

THE DEAF HEALTH CHARITY SIGNHEALTH

SignHealth will also offer psychoeducational groups at Step 2, primarily focusing on Stress Management. Group work in a psychological therapy setting will be something new to the Deaf community and be part of the commitment to roll out early intervention to patients. We will draw upon our extensive skills and experience of group work in SignHealth's other services, particularly our Domestic Abuse Service, where our staff engage and work with Deaf domestic abuse survivors through a variety of group programmes designed specifically for Deaf BSL users.

We envisage the uptake of group work to grow over time as we improve and amend our delivery, the implementation of this new service will allow for group work to be used for the first time which continues to align Deaf services with that of hearing IAPT services. Only now, is the offer of group work possible due to the opportunities under this national contract which has not been possible through existing IFR funding routes.

Our Step 2 programme will be delivered by our Qualified Psychological Wellbeing Practitioners (PWP) and overseen by our Clinical Lead. Step 2 interventions will be delivered on a one-to-one basis both online and in person, in group settings and via cCBT using our bespoke online platform, promoting lowest intervention first.

Step 3 will be offered to patients presenting with moderate-severe presentations and will include a range of therapies including CBT, CfD, EMDR and Couples Therapy. Most of our Step 3 interventions will take place on a one-to-one basis. We will also offer CBT based groups at Step 3, which will be reviewed and checked for clinical effectiveness. Patients will also have 24-hour access to our cCBT platform whilst engaging in Step 3 interventions if the therapist feels that this will aid their therapeutic journey, for example a patient may be receiving 1-2-1 CBT for social anxiety but may well benefit from the Sleep hygiene cCBT module.

Our Step 3 programme will be delivered by our Deaf BSL fluent High Intensity Therapists and overseen by our High Intensity Team Leader alongside our Clinical Lead.

Our Clinical Lead and Highly Specialist Clinical Psychologist [REDACTED] who is Deaf and a BSL user, can also provide a small number of Step 3+ and Step 4 interventions where necessary. Having the ability to offer this service within our existing Step 2 and 3 IAPT team allows seamless transition between all Steps, contributing to a better patient journey.

In contrast to hearing services our clinical sessions are longer, assessments are 90 minutes, and all our treatment sessions are 60 minutes.

As the Guidance for commissioners of primary care mental services for deaf people, JCP 2017 states, which was co-chaired by the Royal College of Psychiatrists and the Royal College of GPs, in partnership with SignHealth, Deaf people have poor levels of literacy and educational attainment remains lower than the national average. Department of Education figures from 2015 in England show that only 36.3% of Deaf children in England have left secondary school having achieved national GCSE benchmarks, compared to 65.3% of hearing children. Poor literacy and educational attainment have knock-on socio-economic effects with Deaf people experiencing higher levels of unemployment and underemployment than the general working age population. These complex early linguistic environments and adult language profiles have consequences for cognitive and social development. Gaps in world and social knowledge (the 'fund of information' or 'fund of knowledge') are common. The specific challenges faced by Deaf people also create different needs in relation to mental health and treatment compared to the hearing population: Therapy with Deaf people can take significantly longer than with hearing people. Therefore, Deaf people will find the standard intervention times too restrictive to have much effect. In addition to the language adaptation, any psychological work with Deaf people has to consider cultural background, differences in experiences and the potential for significant deficits in their knowledge base and emotional vocabulary.

To better monitor clinical outcomes, the PHQ9, GAD7 and WSAS questionnaires have all been converted into BSL to enable patients to better understand these clinical measures in their first language. Created in conjunction with the Social Research with Deaf People (SORD) team at Manchester University, this has allowed Deaf BSL patients to really understand what is being asked of them. We believe this contributes to our high recovery rates, 70% for example in April 2021.

THE DEAF HEALTH CHARITY SIGNHEALTH

Discharge and Relapse Prevention

Patients will be appropriately discharged following therapy treatment of 6-8 session plans at Step 2 and 14-20 session plans at Step 3. This is in line with NICE recommendations and the IAPT manual and will be regularly reviewed. Patients will be given information on how to re-refer should they feel that necessary in the future and as part of our commitment to relapse prevention we will give patients 12 months open access to our cCBT platform should it be clinically appropriate.

Patients are also given access to our Deaf crisis text service, delivered in partnership with SHOUT, which offers free support 24/7.

Added Value

SignHealth understands that a key component of any IAPT service is helping patients with employment issues, however with Deaf unemployment rates at 35% we believe employment issues for the Deaf community to be a much wider systemic problem. We believe that patients accessing our service will be better served by having access to our Senior Advocate. Our experience shows that many patients who access our existing psychological therapies service benefit from the knowledge of advocates who are skilled in Deaf people's rights in employment. We work to make sure Deaf people are treated fairly and get the care, procedures or benefits they are entitled to. Communicating directly in BSL, SignHealth's Senior Advocate, who is a Deaf BSL user, helps to explain complicated situations, their rights, and to make sure patients' views are properly heard.

During 2020/21, 35% of patients referred to SignHealth indicated they were a victim of Domestic Abuse. Our IAPT team can refer these patients onto our award-winning Domestic Abuse team, where they can receive tailored individual support directly in BSL.

IAPT Compliance

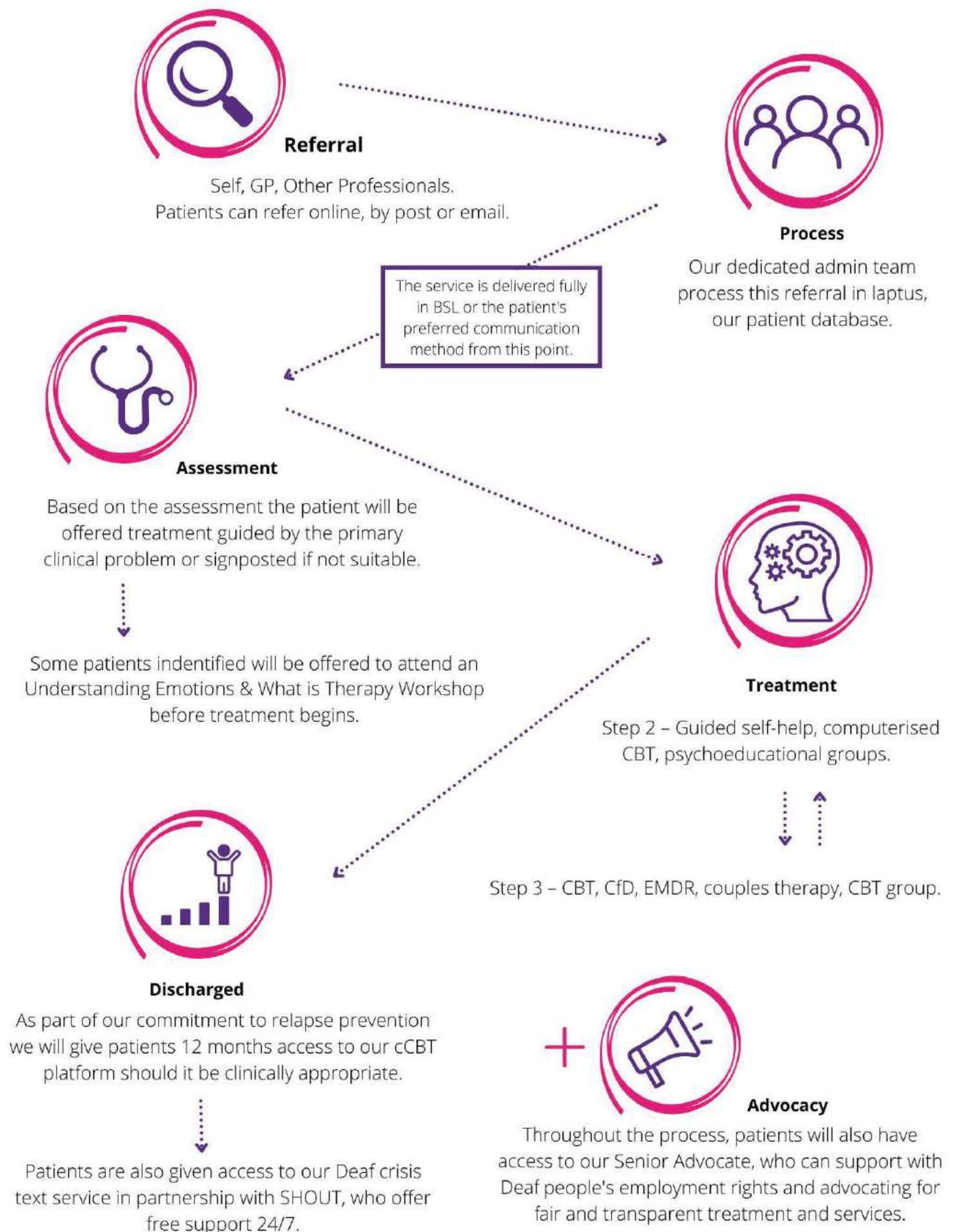
At SignHealth we are used to working with the IAPT manual as a consistent reference point to ensure our BSL IAPT service is equivalent to that of our hearing counterparts.

