



WF 11

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Coleg y Therapyddion Galwedigaethol

Response from: College of Occupational Therapists



Response from the College of Occupational Therapists: Health, Social Care and Sport Committee Inquiry into the sustainability of the health and social care workforce

1. Introduction

- 1.1. The College of Occupational Therapists is the professional body for occupational therapists and represents around 30,000 occupational therapists, support workers and students from across the United Kingdom and 1,600 in Wales. Occupational therapists work in the NHS, local authority housing and social services departments, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services. Occupational therapists are regulated by the Health and Care Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.
- 1.2. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, living independent lives in their own homes, caring for themselves and others, working, and learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

2. Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

- 2.1. Yes, the separation of health and social care workforce data, planning, education commissioning and professional development activities prevents full data gathering and understanding for the current workforce position. For example, are joint or integrated services captured in both NHS and local government) data sets? In the local government data (annex 1, below) it is unclear whether data for local government includes those in housing departments or is solely from social services. The inclusion of figures under social *work* implies they are social services only, but it is not clear if they are only adult social care or if they capture the children's workforce.
- 2.2. It is also not possible to identify in which services the occupational therapy workforce is delivering. For example, how many occupational therapists work in mental health, or with children and young people, in CAMHs, learning disabilities or primary care?
- 2.3. There is no way to identify occupational therapists in posts which are not titled occupational therapist. The local government data does not show the occupational therapy team managers we know exist. In the NHS we cannot identify the many occupational therapists in reablement, management, primary mental health practitioner posts etc. This lack of clarity limits accurate understanding of the workforce.
- 2.4. There appears to be no data capture of the workforce employed as part of the Department of Work and Pensions schemes. Welsh government should consider requiring this data to be provided as part of the commissioning of schemes such as employment support and personal independence assessments in order to match up the numbers of graduates to the real workforce requirements.
- 2.5. A third of the occupational therapy workforce is aged over 50 and could be lost over the next 15 years due to retirement. This needs to be taken into account to ensure a stable workforce for the future.
- 2.6. The data shows the very small number of occupational therapists within the health & social care workforce compared to other groups. (1,254 full time equivalent occupational therapists in NHS Wales in September 2015 <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/Scientific-Therapeutic-and-Technical/staff-by-areaofwork-year> (accessed 17.8.16)) (See also separately attached Appendix A: workforce statistics briefing). When percentage figures are used to consider commissioning cuts or



increases in workforce figures this can be very misleading when compared with large groups such as, for example, nursing.

- 2.7. Workforce planning and development and service improvement should be integrated across health and social care. The development of a single strategic body for commissioning education and workforce planning, as recommended in the recent Health Professional Investment Review, would be an excellent development. This should also be integrated with social care commissioning and workforce planning. The College response to the Review is here: <https://www.cot.co.uk/consultation/wales/health-professional-education-investment-review-21-14-15>). Many occupational therapy services already span the boundary and staff are either jointly employed or work across multi agency teams. Workforce planning needs to reflect this reality.

3. Is there a clear understanding of the Welsh Government's vision for health and care services and the workforce needed to deliver this?

- 3.1. Occupational therapists are the key Allied Health Professionals that work in the health, social care and housing sectors with expertise navigating across these boundaries. The College welcomes increased integration of services. The Welsh Government's vision for health and social care is closely aligned to the philosophy and principles of occupational therapy. The profession has an influential and pivotal role to play in delivering this vision and already embraces the skills needed to work in an integrated, person centred and outcome focussed way. The Occupational Therapy Advisory Forum (the occupational therapy health and social care managers in Wales) have produced an excellent report describing many of the innovations already being delivered throughout Wales. See: <http://gov.wales/docs/phhs/publications/150529guidanceen.pdf>.
- 3.2. A clear workforce plan is needed to ensure that innovation is strategic and the workforce is used to best effect. There are many areas where occupational therapy can offer significant workforce skill to modernise services. Changes in the funding, location and use of the profession will be needed. For example, by increasing the proportion of posts located in primary and community care. Managers report that although there are some challenges for recruitment overall there is a positive picture. Where primary, community and integrated posts are created they are easy to recruit to.
- 3.3. General Practitioner (GP) practices are under significant pressure; providing significantly more consultations in Wales than they did five years ago. Urgent attention must be paid to considering how to free up GPs to do what only do GPs can do and how some of their other tasks could be undertaken by other healthcare professionals. The Primary Care Plan has identified the need for increasing the wider primary care workforce and occupational therapy is an important member of that wider workforce.

