

Supporting population health management: workforce

Recruiting mental health practitioners through the Additional Roles Reimbursement Scheme (ARRS)

From April 2021, PCNs can recruit mental health practitioners (MHPs) through the ARRS to support population health management.

This guide explains the ARRS and highlights how MHPs can support population health management through providing a combined consultation, advice, triage and liaison function. Working with other PCN-based roles, MHPs can address the potential range of biopsychosocial needs of patients with mental health problems, as part of a multi-disciplinary team.

The guide is part of a series focusing on population health management and the key themes of workforce, digital, system working, regulation and finance.

MHP deployment arrangements

- 1 adult and older adults' practitioner per PCN.
- 1 children and young people's practitioner per PCN.
- 1 whole-time equivalent (WTE) for 2021/22 practitioner per PCN with less than 100,000 patients.
- 2 WTEs for 2022/23 and 3 WTEs by 2023/24 for PCNs with less than 100,000 patients, subject to successful implementation.
- Double entitlements for PCNs with 100,000+ patients.
- MHPs are employed and provided by the local community mental health services provider under a local service agreement but are wholly deployed by the PCN.
- If necessary, CCGs will broker the agreement between the PCN and the community mental health services provider.
- PCNs contribute 50 per cent of the salary and employers NI/pension costs, reimbursable via the ARRS. Remainder is covered by the local provider of mental health services, which will be confirmed in the NHS Standard Contract.
- Indicative reimbursement levels are Agenda for Change bands 5,6,7,8a, depending on the individual clinician providing the service.
- The practitioner(s) are additional to MHPs and co-located IAPT practitioners that are already embedded within general practice.
- If an individual has already been identified, the PCN should work with the local community mental health services provider on employment options that would enable the post to be eligible for reimbursement.

MHP benefits to PCN

- No formal referral processes required.
- Practitioner works as part of the PCN MDT.
- Provides a bridge between primary care and specialist mental health providers.
- Can draw on a range of provider mental health services.
- Reduces employment burden.
- Improved integration between primary care and mental health.

MHP benefits to patients

- Integrated pathway for patients.
- Access to specialist mental health support.
- Reduced waiting times.
- Prevention of referral into secondary care.
- Positive patient experience.



About the ARRS

- Provides funding for additional roles to create bespoke multidisciplinary teams.
- PCNs can use roles under the ARRS to support delivery of the PCN services, as well as providing support to practice teams and services.
- Each PCN is entitled to an additional roles reimbursement sum, based upon weighted population share.
- Each PCN has the freedom to engage the number and mix of staff based on its workforce needs, up to their additional roles reimbursement sum, with a maximum reimbursable amount for each role.
- Should a PCN wish to amend its workforce plan, or its indicative workforce plan, to incorporate new roles, it can do so at any time providing it is shared with the commissioner.
- All roles are covered by the PCN additional roles reimbursement sum for the full year 2021/22. Where PCN spending on ARRS roles exceeds the sum initially allocated to CCGs, there will be a process for CCGs to access additional funding from NHSEI, based on need.

A population health management approach to improving timely access to mental health support in a PCN

Leeds Student Medical Practice (LSMP)/The Light Surgery PCN took a population health management approach to confirm that mental health was its most prevalent long-term condition. Local GP data, health inequalities and mental health service usage data were combined to create a mental health profile that informed the PCN's workforce plan.

Patients were often rejected from mental health services as they were considered sub-threshold, or they experienced long waiting times for IAPT services. 29 per cent of GP referrals to the secondary community mental health teams were rejected.

LSMP partnered with Northpoint Wellbeing to develop a mental health triage model offering psychological formulation and signposting. It aimed to improve access to support for those requiring a quick response but do not meet urgent referral criteria, or who are considered sub-threshold for the diagnostic criteria for specific mental disorders.

Between 2018/19 and 2019/20, 1,956 patients were seen by the service. Access to mental health support also improved, with an average waiting time of four days.

Further information

Find out more about the role in this [letter from NHS England and NHS Improvement](#), and on the [Future NHS platform](#).

Access other briefings in the [ARRS series](#).



About us

The PCN Network is the membership body for primary care networks, empowering and supporting PCNs to be effective, work collaboratively to improve population health, deliver high-quality care and reduce health inequalities. We represent the views of PCNs and influence the development of policy, connect PCNs with each other and key partners to develop innovative solutions to challenges in the health and care system, and support PCNs to share ideas, insights and best practice to respond to the challenges they face – both as leaders of organisations and in an individual leadership capacity.