

# **RCOT's Response to the NHS 10-Year Workforce Plan Call for Evidence**

## **7 November 2025**

Please find the sections of the response below. These were submitted as separate documents, but have been grouped together for purposes of this document.

Thank you to all who contributed by providing evidence and examples for this response.

### **Section 1: the 3 shifts**

#### **Occupational therapy driving change at a local level**

As the professional body for occupational therapists, we represent the profession across the UK including circa 37,000 members. Our workforce strategy, published in 2024, aligns with the NHS 10 Year Health Plan. Our vision is that by 2035, we will have an expanded occupational therapy workforce, positioned to have maximum impact in improving people's health and wellbeing. It will be embedded across systems and equipped to deliver care closer to home, drive prevention and early intervention, and embrace digital transformation.

Occupational therapists (OTs) and their support workforce assess and adjust environments (home, work, school, and social) to support well-being; employing modifications, adaptive strategies, and technologies as needed. Their role in intermediate care and reablement, for example, is essential in restoring independence, reducing reliance on emergency and social care, and supporting community-based recovery.

Occupational therapists and their support workforce bring a unique set of capabilities that are already delivering on the NHS's future vision. These include:

- Environmental adaptation and enablement across home, work, school, and social settings
- Holistic assessment and personalised care planning
- Leadership in integrated teams, including community mental health, forensic, and perinatal services
- Digital fluency, including use of AI tools and assistive technologies
- Population-level impact through scalable, preventative interventions

Occupational therapists are essential to the wider community rehabilitation workforce; key for reducing demand on the most costly elements of health and care, and increasing system productivity (Community Rehabilitation Alliance, 2025). By investing in and scaling existing OT-led models, NHS England can unlock productivity gains, reduce demand on acute services, and improve outcomes for diverse communities.

As a profession we are using digital initiatives to improve patient care, are shifting from hospital-based care to community care, and have a focus on prevention and early intervention.

Adopting the approaches in this submission will ensure:

- children, young people and families have access to occupational therapy to prevent physical, learning and mental health difficulties from escalating, and ensure everyone is included at school, giving young people the best chance to grow, thrive and realise their potential;
- people can access occupational therapy assessment, advice and rehabilitation through their GP, including advice on returning to or remaining in work;
- there is fair and equitable access to needs based, therapy-led rehabilitation, whether that is tackling mental health, physical health, social or vocational needs; and
- newly built or repurposed housing stock, prison and care home environments are designed to be inclusive and adaptable to work for all age groups, particularly older people, facilitating faster discharge from hospital and improved public health.

Below is a snapshot of examples and evidence demonstrating change that is being led by occupational therapists at a local level.

Case example	Intervention and Impact	Critical factors to success	Benefits and barriers
<p><b>Integrated preventative neighbourhood care</b></p> <p><u><a href="#">WEllbeing Works - North Sedgemoor Group Clinics 2025</a></u></p> <p>Delivered by an alliance of partners in the local community</p>	<p>An occupational therapist co-designed and delivered a group clinic model for people with heart failure, working alongside GPs, nurses, and community partners. The clinics support people to manage their condition through lifestyle changes, environmental adaptations, and peer-led support. The OT used coaching and enablement approaches to help individuals build confidence, reduce reliance on acute services, and improve quality of life.</p> <p><b>Impact-</b></p> <ul style="list-style-type: none"> <li>• High-volume, lower-cost intervention: clinicians can see 30 people a day instead of 5 – 8 per day</li> <li>• Improved patient outcomes and experience</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Use of digital tools:</b> AI risk stratification helps identify those most likely to benefit, ensuring efficient targeting of resources.</li> <li>• <b>Flexible workforce deployment:</b> Partners agreed locally on how to use the workforce across the system, enabling more responsive and integrated care.</li> <li>• <b>Benefit of peer support:</b> group clinics foster a sense of community, enabling patients to connect with one another and with staff. This personal, relational approach helps humanise the NHS and strengthens engagement.</li> <li>• <b>Closer integration with community assets:</b> The model enables OTs to work alongside social prescribers, voluntary sector partners, and</li> </ul>	<p><b>Benefit-</b> Working in an integrated, local way across community partners.</p> <p><b>Barrier-</b>This is based on voluntary agreement on how to use the workforce across a local system.</p> <p><b>Barrier-</b> Only one OT was involved.</p> <p><b>Solution-</b> Further investment in more OTs could scale the potential of this service model.</p>

