

FoCUS
West Area Group Meeting
Thursday 12th September 2019
1pm – 3pm
Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY

Minutes of the Meeting

Attendees: Pam Moonan (West FoCUS Rep), Ian Penfold, Chris Hall, David Muir, Nina Cornwell, Janice Clark (West FoCUS Rep)

Clare Burgess (Chief Executive, Surrey Coalition of Disabled People), Carol Frost (CMHRS Manager NE Hampshire & Farnham), Judi Mallalieu (SABP), Dr David Kirkpatrick (SABP), Donna Davies (Advocate), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, Minutes)

1. Welcome and apologies

Apologies were received from TH, Tony Hall, Catherine Wheeler (CPA), Amanda McVickers (Surrey Heath CMHRS Manager).

Attendees were welcomed to the meeting and introductions were made.

Jane spoke about how the meeting would run and that the support team are trialling the use of a flip chart for comments and information that are not relating to services provided SABP.

Those expecting to raise local issues were asked to make themselves known to the Chair so that everyone has the opportunity to speak and can have their views raised today.

2. Minutes of the previous meeting and matters arising (July 2019)

Accuracy

David Muir attended a CCG meeting and noted that there was no mention of carers with a learning disability and no mention of those with a learning disability with mental health issues. Clare Burgess advised

that these were new issues that are not relating to SABP services however has made a note of this and will talk to the CCG. David was also advised to raise his concern at the United Communities meetings.

Page 2: Tony Hall emailed an update to his comments to read “Tony clarified that his comments were not regarding issues getting through to FoCUS Committee from FoCUS but escalations through to the CEO as suggested by one of the Governors.”

Page 2: Tony Hall agreed with the carers definition from the Government but wished to add that “the NCVO (National Council for Voluntary Organisations) believes that volunteers should be treated fairly and with respect and ensuring that disputes or problems are dealt with appropriately is an important part of this. There have been a number of cases of serious breaches of trust between volunteers and the organisations in which they volunteered. As a result of the mistreatment experienced by volunteers in these cases there was a call for clearly defined rights for volunteers and an external means of addressing complaints.”

Page 3: The Terms of Reference for FoCUS has been updated by the Trust and the support team will now check that all amendments have been made before circulating the document.

Page 9 Tony Hall asked the support team to explain how issues that are not discussed at FoCUS will be passed to the Independent Mental Health Network (IMHN) or other. The support team noted that issues outside of Surrey and Borders may be best raised at the IMHN or other local stakeholder group. It is not part of the FoCUS remit to forward any issues to these groups, however as Jane Ahmed works with Guy Hill the IMHN Coordinator she often offers to raise any points. Not everything that’s brought up at FoCUS (and is not a SABP issue) will always be right to go to the IMHN. Many FoCUS members go to both meetings and can ensure that messages are sent back and forth.

Page 8: Tony Hall asked for the PALS team to be credited for their communication difficulties within the Trust, although it was not clear if these communication difficulties were within Frimley Park Hospital or SABP.

Page 15, Action 5: The Recovery in Practice document will be circulated to FoCUS members and Louise Wiggins will work with carers to ensure it demonstrates parity of esteem.

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

Please note once the minutes are approved they will be published on SABP's website, if you do not wish your name to appear please let LF Solutions know.

Matters arising

Janice Clark informed the group that people with a learning disability are being mentioned in the Surrey and Borders Families and Carers Strategy and the next step is to develop a working plan to support those carers with disabilities and illnesses and those carers who may have a learning disability.

FoCUS members requested a link to the Independent Mental Health Network to find out more about their work and this can be found here: <https://www.useyourinfluence.website/about>

Actions from July 2019 Meeting

1 Ongoing from Action 7 of the July minutes: Tony Hall is talking to system analysts in Kent, Surrey and Sussex (KSS) and noted that systems are not talking to each other. Janice Clark explained about SystemOne, which was never configured properly. The work the Trust are undertaking around SystemOne is specific to SABP; they have now fixed the issues with proper recording of care planning and these should be able to be recorded and printed off but there are no fields for carers. Tony disagreed and wanted to ask what interaction the Trust had with KSS?

