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**Strategic Framework Call for Evidence 2021**

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**Welcome and Introduction**

Welcome to the Call for Evidence to support the development of a long-term strategic framework for health and social care workforce planning. This will review, renew and update the existing 15-year strategic framework for workforce planning, [Framework 15](https://www.hee.nhs.uk/our-work/framework-15). While Framework 15 focused on health only, this update will extend into social care, encompassing regulated professionals in social care for the first time.

Health Education England (HEE) is leading this programme of work in close collaboration with NHS England and NHS Improvement, Department of Health and Social Care, Skills for Care and key stakeholders across the social care and health sectors.

This work will look at the key drivers of workforce demand and supply over the longer term and will set out how they may impact upon the required shape of the future workforce, to help identify the main strategic choices.

To develop a shared understanding of the future, we hope to hear from as many stakeholders and partners as possible through this Call for Evidence, including people who need care and support, patients, carers, members of the workforce, as well as students and trainees. As such we are inviting both organisational and individual responses.

Please note that this is the first specific piece of engagement on this work, which will be an ongoing conversation. Insights and analysis from this Call for Evidence will be considered alongside wider evidence and information to ensure as detailed and broad a picture as possible. All of which will be built into further engagement opportunities so the conversation on future workforce can continue. Further opportunities to engage will be listed [here](https://www.hee.nhs.uk/our-work/long-term-strategic-framework-health-social-care-workforce-planning) as the programme of work develops.

**This Call for Evidence closes 23:59, 6 September 2021**.

Thank you for taking the time to complete this Call for Evidence, helping to build a workforce with the right skills, knowledge and values, in the right numbers and right place, both now and in the future.

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**Consent**

HEE are conducting this Call for Evidence to support the development of a long-term strategic framework for health and social care workforce planning.

Throughout this exercise we are asking you to provide some personal information if you are happy to do so. We are asking you to provide your name and email address to allow us to contact you for any clarification*.* We are relying on your consent to capture this data and therefore these questions are not mandatory and you do not have to provide this information if you do not wish to. By providing a response to these questions, you are providing consent.

HEE are using a third party to assist in this data collection, JISC online surveys. Your details will be captured by JISC as part of this survey, JISC staff will not routinely have access to the data you provide in this survey.

Please note that in order to manage and analyse the feedback we receive through the Call for Evidence, we may share your response (with your name and email address excluded) with trusted third parties and partner organisations (Department of Health and Social Care, Skills for Care and NHS England and NHS Improvement) to collate, organise, store and analyse the feedback provided.

All responses to the survey will be amalgamated and anonymised for the purposes of any public reports.

HEE and JISC online surveys take your privacy seriously and your data will not be passed to any further parties for other purposes. Your data will remain secure and will be destroyed by JISC within three months of the Call for Evidence closing. HEE will hold the data for up to six years.

At the end of this survey, you may be prompted to complete a second survey which will ask you a small number of questions relating to your demographic data. This survey is anonymous and responses to each of the data collections cannot be linked. The second survey is completely voluntary. We are collecting this data to help assess how representative individual responses overall are of the population, so we can target engagement where there may be underrepresentation.

If you have any questions or concerns about your privacy, or should you need any further information as to your rights please read [HEE’s privacy notice](https://www.hee.nhs.uk/about/privacy-notice) and [JISC online surveys' privacy notice](https://www.jisc.ac.uk/website/privacy-notice). If you have any question about either privacy policy you can contact HEE at [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk), you can also contact HEE at this address to withdraw consent at any time.

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**About You**

1.1. Name: Optional

|  |
| --- |
|  |

2.2. Title: Optional

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|  |

a.2.a. If you selected Other, please specify:

|  |
| --- |
|  |

3.3. Are you submitting on behalf of an organisation(s) or is this an individual submission? *Required*

Organisational submission

Individual submission

a.3.a. Please provide the name of your organisation(s): *Required*

|  |
| --- |
| Royal College of Occupational Therapists |

b.3.b. Which of the below best describe your organisation(s)? Please select all that apply *Required*

Social Care Provider

Healthcare Provider

Royal College

Higher Education Institute

Further Education Provider

People who use care and support/Patient Representation Organisation/Network

Carer Representation Organisation/Network

Regulator

Local Authority

Arms Length Body

Integrated Care System

Central Government

Think Tank

Charity

Independent Provider

Social Enterprise

Private Provider

Professional Body

Trade Union

Academic Health Science Networks

Commissioner

Provider Representation Organisation

Other

i.3.b.i. If you selected Other, please specify:

|  |
| --- |
|  |

c.3.c. In which region(s) does your organisation(s) primarily operate? Please select all that apply ([Map for reference](https://www.hee.nhs.uk/about/how-we-work/your-area)) *Required*

National organisation

London

Midlands

North East and Yorkshire

North West

South East

South West

East of England

Outside of England

d.3.d. Does your submission concern particular health and social care pathways/ areas? ***Please note that we recognise this is not an exhaustive list***. It shows those where HEE or partners have significant programmes of work. Please select all that apply and feel free to add others.  *Required*

No specific pathway/area

Social Care

Maternity

Mental Health

Cancer

Children and Young People

Urgent and Emergency Care

Primary Care

Other

i.3.d.i. If you selected Other, please specify:

|  |
| --- |
| Our members work across additional sectors to the above. These include housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services. Also, there are a variety of roles within ‘Social Care’ for example Reablement, environmental interventions, moving and handling and children's service. |

e.3.e. Does your submission concern particular social care and health workforce roles/groups? If so, please identify them below.

|  |
| --- |
| Occupational therapists |

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## Your response and instructions

**Section Introduction**

This section is structured around six overarching drivers of change categories. Drivers of change refers to the wide ranging, longer term forces which affect and shape our daily lives, and for our purposes in this piece of work, how we deliver health and social care and the required workforce for now and for the future.

