[](http://intranet.moh.govt.nz/knowledge-services/library)

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

Issue 7, 2014 February

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](mailto:library@moh.govt.nz?subject=I%20would%20like%20to%20subscribe%20to%20Grey%20Matter.) to subscribe.

Click on any of the bulleted points below to go to a section of interest.

Key areas of interest in our current issue include:

|  |  |
| --- | --- |
| * [Health Systems, Reform, & Economics](#_Health_Systems,_Reform,) | * [Workforce](#_Workforce) |
| * [Mental Health & Addiction](#_Mental_Health_&) | * [Cancer & Palliative Care](#_Cancer_&_Palliative) |
| * [Integrated Care](#_Integrated_Care) | * [Inequalities](#_Inequalities) |
| * [Nutrition, Physical Activity, & Obesity](#_Nutrition,_Physical_Activity,) | * [Child, Youth, & Maternal Health](#_Child,_Youth,_&) |
| * [Public & Global Health](#_Public_&_Global) | * [Health Information & Technology](#_Health_Information_&) |
| * [Long-Term Conditions](#_Long-Term_Conditions) | * [Disability](#_Disability) |

### Health Systems, Reform, & Costs

[**Contracting for Quality in the NHS: Putting the Francis Report in Perspective**](http://www.ohe.org/publications/article/contracting-for-quality-in-the-nhs-140.cfm)

“In this publication, Professor Maynard traces the history of crucial issues in health care quality. He advocates for better use of evidence about outcomes and for effective incentives, both financial and non-financial, to achieve lasting improvement in the quality of health care.” *Source: Office of Health Economics*

[**The primary care paradox - New designs and models**](http://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/primary-care-paradox/Documents/primary-care-paradox.pdf)

“Developed in partnership with the Nuffield Trust, The primary care paradox – New designs and models captures the results of discussions held with leading primary care experts from across Europe.” *Source: KPMG & Nuffield Trust*

[**NHS Co-Payments: How popular are they among healthcare users?**](http://www.patients-association.org.uk/Portals/0/NHS%20Co-Payments%20How%20popular%20are%20they%20among%20healthcare%20users.pdf)

“This survey was carried out with the aim of finding out what those patients think about having co-payment as part of their NHS, and they are clearly saying no to the idea of any form of payment to access the services the NHS provides.” *Source: Patients Association*

[**Realizing the Promise of Healthcare Innovation in Ontario**](http://obio.ca/wp-content/uploads/2013/12/Innovation-Adoption-Report-for-Distribution.pdf)

“In Ontario, more timely adoption of innovation could improve health outcomes, create a more robust healthcare sector, and enhance productivity. In order to accomplish these goals there needs to be put in place a regime in which there is a full evaluation of innovation cost-effectiveness and efficacy.” *Source: Ontario Bioscience Innovation Organization*

[**Making best use of the Better Care Fund: Spending to save?**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-best-use-of-the-better-care-fund-kingsfund-jan14.pdf)

“This paper summarises the evidence from work by The King’s Fund and other research about which approaches are likely to offer commissioners maximum impact in a way that will benefit both the NHS and social care.” *Source: King’s Fund*

[**The Fiscal, Social and Economic Dividends of Feeling Better**](http://www.policyschool.ucalgary.ca/sites/default/files/research/emery-health-intervention.pdf)

“The initial spirit behind Canadian medicare was to correct a health-market failure, so that no

patient would face barriers to accessing necessary treatments. That same philosophy also recommends extending universal coverage for health-promotion and disease-prevention to vulnerable Canadians who today face similar barriers to access. If the Alberta government wants to show both foresight and fairness, the benefits from this kind of program, economically and societally, are simply too attractive to disregard.” *Source: University of Calgary School of Public Policy*

[**Leaders Everywhere: A Story of NHS Change Day**](http://changeday.nhs.uk/files/The-Story-of-Change-Day%20(1).pdf)

“The report draws on interviews with core leaders, clinical and non-clinical staff, the NHS Change Day website and a catalogue of materials. It describes the immediate and ongoing impact of NHS Change Day through examples and stories that raise strategic questions for those involved in future Change Days and similar efforts.” *Source: NHS*

**[How Can We Pay for a healthy population? Innovative New Ways to Redirect](http://selfmanagementalliance.org/wp-content/uploads/2014/01/How-Can-We-Pay-For-a-Healthy-Population.Final_.pdf)**

**[Funds to Community Prevention](http://selfmanagementalliance.org/wp-content/uploads/2014/01/How-Can-We-Pay-For-a-Healthy-Population.Final_.pdf)**