The design and content of the recovery care plan was led by Louise Wiggins and Angela Devon. It makes reference to engagement “this work involved working with people who use services, carers and clinicians to identify key information that is important to include so care plans are an effective communication tool. The evidence related to effective care planning was also explored and key findings incorporated into the final care plans. These are built on SystemOne.

As neither Kent or Sussex use the same electronic care record as us in SABP, it would not be a helpful intervention

	<p>to engage with their digital departments regarding the build and release on SystmOne as our systems are so different. We ordinarily do look across the patch to be able to share and engage in good practice initiatives and we also know that when we are able to work across systems we get great learning.</p> <p>Carol Frost explained they have received good feedback from people who use services about the Recovery Care Plan as they are now far more holistic, completed by the person using services and as such the number being completed and uploaded to the system is larger. Carol Frost agreed to share the template with members.</p> <p>Janice Clark agreed and noted that that the statutory duty of the Local Authority must be inbuilt into the care plans as there are actions that only the Local Authority can support that the NHS can't do and vice versa. It's not clear how Hampshire County Council and its mental health team works with SABP to produce the holistic plans. It was suggested the group hear more from Surrey social care at a future meeting. Surrey County Council confirmed they will be working closely with SABP.</p> <p>Janice also highlighted WRAPs (Wellness Recovery Action Plans) and noted there is talk of developing a carers WRAP but they must ensure they are connected.</p>
2	<p>FoCUS would like to know why the suggestion box was removed from the Aldershot safe haven and Colette Lane agreed to take this back as an action. Completed. Colette has contacted Stanley Masawi, safe haven manager, about the question regarding the suggestion box at the Aldershot safe haven.</p> <p>Stanley has looked into it and says that Lisa, from Andover Mind, agrees that the suggestion box should be out each evening and it will be from now. Spot checks will be carried out to ensure this is the case.</p> <p>Further update: Colette has also asked why the suggestions box was removed: “The safe haven is a shared space with the Wellbeing Centre. We clear away safe haven effects at the end of each evening to make way and prepare for the wellbeing services</p>

	<p>the following day. It is possible that the box may have just been moved and not returned to the communal areas. We have also been using temporary staff to cover leave and it is possible that staff forgot to bring it out. I spoke with Lisa again and she has assured me that the comments box will be brought out each evening.”</p>
3	<p>Linzi Gardner to find out about the appeals process when being discharged from community teams and will report back to FoCUS. Completed.</p> <p>There is no formal appeal of discharge process. If a patient is discharged and unhappy with this decision then they can either lodge a complaint via PALS or speak directly to the service manager to discuss further. Update – Tham has asked a Clinical Lead to draft a process for this so there is a policy in the future.</p>
4	<p>FoCUS were unsure how the clusters are determined and understand there is a difference of opinion and a range of issues around these. It was agreed that FoCUS would ask for more information to be provided to a future local meeting. Noted.</p>
5	<p>Louise Wiggins and Colette Lane agreed to send Janice a copy of the final version of Recovery in Practice which Janice has not seen. Completed.</p> <p>This was raised with Angela Devon, this is her response. Two of the Governors are on the transformation board where the care pathways work is discussed monthly and the care pathways have been available at many of these meetings. I have discussed the care pathways at governors meetings where I have also discussed the recovery college. We can send the care pathways to the Governors if needed.</p>

Questions responded to from Louise Wiggins (July meeting):

What measures have Mental Health Crisis Line put in place to make sure this is accessible to people with a learning disability?

I have asked Chantel (Service Manager for SPA) to clarify what measures are currently in place to support people with a learning disability to access the Mental Health Crisis Line, I will forward you her response when she replies.

FOCUS feel that people who use services and carers have not been involved enough in the development on the Care Pathways.

Concerns were highlighted that the care pathways do not represent

best practice for carers and young carers.

