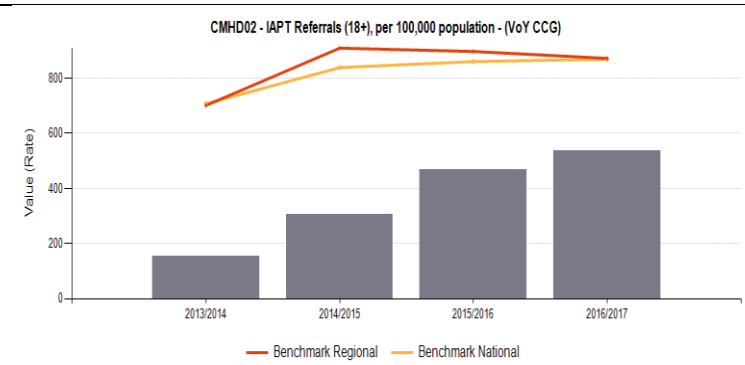


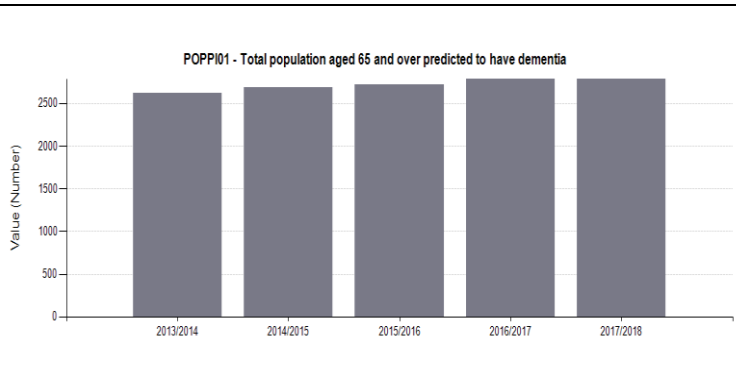
We are monitoring progress on:

- access to, and take-up of, talking therapies
- dementia diagnosis within primary care
- the aim to reduce premature deaths among people with severe mental illness
- the aim to reduce the number of people admitted to hospital following a self-harming episode
- regular sharing of information between GPs and CYC about people with learning disabilities
- more people telling us that they and their families feel well supported through a crisis and afterwards



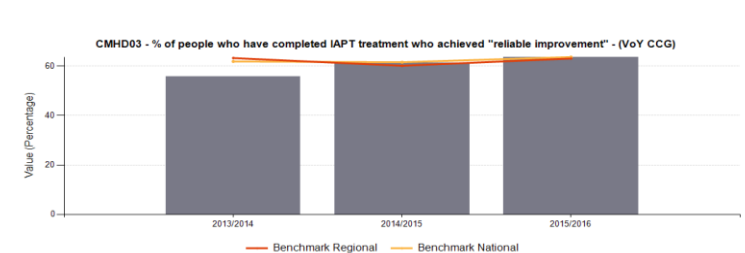
### Annual Data

	2014-15	2015-16	2016-17
IAPT Referrals (18+) per 100,000 population – Vale of York CCG	307.08	468.52	538
Benchmark - National Data	838.72	860.6	869
Benchmark - Regional Data	909.29	897.15	872



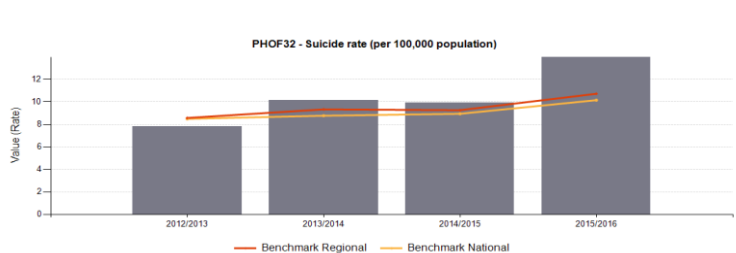
### Annual Data

	2016-17	2017-18
Total population aged 65 and over predicted to have dementia	2,788	2,788



