

FoCUS
East & Mid Surrey Area Group Meeting

Monday 7th October 2019
1pm – 3pm

Park House, Randalls Road, Leatherhead, KT22 0AH

Minutes of the Meeting

Attendees: Rachel Cocklin (E&M FoCUS Rep), Veena Gheerawo, Rosemary Moore (SW FoCUS Rep), David Murphy, Val Murphy, Clifford Wright

Dr Dave Kirkpatrick (Clinical Lead, GP Integrated Mental Health Service), Stephen Firms (Non-Executive Director and Chair of the Quality Committee, SABP), Zaahirah Saab (Reigate & Tandridge CMHRS Manager), Sonya Scammell (Property Project Coordinator, SABP), Jo Patel (Communications Manager), Geoffrey Dimba (Manager, E&M Home Treatment Team), Rachel Smith (Clinical Team Leader, Home Treatment Team), Jane Ahmed (Involvement Facilitator), Lucy Finney (LF Solutions)

Apologies: Mary Whitfield, Don Illman, Stephanie S, Helen Smith (E&M FoCUS Rep), Dotty Cridland (Complaints and PALS Manager)

1. Minutes of previous meeting and matters arising (September 2019)

FoCUS are trailing easy-read agendas at the October meetings and these have been circulated alongside the normal agenda. Members were asked for their views, however no views were given and members were happy with their layout.

Accuracy

Page 6: To note the full name of FoCUS member next to their comment.

Subject to the changes above the minutes were agreed as an accurate record.

Actions from September 2019 meeting

1	<p>At the FoCUS Committee Emma Binley talked about the work the Trust are doing regarding carers policies and the possible development of carers champions – the E&M group would like to ask what a carer champion would be and their role? Completed. We do not currently have a Carer’s Champion/Lead in each of the services and/or divisions and this is something we would like to look into developing. As it is very early days we are not currently able to confirm what this role would involve and what a Carer’s champion would be. If this is something we are able to take forward and implement throughout the Trust then we would like the role to be co-designed with carers and taking into consideration carers feedback on how the role could help. We plan to discuss this further at the People Participation and Experience strategy development day.</p>	Emma Binley
2	<p>Data on those turned away from safe havens due to intoxication has been recorded and was included in the responses from the Trust at August Committee. Whilst FoCUS were pleased that this is being recorded Members queried the low figures provided which appear to begin at the start of the year, however FoCUS did not ask the Trust to start recording this until after the February Committee. FoCUS also asked how these are logged as this does not appear to have been in operation in the experience of those who use it in Redhill and possibly Epsom?</p> <p>We sought information from clinical staff working in the safe havens if they had knowledge of anyone being turned away from safe havens because they were under the influence of alcohol.</p> <p>Although the request came after the February committee it felt okay to start at the beginning of the year from January 2019 - in order to see if there was a trend of people presenting under the influence of</p>	Jo Lynch

	<p>alcohol. The teams were able to reflect on the month of January experiences in this regard.</p> <p>Staff in teams record in their communications diaries initials of those who may have been turned away from safe havens as a due to them being under the influence of alcohol.</p> <p>FoCUS can ask for an update in 6 months' time.</p>	
3	<p>With regard to Margaret Laurie House FoCUS would like to ask the Trust when they think it will be reviewed again as not knowing this can be unsettling for staff and clients.</p> <p>Completed. We have not scheduled it into our work for the rest of the financial year. We will need to look at our rehabilitation pathways as part of the new monies for community transformation, but as yet have not formalised what this will look like. Maggie Gairdner.</p>	Jo Lynch
4	<p>E&M FoCUS raised an issue about the Carers Report as this includes inaccurate information. The bottom of page 6 (the age of carers who took part) had 36 responses but the breakdown in the columns has 80 people? Similarly, the ethnicity of participants again has 36 responses but the figures show 93 including 54 gypsy or Irish traveller ethnicity. FoCUS queried whether information distributed had been checked and would appreciate a comment from Ann Stevenson.</p> <p>Completed. Ann Stevenson has provided an updated report with the amended statistics; if FoCUS members would like a hard copy of this updated report please let the support team know.</p>	Ann Stevenson
5	<p>E&M FoCUS members like to know the percentage of patients of each consultant who have an up to date care and contingency plan (consultant name redacted) but would like to know which service. They would also like to a representative from the Trust to attend each FoCUS meeting to present the findings. Ongoing.</p> <p>Further follow up is required with this question and we will keep you informed.</p>	Jo Lynch
6	<p>FoCUS has become increasingly concerned about the safety of Coral Ward at Langley Green Hospital used by SABP patients. There have been a number of incidents recently that are worrying such was Absent Without Leave (AWOL) and drugs on the ward and it doesn't</p>	Jo Lynch