The six categories (listed below) are to help frame the start of an ongoing conversation:

1. Demographics and Disease
2. Public, People who need care and support, Patient and Carer Expectations
3. Socio-economic and Environmental Factors
4. Staff and Student/Trainee Expectations
5. Science, Digital, Data and Technology (including Genomics)
6. Service Models and Pandemic Recovery

They are based on the categories we used in the original [Framework 15](https://www.hee.nhs.uk/sites/default/files/documents/HEE%20strategic%20framework%202017_1.pdf), which in turn were based on PESTLE analysis and built on previous work including the Wanless report. These have been reviewed and updated in the light of subsequent work including the [Topol Review](https://topol.hee.nhs.uk/) and the [Future Doctor](https://www.hee.nhs.uk/our-work/future-doctor).

We recognise that many of these categories and the factors within them are linked.

Although the categories used are important to aid discussion, our primary interest is the collaborative system-wide discussion on the impact the factors within these categories may have on social care and health workforce demand and supply over the next 15 years and the interventions needed to meet that potential future demand. That said, please use the section at the end of this Call for Evidence requesting any further comments to note any suggested amendments or additions to the drivers of change categories.

We are defining workforce demand as the impact on workforce numbers (increasing or decreasing), as well as the requirement for new skills, new roles and new ways of working.

Potential gaps between workforce supply and demand may in turn drive demand. As such, you will have the opportunity to outline where you feel existing supply and demand gaps may heighten, as well as where new gaps may emerge over the next 15 years.

Please note that as well as the more technical factors that impact on workforce demand and supply, we are also interested in broader factors such as generational preferences, workplace culture and wellbeing. As you navigate through the Call for Evidence you will see example factors listed under each drivers of change category. They are not intended to be exhaustive or suggest priority, they are just to give you a flavour of the sorts of factors you may wish to consider.

**No mandatory questions from this point**

Please note that there are no mandatory questions from this point. Please respond to as many questions as you can.

**Finish Later**

Please note you have the functionality to save work in the form using the "Finish Later" button at the bottom of each page of the survey. It will prompt you to enter an email address to send you a unique link which you will need to use to access the survey with your previous information entered. We recommend also copying and saving the unique link generated before leaving the platform.

We do not receive any of your submission until you click "Finish" at the end of the survey. Once you have clicked "Finish", you will be unable to amend your submission.

**Supporting Evidence**

As part of your submission there is a prompt to provide links or submit supporting evidence via email.

**Please do not submit:**

* **Any information which could identify an individual either within the body of the survey questions or as a result of additional submitted information.**
* **Any promotional material**

**Where the information is confidential/commercially sensitive or not in the public domain please highlight this.**

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# Driver Analysis

## Demographics and Disease

This drivers of change category includes, but is not limited to, factors such as:

* Population size and makeup (including ethnicity)
* Population Density
* Age Structure
* Birth Rates
* Mortality Rates
* Life Expectancy
* Migration
* Long Term Conditions and multiple-morbidities (one person living with multiple illnesses or disease)
* Disability
* Accident Rates
* Epidemiology (how often diseases occur in different groups of people and why)
* Workforce demographics

5.5. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

**1.5.1. FACTOR A**

a.5.1.a. Please provide a brief description of the factor(s):

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| The ageing population will put increasing pressure on many areas of the health and social care system, including (within the NHS) primary care, inpatient and community rehabilitation services, and (within social care) reablement, aids and adaptations, housing.  More people are living for longer with complex and multiple long term conditions. The current health and care system operates in a condition-specific way which is not effective to meet all of the requirements of people living with complex and varied needs. There is a need to join up services and pathways to provide personalised support based on need rather than condition. Also, the system needs to recognise and address the importance of social determinants of health. |

b.5.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

|  |
| --- |
| The ageing population will create an increased demand for occupational therapists working in primary care, rehabilitation, reablement, social care and housing roles. Occupational therapists support the ageing population to remain independent in the community, and reduce pressure on secondary care, domiciliary care and residential care. Occupational therapists will be best placed to support individuals with complex needs requiring specialist intervention, and to provide management and supervision to unregistered colleagues.  In order to move from services that are condition-focused to those that are needs-focused, the workforce must be able to work in a more flexible and holistic way. Occupational therapists are ideally suited to support people with complex and multiple long term conditions, through their dual training in physical and mental health and expertise in personalised approaches, self-management skills and rehabilitation. Occupational therapists are also well suited to play a more significant role in primary and community roles to ensure people access support earlier.  Occupational therapists in advanced practice roles are well placed to lead multi-disciplinary rehabilitation teams including registered and unregistered colleagues.  Given the workforce has a consistent role addressing crisis, there needs to be a greater emphasis given to supporting resilience and moral. |

c.5.1.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.5.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.5.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.5.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.5.1.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.5.1.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**2.5.2. FACTOR B**

a.5.2.a. Please provide a brief description of the factor(s):

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| Workforce demographics – there is a risk that current areas of shortage, as highlight in HEE's own figures, will be weakened further still. This will make the workforce as a whole less flexible and able to respond to changes in demand or proposals for service restructure |

b.5.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

|  |
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| Figures compiled by Skills for Care indicate that there is a ‘bulge’ in the workforce that is within 20 years of retirement. We consider that this raises four specific challenges for the sector. First is the requirement to train the next generation of leaders. While individual professions such as occupational therapists – and allied health professions in general – have CPD strategies and frameworks, non-vocational leadership training and education is relatively weak. Second, the most senior leaders will be involved with multi-disciplinary teams, so it is important that HCPs at all levels have exposure to these. Third, shortages in rural areas will continue to require attention. Fourth, the boundaries between the health and social care employment structures which cause artificial barriers to smooth career pathways which work across both elements.  Uncertainty exists throughout the system, given patchy or non-existent data. To provide a clean baseline must be the initial priority. |

c.5.2.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.5.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.5.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.5.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.5.2.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.5.2.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**3.5.3. FACTOR** **C**

a.5.3.a. Please provide a brief description of the factor(s):

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b.5.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

|  |
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|  |

c.5.3.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.5.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.5.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.5.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.5.3.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.5.3.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**4.5.4. FACTOR D**

a.5.4.a. Please provide a brief description of the factor(s):

