# Ministry of Health Library: Knowledge for Health

# Grey Matter: A Collection of Recent NGO, Think Tank, and International Government Reports

Issue 28, 2015, December

Welcome to Grey Matter, the Ministry of Health Library’s Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly hone in on their key areas of interest. Email library@moh.govt.nz to subscribe.

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## Quality & Safety

### [Evaluating Investment in Quality Improvement Capacity Building: A Synthesis of the Literature](http://ihpme.utoronto.ca/wp-content/uploads/2015/08/Mery-et-al_Evaluating-QI-Capacity-Building_Working-Paper_Aug-2015.pdf)

“Poor quality of care places a heavy financial and human burden on health care systems worldwide. Low quality care is widespread and persists despite the fact that more organizations than ever before are actively engaged in Quality Improvement (QI) efforts. System level assessments of the impact of QI capacity building are essential to link investments to health system performance improvement and transformation. The objectives of this study were to explore existing QI capacity building evaluations that allow assessment of the return on investments (ROI) or other types of economic evaluations, and to gather and review the literature on the current knowledge in QI capacity building evaluation.” *Source: University of Toronto Institute of Health Policy, Management and Evaluation*

### [Continuous improvement of patient safety](http://www.health.org.uk/sites/default/files/ContinuousImprovementPatientSafety.pdf)

“This report synthesises the lessons from the Health Foundation’s work on improving patient safety. Part I illustrates why improving safety is so difficult and complex, and why current approaches need to change. Part II looks at some of the work being done to improve safety and offers examples and insights to support practical improvements in patient safety. In Part III, the report explains why the system needs to think differently about safety, giving policymakers an insight into how their actions can create an environment where continuous safety improvement will flourish, as well as how they can help to tackle system-wide problems that hinder local improvement.” *Source: Health Foundation*

### [Research into 'the weekend effect' on patient outcomes and mortality](https://www.gov.uk/government/publications/research-into-the-weekend-effect-on-hospital-mortality/research-into-the-weekend-effect-on-patient-outcomes-and-mortality)

“In the last 10 years an increasing number of research studies have examined the association between weekend hospital admissions and poorer patient outcomes including higher rates of mortality. There is significant evidence demonstrating this ‘weekend effect’. This document describes the main research, reports and reviews into this area.” *Source: Department of Health*

### [How sharp are we on safety? An assessment of safer sharps adoption in UK hospitals](http://www.mindmetreresearch.com/wp-content/uploads/2015/10/Sharps_H1_2015_Report-FINAL1.pdf)

“In order to build a picture of the current level of adoption and compliance in UK acute (and other) healthcare institutions in respect of EU Council Directive 2010/32/EU and Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, MindMetre conducted research into actual purchasing volumes of safer sharps across the UK NHS acute sector. The results reveal that, although progress has been made, the proportion of safer sharp devices is still nowhere near what would be reasonably expected in order to be fully compliant.” *Source: MindMetre*

### [The State of Safety and Quality in Australian Health Care](http://www.safetyandquality.gov.au/wp-content/uploads/2015/10/Vital-Signs-2015.pdf)

Vital signs 2015 brings together information from a range of sources to provide a snapshot of safety and quality performance and activity on a number of important topics. Vital signs 2015 also includes three case studies that provide an in-depth analysis of safety and quality in three important areas. The case studies illustrate the type of work that is needed to properly understand issues about safety and quality in health care, and to develop solutions to address them. *Source: Australian Commission on Safety and Quality in Health Care*

### [Quality in Primary Care Setting a Foundation for Monitoring and Reporting in Ontario](http://www.hqontario.ca/Portals/0/Documents/pr/theme-report-quality-in-primary-care-en.pdf)

“Quality in Primary Care: Setting a foundation for monitoring and reporting in Ontario provides a snapshot of how well primary care is performing in three key areas: access to primary care providers, provision of specific primary care services, and coordination with other sectors of the health system.” *Source: Health Quality Ontario*

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## Child, Youth, & Maternity

### [A Healthy Early Childhood Action Plan: Policies for a Lifetime of Well-being](http://healthyamericans.org/assets/files/TFAH-2015-EarlyChildhoodRpt%20FINAL.pdf)