	<p>seem a safe place to be sending people. FoCUS are keen to ensure the Trust have a safe environment for Surrey patients – please can the Trust comment. It has also been noted that Surrey patients have been told to contact Sussex PALS for concerns – is this correct?</p> <p>Within Coral Ward, the current process is if there is a concern/complaint the patient contacts Sussex Partnership PALS as it needs to be responded to by the clinical team providing care, otherwise for any complaint in community it goes to our Trust PALs. The information on how to make complaint or contact PALs are available from the Ward Staff.</p> <p>Following a recent contract review, a joint Operational Meeting for Coral Ward has been relaunched involving Senior Clinicians from Sussex (Coral Ward Consultant, Matron, Ward Manager and SABP representatives such as CMHR Service Manager, Associate Director and Bed Manager). The areas for discussions have been on quality issues such as People’s experience and feedback, incidents, Admissions and Discharges, Bed Occupancy, Liaison and Communications between SABP and Sussex Partnership. It’s envisage the above provides a platform to further collaborate on key issues whilst improving patient’s experience and provide safe care.</p> <p>Raj Rutah</p> <p>Rachel Cocklin reported that the experience using Sussex PALS has been poor recently.</p> <p>E&M FoCUS members would appreciate being updated after contract meetings with Sussex Partnership take place so they can learn of any issues and feedback can be given.</p>	
7	<p>Concerns re the E&M Home Treatment Team (HTT): FoCUS expressed concern that during the evening there is only one person on the nightshift for the whole of the E&M area. This person has to do assessments but also has to answer the phone and therefore can’t attend to those who may be calling – there needs to be two nurses available. If a person is under the HTT they should be able to contact them.</p>	Jo Lynch

	<p>There is one clinician to cover HTT East & mid from 8pm-8am daily. The clinician covers A&E at both ESH and Epsom Hosp. Both A&E's also have psych Liaison workers who offer assessments in the first instance. The activity for HTT does not demonstrate the need for more staff at night. The clinician is based at Gatton Place with SPA and can also support with any queries should these arise. The clinician also responds to any calls that come through for people who are under HTT (this is a mobile phone and is with the clinician). Shahieda Sujee</p>	
8	<p>FoCUS members discussed the Crisis House (Lilias Gillies House) and suggested that area for those being brought in who may be in crisis should be separate from those who are in the supported living. When a person is in crisis it can feel uncomfortable and overwhelming going into what is essentially someone else's home particularly when those who are there are settled. The member reported that they are very good and treatment was good but it doesn't feel right – for those living in there bringing a crisis patient in can disturb the balance.</p> <p>We are currently reviewing all of the beds we use for Crisis Overnight Support (COS). We will feed this suggestion into this work. Thank you for providing this feedback.</p> <p>We are undertaking a review of the Crisis Overnight Service and plan to set up a task and finish group co-chaired by Saffron Simmonds, Mental Health commissioner. There will have involvement from the Independent Mental Health Network. We will be focusing on getting quality feedback from people using the COS to inform any recommendations.</p> <p>Georgina Foulds</p>	Jo Lynch
9	<p>There appears to be an issue when someone calls the Home Treatment Team (if the person is currently under them) and they are not able to speak to the person calling for a number of hours. The person may then call the SPA who tell them to call the Home Treatment Team and often people can spend a whole night being batted between the two services.</p> <p>Thank you for this feedback and we have made sure the teams are aware of this experience.</p>	Jo Lynch