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b.5.4.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.5.4.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.5.4.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.5.4.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.5.4.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.5.4.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.5.4.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**5.5.5. FACTOR E**

a.5.5.a. Please provide a brief description of the factor(s):

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|  |

b.5.5.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.5.5.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.5.5.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.5.5.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.5.5.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.5.5.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.5.5.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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6.6. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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a.6.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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7.7. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact

Medium Impact

High Impact

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## Public, People who need care and support, Patient and Carer Expectations

This drivers of change category includes, but is not limited to, factors such as:

* Expectations of the health and social care system as a whole
* People who need care and support, patient and carer experience
* People who need care and support/patient  involvement, empowerment and shared decision making
* Quality and safety of care
* Access to and availability of care. How care is delivered (e.g., increasing digital models of delivery).
* Data security
* Digital literacy
* Expectations of the staff that work within social care and health (e.g., skills, values, behaviours)
* Expectations for the staff that work within health and social care (e.g., reward)

8.8. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

**1.8.1. FACTOR A**

a.8.1.a. Please provide a brief description of the factor(s):

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| --- |
| Drivers in national guidance and legislation will have an impact on when and where occupational therapy is delivered. Within the NHS Long Term Plan there is emphasis upon proactive, community-focused delivery - prevention, early intervention and personalised approaches (D2A, anticipatory care, personalised care). Within the new National Disability Strategy there is a commitment to improve DFG delivery, which occupational therapists (typically based in local authorities) are heavily involved in.  There are known inequalities in access to and experience of services for people with protected characteristics and members of inclusion health groups. Services must be reviewed to proactively reach and support those most affected by health inequalities.  The pandemic has increased pressure upon rehabilitation services for multiple reasons, as outlined by the UK CAHPOs(1). Around 1 million people are currently living with Long COVID, many of whom have difficulty managing their daily lives. Increased demand upon rehabilitation services has shone a light upon existing gaps and shortages within rehabilitation provision nationally, and NHS England have committed to investing in new rehabilitation leadership posts at a national level. |

b.8.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

|  |
| --- |
| There will be increased demand for occupational therapists working in community-based health, social care and housing settings, with capacity to respond rapidly and proactively to enable people to return to / maintain independence in the community i.e. facilitating hospital discharge, avoiding hospital admissions, supporting primary care and preventing deterioration in health and social needs.  To meet this increased demand all professional will need use their professional knowledge to critically evaluate the opportunities and challenges related to digital models of care. This must ensure a personalised approach is key to any care delivery.  Occupational therapists working in strategic leadership roles within local authorities and housing settings will be crucial to support the government’s commitment to improving delivery of DFG funded home adaptations (2).  There would be benefit for investment in digital tools to support quicker and efficient collection of information for DFGs. This would help occupational therapists and associated services, deliver adaptations in a timely way and help develop and support the knowledge and skills needed for new ways of working.  To address existing inequalities and geographical variation in access to rehabilitation services there must be an increase in occupational therapy provision in community rehabilitation settings, to support physical and psychological health, based on need rather than condition. There should be an increase in advanced practitioner roles to enable occupational therapists to lead multi-disciplinary rehabilitation teams and provide support to unregistered colleagues.  The demand and pressures on social care continue and will be magnified further following COVID (3). The pandemic has created more needs and made it more difficult to meet existing needs which will take time to recover from. This could also result in disjointed care is exacerbated by an existing postcard lottery of access and provision.  The provision of mental health support is also worsened by factors related to COVID- 19 and needs to be urgently addressed (4). |

c.8.1.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.8.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.8.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.8.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.8.1.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.8.1.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

|  |
| --- |
| 1. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0450-AHP-Four-Nations-Statement-on-Rehabilitation.pdf  2. https://www.rcot.co.uk/adaptations-without-delay  3. https://www.kingsfund.org.uk/publications/covid-19-magnified-social-care-problems  4. https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health |

**2.8.2. FACTOR B**

a.8.2.a. Please provide a brief description of the factor(s):

|  |
| --- |
| Occupational therapists are dual trained (in physical and mental health) to work with people and their carers in a needs not condition focused way. They work across the health and care system and are employed by different organisations. Occupational therapists face disparities in accessing digital literacy professional development opportunities e.g. The Tolpol and Digital Academy Fellowships when they provide health and care services but are not employed by the NHS.  In addition to digital literacy, providers of social care services lack a consistent approach to digital and data driven innovation compared to the NHS. Within the NHS the CIO/CCIO structure (when CCIO roles are representative of the whole workforce including allied health practice) enables the digital and data requirements of occupational therapists to feed into organisational digital and data strategies and plans. For this to be more widespread across the health and care sector, more CCIO roles for allied health practice need to be made available alongside opening up digital and data learning and development opportunities to those employed outside of the NHS. |

b.8.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

|  |
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| Lack of learning and development and CCIO role opportunities for allied health professionals prevents personal health and care information from traveling with the person around the health and care system which is a patient and clinical safety risk. An additional complication for the workforce is the need for people to repeat their health and care information to multiple professionals alongside additional work for occupational therapists who may have to repeat assessments and/or spend time on chasing information from other providers.  Given occupational therapists focus on needs rather than conditions e.g., needs related to housing, employment and education. Information standards based on the medical model do not capture the information required to support independence in a standardised way. This significantly impacts how this information can be shared through current digital projects e.g. The NHS App and other personal health and care record apps e.g. “Patients know best”. This negatively impacts on the person in terms of sharing their information with other organisations and self management. |

c.8.2.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.8.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.8.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.8.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.8.2.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.8.2.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**3.8.3. FACTOR C**

a.8.3.a. Please provide a brief description of the factor(s):

