



## **Unite response to Delivering Excellence: Achieving Recovery A Professional Framework for the Mental Health Nursing Profession in Northern Ireland (2010-2015)**

**This consultation response is submitted by Unite the Union. Unite is the UK's largest trade union across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction, transport and local government, education, health and not for profit sectors.**

Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations – the College of Health care Chaplains (CHCC), Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicists Association (HPA), Medical Practitioners Union (MPU), Mental Health Nurses Association (MNHA) and the Society of Sexual Health Advisors (SSHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians, estates and maintenance, ancillary and ambulance workers.

### **Executive Summary**

1. Unite/Mental Health Nurses Association (MHNA) welcomes the DHSS consultation framework Delivering Excellence Achieving Recovery, and the opportunity to respond.
2. Mental health nursing has played a pivotal role in the developments of care for those with mental illness and the transition from hospital to community care over many years.
3. There are challenges for the profession, as outlined in the framework but also opportunities. Delivering Excellence Achieving Recovery sets out the drivers for change and the strategic and policy context accurately.
4. The 4 over-arching domains are relevant and Unite/MHNA will comment on each individually, and we have referenced the relevant section from the consultation document where appropriate).

### **Person Centred Care**

5. This term is frequently used by services but systems, structures, criteria, roles and responsibilities often do not reflect this ideal and become exclusion criteria.

6. **(3 and 4)**; the development and use of “models” and “systems and processes” must not become an impediment to the culture and philosophy of recovery. Meaningful engagement is paramount. Fixation on systems impedes engagement.
7. **(6)**; Service users and carers must influence policy but a role in the “recruitment of staff” must be progressed with caution, conscious of employment legislation. Partnership and agreement with Trade Unions must be in place.

### **Safe and Effective Practice**

8. **(8)**; “physical health” needs is a developing aspect of care and importance, the time-scale should be 2011 if not immediate. NI is behind other UK countries.
9. **(10)**; A national competency framework “The Knowledge and Skills Framework” has been agreed between the national Departments of Health and Joint Trade Unions and requires a commitment to be implemented. Further Frameworks would require collaboration. Attempts to implement additional “nursing frameworks” within Northern Ireland have been resisted by all Trade Unions.

### **Learning and Development**

10. As stated previously KSF outlines competencies for roles.
11. **(20)**; Research – Trusts need to develop a culture of enquiry and research with leadership within sub-specialities. The framework needs to be more explicit in its requirement from Trusts.
12. **(21)**; Can newly qualified nurses obtain experience across a wide range of clinical settings including community? Is there a Job Profile for Band 5 Community Mental Health Nurse?
13. **(22)**; DHSS sponsorship of a mental health nurse of the year is welcomed,
14. **(23)**; A bi-annual conference is welcomed, but other smaller opportunities for initiatives/developments could be made also, for example; acute in-patient / home treatment / addiction forums across trusts to share best practice.

### **Workforce and Learning**

15. **(24)**; Nurse Consultants should be in place by 2013 and should have a research requirement.
16. **(25)**; Clinical Supervision; if mental health nurses are to deliver a high level of competencies then it must be integral to practice. Our members report that nurses have not yet embraced supervision and implementation in hospital setting is particularly problematic.
17. **(26)**; Clear pathways must be developed across all areas but retaining quality nurses in hospital settings is very important.
18. **(27)**; Opportunities for development exist within Acute General Health for mental health nurses also.

## Conclusions

19. Unite/MHNA acknowledge the aspirational content of the framework but have reservation regarding implementation. The authors use of Aristotle's quotation perhaps reflects their concern also; "it is not enough to know, but we must use it and do it", so we know what needs to be done but will it be achieved?
20. The current and immediate financial pressures will impact on framework implementation. A large proportion of responsibility, perhaps too much, falls to Trusts and Unite/MHNA fear that economics will prevent them embracing their requirements and may retract mental health nursing.
21. Comments from the document are especially relevant. Louis Appelby, "mental health nurses are at the heart of modern mental health care", "mental health nurses deliver a range of core skills and competencies on an individual, group and community basis" and there is a list of "Core Functions of Mental Health Nursing". "The provision of high of high quality mental health nursing involves multi-faceted, intricate and high level clinical and inter-personal skills and competencies and attributes which evidence suggest have a positive effect in terms of outcomes for service users" (Gray, 2006). "Mental health nurses will be supported to develop new and innovative ways of working and role redesign", "recognising the unique contribution that mental health nurses make".
22. These exerts from the framework identify the key skills, roles and contribution the profession has made and can do so in the future. There is a challenge to the Chief Nursing Officer and DHSS to maintain in the years ahead. The final closure of the large psychiatric hospitals, and indeed those for learning disability, is likely within the time-scale of the framework, 2010-2015. Many low secure patients will move to community facilities and experienced nurses will transfer also.
23. Terms and conditions will be maintained but nurses will become "care workers" or "support workers" and in all likelihood in the future be replaced by non-nurses or qualified nurses employed below the basic nurse banding of 5. Units will be designated "residential" to avail of social security and housing benefits, which legally cannot provide "nursing care". Trusts will use ALL the core competencies and skills of mental health nurses listed in the framework but cannot describe this as "nursing care". This will be driven by economics.
24. The framework repeatedly mentions service developments, redesign, new roles and responsibilities as opportunities but this scenario illustrates where Trust financial demands will retract mental health nursing. If Trusts employ nurses for their skills they should acknowledge their profession. Unite/MHNA recommend the Chief Nursing Officer seek to review the Regulation requirements to reflect the future design of residential/community care. Failure to effect change will have a severe detrimental impact on mental health nursing in the future. Northern Ireland is unique with integrated health and social care trusts which could allow a more progressive structure.
25. Unite/MHNA remain willing to play an active part in the future development of mental health nursing in Northern Ireland.

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