Our Assessments focus and identify clients that are experiencing conditions detailed in section two of the IAPT manual. The manual serves as a reference document to all our staff and management and our therapists are all IAPT trained both at Step 2 and 3, completing an approved accredited course. To ensure good clinical governance our therapists receive clinical supervision and case management as well as line management meetings, to make sure there is a balance in both clinical and operational support. Clinical supervision is provided in BSL and is Deaf culturally appropriate for our fluent BSL therapists.

Risks and Safeguarding concerns are raised and acted upon, using our clinical database as a first step, logging and detailing our concerns on our internal safeguarding documentation which is circulated to our Clinical Lead, Head of Psychological Therapies, and our Director of Operations. Appropriate external referrals to local safeguarding teams are then made where necessary. As a current national provider of a number of health and social care services SignHealth has a wealth of experience doing this.

Our therapeutic interventions that will be offered to patients are aligned with the recommendations set out in section three of the IAPT manual as well as NICE recommendations. Using the IAPT manual as a working tool allows us to ensure we are providing evidence-based care through our high quality and experienced BSL IAPT model.

Patient Pathway



THE DEAF HEALTH CHARITY SIGNHEALTH

2. Currently, around 175 people access IAPT in BSL per year. We expect that by moving to a central-funding model this would be expanded by a minimum of 50% from the service start date, with further expansion throughout the period of the contract. Please describe how you will increase access in the first year of delivery, and year-on-year after that. Maximum 4 sides of A4 + up to 1 page for diagrams if needed

- Please include forecasted increase in numbers referred to the service, being assessed by the service and entering treatment (2+ treatment sessions) each year.
- Please include the evidence you have used to establish your forecasted numbers in terms of the level of demand for the service and your capacity to meet this.

Introduction

During 2020/21 SignHealth supported 253 patients into psychological treatment and 184 of these patients received an IAPT compliant intervention. Our commitment is to bring the cost of treatment per head down each year over the initial three years whilst increasing the number of patients accessing the service. A key identified growth component that has not been successfully used within the Deaf community is that of group work and more specifically, low intensity psychoeducation. We believe this approach alongside our new ground breaking cCBT content in BSL, as well as growth in the clinical staff team, will allow us to treat over 1,600 Deaf BSL patients in the first three years of the contract.

Challenges

Due to the small numbers of Deaf BSL users who are widely dispersed geographically, this presents challenges in terms of the number of sessions that can be provided in a week for the therapists. Time out in the community providing face to face interventions can involve a significant amount of travel. Recognising the need to maximise the number of sessions that a therapist can offer, thereby driving down costs, in 2017 SignHealth began to provide therapeutic support online through our online platform and popular digital communication applications. Prior to the Covid-19 pandemic, we delivered 25% sessions online and during the pandemic this changed to 100%. The experience for both clients and therapists was positive and it demonstrated that the use of technology, backed by increased familiarity due to the lockdown measures in place, can be effective for delivering therapy online to Deaf people. As we come out of lockdown, we will be encouraging patients to access the service remotely online, but still offer an in-person face-to-face intervention if needed. This is particularly important where the client may not have the technological requirements or the technology may be unsuitable, e.g., if the person is Deafblind. We aim to split our therapeutic capacity as 60% online, 40% face-to-face. It is important to highlight that the Deaf community is small and there is a likelihood that a local therapist may know a client so having a comprehensive remote online offer is highly advantageous as the client can be allocated to an out of area therapist.

Preparation for therapy can take longer in comparison to hearing IAPT services. Understanding and converting tools and information into BSL takes time due to our Therapists, whose first language is BSL, being required to input clinical information in English onto our patient database. High concentration levels are needed to provide BSL therapy remotely, particularly considering that BSL is a three dimensional language. Monitoring screen time to ensure our clinical effectiveness is of high quality is a vital component in remote delivery, especially considering that when a BSL user takes their eyes off the screen, we lose the conversation thread. Alongside the need to maintain cohesion as a national service, coupled with the above and long hours travelling means there may not be a direct alignment in clinical hours per therapist in comparison to our hearing counterparts.

Evidence and Experience

In forecasting our outputs, we have reviewed our patient flow using data from the period 2018 - 2020, the key statistics from this are as follows –

Dropped Out Prior To Assessment	13%
Not Suitable Following Assessment	13%
Declined Treatment Following Assessment	7%

THE DEAF HEALTH CHARITY SIGNHEALTH

It would be a reasonable assumption that some patients dropped out due to the lengthy wait for funding approval, SignHealth will improve these figures over years two and three.

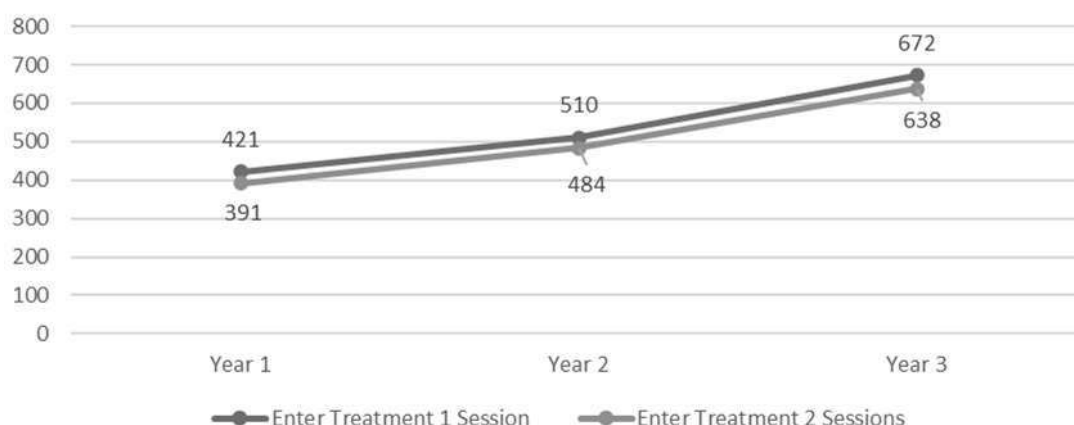
	Our Session Model	Our Current Average Sessions
Step 2	6-8	6
Step 2 Group	6	N/A
cCBT	3	N/A
Step 3 CBT	14-20	11
Step 3 CfD	14-20	13
Step 3 Group	10	N/A

As group work is a new therapeutic intervention to the Deaf community we have been cautious in the forecast uptake and the average number of patients per group. Our aim is to increase steadily as we learn over the course of the contract. For Year One we will aim to get four patients per group, increasing to five in Year Two and six in Year Three. For cCBT, therapists will assist patients at the start, middle and end of their journey providing a blended approach whilst the patient works through the six weekly sessions.