“A Healthy Early Childhood Action Plan: Policies for a Lifetime of Well-being highlights more than 40 policy target areas that are key to achieving national goals of reducing toxic stress and Adverse Childhood Experiences (ACEs) and improving the lives of millions of children.” *Source: Trust for America’s Health*

### [Healthy beginnings: giving our children the best start in life](http://www.local.gov.uk/documents/10180/6869714/L15-430%2BHealthy%2BBeginnings%2B-%2BGiving%2Bour%2Bchildren%2Bthe%2Bbest%2Bstart%2Bin%2Blife/9758666a-1b31-40e7-bc85-62751bc13a35?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=6378098_HMP%202015-11-09&dm_i=21A8,3SPDE,FLWRH5,DPUE3,1)

“Giving children a healthy start in life is one of the most important jobs councils do and we all have a duty to make sure that children, along with their mums and dads, have access to the services they need. That's why the transfer of public health commissioning responsibilities for under-fives to local government marks such a tremendous opportunity. It brings a new momentum for developing and driving forward a shared vision for local children, young people and families.” *Source: Local Government Association*

### [Maternal, pregnancy and neonatal outcomes following IVF pregnancies: evidence check](http://apo.org.au/files/Resource/maternal-pregnancy-and-neonatal-outcomes-following-ivf-pregnancies.pdf)

“This review examined the evidence for risks associated with assisted reproductive technology (ART). The published research does not currently allow for the estimation of the net effect of ART on pregnancy, maternal and neonatal outcomes. The best available evidence indicates that a pregnancy after ART is often characterised by an increased risk of poorer health outcomes both for the foetus and the mothers. However these findings are confounded by multiple factors.” *Source: Sax Institute*

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## Long-Term Conditions & Complex Needs

### [Models of Care for High-Need, High-Cost Patients: An Evidence Synthesis](http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/oct/1843_mccarthy_models_care_high_need_high_cost_patients_ib.pdf)

“This brief analyzes experts’ reviews of evidence about care models designed to improve outcomes and reduce costs for patients with complex needs. It finds that successful models have several common attributes: targeting patients likely to benefit from the intervention; comprehensively assessing patients’ risks and needs; relying on evidence-based care planning and patient monitoring; promoting patient and family engagement in self-care; coordinating care and communication among patients and providers; facilitating transitions from the hospital and referrals to community resources; and providing appropriate care in accordance with patients’ preferences.” *Source: Commonwealth Fund*

### [Applying Modeling to Improve Health and Economic Policy Decisions in the Americas: The Case of Noncommunicable Diseases](http://iris.paho.org/xmlui/bitstream/handle/123456789/7700/9789275118658_eng.pdf?sequence=5&isAllowed=y)

“The text is the first to exclusively present different economic models and illustrate their application to [noncommunicable diseases] in the Region of the Americas. It aims to stimulate the use of economic modeling as a tool to support the decision-making process for NCD interventions, and to encourage investment in cost-effective strategies for healthy living and NCD prevention in the Region.” *Source: OECD*

### [Telemedicine Consultations for Patients in Long Term Care: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines](https://www.cadth.ca/sites/default/files/pdf/htis/oct-2015/RC0713%20Telemedicine%20in%20Long%20Term%20Care%20Final.pdf)

“This review aims to summarize evidence of clinical- and cost-effectiveness, and evidence-based guidelines of telehealth for patients in long term care facilities.” *Source: CADTH*

### [Opportunities to Improve Models of Care for People with Complex Needs](http://www.chcs.org/resource/opportunities-to-improve-models-of-care-people-with-complex-needs/)

“This report and literature review, developed by the Center for Health Care Strategies (CHCS) through support from the Robert Wood Johnson Foundation, examines emerging evidence to shed light on what works to drive better health outcomes and reduce costs for individuals with complex needs. The analysis identifies critical gaps that must be addressed to improve care with a particular focus on social determinants of health and opportunities to more effectively integrate health and social services.” *Source: Center for Health Strategies*

### [Pulmonary Rehabilitation: Time to breathe better](https://www.rcplondon.ac.uk/projects/outputs/pulmonary-rehabilitation-time-breathe-better)

“The information, key findings and recommendations outlined in the report are designed to provide readers with a basis for identifying areas in need of change and to facilitate development of improvement programmes that are relevant not only to Pulmonary Rehabilitation programmes but also to commissioners and policymakers.” *Source: Royal College of Physicians*