	<ul style="list-style-type: none"> <li>• Increased workforce capacity and released staff time</li> <li>• Strengthened community ownership and engagement</li> </ul>	<p>local community groups – creating a joined-up, holistic approach to care that reflects what matters to people.</p>	
<p><b>OT-led Vocational Rehabilitation Service in Wakefield</b></p>	<p>The largest OT-led vocational rehabilitation service in England, supporting individuals at risk of leaving work due to health conditions. OTs assess work related functional capacity, coach individuals to manage health conditions in the workplace, and liaise with employers and GPs to support return to work plans.</p> <p><b>Impact:</b></p> <p>Contributed to a reduction of 1,700 people off work in the Wakefield area and achieved a 40% reduction in Med-3 fit notes within pilot GP practices.</p> <p>94% of patients on long-term sick leave in one Primary Care Network successfully returned to work, demonstrating the effectiveness of early intervention in primary care. 85% of patients showed improvements on the Workability Support Scale, showing increased ability to work</p>	<ul style="list-style-type: none"> <li>• <b>Proximity to people and services:</b> Being embedded in primary care settings allows occupational therapists to support individuals where they are most likely to seek help—close to home and at the point of need. This enables timely intervention and builds trust with patients.</li> <li>• <b>Collaborative working with GPs and the wider MDT:</b> Co-location with GPs and other health professionals facilitates joint working, shared decision-making, and smoother referral pathways. It also enhances understanding of the OT role among colleagues, which is critical for effective integration and sustained impact.</li> <li>• <b>Recognition of OT's unique contribution:</b> Success is supported by a clear understanding among primary care teams of the distinct value occupational therapists bring—particularly in assessing functional capacity, coaching for workplace health, and</li> </ul>	<p><b>Barrier:</b> Lack of long-term funding <b>Solution:</b> Ongoing work to secure investment through outcome data and stakeholder engagement</p> <p><b>Barrier:</b> Limited awareness of OT's vocational role <b>Solution:</b> Co-location and joint working builds trust and understanding among GPs</p>

		<p>enabling return-to-work plans.</p> <ul style="list-style-type: none"> <li>• <b>Cross-PCN collaboration:</b> The service benefits from coordinated working across four Primary Care Networks, allowing for consistent delivery, shared learning, and broader population reach.</li> </ul>	
<p><b>Early intervention approach in schools</b></p> <p>Occupational Therapists in Surrey</p>	<p>Working with local schools as part of the Partnerships for Inclusion and Neurodiversity in Schools (PINS) programme, OTs employ a coaching approach to help mainstream schools explore, evaluate and adapt their physical, social and learning environments so they can support neurodivergent pupils to engage in learning. They've offered 9 hours of support to a total of 43 schools. This enabled earlier support, reduced escalation and improved inclusion.</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• 43 schools received targeted coaching support</li> <li>• 386 hours of OT input has reached 14070 children. The same number of hours used to provide direct, individual school support would have reached 77 children.</li> <li>• One part of their service saw a 20% reduction in referrals from educational</li> </ul>	<p><b>Professions involved:</b> Occupational therapists, school staff, educational psychologists, SEND teams</p> <ul style="list-style-type: none"> <li>• <b>Key skills:</b> Coaching, environmental adaptation, neurodiversity-informed practice, early intervention, systems thinking</li> <li>• <b>Partnership working:</b> Close collaboration with schools enabled tailored, context-specific support</li> <li>• <b>Efficient delivery model:</b> Time-limited coaching allowed OTs to reach large populations while maintaining impact</li> <li>• <b>Focus on prevention:</b> Early environmental adjustments reduced the need for specialist referrals and improved inclusion</li> </ul>	<p><b>Benefit-</b> Working in partnership for maximum impact</p>

