

Department of Health

Workforce Review Report

Occupational Therapy

2019 – 2029

Royal College of
Occupational
Therapists



Health and
Social Care



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Foreword

Since October 2016, Health and Social Care workers and the Department of Health have been cooperating to deliver the transformation set out in ***Health and Wellbeing 2026: Delivering Together***. This ambitious ten-year plan was our response to the report produced by an Expert Panel led by Professor Bengoa, who were tasked with considering how best to re-configure Health and Social Care Services in Northern Ireland.

The aim is a health and social care system that helps people to stay well for longer, with services delivered in the community or at home, where possible. Allied Health Professions (AHPs) will play a key part in responding to this challenge, particularly as we expand the role of innovative, multidisciplinary teams across a range of integrated care pathways within health and social care settings. No matter how or where AHP staff work, they will continue to maintain their clear professional focus: ensuring that people, who are ill, have disabilities or special needs, can live the fullest lives possible.

Since these AHP Workforce reviews commenced the landscape across Health and Social Care has changed considerably. Opportunities for AHPs have been created across a range of primary care multi-disciplinary teams. These are to be welcomed but it is important to have the highly skilled workforce required to take these opportunities as they arise. This series of workforce reviews are written with a view to identifying and quantifying the workforce required to meet these challenges and help drive the transformation agenda forward.

The AHP Workforce reviews will help to address one of the immediate priorities set out in the “New Decade New Approach” document published at the time of the establishment of the new NI Executive. The commitment being that the Executive will transform HSC services through reconfiguration of services.

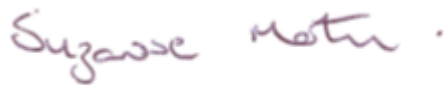
The Covid-19 pandemic challenged us in many ways including the immense pressures placed on our workforce, but there are others pressures challenging us to think and act differently and to consider as to how we currently work and as to how we may work in the future.

In this changing environment, it is even more essential that we have an understanding of our workforce needs, so that we can plan effectively to maintain and develop our services into the future. This was recognised in ***Health and Wellbeing 2026: Delivering Together*** and appears as a key theme in the associated ***Health and Social Care Workforce Strategy 2026: Delivering for Our People***. Recognising that the HSC is a changing environment and will continue to evolve, this series of workforce reviews are “living documents” which will be reviewed throughout the period of the reviews.

This report and the clear recommendations it contains are the result of a wider Workforce Review Programme covering all thirteen AHPs in Northern Ireland. Since March 2017, Project Groups comprising representatives from across the health and social care service, professional bodies, staff side representatives and the Department of Health have been meeting regularly to consider how these professions / services are likely to develop in the period 2018 – 2028. Their work has been overseen by the AHP Workforce Review Programme Steering Group and applies the ***Regional HSC Workforce Planning Framework's*** six-step methodology.

This process and its resulting workforce review reports are the products of active co-design and co-production, delivering together to ensure the workforce needs of the HSC are met. Project Groups have engaged with their stakeholders including service users and carers, both in formal engagement events and through ongoing involvement with relevant individuals and organisations. Their input has been invaluable in producing this final document and its recommendations. We would like to thank everyone who has contributed to the work of the AHP Workforce Review Programme.

Our vision is that Northern Ireland has an AHP workforce that has the capacity and capability to deliver the best possible care for patients and clients and has the leadership skills and opportunities to lead and transform services to improve population health. This Review Report and its recommendations set us on course to do just that for this profession.



Suzanne Martin
Chief AHP Officer
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Philip Rodgers
Director of Workforce Policy
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Executive Summary

The Occupational Therapy Workforce Review has been initiated, guided and endorsed by the Department of Health (DoH) and completed by the Occupational Therapy Heads of Service from each of the five Health and Social Care Trusts in collaboration with the Public Health Agency (PHA).

The aim of the Review is twofold, firstly ensuring that adequate numbers of Occupational Therapists are trained at undergraduate level to meet the anticipated demands for the profession over the next 5-10 years. Secondly, assuring that the workforce is suitably equipped to meet the changing demographic needs and demands of the population.

A range of methods were employed over the period of the review including gathering and analysing statistical data, conducting workshops, surveys, focus groups, interviews and meetings with stakeholders across the Health and Social Care system. This included the independent sector and reviewing relevant policies and strategies to identify proposed service developments or changes over the next number of years.

It is evident that the Occupational Therapy profession faces a number of challenges in terms of having a staffing resource with the capacity and skills to manage the increasing demand across all areas. These areas are clearly highlighted in this review document. In doing so, the profession is mindful of the need to ensure the delivery of safe and effective services that continue to meet the needs of service users.

This report recommends a number of key actions which are required to achieve the identified aims of the review.

1. Introduction

Definition of Occupational Therapy

The Royal College of Occupational Therapists (RCOT, 2019) states that Occupational Therapy services provide practical support to enable people to recover and overcome barriers that prevent them from doing the occupations (activities) that are purposeful and meaningful to them. Occupational Therapists work with people of all ages, who are experiencing difficulties through injury, illness, disability or a major life change in completing activities that are important and that matter to them. Occupational Therapists therefore focus on what matters to the people they work with, agreeing therapy goals that are meaningful to them and that will have a positive impact on their health and wellbeing.

Occupational Therapists analyse a person's strengths, skills and needs in carrying out day-to-day activities and they help service users develop, recover, improve, as well as maintain the skills needed for daily living and working. To achieve this, they deliver interventions through a variety of mediums that include but is not limited to; therapeutic use of activity which is meaningful to the person; altering the environment to enhance the person's ability to function on a daily basis; empowering through self-management of chronic long term conditions.

Occupational Therapists deliver services across a wide range of settings, to address identified needs of service users and their carers. To address these needs and improve occupational performance, Occupational Therapists are required to work in partnership and across HSC, statutory and non-statutory organisational boundaries. They have a significant role in interagency working specifically in relation to education and housing within which Occupational Therapy has statutory responsibilities.

The statutory responsibility to assess, prescribe and provide equipment, specialised seating, wheelchairs and housing adaptation recommendations is devolved to Occupational Therapy services.

Meeting this statutory obligation requires specialist expertise, sustainable funding, therapeutic resources and effective partnership working with housing providers.

In 2016 Health and Social Care Occupational Therapy services developed regionally agreed care pathways for their services. This sought to ensure greater regional equity and transparency, clarity of processes, caseload management and sharing of good practice. The care pathways relate to Occupational Therapy provision within Adult Community, Adult Learning Disability and Children and Young People's Services. These pathways reflect current evidence based practice, with models of service delivery designed to meet the increasingly complex needs of those who use our services in an equitable way.

Strategic Context

The direction of travel for transformational change within HSC has been clearly set through the publications of 'Health and Wellbeing 2026 – Delivering Together' (DOH, 2016) and 'Systems not Structures: Changing Health and Social Care – Expert Panel Report' (DOH, 2016) which aims to:

- Shape HSC to ensure services can meet the predicted demographic needs and challenges facing the region over the next decade and beyond;
- Stress the importance of investing in our workforce, providing opportunities to develop their skills and find suitable career paths at all levels;
- Put people at the forefront of services, to enable them to stay well for longer, with any specialist interventions required being delivered to a high standard in a safe and timely manner.

