention-focused use of constrained local budgets (Local Government Association, 2026). Most significantly for the wider system, the manual notes that the English Devolution and Community Empowerment Act, which received Royal Assent in April 2026, introduces a new **Health Improvement and Health Inequalities Duty** requiring Strategic Authorities to "have regard to the need to improve the health of... and reduce health inequalities between" people in their regions (HM Government, 2026, cited in Local Government Association, 2026).

2.3 NHS collaboration and neighbourhood health

A substantial portion of the manual addresses collaboration between councils and NHS partners, framing HiAP as integral to delivering the prevention and community-based shifts set out in the 2025 10 Year Health Plan for England, and to the developing national Neighbourhood Health Framework (2026/27) (Local Government Association, 2026).

Notably, the manual states that the national framework's practical proposals currently focus primarily on NHS elements of delivery, and that the role of councils - and by extension the social determinants of health - is "less clearly articulated" at this stage (Local Government Association, 2026). This is presented by the LGA itself as an open question for local systems to resolve, rather than a settled division of responsibility.

2.4 The existing toolkit: MECC and structured assessment

The manual describes an extensive set of practical tools, ranging from health impact and health equity assessments to systems mapping and social return on investment analysis. Among these, '**Making Every Contact Count**' (MECC) is highlighted as an approach already adopted by many councils, in which frontline staff across a range of services are trained to use routine contact with residents to have brief conversations about health behaviour (Local Government Association, 2026).

2.5 Measurement and the case for prevention

The manual devotes a full section to the difficulty of evidencing HiAP's impact, recommending that councils combine process and outcome metrics with qualitative case studies, and embed reporting into routine governance rather than treating it as a standalone exercise (Local Government Association, 2026). It also makes a direct case for employment as a health determinant, stating that secure, fairly paid work reduces long-term demand on crisis services (Local Government Association, 2026).

3. Strategic Implications for Health Coaching

3.1 MECC and the case for a credentialled next step

MECC represents a genuine and growing institutional appetite, across local government, for structured health behaviour-change conversation as a routine part of public service delivery. MECC is, in substance, a lighter-touch and less structured 'analogue' to health and wellbeing coaching: brief, opportunistic, and delivered by staff whose primary role lies elsewhere.

This creates a strategic and a positioning question: Councils that have invested in MECC have already accepted the underlying premise that health behaviour-change conversations delivered outside clinical settings has value. The strategic question for the health and wellbeing coaching profession is how clearly this premise is connected, in commissioners' minds, to the credentialled, competency-assured, supervised practice that UKIHCA-Registered Health Coaches (RHCs) represent.

Where MECC is designed as a light-touch capability spread across an existing workforce, whole person health and wellbeing coaching offers a distinct, deeper capability for sustained lifestyle and health behaviour change - a difference that is not yet well understood outside the profession itself.

3.2 An under-defined role in neighbourhood health

The manual's acknowledgement that council and social-determinant roles within the Neighbourhood Health Framework remain underdeveloped is, on its face, a gap. It is also, more usefully, an indication that the shape of neighbourhood-level multidisciplinary teams is not yet fixed. This is consistent with, and reinforces, prior UKIHCA analysis of neighbourhood health as an emerging site for a credentialled health and wellbeing coaching workforce layer.

This isn't a guarantee that health and wellbeing coaching will have a role in neighbourhood health teams. It means the question is still open — nationally, and in each local roll-out. That openness is being decided right now, in local Neighbourhood Health Plans, ICB commissioning conversations, and Strategic Authority engagement. Over the next eighteen months, those conversations will matter more than the framework's wording.

3.3 A new, non-clinical audience for workforce standards

The **Health Improvement and Health Inequalities Duty** introduced for Strategic Authorities is significant in signalling a statutory expectation of health consideration extending, for the first time, into regional government bodies whose core levers are transport, housing, employment and economic development, not healthcare (Local Government Association, 2026).

This represents a distinct audience from the NHS-facing bodies UKIHCA has primarily engaged to date. Strategic (Mayoral) Authorities do not commission clinical services, but they do hold influence over precisely the conditions — secure employment, affordable transport, housing quality — that shape whether behaviour-change support delivered elsewhere in the system can be sustained.

Awareness of this duty, and of the timeline for its enactment, is likely to be relevant to UKIHCA's wider system-mapping and partner engagement work, including its developing ecosystem work in workplace, whole person health and wellbeing.

3.4 Independent reinforcement of the employment–health link

The manual's inclusion of secure employment as a determinant of reduced long-term health and care costs (Local Government Association, 2026) is a useful one: an independent, non-UKIHCA source making an argument structurally identical to the case already underpinning UKIHCA's work with employer partners. Where UKIHCA's own materials make this case on behalf of the profession, an LGA publication makes it as an ordinary matter of local government policy - a distinction that may carry weight with audiences who are cautious of professional bodies advocating for their ‘own’ workforce.

4. Observations for UKIHCA's ongoing work

The following observations follow from the analysis above:

- The manual provides a credible, third-party evidential anchor, a strong argument and independent corroboration of the health and wellbeing coaching profession's relevance to local government.
- The gap the LGA itself identifies in council-side neighbourhood health articulation is time-limited: national and local frameworks are being operationalised through 2026/27, and the window for shaping definitions is narrowing rather than static.
- Strategic Authorities represent a system audience with which UKIHCA currently has limited direct engagement, and which sits outside existing NHS-facing workforce framework relationships.
- The MECC-to-credentialled-coaching relationship is a positioning question that would benefit from more precise articulation - including what distinguishes supervised, competency-assessed coaching practice from lighter-touch conversational training - before it is raised with local government audiences who may otherwise conflate the two.

5. Conclusion

The LGA's Health in All Policies Manual was not written with the health and wellbeing coaching profession in mind.

It does, however, demonstrate from within local government's own institutional logic, the direction the wider system is already moving - toward cross-sector responsibility for health, credentialled health behaviour-change capability at the point of everyday public contact, and a widening statutory expectation that extends beyond the NHS into local and regional government.

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**.

References

HM Government (2026) English Devolution and Community Empowerment Act 2026. London: HMSO.

Local Government Association (2026) Health in All Policies Manual. Public Health Improvement Programme. London: LGA.

World Health Organisation (2013) The Helsinki Statement on Health in All Policies. Geneva: WHO

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

UKIHCA Strategic Perspectives interprets significant developments and publications in health and wellbeing coaching to consider where the global profession is heading and what that means strategically.