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| Expectations of members of the public, including patients and their families, will be affected by the media portrayal of the service as well as by their own experience. |

b.8.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| Recent research by BritainThinks for the Richmond Group (June 2021) (1) indicates decreased satisfaction with primary and secondary care. Research conducted during the Blair government indicated that the public responds to wider discourse about the health service to determine their own view, even overriding their own potentially positive experiences. This is the context in which longer waits for treatment are being reported, and puts pressure on senior leaders (and politicians) to look for short term fixes.  Over the next two years there will be increasing understanding about Long COVID. There may be pressure to decouple COVID from other areas of treatment and to offer different service pathways. We are concerned that this will detract from existing rehabilitation provision. Model for delivering on Post covid syndrome should be delivery for people dealing with ongoing long covid symptoms.  The challenges faced around people being unable to access face to face GP services could be addressed by having more occupational therapists (and allied health professionals) in primary care settings (2). People often need primary care support for factors that are a minor medical or other social needs, that might be better met by another professional. Primary care needs to move to the right solution for right need. Occupational therapist positioned in the community can provide good links across health and social care and primary. |

c.8.3.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.8.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.8.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.8.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.8.3.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.8.3.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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| 1. The Britain Thinks work for the Richmond Group can be found at: https://britainthinks.com/richmond-group-phase-3/ (as at 1 September 2021)  Mattinson, D. (2010). Talking to a Brick Wall. Biteback, London.  2. https://www.rcot.co.uk/occupational-therapy-primary-care |

**4.8.4. FACTOR D**

a.8.4.a. Please provide a brief description of the factor(s):

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b.8.4.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.8.4.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.8.4.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.8.4.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.8.4.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.8.4.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.8.4.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**5.8.5. FACTOR E**

a.8.5.a. Please provide a brief description of the factor(s):

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b.8.5.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.8.5.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.8.5.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.8.5.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.8.5.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.8.5.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.8.5.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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9.9. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| When addressing health inequalities - not only do we need more occupational therapists but also it is where we are positioned. So to illustrate, with housing for people and families living with disabilities, frailty in older age or long term health conditions.  Housing departments and housing associations already benefit from employing or working in partnership with occupational therapists to provide expertise in designing and adapting homes to meet need, increase independence and safety and provide access. Occupational therapists are typically brought in at final stages of a build and advice is often compromised as it is too late to modify design. Redeploying occupational therapists in positions to:  1. Work with local planning departments and have a clear process for receiving plans at early stage for comment and re-design.  2. Teach planners about Part M of the building regulations.  3. Comment earlier in planning process (pre-planning where possible) to ensure the best design and reduce the need for compromise later.  4. Complete post-occupancy audits and outcome measures to capture the impact of good design has on families to inform the planning process.  Once developers and registered providers work with occupational therapists on a scheme the learning can be applied to future projects, thus minimising occupational therapy involvement, saving time and money but still resulting in better homes.  The NHS Long Term Plan and the Care Act prioritise prevention and early intervention within health and social care delivery, but the workforce that can deliver on this are not consistently established in community and primary care delivery. Community rehabilitation is an example of patchy and inconsistent delivery nationally. Greater investment in multidisciplinary delivery within primary and community services so that people in need are seeing the right expert immediately rather than seeing a GP who refers onto a consultant who after seeing and reviewing passes onto the right professional discipline.  Promotion of the wider workforce to the public so that people understand who has what expertise- reduces reliance on doctors to gatekeep, raise the morale and confidence of each profession and potentially attracts new workforce intake as well as delivers prevention and early intervention reducing demand on acute and hospital services. |

a.9.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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10.10. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact

Medium Impact

High Impact

## Socio-economic and Environmental Factors

This drivers of change category includes, but is not limited to, factors such as:

* Health inequalities
* The economy and public funding/finances
* Labour market
* Social determinants of health (e.g. housing)
* Climate Change
* Greenhouse emissions and pollution

11.11. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

**1.11.1. FACTOR A**

a.11.1.a. Please provide a brief description of the factor(s):

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| There is an urgent need to address the entrenched health inequalities across the health and social care system, that have been further exacerbated by the COVID pandemic.  There are known inequalities in access to services and experience of services by people with protected characteristics and members of inclusion health groups. Workforce planning must address the need to proactively reach those communities worst affected by health inequalities, in order to reverse inequalities and provide services that are fair and equitable.  People with protected characteristics and members of inclusion heath groups are known to be more likely to experience preventable health conditions, multiple long term conditions and some mental health conditions. There is currently a lack of targeted, appropriate support to meet the specific needs of these groups, to address existing health needs, reverse existing inequalities and prevent future inequality.  Social determinants of health such as housing, access to education and employment are not routinely or equitably addressed by health professionals, even though they have a significant impact upon health outcomes. There is significant local variation in access to services such as vocational rehabilitation and rehousing support. |

b.11.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| To address the widening of health inequalities the entire workforce must be better skilled at identifying, preventing and addressing health inequalities through their practice. This must happen at an individual practitioner level and in the planning and delivery of services. Additional resources should be placed in geographical areas that experience the highest levels of deprivation and inequality (1).  Occupational therapists work with groups at high risk of experiencing health inequalities e.g. people experiencing homelessness, people in contact with the justice system, and people with learning disabilities, to address their health and social needs. Occupational therapists also address social determinants of health such as housing and access to education and employment for people who are disabled and who have long term health conditions. At present these types of services are not consistently available across the country, further widening inequalities.  Increased access to occupational therapists for members of inclusion health groups would increase independence and self-management skills and help to improve health outcomes. Increased access to occupational therapists specialising in housing interventions, employment support and enabling children to participate in education would tackle the social determinants of health for groups at higher risk of health inequalities (2).  It is important to have place-based health and care and associated data. Also, important to acknowledge that the workforce is enriched by diversity and understanding of the populations they serve. |

c.11.1.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.11.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.11.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.11.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.11.1.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.11.1.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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| 1. https://www.kingsfund.org.uk/sites/default/files/2021-06/AHP%20Health%20Inequalities%20Framework.pdf  2. https://www.phpc.cam.ac.uk/pcu/files/2021/05/AHP-and-Inequalities-Final-Version-V2.0.pdf |