By embedding the 'Delivering Together' Strategy into all stages of this review, there is an assurance that the findings and recommendations will be in keeping with the strategic direction for the future model of HSC in NI and the role Occupational Therapy will play in achieving this, particularly within the transformation implementation priorities outlined in *Diagram 1*:

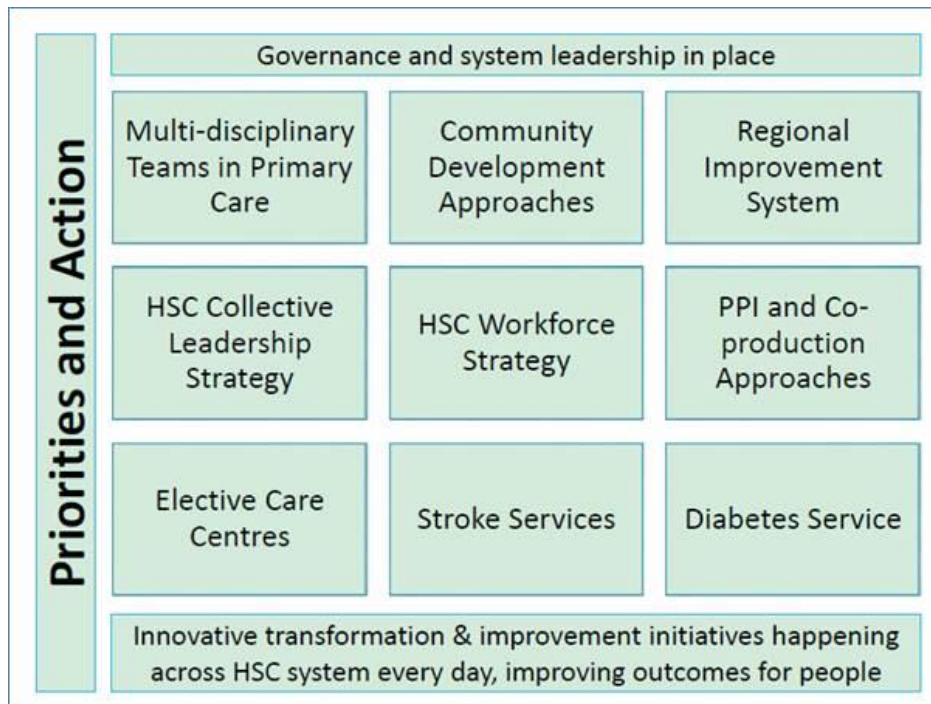


Diagram 1 – Transformation Implementation Group Priorities

In addition, there are specific, strategic, legislative and policy contexts which have an impact on the future Occupational Therapy workforce demand. This will need considered as part of this review and is outlined in diagram 2;



Diagram 2 Strategic drivers impacting on the delivery of Occupational Therapy within NI over the next 10 years.

Workforce Plan Methodology

The review followed the sequenced six-step methodology outlined within the Regional HSC Workforce Planning Framework (DHSSPS, 2015) as denoted in *Diagram 3* with completion agreed by March 2018. (For details of Terms of Reference see Appendix 1)

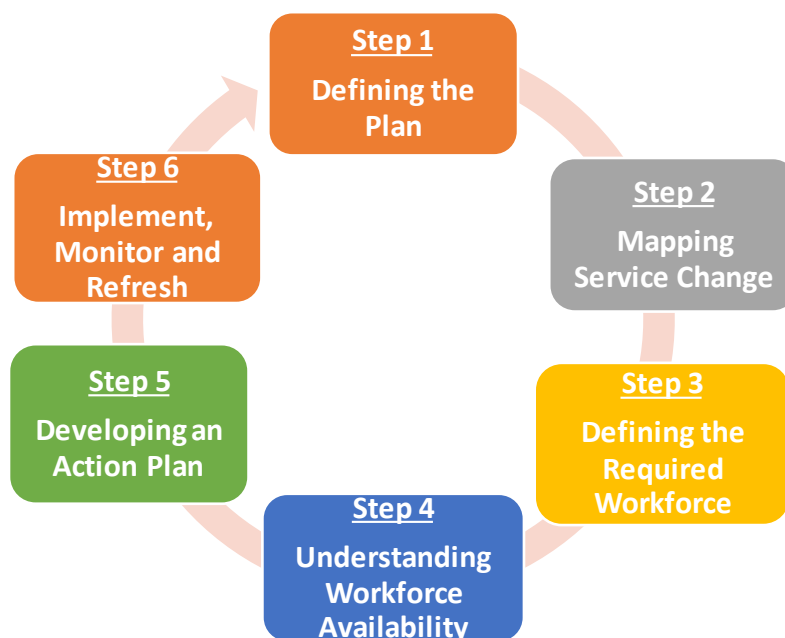


Diagram 3 – Regional HSC Workforce Planning Framework

Assumptions and Constraints

Due to the challenging nature of completing a workforce review, it was important to consider any possible assumptions, constraints and/or risks early in the process. This was particularly important due to the wide and varied nature of Occupational Therapy services. Occupational Therapy is a profession that not only works within HSC but has developed partnerships working with other statutory and non-statutory agencies. A number of assumptions and constraints were identified and measures were taken to help manage these and reduce their implications throughout the process of the review as outlined in Table 1.

Assumptions/ Constraint	Description	Measures Taken
Engagement	Active involvement of key stakeholders is critical at every stage of the review.	A Stakeholder Engagement event was held. To inform key stakeholders, gain opinion and support.
Availability and Access to Relevant Data	Occupational Therapy staff work across a range of settings and deliver a diverse range of service models.	All available information was accessed and utilised in carrying out the review and a process was set to ensure professional sign off and authorisation of the information used.
Impact of Interdepartmental Developments	Occupational Therapy practice and services are developing into other statutory and non-statutory agencies and impact on these may not have been fully realised.	A widespread scoping exercise was completed to assist in determining future models and workforce needs with involvement from the RCOT.
Future HSC and Political Structures	NI was experiencing system change and uncertainty, particularly within the political and healthcare arenas, with associated financial uncertainty.	The sub-group based their analysis on key strategic frameworks e.g. the Bengoa Report and 'Delivering Together 2026.

Table 1 – Assumption and Constraints Summary

2. Defining the Plan

Workforce Review Aims and Objectives

The purpose of the Occupational Therapy workforce review was to work with service users, colleagues and stakeholders, to ensure services across NI are both sustainable and delivered to an appropriate standard, as outlined within the Terms of Reference (see Appendix 1), which are summarized below:

- Review of structures and skills, to recalibrate the Occupational Therapy workforce to assist with HSC wide transformation;
- Responsibility for the commissioning of an adequate number of pre-registration training places to ensure viable recruitment pool;
- Sufficient support for fully funded post-registration training over a three-year period to ensure skills and experience are advanced;
- Development of a shared understanding of the core elements of effective workforce planning to positively influence staffing levels and knowledge & skills assets to ensure services are fit for purpose, meet future health and social care demands and responsive to patient / service user needs;
- Clarity of roles and responsibilities, processes, structures and governance to ensure a fuller understanding of how organisations, partners in care and individuals can contribute effectively in a mixed economy;
- Audit, research and benchmarking locally, regionally and nationally are key methods of assessing user engagement and informing service development and innovation. User satisfaction questionnaires, user forums, patient/carer stories are all methods whereby service users and Occupational Therapists gain understanding, learn and share ideas with regard to future planning for effective change and co-production.

The range of challenges faced by the HSC system has reinforced the need to ensure that the Occupational Therapy workforce is balanced correctly in terms of numbers and skills. This will ensure that an adaptive Occupational Therapy workforce is adequately supported and resourced to proactively respond to changing and increasing demands and that services are developed in accordance with the strategic direction of 'Delivering Together 2026'.

Ownership

From the outset it was agreed that a co-produced/co-designed approach was essential to ensure any outcomes prove to be meaningful. Relevant professional and workforce leads were identified as nominated members of the AHP Workforce Review Programme Steering Group and the Regional Occupational Therapy sub-group. This included nominations from relevant organisations such as DoH, Occupational Therapy representation from each of the HSC Trusts, PHA, Union representation, RCOT, and service user involvement in line with requirements of the Public and Personal Involvement (PPI) legislative frameworks (PHA, 2012). It was agreed that the review would be reported to the DoH on a monthly basis.

3. Mapping Service Change

Population Demographics

In 2017, mid-year statistics estimate the population of NI to be 1.874 million and the population projections anticipate a rise of 4.68% to 1.961m by 2027 (NISRA, 2017).

The highest proportion of the population is aged between 40-64 years (31.9%), followed by those aged between 16-39 years (31.1%). It is predicted that the over 65 population will rise by 28% between 2017 and 2027, representing 19.9% of the overall population. This will have an impact on service demands and pressures across the health and care system as when people grow older, the likelihood of illness, long-term conditions and disability is anticipated to also increase (Age UK and University of Exeter, 2015). For more detailed population statistics see Appendix 2.

Financial Challenges

HSC are experiencing significant financial challenges which will require creativity and innovation to ensure that the impact upon the delivery of Occupational Therapy services is minimised. These financial challenges, along with the strategic drivers within HSC have reinforced the need for services to be delivered with prevention at their core. Occupational Therapy services must therefore focus on embedding health promotion and public health into their service delivery models which are used by the population of NI.

It is within this context that Occupational Therapy must further enhance partnership working with those who use our services to include, co-delivery and co-production approaches, cross agency working and partnerships with other statutory and non-statutory services.

