

Buckinghamshire Dementia Strategy

Action Plan 2011 to 2013



Key Themes of Action Plan			
Improving Awareness			
Early and better diagnosis			
Improved Quality of Care			
Delivering the Strategy			
Appropriate use of anti psychotic medication			

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
1. Improving public and professional awareness and understanding of dementia. <i>Public and professional awareness and understanding of dementia needs to be improved and the stigma associated with it addressed. This objective should inform people of the benefits of timely diagnosis and care, promote the prevention of dementia and reduce social exclusion and discrimination. It should encourage behaviour change in terms of individuals seeking help and in the way professionals deliver services.</i>	<ul style="list-style-type: none"> • Reduction of social exclusion and stigma • Increased appropriate help seeking • Increased prevention of dementia 	Developing and delivering a general public information campaign	Mar-2012	Increase in referrals / self referrals to GP's, Specialist MH (Bucks) Oxford Health, BCC and Alzheimer's Society (profile by key demographic groups – e.g. age, ethnicity and Acorn postcode analysis).	Specialist MH (Bucks) Oxford Health to lead with other partners as key contributors
		Specific complementary local campaigns Support National Dementia Week	Ongoing		Specialist MH (Bucks) Oxford Health
		Targeted campaigns for other groups (for example, utilities, public facing service employees, schools, cultural and religious organisations)	July 2011 for 3 years	Increase 'web hits' on the Buckinghamshire Alzheimer's Society website.	Alzheimer's Society
		Public health to provide support to local awareness raising campaigns in schools, libraries, community organisations, building on National Awareness Raising Programmes. Develop joint communication plan to raise awareness and understanding of dementia. To include: o People aged 50 plus o Carers o Minority groups e.g. BME o Integrate the wider health promotion messages – what is good for the heart is good	Ongoing	Increase in referrals / self referrals to GP's, Oxford Health, BCC and Alzheimer's Society (profile by key demographic groups – e.g. age, ethnicity and Acorn postcode analysis).	Buckinghamshire County Council

Task Completed:

- Specific complementary local campaigns
- Support National Dementia Week July 2010

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
2. Good quality early diagnosis and intervention for all All people with dementia should have access to a pathway of care that delivers. This should include a rapid and competent specialist assessment, an accurate diagnosis - that is communicated sensitively to the individual and their carers and the treatment, care and support they need afterwards.	<ul style="list-style-type: none"> • Access to rapid and good quality specialist assessment • Increased equity in access across the county • Increased opportunity for service users and carers to plan early for their support 	Primary Care: Review Entire Dementia care pathway against evidence and good practice. Ensure that the dementia care pathway in primary care is designed in such a way that people with dementia are identified and diagnosed as early as possible and communicated sensitively to the individual and their carers.	Sep-2011	Increase numbers and rates of early diagnosis as measured by the Department of Health baseline report / Quality Outcome Framework register (profile by key demographic groups – e.g. age, ethnicity and Acorn postcode analysis).	United Commissioning
		Specialist Services: Review Entire Dementia care pathway against evidence and good practice. Ensure that the dementia care pathway in specialist services is designed in such a way that people with dementia have an accurate diagnosis and are reviewed regularly. The interface between specialist services and other services should be as seamless as possible to promote a good patient journey.	Sep-2011	Increase numbers and rates of early diagnosis as measured by the Department of Health baseline report / Quality Outcome Framework register (profile by key demographic groups – e.g. age, ethnicity and Acorn postcode analysis).	Specialist MH (Bucks) Oxford Health
		Acute Care: Review Entire Dementia care pathway against evidence and good practice. Ensure that the dementia care pathway in acute care is designed in such a way that people with dementia are identified and diagnosed as early as possible and communicated sensitively to the individual and their carers.	Sep-2011	Increase numbers and rates of early diagnosis as measured by the Department of Health baseline report / Quality Outcome Framework register (profile by key demographic groups – e.g. age, ethnicity and Acorn postcode analysis).	Buckinghamshire Health Care Trust
3. Good quality information for those diagnosed with dementia It is important to provide good quality information on the illness - and on the services available - both at diagnosis and throughout the course of care	<ul style="list-style-type: none"> • Better understanding of the illness at both diagnosis and throughout progression • Increased access to wider range of services • Improved choice and planning of support 	A review of all relevant information sources	Mar-2012	The development and distribution of high quality information sets for people diagnosed and their carers. To include information on illness, treatment and clear, person – centred pathway services.	Buckinghamshire County Council
		Changes to make clear what local service provision is available	May-2011	Specialist MH (Bucks) Oxford Health Feedback from people with dementia and carers which will identify levels of satisfaction with information provided.	Specialist MH (Bucks) Oxford Health
		Promote to carers the availability of psychological therapies through the IAPT investment programme.	Sep-2011	Specialist MH (Bucks) Oxford Health Baseline access to services including IAPT and monitor against agreed targets.	Specialist MH (Bucks) Oxford Health