Forecasted Output

	Year 1	Year 2	Year 3
Referral Target	557	630	830
<i>Referrals Drop Out Prior to Assessment (13% Y1), (10% Y2,Y3)</i>	-73	-63	-83
Assessments	484	567	747
<i>'Assessed Only' due to non suitability (13% Y1), (10% Y2,Y3)</i>	63	57	75
Receive an 'Assessment & Treatment' Session 'Entering Treatment'	421	510	672
<i>Drop out following Assessment Stage (7% Y1), (5% Y2,Y3)</i>	-30	-26	-34
Move into Stepped Care Treatment Model 2+ Treatments	391	484	638

Entering Treatment



THE DEAF HEALTH CHARITY SIGNHEALTH

The next table below details our forecasted patient flow into treatment modality and intervention based upon our capacity plan.

	Year 1	Year 2	Year 3
Treatment Capacity	395	489	648
Step 2 One-to-One	205	220	271
Step 2 Group	24	40	72
cCBT	44	74	96
Step 3 One-to-One	106	115	143
Step 3 Group	16	40	66

Our therapeutic staffing capacity to deliver the above forecasts is detailed below broken down over the length of the contract.

Staffing Capacity		Weekly			
Year 1	FTE	Assess	Treat	cCBT	Yearly Groups
PWP	2.8	6	28	2	6
HIT	2	4	18	2	4
HIT Team Lead	1	1	8	1	0
Clinical Lead*	1	0	3	1	0
Year 2	FTE	Assess	Treat	cCBT	Yearly Groups
PWP	2.8	7	28	6	8
PWP Trainee**	1	N/A	N/A	N/A	N/A
HIT Trainee**	1	N/A	N/A	N/A	N/A
HIT	2	4	18	2	6
HIT Team Lead	1	1	8	1	1
Clinical Lead*	1	1	4	1	1
Year 3	FTE	Assess	Treat	cCBT	Yearly Groups
PWP	3.8	9	37	8	12
HIT	3	6	27	3	9
HIT Team Lead	1	1	8	1	1
Clinical Lead*	1	1	4	1	1

* Provides Step3+/4 Sessions also

** Trainee capacity will be dependent on course start date, although we do expect trainees to be treating patients at some point during the year.

As you can see from the staffing capacity above, we will aim to recruit a PWP Trainee and HIT Trainee in Year Two. Forecasted outputs have not yet been added into the capacity targets, as dependant on course start dates this will vary significantly upon their clinical learning journey. Our capacity in Year Two increases with the two trainee therapists becoming qualified.

Our capacity plan has been built upon a 44-week working rule, allowing for annual leave, sickness and training. We believe this gives some flexibility in approach, as a small team if one member becomes absent for an extended period of time this can have a significant impact. Also, two of the PWP positions are part time so this allows some flexibility to increase capacity if needed. It is extremely difficult for the service to back fill any positions with agency staff given the unique skills our therapists hold.

THE DEAF HEALTH CHARITY SIGNHEALTH

Our clinical session attendance rate during 2020/21 was 77.2% with a low DNA rate of just 3.8%. This gives us great confidence that 55% of clients will complete a course of treatment, attending at least two treatment appointments. During 2020/21, 253 patients entered treatment with SignHealth of which 194 completed a course of treatment during the same period – 77%. For the previous year, 2019/20, 217 patients entered treatment and 182 completed a course of treatment – 83%.

The growth in referrals that is needed to expand the service is a key component in expanding access to the Deaf community. SignHealth has recently employed a dedicated Community Engagement Officer, who works on a national scale engaging the Deaf community and raising awareness of SignHealth and the services we offer. Our Community Engagement Officer will be given a target audience to try and engage those in our services. For example, our data shows us that we have low referral numbers for the over 65's, so this is currently a key focus for them. As a Deaf BSL user herself, she is well placed to provide workshops to local Deaf community groups and engage directly with other Deaf support organisations, maximising the use of their own local networks too.

THE DEAF HEALTH CHARITY SIGNHEALTH

3. In order to expand access, the BSL-using IAPT workforce will need to be increased. How will you grow an IAPT compliant workforce to meet forecasted demand? *Maximum 4 sides of A4*

- Please include details of the clinical staffing requirements to deliver the service in line with your forecasts and the KPIs outlined in the service specification. Please detail the number of trainees and qualified staff, broken down by each IAPT approved modality and supervision requirements for this.
- Please include details of the non-clinical staffing requirements to deliver the service in line with your forecasts and the KPIs outlined in the service specification.
- Please include details of how you will support BSL users to access and complete IAPT approved training courses
- Please include details of the support you will give to training providers to ensure that their courses are adapted to meet the needs of BSL trainees
- Any additional training requirements

Clinical and Non-Clinical Staffing Team Overview

Year 1 August 2021		Can Provide							
Role	FTE	Clinician	Step 2 Li	CBT	CfD	EMDR	Couples	Hearing/D eaf	BSL Level
Head of PT & A	1							Hearing	Level 2
Clinical Lead	1	✓	✓	✓		✓		Deaf	Native Fluent
HIT Team Lead	1	✓	✓		✓		✓	Hearing	Fluent
HIT Q	1	✓	✓	✓				Deaf	Native Fluent
HIT Q	1	✓	✓	✓				Deaf	Native Fluent
PWP Q	1	✓	✓					Deaf	Native Fluent
PWP Q	1	✓	✓					Hearing	Fluent
PWP Q	0.4	✓	✓					Deaf	Native Fluent
PWP Q	0.4	✓	✓					Deaf	Native Fluent
Admin Manager	0.9							Hearing	Level 1
Senior Data Admin	0.6							Hearing	Level 1
Admin	1							Hearing	Level 1
Admin	0.7							Hearing	Level 1
Senior Advocate	0.5							Deaf	Native Fluent

Service Leads

SignHealth's Psychological Therapy Service is led by our Head of Psychological Therapy & Advocacy Services, [REDACTED] and our Highly Specialist Clinical Psychologist and Clinical Lead, [REDACTED] who is a Deaf BSL user. [REDACTED] has worked in IAPT services since 2013 and has led them since 2015. Since joining SignHealth in 2018, Gareth crucially understands the requirements and differences of working in both a hearing and Deaf IAPT service and is trained in BSL to level 2. [REDACTED] will be responsible for every aspect of performance under the new contract ensuring we achieve and surpass targets. He has a wealth of experience in IAPT compliance, operational risk, data analysis and national operational management.

THE DEAF HEALTH CHARITY SIGNHEALTH

[REDACTED] has worked in Deaf Mental Health since 1994, qualifying as a Clinical Psychologist in 2011, making her the fourth Deaf Clinical Psychologist ever to qualify in the UK, completing IAPT top up courses in 2012 alongside EMDR in 2019. [REDACTED] specialises in trauma and PTSD, as well as complex PTSD, often seeing clients alongside secondary care teams working alongside CPNs and Psychiatrists, as there are no dedicated secondary care services for deaf people nationally. Her therapeutic modality is CBT, but she also uses EMDR and Narrative Exposure Therapy. Clinically leading the service, [REDACTED] has clinical oversight of all aspects of the service, including risk management, clinical supervision, and staff CPD.

Clinical Staff

Our Step 3 High Intensity Team Leader and two High Intensity Therapists can provide Step 3 CBT, CfD and Couples Therapy with [REDACTED] also providing Step 3 CBT and EMDR interventions. Our Qualified Step 3 Therapists, previously being PWP's, have all completed an IAPT compliant accredited training course and have also completed the IAPT clinical supervisor's course. This provides clinical supervision to our PWP's supporting learning and development and seamless pathways between Steps. Our two PWP therapists are both qualified holding a post graduate certificate in low intensity interventions. They will conduct screening assessments and provide a range of evidence based low intensity interventions for mild to moderate anxiety and depression.

