

17/02/2026

NN-ICB/26-1498

Dear Requestor

Re: Freedom of Information Request

Thank you for your request for information, received on 2 February 2026, regarding the criteria of secondary services in Nottinghamshire NHS Trust. We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we do not hold the information requested.

Details of your request:

1. The exact criteria of access to secondary mental health services in Nottinghamshire - in terms of current symptom severity, current life quality, current life functioning compared to the person's potential, current life satisfaction, recent historical life quality (over the last few years), recent functioning (over the last few years).
2. When I rang the NHS City Crisis Team in December 2025, to ask what the criteria for secondary services is, the unidentified female practitioner told me the criteria for secondary services is "severe" problems - **SO THE QUESTION IS what the definition of "severe" used by Nottinghamshire NHS Trust, for the purpose of providing or declining to provide secondary services to patients?**
3. The definition of "severe" given to me by the aforementioned crisis team practitioner was "enduring" and "debilitating to living a normal life".
4. **SO THE QUESTION IS: what is the definition of "enduring"**, according to Nottinghamshire NHS Trust - as in, what is the particular minimum number of months, years or decades?
5. Again, the definition of "severe" given to me by the aforementioned crisis team practitioner was "enduring" and "debilitating to living a normal life".
6. **SO THE QUESTION IS: what is the definition of "normal life", according to Nottinghamshire NHS Trust. What is the criteria?** To help you, I'll give you examples of criteria some other mental health organisations may use: employment, poverty, level of employment or education functioning compared to intellectual ability, housing stability, homelessness, level of being taken advantage of by authorities, relationship status, family relation status, level of social support, level of social isolation, self-esteem, self-harm, suicidal ideation, level of stress/depression, ability to engage with other services, ability to make decisions, level of physical self-care.

7. Once again, the definition of "severe" given to me by the aforementioned crisis team practitioner was "enduring" and "debilitating to living a normal life".
8. **SO THE QUESTION IS: what is the definition of "debilitating to living a normal life", according to Nottinghamshire NHS Trust - IN OTHER WORDS: what level below a "normal life" does a patient need to be experiencing?**
9. **How is the level of "debilitating to a normal life" assessed? What criteria is looked at?** For example: salary, disposable income to afford "normal" things, degree of underemployment, unemployment history, homelessness history, talking to patients for x number of sessions etc.
10. When I spoke to NHS 111, when questioning them on "needs" mean to the Nottinghamshire NHS mental health system, I was notified by their male Mental Health Nurse that it's "case by case", with a refusal to give examples of "needs". I asked if mental health issues leading to street homelessness would be indicative of "mental health need", to which he answered "no". I asked if they do not consider shelter a "need" and he said they do not. **So I would like clarification in writing: according to Nottinghamshire NHS Trust policy, is "shelter" not considered a "need"?**
11. Following from Question 7, **what are the list of "needs" recognised by Nottinghamshire NHS Trust's mental health departments?** It is noticeable that this information is hidden, as without this information the public are unable to even submit argument against the Trust - similar to an authoritarian government setting rules by which to punish people, but never disclosing what the rules actually are, so that they cannot be held against these "rules" in a court of law.
12. Number of licensed therapists (who are actively practicing as therapists) found in each of the Local Mental Health Teams of Nottinghamshire (e.g. City Central, City East, City North, Gedling) and the ratio of therapists to secondary service patients and the ratio of therapists to the total number of adults registered to a GP practice within the catchment area - and how this compares to the average in England and the average in Scotland. I expect the answer to be "1 therapist" for City Central LMHT, as this is what I was told by the team. So if it is more than "1 therapist", this is evidence of incorrect information being given.
13. Number of licensed NHS social workers in each LMHT of Nottinghamshire and for each LMHT the ratio of social workers to secondary service patients and the ratio of NHS social workers to the total number of adults registered to a GP practice within the catchment area - and how this compares to the average in England and the average in Scotland.
14. Number of support workers found in each LMHT of Nottinghamshire and for each LMHT the ratio of support workers to secondary service patients and the ratio of support workers to the total number of adults registered to a GP practice within the catchment area - and how this compares to the average in England and the average in Scotland.

Our response to your request:

As an Integrated Care Board (ICB), we do not directly provide or determine the eligibility criteria for secondary mental health services. These decisions are made by Nottinghamshire Healthcare NHS Foundation Trust (NHT), who provide care and manage the Crisis Line and Crisis Resolution and Home Treatment Teams (CRHTTs).

We therefore do not hold the information requested in questions 1, 3–14, including:

- Specific definitions of “severe”, “enduring”, “normal life”, or “debilitating to living a normal life”
- Lists of recognised mental health “needs”
- Staffing numbers or ratios in local mental health teams

For information on how to submit an FOI request directly to NHT, please visit:

<https://www.nottinghamshirehealthcare.nhs.uk/c-freedom-of-information>.

We are able to provide some context regarding Question 2, which relates to the criteria described by the Crisis Line and CRHTTs:

- CRHTTs provide intensive support at home for individuals experiencing an acute mental health crisis as an alternative to hospital admission.
- They gatekeep all requests for acute in-patient beds to facilitate early discharge and reduce the length of hospital admissions.
- Home treatment is considered appropriate for working-age and older adults with severe mental illness (e.g., schizophrenia, manic depressive disorders, severe depressive disorder) who are experiencing an acute psychiatric crisis of such severity that hospitalisation would otherwise be necessary, and who are able to receive treatment safely in their home environment.
- A comprehensive biopsychosocial assessment is carried out, including present and historical risk factors (self-harm, suicide, risk to others), forensic history, and personal circumstances (family/carers, housing, financial and occupational status).
- Outcomes of the assessment determine whether the Crisis service is the most appropriate pathway, and the assessing clinician is responsible for referral or signposting to the relevant care pathway.

We hope this information is helpful in understanding the role of CRHTTs and the general approach to acute mental health crises.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has 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, Director of Corporate Affairs via lucy.branson@nhs.net or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner’s Office (ICO), 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 ICB. 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 via <https://ico.org.uk/concerns/>.

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board nnicb-nn.foi@nhs.net

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