	<p>services because children's needs were being met earlier and in a more efficient way.</p> <ul style="list-style-type: none"> <li>• Freed up time for the OTs to offer more timely direct support to children with more complex needs and circumstances.</li> </ul>		
<p><b>Reablement service</b></p> <p><b>Hertfordshire County Council</b></p> <p><u><a href="#">Realising the benefit of occupational therapy in prevention and enablement: Hertfordshire   Local Government Association</a></u></p>	<p>Occupational therapists were positioned within an enablement team to triage reablement referrals, ensuring that individuals received timely, needs-based support to regain independence and avoid unnecessary escalation to formal care. Local authority OTs worked collaboratively with NHS OTs to provide seamless service delivery across health and social care</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• £800,000 saved in the first year</li> <li>• 40,490 home care hours avoided</li> <li>• Additional savings from reduced use of short-stay residential beds</li> <li>• Improved continuity of care and faster discharge from hospital</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Professions involved:</b> Local authority occupational therapists, NHS occupational therapists, social care teams, hospital discharge teams</li> <li>• <b>Key skills:</b> Functional assessment, reablement planning, triage, integrated care coordination, enablement</li> <li>• <b>Integrated working:</b> Joint delivery across health and social care enabled smoother transitions and reduced duplication</li> <li>• <b>Preventative approach:</b> OT-led triage ensured early intervention and reduced reliance on long-term care</li> <li>• <b>System-wide collaboration:</b> Shared goals and aligned processes across sectors supported consistent, person-centred care</li> </ul>	<p><b>Benefit-</b>OTs enabling Integrated working across health and social care</p>
<p><b>Early intervention approach for mental health in primary care</b></p>	<ul style="list-style-type: none"> <li>• Value of first contact OTs in GP surgeries</li> <li>• Identifying and addressing mental</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accessible services:</b> People can access support from mental health OTs</li> </ul>	<p><b>Benefit-</b>Prevention and early intervention to</p>

<p><b>Nottingham West PCN</b></p>	<p>health needs early on.</p>	<p>without a referral from a GP</p> <ul style="list-style-type: none"> <li>• <b>Time-saving and cost effective:</b> Saves GP time and associated financial costs.</li> <li>• <b>Prevention and early intervention:</b> Improved outcomes for people and populations.</li> </ul>	<p>improve outcomes</p>
<p><b>Intermediate care</b></p> <p><b>Acute to community</b></p> <p><b>Harrogate</b> (part of NHSE Intermediate Care Pilot)</p>	<ul style="list-style-type: none"> <li>• OT and physiotherapy staff are embedded in the Emergency Department to proactively identify and stratify intermediate care needs, developing an algorithm to support this. This early identification of intermediate care needs enabled the assignment of an appropriate workforce and a tailored care plan based on service users specific intermediate care needs.</li> <li>• The community rehabilitation team in Harrogate provide in-reach while people need to be in acute care to support timely discharge. They complete discharge assessments and then deliver rehabilitation to people in their own homes immediately</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Prevention and early intervention:</b> Identifying intermediate care needs in the emergency department.</li> <li>• <b>Cross-boundary working:</b> Working collaboratively across health and care services to tailor appropriate support for the person</li> <li>• <b>A focus on rehabilitation:</b> Beneficial outcomes on people and the system by taking a rehabilitative approach to service delivery.</li> </ul>	<p><b>Benefit-Preventative</b> working across acute and community care</p>