4. Defining the Required Workforce

Professional Qualification and Regulation

Occupational Therapy is a science degree-based, health and social care profession which is regulated by the Health and Care Professions Council (HCPC). HCPC is an independent regulatory body responsible for setting and maintaining standards of professional proficiency including professional training, performance and conduct of the health professions it regulates. In order to practice within the United Kingdom, Occupational Therapists must be registered with HCPC. Only those Occupational Therapists with a professional qualification from a training organisation recognised by HCPC can register with the regulatory body and can lawfully use the 'Occupational Therapist' protected title within the United Kingdom.

Supervision

In line with effective governance, regulatory, corporate and professional accountability, arrangements are required to ensure the delivery of safe and effective care. Occupational Therapy must have access to regular supervision as outlined within the 'Regional Supervision Policy for AHPs – Working for a Healthier People (2014)'. Supervision is an essential component in the delivery of high quality, safe and effective services ensuring that they meet the needs of the population. The importance of supervision has been highlighted in a number of reviews and is particularly referenced in the Mid-Staffordshire NHS Foundation Trust Public Enquiry in 2013.

Occupational Therapy has well established governance structures to support supervision and continued professional development. This supports the delivery of statutory functions and assists in enhancing quality of service delivery across the profession.

Factors Impacting on Workforce Projections

HSC Reform Initiatives Impacting on the Occupational Therapy Workforce

The DoH 'Delivering Together 2026' Strategy outlines the changes required across the HSC and interagency sectors to ensure people are supported to lead long,

healthy, and active lives. To achieve the required transformation 'Delivering Together 2026' recommends developments in 4 main areas which will have the following implications on the required demand and skillset of the Occupational Therapy profession in the next 10 years.

BUILD CAPACITY IN COMMUNITIES AND IN PREVENTION

to reduce inequalities and ensure the next generation is healthy and well

Strong evidence supports the key role Occupational Therapy has in ensuring every child and young person has the best start in life while also supporting adults to live healthy and well. Occupational Therapy deliver this through their work in the following areas:

- Enhanced Occupational Therapy support in **Neonatology** to support premature babies developmental care, aid parent/infant relationships and facilitate safe and timely hospital discharge. This early support helps reduce long term support on services.
- The emerging role of Occupational Therapy within **Sure Start** Programmes allows therapists to support children and families from socially deprived areas to address social, emotional and developmental needs at the earliest possible stage and within their local community.
- Support **Infant and Perinatal Mental Health** pathways in doing so helping families to fulfil their parenting role, support emotional development, reduce social isolation and promote social engagement enhancing their overall health and well-being.
- Assisting in identifying and supporting children with **Special Educational Needs**, facilitating their access to the curriculum, achieve and contribute positively to society.
- Recognising and supporting children with **safeguarding needs** particularly to enhance areas currently being focused on e.g. Neglect and children with disabilities.
- Providing assessment and intervention for children with **Emotional Health and Well-being needs**.

- Supporting people with **mental and physical health conditions** to access, maintain and develop occupational roles and activities in education/training, employment, leisure and in the community setting.
- Promote the **health and well-being** of people and the wider community to increase self-esteem, reduce self-harming behaviours, promote resilience and to assist in suicide prevention.
- In delivering **preventative public health**, self-management and preventative approaches to the population, turning the curve on reactive services.

In WHSCT an Occupational Therapy Home Care Treatment team provided motivational and educational groups to promote daily structure and routine for people with mental ill-health to help them stay healthy and well. 100% of the people had improved outcomes and felt fully supported to explore options appropriate to their needs.

(RCOT 2016)

PROVIDE MORE SUPPORT IN PRIMARY CARE

to enable more preventive and proactive care, earlier detection and treatment of physical and mental health problems

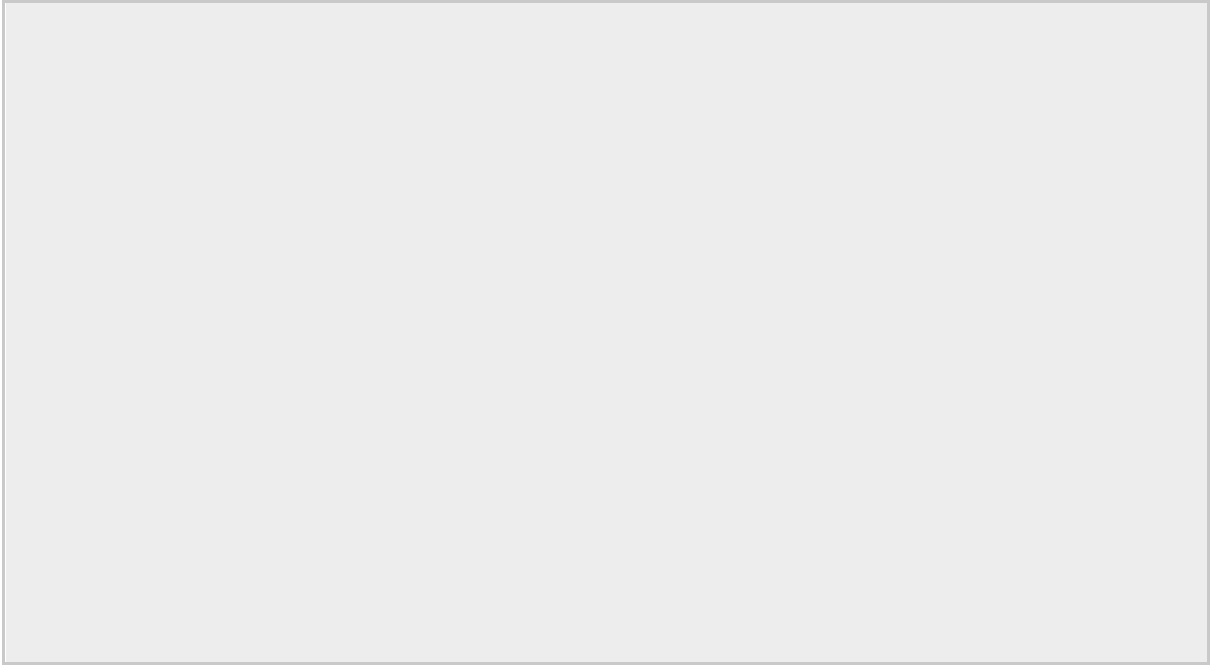
Occupational Therapy models of service delivery within the Primary Care setting have a proven track record of managing and supporting patients with mental illness, co-morbid needs and complexities of the ageing population:

- Emerging role of Occupational Therapy within **Multi-disciplinary Teams in Primary Care** to promote enhanced health and well-being, self-management and proactively address mental ill-health.
- **Frailty and Falls Prevention** for the older person and those with physical disabilities to ensure the delivery of a holistic approach in falls prevention and recovery. Supporting independence within the home, reducing reliance upon care packages.

Since 2017, two Occupational Therapists have been working as part of multidisciplinary teams in two GP practices in NHS Lanarkshire, Scotland. Evaluation of 288 patients referred over a 14-month period measured key performance indicators. Patients were referred with mental health (97/34%) or physical health (70/24%) conditions or both (121/42%). Qualitative evaluation (Sinclair A, 2019) shows that the impact of this has been:

- 1. reduction in need for referrals to secondary services;*
- 2. reduction in need for home care;*
- 3. reduced reliance on medication;*
- 4. reduced falls risks in older adults;*
- 5. reduced sickness absences and reliance on sickness benefits;*
- 6. reduced health inequalities; and*
- 7. improved carer wellbeing.*

55% of patients had fewer GP appointments after Occupational Therapy intervention than before.



REFORM OUR COMMUNITY AND HOSPITAL SERVICES

so that they are organised to provide care when and where it is needed

Reform of Occupational Therapy models within the acute setting has significantly improved patient flow and admission avoidance, however these models are in their infancy and need to be further developed:

- **Patient Flow:** by developing a **7 day working model** of service delivery, Occupational Therapy has enhanced patient outcomes and facilitated weekend discharges across the acute setting.
- Occupational Therapists are key in embedding **admission avoidance** into the acute care pathway through partnership working with Northern Ireland Ambulance Service (NIAS). This allows people to be kept at home safely following a fall.
- Occupational Therapists as part of the **Emergency Department team**. This allows patients' level of independence to be assessed at the earliest stage of the acute process, informing the team as to what may be required to facilitate discharge.
- **Supporting Successful Discharge:** Occupational Therapy Teams based in community settings including Reablement, Rehabilitation and Home Environmental assessments are essential for successful discharge. This becomes even more pertinent with the roll out of **Early Supported Discharge, Discharge to Assess** and **Enhanced Care at Home** models of care. Occupational Therapists involvement at this point ensures that the patient is maintained safely and as independently as possible within their own home.
- Development of the **Trauma Network** will require Occupational Therapists to have a key role throughout the patient's journey; this may include promoting independence and reducing long term impact at the early stages to delivering rehabilitation in local hospitals and within the patient's home.