### [Te hā ora: the breath of life](http://asthmafoundation.org.nz/wp-content/uploads/2012/03/Asthma-National-Respiratory-Strategy-online-version-80ppi-with-line.pdf)

“The National Respiratory Strategy is a call to action to: reduce the incidence of respiratory disease, reduce the impact of respiratory disease, and eliminate inequalities in respiratory health in New Zealand.” *Source: Asthma Foundation*

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## Health of Older People

### [A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom](http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1186/RAND_RR1186.pdf)

“This report seeks to inform funding and capacity-building efforts in dementia research by answering the following questions: What types of research on dementia are being carried out in the UK? How does the UK perform in comparison to global benchmarks? What does the UK dementia research workforce look like? What are the associated strengths and gaps in this landscape?” *Source: Rand Europe*

### [Dispensing Health in Later Life: A White Paper by Pharmacy Voice](http://www.dispensinghealth.org/wp-content/uploads/2015/10/Dispensing-Health-In-Later-Life-ONLINE-FINAL-REPORT-30-10-15.pdf)

“The NHS is facing unprecedented financial pressures and general practice teams are struggling to cope with an expanding workload. While GP numbers decline, the number of people requiring care and support, in particular vulnerable older people, continues to rise. Community pharmacy could help the NHS unlock many millions of pounds every year, and improve the quality of later life, through regular review of patients’ medicines use. GPs are increasingly concerned that older people could be taking too many medicines, and are not taking them as prescribed, new research shows. Dispensing Health in Later Life reveals that GPs believe more than half their patients (50.3%) aged over 75, and taking four or more medicines, would benefit from taking fewer medicines.” *Source: Pharmacy Voice*

### [Reinventing Chronic Care Management for the Elderly](http://www.brookings.edu/~/media/research/files/papers/2015/04/07-global-accountable-care/spain--ribera-salud-final.pdf)

“The Complex Care Plan coordinates care across multidisciplinary teams that may include physicians, nurses, home health aides, mental health professionals, paramedics, social workers, the patient’s home caregiver, and the patient. This integrated approach to disease management provides better care for the patient, and provides specialized attention across primary, secondary or home-based care. It has also demonstrated significant cost savings, particularly through decreased emergency room use. To date, the program has resulted in significant reductions in unnecessary and avoidable hospital admissions and readmissions.” *Source: Brookings Institute*

### [Future Care for Canadian Seniors: A Status Quo Forecast](http://www.conferenceboard.ca/e-library/abstract.aspx?did=7374)

“The reliance on unpaid caregivers and volunteers to provide continuing care supports will grow dramatically and could compound the perceived level of unmet or under-met needs of seniors. Responding to these needs in an efficient and sustainable manner will require collaboration among the diverse mix of public and private stakeholders that make up the continuing care sector.” *Source: Conference Board of Canada \*sign up for free account to download*

### [Dementia: through the eyes of women](https://www.jrf.org.uk/file/48412/download?token=gg9FrGSD&filetype=full-report)

“Dementia disproportionately affects women, but their experiences and voices are missing from research and literature. This project aimed to inspire people to think differently about women and dementia by using stories and reflections from individual women to inform the debate in a unique, inspiring and insightful way.” *Source: Joseph Rowntree Foundation*

### [Dementia Core Skills Education and Training Framework](http://www.skillsforhealth.org.uk/images/projects/dementia/Dementia%20Core%20Skills%20Education%20and%20Training%20Framework.pdf)

“The Dementia Core Skills Education and Training Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England (HEE) in partnership with Skills for Care. The Framework supports implementation of the HEE mandate and the objectives for education, training and workforce development set out in the Prime Minister’s Challenge on Dementia 2020. In particular, the aim is to support the development and delivery of appropriate and consistent dementia education and training for the health and care workforce.” *Source: Skills for Health*

### [Women and Dementia: All but forgotten? A literature review](http://www.york.ac.uk/inst/spru/research/pdf/womendementia_literature_review.pdf)

“[The authors] carried out a review of what, if anything, existing research says about women's experiences. The purpose of this was to provide an initial framework of issues to explore in the narrative element of the project, this would allow us to both build on and, where necessary, challenge what evidence currently exists. We report this review work in this paper, first explaining how we found and selected our material and then presenting our thematic analysis of it.” *Source: University of York*

