

FoCUS
West Area Group Meeting
Thursday 10th October 2019
1pm – 3pm
High Cross Church, Knoll Road, Camberley, GU15 3SY

Minutes of the Meeting

Attendees: Janice Clark (West FoCUS Rep), Pam Moonan (West FoCUS Rep), Chris Hall, Ian Penfold, David Muir (SW FoCUS Rep), Rosemary Moore (SW FoCUS Rep)

Rita Gbedabu (SABP), Paul Meechan (Associate Director for Clinical Liaison), Carol Frost (CMHRS Manager), Sonya Scammell (Property Project Coordinator, SABP), Polly Shephard (Lead Speech & Language Therapist, CMHTOP, SABP), Donna Davies (Advocate), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, Minutes)

1. Welcome and apologies

Apologies were received from Tony Hall, Natasha Hall, Nina Cornwell, Dotty Cridland (SABP Complaints & PALS Manager), Clare Burgess (CEO, Surrey Coalition of Disabled People).

FoCUS are trialing easy-read agendas at the October meetings and these have been circulated alongside the normal agenda. Members were asked for their views. All members were happy with the easy read agenda's and would be happy to use them going forward.

FoCUS will continue to trial the use of a sheet where people can write down issues or good news that is not relating to SABP services and members are welcome to make a note of these or photograph them at the end of the meeting.

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 (September 2019)

Accuracy

Following the presentation the Primary Care Networks, Chris Hall would like to seek clarification of the PCN's in Camberley and whether the Bartlett Group of surgeries are together.

Rosemary Moore asked for clarification of Judi Mallalieu's job title which is Programme Director Integrated Primary and Mental Health Care.

Janice Clark spoke about the last NW FoCUS minutes where Duncan Sloman updated about the Section 75 and she noted that the assessment process for Working Age Adults is the Care Programme Approach and the Care Coordinator will be responsible for bringing social care and health assessments in a whole family approach and that the Trust and Surrey and Hants mental health social care services need to work closely together. Once Section 75 has terminated in Surrey SABP have no authority over social care staff; SABP will request and make the referrals for integrated care but no longer have the authority. Janice highlighted that there is a duty on social care and the NHS i.e. SABP to comply in the Care Act duty to co-operate and if they don't cooperate there are legal ways of making sure this happens. It is in everyone's best interest that the organisations work properly together in an integrated approach even though the teams may not be integrated.

Reasons for the Section 75 withdrawal were discussed and members learnt that amongst other reasons Surrey County Council are moving resources so they are accessible to everyone, including people with mental health concerns, carers and families both in secondary and primary care services.

Rosemary Moore commented that the Trust Board don't seem to understand the trauma this causes people using services, carers and staff. Although it was noted that SABP did not want the separation from Surrey County Council to take place.

Janice Clark noted that there are some positives coming from the move of social care out of the Trust, as some people don't get access to social care and if there is access to social care issues that affect people's health (known as the wider determinates of health) this may reduce the number of people that have anxiety and stress.

Actions from September 2019 Meeting

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| 1 | <p>Circulate the Recovery in Practice document to all FoCUS Members. Completed.</p> <p>Janice noted that the document was criticised by the CAG (Carers Action Group) as it is lacking meaningful information about carers and families in the recovery process and it is very out of date. There is also no mention of mental health and a learning disability or a carer with a Learning Disability.</p> |
| 2 | <p>Carol Frost to share the Recovery Care Plan template with West FoCUS Members. Completed.</p> |
| 3 | <p>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. Completed. See below.</p> |
| 4 | <p>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?</p> <p>Completed. SPA have very specific targets regarding emergency urgent and routine response times that are monitored and reported on routinely. If there are issues in terms of meeting these targets then these are highlighted and an action plan put in place to address the issues.</p> <p>The SPA operational policy states the following: “clear timeframes for response to all calls and referrals, working to the agreed deadlines of emergency (4 hours), urgent (5 working days), routine (28 days).”</p> <p>However, in reality we would expect contact from SPA for an emergency referral to be almost immediate (as we ask that these referrals are made direct to SPA by telephone), attempted contact to be made for an urgent referral within 48 hours and routine within one week of receiving the referral.</p> |