This was raised with Angela Devon and this is her and my response. The work has been co-led by Michelle Amoah who is a person with lived experience and co-design and co-development has been a major part of this work over many years. We have involved the Recovery Working Group in this work, we have had work being undertaken in many subgroups looking at the care pathways and people who use services and carers and staff have been at many events which have considered the care pathways. The care pathways have been developed over several years and during this process a number of engagement events have taken place, this includes Good to Great workshops, Care Pathways workshops, discussion at the Recovery Meeting and Therapy Strategy Meeting (people who use services are represented at this meeting). The Good to Great workshops were advertised through our communication department, via Ann Stevenson for circulation, the recovery college & FOCUS network. We have had specific sub group meetings involving representatives for staff, people who use services and carers exploring the care pathways together. The Care Pathways work has been part of the Transformation Board agenda for the past 9 months, there is carer representation at this meeting. Janice Clark has contributed massively to this work and has really helped in our thinking about the care pathways from a carer perspective. There is more work to be done which will be ongoing and we are sure that further improvements will occur over time. Work on specific elements such as the recovery care plan have been piloted on our acute wards and in two CMHRs to obtain feedback and advice from people who use services about the care plans as well as many meetings through subcommittees and through the recovery working group.

Can FOCUS have a list of all engagement events related to the care pathways?

This was raised with Angela Devon, this is her response. This would take time as it has been undertaken since 2014. We would prefer to spend time and resource on continuing the developments happening now.

Where are future engagement workshops advertised? This workshops are advertised via our communications and circulated via the FOCUS network. The development and transformation work is now complete and we are embedding it in our services and so no more engagement events are planned.

Why have the care pathways been organised via cluster when this system was set up for payment by results?

This was raised with Angela Devon, this is her response ..We considered in our early workshops if we should develop cluster based pathways or disorder pathways and we obtained information from other Trusts. It was decided in these workshops that cluster based pathways were better as the clusters reflect the complexity, chronicity and the impact on the lives of people as well as the disorder. This was felt to be more appropriate than just looking at the disorder though we have also included the disorders as we have disorder specific interventions which are NICE recommended within the clusters.

The item regarding Ask, Listen Do (an NHS initiative) was due to be taken to FoCUS Committee, however in the interim received the following positive response: **Completed. Services for People with a Learning Disability have signed up to take this forward and will consider this and add it to their August Ethics and QAG agenda.**

3. Feedback from FoCUS Committee

Jane Ahmed updated the following:

- FoCUS have two new Reps Sharan in the NW and Pam in the West.
- The Trust will continue to ask their Governors with a learning disability to become involved in work that the Trust is doing around learning disabilities when appropriate to their Governor role.
- The dementia work stream are looking to involve a person who uses services or a carer (who is involved in dementia) in their group (covering Surrey Heartlands). The Trust are drafting an email to outline what they are looking for in terms of involvement.
- FoCUS have asked for regular updates regarding dementia.
- The Trust's new Head of Participation, Improvement and Experience, Emma Binley, came along to the meeting to update on participation work.
- Emma gave an update on the work of the Participation team and noted they are recruiting a new Participation Coordinator role.
- The Working Together Group has been working on social prescribing and looking at whether they can co-produce, design and implement the People, Participation and Experience Strategy and hope to hold a day in October or November where everyone can attend and have input.
- The Trust are looking to develop co-produce and co-deliver participation training for staff and those who wish to participate; support structures for volunteers and participants; participation in QI projects; participation in recruitment and developing training and the

communications strategy. They've also reviewed other organisations to see what participation work they are doing.