**2.11.2. FACTOR B**

a.11.2.a. Please provide a brief description of the factor(s):

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b.11.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.11.2.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.11.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.11.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.11.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.11.2.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.11.2.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**3.11.3. FACTOR C**

a.11.3.a. Please provide a brief description of the factor(s):

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b.11.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.11.3.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.11.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.11.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.11.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.11.3.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.11.3.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**4.11.4. FACTOR D**

a.11.4.a. Please provide a brief description of the factor(s):

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b.11.4.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.11.4.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.11.4.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.11.4.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.11.4.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.11.4.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.11.4.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**5.11.5. FACTOR E**

a.11.5.a. Please provide a brief description of the factor(s):

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b.11.5.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.11.5.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.11.5.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.11.5.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.11.5.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.11.5.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.11.5.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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12.12. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists

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a.12.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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13.13. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact

Medium Impact

High Impact

## Staff and Student/Trainee Expectations

This drivers of change category includes, but is not limited to, factors such as:

* Expectations of working life and careers e.g. flexible working, work related stress and burnout, tackling bullying and harassment, time to care, wellbeing, reward, progression and career development, retirement plans, carer and dependent responsibilities
* Culture
* Workforce recovery post pandemic
* Expectations of training (pre and post registration (including clinical placements and rotations) , Continuous workforce/professional development and lifelong learning). For example, access to the latest education technology innovations
* Equality, diversity and inclusion
* Widening Participation
* Generational preferences
* Expectations of service design and workforce structure e.g. multi-disciplinary team (MDT) working, developing generalist skills

14.14. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

**1.14.1. FACTOR A**

a.14.1.a. Please provide a brief description of the factor(s):

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| Ensuring a sustainable foundation is in place to support the AHP (occupational therapy) workforce pipeline |

b.14.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| Placement capacity  There is a need to ensure that everyone engages in supporting practice-based learning. An opt out, not opt in approach.  Practice-based learning needs to be managed as part of normal service delivery, and embedded support for all. At an organisational level this includes engagement in PBL role articulated within job descriptions, appraisals, and support and development opportunities. The time to support pre-registration learners is factored into job roles and recognised as having a positive impact on the future workforce.  A need for variety in practice placement approaches and the capacity (time, skills, resources) to consider, engage in, implement and evaluate these changes  EDI  Supporting diversity within PBL – consideration of learners needs and the challenges, particularly as a student being assessed, in challenging discrimination. The You Tube video below gives some examples.  Pre-registration academic workforce  Consideration of the pre-registration education workforce – clear pathways to move from practice to academia, appropriate pay, career pathways within academia, ability to maintain links with clinical practice (clinical academic roles)  The increasing need for occupational therapists within the workforce and subsequent increase in the number of HEIs offering various training routes also increases the need for an increase in the academic workforce who can effectively educate the future workforce. Elements of this can be addressed through partnership working and clinical academic roles but will also require greater increase in those employed by HEIs.  Making effective use of the skills of new registrants  The number of learners completing MSc level pre-registration is increasing year on year, bringing a range of skills and knowledge to the workforce in terms of innovation, leadership and research, which need to be utilised effectively. Infrastructure and roles needed to encourage and retain these learners within the NHS (as opposed to other organisations and independent practice). |

c.14.1.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.14.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.14.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.14.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.14.1.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.14.1.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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| Council of Deans for Health The academic workforce in health faculties Analysis of the Council’s academic staffing census 2019 https://www.councilofdeans.org.uk/wp-content/uploads/2020/01/CODH.ASC.report\_v4.pdf  A mapping review of models of practice education in allied health and social care professions. Joanna Beveridge, Duncan Pentland https://journals.sagepub.com/doi/full/10.1177/0308022620904325  Occupational Therapy News August 2021, AHP Student Experience Discussion  https://www.youtube.com/watch?v=QMurDMvoyPg This 2 hour discussion focuses on the lived experiences of students from ethnically diverse, LGBTQIA+ and disability backgrounds. The students talk openly and honestly about their placement and education experiences and at times it is emotional and impactful. We discuss how clinical educators can create more of an inclusive, safe and supportive placement. There is no place for racism, homophobia, transphobia, xenophobia or discrimination of any kind in our society and especially our healthcare and education systems. We must do better. |

**2.14.2. FACTOR B**

a.14.2.a. Please provide a brief description of the factor(s):

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| The need to ensure that we value the role of support workers; 1) recognising opportunities to upskill to effectively deliver health and social care services alongside registered colleagues, 2) offering professional development opportunities and a defined career structure to both attract people to the support workforce and allow them to progress to registered professional status, if they desire 3) to widen accessibility to training opportunities 4) ensure a diverse workforce which represents the communities who use our services |

b.14.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| --- |
| Developing the Support Workforce  A recent statement from Professional Bodies representing Allied Health Professions and Trade Union partners strongly argues for greater recognition of the value of the AHP support workforce and the essential role they play in delivering safe, effective and productive AHP services (see below). Support workforce needs to grow, a career development framework put in place, and investment made in the development of the support workforce.  Work specific to occupational therapy has already begun, supported by the Career Development Framework (Royal College of Occupational Therapists 2021), to support career progression and identification of development needs across levels 1 to 4.  Doing so, can attract support workers into the workforce knowing there is a defined career pathway  Addresses the need for a diverse workforce; widening the routes available into professional roles, recruiting from across a range of communities, making training opportunities more accessible and bringing into the profession people from a range of backgrounds who can relate to and engage with different communities, to build trust with communities in addressing health inequalities.  Specifically relevant to occupational therapy due to the vital contribution support workers make to the delivery of services and the potential across all aspects of health and social care for the unregistered workforce to be upskilled, making effective use of the expertise of registered professionals through spread of this expertise. The number of support workers in the workforce therefore needs to increase significantly and adequate resources made available for education and training. |

c.14.2.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.14.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.14.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.14.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.14.2.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.14.2.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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| Optimising the contribution of the Allied Health Professions support workforce. <https://www.rcot.co.uk/news/rcot-calls-commitment-develop-ahp-support-workforce>  Royal College of Occupational Therapists (2021) Career Development Framework Available at <https://www.rcot.co.uk/publications/career-development-framework> |