	<p>on discharge, providing continuity of care. Related to this was the development of an integrated care response hub in 2024 to avoid admissions altogether.</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• 14% reduction in admissions for Emergency Departments by people aged 75+</li> <li>• reduced length of stay compared to UCR baseline in 72% of admissions</li> <li>• 40 virtual ward beds filled as an alternative to 40 beds in the acute hospital.</li> <li>• reduced community rehab waiting lists from 400 to 180 patients</li> </ul>		
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## Summary Across All Examples

Across all examples, occupational therapists are already delivering the skills and capabilities NHS England is seeking to embed in future service models. These include coaching and enablement, environmental adaptation, digital fluency, and leadership in integrated teams. The case studies demonstrate how these skills are being applied in diverse settings - from schools and GP practices to reablement services and community clinics; to improve outcomes, reduce demand on acute services, and support prevention and early intervention.

A consistent feature of successful models is the combination of universal and targeted specialist approaches. This enables occupational therapists to reach large populations efficiently while still providing tailored support for individuals with complex needs. It also ensures that services are inclusive, responsive, and capable of addressing health inequalities.

Being based in communities and local settings is critical. Occupational therapists deliver the greatest impact when embedded in the environments where people live, learn, work and recover.

This proximity allows for timely, personalised care that reflects what matters to individuals and supports recovery and independence.

However, current government plans for neighbourhood health services - while well-intentioned - risk over-medicalising community care. The emerging models are often dominated by clinical and diagnostic roles, with insufficient recognition of the enabling, relational and environmental expertise that occupational therapists bring. To realise the full potential of these services, occupational therapists must be actively involved in their design and delivery, with dedicated roles commissioned and protected within integrated teams.

Integrated, multi-professional working is a consistent success factor across all examples. Occupational therapists collaborate with GPs, nurses, educators, social prescribers, social care and voluntary sector partners to deliver joined-up care that reflects people's goals and contexts. Where the OT role is understood and valued, services are more effective, trusted, and sustainable.

Avoiding over-medicalisation is key. Occupational therapy-led models demonstrate how care can be relational, enabling, and rooted in people's environments - not just clinical settings. This supports a more holistic and inclusive vision of health and wellbeing.

Barriers such as siloed working, role dilution, and limited commissioning were overcome through co-design, partnership agreements, and demonstrating impact through data and outcomes. These lessons should inform future workforce planning, investment, and service redesign.



## Section 2: modelling assumptions & Section 3: productivity gains from wider 10 Year Health Plan implementation

### Occupational Therapy workforce overview

There were 21,454 occupational therapists working in the NHS in 2023/2024 (NHS Digital, 2024). There were a further 3,800 occupational therapist filled posts working in adult social care, most of which were employed in the local authority sector (3,200 filled posts), as well as 650 occupational therapist filled posts in the independent sector (Skills for Care, 2024).

Our workforce strategy, published in 2024, aligns with the NHS 10 Year Health Plan. Our vision is that by 2035, we will have an expanded occupational therapy workforce, positioned to have maximum impact in improving people's health and wellbeing. It will be embedded across systems and equipped to deliver care closer to home, drive prevention and early intervention, and embrace digital transformation.

Occupational therapy practitioners will expect to have several careers during their working life and will seek a working culture that embraces inclusion and offers flexibility, including portfolio working. Planning of workforce numbers will need to reflect these expectations.

To sustainably deliver services based on the workforce plan priorities, we suggest the following workforce developments:

- 1) Working in collaboration with AI and technology to shape service delivery-** OTs will work alongside technology to deliver efficient, person-centred care. This includes using AI for triage and administration, caseload management and proactive interventions
- 2) Using population level data to inform service design and delivery-** OT services should be informed by the populations they serve. We will view health equity through the lens of social justice and social capital.
- 3) Focus on workforce retention and career development** – There must be a focus on support and development, ensuring all levels of the workforce are valued and involved in change and transformation to optimise their potential.
- 4) Focus on impact and outcomes of occupational therapy interventions-** Demonstrate the value and impact of services through data and insights.
- 5) Workforce planning based on supply and demand of services, and involvement of all levels of the workforce** - An inclusive approach, where all levels of the workforce are empowered to influence workforce planning and service design based on data and insights.
- 6) Optimising the positioning of the OT workforce-**Positioning the OT workforce where they have most impact; within communities working with local populations focusing on prevention and early intervention.
- 7) Workforce modelling must safeguard dedicated OT roles in community mental health and neighbourhood teams-** Role dilution into generic posts risks losing the unique value OTs bring to prevention, enablement, and recovery
- 8) Career pathways must include clinical leadership roles alongside strategic and operational ones-** Development of learners, the support workforce, foundation, enhanced, advanced and consultant levels of practice are essential to ensure we have a workforce with the knowledge, skills, behaviours and expertise to meet population needs. For example, support for mid-career development could be achieved through enhanced practice frameworks.

A key modelling assumption is the adoption of a Universal-Targeted-Specialist (UTS) approach to service delivery. This tiered model enables occupational therapy to be more proactive, equitable, and efficient:

- Universal services are accessible to all and focus on prevention, education, and empowerment.
- Targeted services support individuals or groups with emerging or moderate needs.
- Specialist services are reserved for those with complex or high-level needs requiring intensive, personalised support.

Embedding this model into workforce planning allows for smarter deployment of skills, better alignment with population needs, and more accurate forecasting of service demand. It also supports digital transformation, with universal services often delivered through online platforms, freeing up capacity for targeted and specialist care.

**Some examples of models of workforce positioning for impactful service delivery-**

Case example	Intervention and Impact
<p><b>Digital first approach in children and young people’s neurodiversity and mental health services.</b></p> <p>North East London NHS Foundation Trust Children’s Occupational Therapy Team</p>	<p>OTs used a Universal-Targeted-Specialist approach to reducing waiting lists by utilising a digital resource hub. This enables families to have 24/7 access to universal level OT approaches. This frees up OT time to be spent on targeted and specialist support for neurodivergent children and those needing mental health support.</p> <p>Impact:</p> <ul style="list-style-type: none"> <li>• Reduced waiting list RTT from 18 weeks to 12 weeks.</li> <li>• Improved access</li> <li>• Improved staff morale.</li> </ul>
<p><b>Redesigning children’s services around a tiered approach (Universal, Targeted, Specialist)</b></p> <p>Swansea Bay University Health Board</p>	<p><b>Universal and targeted input in schools</b></p> <p>The community children’s occupational therapy team redesigned their service around a tiered UTS model, embedding universal and targeted input directly into schools. OTs provided consultation sessions, whole-school training, and practical support to help staff adapt learning environments.</p> <p><b>Impact</b></p> <p>Since the start of the project, the community children’s occupational therapy team have seen a 60% reduction in referrals from teaching staff, suggesting that children’s needs are being met at school through this early intervention approach.</p>

<p><b>Technology enabled care AI chat bot</b></p> <p>Peterborough City Council</p>	<p>Peterborough City Council introduced an AI chatbot and virtual training platform to support staff in advising and prescribing equipment. Occupational therapists played a key role in designing and implementing these tools.</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• Reduced waiting times</li> <li>• Saving practitioners time- enabling improved caseload management</li> <li>• Enabling tech support to be delivered quicker than ever</li> <li>• Quicker discharge from hospitals</li> <li>• Preventative approach to care</li> </ul>
<p><b>OTs using AI in primary care</b></p> <p>North Sedgemoor PCN</p>	<p><b>Intervention</b></p> <p>Occupational therapists used the Brave AI tool to identify older adults in care homes at risk of hospital admission. This allowed for proactive, preventative interventions.</p> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• Care home pilot- reduced falls by 35%</li> <li>• Reduced attendance to A&amp;E by 65%</li> <li>• Reduced ambulance calls by 8.7%</li> <li>• Reduced future costs on services</li> </ul>
<p><b>Virtual and technological initiatives to improve outcomes and productivity</b></p> <p>These are good practice case examples which with further investment, could be scaled across the country.</p>	<p><b>Integrated virtual wards-</b> OTs embedded in virtual ward teams across mental health and physical health services to support people at risk of hospital admission. They deliver remote assessments, enablement plans, and coordinate care with community teams.</p> <p><b>Impact:</b> Reduced admissions; improved continuity of care; enhanced patient experience; scalable preventative care.</p> <p><b>App use in community response teams –</b> OTs are using an app to support with appointment booking and lone working in the community.</p> <p><b>Impact:</b> This frees up clinical time to be more productive and enhances staff safety.</p> <p><b>Use of AI assisted documentation tool-</b> being used in independent living centres in Somerset.</p> <p><b>Impact:</b> Saving significant admin time, freeing up OT time for improved productivity. Positive impact on staff and overall efficiency.</p>