### [Dementia & Homecare: Driving Quality & Innovation](http://www.ukhca.co.uk/pdfs/DementiaHomecareDrivingQualityInnovation.pdf)

“The recommendations of a new report focus on what is needed to ensure that people living with dementia can live safely at home and maximise their independence.” *Source: United Kingdom Homecare Association Ltd*

### [Reinventing Chronic Care Management for the Elderly](http://www.brookings.edu/~/media/research/files/papers/2015/04/07-global-accountable-care/spain--ribera-salud-final.pdf)

“Ribera Salud’s Complex Care Plan (Plan de Atención al Paciente Crónico) was launched in 2012 to help advance accountable care for an elderly patient population with two or more diseases or chronic conditions. The goal of the program is to transform care delivery by focusing on evidence-based clinical pathways and patient-centered outcomes. The structure supports team-based care, or care that is provided by an integrated group of clinical or non-clinical HCPs and family members, through financial incentives based on a team’s ability to meet quality benchmarks for their patients. Care teams are multidisciplinary and provide coordinated medical and social care in both settings. Non-clinical team members include social workers, mental health professionals, home aides, caregivers, and the patient.” *Source: Brookings Institute*

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## Nutrition, Physical Activity, & Obesity

### [Fat Chance? Exploring the evidence on who becomes obese](http://www.2020health.org/dms/2020health/downloads/reports/2020FATCHANCE-Final/2020FATCHANCE%20Final.pdf)

“This project identifies ‘uncertainty’ as a habit-forming structure that undermines the individual’s ability to manage sustainable health. Given the strong heterogeneity in obesity profiles in the UK, [the authors] suggest that healthcare interventions will need to move beyond one-size-fits-all models in recognition of the lived experience of the individual and in order to ‘make health personal’.” *Source: 2020 Health*

### [The relationship between dental caries and obesity in children: an evidence summary](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466334/Caries_obesity_Evidence_SummaryOCT2015FINAL.pdf)

“This evidence summary of dental caries and obesity explores whether they are found in the same individuals and populations, reviews and summarises what is currently known about their relationship using the published literature and routine public health monitoring data, and supports the dental public health and obesity teams, who may be asked about the relationship between these two outcomes.” *Source: Public Health England*

### [Food Literacy: How Do Communications and Marketing Impact Consumer Knowledge, Skills, and Behavior?—Workshop in Brief](http://www.nap.edu/read/21863/chapter/1)

“On September 3–4, 2015, the Institute of Medicine (IOM) Food and Nutrition Board convened a workshop in Washington, DC, to discuss how communications and marketing impact consumer knowledge, skills, and behavior around food, nutrition, and healthy eating. The workshop goals developed by the planning committee were to: (1) describe the current state of the science concerning the role that consumer education, health communications and marketing, commercial brand marketing, health literacy, and other forms of communication play in affecting consumer knowledge, skills, and behavior with respect to food safety, nutrition, and other health matters; (2) explore how scientific information is communicated, including the credibility of the source and of the communicator, the clarity and usability of information, misconceptions/misinformation, and the role of policy; and (3) explore the current state of the science concerning how food literacy can be strengthened through communications tools and strategies.” *Source: Institute of Medicine \*sign up for free account to download PDF*

### [Physical Activity: Moving Toward Obesity Solutions: Workshop Summary](http://iom.nationalacademies.org/Reports/2015/Physical-Activity-Moving-Toward-Obesity-Solutions?utm_source=Hootsuite&utm_medium=Dashboard&utm_campaign=SentviaHootsuite)

“The workshop explored the role of physical activity in the prevention and treatment of obesity and featured expert speakers and discussion on the scientific basis for a focus on physical activity in obesity prevention and treatment. The workshop included presenters and discussants on the subject of primary prevention of overweight and obesity in adults and children, as well as physical activity in overweight and obese populations. The workshop also provided a space for speakers and attendees to share innovative strategies for promoting physical activity and preventing obesity in diverse settings and through various channels.” *Source: Institute of Medicine \*sign up for free account to download*

### [Healthy Weight in Childhood: A Winning Goal for Life](http://iris.wpro.who.int/bitstream/handle/10665.1/12395/WPR_2015_DNH_003_eng.pdf)