**3.14.3. FACTOR C**

a.14.3.a. Please provide a brief description of the factor(s):

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| Research Capacity Building The need for greater development of practitioners’ confidence and capability to use research evidence to inform clinical practice.  Greater focus on clinical academic career development to build a culture, infrastructure and personnel to support and develop others; specifically, making effective use of the skills and knowledge of this group one they have completed doctoral study by ensuring dedicated roles and career pathways which recognises the vital contribution they can make in leading innovative service development and addressing the health and social care needs of communities. |

b.14.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| Clinical Academics  We know that research active organisations are more likely to have more positive health outcomes (Hanney et al 2013). Opportunities for AHPS to develop as competent clinical researchers are provided by NIHR. But now, we need to capitalise on the transformational opportunities provided by AHP clinical academics (specifically occupational therapists) to meet the needs of what matters to those who use our services (RCOT 2021).  This may require a cultural shift in organisations understanding of the purpose of research training (Cowley et al 2020). There is a need for innovative roles to both attract and retain AHPs in whom we have invested to develop this high-level skill set and whose vital contribution can drive innovative service delivery to meet the health and social care needs of communities (Jones and Keenan 2021).  Infrastructure and effective partnership working which optimises roles across academia and clinical practice (integrate and make possible)  Avoid return to clinical post; better support for transition from clinician (or academic) to clinical academic to embed new skills and identity; develop a culture which is ‘accepting’ of newly acquired skills on return to the workplace  Recognise the impact that clinical academic AHPs (occupational therapists) can have on service transformation and patient care, ensuring equity with current structures within the medical profession  Ensure growth in clinical academic roles is equitable to that of the nursing profession  AHPS as Research Consumers  Continuing professional development activities are required to ensure the workforce (occupational therapists) have the confidence and capability to be effective research consumers and therefore proactive evidence informed practitioners.  Models required which enable the integration of research and clinical practice, which not only ensure research is clinically relevant, but which builds capabilities at all levels of the workforce in understanding and utilising research evidence in practice. Work based opportunities such as Communities of Practice in which there is shared learning, research activities and supervision (as opposed to reliance on formal academic learning which poses challenges in translating learning into practice) |

c.14.3.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.14.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.14.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.14.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.14.3.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.14.3.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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| Royal College of Occupational Therapists (2019) Royal College of Occupational Therapists’ Research and Development Strategy 2019–24. London: RCOT, pp.1–36.  Royal College of Occupational Therapists (2021) Identifying research priorities for occupational therapy in the UK What matters most to the people accessing and delivering services? Available at: https://www.rcot.co.uk/identifying-research-priorities  Cowley, A., Diver, C., Edgley, A., & Cooper, J. (2020). Capitalising on the transformational opportunities of early clinical academic career training for nurses, midwives and allied health professionals. BMC Medical Education, 20(1), 1-9.  Hanney, S., Boaz, A., Soper, B., & Jones, T. (2013). Engagement in research: an innovative three-stage review of the benefits for health-care performance. Health Services and Delivery Research, 1(8).  Jones, D., & Keenan, A. M. (2021). The rise and rise of NMAHPs in UK clinical research. Future Healthcare Journal, 8(2), e195. |

**4.14.4. FACTOR D**

a.14.4.a. Please provide a brief description of the factor(s):

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| Supporting the career pathways of registered staff to a) recognise value of all professional levels and provide appropriate development opportunities to address changing nature of the profession and health and social care needs of communities served.  b) provide the necessary support for development of specific levels of practice (e.g. Enhanced, Advanced and Consultant) and realise the full potential of these roles in addressing population needs.  c) optimise funding for and access to such career pathways to retain staff  d) ensure effective and profession specific roadmaps to ensure added value of advanced level roles across services (eg First Contact Practitioners), in particular evolving areas of practice such as primary care, public health and prevention agenda and integrated services. |

b.14.4.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| Workforce Demand  Resources and skilled personnel required to support the developing workforce – ie to provide the workplace supervision to enhanced practitioners, advanced practitioners, consultants, and those progressing along specific roadmaps such as First Contact Practitioner.  Formal education to support enhanced practice agenda/portfolio will require an increase in the academic workforce within higher Education Institutions to support postgraduate/post registration learners  Skilled personnel to assess portfolios across enhanced and advanced roadmaps and apprenticeships  Increase in education and training and to support the registered workforce professional development which mirrors evolving service models which meet the complex needs of communities (eg digital technologies, prevention, health inequalities)  Recognition of the decline in uptake of academic studies (that are transactional, barriers such as time and money, lack of evidence of the translation of knowledge into practice); Greater emphasis on work based learning opportunities that recognise the transformational effects of professional development opportunities provided by WBL at team/service level. |

c.14.4.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.14.4.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.14.4.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.14.4.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.14.4.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.14.4.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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| Royal College of Occupational Therapists (2021) Career Development Framework Available at https://www.rcot.co.uk/publications/career-development-framework |

**5.14.5. FACTOR E**

a.14.5.a. Please provide a brief description of the factor(s

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b.14.5.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.14.5.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.14.5.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.14.5.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.14.5.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.14.5.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.14.5.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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15.15. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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a.15.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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16.16. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact

Medium Impact

High Impact

## Science, Digital, Data and Technology (Including Genomics)

This drivers of change category includes, but is not limited to, factors such as:

* Genomics
* Artificial Intelligence
* Robotics
* Automation
* Digital Health Technologies (e.g., Telemedicine, Smartphone Apps, sensors and wearables, virtual and augmented reality)
* Digital literacy
* Big data
* Data security and data sharing

For this drivers of change category, in the context of releasing time to care, we are also interested in views on how innovations may result in substitution, redistribution, augmentation, generation or transference. The below definitions are based on the work of the RSA, but ‘Redistribution’ has also been added as an extra category.