Most of our therapists are Deaf BSL users as detailed in the staffing table above. We are unique in having these therapists trained in IAPT, unlike other IAPT providers where many of their therapists who use BSL will be hearing, though in most cases a BSL interpreter is likely to be used. Our Deaf therapists' lived experience as Deaf people is critical to a successful therapeutic relationship with our Deaf clients.

Non-Clinical Staff

Our Administration Team, led by our Administration Manager, is the first point of contact for patients and professionals. Our Administration Team dedicates their time to booking and rearranging appointments, attempting to maximise cancellations and DNAs where possible. This is evidenced by our low DNA rate of 3.8% during 2020/21, demonstrating they assist and complement our therapeutic team allowing our therapists to focus on treating the Deaf community.

The team have an excellent working knowledge of supporting a national therapy service having years of regional and local knowledge, implemented on a national scale. Our Administration Manager, one of our longest serving employees at SignHealth, has been with our Therapy Service from the beginning and she will be able to use her extensive knowledge and experience to effectively scale up the administration side of our service to meet national requirements. The team are highly experienced with the ability to spot risk and safeguarding concerns at the point of referral, which they promptly escalate to the Head of Psychological Therapy and the Clinical Lead to allow intervention at the earliest possible opportunity.

Our Administration Manager and Senior Data Administrator take the lead on data quality, ensuring that our patient database is sufficiently completed and that our Data completeness meets and exceeds the KPI target of 90%. SignHealth Psychological Therapy Service is experienced in submitting patient data to NHS digital via the SDCS cloud on a monthly basis.

Expansion

Our committed expansion for Year One includes increasing our PWP team by 0.8 FTE. We will do this by employing two Deaf part time BSL-fluent qualified PWPs who already work for SignHealth on a freelance basis and would be in post prior to the launch of this contract. Our Step 3 HIT Team Leader and two HIT Therapists will also complete EMDR training to further enhance our interventions to tackle the increasing levels of trauma we are seeing in the Deaf Community, evidenced by 35% of referrals received during 2020/21 indicating being the victim of some form of abuse.

For Year Two of the contract our aim is to recruit a Deaf BSL-fluent Step 2 PWP Trainee and a Deaf BSL-fluent Step 3 Trainee. Aiming our recruitment at trainees and not qualified therapists is our commitment to expanding the BSL IAPT

THE DEAF HEALTH CHARITY SIGNHEALTH

workforce and not backfilling with therapists already qualified. Guiding and nurturing them through their course with our experience should enable them to become qualified by Year Three, increasing capacity significantly.

We are committed to increasing the diversity of our Therapy workforce, particularly in response to the Deaf community's call for more ethnic diversity among Deaf therapists. We will work with IAPT training providers to make available these opportunities as well as taking targeted approaches to attract Deaf People of Colour to become IAPT trained therapists.

Clinical Supervision and Case Management

All our clinical staff receive clinical supervision and case management in line with the IAPT Manual and our Clinical Lead, HIT Team Leader and Step 3 Therapists have all completed the IAPT Supervision course. It is important to note that we tailor our supervision approach when needed going beyond any compliance recommendations. When a therapist may be experiencing personal issues that may relate to their therapeutic work, we offer an individual bespoke approach, encouraging self-care.

All of the clinical supervision for our Deaf therapists is provided by qualified BSL-fluent supervisors, ensuring no need for a BSL interpreter that would otherwise mean a lesser quality of relationship involved. This is of critical importance to ensure that our therapists are fully supported and monitored in delivering the highest quality of therapy to their clients.

Our Step 2 PWPs receive individual clinical supervision on a weekly basis for one hour and case management meetings fortnightly for one hour, this being sufficient given our caseloads are smaller than hearing services. Clinical supervision is provided to our PWPs by our Step 3 qualified HIT CBT Therapists, who are also PWP qualified. PWPs also attend our monthly Service Supervision Group for two hours, where all our clinicians come together which offers opportunities for learning and improving skills but is also very important in a national service with geographically dispersed staff.

Our Step 3 HIT Therapists have individual clinical supervision on a weekly basis for 90 minutes, this is slightly longer in length due to the complex nature some of our patients present with. Case management takes place fortnightly for one hour and they also attend the monthly Service Supervision Group with all clinicians for two hours monthly. We also have a Step 3 HIT specific group supervision, monthly, for three hours where all therapists review three patients specifically to focus on clinical skills in treating those patients.

As well as being part of the delivery of clinical supervision and taking part in group supervision our Clinical Lead [REDACTED] also has external clinical supervision monthly for the treatment of complex Step 3+ and Step 4 patients.

When our new trainees are in place, our supervision approach will increase and exceed the requirements of the IAPT manual. The trainee Step 2 PWP will receive up to two one-hour individual clinical supervision sessions a week. Dependant on their trainee journey, our Step 3 HIT trainee will receive up to two 90-minute clinical supervision sessions per week. When trainees are further along their clinical learning journey, they will join the other wider group supervision sessions.

Supporting BSL Users and Training Providers

SignHealth is committed to expanding the BSL using IAPT workforce and has been at the forefront of championing such skills within the Deaf community since setting up the first dedicated PWP course for Deaf BSL Therapists in 2011 at Liverpool John Moores University. SignHealth led the way from the start in ensuring the bespoke training for PWPs was not only compliant to the IAPT model, but in educating the training provider on language difficulties that a Deaf BSL therapist may have in linking theory to practice, a key component in the efficacy of therapy.

SignHealth continued to trailblaze in this area by having two Deaf BSL HIT CBT trainees attend the University of Chester's Step 3 HIT training in 2018, successfully qualifying in 2019 - the first to do so in the UK. Our Clinical Lead [REDACTED] spent time with course tutors ensuring that the learning was accessible and that considerations were made for language issues, with [REDACTED] involved in the marking of therapist videos alongside University tutors.