“This booklet highlights seven obstacles to a healthy weight. It suggests actions for policy-makers to address those obstacles and create an enabling environment that allows children and caregivers to make empowered dietary choices.” *Source: WHO*

### [Examining a Developmental Approach to Childhood Obesity](http://www.nap.edu/catalog/21782/examining-a-developmental-approach-to-childhood-obesity-the-fetal-and)

“To explore the body of evolving science that examines the nexus of biology, environment, and developmental stage on risk of childhood obesity, the Institute of Medicine and the National Research Council convened a workshop in February 2015. The workshop focused on the prenatal period, infancy, and early childhood and addressed evidence from both animal and human studies. Workshop objectives were to (1) identify epigenetic-mediated relationships between exposure to risk factors during sensitive periods of development (gestation through age 3) and subsequent obesity-related outcomes; (2) explore the science around periods of plasticity and potential reversibility of obesity risk in the context of early childhood development; and (3) examine the translation of epigenetic science to guide early childhood obesity prevention and intervention to reduce obesity risk.” *Source: Institute of Medicine \*sign up for free account to download*

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## Inequalities

### [Trends in Income-Related Health Inequalities in Canada: Technical Report](https://secure.cihi.ca/free_products/trends_in_income_related_inequalities_in_canada_2015_en.pdf)

“The goals of this report are to describe the extent to which income-related inequalities in health and factors affecting health have changed over time in Canada and in the provinces and examples of promising interventions for reducing income-related inequalities in health and factors affecting health.” *Source: Canadian Institute for Health Information*

### [Health Literacy and Consumer-Facing Technology: Workshop Summary](http://www.nap.edu/catalog/21781/health-literacy-and-consumer-facing-technology-workshop-summary?utm_source=NAP+Newsletter&utm_campaign=68dc71d6a8-NAP_mail_new_2015_11_03&utm_medium=email&utm_term=0_96101de015-68dc71d6a8-102579513&goal=0_96101de015-68dc71d6a8-102579513&mc_cid=68dc71d6a8&mc_eid=887bc22fe0)

“The Institute of Medicine convened a workshop to explore health literate practices in health information technology and then provide and consider the ramifications of this rapidly growing field on the health literacy of users. Health Literacy and Consumer-Facing Technology summarizes the discussions and presentations from this workshop, highlighting the lessons presented, practical strategies, and the needs and opportunities for improving health literacy in consumer-facing technology.” *Source: Institute of Medicine \*sign up for free account to download*

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## Mental Health

### [Mental health under pressure](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/mental-health-under-pressure-nov15_0.pdf)

“The mental health sector comprises a number of inter-related services covering a range of different conditions which together create a system of care. This briefing paper aims to focus on mental health as a system of care, examining individual pressures within the wider context of provider and commissioner actions. Although services for children and adolescents, and older people are very much part of this system of care, this briefing paper focuses on services for adults between the ages of 16 and 65.” *Source: King’s Fund*

### [Measuring mental wellbeing in children and young people](http://www.yhpho.org.uk/resource/view.aspx?RID=213417&utm&utm_source=Public+Health+Bulletin&utm_campaign=43f5fb11d7-PHB_November_+2015&utm_medium=email&utm_term=0_a51736aa99-43f5fb11d7-169388077)

“These documents support local joint strategic needs assessments (JSNAs) and the commissioning of interventions to improve the mental wellbeing of local children and young people. The guide explains about mental wellbeing and its determinants. The technical appendix has measures to quantify mental wellbeing and its determinants, information on using the measures and links to examples of evidence based practice.” *Source: National Mental Health, Dementia and Neurology Health Network*

### [Focus on Mental Health: The Role of the Pharmacist](http://www.fip.org/files/Focus_on_mental_health_-final.pdf)

“The document gives an overview of the areas in mental health care in which pharmacists are involved, including health promotion, early detection, triage, optimising treatment outcomes, education (including addiction prevention), shaping public policies, research and interprofessional practice.” *Source: International Pharmaceutical Federation*

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## Health Information

### [Toward better implementation: Australia's My Health Record](http://apo.org.au/files/Resource/deeble_institute_issues_brief_no_13_partel_toward_better_implementation_my_health_record.pdf)