<p>10</p>	<p>FoCUS heard from the LD team about their out of hours service and some FoCUS members felt there is nothing in place in the Working Age Adult service for people that can't get through the weekend but are not in crisis. FoCUS feel that a check-in point, even just a call makes people able to manage. Can the Trust comment on what would be available for those who are not in crisis but find it difficult to cope at weekends and Bank Holidays? What can be put in place to help people who don't need a crisis service but do need brief contact?</p> <p>If people are struggling to cope during the weekends, it would be appropriate to call the SPA. It may also be beneficial for people to explore what additional support and activities they can access in the community during the weekends or at bank holidays to help them feel more supported and less isolated. The CMHRS can offer this and have all the local information. If people are not under the care of the CMHRS, GPs have access to dedicated staff called Social Prescribers who can help connect people to local activities and support. The Government announced (on 29th September) that Surrey Heartlands was one of 12 national pilot sites (also including Frimley Health) who are implementing a new model of community support. Over the next 2 years we will be looking at increased community groups and activities offered by organisations such as Mary Frances Trust and the Recovery College as part of this pilot work – and linking this to the Social Prescribers across many areas of Surrey and NE Hampshire. Georgina Foulds</p> <p>David Murphy highlighted that many people are getting confused between using the name SPA and Crisis Line. Many people in crisis wouldn't know they need to call the SPA to reach the Crisis Line as it is not clear. The name should either be SPA for everyone or Crisis Line for everyone.</p> <p>Veena has had a poor experience with the SPA and has tried to contact PALS about this but has not had a reply. The support team will contact PALS and ask them to get in touch with Veena.</p>	<p>Jo Lynch</p>
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11	Gardner agreed to provide more information on what Occupational Therapists can offer. Ongoing.	Gardner Gwashavanu
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Clifford Wright asked whether a person calling the Crisis line/SPA (Single Point of Access) will get referred to the service needed or referred more generally. Geoffrey Dimba explained that once a person is triaged they will be directed to the service most appropriate. A consultant will be involved with discussions about referrals.

Rosemary Moore noted that a person calling the SPA/Crisis line may not understand the term triage.

2. Local Issues

Compliments and Good News

Rachel Cocklin would like to thank her Care Coordinator Kudzai Lucas who has gone above and beyond in her role to help Rachel.

Local Issues

Clifford Wright has received a letter to say that as a Trust member he is no longer able to ask questions at the Council of Governor meetings. This has left Clifford feeling disempowered and he would like to know if he is the only person to receive this letter or whether it has been sent to all Trust members?

Rosemary Moore didn't think that it was that Clifford was unable to ask questions but that previously members had been allowed to ask questions at the end of a Council of Governors meeting, however this has now changed and questions are sought earlier in the meeting. Rosemary suggested Cliff take this up at the meeting tomorrow.

Rachel Cocklin reported that the Recovery College are running slightly less courses this year as a whole as they don't have cover for illness. Rachel noticed that Caterham has been neglected in terms of courses this term and was told that this was as a number of courses had run in the area previously; however, Rachel doesn't recall this to be the case and has asked for figures. The Recovery College are focussing on courses in Dorking and Epsom this term.

The Recovery College hope to offer an art therapy course in the North and East of the county and have asked what people would like in an art

course; Rachel urged members to feedback to the Recovery College with suggestions.

Rosemary Moore advised that at the next Council of Governors meeting in December there will be a presentation on the Recovery College and it may be helpful for members to attend.

3. Update on the Abraham Cowley Unit, Sonya Scammell Property Project Coordinator & Jo Patel Communications Manager

Sonya and Jo attended the meeting to talk about the 24/7 programme, what is going on and where we are up to. The 24/7 programme is about providing modern mental health care in the next century and can deliver this.

Following extensive consultation SABP decided to build three new mental health hospitals for people in Surrey and NE Hants; one in Guildford, one in Chertsey and one in East/Mid Surrey. This is a major investment to provide care and aid recovery.

Farnham Road Hospital opened in 2015 and now Phase II, looking at the ACU (Abraham Cowley Unit) in Chertsey, has begun with a third and final Phase in the East being developed and it is hoped they will have an update towards the end of the year.

The Property Team at the Trust are currently evaluating the option for this area and will provide an update to the Board at the end of the year.

The aim of the re-build is to create respectful places, 24-hour assessment and treatment, integrate services, reduce stigma, staff satisfaction and better places to work.