The Safe Home – Occupational Therapists within NHS Lothian A&E prevented 100 admissions per month with an estimated saving of £864,000 per annum.

(RCOT 2016)

ORGANISE OURSELVES TO DELIVER BETTER

by ensuring that the administrative and management structures make it easier for staff to look after the public, patients and clients

Occupational Therapy has a strong tradition of working across traditional boundaries and developing effective partnership working approaches across the HSC system, other statutory and non-statutory agencies e.g. Education, Housing, Justice, Macmillan and other Community and Voluntary services:

- Involvement in **Integrated Care Partnerships (ICP), Elective Care Pathways** and enhanced specialty plans e.g. Trauma and Orthopaedics, Musculoskeletal, Rheumatology, Pain management to proactively address secondary care pressures.
- Assessment and provision of **Electronic Assistive Technology** and interface arrangements in relation to housing, employment and education.
- Meeting requirements as **Assessors of the Mental Capacity Act** to complete formal assessments of capacity to provide additional safeguard for more serious interventions under the **Mental Capacity Act (NI) 2016**.
- **Meeting recommendations of the recent Stroke Review** to provide timely access to the very latest treatments and care across the whole spectrum of stroke services to give patients the best possible chance wherever they are in Northern Ireland.
- Implementation of **Electronic Caseload Analysis and Activity Tool (ECATs)** across Children and Young People's and Community Adult Occupational Therapy Services. This will better quantify the growing complexity and demands upon these services, facilitating and achieving consistency and standardisation across clinical caseloads.
- Further development of **Therapy Led Clinics** to maximize extended scope roles, e.g. Neuro-Spasticity, Hand Therapy, reducing demand upon

Consultant and Medical staff, effectively managing secondary care pressures.

- **Prison Healthcare** – Supporting and enabling people to have pro-social daily routines, roles and habits as well as meeting their physical and environmental needs.
- Occupational Therapy support within **Diagnostic and Intervention Services** e.g. ASD, ADHD, Dementia and Learning Difficulties, helping to provide timely and differential diagnosis.
- **Enhanced Leadership development** and succession building programmes to ensure the Occupational Therapy workforce embeds collective leadership at all levels and delivers high quality outcomes based care.

Cwm Taf Intermediate Care and Rehabilitation and Older People Mental Health Team Memory Pilot resulted in a reduction of 13.4 days in hospital beds per person with a potential annual saving for the Health Board of £152,556 alongside a reduction of 181 local authority home care hours at a potential saving of £1,895.07 (per week) or £98,543.64 (per year).

(RCOT 2016)

The RCOT has been running a campaign since 2016 entitled 'Occupational Therapy: Improving Lives Saving Money'. The reports associated with this campaign outline the areas of health and social care that are under most pressure and evidence the cost effective and positive impact of occupational therapy.

The RCOT has been proactive in highlighting at a national and local level how the skills and competencies of occupational therapists and services are critical to transformation across a wide range of areas, such as enabling more people to either avoid admission to hospital or return swiftly home. The campaign demonstrates why Occupational Therapy is vital to the health and wellbeing of today's citizens and future

generations. By promoting best practice examples and their key elements, it is anticipated that the most effective use of occupational therapy expertise can be replicated.

Advanced AHP Practice and RCOT Career Development Framework

In order to deliver on the DoH, 10 year health and social care strategy Delivering Together 2016, the Occupational Therapy workforce will be able to meet the current and future service needs to the population through the application of the Advanced AHP Practice (2019) and RCOT Career Development Frameworks (2017). In addition, work has been developed and led by the DoH in supporting a strong, collective leadership base across all AHPs in NI including Occupational Therapy.

To ensure success, this will require access to a range of accredited post graduate training opportunities. Both frameworks provide Occupational Therapy with a blueprint, from which roles in professional practice, facilitation of learning, leadership, evidence, research and development can be clearly embedded, resulting in high quality evidence based occupational therapy practice.

The Advanced AHP Practice Framework (2019) will also support robust succession planning within the workforce **(Recommendations 5 and 6)**.

5. Stakeholder Engagement

Stakeholder engagement is essential in any review to help ensure services delivered meet service-user needs and demands. As part of the Occupational Therapy service delivery, Personal and Public Involvement (PPI) is embedded across practice within local and regional service models. Information gathered from this work through service-user involvement, focus groups and PPI forums has been reflected within this report and has helped shape the recommendations.

In addition, as a specific aspect of this review, a stakeholder engagement event was held on the 24th November 2017 to consider stakeholder views for Occupational Therapy. This critical input from service users and stakeholders has helped to focus the review on the experiences and perspectives of our service users, ensuring that any findings are firmly based on a co-produced approach. For more details on the stakeholders' contributions see *Appendix 4*, however **Table 3** summarises the general themes which were forthcoming in response to the three questions posed.

Question	Respondent Themes		
What needs to be done to attract the right people with the right skills into these professions?	Develop Champions	Create more variety in pathways for students and new graduates, e.g. apprenticeships, rotations	Create opportunities to diversify the workforce
What needs to be done to make the HSC a brand that people aspire to work for?	Need a clear clinical/career pathway into Advanced Consultants and managerial roles	Better work/life balance and flexible working	Allow staff to be innovative
Are there any gaps in the workforce planning process that you would wish to have addressed?	Appropriate backfill for maternity leave and long term sick leave	Structured timely succession planning for older workers including retirement planning	Need a flexible consistent regional Occupational Therapy workforce, e.g. peripatetic and

			rotational posts in all Trust areas
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Table 2: Summary of common themes feedback from stakeholder engagement

6. Understanding Workforce Availability

An analysis on the Occupational Therapy workforce needs for HSC NI was completed and took account of factors relating to supply, demand and need.

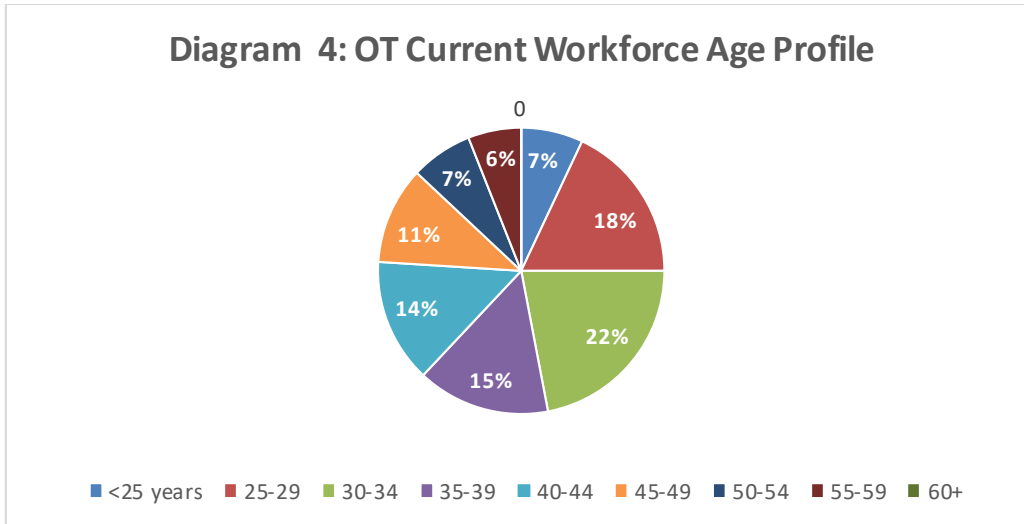
The following supply factors have been considered in determining the future Occupational Therapy workforce availability:

Existing Workforce Profile

Workforce profile as of the end of March 2017 is depicted in *Table 1*. This indicates 1,082 headcount Occupational Therapists (963.2WTE) currently working in the HSC system in NI. An analysis of the workforce profile shows that;

- 23% of the current AHP workforce in HSC NI is Occupational Therapy.
- 97% of the Occupational Therapy workforce is female
- 32% of the total Occupational Therapy workforce is currently female part-time staff.
- The Occupational Therapy workforce is predominantly a young female workforce with 62% of the workforce aged <40 years old
- >13% of the overall workforce being aged 50 years or over (see more detail in table 1 and diagram 6.
- In the 2016 financial year, the percentage of hours lost due to sickness absence/ industrial injury in Occupational Therapy was 4.7%.

