****

**NHS Standard Contract 2022/23**

**Primary and Community Mental Health Services**

**Schedule 2Aii**

Prepared by: NHS Standard Contract Team, NHS England

 england.contractshelp@nhs.net

Republished: May 2022

Publication Approval Number: PAR907

**SCHEDULE 2 – THE SERVICES**

**Aii. Service Specifications – Primary and Community Mental Health Services**

*This Schedule will be applicable, and should be included in full, where the Provider is to be the main provider of secondary community-based mental health services in the local area. If that is not the case, delete the text below and insert Not Used.*

*A number of sites around the country received national funding from 2019/20-2020/21 to become ‘early implementers’ of the NHS Long Term Plan commitment to create new and integrated models of primary and community mental health services programme across England. In those circumstances, where a new integrated service model has already been put in place and is proving effective, a PCN may not need to use its ARRS funding to take up the mental health practitioner entitlement. Where a PCN does wish to take up the ARRS entitlement, local partners should work together to ensure alignment with these models so that adoption of the scheme builds on and complements the new models and does not destabilise progress made to date.*

*The Mental Health Practitioner role for adults and older adults should support people with complex mental health needs that are not suitable for IAPT provision. This aligns with the Long Term Plan commitment to design integrated mental health pathways across primary and secondary care for people with severe mental illness. For 2022/23 the number of practitioners employed or engaged to focus on adults/older adults can increase to two for smaller PCNs and four for larger PCNs. This increase is subject to Providers and PCNs being able to reach local agreement, but it is expected that all concerned will use all reasonable endeavours to enable the increase to go ahead. Where there are difficulties in reaching agreement locally, the local ICS mental health board should assist in facilitating an acceptable resolution.*

*As part of the arrangements described below, the Provider must put in place a separate written agreement for provision of services with the PCN, setting out the detail of the local arrangements. In developing these agreements, providers may find the ARRS employment models materials (*[*https://future.nhs.uk/P\_C\_N/view?objectId=21555568*](https://future.nhs.uk/P_C_N/view?objectId=21555568)*) produced by NHS England helpful.*

|  |
| --- |
| Primary Care Networks in respect of which the requirements of this Schedule apply to the Provider:PCNs with a registered population of 100,000 patients or fewer: [ ] PCN (acting through lead practice [ ]/other) [ ] PCN (acting through lead practice [ ]/other)PCNs with a registered population of more than 100,000 patients: [ ] PCN (acting through lead practice [ ]/other) [ ] PCN (acting through lead practice [ ]/other) |
| Specific requirements in respect of any PCN with a registered population of 100,000 patients or fewerWhere requested by the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least one Additional whole-time-equivalent adult / older adult Mental Health Practitioner, employed or engaged by the Provider or a Sub-Contractor, to work as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team. Where agreed with the PCN and where provided by that PCN with Match Funding, identify at least one further Additional whole-time-equivalent adult / older adult Mental Health Practitioner, employed or engaged by the Provider or a Sub-Contractor, to work from 1 April 2022 (or such later date as shall be agreed between the Provider, the Commissioner and the PCN) onwards as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team.Where agreed with the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least one whole-time-equivalent children / young people’s Mental Health Practitioner, employed or engaged by the Provider or a Sub-Contractor, to work as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s children and young people’s primary care mental health / community mental health team.  |
| Specific requirements in respect of any PCN with a registered population of more than 100,000 patientsWhere requested by the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least two Additional whole-time-equivalent adult / older adult Mental Health Practitioners, employed or engaged by the Provider or a Sub-Contractor, to work as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team. Where agreed with the PCN and where provided by that PCN with Match Funding, identify at least two further Additional whole-time-equivalent adult / older adult Mental Health Practitioners, employed or engaged by the Provider or a Sub-Contractor, to work from 1 April 2022 (or such later date as shall be agreed between the Provider, the Commissioner and the PCN) onwards as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s primary care mental health / community mental health team.Where agreed with the PCN and where provided by that PCN with Match Funding, identify in agreement with the PCN at least two whole-time-equivalent children / young people’s Mental Health Practitioners, employed or engaged by the Provider or a Sub-Contractor, to work as a full member of the PCN core multidisciplinary team (MDT) and act as a shared resource across both the PCN core team and the Provider’s local children and young people’s primary care mental health / community mental health team.  |
| Requirements to support the role of a Mental Health Practitioner in any PCNOperate in agreement with the PCN, appropriate triage and appointment booking arrangements so that Mental Health Practitioners have the flexibility to undertake their role without the need for formal referral of patients from GPs and that the PCN continues to have access to the Provider’s wider multidisciplinary community mental health team.Implement, in agreement with the PCN, an effective role for Mental Health Practitioners, so that each Practitioner provides any or all of the following functions, depending on local context, supervision and appropriate clinical governance:1. provide mental health advice, support, consultation and liaison across the wider local health system;
2. facilitate onward access to mental and physical health, well-being and biopsychosocial interventions;
3. provide brief psychological interventions, where qualified to do so and where appropriate; and

iv) work closely with other PCN-based staff, including the PCN multi-disciplinary team, to help address the potential range of biopsychosocial needs of Service Users with mental health problems.Provide (and ensure that any Sub-Contractor provides) each Mental Health Practitioner with appropriate support to maintain the quality and safety of Services, including through robust clinical governance structures complying with the requirements contained or referred to in SC1, SC2 and GC5.2-5.3, andin relation to training, professional development and supervision, as required under GC5.5. |

**DEFINITIONS**

**Additional** over and above:

1. any Mental Health Practitioner already employed or engaged by the Provider or a Sub-Contractor to work as a member of (i.e. working full-time or part-time, including on a rotational basis, within) the relevant general practice or PCN core multi-disciplinary teams as at 31 January 2021; and
2. any IAPT Practitioner already employed or engaged by the Provider or a Sub-Contractor and working co-located within the relevant general practice as at 31 January 2021.

**IAPT Practitioner** an individual employed as a low-intensity Psychological Wellbeing Practitioner or high intensity therapist, to provide services under the Improving Access to Psychological Therapies programme

**Match Funding** a financial contribution of 50% of the actual salary, National Insurance and pension costs of an individual Mental Health Practitioner, to be paid on an ongoing basis to the Provider by the PCN or the PCN lead practice, under the terms of a separate written provision of service agreement

**Mental Health Practitioner** an individual employed or engaged in any practitioner role (registered or non-registered) at Agenda for Change Band 4-8a, to support either a) adults and older adults with complex mental health needs that are not suitable for IAPT provision or b) children and young people with suspected or identified mental health issues or needs. This includes but is not limited to a Community Mental Health Nurse, Clinical Psychologist, Mental Health Occupational Therapist, Peer Support Worker or Mental Health Community Connector, but does not include an IAPT Practitioner

© Crown copyright 2022

First published March 2022

Published in electronic format only