- The Carers reports highlighted continuing difficulties with SystemOne and meetings are taking place to see how they can build something to capture carers information. FoCUS has also suggested the Trust explore why people may decline a carers assessment.
- There is a need to be clear on care pathways for young carers as the aim is to prevent children and young people taking on caring responsibilities.
- FoCUS members who are carers were recently asked what top 5 things they would like in the Carers Strategy and FoCUS heard that the suggestions submitted have been included in the Strategy. This is currently with Communications and will then go to the Board.
- Ann Stevenson and Emma Binley are working on developing staff caring policies and Carers Champions.
- Emma Binley will be taking over as the Carers Lead at the Trust when Ann Stevenson retires at the end of the year.
- FoCUS were pleased with the People's Experience Report but fed back that there continues to be white writing on a coloured background; the Trust acknowledged this and are aware this must be improved but it can take time for the message to filter through. This report will soon come under the Participation team and Emma took these concerns on board.
- Data on those turned away from safe havens due to intoxication has been recorded.
- The Trust have submitted a bid to focus on the transition to adult services for 18-24 year olds and hope to get some money to address the issues which will be more community based.
- Justin Wilson is very much involved in GP clinics for mental health and is trialling a weekly clinic as Surrey University as wellbeing directly working with the University wellbeing clinic and also the local GP surgeries in the area.
- CMHRS and inpatient staff who felt de-skilled around autism have been attending training and each CMHRS will have a talk about autism and the camouflage effect that can lead to misdiagnosis.
- Justin Wilson suggested the Trust speak with Acute Hospitals about how they train staff on autism as this is an important topic.
- FoCUS wanted to know if the Trust have a Learning Disability Strategy as one Rep has been asking how the Trust communicate with those with a learning disability. There is a Governor's task and finish group looking at easy read information and whether the SABP 'house style' needs to be amended so that teams can easily produce easy read documents.

- FoCUS appreciated the apology and update around the digital work but did not understand why engagement hasn't progressed. The Digital team will be asked to explain the intent for people using services and carers going forward.
- The Your Views Matter contract is up for renewal soon and some Reps suggested that the www.iwantgoodcare.com style feedback should be considered to be used by the Trust as part of this review but other Reps felt that this type of feedback may give the opportunity to for people to leave false or negative reviews which would not help those in crisis looking for support.
- Issues regarding the social time at the safe haven highlights the lack of social evening groups available in Surrey.
- Discussion took place about Discharge/Transfer from Community services, and Tham Dewar informed FoCUS that Care Plans can now be printed off SystmOne, however if there are issues please let him know so he can support teams to do this properly.
- It was agreed that people using services shouldn't be hearing about discharge at the point they are discharged and if individuals are experiencing problems please raise this with the team managers, PALS or Tham Dewar who can establish if there are problems with individual teams.
- There is currently no Discharge Policy in place but a Clinical Team Lead has been asked to draft a process so they have a policy in the future.
- Borderline Personality Disorder is now often referred to as EUPD (Emotionally Unstable Personality Disorder).
- The Trust are working closely with Mary Frances Trust and have developed a Step Down programme for those who have finished STEPPS and want a little more support. Some people will continue under SABP Services and some will be discharged. Catalyst will provide the same Step Down programme in the West.
- Treatment by choice will be provided but will be based on what is suitable for the person at the time, however if the person does not meet the criteria they will not receive the service.
- Angela Devon explained clusters a little more fully but highlighted that the most important thing is the clinical relationship. When the cluster a person will be in has been decided it will be reviewed frequently.
- Children's services remain a large focus for the Trust although waiting lists have improved over the summer.
- The Trust are focussing on compassionate, collaborative leadership, joy at work and generally the overall culture of working together and creating a better organisation to work for.
- Heather Caudle will soon be joining the Trust as Chief Nurse.

- The Trust have submitted a bid with a focus on transition for young people between 18-24 years old and they hope to get money to address these issues in the community.

Janice Clark spoke further about clusters and as a Governor has asked the Board how clusters work alongside NICE guidance? It was agreed this would also be addressed through FoCUS.

4. Local Issues – Good news, Compliments and Issues

Good News/Compliments

The Carers Strategy commented on through FoCUS is now ready to be published and will go to the Executive Board in September and it is hoped it will be agreed by whole Board in October with a workshop taking place in November/December to develop a work plan around the Strategy.

SignHealth and Shout have partnered to launch a new free text message service to support deaf people who may be in crisis.

