NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Date: 06 July 2021
Our reference: N/21/3303

Dear Requestor

RE: Freedom of Information Request

With reference to your request for information I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we partially hold the information that you have requested. A response to each part of your request is below.

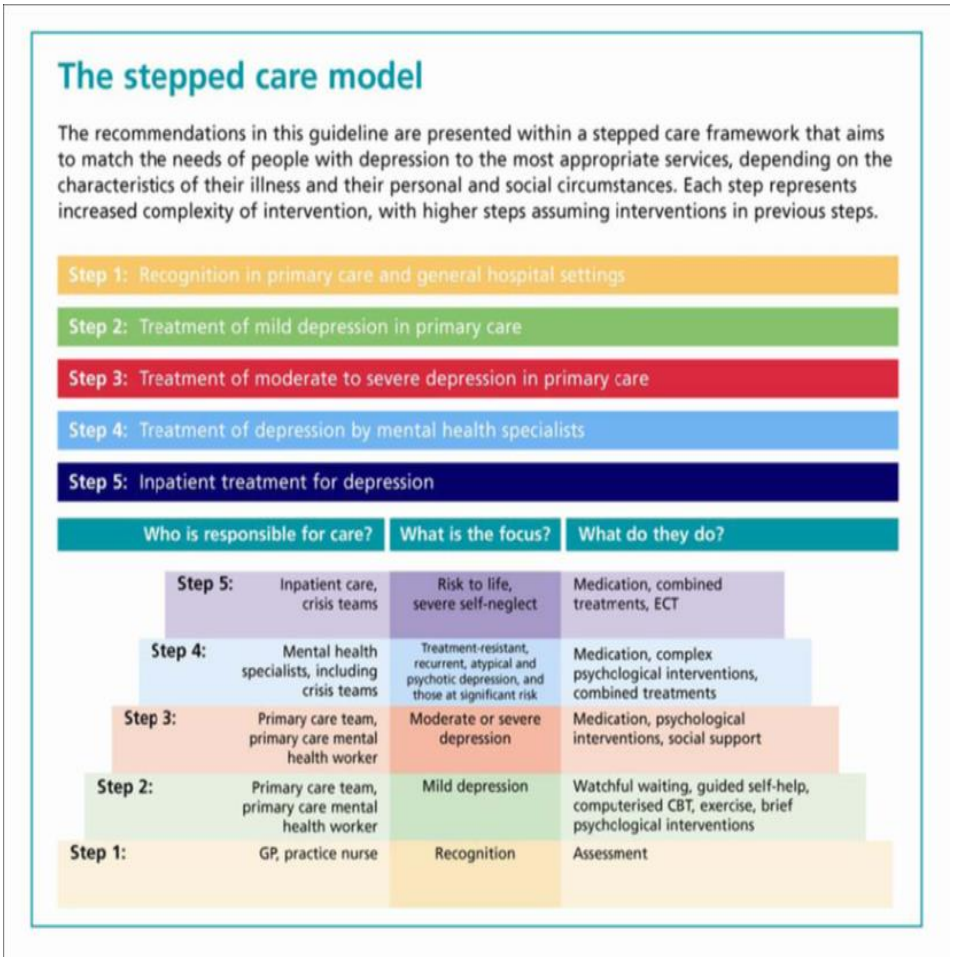
In the request you asked:

I am trying to get information on the provision of mental health services in Nottingham City preferably in document guidance/regulation form both internal to staff and external if it is detailed and provides additional information not covered in internal documents.

This includes:

1. **Detailed description of what each of the four 'tiers' in mental health offer in Nottingham including all options for treatment.**

   "Tiers" are no longer commonly used in describing adult mental health services. Therefore we provide the below pictures which are widely used locally to describe the 'stepped' care model and are also included in the Improving Access to Psychological Therapies (IAPT) and Step 4 Psychological therapies service specifications to describe steps of care – IAPT sits at step 2 and 3, whilst psychological therapies provides interventions at step 4. Whilst the below describes the stepped model in respect of depression, the stepped care model is also used in other conditions such as anxiety.