“Due to a lack of uptake and utilisation, in 2015 the Australian Government announced a system overhaul, which included rebranding the PCEHR to My Health Record and moving from an opt‐in to an opt‐out system. While the overhaul attempts to address the key problems identified in a 2013 external review of the PCEHR, a number of experts have flagged concerns with the new My Health Record, which should be addressed prior to implementation.” *Source: Deeble Institute*

### [Data governance arrangements for real-world evidence](https://www.ohe.org/publications/data-governance-arrangements-real-world-evidence)

“In this report, we firstly outline models of data governance in eight key markets: the UK, France, Italy, Sweden, Germany, the Netherlands, Australia and the U.S. With the insights generated from these case studies, we then develop an illustrative framework of a top-performing governance model. By defining this model, we provide recommendations of what constitutes a good governance framework.” *Source: Office of Health Economics*

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## Health Systems, Costs, & Reforms

### [Health at a Glance 2015: OECD Indicators](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-at-a-glance-2015_health_glance-2015-en?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=6360446_HMP%202015-11-06&dm_i=21A8,3SBR2,FLWRH5,DNKW3,1#page1)

“This new edition of Health at a Glance presents the most recent comparable data on the performance of health systems in OECD countries… Compared with the previous edition, this new edition includes a new set of dashboards of health indicators to summarise in a clear and user-friendly way the relative strengths and weaknesses of OECD countries on different key indicators of health and health system performance, and also a special focus on the pharmaceutical sector. This edition also contains new indicators on health workforce migration and on the quality of health care.” *Source: OECD*

### [Place-based systems of care: A way forward for the NHS in England](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf)

“This paper argues that providers of services should establish place-based ‘systems of care’ in which they work together to improve health and care for the populations they serve. This means organisations collaborating to manage the common resources available to them.” *Source: King’s Fund*

### [A Perspective on Public–Private Collaboration in the Health Sector](http://nam.edu/wp-content/uploads/2015/11/NAM-Public-Private-Collaboration-Perspective.pdf)

“In this paper, we will share our perspectives—shaped by our collective experiences in public health, private health delivery organizations, and academic medical centers—on the theme of multi-sector collaboration: why it is imperative, obstacles that can impede it, and some thoughts about how these obstacles can be addressed.” *Source: National Academy of Medicine*

### [Devolution: what it means for health and social care in England](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/devolution-briefing-nov15.pdf)

“Ahead of further devolution deals expected to be announced as part of the Spending Review 2015, this briefing describes the origins of the devolution agenda and charts its progress in relation to health and social care. Before drawing some broad conclusions, the penultimate section explores some of the key policy and implementation questions that remain unresolved.” *Source: King’s Fund*

### [Co-design programme evaluation 2014–15](http://www.hqsc.govt.nz/publications-and-resources/publication/2370/)

“Evaluation of the Health Quality & Safety Commission's Partners in Care 2014–15 co-design programme, including a summary version and full evaluation report.” *Source: Health Quality and Safety Commission*

### [An NHS Leadership Team for the Future](http://www.reform.uk/wp-content/uploads/2015/11/NHS-Leadership-team-A5-report_WEB.pdf)

“This paper, written by aspiring clinical leaders, sets out ambitions for a systemic approach to clinical leadership development to ensure a highly skilled leadership team is in position and ready to help the NHS meet the complex healthcare demands of the future.” *Source: Reform*

### [Managing health services through devolved governance: A perspective from Victoria, Australia](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Devolved-governance-Victoria-Kings-Fund-November-2015.pdf)

“The purpose of this short report is to examine the case for Victoria’s approach to health care management, to seek to identify its strengths and weaknesses, and to ask what might be done to improve it.” *Source: King’s Fund*

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## Drugs & Alcohol

### [Harm Reduction](https://www.opensocietyfoundations.org/sites/default/files/harm-reduction-20151014.pdf)

“Harm reduction approaches are important for addressing many public health and social problems. To combat driving under the influence of alcohol, for example, societies do not ban driving or prohibit drinking. They may institute harm reduction measures such as encouraging social groups to designate non-drinking drivers, or providing free or subsidized transportation for people who have been drinking.” *Source: Open Society*