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
<p>4. Enabling easy access to care, support and advice following diagnosis</p> <p>A new role of 'dementia advisor' will be created to facilitate easy access to appropriate support and advice for individuals and their carers.</p>	<ul style="list-style-type: none"> Increased support for service users and carers in accessing services Clearer and more coherent person centred pathway Clearer and transparent eligibility criteria to services 	<ul style="list-style-type: none"> As this is a new role, demonstrator projects and pilots have just been established and it is necessary to evaluate models of service provision prior to implementation. Await results of national demonstration sites and evaluation before gap can be identified Identify current activities that deliver elements of this and opportunities to enhance existing roles as part of the Buckinghamshire Dementia Care pathway project. 	Sep-2011	Based on national evaluation of the demonstrator sites, agree and monitor targets to evidence access and support following diagnosis.	Buckinghamshire County Council NHSB
<p>5. Development of structured peer support and learning networks</p> <p>The aim of these new networks is to provide local peer support for people with dementia and their carers - and to enable them to take an active role in shaping their local services.</p>	<ul style="list-style-type: none"> People with dementia and their carers able to access local support and feel less isolated People with dementia and their carers taking an active role in the development and prioritisation of local services 	Demonstrator sites will determine current activity and provide models of good practice to inform commissioning decisions	Aug-2011	Profile by demographic groups to identify gaps in service delivery for specific groups of people and establish programme with people with dementia and carers to redress service gaps.	Alzheimer's Society
		Map and review the contribution of existing services that provide structured peer support, particularly those funded through the Carers Grant / Prevention Grant. Mapping services like the Dementia Cafés, Singing for the Brain etc.	Aug-2011	Increased engagement of specific groups who do not currently access support networks	Buckinghamshire County Council Alzheimer's Society
		Development of Community Bases as part of the strategic development of Day Opportunities in Buckinghamshire.	Apr-2013	Evidence of how users and carers shape service design and delivery across dementia pathway.	Buckinghamshire County Council

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
6. Improved community personal support People with dementia and their carers need access to flexible and reliable services - ranging from early intervention to specialist home care - that are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. These should be accessible to people living alone or with carers, people who pay for their care privately, through personal budgets or through local authority arranged services.	<ul style="list-style-type: none"> • Fewer delayed hospital discharges • Less inappropriate admissions to care homes • More people supported at home 	Implementing the Putting People First strategy	Sep-2011	Using an evidence base which captures key information required for effective specialist services to support people with dementia at home, including: <ul style="list-style-type: none"> • Record primary need • Record number of people with dementia offered an Individual Budget and amount • Record outcomes people with dementia choose to achieve • Record range of offers of support to secure services (i.e. Arranging own; support service; ACS brokerage) • Commissioning for support – assess whether this needs to be specialist or older people generic service • Establish Buckinghamshire evidence base 	Buckinghamshire County Council Specialist MH (Bucks) Oxford Health
		Commissioners implementing best practice models based on this evidence			

Task Completed:

- Tender for domiciliary care includes specific provision for people with dementia. July 2010
- Review of the need for re-ablement services has been completed within the County and the in-house rapid response service has expanded; July 2010
- Consultation of Buckinghamshire new Day Opportunities as part of the Adult and Family Well Being Transformation -personalisation of services work stream. August 2010
- Review of all NHS Day Services in partnership with providers. March 2011
- Review and update service specification of OPMH CMHT's March 2010

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
7. Implementing the Carers Strategy for people with dementia Family carers are the most important resource for people with dementia, which makes implementation of the Carers' Strategy in this area vital. Carers should have a needs assessment, followed by a support plan - including personalised holidays. Action should also be taken to strengthen support for children in caring roles, ensuring that their particular needs are met.	Carers will be: <ul style="list-style-type: none"> • respected as expert care partners • able to have a life of their own alongside their caring role • will be supported so they are not forced into financial hardship • supported to stay mentally and physically well and treated with dignity 	Buckinghamshire carers strategy to include: <ul style="list-style-type: none"> o Promoting the development of breaks that benefit people with dementia and their carers 	Ongoing	Numbers of carers reporting improvements in their circumstances relating to role as expert partners, personal time, financial situation and mental and physical well being as measured through Carers Bucks annual survey.	Carers Bucks
		Ensuring that the needs of child carers are met.	Ongoing	Delivery of effective signposting to welfare benefits and other financial support systems as part of the dementia pathway.	Carers Bucks
					Specialist MH (Bucks) Oxford Health

