

To: James Watson O'Neil
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NHS England
Wellington House
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30 November 2022

Dear James,

Thank you for your letter of 12th July about NHS England's regard for the mental health of Deaf people.

We recognise the need to improve access to mental health treatment and support for Deaf people in this country and are delighted to be working with SignHealth on the provision of the first BSL specific IAPT talking therapies service. The opening of this service demonstrates that we can do better for Deaf people and that partnership working with organisations like yours is critical to this ambition.

I understand that over recent months you have met with colleagues in the mental health and specialised commissioning teams in NHS England. The outcome of those meetings has been an agreement that the Deaf MH working group will work to summarise scope of current gaps between demand and provision within mental health services for the Deaf community and a series of options for how we can work together, alongside government, to close that gap over coming years. This work will be all ages and will need to focus on BSL provision in the community required to reduce reliance on inpatient care.

As part of this work we are particularly keen to ensure BSL access to our 24/7 urgent MH helplines. To date we have included a requirement for all lines to make adjustments to support access for Deaf people within the crisis lines quality checklist. In parallel we are working with NHS England colleagues on scoping an enhanced BSL service that will support all onward referrals from NHS 111, including those to urgent 24/7 mental health helplines.

Your letter also raised queries about next steps in terms of implementing the recommendations from the rapid review of BSL interpreting services across the NHS, more widely than just within mental health. The Patient Equalities Team, who are responsible for the review and follow up, have provided the update below:

NHS England continues to work on implementing the recommendations of the rapid review into BSL interpreting services. In terms of both provision of BSL interpreting services and the work we are doing to review and update the Accessible Information Standard (AIS), we recognise from the 'Sick of It' report, the recent HealthWatch report, work by others and our own consultation and engagement for the review of the AIS that there remain significant challenges in ensuring robust and equitable provision of BSL interpreting services.

The BSL rapid review recommended that an enhanced 111 BSL service be developed, and NHS England continues to work to explore the feasibility of this recommendation. In line with the recommendations in the rapid review related to NHS 111, we convened a workshop of national representatives which included national charities, 111 BSL leads and BSL service users to review the existing 111 BSL support service and worked on developing the specification for an enhanced 111 BSL offer. We also held a number of further meetings to model the potential volumes of additional activity to identify future demand on the enhanced service, to cost the enhanced service and to consider how this might be commissioned.

NHS England has established and is supporting a national network of BSL regional leads to share the outcomes from the BSL rapid review and to support the implementation of the review's recommendations. This group will also support the work of sharing and implementing the updated Accessible Information Standard (AIS) once that is published. We are working to strengthen this network of regional leads in coordinating implementation across Integrated Care Boards (ICBs) and are undertaking a local area mapping exercise of the commissioning and delivery of BSL services to better support local areas to produce their system level plans in line with the recommendations of the BSL rapid review.

Both the work to implement the recommendations of the rapid review of BSL interpreting services and the review of the AIS are being led by NHS England's Patient Equality Team and, if you would like to discuss the implementation of the recommendations of the BSL rapid review, the team would be very happy to meet with you to do this and can be contacted on: england.eandhi@nhs.net

We remain committed to ensuring that NHS England discharges its functions and duties in relation to meeting the needs of Deaf people who are BSL users.

In summary, the decision to reclassify the deaf MH CRG does not mean that we will cease work on improving Deaf MH services. Indeed, as set out above, we are committed to working in partnership with your organisation, and the wider Deaf MH working group on a work plan for improving access and quality.

Yours sincerely,



Claire Murdoch CBE
National Director for Mental Health
NHS England