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| --- | --- |
| **Substitution** | The most conventional form of automation, substitution involves technology taking on a task that would usually be undertaken by a worker. Occasionally these technologies substitute for whole jobs, but more often they replicate individual tasks that in aggregate make up occupations. |
| **Redistribution** | This is where the technology redistributes work along the patient pathway e.g. Polygenic risk scores, used in conjunction with existing demographic and lifestyle scoring may be used to predict future risk of diseases and thereby reducing the need for later treatment and surgery |
| **Augmentation / Complementing** | Augmentation expands the capability of workers, allowing them to achieve more and better-quality work in a shorter space of time. In theory, these technologies take away tasks from workers, but the overall effect is to amplify their abilities (e.g., to complete successful operations). |
| **Generation / Creating** | As well as mimic what workers already do, technologies can generate tasks that were never done by humans previously (or only by a very small number). Technologies such as this create work rather than capture it from others. |
| **Transference** | Transference is where technology shifts responsibility for undertaking a task from health and social care workers to patients e.g. health monitoring devices taking away the need for regular check-ups |

*Where applicable, please consider them in your narrative responses.*

17.17. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

**1.17.1. FACTOR A**

a.17.1.a. Please provide a brief description of the factor(s):

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| Increased availability of mainstream and specialist smart home technology can support people who are disabled and with long term health conditions to remain safe and independent in their home, and reduce demand upon social care and residential care. Use of technological home solutions is recommended as a means to support the ageing population. |

b.17.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| --- |
| Occupational therapists in many local authorities have developed skills in specifying technological solutions to help people manage their daily activities and reduce risks associated with health needs. These include reduced mobility, cognitive and neurological difficulties. Increasing the skills of all occupational therapists in this rapidly evolving area would ensure that access to technological solutions is equitable across the country. |

c.17.1.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.17.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.17.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.17.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.17.1.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.17.1.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**2.17.2. FACTOR B**

a.17.2.a. Please provide a brief description of the factor(s):

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| Organisations such as the Professional Records Standards Board (PRSB) lead on the development of information standards and uniformed terminology to improve the standardisation of clinical information. There are a variety of different systems and devices used across the health and care system. Further still, some teams still use paper-based systems to document and share information across teams and organisations. |

b.17.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| Using different tools and systems means that occupational therapy information is being recorded in different formats and places. This has the potential to impact on the profession’s ability to share information effectively across systems (interoperability) and can have a direct impact on patient or citizen care. For occupational therapy data to be included in “big data” sets information needs to be documented in a standardised format that is computer readable e.g. SNOMED Coded. This requires the workforce to develop data leadership or informatics skills to work with allied health practice teams to develop information protocols and configure systems to collect data. With access to professional development opportunities and an increase in informatics roles, occupational therapists are well positioned as “system connectors”. |

c.17.2.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.17.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.17.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.17.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.17.2.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.17.2.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**3.17.3. FACTOR C**

a.17.3.a. Please provide a brief description of the factor(s):

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b.17.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.17.3.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.17.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.17.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.17.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.17.3.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.17.3.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**4.17.4. FACTOR D**

a.17.4.a. Please provide a brief description of the factor(s):

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b.17.4.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.17.4.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.17.4.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.17.4.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.17.4.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.17.4.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.17.4.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**5.17.5. FACTOR E**

a.17.5.a. Please provide a brief description of the factor(s):

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b.17.5.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.17.5.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.17.5.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.17.5.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.17.5.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.17.5.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.17.5.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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18.18. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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a.18.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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19.19. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact

Medium Impact

High Impact

## Service Models and Pandemic Recovery

This drivers of change category includes, but is not limited to, factors such as:

* Current and future service models
* Integration
* Working across boundaries
* Health promotion and prevention
* Personalised care
* Expanding digital options
* Pandemic recovery (elective care and waiting lists) and resilience (e.g. surge demand capacity)
* Responding to future people who need care and support/patient need

20.20. Within this drivers of change category, what do you believe are the key factors that will impact on workforce demand and supply over the next 15 years? Please feel free to group factors together as you consider appropriate.

**1.20.1. FACTOR A**

a.20.1.a. Please provide a brief description of the factor(s):

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| Demand for resourcing for ‘recovery’ may crowd out the ability to move resource ‘upstream’ into primary care or prevention |

b.20.1.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| --- |
| Occupational therapists can provide effective rehabilitation care in a community setting, and are ideally placed to contribute to a prevention agenda. However, there is no surplus of occupational therapists that can be moved ‘upstream’ while maintaining provision in acute settings. Expanding provision in community rehabilitation and primary care are a priority but we are concerned that there is insufficient workforce to progress these programmes in the medium term. |

c.20.1.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.20.1.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.20.1.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.20.1.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.20.1.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.20.1.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**2.20.2. FACTOR B**

a.20.2.a. Please provide a brief description of the factor(s):

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| Current and future service models/  Integration/  Working across boundaries |

b.20.2.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists

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| RCOT fully support the development of ICSs and an integrated approach to delivery of care . However, members report that progress within teams and services have been halted by the pandemic. Integration will be hindered by insufficient time or remit to develop relationships across services and sectors, inequitable funding and resourcing across sectors (in particular social care and mental health) and inadequate measure and data collection to evaluate service models. |

c.20.2.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.20.2.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.20.2.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.20.2.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.20.2.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.20.2.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**3.20.3. FACTOR C**

a.20.3.a. Please provide a brief description of the factor(s):

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b.20.3.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.20.3.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.20.3.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.20.3.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.20.3.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.20.3.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.20.3.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**4.20.4. FACTOR D**

a.20.4.a. Please provide a brief description of the factor(s):

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b.20.4.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.20.4.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.20.4.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.20.4.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.20.4.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.20.4.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.20.4.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**5.20.5. FACTOR E**

a.20.5.a. Please provide a brief description of the factor(s):

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b.20.5.b. What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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c.20.5.c. What impact do you think this factor(s) will have on workforce number demand?