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| | <p>We assess whether a telephone contact would be beneficial, based on the information we have both from the referral and from any records we may already have for that person - it is not always clinically appropriate for all people referred to receive a telephone contact from SPA. Additionally, with some referrals we are unable to get in touch within the specified time period – if contact is appropriate, then attempts to call on the numbers provided will be made at least twice, on two separate days, before a plan is put in place based on the information we have for the person and that will be fed back to the GP (as minimum by letter but where necessary by telephone).</p> <p>There has been a communication plan with GPs in respect of SPA, although these targets are unchanged from targets prior to the implementation of SPA. Nevertheless we are continuing to refine processes and work with GPs, in order to improve communication and expectations around the referral process.</p> <p>If any representatives from FoCUS would like to visit SPA to have this explained further then we would be delighted to arrange this – do please let me (or Chantal) know.</p> <p>West FoCUS thanked Amanda for her reply to Action 4 regarding referrals to the SPA but would like to know whether as part of the Policy does it say what the person or the GP does if they don't hear from the SPA?</p> |
| 5 | Judi to send a map of where the Primary Care Networks are in Surrey and NE Hants. Completed. |

Response to Action 3:

Clusters

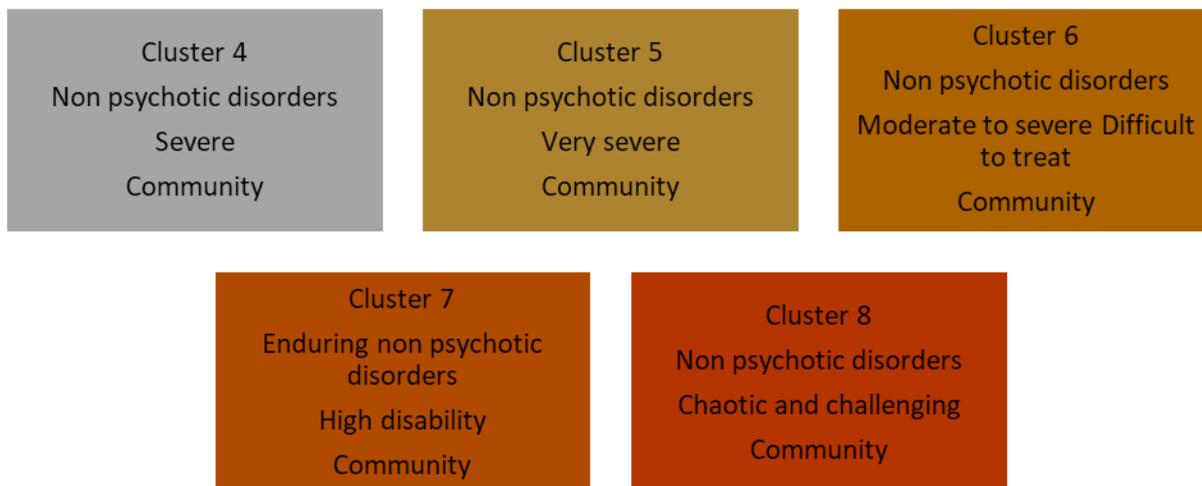
The Mental Health Clustering Tool (MHCT) incorporates items from the Health of the Nations Outcomes Scales (HoNOS) and the Summary of Assessments of Risk and Need (SARN) in order to provide all of the necessary information to allocate individuals to clusters.

HoNOS is an internationally recognised outcome measure developed by the Royal College of Psychiatrists Research Unit to measure health and social functioning outcomes in mental health services. The first 12 items of the Mental Health Clustering Tool are HoNOS items. The SARN was