Task Completed:

- Ensuring that carers needs are included as the strategy is implemented and sign off Buckinghamshire carers strategy to include:
- Promoting the development of breaks that benefit people with dementia and their carers
- Ensuring that the needs of child carers are met.

8. Improved quality of care for people with dementia in general hospitals The aim of this objective is to improve the standards of hospital care for people with dementia.	<ul style="list-style-type: none"> • Improved and more effective leadership for dementia in general hospital • Establish clear care pathway in and out of general hospital for people with dementia • Fewer delayed hospital discharges 	<ul style="list-style-type: none"> • Identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia care 	Jul-2011	An explicit care pathway in place for the management and care of people with dementia in hospital, led by that senior clinician	BHT
		<ul style="list-style-type: none"> • Audit in Jan 2011 50 consecutive over 75+ admissions for Falls, nutrition, dementia and depression 		CQUIN Met	NHSB
		<ul style="list-style-type: none"> • Review and update Service Specification for existing Psychiatric Liaison Service 	Ongoing	Specialist MH (Bucks) Oxford Health Existing data of the impact of the specialist Psychiatric Liaison Older People's Mental Health teams working in general hospitals.	NHS Bucks commissioners Specialist MH (Bucks) Oxford Health

Task Completed

- Review and update Service Specification for existing Psychiatric Liaison Service March 2010

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
9. Improved intermediate care for people with dementia Intermediate care is provided - usually at home - to avoid unnecessary admission to hospital or long term residential care. It should be accessible to and meet the needs of people with dementia.	<ul style="list-style-type: none"> Fewer delayed hospital discharges Fewer admissions to residential care Improvement in physical health condition recovery for people with dementia 	The needs of people with dementia are explicitly addressed in the revision of the Department of Health's 2001 guidance on intermediate care.	Aug-2011	Reduction in Delayed Transfers of care (profile by responsible service area)	BHT
		Map and review access arrangements to existing intermediate care services ensuring sufficient capacity and skill mix to support improved provision	Mar-2012	Reduction in admission to residential care	BHT
		Ensure clear links between Intermediate Care/ Integrated Community health care and CMHT	Mar-2012	Baseline numbers of people with dementia that are receiving intermediate care and re-ablement services and set targets BHT.	BHT
10. Consider the potential for housing support, housing related services and telecare to support people with dementia and their carers The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.	<ul style="list-style-type: none"> More people with dementia able to live longer in their own homes More people with dementia able to be more independent Increased support for carers 	Monitoring the development of housing models to meet the needs of people with dementia and their carers by the implementation of Buckinghamshire 12 year plan for support needs. The supported housing strategy also includes:	Ongoing	Key Milestones of 12 year housing plan for people with support needs achieved.	Buckinghamshire County Council
		Work with District Councils and influence their Core Strategies and other development frameworks to ensure dementia is recognised and planned for	Ongoing	District Council Core Strategies and other development policies reflect the need for dementia services	Buckinghamshire County Council
		Ensure that appropriate comments are made on major planning applications that support the development of good quality dementia services	Ongoing	District Council Core Strategies and other development policies reflect the need for dementia services	Buckinghamshire County Council
		Appropriate skills development for staff working in housing-related services	Ongoing	Baseline the dementia training received by housing support workers undertake skills gap analysis and monitor increase against agreed targets.	Buckinghamshire County Council
		Develop evidence on impact of assistive technology and telecare.	Ongoing	Baseline the types and take up of telecare for people with dementia and their carers. Evidence impact both in terms of financial savings and quality of life impact e.g. people being supported to live at home, impact on carer experience.	Buckinghamshire County Council

Key Themes of Action Plan					
Improving Awareness					
Early and better diagnosis					
Improved Quality of Care					
Delivering the Strategy					
Appropriate use of anti psychotic medication					
Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011					
National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
Task Completed:					
• Development of a Telecare Dementia Group in Buckinghamshire January 2010					