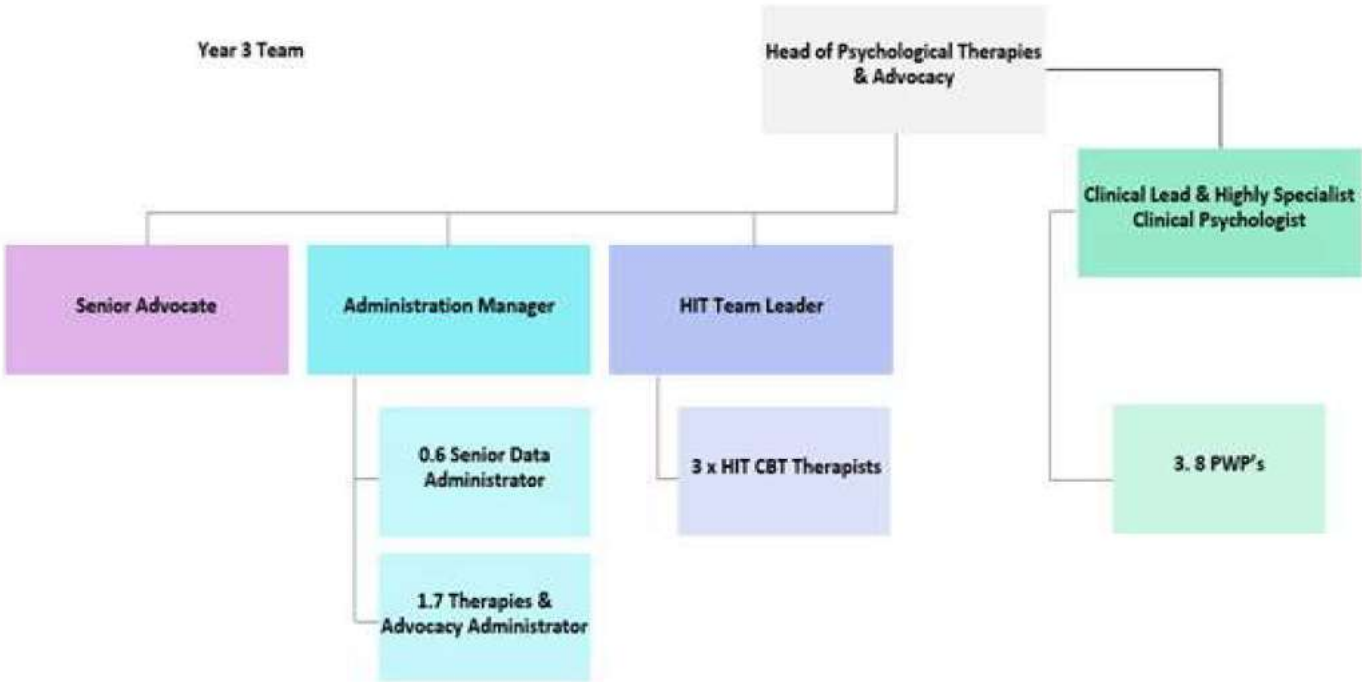
THE DEAF HEALTH CHARITY SIGNHEALTH

All SignHealth Staff, irrespective of role within the service and wider organisation make the commitment to continually learn and improve their BSL skills over the course of their employment with us.

SignHealth has led the way in training a mostly Deaf workforce in a variety of different skillsets for over 35 years. We have worked with many training providers across England to adapt their training to be suitable for a Deaf BSL audience, including in our CQC-registered social care settings. SignHealth is also currently developing a new Learning Management System which contains bespoke BSL signed training modules such as cyber security, the first of its kind in the UK.

Working alongside key stakeholders and NHS England, SignHealth will ensure that any IAPT training requirements to facilitate our expansion are tailored to a BSL audience. SignHealth has extensive experience in shaping and adapting training to a BSL audience, both in 2011 and 2018 we helped shape both PWP and HIT training at Liverpool John Moores and Chester Universities, respectively. Using our unique experience and insight we can continue to support universities in ensuring their IAPT training is suitable for Deaf BSL trainees. Our Clinical Lead [REDACTED] has helped universities with the marking of trainee videos ensuring the BSL elements are picked up, naturally this will be available to any other training provider that supports the expansion of Deaf BSL Therapists. Specifically for the HIT training course at Chester University it was recognised that our Deaf BSL trainees needed slightly longer timescales to submit their written work, with it being necessary to submit it in written English which is not their first language. Having both PWP and HIT experience within our service will allow us to support any new trainees with first-hand experience.

Working with NHS England, SignHealth will look to recruit and train Deaf BSL trainees in geographical areas where therapeutic representation is currently low.

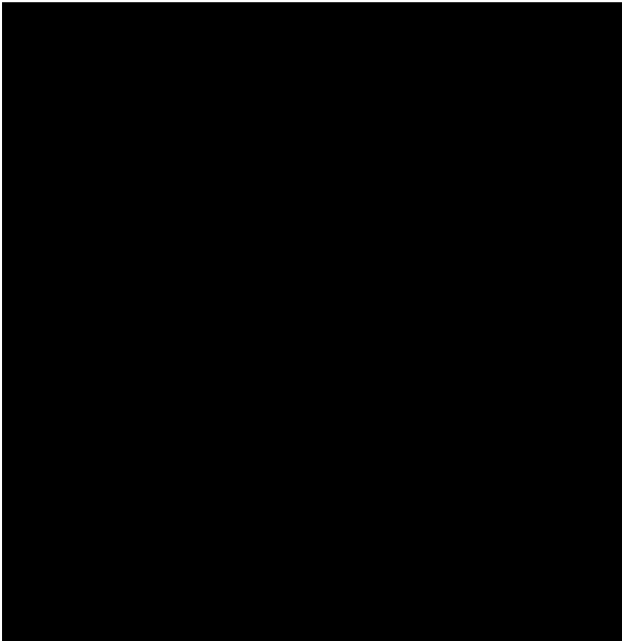


THE DEAF HEALTH CHARITY SIGNHEALTH

4. Please describe how you will deliver a range of IAPT compliant treatment options to BSL users across the country regardless of location, including remote, digital and face-to-face treatments in a range of IAPT approved therapeutic modalities. Maximum 4 sides of A4 + up to 1 page for diagrams if needed.

Overview

SignHealth has extensive experience of providing national services to Deaf BSL users, as seen in our care homes, outreach, advocacy and domestic abuse services as well as our current Psychological Therapy Service provided to Deaf BSL users throughout England. During 2020/21, 253 patients entered treatment with SignHealth, their locations are broken down below. In our proposed model therapists would spend three days per week working remotely online and up to two days per week travelling to meet with patients in-person.



Our unique knowledge and experience of delivering IAPT compliant interventions throughout England to Deaf BSL patients in different kinds of circumstances will allow us to hit the ground running in the delivery of this contract, offering reassurance to the patients concerned. In response to the Covid-19 pandemic we have made significant adjustments to our therapy delivery by successfully delivering all of our sessions remotely online, having previously delivered 25% online and 75% in-person. This experience has provided us unique insight into shaping our current and future delivery model. This means we will be providing a new balanced approach, offering remote online sessions, digital cCBT and face-to-face interventions, individually and in group settings.

Our data shows that during 2019/20 prior to Covid-19, our IAPT Team travelled over 49,000 miles delivering face-to-face sessions. This is in direct contrast to 2020/21 where we booked 2,727 remote online sessions. This showed us that many Deaf people are ready and willing to receive a service online. The table below shows how our remote bookings were split across different communication methods during 2020/21, we will continue to offer Deaf BSL patients access via all these platforms. We have already invested in software that enables our therapists to use all of these communication platforms on a desktop PC, ensuring that they can see their patients on a larger screen and that their health and safety is optimised too.

Platform	% Split of Bookings
FaceTime	52%
WhatsApp	20%
SignHealth Platform	4%
Zoom	12%
Skype/Google Duo/Other	12%

THE DEAF HEALTH CHARITY SIGNHEALTH

IAPT Compliant Treatment

We will offer patients at Step 2 guided self-help for mild-moderate presentations of Depression and Anxiety disorders based on CBT, for example guided self-help can include behavioural activation, cognitive restructuring, problem solving and sleep hygiene. All of our treatments will be delivered in BSL and in Deaf culturally-appropriate ways by our BSL fluent therapists. Our Step 2 programme will be delivered by our qualified Psychological Wellbeing Practitioners (PWP) and overseen by our Clinical Lead. Step 2 interventions will be delivered on a one-to-one basis both online and in person, in group settings and via cCBT using our bespoke platform, promoting lowest intervention first.

Step 3 will be offered to patients presenting with moderate-severe presentations and will include a range of therapies including CBT, CfD, EMDR and Couples Therapy. Most of our Step 3 interventions will take place on a one-to-one basis. We will also offer CBT based groups at Step 3, which will be reviewed and checked for clinical effectiveness. Patients will also have access to our cCBT platform whilst engaging in Step 3 interventions if the therapist feels that this will aid their therapeutic journey, for example a patient maybe receiving one-to-one CBT for social anxiety but may well benefit from the Sleep hygiene cCBT module. Our Step 3 programme will be delivered by our Deaf BSL fluent High Intensity Therapists and overseen by our High Intensity Team Leader alongside our Clinical Lead.

At SignHealth we are used to working with the IAPT manual as a consistent reference point to ensure we are providing a BSL IAPT service that is equivalent to that of our hearing counterparts.

Remote Online Access

During 2020/21 at SignHealth we have delivered our service remotely via multiple access points. Our expertise within the Deaf community means that we understand that our patients need a choice of how they communicate with us. For example, many Deaf people like to use FaceTime and WhatsApp Video to communicate, such platforms are trusted and accessible for them. Whilst this may not be seen as the norm for remote access in other services, any service treating the Deaf BSL population must embrace such communication methods.