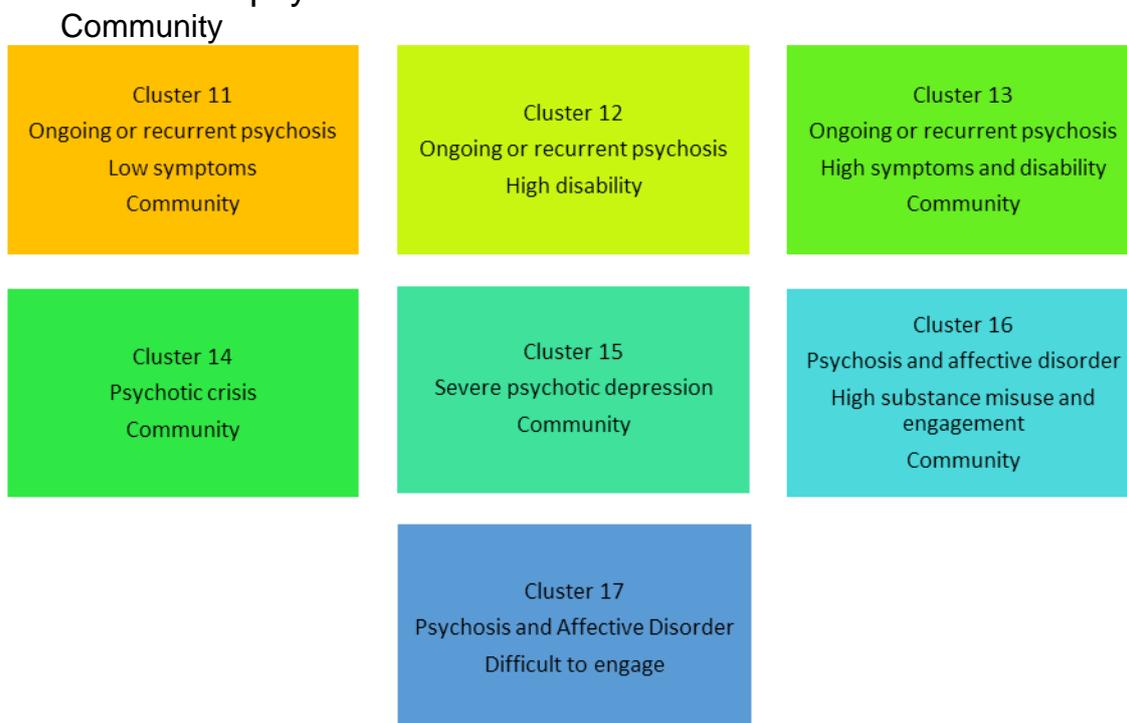
developed and included in the MHCT to aid in the process of classifying people based on their needs so that the appropriate care could be given and service developments undertaken which considered people's difficulties and their impact on their lives.

The clusters are shown below.

Care clusters for non-psychotic disorders



Care clusters for psychosis



Care Pathways Work

The care pathways work considered if it would be more helpful to use clusters or disorders. It was considered in the development work which involved people who use services, carers and staff that clusters would be more helpful as they recognised severity, complexity and the impact of life of someone's difficulties as well as disorders in a more useful way than just considering the disorders.

In each cluster, there are general interventions addressing needs common to people within the cluster. However within each cluster there are interventions relating to the NICE Guidelines recommended interventions for each relevant disorder. There is a stepped care approach so that there are first, second and third line interventions for each disorder that is relevant to a cluster.

Janice Clark suggested there are difference of opinions around Clusters and doesn't believe this work was shared in the development beyond a certain group of people. The concern is that clusters don't feel person centred; people can have a number of illnesses or symptoms and written like this it may not reflect their circumstances or need.

Some FoCUS members also didn't understand clustering and agreed it can be confusing.

David Muir said that as a Learning Disability Governor there are lots that is not explained.

Ian Penfold commented that people should know what their rights and entitlements are and this method is putting people in boxes.

Paul Meechan agreed that clustering can be confusing and can raise some anxiety as it's difficult to understand, however it is an honest attempt to improve on the downside of diagnosis. With a diagnosis everyone was treated the same and the clustering tool is an attempt to refine this and be more person centred past a diagnosis. There shouldn't be a situation where clustering and the NICE guidelines don't agree. Paul was involved in the clusters for some time and explained that they are being used in a much more clinically influenced way than acute hospitals payment by results. The Trust are very aware that people cannot be put in boxes and Paul suggested members try to avoid thinking of this in these terms.

When asked what practitioners feel about clustering Carol Frost confirmed that it's not a label it's a diagnosis and in many ways this is

trying to help; clustering is complex to do as it takes in many variances such as how physical health is managed, isolation and daily skills and this is just one part. The Recovery Care Plan is popular with people using services as it's very personal and people can say what they find helpful. Staff then look at it and identify themes – i.e. people don't like being signposted. They have looked at the themes and designed a New Horizons discharge group inviting speakers along to hear what can be offered and this has come directly from the cluster and my Recovery Care Plan work.