“The pioneers we profile in this report have found surprising new ways to capture funds already in the healthcare system and redirect them to pay for population health measures that prioritize community prevention.” *Source: Prevention Institute*

[**Projecting Expenditure on Medicines in the NHS: Second Edition**](http://www.ohe.org/publications/article/projecting-expenditure-on-medicines-in-the-nhs-139.cfm)

“The model is built "from the bottom up," beginning with consideration of what mix of medicines is likely to be available on the market rather than basing projections only on macroeconomic variables.” *Source: Office of Health Economics*

[**Beating the effects of winter pressures**](http://bma.org.uk/-/media/files/pdfs/working%20for%20change/shaping%20healthcare/winter%20pressures/winterpressuresreport2013.pdf)

“This briefing paper aims to help explain why there is increased pressure on the NHS in winter, the impact this has on NHS services, and sets out why a longer term solution is needed.” *Source: British Medical Association*

[**Getting behind the curve? Is the new NHS ready for pandemic flu?**](http://chpi.org.uk/wp-content/uploads/2014/01/CHPI-report-GettingBehindCurve-Dec-2013.pdf)

“This report finds that reforms made to the NHS following the Health and Social Care Act of 2012 have impacted upon its ability to deal effectively with a possible flu pandemic. It highlights potential problems which the new NHS now faces in dealing with a possible pandemic.” *Source: Centre for Health and the Public Interest*

[*Back to top*](#_top)

### Workforce

[**Supervision in community pharmacy: final report to Pharmacy Research UK**](http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/Supervision-in-Community-Pharmacy-Full-Report-070114.pdf)

“This research investigates current arrangements for supervision, role delegation and skill mix in community pharmacy and aimed to seek stakeholders’ perceived risk levels associated with different types of pharmacy activities and services, and views on potential changes to supervision requirements. It identified those activities that pharmacists and pharmacy technicians agreed can be undertaken during the pharmacist’s absence.” *Source: Manchester Pharmacy School*

**[How do we achieve effective safeguarding across health and social care?](http://www.cfwi.org.uk/publications/how-do-we-achieve-effective-safeguarding-across-health-and-social-care/@@publication-detail)**

“This briefing discusses education and training for the health and social care workforce, the values and attitudes of the workforce, embedding safeguarding across the workforce, and integrated health and social care.” *Source: Centre for Workforce Intelligence*

[**NHS safe staffing: not just a number**](http://www.policy-centre.com/downloads/NHS%20Safe%20Staffing%20Jan%202014.pdf)

“This analysis highlights the risks to patient care when hospital ward staffing falls short of the roster…This report highlights the potential benefits of implementing robust systems to track the deployment of hospital staff in real time, to patients, to the workforce, and to hospital management.” *Source: Policy Analysis Centre*

[*Back to top*](#_top)

### Mental Health & Addiction

[**Report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries**](http://www.goeg.at/en/BerichtDetail/project_berichte282.html)

This report “presents the updated overview of the implementation of the Council Recommendation in the EU countries and several candidate countries, including country profiles, as well as analyses of epidemiological trends. The study also assesses the availability of - access to- and -coverage of- harm reduction measures based on the answers to a policy survey and a survey among field organisations.” *Source: European Commission*

[**Alcohol Screening and Counseling - An effective but underused health service**](http://www.cdc.gov/vitalsigns/pdf/2014-01-vitalsigns.pdf)

“Alcohol screening and brief counselling can reduce drinking on an occasion by 25% in people who drink too much, but only 1 in 6 people has ever talked with their doctor or other health professional about alcohol use.” *Source: CDC*

[**Liaison psychiatry for every acute hospital: Integrated mental and physical healthcare**](http://www.rcpsych.ac.uk/files/pdfversion/CR183.pdf)

“The report summarises existing evidence of need for liaison psychiatry services in all acute hospitals and then provides evidence for the range of problems addressed, and range of interventions required, to meet core mental health demands in acute hospitals.” *Source: Royal College of Psychiatrists*

[**London mental health: the invisible costs of mental ill health**](http://www.london.gov.uk/sites/default/files/FINAL%20-%20LMH%20-Full%20Report.pdf)

“The report investigates the scope and scale of mental ill health in London, to highlight the wider impacts beyond those to health and social care. These wider impacts result in around £26 billion each year in total economic and social costs to London and impact every facet of the community.” *Source: Greater London Authority*