SignHealth has significantly invested in our own online platform which allows communication between therapist and patient, as well as the ability to chat and share information. The platform also allows patients to complete their PHQ9 and GAD7 clinical outcomes remotely and beforehand (example below) allowing more focused therapeutic time within a session. All our therapists are equipped with the latest technology to facilitate this remote approach, equipped with a laptop, iPad and iPhone so that we can accommodate patient need as much as possible.



PHQ9, GAD7 and WSAS clinical measures are translated into BSL as seen in this picture – this is a key component in Deaf BSL patients understanding these tools – contributing to our high recovery rates, 56.5% for 2020/21.

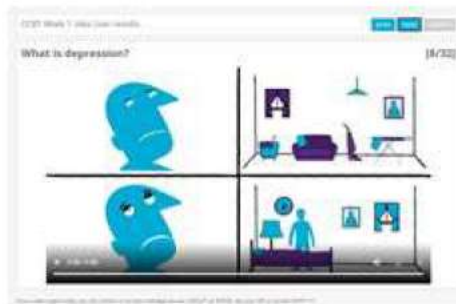
Digital

SignHealth has invested heavily in the development of computerised CBT content in BSL, the first of its kind in the UK, for the implementation of this new national service. Created by Deaf BSL users for Deaf BSL patients, modules based on Anxiety and Depression have been completed, each module consists of six weekly sessions that the patient can complete alongside the support of a therapist to aid their journey. The CBT content has been written by our Deaf Highly Specialist Clinical Psychologist and Clinical Lead, [REDACTED] and has been verified externally and evaluated by the Principal CBT Therapist at Bradford NHS Foundation Trust. This verification ensures that even though

THE DEAF HEALTH CHARITY SIGNHEALTH

the approach maybe slightly different in BSL, the core underlying principles of CBT are still the same in treating Deaf and hearing patients.

Each session consists of BSL videos, case studies, infographics/animations (examples below) as well as the ability for Deaf patients to upload their own BSL videos too. Further modules focusing on Sleep Hygiene and General Wellbeing are in development and will be ready by late 2021/22, other modules will be added to the platform over the length of the contract in line with patient need, alongside the analysis of patient data and problem descriptors to ensure each developed module would be sufficiently utilised.



Face-to-Face

Our team will continue to provide face-to-face sessions to Deaf patients throughout England, we will offer in-person appointments where clinically appropriate or in line with the patients' choice where this is possible. At SignHealth we know that it is difficult to be able to offer every Deaf patient in England an IAPT compliant in-person appointment who requests one, however with our remote online and cCBT access we can reach as many Deaf patients as possible whilst still holding significant capacity for in-person appointments.



This map shows our in-person 'range'. This is built on the concept of a 50 mile travel range from a therapist's location. It is important to have limits on a travel range, otherwise capacity is significantly reduced.

This insight also allows us to understand where best our recruitment and training of more Deaf BSL Therapists is needed as the service expands.

Ideally we need to target the East of England, South and the South West, this is primarily due to the original Deaf IAPT PWP training being completed in Liverpool in 2011.

Our Service model is that of IAPT compliance, irrespective of delivery method our treatment interventions are NICE approved evidence based care delivered by IAPT compliant Step 2 and Step 3 Therapists. When a patient refers into the service our Administration Team works with them to understand what communication method is going to work for the patient. Our highly experienced Administration Team have worked with the Deaf community for a number of years, therefore importantly understand the varied access needs, constraints and individual differences of Deaf BSL users. Working alongside the Clinical team they can highlight on our patient database what the patient requires in terms of access, a crucial starting point to ensuring therapy is effective.

THE DEAF HEALTH CHARITY SIGNHEALTH

Our Step 2 and Step 3 treatment interventions delivered by our BSL fluent therapists will be available remotely online and in-person in individual and group settings. A key concept of this new service is the implementation of group work at Step 2 particularly, focusing on psychoeducation we will be able to offer in-person groups in major cities throughout England as detailed in the coverage map above. Our PWPs can cover cities such as Manchester, Leeds, Liverpool, Leicester, Nottingham and London to name but a few, and working in conjunction with Deaf clubs and Deaf organisations, with whom we already have strong connections, we can hold a structured group work programme in these areas, an essential part of our early intervention commitment.

SignHealth will offer Deaf BSL patients appointments between the core office hours of 8am to 8pm Monday to Friday. In line with improving accessibility, should a patient require a later evening or weekend appointment outside of the core office hours, SignHealth will accommodate these on an individual basis. Accessibility to the service will regularly be reviewed during the contract to ensure the needs of Deaf BSL patients is consistently being met.

THE DEAF HEALTH CHARITY SIGNHEALTH

5. Please detail the approach you will take to liaising with referrers, signposting and referring patients onto local statutory and non-statutory services when required. This should cover

- how you will manage step-up or referral to services where a higher level of need is identified including if a patient is in crisis.
- How you will ensure information on patients' care is shared with GPs and other individuals identified by the patient.
- How you will develop a portfolio of supportive services in each region.

Maximum 4 sides of A4 + up to 1 page for diagrams if needed.

Overview

SignHealth is an experienced national provider and will draw on this experience in the implementation of this new service. SignHealth has a wealth of relevant knowledge and experience, and crucially established links to other Deaf Mental Health Services.

Our experience of working with multiple agencies, GPs and other professionals is highlighted by the below referral table. This table shows the number of different referral sources that have referred into SignHealth since 2011.

GP	1265
Community MH Teams	65
Criminal Justice	4
Education Services	28
Employer/JCP	11
Local Authority SS	227
Mainstream IAPT	262
MH Services - Other	9
Other	133
Self	1392
SignHealth Services	27
Voluntary Sector	18
Total	3441

As detailed in the adjacent table, SignHealth is well established with many different referral routes from a variety of sources throughout the country.

From the 1,265 referrals received from GPs, referrals were received from 843 different GP surgeries showing that SignHealth is a well-known provider of Deaf services throughout England.

SignHealth has built up a network of local, regional, and national links since the start of our IAPT service in 2011. We have regularly liaised with over 130 CCGs each year and currently hold particularly strong relationships with Bolton, Bury, Cambridge and Peterborough, Cheshire, Leeds, South London and Leicester City. A key component is having strong links with mainstream IAPT services as demonstrated by our excellent relationship with Leeds CCG, which was shown in the new implementation of their IAPT service in 2019/20. Leeds CCG expected any provider bidding to partner with SignHealth to ensure the Leeds Deaf population had the right support.

"LMWS have been working with SignHealth for just over a year. SignHealth have a real passion for and a deep understanding of the deaf community and the barriers these patients encounter when accessing care. This knowledge enables them to provide truly patient centred care at every step of the way."

LMWS Project Manager, Leeds Community Healthcare NHS Trust

THE DEAF HEALTH CHARITY SIGNHEALTH

Stepping Up

SignHealth has the unique attribute of being able to support a small number of secondary care referrals via our Highly Specialist Clinical Psychologist [REDACTED] who is Deaf and a BSL user, can hold a small caseload of Step 3+ and Step 4 patients alongside her Step 3 patients (SignHealth does not include any Step 4 Patients in our NHS Digital IAPT data submissions). Having this unique ability to offer seamless pathways between primary and secondary care offers Deaf BSL patients a better and quicker clinical journey.

Prior to accepting Step 4 clients, [REDACTED] would liaise with the referrer to check what other services the client is engaging or registered with, understanding whether they will remain active whilst the client is without service, and a copy of safety/crisis plan for when client is in crisis.

During therapy, if the client becomes suicidal, [REDACTED] will contact their CPN/CMHT for additional support and therapy is placed on hold (where appropriate) until the suicidal ideation has safely reduced. If therapy is not appropriate due to its severity, a referral will be made to CMHT with the recommendation to liaise with NHS National Deaf Mental Health Services as well as informing the GP of this and giving client contact details of SignHealth's crisis text service, delivered in partnership with SHOUT and for them to liaise with CMHT.