The ACU currently has 73 beds split across four wards and following the part new build and part refurbishment they will move to 80 beds comprising of five sixteen bedded units; four working age adult wards and one older people's ward.

At the start of the project a user group was developed to help shape proposals and this includes clinicians, admin staff, people who use services and carers. They meet bi-monthly and help to shape what ward and non-ward areas look like and ensure that the final plan is fit for purpose.

Sonya explained they have appointed a design team and are working with them to ensure the Trust brief fits the site and delivers the accommodation required; ensuring there are checks and balances to make sure they've picked everything up.

Referring to the handout (attached) Sonya explained that the new build is the T shape section in the top left of the plan which is on the site of the current day hospital and they will decant people to other areas before they can demolish this area. The other ward blocks will be refurbished and extended.

There is a process to phase the work ensuring services are maintained at all times, people using services are not disrupted and that safety, security and dignity is maintained. They have learnt lessons from the building of Farnham Road Hospital and are using best practice. Every room is a single en-suite and whilst the Trust want to ensure the build is cutting edge now they are also thinking what it will be like in 3 years' time. Ward offices have good sight lines of the ward.

Sonya talked through the floor plan and highlighted:

- Extended the front.
- Included changing places facilities.
- The airlock is reduced to a two door system from three doors.
- The café and family visiting room is behind the airlock so people can visit off the wards.
- Changing places toilet
- Tribunal suite includes interview room.
- The therapies space is also for community patients.
- Combination of kitchen, gym, therapy rooms etc.
- First section on the new wards will be a staff area offices.
- One section for males and one for females with own living space and a shared dining and activity room.
- There is a 136 Suite and access is more private and not through the front door.
- The Older Adult ward will be where Blake Ward currently is and there will be a small extension; they can then group those with similar needs together.
- Wards are connected and staff can move easily between the wards.
- Upstairs will be further Working Age Adult wards and it will also house IT, the Home Treatment Team, Research and Development as well as interview rooms, staff rest and changing rooms, advocacy teams and multi-faith rooms.

- Every ward will have access to their own garden space and those on the first floor will have access to roof terraces (larger than Farnham Road Hospital) and access to a ground floor garden. Gardens will be designed so that flowers are in bloom throughout the year.
- There will be a multi-use sports garden with access managed by staff. The therapy space will also have garden access.
- Some rooms are clustered for personalised care for those with similar diagnosis and each will have its own living room space.
- There is a multi-use sports space.
- The presentation gives an idea of what the gardens may look like and plans ensure flowers are in bloom all year round. They have also thought carefully about furniture.
- The ward office will be situated where the bedroom zones and similar to Farnham Road Hospital.
- There will be 16 older adult beds and 64 Working Age Adult beds; overall bed numbers will increase once work has started on the East site.

In terms of timelines an outline business case has been submitted and went to the Executive and Trust Board in April and was approved. The outline business case includes details such as expected costings, scope and services and they are now drilling down into the detail and working towards the full business case which will be costed and presented to the Trust and Executive Board for final sign off. The application will soon be submitted to planning with an expectation to start on site in April 2020 and Sonya ran through the different phases of work.

It is a complex programme with lots of phases and moves and working closely with operational colleagues and operational complexities while running an operational hospital and disruption is kept to a minimum.

Clifford Wright wanted assurance that disruption from construction will be kept to a minimum as far as the care of patients asking if it will cause them distress? Sonya explained that there will be some noise but hoarding can be put up to help with sound proofing and this will be managed to keep disruption to a minimum.

In terms of access for those with a disability each ward will have two larger bedrooms with wheelchair access.

Overall there will be an increase of 7 extra beds across the wards and they are working hard to ensure no beds are lost during the process.

4. GP Integrated Mental Health Services, Dr Dave Kirkpatrick

Dave works for the new GP Integrated Mental Health Service and he explained that Primary Care Networks are a new initiative moving care closer to where it is most convenient and cheaper. There are three pilot sites for the GP Integrated Mental Health Services in Guildford, Chertsey and Banstead and to date they have been very successful.