### [Why don’t friends and relatives of underage drinkers comply with secondary supply laws in NSW?](http://www.fare.org.au/wp-content/uploads/research/Why-don%E2%80%99t-friends-and-relatives-comply-with-secondary-supply-laws-in-NSW.pdf)

“The study presented in this report sought to explore why Australian adults continue to provide alcohol to adolescents despite being aware that this behavior is illegal. Given the substantial body of literature exploring reasons for compliance with traffic laws, we also sought to explore similarities and differences in perceptions of secondary supply, speeding, and drink driving offences.” *Source: Centre for Health and Social Research*

### [Alcohol brief intervention: where next for IBA?](http://alcoholresearchuk.org/wp-content/uploads/2015/11/Where-next-for-IBA-.pdf)

“In April 2015 the Alcohol Academy organised a conference event to explore ‘Evidence and issues facing Identification and Brief Advice delivery for 2015 and beyond’. This briefing sets out some of the key messages from the conference, but also aims to identify possible ideas and answers to the key question of ‘where next?’. As such it explores what the ‘vision’ should be for the future of IBA delivery; what are the key challenges to be addressed from research, policy and practice; and finally, what key actions or ideas will help push this important agenda forward?” *Source: Alcohol Research UK*

### [Alcohol's impact on emergency services: IAS report](http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf)

“The report is based on an extensive survey of nearly 5,000 police officers, ambulance and paramedic staff, accident & emergency department consultants and fire officers, demonstrating both the financial burden on the emergency services and the human cost to frontline staff.” *Source: Institute of Alcohol Studies*

### [Reducing Teen Substance Misuse: What Really Works](http://www.healthyamericans.org/assets/files/TFAH-2015-TeenSubstAbuse%20FINAL.pdf)

“In this report, the Trust for America’s Health (TFAH) examines how to help move towards a strong prevention-oriented, continuum-of-care approach to substance misuse — looking at policies and programs that have a high impact for improving the well-being of America’s youth.” *Source: Trust for America’s Health*

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## Public Health

### [Recommendations for the control of Multi-drug resistant Gram-negatives: carbapenem resistant Enterobacteriacea](http://www.safetyandquality.gov.au/wp-content/uploads/2013/12/MRGN-Guide-Enterobacteriaceae-PDF-1.89MB.pdf)

“Gram-negative bacteria are widespread in humans, animals and the environment. Because of their diverse mechanisms of antibiotic resistance, these organisms present a different kind of threat from Gram-positive organisms. Urgent and sustained efforts are required to contain resistance in Gram‑negative bacteria, and to limit their impact on human health.” *Source: Australian Commission on Safety and Quality in Health Care*

### [Exploring the consumer perspective on antimicrobial resistance](http://www.wellcome.ac.uk/stellent/groups/corporatesite/%40policy_communications/documents/web_document/wtp059551.pdf)

“Good Business has conducted some in depth qualitative research into people’s relationship with antibiotics. The aim was to get a deep understanding of how people think and feel about antibiotics, their current understanding of the resistance issue and the language they use around this area – how they talk about it and what words they use.” *Source: Wellcome Trust*

### [Antibiotic resistance: Multi-country public awareness survey](http://apps.who.int/iris/bitstream/10665/194460/1/9789241509817_eng.pdf)

“WHO is coordinating a global campaign to raise awareness and encourage best practices among the public, policymakers, health and agriculture professionals. This survey provides a snapshot of current public awareness and common behaviours related to antibiotics in a range of countries.” *Source: WHO*

### [A high price to pay: The economic case for preventing violence against women](https://pwc.docalytics.com/v/a-high-price-to-pay)

“PwC is proud to have partnered with Our Watch and the Victorian Health Promotion Foundation (VicHealth) to develop this important report on the costs and benefits of preventing violence against women.” *Source: PricewaterhouseCoopers*

### [Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia](http://www.ourwatch.org.au/getmedia/1462998c-c32b-4772-ad02-cbf359e0d8e6/Change-the-story-framework-prevent-violence-women-children.pdf.aspx)

“Change the story presents the evidence and a conceptual approach for preventing violence against women and their children in Australia. It is a framework for a shared understanding and collaborative action, with six interrelated elements, all of which need to be in place to achieve this objective.” *Source: Our Watch*

### [Sexual health promotion for young people delivered via digital media: a scoping review](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0005/156758/FullReport-phr03130.pdf)