Focus of intervention	Nature of intervention
STEP 4 **Depression:** Severe and complex depression, risk to life, severe self-neglect **Generalised anxiety disorder:** Complex treatment-refractory GAD and very marked functional impairment, such as self-neglect or high risk of self-harm. **Panic disorder, OCD and PTSD:** Severe disorder with complex comorbidities, or people who have not responded to treatment at steps 1-3 (see note 1 below)	**Depression:** Highly specialised treatment such as medication, high intensity psychological interventions, combined therapies, multi-professional and inpatient care, crisis services, electroconvulsive therapy. **Generalised anxiety disorder:** Highly specialised treatment such as complex drug and/or psychological treatment regimes, input from multi-agency teams, crisis service, day hospitals or inpatient care. **Panic disorder, OCD and PTSD:** see note 1 below
STEP3 **Depression:** Persistent subthreshold depressive symptoms or mild to moderate depression that has not responded to a low intensity intervention, initial presentation of moderate or severe depression. **Generalised anxiety disorder:** With marked functional impairment or that has not responded to a low intensity intervention. **Panic disorder:** Moderate to severe **OCD:** Moderate to severe functional impairment. **PTSD:** Moderate to severe functional impairment.	**Depression:** CBT, IPT, behavioural activation, behavioural couples therapy, counselling*, short term psychodynamic psychotherapy*, antidepressants, combined interventions, collaborative care **, self-help groups. **Generalised anxiety disorder:** CBT, applied relaxation, drug treatment, combined interventions, self-help groups. **Panic disorder:** CBT, antidepressants, self-help groups. **OCD:** Moderate to severe functional impairment. **PTSD:** Trauma focused CBT or EMDR, drug treatment. **All disorders:** Supported groups, befriending, rehabilitation programmes, education and employment support services, referral for further assessment and interventions.
STEP 2 **Depression:** Persistent subthreshold depressive symptoms or mild to moderate depression **Generalised anxiety disorder** **Panic disorder:** Mild to moderate **OCD:** Mild to moderate **PTSD:** Mild to moderate	**Depression:** Individual facilitated self-help, computerised CBT, structured physical activity, group-based peer support (Self-help) programmes**, non-directive counselling delivered at home ***, antidepressants, self-help groups. **Generalised anxiety disorder and panic disorder:** Individual non-facilitated and facilitated self-help, psychoeducation groups, self-help groups. **OCD:** Individual or group CBT including ERP (typically provided within step 3 services, see note 2 below), self-help groups. **PTSD:** Trauma focused CBT or EMDR (typically provided within step 3 services, see note 2 below) **All disorders:** Supported groups, education and employment support services, referral for further

	assessment and interventions.
STEP 1 **All disorders:** Known and suspected presentations of common mental health disorders	**All disorders:** Identification, assessment, psychoeducation, active monitoring, referral for further assessment and interventions

Note1: The NICE clinical guidance on panic disorder (CG113) and OCD (CG31) uses different models of stepped care to the 4 step model used in the NICE clinical guidance on depression (CG90,CG91) and generalised anxiety disorder (CG113). The NICE clinical guideline on PTSD (CG26) does not use the stepped care model. People with panic disorder, OCD or PTSD that has not responded to treatment at steps 1-3, or who have severe disorders and complex comorbidities that prevent effective management at steps 1-3, should receive services at step 4, according to individual needs and clinical judgement. The principle interventions at step4 are similar to those listed for depression and generalised anxiety disorder; with the exception that electroconvulsive therapy is not indicated.

Note 2: The NICE clinical guideline on OCD (CG£!) recommends that people with mild to moderate OCD receive individual or group based CBT. The NICE clinical guideline on PTSD (CG26) recommends that people with mild to moderate PTSD receive trauma-focussed CBT or EMDR. These interventions may typically be commissioned from, and provided by, high-intensity therapy staff in step 3 services.

***Discuss with the person the uncertainty of the effectiveness of counselling and psychodynamic psychotherapy in treating depression

****For people with depression and a chronic physical health problem

*****For women during pregnancy and the postnatal period

KEY: CBT-Cognitive behavioural therapy, **ERP-**Exposure and responsive prevention, **EMDR-**eye movement desensitisation and reprocessing, **OCD-**Obsessive compulsive disorder, **IPT-**Interpersonal therapy, **PTSD-Post traumatic stress disorder**

Source: Commissioning stepped care for people with common mental health disorders http://www.nice.org.uk/guidance/cmg41 Published: 01 November 2011.

2. The criteria for accepting patients at each stage, which should be in the form of internal documents/guidance on assessing and processing.

There are many services within the scope of Nottingham and Nottinghamshire's mental health offer, delivered by multiple providers. The information you have requested above would be outlined in each services' Standard Operating Procedure held by the provider, not the CCG. Local IAPT providers can be found here, and secondary mental health care services are provided by Nottinghamshire Healthcare NHS Foundation Trust. In general, services will assess patients based on presenting need and will provide treatment in line with NICE Guidance for the presenting need/diagnosis.

The acceptance and access criteria, outlined in service specifications, is described below:

IAPT

The service will undertake an assessment and discuss the range of options/therapies available (appropriate for the clinical presentation) taking into consideration protected characteristics and any other relevant issues or reasonable requests by the patient.
Once assessed as suitable for the service, an individual's pathway will be based on interventions to address specific clinical need. The expectation is that the least intensive or burdensome intervention will be offered, taking into account the stepped care model. It should be easy for a person to "step in" and "step out" of services.