This service will help those who are aged over 18 that often fall through the gaps between services such as IAPT and secondary mental health care. Recognising mobility issues the GPIMHS endeavour to be based in GP practices with the aim of being in all GP practices eventually. GP's find it difficult to give people the time they deserve to hear about their mental health concerns and seeing the GPIMHS service will give the person longer to talk about their issues.

There is an expert team based in the GP practice which consists of a mental health practitioner, clinical psychologist, pharmacist and psychiatrist and access is via the GP or practice nurse. They can provide more time for the patient in an environment that is less stigmatising and each appointment is 30 minutes long and can address issues such as housing, employment etc.

The service are more than social prescribers as they are charged with getting to know their neighbourhood and are not about fielding people out to mental health services but linking with libraries, walking groups, making friends etc. Teams do not carry a caseload and do not provide therapies.

David Murphy asked if they accompany people to an activity and Dave advised they would like to but they see lots of people and therefore it is not possible. David asked how they engage with the third sector and learnt that stakeholder events were run last year at which it was clear that multi-agency working is very important and a member of Community Connections is integrated with the GPIMHS team.

The mental health practitioner (or other) will work with the person using services (or carer) to think about the understanding of their difficulties and what might be useful in terms of support they can access. The team have a good understanding of what may be available locally and are interested in how they can support people and help people get back on their feet with support. Instead of signposting they bridge people into and refer to other services.

Clifford highlighted that CPN's used to be in GP practices and suggested recruiting retired CPN's or mental health nurses to embed in this new service. Dave acknowledged this suggestion and noted that the way GP practices are being organised is changing as they are moving into Primary Care Networks (PCN's) to ensure they are efficient and have the best use of money. The PCN's are made up of four or five practices around a population of c50,000 people. Funding has been provided to test three sites (as noted previously) and they only operate out of these sites at the moment. Additional funding has been awarded and therefore will be expanding to 16 additional PCN's.

Rosemary Moore is interested in the team and Dave explained that Surrey Heartlands is running the service in partnership with amongst others, Psychiatric nurses, Community Connections link workers and administrators who are employed by GP practices; this is a new way of working in partnership with people.

Rachel asked about plans to roll the PCN's out into the East as they will be joining Surrey Heartlands on 1st November? Dave explained that at the moment they are looking at the PCN readiness, it's quite early days but once the East are in Surrey Heartlands they will be equitable for consideration. Each PCN will have to identify a Director and they will be the main point of contact.

When asked how the service will recruit as recruitment into secondary services is difficult he explained that this is a different type of role which may be more popular as it does not involve Care Coordinating, or specialist interventions.

Zaahirah Saab asked how long the service work with someone and Dave advised that they don't carry a case load and therefore people are not discharged. They will see people for 30 minutes which sometimes is enough, however follow up appointments can be made but there will be around a maximum of about four sessions. All Mental Health Practitioners have links with the Single Point of Access (SPA), CMHRS, Community Connections, IAPT, Recovery College etc.

David Murphy asked how they will roll out a further 16 PCN's and Dave said that this has been possible as the funding is substantial although he cannot say how these will roll out as the funding has only been received recently.

Rosemary Moore asked about people using services and carers being involved in user groups going forward; people would like to be involved. Dave noted that there had been discussions about how best to involve people but was unable to comment further however, agreed to take this back and get a response for FoCUS.

In terms of criteria the team will see a broad range of people however, they won't be able to see those presenting in crisis or those under secondary mental health care.

It was noted that a carer can access GPIMHS for their caring responsibilities, social isolation, accessing carers support, what to do in crisis etc.

The group thanked Dave for their time.

5. CMHRS Update

The CMHRS is very busy and as from 31st October Surrey County Council (SCC) staff will pull out of the community team and be managed by the local authority. The team has been very busy looking at caseloads to determine if a patients needs will be met by health, Surrey County Council or both organisations. They have met with people using services face to face to let them know if they will be looked after by SCC and who their care manager will be. Those having joint care will link with both SABP and SCC staff.

There has been an increased number of calls to the Crisis Line as patients are getting stressed and anxious about what is going to happen; staff have done their best to meet with people and explain what will happen.

The CMHRS will lose a number of staff and they have been analysing what the gap will look like and how these gaps will be managed while they recruit into these posts. Some SCC staff have chosen to be employed by SABP in a similar role.