Diagram 4: OT Current Workforce Age Profile



In March 2017, 7% of Occupational Therapists were absent from work due to maternity/adoption/paternity/share parental leave compared to the overall percentage of HSC staff of 3%.

Workforce Profile - Impact of Retirement

There are 64 staff aged between 55-59 and 4 staff aged 60+. It is therefore projected that over the next 10 years, there will be an average of 7 retirements per year. This excludes early retirements due to Mental Health Officer Status, retirements due to ill-health, as a result of Voluntary Exit Schemes or those choosing to retire before the statutory retirement age. Therefore, it is projected that there will be an annual average of **10 retirements per year**

Occupational Therapist Headcount Profile across HSC in NI at 31/3/17									
	<25yrs	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+yrs
Head-Count	76	191	237	167	152	117	74	64	4
	7%	18%	22%	15%	14%	11%	7%	6%	<1%

Table 3: Age range of Occupational Therapy Workforce in HSC NI as at 31/3/17. Source: -HRPTS Portal

Diversity of Existing Workforce

As outlined above, the Occupational Therapy Workforce is relatively homogeneous, particularly in respect of genders. Anecdotally, this would be true also in respect of ethnic and racial diversity.

Developing a diverse and inclusive workforce is imperative as not only can it help to develop new ways of working and thinking, leading to improvement and innovation but it better reflects the experiences, needs and values of the increasingly diverse population of Northern Ireland. There is a responsibility therefore, for HSC as an employer to consider how this workforce can be developed to reflect this diversity (DOH, 2018). **(Recommendation 3 and 4)**

Undergraduate Training Pipeline

The DOH commissions 50 undergraduate Occupational Therapy training places per year from Ulster University, which is the local Higher Education provider in Northern Ireland. This undergraduate training is a 3 year BSc (Hons) Degree in Occupational Therapy.

From 2010, there has been an overall decrease of 16.6% (n=10) in undergraduate Occupational Therapy commissioned training places in Northern Ireland, from 60 places in 2010 to 50 places in 2016. This is the 3rd year of the reduced numbers of commissioned training places and the impact of this is reflected in the available workforce for recruitment by HSC NI Trusts to Band 5 posts.

The demand for these 50 training places remains very high, as evidenced by the number of applications per year since 2010, which has averaged at 488 per year.

The attrition rate from the programme is approximately 10% and this is based on the number of commissioned places versus number of graduates from the cohort each year since 2010. Therefore, the available undergraduate outturn is 45 graduates each year becoming available to the NI labour market. This is based on the overall number of commissioned places remaining the same i.e. 50.

The available undergraduate outturn of 45 does not exclude the number of graduates who:

- Immediately commence post-graduate training and therefore do not enter the labour market; or
- Uptake posts outside of the HSCNI, e.g. it is estimated that an average of 2 graduates per year uptake posts with Capita Department for Communities; or
- Those who leave NI to travel.

This outturn figure does not include students from NI or elsewhere who graduate from other UK universities and are seeking to return to work and live in NI.

The National Institute of Economic and Social Research (Dolton et al, 2018) recommended that devolved governments must urgently review their workforce planning approaches across the Health and Social Care (H&SC) sector. Planning needs to recognise that public, private and third sectors form a common system and common labour market. It also needs to recognise that supply has to be sufficient to meet the whole system need and not focus solely on NHS employers.

BSc Hons Occupational Therapy 4463	Total Applications	Commissioned Places	Intake	Graduates from Cohort
2010	546	60	60	60
2011	581	54	56	50
2012	560	54	55	46
2013	465	54	60	57
2014	442	54	54	48
2015	460	54	56	TBC
2016	452	50	61	To graduate 2019
2017	411	50	51	To graduate 2020

Table 4 University of Ulster Undergraduate Output

Post-Graduate Profile

HSC Occupational Therapy recruiting managers report that the majority of entry level Occupational Therapist to HSC are Ulster University graduates with only a small number graduating from England, Scotland, Wales and ROI.

Regional Band 5 Recruitment Process and Waiting List

The recruitment of Band 5 Occupational Therapists is designed to be an annual regional HSC exercise. However, within an 8 month period during 2018/19, this recruitment took place 3 times. This process creates a regional waiting list for the recruitment of Band 5 posts, accessed by the 5 HSC Trusts in NI.

A survey in 2018, of those on the regional Band 5 waiting list provided an insight into the employment status of respondents at that time. The results of the survey were as follows:

- 40% (n=16) are currently employed as an Occupational Therapist on a permanent contact
- 32.5% (n=13) are currently employed as an Occupational Therapist on a temporary contact
- 20% (n=8) are currently employed as an Occupational Therapist as a locum/agency
- 2.5% (n=1) are currently employed as an Occupational Therapist in NI outside HSC.

Therefore, 92.5% (n=37) of respondents on the 2018 regional Band 5 waiting list were already employed as an Occupational Therapist in the HSC. The actual available Band 5 workforce to the HSC was therefore circa 7.5% of the regional Band 5 waiting list. This would equate to **8** applicants not already employed within the HSC of the 101 applicants on the regional Band 5 waiting list at March 2018.

Also, of note in this survey was that 25% of respondents had been offered a permanent post, however had declined this and chosen to remain on the waiting list. It is expected that these applicants declined the offer as they were already in employment as an Occupational Therapist and/or the post offered did not meet their preferences or needs.

The top three reasons indicated by applicants applying to be placed on the Regional Band 5 Occupational Therapy Waiting list were to obtain a permanent post, move geographical location or move to a different clinical speciality.

On the basis of this survey, caution must be taken if using the total number of band 5 candidates on the regional waiting list as an indicator of workforce availability.

In March 2019, the band 5 waiting list had been exhausted, i.e. while candidates remained on the waiting list, no offers for vacant posts were being accepted by these candidates. This resulted in a total of 38 band 5 HSC NI posts remaining unfilled until a subsequent recruitment event.

Consideration needs to be given to the future approach in the recruitment of band 5 therapists regionally, to ensure a system that will better meet service requirements and applicant choices and needs. **(Recommendation 1, 2, 3 and 4)**

With development and adoption of peripatetic workforce models within Trusts, early indications are that these types of flexible workforce models allow for a broader choice of experience in clinical practice areas and potentially choice of geographical areas, as well as assisting in filling posts in a timely manner. **(Recommendation 8)**

External Challenges to the Occupational Therapy Profession

The National Institute of Economic and Social Research in its paper, Brexit and the Health and Social Care Workforce in the UK (Dolton et al, 2018) examines recent trends in the UK's H&SC workforce and the critical role of European Economic Area nationals within it. It states that while many of the problems supplying new recruits into the sector pre-date the 2016 Brexit referendum, the vote to leave the European Union (EU) has added another layer of challenge and uncertainty for planning this future workforce. One of the key findings of this report is that a little over 5% of allied health professionals' workforce is from inside the European Economic Area (EEA). Not only are they a sizeable component of the workforce, the patterns of their numbers and their composition by occupation and geography has changed rapidly since the 2016 Brexit referendum.

This is a vital issue because the ongoing uncertainty will undoubtedly impact on this workforce's decision whether or not to stay with significant implications for the sector. It can also impact the decision of EEA nationals to move to the UK in the future.

By examining the pattern of leavers and joiners to the NHS over the year prior to June 2016 and the year post June 2016, the authors were able to estimate what might happen to the overall numbers of doctors and nurses going forward. Their model suggests that in the short run and over the period of Brexit transition, the UK will have a shortage, in addition to current vacancies, in their nursing workforce. A similar impact could be expected with the AHP workforce.

Furthermore, the Migration Advisory Committee's Full Review of the Shortage of Occupation List (SOL) (2019) has recommended that the entire Occupational Therapy profession is included in the SOL, with the profession ranking 19th in the shortage indicators with an above average vacancy rate (despite a fall in recent years).

7. Workforce Review Analysis and Findings

When considering the demand factors in determining the future Occupational Therapy workforce availability, a retrospective analysis was completed.