3. Local Issues – Good news, Compliments and Issues

Good News/Compliments

Emma Binley is taking over from Ann Stevenson as Carers Lead in the Trust when Ann retires at the end of the year. Ann, Emma and Janice recently visited the Royal College of Nursing for a seminar on the Triangle of Care and to see the launch of the Triangle of Care for Children and Young People who use mental health services. This new tool supports parent and sibling carers and is a great addition to support and monitor what the Trust does in relation to these services. This will go into the Carers Strategy.

The Forensic Services presentation at Member's day was excellent and highlighted a gap. FoCUS would like a presentation from Forensic services at a future meeting.

Ian Penfold commented that his wife takes park in the Skills Group run by the Learning Disability service and is enjoying it.

Local issues

Ian Penfold reported that he had been investigating the issues with parking at Aldershot Centre for health and learnt that the disabled spaces being reduced by half was asked for by NHS Property Services and not the Local Authority. Carol Frost highlighted that the whole building is run by NHS Property Services and that this affects her staff and patients. It was agreed that as these parking issue would affect patients, carers and Trust staff this should be highlighted to FoCUS Committee so they can contact NHS Property Services.

At the recent Members Day there appeared to be confusion around names of teams as Forensic Community Services referred to Home

Treatment Teams as CRT's. In addition much of the information on the Forensic Services presentation was not easy-read.

It was noted that the Recovery College cover mental health awareness and FoCUS members feel this should be promoted further.

How do the Trust publicise World Mental Health Day and what events have been held by the Trust this year to mark this day as many FoCUS members did not see much promotion?

4. Abraham Cowley Unit (ACU) Redevelopment, Sonya Scammell & Paul Meechan

Sonya attended the meeting to talk about the 24/7 programme, what is going on and the Trust's current position. The 24/7 programme is about providing modern mental health care into the next century and ensuring this can be delivered.

Following extensive consultation SABP decided to build three new mental health hospitals, 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 Trust want to create respectful places, ensure 24/ hour assessment and treatment, reduce stigma and improve staff satisfaction with 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 who help shape proposals and this includes clinicians, admin staff, people who use services and carers. They meet bi-monthly and help to 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 it is cutting edge now they are also thinking what it will be like in 3 years' time.

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, 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 – each will have 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 near 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.
- Male and female will have separate bedroom areas but will have mixed communal areas there will also be a single sex lounge in the bedroom area.

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.

Sonya ran through the different phases of work which is a complex programme with lots of phases and moves and they will be working closely with operational colleagues around operational complexities.

David Muir asked about those who may be colour blind and Sonya agreed to take this back in terms of signage but also for the presentation, however noted that the areas in colour are also labelled.

Members asked if there is any crisis provision in the redevelopment of the ACU. Paul said this is a good question to ask and part of his job is to ensure that the service has clarity about what it is there to deliver. One gap is that there isn't a facility for giving people short respite, intervening quickly and helping them back into the community.

Janice Clark noted that in the EUPD (Emotionally Unstable Personality Disorder) discussions around the new service people using services say

they value the inpatient environment but do not want to stay overnight, therefore having a day service would be beneficial. Paul agreed this was another good question; much of this will depend on what can be put in the ACU footprint. Day care can provide as much input for the person using services as being an inpatient and is a much more cost effective way of providing wrap around care.

Paul highlighted that there are crisis beds at present and a person can stay for up to 72 hours in these beds in three locations.

5. Learning Disability Services Update, Polly Shephard

Polly is the Lead Speech and Language Therapist in the West Community Team for People with a Learning Disability (CTPLD) covering West Surrey and NE Hants. The team have three bases one in Aldershot Centre for Health, one in Unither House, Chertsey and one at Casia House in Guildford. They have 50 members of staff covering areas such as psychology, psychiatry, occupational therapy, speech and language, community nursing, art and drama, counselling, support workers and they have just had approval to appoint a dietician.

They support people to access mainstream services, direct clinical therapeutic support and respond positively and effectively to crisis. The service offer a range of therapeutic interventions and the if person has verbal skills they can have talking therapies and those who cannot talk are able to access art and drama therapy. The team carry out succinct pieces of work with the individual and then discharge however, they can be referred back if needed. There are waiting lists but a person will be prioritised if needed.