Local Mental Health Teams

The service shall work with any adults (18+) with a range of severe and enduring mental health problems including those who are transitioning from Children and Young People's Mental Health Services or Mental Health Services for Older Adults.
The service shall also work with the people below ensuring there are strong links into other support services:

- People with complex needs (i.e. those who are homeless and/or who have a secondary substance misuse need)
- Those whose problems have proved intractable to primary mental health care (e.g. those with resistant depression)
- People with unusual or uncommon conditions, an example is people who have extreme presentations who have been deemed as not treatable.
- People who present a risk to themselves, and whose management is outside the competency or scope of primary care If referrals are rejected the LMHTs will write back to the referrer explaining the reasons for rejection and suggesting a management plan
- The service shall work with within locally agreed protocols for transitions from adolescent to adult services.

Step 4 Psychological Therapies

- People who are experiencing problems associated with depression, anxiety or psychological distress who have not responded to the level of psychological care provided by step 2 (Low Intensity) and 3 (High Intensity) Primary Care Psychological Therapy Services
- People who have adapted severe and complex cognitive and or behavioural responses to physical illness that may restrict their potential to function at their optimum level.
- Adult survivors of historical abuse (sexual, physical, emotional)
- Any case where there is a complex presentation (e.g. multiple interacting disorders, not just depression or a single anxiety disorder) or history
- Adult survivors of domestic violence
- Complex (or type 2) trauma (e.g. survivors of civil conflict, torture, any prolonged or repeated trauma)
- Adjustment disorders
- Complex bereavements/abnormal grief reaction
- Habit disorders e.g. trichotillomania
- Those with borderline personality disorder who are emotionally unstable and in need of psychological intervention, which can be delivered effectively in the community setting
- Mild learning disability

3. Guidance on if anti-depressant usage is expected at any tier, also if higher tier treatment is refused if patients have not been prescribed anti-depressants.

Anti-depressant prescribing in primary and secondary care is delivered in line with NICE Guidance and pathways, particularly Clinical Guideline 90 and Quality Standard 8, and in line with Nottinghamshire Area Prescribing Committee guidance. IAPT services are not commissioned to undertake any prescribing, although the patient's GP can prescribe antidepressants for a patient who is receiving treatment at steps 2 or 3. Treatment at a higher step is not dependent upon whether or not anti-depressant medication has been prescribed, however the least intensive or burdensome intervention should be offered, in line with the stepped care model.

4. If and where your guidelines on treatment differ (in both the timing of when they are offered and for what length of time) from NICE guidelines on mental health treatment

Services are commissioned to offer and provide clinically appropriate evidence based and relevant therapies/approaches as recommended by the needs of the population and as recommended by NICE clinical guidelines.

5. The differences in treatment for long term chronic depression and anxiety disorder and acute instances.

Services will provide treatment according to need and based on clinical decisions. Treatment for long term chronic depression and anxiety disorder and treatment for acute instances may be delivered by IAPT services, Step 4 Psychological Therapies or the Local Mental Health Teams (LMHTs) and sometimes acute instances may require access to crisis teams or an inpatient admission, depending on the level of acuity and risk to the patient or others. Whilst the CCG has service specifications with providers, it does not hold specific information around treatment at the level of detail requested.

6. Difference between IAPT treatment options and tier 4 treatment options.

Treatments are delivered in line with NICE guidance and patients can step up and down the steps as appropriate. Where the level of risk is greater than can be safely managed in IAPT, patients will be referred into step 4 services. As per the IAPT manual, IAPT will work with patients for up to 20 sessions, and step 4 services can offer longer interventions for more complex/severe patients where necessary. Please note Step 4 psychological therapy services are different to what are sometimes referred to as tier 4 inpatient services.

7. Which tier a returning patient is treated at if previously treated at Stage 4.

Patients are referred to the appropriate service depending on their presenting needs and interventions offered are based upon an assessment of need. The acceptance criteria above gives more detail around where patients would be treated.

8. **Id patient health questionnaire 9 (PHQ-9) is used to access need for treatment in Nottingham, who it is used by, at which stages and how integral it is in assessing and deciding which treatment to offer.**

   PHQ 9 is used by IAPT services as part of the assessment process, and during treatment to measure change, in line with the IAPT Manual.

9. **If in person treatment is currently offered, which stages it is offered at, this is in relation to Covid restrictions.**

   In response to Covid, many mental health services offer virtual assessment and treatment through the use of video-conferencing. As restrictions have eased the method of intervention within services is based on a patient's assessment of need and a risk assessment, which includes an individual risk assessment, ensuring buildings are Covid secure, face-to-face interventions adhere to social distancing measures and consideration of the use of PPE.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Clinical Commissioning Group have an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Associate Director of Governance via lucy.branson@nhs.net or by writing to NHS Nottingham and Nottinghamshire CCG, 1 Standard Court, Park Row, Nottingham, NG1 6GN.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether the organisation has complied with its obligations under the Act, and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire Clinical Commissioning Group. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: https://ico.org.uk/for-the-public/

Complaints to the Information Commissioner's Office should be sent to: FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF
Telephone 0303 123 1113 or report a concern: https://ico.org.uk/concerns/

Yours sincerely

Freedom of Information Officer on behalf of *NHS Nottingham and Nottinghamshire Clinical Commissioning Group.*

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