Local issues

Parking at Aldershot Centre for Health has become an issue once again as, following consultation, it has been agreed that the disabled bays will be reduced by half, despite high numbers in the consultation against this. Many FoCUS members felt it is inappropriate to take these spaces away from disabled people. Clare Burgess noted the issue and agreed that Surrey Coalition of Disabled People will write a letter. Carol Frost which to highlight that SABP are not responsible for parking at Aldershot Centre for Health.

As mentioned at the July meeting it appears young people are being discharged from the CAMHS service at 17 years old without a care plan and without any further information that may be needed such as crisis information. This is particularly worrying as the Government is committed to supporting young people aged between 18-25 years old. Janice Clark has raised this as a Governor, however wished for it to be noted through FoCUS.

Ian Penfold raised a concern as it seems that a number of people have been waiting some time to be contacted by the Single Point of Access (SPA) once referred by their GP. A GP in Guildford recently asked for guidance and practicalities for referring on to mental health services to

ensure they were following the correct procedure as they are being contacted by patients as there has been such a delay. FoCUS has heard from the Trust how quickly routine, emergency and urgent referrals are to be seen by the SPA but this does not appear to be happening in the timeframe given. Are all GP's clear about the referral process and what happens when the person being referred is not contacted by the SPA?

4. GP Integrated Mental Health Services, Judi Mallalieu & Dr Dave Kirkpatrick, SABP

Primary Care Networks are a new initiative and part of the 5 Year Forward View with the intention of moving care closer to where it is most convenient and cheaper. Surrey and Borders (SABP) are the 3rd or 4th Trust in the country to set this up and are charged with trialling the setting up of three 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.

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.

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.

In the trail GPs are moving into Primary Care Networks (PCNs) which are made up of four or five practices around a population of c50,000. Funding has been provided to test three sites and they only operate out of these three sites at the moment (one in NW Surrey, one in Guildford and one in Banstead).

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.

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.

Janice Clark welcomes this pilot as it is good to look at a range of case studies and gave her personal experiences of this.

Clare was concerned about bridging clients and that with the demand community assets may run low in places; what is the plan to manage Community Connections etc? Dr Kirkpatrick acknowledged this but commented that at present community services are happy to have people referred. If they spot a gap and can't bridge the person to a service there is a feedback mechanism so it can be seen where investment could take place. Judi agreed and gave examples of how a perceived gap was identified recently.

There are formal feedback processes in place but often personal relationships help for example mental health practitioners have met with the CMHRS, SPA etc. and once relationships are in place often things are then formal and quicker.

When asked how they will integrate with social care teams in Hampshire and those in GP practices at present Judi explained that the Frimley ICS and Surrey Heartlands have received around £13m to look at how they transform the delivery of mental health care for the future and NHS England have been specific about what the money should be used for.

Frimley have around £6m to build on the primary care model, as in the Frimley system there are integrated care decision making hubs and the starting point is slightly different. There has been some mapping of services and there will be some more events or co-design to look at what out of existing services can be repurposed and where; 25% of the budget is to develop a range of services for Personality Disorder.

Carol Frost asked if there was funding for Autism as there is a huge unmet need for those women who have Autism but were initially incorrectly diagnosed with EUPD (Emotionally Unstable Personality

Disorder). Judi understood this is being taken up with the ICP (Integrated Care Partnership) as they want a separate workstream for this.

NHS England also want to focus on people with Serious Mental Illness (SMI) which is an opportunity to focus on helping encourage physical health checks, an annual mental health check, a housing check, looking at whether the person may be socially isolated etc.

For this area there is discussion around 18-25 year olds recognising that services don't do transition well and with added resource into the primary care end are they able to connect Recovery Coach into their system?

Judi highlighted two red risks around a) workforce recruitment which will be challenging and b) Digital – there has been issues about how they communicate patient records from secondary care to/from primary care.

The NE Hants and Farnham area have funding for eight new Primary Care Network sites for Frimley and there will be eight for Surrey Heartlands. It is hoped there will be a new site in the next six months, however site selection hasn't started yet and the PCN's have to express an interest. Surrey Heath may have two PCNs identified even though they operate as one CCG, however this is not agreed at present.