4. How well-equipped is the workforce to meet future health and care needs?

- 4.1. The workforce is well equipped as the following paragraphs show. However, there is concern that unless current levels of occupational therapy commissions are protected, there will be insufficient capacity to meet future needs. The implications of increasing complexity of conditions; greater numbers of frail older people and the high age of one third of the current available workforce need to be recognised in future commissioning.
- 4.2. Pre-registration occupational therapy education in Wales is already preparing students for person centred services and practical prudent intervention. The focus of occupational therapy on enabling occupation provides practical and outcome orientated interventions which are particularly relevant for those with long term complex, multiple conditions or sets of needs. There are three pre-registration B.Sc. programmes across Wales, but no Master's level pre-registration courses in Wales as there are in the rest of the UK.
- 4.3. The inquiry should consider how students can access placements in modern services and access community-based and often rural services. Placements are easier to access



in hospitals and other centres where there is a concentration of staff able to support student learning: no need for cars (and many students are unable to claim support for travel on placement): and the existence of hospital accommodation (when students need to pay for accommodation both at university and on placement). Students must undertake approximately one third of their course time in practice. This requires services to support students' practise based learning in the right models of care.

- 4.4. Access to Post Registration development needs to improve. There are significant challenges in supporting the existing workforce to develop, improve and maintain their skills and ensure they can deliver the services needed in the future. The Advanced Practitioner Framework and forthcoming AHP career framework (modernising AHP Careers) will help. The staff employed in the NHS have access to a range of personal development processes including funding and release from work. This is not the same for those employed in local government where access is severely limited.
 - 4.5. There is a lack of post registration career pathway and continuing professional education and learning (CPEL) for occupational therapists in local government. This inequity is increasingly impacting on the ability to recruit and retain occupational therapists in social care and as more and more services are integrated this places significant pressures where two occupational therapists are employed in the same (integrated) team, by different employers with different opportunities for career development, support, supervision and opportunities for career progression. Such a lack of continuing development impacts on service outcomes and workforce retention. This is described in more detail under the next question (5)
 - 4.6. Support workers are an essential part of our workforce. The profession is pleased to support our vital support workforce via the new Diploma in Occupational Therapy Support (<http://www.agored.cymru/Units-and-Qualifications/Qualification/127254>). The Diploma offers opportunities for support workers wherever they work. It is accredited by Agored Cymru, approved by Skills for Health on the QCF and in an apprenticeship framework: It is recognised by the College of Occupational Therapists and endorsed by the Care Council for Wales. This helps staff move across the sector taking their qualification with them. It is an excellent example of how Wales needs to develop to integrate workforce qualifications to meet the Welsh Government's vision for health and social care.
- 5. What are the factors that influence recruitment and retention of staff across Wales?**
- 5.1. There is not a significant problem filling current posts. However, demand is increasing without equivalent increase in posts. The numbers of occupational therapists employed in health have shown an 18% decrease from the figures from StatsWales between 2013 -14. There has also been a small decrease in the numbers of occupational therapists in social care over a five year period of time. This means the existing workforce is facing increasing pressure in their workloads, increasing stress levels and staff turnover.
 - 5.2. There is insufficient information available to reflect fully the exciting opportunities for a person entering the profession, whether by a professional or a support worker route. This is true across health, social care and housing. It is particularly difficult for young people to find out about a career in social care occupational therapy and there is an opportunity for Social Care Wales, with a new role for the whole social care workforce to promote occupational therapy as a social care career.
 - 5.3. 'Mature' (over 21 years) students also seek to make a career change into occupational therapy alongside those who already have a first degree and seek to change direction. There are no master's entry level programmes, distance learning or part time routes into occupational therapy in Wales even though these exist in other UK nations. A thorough workforce review including examination of the types of people applying to the profession might indicate whether these routes would help attract applicants from a wider population.



5.4. Occupational therapy workforce planning and education commissioning is currently part of the Workforce and Education Commissioning Service (WEDS) remit, funded wholly via the NHS budget. The profession is grateful that the 2008 Health, Wellbeing and Local Government Committee Inquiry into Workforce Planning in the Health Service and in Social Care March 2008 identified (recommendation 28) the need to take into account the social care workforce needs for the profession. Since this time, the Care Council has collected workforce numbers for occupational therapy which have been incorporated into the commissioning numbers for the profession.

(<http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Inquiry%20into%20workforce%20planning.pdf>).

This lack of scrutiny of the social care workforce is reflected in the poor post registration and career pathway opportunities for occupational therapists. Wales also does not capture the workforce in other employers, including the DWP employment schemes, third sector and independent employers.

5.5. The current lack of promotion, career development and CPD opportunities for occupational therapists in local government is having a significant impact on the recruitment, retention and development of occupational therapy there. We are pleased that Welsh Government and the Association of Directors of Social Care (ADSS) are supporting the development of new career framework for occupational therapists in social care to fit alongside the one available for occupational therapists in the NHS. This will be vital to recruit and retain skilled staff.