Retrospective Analysis of Occupational Therapy Workforce over a 10 year Period

Based on figures at 30 September in 2007 and 2017, there has been a 49% increase in the Occupational Therapy workforce in the past 10 years. These figures are based on data extracted from the HRMS and HRPTS systems and excludes bank staff and staff on career breaks. See below:

OTs in Post at	30 September 2007	30 September 2017	Increase Over 10 years	Average Annual Increase
Headcount	741	1,107	+366	37
WTE	659.49	979.88	+320.39	32

Table 5: Source: 2007 data - Human Resources Management Systems (HRMS); 2017 data - Human Resources, Payroll, Travel & Subsistence systems (HRPTS) Excludes bank staff and staff on career breaks.

Based on this rate of growth, (which excludes the recent transformational agenda) an annual increase of 32 wte Occupational Therapy posts would be required over the next 10 years. **(Recommendation 1)**

Projected Analysis of New Demands upon Occupational Therapy Workforce 2017-2027

Stabilising the Workforce

This review recognises that, in order to continue to deliver and develop services, there is an immediate need to stabilise the existing workforce. This is set in the context of the workforce profile outlined above (Pages 22-23). The challenges these dynamics bring is that managers have been unable to recruit to the required volume of temporary vacancies, as a means of backfilling permanent Occupational Therapy posts. These

are posts that require temporary cover or backfill in a timely manner (maternity leave, sick leave, paternity leave, career breaks, promotions and leavers etc). In addition, if recruitment was successful, there can be a three - four month interval before a new member of staff commences in post.

One potential solution is the development of a Peripatetic Workforce Model. Within this model, managers proactively appoint staff on a permanent basis. These staff are employed to provide cover within the service areas when and where the absences outlined above occur (supernumerary). There are models already developed in some Trusts, e.g. flexible recruitment/peripatetic models, which are demonstrating positive benefits which could be rolled out on a regional basis to ensure equity in services regionally.

Within the SHSCT, a Peripatetic Workforce Model has been developed in response to these challenges.

This workforce model aims to achieve a number of objectives including:

1. More stability for services to deliver safe, high quality care services;
2. Continuity for services for patients and their carers/families;
3. Achievement of the current staffing funding envelope;
4. Reduce/eliminate use of bank/agency staff;
5. Valuing our staff – provides security, feelings of worth, value and loyalty;
6. Relieve pressures to fill staff gaps; and
7. Support development of staff/ competencies and confidence.

A workforce analysis of funded staffing gaps over a three year period, found that 14% of the total WTE registered Occupational Therapy workforce (excluding bands 8a and 8b) was required to establish a peripatetic pool, similar to that established within SHSCT, to address the predicted funded workforce gaps.

The BHSCT also developed a similar workforce model which resulted in a requirement of 13% of the total WTE registered Occupational Therapy workforce.

If all five Trusts were to adopt this workforce model in order to backfill temporary vacancies arising in permanent positions, then this would equate to a requirement of

approximately **70.66 WTE** permanent new registrant Occupational Therapists in HSC NI.

	950.02	WTE current staff in post in HSC
-	37.9	Combined 8a and 8b wte
<hr/>		
	902.12	Clinically Available Workforce
 14% of 902.12 =119.46 wte required for a full HSC Peripatetic Workforce.		
Currently 3 of the 5 Trusts employ 48.8 wte within a peripatetic model		
	119.46	WTE required as a full Peripatetic Model
-	48.8	Existing Peripatetic Model
<hr/>		
	70.6	Existing Shortfall to Regionalise a

Projected Areas of Service Growth

This report outlines many projected areas of service growth detailed in pages 15 to 20 that remain at this point unquantifiable in relation to workforce demands and required skill set. For the most, this is due to models of practice being within their infancy or dependent upon rapid advances in technology.

For this reason, the opportunity to appraise the progress of and requirements for these service areas is suggested before completion of the first of the proposed three consecutive actions plans (2018-2020) outlined in the Health and Social Care Workforce Strategy 2026.

Summary of Supply and Demand Projection for Occupational Therapy Workforce on Northern Ireland

Row identifier	Description of Supply/Demand	Year 1	Total Commissioned Places Yr 1 Available for HSC	Subsequent Years	Total Commissioned Places Yr 2 + Available for HSC
a)	Current UU commissioned places	50	50	50	50
b)	UU graduate out-turn available to labour market after attrition (10%) Page 24	45	45	45	45
c)	Estimated uptake to posts other than HSC e.g. Capita DfC Page 24	2	43	2	43
d)	Average new posts required for service developments per year in HSC Page 28	32	11	32	11
e)	Average annual retirements from HSC last 5 years Page 23	10	1	10	1
f)	Baseline peripatetic/ flexible workforce pool Page 29	14	-13	14	-13
g)	Increase in peripatetic/flexible workforce pool Year 1 would require an initial uplift of 20 reducing to 4 annually Page 29	20	-33	4	-17

h)	Projected shortfall	33	33	17	17
i)	Total commissioned under-graduate places required.	83	83	67	67

Table 6:- Summary of New Graduate Headcount Demand Projection for Occupational Therapy

Undergraduate Comparative Analysis

Consideration was given to the neighbouring demographics of Scotland, England and Wales, see table below:

Country	Population	Training courses (WFOT)
England	66.1 million	64
Scotland	5.3 million	7
Wales	3.1 million	2
NI	1.9 million	1

Table 7: comparative analysis of countries of the United Kingdom

Due to its similar population size and geo-demographic profile, Wales was selected for comparative analysis.

In Wales there are 115 commissioned places for Undergraduate Occupational Therapy training each year. Wales' population is 3.1 million (2017). This equates to one new graduate per 26,956 population.

In NI the population is 1,903,663 with an average of 50 new graduates annually equating to one new graduate per 38,073.

	Population	No. of Commissioned Places	New Graduate to population ratio	Equivalence shortfall in commissioned places for NI
Wales	3.1 million	115	1 : 26,956	
N.I.	1.9 million	50	1 : 38,000	20

Table 8: Comparative analysis of Commission places Wales/Northern Ireland

To be comparative to Wales, NI would require 70 commissioned places annually. This is based on the assumption that sufficient numbers of Occupational Therapists undergraduate places are commissioned within Wales.

Over a proposed 5 year period commencing 2020, both analysis, i.e. table 6 and 7 suggest an overall requirement of an additional 100 commissioned places for this 5 year period. **This can be achieved by commissioning an additional 20 undergraduate places annually from 2020.**

Option Appraisal

In order to address the identified gap in workforce supply, three options were considered and are outlined in Table 9.

Options	Description	Benefits	Risks
<p>Option 1 Status Quo.</p>	<p>Maintain 50 commissioned undergraduate places. Based on providing a 3 year full time programme commissioned via the local Higher Education Provider.</p>	<p>No additional funding required to maintain this option.</p>	<p>The current supply of new graduates has been assessed as being insufficient to meet the needs of the HSC needs of the population of NI for the coming 10 years.</p>
<p>Option 2 Front Load Commissioned Undergraduate Programme Places</p>	<p>Year one commission additional 33 places with subsequent 4 years having an uplift of 17 commissioned places</p>	<p>More immediate impact upon the workforce supply, stabilising core services.</p>	<p>Significant financial investment required in year one compared to subsequent years.</p> <p>Challenge for HSC Trusts to provide 33 additional practice education placement opportunities</p>

<p>Option 3</p> <p>Averaging an increase over 5 years</p>	<p>The total required commissioned place over the 5 year period is averaged for this period resulting in an additional 20 commissioned places annually.</p>	<p>Increase of workforce supply to meet identified workforce gap.</p> <p>Financial investment is fixed for 5 years, supporting financial planning.</p>	<p>Significant financial investment.</p> <p>Longer timeframe to stabilise the workforce with first cohort available 2023.</p>
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Table 9: Workforce Gap Option Appraisal

Estimated Costings Associated with Preferred Option 3

Option 3, increasing the commissioned places at a steady rate is recommended as the preferred option within this non-financial option appraisal.

This review has demonstrated that developing the Occupational Therapy workforce into the future is essential in order to ensure safe and sustainable service provision. While a full cost impact analysis is not at this point available, an estimated cost analysis in relation to option 3 suggests that the uplift of 20 places would equate to an additional £150,700 per academic year.

8. Conclusion

The timing of this Occupational Therapy Workforce Review aligns itself to one of the most challenging chapters in Health and Social care provision in NI. As has been outlined within this review the shortfall of available, qualified Occupational Therapists within Northern Ireland is increasing, resulting in numerous vacancies across the region. Without additional new entry therapists joining the workforce, the risks to service provision and patient safety is becoming more apparent.