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
11. Living well with dementia in care homes Elderly people with dementia living in care homes should have the same access as everyone else to high standards of service.	<ul style="list-style-type: none"> Improved and more effective leadership for dementia in care homes Establish clear care pathway in and out of residential care Improvement in the ratings of care homes from the CQC Only appropriate use of anti – psychotic medication 	Identification of a senior staff member within all care homes in Buckinghamshire to take the lead on care quality improvements for people with dementia. This role will link into Buckinghamshire Dementia Care Forum.	Ongoing	Use of a local strategy for the management and care of residents with dementia, led by the senior staff member in the care home who has dementia pathway lead.	Buckinghamshire County Council
		The specification and commissioning of other services such as primary care, pharmacy and dentistry	Ongoing	Appropriate use of anti-psychotic medication for people with dementia. Monitored against baseline numbers to identify reduction in the number of people on anti-psychotic medication and increase of more appropriate interventions.	NHSB
		Ensuring alignment of the statutory independent advocacy services re Mental Health /Capacity - IMHA and IMCA (people with dementia are the largest cohort within this service re lacking mental capacity)	Jul-2011	Evidence in care plans of how individuals with dementia are specifically being supported.	Buckinghamshire County Council
		Work with providers and CQC to ensure that all local services are rated as good and excellent and special support is given to those only achieving poor or inadequate rating.	Ongoing	Evidence in care plans of how individuals with dementia are specifically being supported.	Buckinghamshire County Council
		Support the use of Dementia Care Mapping building on local pilots in day centres and independent sector homes locally here in Buckinghamshire. .	Ongoing	Increase in care home rated excellent and good	Buckinghamshire County Council
			Ongoing	Decrease in people in care homes rated adequate or poor.	Buckinghamshire County Council
			Ongoing	Increase the number of care homes trained and using Dementia Care Mapping.	Buckinghamshire County Council

Task Completed

- Review service specification of OPMH CMHT's and ensure inclusion of specialist support into residential care homes March 2010

Key Themes of Action Plan				
Improving Awareness				
Early and better diagnosis				
Improved Quality of Care				
Delivering the Strategy				
Appropriate use of anti psychotic medication				

Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011

National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
12. Improved end of life care for people with dementia People with dementia and their carers should be involved in planning the way they are cared for towards the end of their lives - in line with Department of Health's End of Life Care Strategy. Local work done in this area should also consider the dementia aspect.	<ul style="list-style-type: none"> • Delivery of individual preferences in EOLC through use of tools in the Mental Capacity Act • Maximised use of palliative care networks to ensure best practice • Better pain relief 	Care planning strategies should make full use of the planning tools in the Mental Capacity Act. Through the CPA process ensure that individuals are supported in planning their preferred care pathways and advanced care planning to be initiated within memory clinics	Ongoing	Palliative care networks, developed as part of the End of Life Care Strategy, will support the spread of best practice in Buckinghamshire	NHSB
		Better pain relief and nursing support should be developed	Ongoing	Services which are available to provide high – quality end of life care are fully integrated into the care pathway for people with dementia and their carers	NHSB
		Work collaboratively to ensure care pathway properly reflects the level of personalised wishes in peoples end of life	Ongoing	Number of carers identifying satisfaction with end of life support for people with dementia.	NHSB
13. An informed and effective workforce for people with dementia All health and social care staff involved in the care of people with dementia need the right training and continuous professional development.	<ul style="list-style-type: none"> • People with dementia and their carers receiving more personalised services • Individuals cognitive, behavioural and social needs being responded to in more specialised ways, rather than as one generic label of dementia • Increase in number of staff completing modules in dementia care and showing CPD. 	Establish a multi-agency working group, specifically engaging primary care, to develop a Joint Workforce Development and Training Programme.	Sep-2011	Multi Agency Group established with agreed terms of references and training needs analysis around dementia care across Buckinghamshire	Buckinghamshire County Council NHSB
		Promote the Dementia care newsletter distributed to all sectors	Mar-2012	Training programme and funding identified by partner agencies.	Buckinghamshire County Council NHSB
		Contribute to the national work, which has been commissioned from SCIE on workforce development.	Ongoing	Individual care home provide evidence of increase take up of training and benefits achieved to people with dementia and their carers.	Buckinghamshire County Council
14. A joint commissioning strategy for dementia	<ul style="list-style-type: none"> • People with dementia and their carers are well informed • Fear and stigma have decreased 			Local commissioning and planning mechanisms established to determine the services needed for people with dementia and their carers and how best to meet these.	