5.6. The College is acutely aware of the differentials in pay and reward between staff in the two sectors, particularly in respect of training opportunities and the principle of equal pay for work of equal value. As more services are integrated these differences in pay, terms and conditions within integrated services will need to be considered to ensure there is parity between responsibilities and their grade and pay and equal opportunities for career development. There are already situations where two occupational therapists in an integrated team may be doing the same job for different pay, different hours of work and amount of annual leave, with different career prospects, different levels of support, development /training and supervision.

6. Whether there are there particular issues in some geographic areas, rural or urban areas, or areas of deprivation for example.

6.1. There is a clear indication that access to a service on placement during the programme raises interest in a post there once qualified. This adds to the importance of considering access to rural and community placements for students.

6.2. It remains more difficult for services in rural and remote areas to attract applicants for posts than those in the cities, particularly those near the universities where students have already established themselves. There is a need for workforce planning to consider how new configurations of occupational therapy services in primary and community services can be achieved to meet future needs.

The College would be pleased to offer any further information or provide oral evidence to the committee. Please do not hesitate to contact the Wales Policy Officer at the address below

(See annex 1 overleaf for data on local government and the separately attached Appendix 1 for workforce statistics in occupational therapy)

Annex 1: StatsWales Local Government data March 2015 (NB lacks Carmarthenshire)

At 31 March 2015



Occupational therapist - Staff structure (Headcount)

	Establishment	Full time in post	Part time in post	Total staff	Vacancies	Other agency workers
Isle of Anglesey	8	4	4	8	-	-
Gwynedd	21	13	8	21	-	-
Conwy	14	8	6	14	-	-
Denbighshire	23	13	8	21	2	1
Flintshire	35	31	4	35	-	-
Wrexham	21	14	6	20	1	-
Powys	11	3	7	10	1	2
Ceredigion	16	12	2	14	2	-
Pembrokeshire	11	7	3	10	1	-
Carmarthenshire						
Swansea	17	13	4	17	-	-
Neath Port Talbot	11	8	2	10	1	-
Bridgend	11	10	1	11	-	-
The Vale of Glamorgan	8	5	3	8	-	2
Cardiff	21	8	13	21	-	3
Rhondda Cynon Taf	27	15	11	26	1	-
Merthyr Tydfil	4	4	-	4	-	-
Caerphilly	27	21	5	26	1	-
Blaenau Gwent	4	2	-	2	2	-
Torfaen	10	9	1	10	-	-
Monmouthshire	5	3	1	4	1	3
Newport	13	9	4	13	-	-
Wales	318	212	93	305	13	11
North Wales	122	83	36	119	3	1
Mid & West Wales	66	43	18	61	5	2
South East Wales	130	86	39	125	5	8

The Screenshot below of the StatsWales page shows the lack of detailed data for occupational therapists in local government. The College is aware of Team Managers and staff in Reablement Teams, of Joint funded and integrated service posts, there are also occupational therapists in Local Government housing departments but it is not clear how or if any of those posts are included in the data captured by StatsWales which sits under 'total social work services'. A search for social workers shows a completed career hierarchy for members of that profession. This further demonstrates the lack of a career framework for occupational therapists wishing to make a career in social care in Wales.



Staff (Total staff at 31 March) Year (2014-15)

Area code Staff Year

Job title

Total staff (STF)

Total Central management and support, social work and domiciliary services (STF1)

Local authority

		Total central management and support services (CMSS)	Total social work services for adults (SWSA)				Total social work services for adults (SWSA)	Total social work services for children and young people (SWSCYP)			
		Health and social care support worker	Social work trainee	Senior practitioner occupational therapy	Occupational therapist	Occupational therapy assistant	Senior practitioner occupational therapy	Occupational therapist	Occupational therapy assistant		
Wales		2,738	70	25	61	228	61	3,019	5	13	0
Wales	Wrexham	184	0	0	5	15	0	114	0	0	0
	Vale of Glamorgan	99	13	0	4	1	2	89	0	0	0
	Torfaen	46	24	0	1	9	2	199	0	0	0
	Swansea	374	0	0	0	17	5	163	0	0	0
	Rhondda Cynon Taf	126	0	0	5	18	1	273	1	2	0
	Powys	59	0	0	2	8	5	151	0	0	0
	Pembrokeshire	71	0	1	1	8	2	81	0	1	0
	Newport	105	0	2	3	7	2	82	1	2	0
	Neath Port Talbot	81	0	0	2	8	5	184	0	0	0
	Monmouthshire	62	1	1	1	2	2	80	..	1	..
	Merthyr Tydfil	63	0	1	0	4	3	41	0	0	0
	Isle of Anglesey	42	0	0	1	7	0	57	0	0	0
	Gwynedd	125	0	12	4	17	0	146	0	0	0

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Staffing/StaffOfLocalAuthoritySocialServicesDepartments-by-LocalAuthority-PostTitle>