This review has analysed current and predicted population needs and service trends, within the context of significant policy drivers such as Delivering Together 2026. The recommendations outlined are in keeping with these strategic drivers and with the support of the DoH, specifically through the forthcoming AHP Strategy Review, the implementation of the recommendations will ensure the delivery and provision of Occupational Therapy services to the population of NI will be sustainable for the coming 10 years.

This Workforce review was presented to DoH for further consideration and endorsement in line with the original Terms of Reference of the Project Group.

9. Recommendations

Based on the findings of the review there are four key recommendations proposed which are set out below, these have been structured under key headings and will inform the Action Plan.

	RECOMMENDATIONS	
UNDERGRADUATE TRAINING	1	An increase in the Pre-Registration Occupational Therapy places annually from 50 commissioned places to 70 to meet current and future predicted workforce pressures within the HSCNI. It is important to note that the impact of this increase will not be recognised until 2023.
	2	That consideration is given to formalising the commitment for newly qualified Occupational Therapists funded via DoH commissioned places to commence two years post-graduate employment in HSCNI within 12 months of qualifying.
	3	An exploration of alternative access routes to undergraduate Occupational Therapy courses is carried out within the context of an increasingly diverse population in Northern Ireland.
RECRUITMENT & RETENTION	4	Scope alternative models of recruitment that can be applied to Northern Ireland as a region and across banding levels.
	5	Occupational Therapy management, in conjunction with training facilities will focus upon further developing a robust postgraduate accredited training framework catering specifically to the needs of the Occupational Therapy workforce.

POST GRADUATE TRAINING	6	<p>That consideration by DoH is given to ratifying the 3 year ECG training cycle and reviewing the funding to support a robust planning approach to the training and development of the HSCNI Occupational Therapy workforce in line with service needs, the DoH Advanced AHP Practice Framework (2019) and the RCOT ‘Career Development Framework: guiding principles for occupational therapy 2017 .</p>
	7	<p>Scope the demands and benefits of developing dedicated roles across the Trusts to support effective management of undergraduate practice education and CPD requirements to include various research and development roles.</p>
WORKFORCE DEVELOPMENT & STABILITY	8	<p>Alternative workforce models are considered and scoped, e.g. peripatetic model, in developing innovative and flexible recruitment models across the Occupational Therapy workforce.</p>
	9	<p>Develop a proactive strategy framework to manage the workforce needs across Occupational Therapy through annual reviews of the progress made within the life of this review, including the opportunity of an appraisal of projections before completion of the first of the proposed three consecutive actions plans (2018-2020) outlined in the Health and Social Care Workforce Strategy 2026.</p>

10. Action Plan

THIS TABLE REFLECTS THE PRIORITIES ABOVE

OCCUPATIONAL THERAPY WORKFORCE REVIEW - ACTION/IMPLEMENTATION PLAN 2018-2028

		ACTIONS	LEAD RESPONSIBILITY	IMPLEMENTATION TARGET DATE
UNDERGRADUATE TRAINING	<ol style="list-style-type: none"> 1. An increase in the Pre-Registration Occupational Therapy places annually from 50 commissioned places to 70 to meet current and future predicted workforce pressures within the HSCNI. It is important to note that the impact of this increase will not be recognised until 2023. 2. That consideration is given to formalising the commitment for newly qualified Occupational Therapists funded via DoH commissioned places to commence two years post- 			

	<p>graduate employment in HSCNI within 12 months of qualifying.</p> <p>3. An exploration of alternative access routes to undergraduate Occupational Therapy courses is carried out within the context of an increasingly diverse population in Northern Ireland.</p>			
RECRUITMENT & RETENTION	<p>4. Scope alternative models of recruitment that can be applied to Northern Ireland as a region and across banding levels.</p> <p>5. Occupational Therapy management, in conjunction with training facilities will focus upon further developing a robust postgraduate accredited training framework catering specifically to the needs of the Occupational Therapy workforce.</p>			

POST GRADUATE TRAINING	<p>6. That consideration by DoH is given to ratifying the 3 year ECG training cycle and reviewing the funding to support a robust planning approach to the training and development of the HSCNI Occupational Therapy workforce in line with service needs, the DoH Advanced AHP Practice Framework (2019) and the RCOT 'Career Development Framework: guiding principles for occupational therapy 2017 .</p>	.		
	<p>7. Scope the demands and benefits of developing dedicated roles across the Trusts to support effective management of undergraduate practice education and CPD requirements to include various research and development roles.</p>			

WORKFORCE DEVELOPMENT & STABILITY	<p>8. Alternative workforce models are considered and scoped, e.g. peripatetic model, in developing innovative and flexible recruitment models across the Occupational Therapy workforce.</p> <p>9. Develop a proactive strategy framework to manage the workforce needs across Occupational Therapy through annual reviews of the progress made within the life of this review, including the opportunity of an appraisal of projections before completion of the first of the proposed three consecutive actions plans (2018-2020) outlined in the Health and Social Care Workforce Strategy 2026.</p>			

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Appendix 1 - Terms of Reference



ESTABLISHMENT OF ALLIED HEALTH PROFESSIONS (AHP) WORKFORCE REVIEW OCCUPATIONAL THERAPY PROJECT GROUP TERMS OF REFERENCE

The Project Steering Board has been established to undertake a workforce review to support AHP practice within the HSC.

To achieve this uni-professional allied health professions sub groups will be established to undertake individual professional AHP workforce reviews to inform the commissioning process.

These will function within the following terms of reference:

1. Produce a programme plan and agree processes and timescales for delivery of project outputs.
2. Ensure effective communication and engagement with key stakeholders including dissemination of information relevant to the project within each of the participating organisations.
3. Make recommendations on workforce profile to ensure service sustainability.
4. Make recommendations on recruitment processes to ensure service sustainability and maximum capacity to deliver services.
5. Make recommendations on measures, including structures and skills, to align and develop information on the AHP workforce to assist with HSC-wide service transformation.
6. Make recommendations to the Department of Health regarding the commissioning of pre-registration training.
7. Make recommendations regarding post-registration training requirements.

Note:

- The sub groups will aim to complete their work in **12 - 18 months** with meetings at 10 bimonthly intervals.
- Membership of the Sub Group is non-transferrable, however deputies **will be acceptable** and with prior agreement of the Chair or Project Lead.

MEMBERSHIP OF OCCUPATIONAL THERAPY SUB GROUP

5 x Trust professional heads of service

One AHP trust lead

Staff side representative

RCOT representative

DoH WPD representative

DoH AHP Lead Officer - Chair

DoH AHP Deputy Principal

Other professional staff can be co-opted on as required

PHA Consultant AHP – Co-chair

Representative from Information and Analysis Directorate, DOH

**Membership of AHP Workforce Programme Steering Group and Occupational
Therapy Sub-Group**

AHP Workforce Programme Steering Group Members		
Name	Organisation	Email
Charlotte McArdle	DoH (Chairperson)	
Andrew Dawson (Co-chair)	DoH (NI) – Acting Director, Workforce Policy	
Hazel Winning	DoH (NI) – Nursing, Midwifery and AHP Group	
Erin Montgomery	DoH (NI) – Information and Analysis Directorate	
Catherine Donnelly	DoH (NI) – Workforce Policy Directorate	
Paula Calahan	Belfast HSC Trust	
Raymond Irvine	Western HSC Trust	
Patricia McClure	Ulster University	
Joanne McKissick	Patient and Client Council	
Pauline McMullan	Business Services Organisation	
Margaret Moorehead	South Eastern HSC Trust	
Paul Rafferty	Western HSC Trust	
Claire Smyth	South Eastern HSC Trust	

Jill Bradley	Northern HSC Trust	
Peter Barbour	DoH (NI) – Workforce Policy Directorate	
Carmel Harney	Southern HSC Trust	
Brendan McGrath	Western HSC Trust	
Claire Ronald	Staff Side – Chartered Society of Physiotherapy	
Mary Hinds	Public Health Agency	
Angela McVeigh	Southern HSC Trust	
Nicola Shaw	South Eastern HSC Trust	
Marie Ward	Western HSC Trust – represented by R Irvine	
Gerard Tinney	(Note taker) DoH (NI) – Workforce Policy Directorate	