**Actions taken to identify and address gaps in training (pre and post-registration) that support delivery of the 3 shifts**

Education/Training	Recommendations/Actions
<p><b>Pre-registration</b></p>	<ul style="list-style-type: none"> <li>• Growth of providers meaning more programmes that local populations can join and then work in areas they know.</li> <li>• Wider range of programmes (BSc, MSc, integrated MSc, apprenticeships at BSc and MSc) mean more opportunities to support learners coming with a diversity of personal and work backgrounds.</li> <li>• Our 2026 Learning and Development Standards will support the delivery of the three shifts through pre-reg education both university and practice-based studies.</li> <li>• Range of placement opportunities including community and prevention focused, working with local communities and individuals.</li> </ul>
<p><b>Career Pathways for all levels of the workforce</b></p>	<p>Further establishing and investing in the workforce at all levels of practice will support <b>career development and workforce retention</b>. Providing career pathways across all levels of practice (support workforce, foundation, enhanced, advanced and consultant levels of practice) will ensure we have a workforce that is capable and confident to provide services that meet population need.</p>
<p><b>Post- registration</b></p> <ul style="list-style-type: none"> <li>• <b>Advancing Practice</b></li> </ul>	<p><b>Enhanced Level Practice</b></p> <p>To support the evolving needs of the health and care system, Health Education England (prior to its merger) led the development of an enhanced practice framework for Allied Health Professions, including a profession-specific schema for occupational therapy. This work was designed to bridge the gap between pre-registration education and advanced practice, recognising the need to invest in the level of the workforce that practices between entry-level and advanced-level practice.</p> <p>As a result of this framework:</p> <ul style="list-style-type: none"> <li>• Education providers have developed enhanced practice courses, tailored to the occupational therapy profession.</li> <li>• These courses are now supporting career development and retention, offering clear progression routes for experienced practitioners who want to deepen their impact without necessarily moving into management.</li> <li>• The framework also enables workforce planning to reflect emerging service models - such as Universal–Targeted–Specialist delivery - by equipping OTs with the skills needed to lead preventative, community-based, and digitally enabled care.</li> </ul>

### **Advanced Level Practice**

This level of workforce is pivotal to ensure the NHS can handle current and future challenges and will be essential for delivering the 10-Year Health Plan. OTs working at these levels of practice demonstrate advanced level across the four pillars of: research, practice, education and leadership/management.

Occupational therapists have been completing Advanced Clinical Practice training (ACP) through either the HEI or portfolio route via The Centre for Advancing Practice. However, there have historically been barriers to accessing this training and subsequent roles.

RCOT have recently launched a change movement to articulate the future potential of advanced level practice for occupational therapy. Highlighting the professions' alignment with delivering preventative approaches in health and care. Using professional expertise at this level of practice will improve population health through; preventative approaches, tackling health inequalities and addressing the social determinants of health.

Articulating advanced level practice in this way strengthens the current position of advanced level practice OT, and opens up a spectrum of potential future opportunities. A joined-up approach across sectors, education providers, practice settings and leadership/management will be required to strategically plan and deliver on this ambition.