Judi agreed to send map of where the Primary Care Networks are in Surrey and NE Hants.

David Muir asked about learning disability in primary care and learnt that those with a severe to moderate learning disability will be under the Community Team for People with a Learning Disability and for those with a mild learning disability there can be limited other support out there. There is a primary care learning disability nurse in Surrey Heartlands. The GPIMHS aims to be 'no wrong door' and hopes to include mild learning disabilities.

Ian Penfold spoke about young people who may have an eating disorder or are self-harming explaining that often parents are worried about the future; whilst there is a consent issue there is a need for parents to be involved. Dr Kirkpatrick agreed this is an important area and a challenge to services as how they can be supported; they are learning as they go and are open to seeing what can be done and testing it.

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 Judi and Dave for their time.

5. CMHRS Update, Carol Frost

Jane Ahmed informed the group that Surrey Heath CMHRS Manager, Linzi Garnder, is now on secondment and has been replaced by Amanda McVickers during this period.

Carol Frost updated that the team are now NE Hants and Farnham CMHRS and that the majority of patients from Farnham GPs have now come across to the service.

They have just been assessed for internal accreditation and received a good and now looking at going for further accreditation.

Carol has done a lot of work with the Nepalese to try and get a Nepalese Strategy across all Trust services and is pleased that her team have a Nepalese CPN and a Nepalese support worker in post.

They recently ran some focus groups and it revealed huge stigma in the Nepalese population and what it means to have a mental health issue. When a Nepalese person is referred it is often when they need support under the Mental Health Act as their families have been supporting them at home. Carol would like to involve the Nepalese community more such as having a Nepalese FoCUS rep etc. and they are trying to make services in SABP more accessible.

Nepalese referrals to learning disability services are very few and this is one of the things they have been talking about. Proportionally there must be people with learning disabilities and physical disabilities and they will work with Paul from the learning disability team to make it safe for those people to be referred into services.

6. Date of next meeting:

The next meeting will take place on Thursday 10th October 2019, 1pm – 3pm at High Cross Church, Knoll Road, Camberley, GU15 3SY.

Issues to be taken to the FoCUS Representatives/ Committee Meeting:

Next FoCUS Committee meeting 12th November 2019:

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Actions – General

1	Circulate the Recovery in Practice document to all FoCUS Members. Completed.	Lucy Finney
2	Carol Frost to share the Recovery Care Plan template with West FoCUS Members. Completed.	Carol Frost
3	West FoCUS had further discussion about clusters and learnt that Governors have asked the Board how clusters work alongside NICE guidance? FoCUS are also keen to know the answer to this and would appreciate further explanation.	Jo Lynch
4	FoCUS raised a concern as it seems that a number of people have been waiting some time to be contacted by the Single Point of Access (SPA) once referred by their GP. A GP in Guildford recently asked for guidance and practicalities for referring on to mental health services to ensure they were following the correct procedure as they are being contacted by patients as there has been such a delay. FoCUS has heard from the Trust how quickly routine, emergency and urgent referrals are to be seen but this does not appear to be happening in the timeframe given. Are all GP's clear about the referral process and what happens when the person being referred is not contacted by the SPA?	Amanda Cummings
5	Judi to send a map of where the Primary Care Networks are in Surrey and NE Hants. Completed.	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
AMHP	Approved Mental Health Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CMHT OP	Community Mental Health Team Older People
CPA	Care Planning & Assessment
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
FRH	Farnham Road Hospital
GPIMHS	GP Based mental health teams (GP Integrated MH Services)
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
MAC	Medical Advisory Committee
NICE	National Institute for Clinical Excellence
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PETS	Patient Experience Trackers
PICU	Psychiatric Intensive Care Unit
PPG's	Patient Participation Group
PRG	Patient Reference Group
PVR	Public Value Review
QUIPP	Quality, Innovation, Productivity, Prevention
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
STP	Sustainability and Transformation Plans