### Annual Data

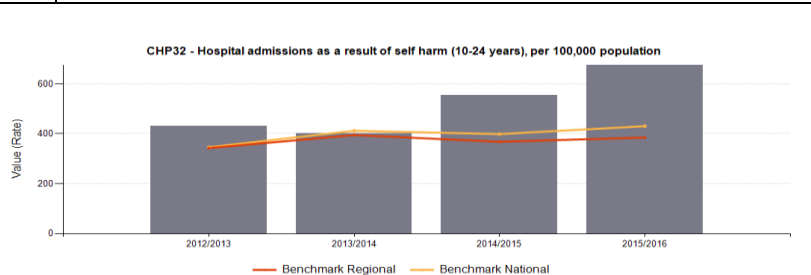
	2013-14	2014-15	2015-16
% of people who have completed IAPT treatment who achieved "reliable improvement" (VoY CCG)	55.88%	61.40%	63.64%
Benchmark – National Data	61.92%	61.62%	63.70%
Benchmark – Regional Data	63.29%	60.17%	63.11%



### Annual Data

	2013-14	2014-15	2015-16
Suicide rate (per 100,000 population)	10.13	9.94	13.98
Benchmark - National Data	8.77	8.94	10.15
Benchmark - Regional Data	9.33	9.26	10.72

Regular sharing of information between GPs and CYC about people with learning disabilities – not a performance indicator  
 More people advising that they feel supported through a crisis and afterwards – not a performance indicator



### Annual Data

	2013-14	2014-15	2015-16
Hospital admissions as a result of self harm (10-24 years), per 100,000 population	401.21	552.96	675.2
Benchmark - National Data	412.07	398.8	430.5
Benchmark - Regional Data	394.68	367.9	384.8

## Performance narrative and update on actions

### **Access to, and take-up of, talking therapies** (this is taken from the Ageing Well report as an example of commentary)

The rate of IAPT referrals has increased by 75% between 2014-15 and 2016-17. This is because of an increased offer to the population of York of IAPT, which is a contrast with the regional and national rates, which have, in Y & H, increased only marginally and, in England as a whole, declined slightly. The rate of referrals, however, does remain significantly below regional and national averages, so more work needs to be done to make it more widely available. The latest data available shows that, in the Vale of York CCG area, IAPT is proving effective, with 64% completing IAPT and achieving “reliable improvement” during 2015-16, compared with 56% in 2013-14. This is now comparable with national and regional averages.

### **Dementia diagnosis within primary care**

Dementia continues to have a high profile in York, with the number of people aged over 65 predicted to have dementia being around 2,800. The York Dementia Action Alliance incorporates a number of organisations in the city which aim to promote independence for those with dementia, using asset-based approaches (including those involved in primary care) to improve access to services for those who need them.

### **A sustained reduction in premature deaths among people with severe mental illness**

The mental health (AMHP) team in CYC is moving to a “co-location” model which is focusing on early intervention and protection for service users, and also to develop services together with service users so that they can maintain their independence as long as they can. An assessment has been recently carried out of the health needs of York’s student community, which identified a higher rate of mental health issues than the rest of York’s population; recent suicides by students have led to the increase in the rate of York as a whole.

### **A sustained reduction in the number of people admitted to hospital for self-harm**

The latest figures for York show that there has been a significant (23%) increase in the rate of people aged 10-24 years being admitted to hospital because of self-harm – the rate being 675.2 per 100,000 population. There is a sizeable university student population resident in York, most of whom will be between the ages of 18-24, who are acknowledged to have more mental health issues (and awareness of them) than other people of the same age in the city, and are more likely to present themselves to hospital for treatment. This also explains the disparity between the York rate and the regional and average rates. Work has been carried out to understand these needs and actions will be formulated to reduce this rate in future years. The local suicide prevention task group is working with health care services to develop action plans to respond effectively to self-harm. Assessments of support need are offered through the Psychiatric Liaison Service to anyone presenting themselves to local hospital services when they have self-harmed.

### **Regular sharing of information between GPs and CYC about people with learning disabilities**

At the moment, although there is a facility where GPs and CYC can share information about those with Learning Disabilities, this is not routinely done. The client would need to agree with the GP that their information can be shared, and GPs are not obliged to let CYC know when LD clients visit them. GPs do ring, on a “very occasional” basis, CYC to ask about a client’s package of care.

### **More people telling us that they and their families feel well supported through a crisis and afterwards**

York Mind report that they are seeing more people who define themselves as being “in crisis” than ever before. There is a 16-18 month waiting list for their IAPT services. Counselling needs are an increasing issue in the city; GPs are seeing people in surgeries and are signposting them to Mind. Mind deliver over 4,000 sessions of help to over 800 individuals every year. Referrals come from a range of sources including GPs, Community Mental Health Teams and Probation. Mind’s advocacy service, which is funded by CYC, helps over 300 people each year.