Often, in our experience, clients engaging with Step 3+ and Step 4 benefit from a multi-disciplinary approach. Local Authority services are usually involved due to safeguarding concerns, child protection and child at risk plans. Liaison is made with the relevant social worker, with the client's consent, to update on a need-to-know basis.

SignHealth has deep rooted links with specially commissioned NHS Deaf Mental Health Services which allow us to signpost and refer patients to the specific care they need. We have pathway links with National Deaf Services throughout England, The John Denmark Unit in Manchester, Jasmine Suite in Birmingham, and Springfield Hospital in London. Members of our team have actively worked in these specialist units previously, giving our team further insight, knowledge and personal links enhancing our relationships.

"SignHealth is a person centred service, they are attuned to the needs of the deaf population, responsive and highly professional. They match the communication needs with that of the psychological needs of their service users and adapt according to the individual needs. A self-referral pathway takes away barriers for deaf people, who struggle to access their local services. At the John Denmark Unit (JDU), a national centre for deaf mental health, we work closely with SignHealth, for example upon discharge from our service to ensure they get the right support to continue their recovery in the community, by accessing psychological therapy through SignHealth. Psychological formulations are communicated and shared to ease transition of services for the service users. In addition, when SignHealth highlight that the service users may need greater input from a tertiary service, we work together to effectively aid the transition to secondary services to ensure that the service users' needs are met."

[REDACTED] Clinical Psychologist, Greater Manchester Mental Health NHS Foundation Trust, John Denmark Unit

Alongside working with the specially commissioned NHS National Deaf Mental Health Services, we also liaise and work with Community Mental Health Teams throughout England. Our approach to this is tailored to the patient and their location. If we recognise that they need to access their local secondary care service we will, with the patient's consent, refer them into that service, ensuring that they understand why this is happening and where they are being referred to, as this could be a hearing service. Whilst referring into other services we ensure the patient's GP is aware of the situation and crucially where the duty of care is for that patient. If a patient presents in crisis and that crisis indicates immediate threat to life our team immediately contacts the emergency services, with or without the consent of the client. Ensuring that we inform the emergency services that the patient is a Deaf BSL user, we always attempt to maintain open communication with the patient until help arrives, our clinical and administration team have years of experience in doing this.

THE DEAF HEALTH CHARITY SIGNHEALTH

When any patient refers to our service, they will be informed of SignHealth's Crisis Text Service delivered in partnership with SHOUT. Our Crisis Text Service is free and available 24 hours a day, 7 days a week to provide immediate support. Crisis Volunteers are trained in Deaf awareness. During 2020 our Crisis Text Service supported over 200 Deaf patients, with over 340 conversations facilitated.



The NHS Safeguarding App is used by all of our team, it allows us to have up-to-date contact details for all local authorities – a vital tool for national service provision.

Sharing Information with GPs

Working in partnership with GPs is essential for a well-rounded person-centred approach to a Deaf BSL patient's mental health. Our dedicated Administration Team led by our Administration Manager, one of our longest serving employees, has a wealth of knowledge when liaising with GPs, referrers, and other professionals. They work tirelessly alongside our Therapy Team liaising with patients and their GPs ensuring they are informed of a patient's referral progress.

Our clinical database Iaptus allows us to generate patient specific update letters and information quickly and accurately, which is then securely sent to the relevant GP or referrer. The Administration Team liaise with multiple GPs daily, under the old IFR system we sought GP support for any funding referral, meaning we have a multitude of links and are recognised by hundreds of GPs throughout England.

When a patient's referral is received that has indicated risk, our Administration Team inform the patient's GP practice and create an entry on our clinical database and also our dedicated risk management patient log. This dedicated risk management log allows all members of the team to be aware of initial risk indicated by a client prior to an assessment taking place and allows us to track if any referrals are being submitted to the service by professionals where risk is already established. Tracking where professionals submit identified risk allows us to educate referrers on the suitability criteria of primary care IAPT services to try and ensure the patient accesses the correct service first.

A Portfolio of Support Services

SignHealth's Community Engagement Officer ensures that our teams are up to date with local Deaf club initiatives as well as new projects led by other Deaf charities. Many specific Deaf services require local knowledge so this information is vital in offering our patients appropriate signposting. The Administration Team will keep an up-to-date service database of signposted services so our therapy team can access and search this quickly and accurately.

THE DEAF HEALTH CHARITY SIGNHEALTH

The team works hard to keep abreast of local, regional and national initiatives to be able to offer patients appropriate signposting. Head of Psychological Therapy and Advocacy Services, [REDACTED] accesses the Yorkshire and Humber IAPT Providers Network keeping up to date with hearing IAPT updates and initiatives. [REDACTED]

SignHealth's Chief Executive, sits on the NHS England Clinical Reference Group for Specialised Mental Health and also attends, with other SignHealth colleagues, the Deaf Mental Health Working Group which is a sub group of the CRG and includes NHS staff from all specially commissioned NHS Deaf mental health services.

We will also liaise closely with local stakeholders who have links with local Deaf communities, i.e., Deaf clubs, Deaf groups, Deaf support organisations, Social Services Sensory teams, post 16 education and adult education providers. This includes reaching out to those whose identity intersects with other protected characteristics, so we will actively engage with BAME and LGBTQ+ groups too, for example.

THE DEAF HEALTH CHARITY SIGNHEALTH

6. Please describe how you intend to involve patients and their carers in the planning and development of your service. Maximum 4 sides of A4

Background

SignHealth has strong experience of user engagement with Deaf people in shaping and developing our services. All of SignHealth's work is delivered directly in BSL and Deaf culturally appropriate ways which ensures that the views and choices of Deaf people are at the heart of our service design and delivery. We have been very active during the COVID-19 Pandemic in promoting awareness about the virus, measures to take and relaying the government briefings in BSL online. A considerable amount of demonstrable positive feedback has been received so our reputation of engaging with Deaf people, along with our profile, has been significantly enhanced. Our award winning Domestic Abuse Service is another example of where we have been active in user engagement, continually striving to drive up quality and to ensure that our service meets the needs of Deaf survivors. Currently we are involved in an academic research project to engage and interview Deaf domestic abuse survivors about their experiences to inform future service improvements. This has enabled us to learn what works well, amend and fine tune our approach so we can implement a robust, tried and tested user engagement model effectively within our new national IAPT service. SignHealth is a Deaf led organisation, the majority of our staff are Deaf and our Board of Trustees is chaired by a Deaf woman and has a majority of Deaf trustees. This uniquely gives us access to significant lived experience which our staff incorporate into patient care.

SignHealth has engaged with Deaf patients and Deaf organisations to confirm appropriate BSL signs for various key terms involved in therapy. We continually look on how we can improve our awareness and activity in sign language, as BSL is an evolving living language. Our work on anti-racism highlights this, with the planned launch of a hub of BSL anti-racism resources on our website which will include videos on the appropriate BSL signs, led by Deaf people of colour.

SignHealth's BSL IAPT Therapy Service was born out of the involvement of Deaf patients who had experienced barriers in accessing appropriate services, including disaffection and inferior service as a result of using BSL interpreters with a non BSL fluent therapist. Common barriers include the therapist not being experienced in working with Deaf BSL patients and not being aware of the adaptations required. The therapist could be culturally dependant on the interpreter if they lack experience of working with Deaf people or in BSL which can significantly impact the assessment of risk and value of the therapeutic work. There is also a limited number of fully registered and qualified interpreters who have the skills to work with a mental health clinician. In addition, as the pool of interpreters is small and interpreters often socialise with Deaf people, the Deaf person may know the interpreter and as such this could impact on trust being developed within the therapeutic relationship and therefore increase anxiety - it would also rarely be possible to guarantee a therapist is supported by the same interpreter for every session in a patient's course of treatment. The Deaf patient is relying on the abilities of both the interpreter and therapist. Finally the three-way communication may be stilted, with multiple risks for misunderstanding and less opportunities for the patient to ask questions and engage with the process effectively. If the interpreter is unable to attend the session or there is a problem with availability, the session would have to be cancelled.