[**Anti-social behaviour and mental health**](http://www.londoncouncils.gov.uk/London%20Councils/MentalhealthandASBWEB1.pdf)

“London Councils conducted a survey of all heads of community safety exploring the issues and challenges around mental health and ASB, finding out what practical responses are delivering results on the ground and listening to what the professionals feel they need to improve work in this area in the future.” *Source: London Councils*

[**Alcohol – The Body & Health Effects**](http://www.hpa.org.nz/sites/default/files/documents/HealthEffects.pdf)

“This resource provides a brief overview of the the health and body effects of alcohol. Areas covered include the effects of alcohol on body parts, the health effects of acute alcohol use, the health conditions related to chronic alcohol use, and the effects of alcohol on other people and populations.” *Source: Alcohol Advisory Council of New Zealand*

[**New Zealanders’ Participation in Gambling: Results from the 2012 Health and Lifestyles Survey**](http://www.hpa.org.nz/sites/default/files/2012_gambling_participation_report_final.pdf)

“Some of the characteristics of particular interest [from this survey’s results] when looking at gambling participation include frequency of participation in continuous and non-continuous forms of gambling and individual risk of gambling problems, as defined by an international problem gambling index.” *Source: Health Promotion Agency*

[*Back to top*](#_top)

### Cancer & Palliative Care

[**Global Atlas of Palliative Care at the End of Life**](http://www.thewpca.org/resources/global-atlas-of-palliative-care/)

“Published jointly by the World Health Organization and the Worldwide Palliative Care Alliance, the Atlas is the first document to map the need for and availability of palliative care globally.” *Source: WHO and Worldwide Palliative Care Alliance*

[**Prostate cancer: diagnosis and treatment**](http://www.nice.org.uk/nicemedia/live/14348/66226/66226.pdf)

This guideline “offers evidence-based advice on the care of men referred to secondary care with suspected or diagnosed prostate cancer, including follow-up in primary care for men with diagnosed prostate cancer.” *Source: NICE*

[**Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview**](http://www.naccho.org.au/download/aboriginal-health/Cancer%20in%20Aboriginal%20peoples%20An%20Overview%202013.pdf)

“Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview provides a

summary of statistics on cancer in Aboriginal and Torres Strait Islander peoples of Australia.” *Source: Australian Institute for Health and Welfare*

[**A rapid review of the cost-effectiveness of interventions across the cancer patient pathways: radiotherapy and surgery**](http://www.eepru.org.uk/EEPRU%20CancerReview%20DH%20Report(Oct%202013).pdf)

“A rapid review was undertaken to explore the existing literature describing the cost-effectiveness of surgical and/or radiotherapy interventions in patients with (i) breast cancer, (ii) colorectal cancer, (iii) prostate cancer, (iv) cervical cancer and (v) head and neck cancer.” *Source: University of Sheffield*

[**Life After Death: Six Steps to Improve Support in Bereavement**](http://dyingmatters.org/sites/default/files/Life%20After%20Death%20FINAL(1).pdf)

“The National Bereavement Alliance has a vision that all people have awareness of and

access to support and services throughout their bereavement experience. Working with

the National Council for Palliative Care and the Dying Matters Coalition, its members

have identified six crucial steps to address bereavement as a major public policy issue.” *Source: Dying Matters*

[*Back to top*](#_top)

### Integrated Care

[**Providing integrated care for older people with complex needs: Lessons from seven international case studies**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/providing-integrated-care-for-older-people-with-complex-needs-kingsfund-jan14.pdf)

“This report synthesises evidence from seven case studies covering Australia, Canada, the Netherlands, New Zealand, Sweden, the United Kingdom and the United States. It considers similarities and differences of programmes that are successfully delivering integrated care, and identifies lessons for policy-makers and service providers to help them address the challenges ahead.” *Source: King’s Fund*

[**Options appraisal on the measurement of people’s experiences of integrated care**](http://www.pickereurope.org/assets/content/pdf/Project_Reports/P2636_Integrated%20care%20report_post%20final%20edits_v7%200.pdf)

“This report was commissioned by the Department of Health to assist them in developing ways of measuring people’s experiences of integrated care.” *Source: Picker Institute Europe*

[**Developing Measures of People’s Self-Reported Experiences of Integrated Care**](http://www.pickereurope.org/assets/content/pdf/News%20releases/Developing%20measures%20of%20IC%20report_final_07012014.pdf)

“This report includes a set of 18 questions developed and tested with people from a wide range of backgrounds and with experience of using different health and social care services.” *Source: Picker Institute Europe*