### **Consultant Level Practice**

OTs work at consultant levels of practice across numerous services and settings. Further development of career opportunities for consultant level practice OT is essential to ensure the potential that OT has to deliver for our society and communities is realised.

Focusing on expert practice, strategic leadership, system-wide improvement and research and innovation at consultant level is fundamental.

## **Conclusion: Modelling Assumptions and Workforce Implications**

The case studies presented demonstrate how occupational therapy is already delivering on the NHS's future vision through redesigned services that are community-based, digitally enabled, and prevention-focused. These examples are underpinned by a consistent modelling assumption: the adoption of a Universal–Targeted–Specialist (UTS) approach to service delivery. This tiered model enables occupational therapists to reach large populations efficiently while still providing tailored support for individuals with complex needs.

To realise the full potential of the occupational therapy workforce, future planning must embed OT roles in strategic decision-making, service design, and leadership structures. This includes recognising clinical leadership beyond traditional banding, supporting return-to-practice pathways, offering career development to support retention, and ensuring OT representation in national frameworks and NICE guidance.

**Key assumptions in workforce modelling include:**

- **Shift in deployment:** OTs will increasingly be based in community settings - schools, GP practices, care homes -rather than hospitals, requiring a redistribution of roles and skill sets.
- **Digital transformation:** OTs will work alongside AI and digital tools to deliver scalable universal services, freeing up capacity for targeted and specialist care.
- **Partnership working for sustainability:** OTs utilising their expertise within communities and working with local partners to deliver cost effective approaches focusing on prevention.
- **Flexible career pathways:** The workforce will need to accommodate portfolio careers, advanced practice roles, and cross-sector working, with training aligned to these evolving needs.
- **Inclusive planning:** Workforce modelling must involve all levels of the profession, using data and insights to shape service design. Being inclusive by involving all levels of the workforce and underrepresented groups when shaping change, is essential for sustainable transformation across health and care.

## Section 4: culture and values

As the professional body for occupational therapists, we represent the profession across the UK including circa 37,000 members. Creating an organisational culture and having values that priorities equity, diversity and belonging are essential for enabling the workforce to provide the best quality care to people and populations.

In 2023 we completed a workforce survey with our members. Findings will be published soon and are under review, so findings are not shared below but improvement ideas have been informed by the results:

Priority area	Improvement suggestion
<b>Optimising occupational therapy</b>	<p>More accessible opportunities to learn and use quality improvement and change methodologies.</p> <p>Overcome barriers through investing in training and technological resources to access training.</p>
<b>Demonstrating value and impact</b>	<p>Investment in educating the workforce to support more complex patient needs- e.g. enhanced practice, advanced level practice (noted in section 2 &amp; 3 of response).</p> <p>Enabling more integrated working across the system</p> <p>Investment in workforce retention and career development.</p>
<b>Retention and career development</b>	<p>Staff retention is improved when people feel they are helping others' achieve their goals, when they can spend time with the end user and work flexibly.</p> <p>Continuous professional development to focus on: clinical skills in the specific work setting, quality improvement and real-world evaluation methods, leadership, management, mentoring, inclusivity and diversity training.</p>
<b>Effective workforce planning</b>	<p>More accessible data sources, and an inclusive approach to workforce planning. Enabling the breadth of the workforce (at all levels) to engage with data to inform practice and service delivery.</p>

<p><b>Equity, diversity and belonging</b></p>	<p>Organisational values and culture are essential to enabling people to belong and optimise in their roles. Flexible working.</p>
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### **Summary relating to leadership and change**

Alongside the above recommendations, enhancing leadership at every level of the workforce is also pivotal for realising the workforce transformation that is required to deliver on the 10-Year Health Plan. Ensuring people feel valued for the contributions they bring and have meaningful input to service developments and change is key to this. Instilling inclusive organisational cultures and reducing barriers to engagement will ensure more diverse approaches to service delivery for our people and populations. Equipping all levels of the workforce with skills, knowledge and behaviours to influence and make change is essential for the sustainable future of health and care.