Acting on feedback and engagement from Deaf patients and carers, who expressed a clear need for IAPT therapy in BSL directly between patient and therapist, SignHealth developed the first dedicated Deaf BSL IAPT service in the UK in 2011, delivered directly in BSL without the need for interpreters, with the largest employment of Deaf therapists within our service.

Patient Feedback

In 2020/21, more than 97% of patients discharged from our service felt that staff listened to them and felt their concerns were treated seriously at all, or most of the time. Crucially, more than 91% of patients felt that they were both involved in making choices about their treatment and care and received the help that mattered to them at all, or most of the time. These statistics give us great confidence that we have active open communication channels for Deaf BSL patients to feedback and ultimately shape the service moving forward.

THE DEAF HEALTH CHARITY SIGNHEALTH

Communications

Good communication about the new commissioning arrangements of BSL IAPT therapy services will be a critical precursor to planning and development, involving patients and carers. Take up of BSL IAPT therapy services has so far been patchy and a postcode lottery, entirely dependent on the goodwill of local CCGs to fund such services. This means in areas where the take up of these services is low or non-existent, much work will be needed to engage with local Deaf communities to promote awareness and information about the benefits of BSL IAPT Therapy and how to access our service, particularly among those who are most vulnerable and ‘forgotten’ members of society. Until this has been done, only then will we be able to effectively engage with a truly representative range of patients and carers to co-produce the planning and development of our BSL IAPT Therapy Service on a national scale.

Therefore, in the mobilisation phase we will actively promote the service so that Deaf patients will know about the new arrangements and how to make a referral. Likewise, we will communicate the new arrangements to GP surgeries and local mental health services in partnership with the CCGs and NHS England. We will be able to reach a large number of Deaf people through our social media channels as well as through our SignHealth mailing list.

We will also liaise closely with local stakeholders who have links with local Deaf communities, i.e., Deaf clubs, Deaf groups, Deaf support organisations, Deaf churches, mosques and other faith communities, Social Services Sensory teams, post 16 education and adult education providers. This includes reaching out to those whose identity intersects with other protected characteristics, so we will actively engage with BAME and LGBTQ+ groups too, for example.

As we come out of the current COVID-19 lockdown measures, our Community Engagement Officer will make arrangements to visit Deaf clubs and Deaf groups in person to promote the new nationally commissioned therapy service, recognising that for many Deaf people this would be the preferred way to receive information in person and provide the opportunity to ask questions.

Through our social media channels and our community engagement with Deaf clubs and Deaf groups we will have two-way communications via our Community Engagement Officer for providing ongoing information and answer any queries about the new national therapy arrangements.

We have stated that we will continue to deliver therapy online and face to face within the community and that this will be scaled up over the period of the contract. We will target areas of the country where there has been low take up of our service, due to various reasons including lack of awareness and issues of CCG funding. The South West of England is one area we need to target, for example. Engagement with Deaf clubs and Deaf support organisations will be key as they have the best local connections and many already run activities that involve mental health awareness and support to Deaf people. For example, we have a good relationship with RAD (Royal Association for Deaf people) and we have a joint pilot project in Essex involving fast tracking Deaf people to our BSL IAPT Therapy Service. We will also make use of links with Bristol Centre for Deaf People and work with Exeter Deaf Club and Cornwall Deaf Community Centre.

This activity will be undertaken by our Community Engagement Officer and members of our Therapy Team where appropriate. For example, we will work with BID (Birmingham Institute for the Deaf) and Bristol Centre for Deaf People to engage with Deaf groups in the Birmingham and Bristol areas to explain about our service, including the option of attending workshops to explain the IAPT therapy model and how to make a referral.

Co-production

Given that we will continue to provide a well-established service model involving Deaf BSL fluent IAPT therapists online and face to face in the community, we do not anticipate significant changes to our existing service delivery model, based on the positive feedback we have received from our patients throughout the years and given that our KPI performance has consistently tended to be better than the national average, as seen in the recovery rates following therapy. Our service was originally designed by Deaf people for Deaf people and continues to be staffed and clinically led by Deaf people too.

We consider that the planning and development of our service will mainly concern the new cCBT modules, new group work therapy model and development of further digital resources, for example, online BSL videos and BSL

THE DEAF HEALTH CHARITY SIGNHEALTH

mobile/tablet apps. Our plan is to invite ex-patients of our Therapy Service to be involved in the planning and development of these products. They will have already been familiar with our previous products, such as the cCBT modules for Depression and Anxiety, so in the development of any new cCBT modules we will involve these ex-patients at the beginning. We will ask them for their views about the format, the level of BSL and communication style concerning the content which will then be developed by our clinical lead, [REDACTED]. We have developed a stepped approach to user engagement strategy at SignHealth which offers Deaf people a range of ways to become involved, from “armchair critics” who would participate from home, commenting on new online resources or helping to develop new promotional materials; to feedback panel members engaging regularly in our user forums; to mystery shoppers or inspectors or perhaps just joining a one off focus group.

Ex-patients will be involved in this project via working groups online or face to face in the community depending on their choices and whether lockdown restrictions will continue. Throughout the development of the products, they will be invited to comment and check on progress depending on what they are willing to do.

Equally, for the therapy group sessions we will invite ex patients to shape the future planning of these sessions, based on their previous experience of therapy, identifying what they consider would work and not, for a group format. They will also be involved in shaping the content, ensuring that the therapy delivery will be appropriate such as the BSL signs used (including consideration of signs for protected characteristics groups) and in conveying the emotional understanding needed.

In addition to the development of further cCBT modules, we will look at expanding our range of digital resources that would provide additional benefits to our therapy offer, i.e., expand our holistic approach to benefit patients to reduce the need for therapy as a preventative measure. The expansion of digital resources may include mobile apps, and as this will be new territory, we will involve closely patients and carers, whether current or ex, in the planning and development of this work. SignHealth’s ambition is for all online content on our website to be fully accessible via BSL and with subtitles. We will review all our mental health related content regularly to ensure it is up to date, fully accessible and look to expand our online content further. This is a valuable resource for patients receiving our therapy services and forms part of our online BSL Health Video library which is the largest of its kind. We will also involve our patients and carers to help us identify areas for prioritisation and in shaping online content.

Measuring customer satisfaction and therapy outcomes needs to be a key area of service development as only through this will we know the impact of our service delivery and whether we are doing it well or if there are areas we could improve. We will use the IAPT manual as the key guidance, but we want to also look at developing additional measures that will further capture the essence of our BSL IAPT Therapy delivery, demonstrating more clearly the benefits of the model as opposed to non BSL IAPT models. We will work with the patients in looking at how we can improve our customer satisfaction measures, ensuring they are fully accessible in BSL and Deaf culturally appropriate.

Peer Mentoring

Upon discharge and whilst gathering feedback from our patient experience questionnaires, we will ask patients if they would like to become a Peer Mentor for the service. Our aim is to have Peer Mentors available at our group sessions and our Understanding Therapy Workshop. The long term goal will be that a peer mentor and therapist co-facilitate the workshops, we believe this will offer further reassurances to the Deaf community. Peer Mentors provide reassurance and inspiration to patients. They can empathise with patients and help them to understand recovery and define what this means for each patient.

A pilot peer mentor model will be established, involving those interested in becoming peer mentors, in its design and development. We will co-produce with the prospective peer mentors to develop and design the workshop materials as well as provide them training, so that the workshops are user led and based on patient experience.