**Mental Health Practitioner overview and requirements 1.**

Reimbursement level: Indicative Agenda for Change Band 5 / 6 / 7 / 8a (depending on the individual registered clinician providing the service). The maximum reimbursement rates will be set at 50% of the standard levels, reflecting the 50% PCN contribution to the salary and employer NI/pension costs of the individual(s) delivering the service.

**Deployment arrangements**

The mental health practitioner role will be employed and provided under a local service agreement by the PCN’s local provider of community mental health services and embedded within the PCN. PCNs will be entitled to a service equivalent to one FTE practitioner for PCNs under or at 99,999 registered population; and two for PCNs larger than that. PCNs will contribute 50% of the salary and employers NI/pension costs associated with the individual(s) delivering the service. The remaining costs will be covered by the mental health provider.

The final NHS Standard Contract will include obligations on all community mental health providers to provide the mental health practitioner role on this basis. If needed, the CCG will broker agreement between the PCN and community mental health provider on the detail of deployment arrangements.

In addition to the adult and older adults’ role, PCNs may also choose to embed a children and young people practitioner with the agreement of the mental health provider. This would be funded on the same joint basis.

**Requirements**

1. The mental health practitioner may be any registered clinical role operating at Agenda for Change Band 5 or above including, but not limited to: -

* Community Psychiatric Nurse
* Clinical Psychologist
* Mental Health Occupational Therapist or
* other clinical registered role, as agreed between the PCN and community mental health service provider.

2. The mental health practitioner will:

• provide a combined consultation, advice, triage and liaison function, supported by the local community mental health provider;

• work with patients to:

1. support shared decision-making about self-management;
2. facilitate onward access to treatment services;
3. provide brief psychological interventions, where qualified to do so and where appropriate.

• work closely with other PCN-based roles to help address the potential range of biopsychosocial needs of patients with mental health problems. This will include the PCN’s MDT, including, for example, PCN clinical pharmacists for medication reviews, and social prescribing link workers for access to community-based support.

• operate without the need for formal referral from GPs, including accepting some direct bookings where appropriate, subject to agreement on volumes and the mechanism of booking between the PCN and the provider.

• be supported through the local community mental health services provider by robust clinical governance structures to maintain quality and safety, including supervision where appropriate.