Also run an autism diagnostic service specifically for those with a learning disability.

When responding positively and effectively to a person in crisis they try to be proactive rather than reactive and run positive behaviour support clinics where people are seen by different professionals and they are offered 3 sessions. These sessions talk about any issues, make a plan and give some homework; they then meet again in 4-6 weeks for review. If there is more work that needs to be done they can then consider this.

Learning disability have an intensive support service and if someone is at home having a difficult time the service can visit them and help to avoid a hospital admission. They try to get people to remain at home for as long

as possible and the intervention service provide support; this has had a big positive impact on hospital admissions and length of stay.

The team have good links with acute services and there are liaison nurses in acute hospitals so that they can help those in hospital who have a learning disability get reasonable adjustments made for them. GPs are encouraged to do health checks for people with a learning disability once a year and the liaison nurses work with them to identify these people and get these checks done.

The team try their best to engage with carers who are invited to the initial screening clinic and asked for their opinion and views; they engage as much as possible providing the person using services gives consent and listen to them if lessons are learnt.

As part of QI (Quality Improvement) the team are keen to receive feedback on the service provided at Casia House in Guildford and people using services and carers will be invited to be involved.

Anyone can refer into the service including self-referrals, GPs, family, parents etc. unless a psychiatric review is needed which needs to be referred by a GP. The service is for adults with a learning disability from the ages of 18 to end of life, however if a person is over 65 and has not access specialist services before the link is more likely to be linked to age and not a learning disability and therefore would need support from Older Adult services, although they can be supported by the LD service to make reasonable adjustments.

A learning disability is defined as anyone with an IQ under 70 who also has a difficulty with associated social function. There is a difference between a learning disability and a learning difficulty; those with a learning difficulty may also have a learning disability or other and can come under their service. Formal assessments are carried out and this will give an IQ score and can be done in child or adulthood.

When someone is referred they are screened and then a telephone or face to face screening assessment would take place. A holistic assessment follows and the information is taken to and discussed at team meetings to agree the best way forward, they then let the person know.

David Muir asked whether a person's records are available once discharged from the service and Polly confirmed that there are electronic

consented clinical notes and once discharged the information will be kept available.

Janice Clark asked about relationships with carers, family and young carers and Polly advised they refer them on for carers assessment and refer them to Adult Social Care for assessment. Polly was asked if the Learning Disability service refer for Carers Prescriptions and as she was unsure agreed to find out and report back.

Janice advised that in mainstream dementia care they have dementia cafés, singing etc. to trigger memories and asked if they have equivalent in Learning Disability services? Polly suggested that they wouldn't do this within the team but would recommend that people access these groups outside of the team.

David Muir would like the Learning Disability service to take on board mental health in a big way as often mental health issues are missed out in people with a learning disability. Polly acknowledged this and said that they are looking have having service user and carer engagement groups and this could be something that helps. Carol Frost noted that the CMHRS and the Learning Disability service have done joint assessments a number of times.

The Group thanked Polly for her time.

6. CMHRS & CMHTOP Update

CMHRS, Carol Frost

Mental health was promoted at the Food Festival in Aldershot with a number of different partners; they talked about mental health and had several visitors to the stand and some have been referred as a result.

The team work closely with IAPT, Older People, Learning Disability and Early Intervention in Psychosis and how people can navigate through the system and who will take what referrals and such issues.

The team now have vacancies and are advertising to fill these positions.

CMHTOP, Rita Gbedabu

The team are working on reaching the hard to reach service users and Nepalese community and recently took leaflets in Nepali to the Food Festival.

The Older People's Service have been accredited from the National Memory Service accreditation and have a sustainable mental health service commendation; they are now seeking Excellence Accreditation from the Trust.

Due to the ending of the Section 75 agreement in Surrey Janice has been thinking about how the monitoring of the Triangle of Care can continue and has spoken to Heather Caudle (Chief Nurse) and Lisa Musselwhite to see if the Care Accreditation process could include all the standards of the Triangle of Care. This would ensure that teams meet the Triangle of Care Standards to achieve accreditation

Next Tuesday SABP have stand at a mental health event in Guildford at the Yonne Arnauld theatre.