Key Themes of Action Plan					
Improving Awareness					
Early and better diagnosis					
Improved Quality of Care					
Delivering the Strategy					
Appropriate use of anti psychotic medication					
Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011					
National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
Local commissioning and planning mechanisms should be established to determine the necessary level and types of services.	<ul style="list-style-type: none"> Families know where to get help and what services to expect Quality is high People seek help early and are encouraged to do so 	Develop and agree joint commissioning intentions and consult with stakeholders	Sep-2011		Buckinghamshire County Council NHSB

Key Themes of Action Plan					
Improving Awareness					
Early and better diagnosis					
Improved Quality of Care					
Delivering the Strategy					
Appropriate use of anti psychotic medication					
Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011					
National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
15. Improved assessment and regulation of health and care services and how systems are working for people with dementia and their carers Inspection regimes should ensure that the care provided in residential settings is of an appropriate quality.	<ul style="list-style-type: none"> • Greater emphasis upon service user experience in quality ratings • Improved experience for younger adults with dementia • Fewer carers are left to navigate the system unsupported 	Work with the Care Quality Commission to ensure that local care homes are compliant with all health and care regulation and are fit for purpose in delivering high quality personalised services to people with dementia	Ongoing	Improvement in Care Quality Commission ratings of care homes.	Buckinghamshire County Council
		Continue to engage with the Dementia metrics work and the toolkit being developed for both health and social care	Ongoing	Evidence of improvements against Care Quality Commission special review of health care in homes requirements (this report is still being completed by Care Quality Commission).	Buckinghamshire County Council NHSB
16. A clear picture of research evidence and needs Evidence should be made available on the existing UK dementia research and the gaps that need to be filled.	<ul style="list-style-type: none"> • Increased causal evidence in biological research into disease origins • Improved training of health professionals as result of research 	<ul style="list-style-type: none"> • Ensure good input of research evidence form public health into Dementia Strategy Implementation Board • Ensure clinicians are engaged with the Dendron project (this is a dementia research network spanning the country with Oxon and Bucks being an important base.). 	Ongoing	Specialist MH (Bucks) Oxford Health Establish Baseline of clinician referrals to Dendron project and set target to increase these referrals (an increase in referrals also demonstrates that clinicians across Buckinghamshire have increased their awareness of and willingness to engage with national research)	Specialist MH (Bucks) Oxford Health
17. Effective national and regional support for implementation of strategy Appropriate national and regional support should be available to assist with strategy implementation. This includes good quality information developed from evaluation and demonstrator sites.	<ul style="list-style-type: none"> • More strategic approach to service development • Improved central monitoring of local National Dementia Strategy implementation 	Work collaboratively across the Buckinghamshire health and social care economy using best practice guidance developed by the Department of Health South East Dementia Network	Ongoing	Local action plan in place which links into regional Department of Health planning and monitoring mechanisms.	Buckinghamshire County Council NHSB
				Improved performance against the Social Care and Health targets as outlined in the Dementia Baseline Review.	Buckinghamshire County Council NHSB

Key Themes of Action Plan					
Improving Awareness					
Early and better diagnosis					
Improved Quality of Care					
Delivering the Strategy					
Appropriate use of anti psychotic medication					
Buckinghamshire Dementia Strategy Action Plan - Updated 9 June 2011					
National Dementia Strategy Objective	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation (s)
The use of antipsychotic medication for people with dementia: "Time For Action"	Key Outcomes	Key Tasks	Timescale	Measures / Evidence	Lead Organisation
18. The report makes several recommendations, mainly that people with dementia should receive antipsychotics only when they really need them, and that reducing their use in this group should be a priority for the NHS. It suggests this can be achieved by various means including training carers and medical staff to use alternatives to antipsychotics, providing psychological therapies for people with dementia and their carers, carrying out further research into alternative treatments, and audits. The report estimated that antipsychotic use could be safely reduced to a third of its current usage over a period of three years.	<ul style="list-style-type: none"> The report makes 11 recommendations that aim to reduce the use of antipsychotics to a level where the benefits outweigh the risks People with dementia should receive antipsychotics only when they really need them. Psychological therapy resources should be made available for people with dementia and their carers. 	<ul style="list-style-type: none"> Work with Department of Health to identify key learning from other localities to implement the findings of this report. 	Ongoing	Appropriate use of anti-psychotic medication for people with dementia which should result in the reduction in the number of people on anti-psychotic medication and increase of more appropriate interventions.	<p>NHSB</p> <p>Specialist MH (Bucks) Oxford Health</p>