David Murphy asked about the Enabling Independence Team and Zaahirah confirmed they will move to SCC.

Zaahirah was asked if Surrey County Council will be reducing the social care service and noted that social workers are not sure what their role will look like.

Stephen Firms agreed to communicate the level of anxiety and uncertainty around the Section 75 withdrawal back to the Board; there is great concern about the gaps and what the gaps will look like. When this was discussed at the Board Stephen explained that SABP found the decision regrettable and will do all it can to support people using services. The official line from the Council is that it is business as usual.

Although there is uncertainty Zaahirah commented that the relationships with social care will still be there and therefore joint working will happen.

Clifford spoke about the poor service he receives from Surrey County Council and yet he is still expected to pay for the service. He agreed to follow this personal concern up with Zaahirah after the meeting.

Lastly, Zaahirah spoke about groups being run in Caterham with Richmond Fellowship; a 6-week yoga course is underway as well as art therapies and mindfulness in December. The community teams are now working more with Richmond Fellowship rather than the Recovery College.

6. Date of next meeting

The next meeting will take place on Monday 2nd December 2019 at Reigate Baptist Church, Sycamore Walk, Reigate, RH2 7LR.

Actions to be taken to the FoCUS Committee/Reps Meetings:

Next FoCUS Committee meeting: 12th November 2019

1	David Murphy highlighted that many people are getting confused between using the name SPA and Crisis Line. Many people in crisis wouldn't know they need to call the SPA to reach the Crisis Line as it is not clear; much of the Trust literature refers to the Crisis Line. The name should either be SPA for everyone or Crisis Line for everyone.

Actions – General

1	E&M FoCUS members like to know the percentage of patients of each consultant who have an up to date care and contingency plan (consultant name redacted) but	Jo Lynch
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	would like to know which service. They would also like to a representative from the Trust to attend each FoCUS meeting to present the findings. Ongoing	
2	<p>Following Action 6 from the September meeting; Rachel Cocklin reported that the experience using Sussex PALS has been poor recently.</p> <p>E&M FoCUS members would appreciate being updated after contract meetings with Sussex Partnership take place so they can learn of any issues and feedback can be given.</p>	Jo Lynch
3	Clifford Wright has received a letter to say that as a Trust member he is no longer able to ask questions at the Council of Governor meetings. This has left Clifford feeling disempowered and he would like to know if he is the only person to receive this letter or whether it has been sent to all Trust members?	Julie Gaze
4	<p>How can people using services and carers be involved in the GPIMHS/PCN's going forward as part of a user group? Completed. Following the recent announcement that Surrey Heartlands Integrated Care Partnership has been awarded £5.7m by NHS England, we have an exciting opportunity to transform health and wellbeing of people with complex mental health conditions living in Surrey.</p> <p>Surrey and Borders Partnership will be working with a wide range of stakeholders to provide support for people with serious mental illness closer to their communities and homes. Staff from NHS, social care and the voluntary sector will be working closely with GPs to improve local services for people.</p> <p>Please save the date for an event planned to share more detail with you on Thursday 14th November, 9.30am – 11.30am, at HG Wells Conference Centre, Church St E, Woking GU21 6HJ.</p> <p>Registration details will be shared shortly.</p>	Dr David Kirkpatrick / Judi Mallalieu

Contact details for your Support Team

For Member support please contact:

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For Meeting support please contact LF Solutions

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Glossary of Abbreviations:

ACU	Abraham Cowley Unit
AMP	Approved Medical Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CMHT	Community Mental Health Team
CPA	Care Planning & Assessment
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
NICE	National Institute for Clinical Excellence
OAP	Out of Area Placement
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PICU	Psychiatric Intensive Care Unit
PPG's	Patient Participation Group
PRG	Patient Reference Group

PVR	Public Value Review
QUIPP	Quality, Innovation, Productivity, Prevention
RAG rating	Red/Amber/Green risk rating scale
SABP	Surrey and Borders Partnership
SCC	Surrey County Council
SDS	Self-Directed Support
SMS	Short Message Service i.e. text message
SPA	Single Point of Access
STEPPS	Systems Training for Emotional Predictability and Problem Solving
STP	Sustainability and Transformation Plans