“Interactive digital interventions have a potentially far reach and, if proven effective, would have significant potential to impact positively on the sexual health of young people in the UK. They could be cost saving, as well as reaching young people who do not currently have access to high-quality SRE (in or outside school). IDIs could usefully form a component of sexual health education in schools, in clinical settings and online.” *Source: National Institute for Health Research*

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## Cancer

### [Living with and beyond bladder cancer](https://www.england.nhs.uk/wp-content/uploads/2015/10/proms-bladder-cancer.pdf)

“This report offers a descriptive summary of responses to a pilot of Patient Reported Outcome Measures (PROMs) for bladder cancer and provides a much needed insight into the health and wellbeing of people living with and beyond bladder cancer.” *Source: Public Health England*

### [Bowel Cancer: A Vision for 2020](https://www.beatingbowelcancer.org/sites/default/files/page_files/Vision2020.pdf)

“Bowel cancer: a vision for 2020…illustrates how by 2020, we can all set out to beat cancer through earlier diagnosis, better treatment, care and support.” *Source: Beating Bowel Cancer*

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## Social Care & Services

### [Housing for young people in nursing homes: a report from a social finance think tank](http://apo.org.au/files/Resource/social_think_tank_report_oct2015.pdf)

“The aim of the Social Finance Think Tank was to explore the development of a model of social finance for the Summer Foundation’s Housing Demonstration Projects for young people in nursing homes. The Think Tank’s initial work focused on the development of a model of social finance specifically for the Hunter Housing Demonstration Project, which is due for completion in December 2015. The Think Tank also explored the development of replicable and scalable models beyond financing this initial project that have the potential to develop the scale of housing required to solve the issue of young people in nursing homes in Australia.” *Source: Summer Foundation*

### [Voice, choice and control: how registered nurses, care and support staff in the care sector can support people to achieve these aims](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474253/VCC_acc.pdf)

“This document sets out how ‘Compassion in Practice’ relates to nurses and care staff working in different settings. Focussing on nursing and care in the care sector is timely in its own right as the integration of health and social care becomes increasingly important for people who use services and for providers, commissioners and stakeholders – it is also a government priority.” *Source: Department of Health*

### [The care collapse: the imminent crisis in residential care and its impact on the NHS](http://www.respublica.org.uk/wp-content/uploads/2015/11/ResPublica-The-Care-Collapse.pdf)

“This interim report charts the challenges faced by the residential care sector and begins to scope some of the potential responses. There is no doubt that fundamental systemic reform is needed to deliver the ‘at scale’ personalised, holistic and well-funded care that we all will need. Policy, commissioning and provider options will be examined in detail in the forthcoming full report, setting out a way forward for kind, compassionate and respectful care, with the residential care sector at the heart of the transformation process.” *Source: ResPublica*

### [Coming Together on Supported Housing for Mental Health and Addictions in Ontario](http://www.wellesleyinstitute.com/wp-content/uploads/2015/11/Coming-Together-on-Supported-Housing-in-ON.pdf)

‘This report articulates principles and elements to guide policy and programs for supported housing for people with mental health issues or addictions in Ontario and the Greater Toronto area.” *Source: Wellesley Institute*

### [Families with complex needs: International approaches](http://www.superu.govt.nz/sites/default/files/Families%20with%20complex%20needs.pdf)

“This In Focus provides an overview of approaches to support families with complex needs across the United Kingdom, Australia and Canada. We discuss how complex needs are defined and briefly review some of the approaches adopted to meet the needs of vulnerable families across the three jurisdictions. Evidence on the effectiveness of approaches is presented and wider implications are discussed.” *Source: Social Policy Evaluation and Research Unit*

### [Integrated social services for vulnerable people](http://www.superu.govt.nz/sites/default/files/WW%20Integrated%20services_0.pdf)

“Provision of integrated social services is not new. It is however, increasingly being seen as key to addressing service fragmentation and inefficiencies. But what do we know about how well social service integration works to improve outcomes for vulnerable groups of people, in New Zealand and internationally? This What Works brings together information on the effectiveness of integrated social services, including what is known about how, when, and for whom integrated social services are most effective. We also identify several factors to consider when deciding whether to implement integrated social services.” *Source: Social Policy Evaluation and Research Unit*

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