Occupational Therapy Workforce Sub-Group Members		
Name	Organisation	Email
Hazel Winning	AHP Lead DoH	
Peter McAuley	DoH	
Catherine Donnelly	DoH Workforce Policy Directorate	
Alison Dunwoody	DoH	
Joanne O'Hagan	DoH	
Shane Elliott	Occupational Therapy HOS NHSCT	
Siobhan Wright	Occupational Therapy HOS BHSCT	
Lorraine Ringland	Occupational Therapy HOS SET	
Brenda Byrne	Occupational Therapy HOS SHSCT	
Helena Doherty	Occupational Therapy HOS WHSCT	
Carmel Harney	AHP Lead SHSCT	
Ruth Watkins	Unison	
Julia Skelton	RCOT	
Geraldine Teague	AHP Consultant PHA	

Appendix 2

Table 1 from the N Ireland Resident Populations by LCG – 2020

Age Band (Yrs)	Belfast	Northern	South Eastern	Southern	Western	NI
0-15	71,626	97,588	73,005	90,415	65,377	398,011
16-39	122,399	138,707	101,891	120,966	90,519	574,482
40-64	109,851	156,876	118,846	122,324	98,248	606,145
65+	56,426	87,710	70,718	59,798	50,373	325,025
All ages	360,302	480,881	364,460	393,503	304,517	1,903,663
%	18.9%	25.3%	19.1%	20.7%	16%	100%

Table 2 - N Ireland Resident Populations by Local Commissioning Group - 2027

Age Band (Yrs)	Belfast	Northern	South Eastern	Southern	Western	NI
0-15	71,444	94,325	71,608	92,045	63,124	392,546
16-39	119,079	135,866	101,364	125,295	87,591	569,195
40-64	109,928	155,448	117,888	128,516	97,681	609,461
65+	66,201	104,691	85,183	73,207	60,757	390,039
All ages	366,652	490,330	376,043	419,063	309,153	1,961,241
%	18.7%	25.0%	19.2%	21.4%	15.8%	100.0%

Source: NISRA, Based on 2014 Population Mid-Year Estimates

Appendix 3 – Engagement Summary

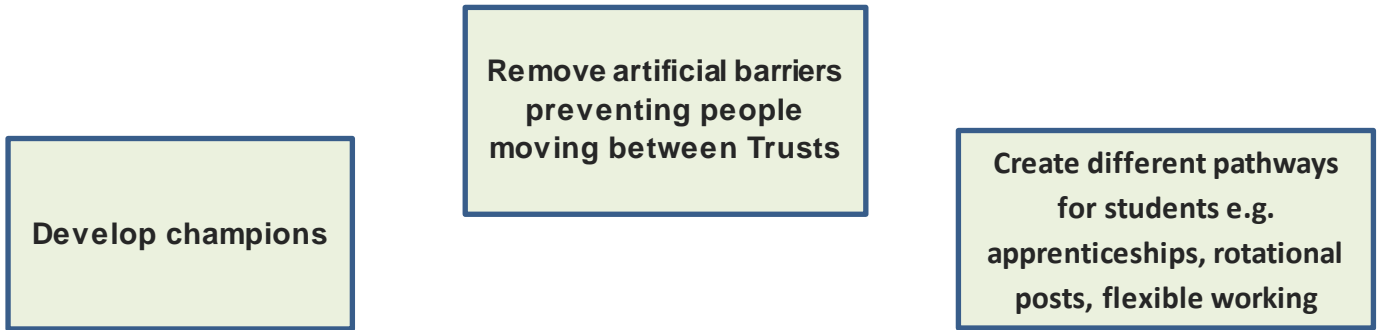
The engage discussion focused on four main topics:

Qu. No	Topic	Question
Qu.1	Recruitment	What needs to be done to attract the right people with the right skills into these professions?
Qu. 2	Retention	What needs to be done to make the HSC a brand that people aspire to work for?
Qu. 3	Workforce Planning Process	Are there any gaps in the process that you would wish to have addressed?
Reflection	Having discussed all of this today, what would you now suggest as the top priority for the AHP workforce reviews to deliver?	

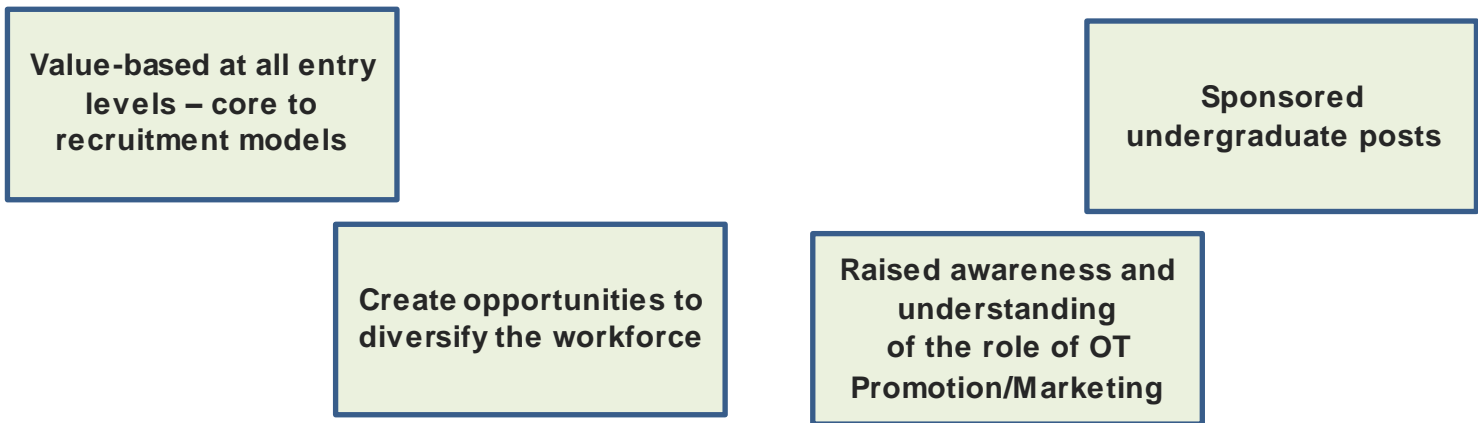
The 'Engage' method combines the live aspect of small-scale discussion with information and communication technologies; on one hand it allows rapid transmission of work-group results to a plenary assembly; while on the other it permits surveys of individual participants' opinions through a polling system. Information gathered at the engage event has been reflected in the review. Each of the round table groupings at the event were asked to prioritise their responses in each topic and the top responses captured.

Discussion Outcomes

Question 1 – Recruitment – What needs to be done to attract the right people with the right skills into these professions?



OT service band support
role students schools skills
SLT career need people right
profession Work staff Needs
post entry roles males posts look
ensure



Question 2 - Retention - What needs to be done to make the HSC a brand that people aspire to work for?

Better work/life balance and flexible working

Allow staff to be innovative

Opportunities for CPD/Lifelong learning

Supporting and valuing staff



Need for clear clinical pathways into Advanced, Consultant and Senior Managerial roles

Opportunities for career development and progressions

Improved promotion of positive impacts of HSC interventions

Support health and well-being of staff

13. Abbreviations

Attention Deficit Disorder	ADD
Attention Deficit and Hyperactivity Disorder	ADHD
Accident & Emergency	A&E
Autism Spectrum Disorder	ASD
Allied Health Professions	AHPs
British Journal of Occupational Therapy	BJOT
Bachelor of Science	BSc
Chief Executive	CE
Chief Executive Officer	CEO
Child & Adolescent Mental Health Services	CAMHS
Continuous Personal Development	CPD
Children and Young People's Occupational Therapy	CYPOT
Department of Communities	DfC
Department of Health	DoH
Global Positioning System	GPS
Health and Care Professions Council	HCPC
Health & Social Care	HSC
Helicopter Emergency Medical Service	HEMS
Human Resources, Pay & Travel System	HRPTS

Intensive Care Unit	ICU
Local Commissioning Group	LCG
Multi-disciplinary Team	MDT
Musculoskeletal	MSK
Multiple Sclerosis	MS
Major Trauma Centre	MTC
Northern Ireland	NI
Patient Client Council	PCC
Programme of Care	POC
Programme for Government	PFG
Post-Graduate	PG
Paediatric Intensive Care Units	PICU
Public Health Agency	PHA
Royal College of Occupational Therapists	RCOT
Regional Disability Services	RDS
Serious Mental Illness	SMI
Special Education Needs	SEN
Strategic Recruitment Innovation Forum	SRIF
Therapy Led Clinic	TLC
Terms of Reference	ToR
Under-Graduate	UG

United Kingdom	UK
Ulster University	UU
Whole Time Equivalent	WTE