7. Date of next meeting:

The next meeting will take place on Thursday 12th December 2019, 1pm – 3pm at Theta Building, Lyon Way, Frimley, GU16 7ER.

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

Next FoCUS Committee meeting 12th November 2019:

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| 1 | Parking at Aldershot Centre for Health: West FoCUS have recently learnt that following consultation the disabled parking at Aldershot Centre for Health will be reduced by half (16 spaces down to 8) at the request of NHS Property Services. Whilst FoCUS appreciate that the Trust do not manage the car park FoCUS members are concerned that this will negatively affect people using Trust mental health services, carers (and Trust staff) with a disability when attending appointments at the CMHRS. FoCUS hope the Trust agree that this a worry and would like to ask that the Trust contact NHS Property Services to express their concern at this planned reduction in disabled spaces. |
| 2 | World Mental Health Day: It was noted that the Recovery College cover mental health awareness and FoCUS members feel this should be promoted further. How did the Trust publicise World |

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| | Mental Health Day and what events have been held by the Trust this year to mark this day and many FoCUS members did not see any promotion? |
| 3 | Members Day: At the recent Members Day there appeared to be confusion around names of teams as Forensic Community Services referred to Home Treatment Teams as CRT's. In addition much of the information on the Forensic Services presentation was not easy-read. |
| 4 | ACU redevelopment: West FoCUS members learnt that there is no crisis provision at the ACU and suggested that it would be beneficial to be able to provide short respite so they can intervene quickly helping the person back into the community. Also people using services say they value the inpatient environment but do not want to stay overnight, therefore FoCUS would like the Trust to consider providing a day service which would be hugely beneficial. Day care can provide as much input to the person using services as being an inpatient and is a much cheaper way of providing wrap around care. |

Actions – General

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| 1 | Judi Mallalieu kindly provided information on the PCN's however, FoCUS would like clarification of the PCN's in Camberley as there were not listed and whether the Bartlett Group of surgeries are together? | Judi Mallalieu |
| 2 | West FoCUS thanked Amanda for her reply to Action 4 regarding referrals to the SPA but would like to know whether as part of the Policy does it say what the person or the GP does if they don't hear from the SPA? Completed. A summary of our procedures are as follows: 1) Emergency referral – we will attempt contact by telephone and if unable to triage by telephone, we will either i) forward to the relevant team for a rapid response ii) telephone the referrer back to decide on next steps 2) Urgent referrals – we make two attempts of contact to the person referred on two separate days and then the referral is discussed in the multi-disciplinary meeting to determine next | Amanda Cummins |

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| | <p>steps</p> <p>3) Routine referrals – the referrer will be contacted by telephone if this is clinically appropriate.</p> <p>The GP (and/or other referrer) will receive a written response to ALL referrals, except in the case when the referral is forwarded onto a service other than working age adults to review e.g. when the person is over the age of 65 or under the age of 18 when that service would respond once they have reviewed. When the person is referred on to another specialist service e.g. neurodevelopmental, IACCESS, perinatal etc we would write to the GP/referrer to advise them.</p> <p>Any routine appointment letter to CMHRS is generated by SPA and so this will be received by post. The person referred may also receive information by post if this is clinically relevant e.g crisis information, signposting to relevant community resources.</p> <p>Therefore, if the person referred AND the GP do not hear an outcome by post and/or telephone this would not be expected and we would welcome independent contact to determine the reason. I would be happy to explore this with the person concerned should they wish to call.</p> | |
| 3 | Do the Learning Disability team refer for Carer Prescriptions? | Polly Shephard |
| 4 | Invite Forensic Services to present at a future meeting. Completed and will be arranged by the support team. | Support Team |

Contact details for your Support Team

For Member support please contact:
 Clare Burgess and Jane Ahmed at the Surrey Coalition of Disabled People Tel: 01483 456558 Text: [077809 33053](tel:07780933053)
 Email: clare.burgess@surreycoalition.org.uk
 Email: jane.ahmed@surreycoalition.org.uk
 Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL

www.surreycoalition.org.uk

For Meeting support please contact LF Solutions:
lucy@lf-solutions.co.uk Tel/Text 07727 273242

Glossary of Abbreviations:

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| 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 |