Strong demand reducing impact

Moderate demand reducing impact

Weak demand reducing impact

Neutral

Weak demand increasing impact

Moderate demand increasing impact

Strong demand increasing impact

d.20.5.d. What degree of impact do you believe this factor(s) will have on need for new skills?

Low Impact

Medium Impact

High Impact

e.20.5.e. What degree of impact do you believe this factor(s) will have on need for new roles?

Low Impact

Medium Impact

High Impact

f.20.5.f. What degree of impact do you believe this factor(s) will have on need for new ways of working?

Low Impact

Medium Impact

High Impact

g.20.5.g. In what time horizon will the most significant impact be felt on workforce demand?

0 - 5 years

6 - 10 years

11 - 15 years

Beyond 15 years

h.20.5.h. Please provide links to supporting evidence or alternatively email [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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21.21. Please add any additional key factors below, identifying the impact on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply over the next 15 years. How and when may they impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.

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| Currently HEE has identified shortages of occupational therapists in every region until at least 2026. We anticipate the effect of this will be exacerbated as services resume addressing waiting lists and new referrals as the UK recovers from the pandemic. In anticipation of the projected future numbers of people living with long term conditions (for example dementia is predicted to rise 748,000 to 1,352,400 by 2040 in England (LSE and CPEC, 2019). Restructuring services to offer prevention and early intervention will shape and impact on occupational therapy and necessitate the development of future models of care in response to demand and need to support people to self-manage. It is imperative to break the cycle of the majority funding into hospital and acute care. We have seen that limited access to Primary and Community services due to the pandemic restrictions is driving people to emergency and acute care services again (attendances in July 2021 was 2,163,000, an increase of 36.2% on July 2020 ). This perpetuates the need to bolster hospitals and focus on medical delivery rather that recognising the wider social determinants of health and funding community services to prevent the need for crisis interventions.    Most significant areas of need:  1. Mental health particularly in CAMHS and primary care. Current gap between people that IAPT services are not sufficient or meeting their needs and the other alternative of a referral to a Psychiatrist and community mental health services - people requiring targeted support and advice on lifestyle changes and establishing strategies must wait until in further crisis to meet criteria for community mental health teams. Social prescribing can work for people motivated to make change but for people with more complex needs they require access to support to remove the barriers to engaging with social prescribing. Important to continue to build on MDT offer in Primary Care.  2. Social care- Need continues to increase without a funding solution. Integrated delivery cannot truly work without equitable funding.  3.Social determinants have been demonstrated to have a bigger impact than healthcare delivery this needs to be reflected in the workforce to address safe and suitable housing, advice and rehabilitation to support people to return or remain in work with health conditions (delivered in primary care and through occupational health by occupational therapists and AHPs) and specialist advice and expertise in mainstream schools to ensure children reach their educational and developmental goals.  4. Increasing and supporting occupational therapy leaders. Ensuring all regions have a strategic AHP Lead is vital to ensure equitable and well-designed rehabilitation services across England. Erosion of senior management roles for occupational therapists impacts on service design and available leadership and professional supervision to occupational therapists. |

a.21.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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22.22. Considering this drivers of change category overall, what degree of impact do you believe it will have on workforce demand?

Low Impact

Medium Impact

High Impact

**Demand and supply gaps over the next 15 years**

23.23. Please provide details of where you feel the greatest workforce demand and supply gaps will be over the next 15 years. Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area), as well as timescales.

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| We have provided further detail elsewhere in our response but from current experience, gaps are most likely to arise in: London and South East, rural areas, leadership roles and in meeting demand for children services, community mental health (in particular CAMHS), rehabilitation and primary care.  NHSE have ambitious plans to expand the occupational health workforce (OH) increasing both its capacity and sustainability. Main drivers have been an increased recognition of the value of OH during the pandemic; increased focus on NHS staff’s health and wellbeing and an ageing NHS workforce who will need to work longer with more health and work needs. A central thread is the development of MDT biopsychosocial workforce models, rather than traditional doctor and nurse medical approaches. This change will require a greater number of occupational therapists using early intervention and rehabilitative approaches to keep the workforce well and give practical advice and support about how jobs and work environments can be changed to keep the expert health and care workforce in the workplace for longer. For more information go to:  GrowingOH - NHS Health at Work Network |

a.23.a. Please provide any web links to supporting evidence below. Additionally, please do send information such as documents via email to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

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**Ambitions for the health and social care system**

24.24. In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?

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| People’s needs are met in a proactive, fair and equitable way, with a focus upon integrated support, prevention, enabling people to self-manage and maintain their independence and the eradication of health inequalities.  That people are in control of their own health and care information. That they are able to use this information to self-manage and can choose who to share information (important to them) with. The NHS App is making this possible, however it is currently structured around a medical model and needs to be broadened to include bio-psychosocial information that supports people with a range of needs e.g. employment and education. |

25.25. In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?

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**Any further comments**

26.26. Please provide any further comments in the space below. Please use this space to add information on factors you felt unable to add under the six drivers of change categories including suggesting a new category the factor(s) would sit within if applicable.

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| We welcome the opportunity to comment on this survey and are pleased with a focus on the regulated workforce. We would however like to add that a follow up area of work is needed about the unregulated workforce. As you are aware the unregulated workforce plays an important role in supporting the regulated workforce and in support to deliver key patient/person care. |

**Contacting You**

27.27. If you are happy for us to contact you regarding your submission please provide an email address below:

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Thank you for participating in this Call for Evidence, your time is very much appreciated. Your contribution will be an important part of our work to develop a long-term strategic framework for health and social care workforce planning.

This is the beginning of our collaborative journey and what will be an ongoing conversation. There will be further opportunities to be involved. You can stay up to date with this work via this [link](https://www.hee.nhs.uk/our-work/long-term-strategic-framework-health-social-care-workforce-planning).

If you have any further comments or queries, please direct these to [strategicframework@hee.nhs.uk](mailto:strategicframework@hee.nhs.uk)

Thank you,

Health Education England