[**Delivering integrated care and support**](http://www.iriss.org.uk/sites/default/files/01913_delivering_integrated_care_and_support.pdf)

“Review of research evidence completed for ADSW by Professor Alison Petch from IRISS on the factors that underpin best health and social care integrated practice.” *Source: Institute for Research and Innovation in Social Services*

[**Delivering Integration at Pace and Scale**](http://www.reform.co.uk/resources/0000/1120/Delivering_Integration.pdf)

“This report contains the transcript of the seminar on "Delivering integration at pace and scale"… The aim of the seminar was to explore how policymakers can facilitate integration that benefits patients.” *Source: reform.co.uk*

[*Back to top*](#_top)

### Inequalities

[**Health inequalities in the EU: Final Report of a Consortium**](http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf)

“This report provides an outline of new evidence on health inequalities in the European

Union (EU) and the policy response at EU and national level to health inequalities since 2009.” *Source: European Commission*

[**"If you could do one thing..." Nine local actions to reduce health inequalities**](http://www.britac.ac.uk/policy/Health_Inequalities.cfm)

“The British Academy presents a collection of opinion pieces on health inequalities from leading social scientists. Each of the authors has written an article, drawing on the evidence base for their particular area of expertise, identifying one policy intervention that they think local authorities could introduce to improve the health of the local population and reduce health inequalities.” *Source: British Academy for the Humanities and Social Sciences*

[**Where You Live Matters: Canadian views on health care quality is the eighth and final bulletin in the Canadian Health Care Matters**](http://healthcouncilcanada.ca/content_lm.php?mnu=2&mnu1=48&mnu2=30&mnu3=56)

“The report focuses on differences across the 10 provinces, comparisons among the 11 OECD countries that participated in the survey, and changes in Canada's performance over the past decade. These results show that where a person lives does matter. Canada shows largely disappointing performance compared to other high-income countries, some of which have made impressive progress. Also, there is considerable variation among provinces.” *Source: Health Council of Canada*

[**What would it take to eradicate health inequalities? Testing the fundamental causes theory of health inequalities in Scotland**](http://www.scotpho.org.uk/downloads/scotphoreports/scotpho131018_whatwouldittake_report.pdf)

“The study looked at 30 years of health inequality trends in Scotland and the rise and fall of particular causes of death. Decreasing periods of health inequality have previously been observed in the UK suggesting that this situation is not inevitable and that there is urgent need for action to address inequalities in income, resources and power across society.” *Source: Public Health Information for Scotland*

[**Overview of the health of Indigenous people in Western Australia 2013**](http://www.healthinfonet.ecu.edu.au/uploads/docs/wa-overview-2013.pdf)

“This WA Overview draws on statistics and other published and unpublished materials to provide up-to-date, detailed information about the health of Indigenous people in WA in 2013. It highlights a number of improvements in certain aspects of Indigenous health, but underlines that ongoing work is needed to ‘close the gap’ in health status between Indigenous and other Australians.” *Source: Australian Indigenous HealthInfoNet*

[*Back to top*](#_top)

### Nutrition, Physical Activity, & Obesity

[**The prevention of obesity and NCDs: challenges and opportunities for governments**](http://www.iaso.org/site_media/uploads/iaso_preventingobesitybriefing.pdf)

“This briefing explores some of the challenges and opportunities that governments face when creating health promoting policies and it makes recommendations for the next steps that need to be taken to tackle obesity and NCDs. It will focus on policy issues linked to food environments and diet, with learnings from other areas such as tobacco and alcohol control.” *Source: International Association for the Study of Obesity*

[**Future diets: Implications for agriculture and food prices**](http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8776.pdf)

“'Future Diets' traces how the changes in diet - more fat, more meat, more sugar and bigger portions - have led to a looming health crisis. It also looks at how policy-makers have tried to curb our eating excesses - with mixed results.” *Source: Overseas Development Institute*

[**State of the nation's waistline - obesity in the UK: analysis and expectations**](http://www.nationalobesityforum.org.uk/media/PDFs/StateOfTheNationsWaistlineObesityintheUKAnalysisandExpectations.pdf)

“This report aims to audit the situation in the UK, to identify what initiatives and policy exists, and to assess their effectiveness in tackling obesity and weight management issues. It highlights a lack of support and guidance for those who are obese or morbidly obese as well as a deficiency in GP knowledge of support services.” *Source: National Obesity Forum*

[**Caffeine in Food and Dietary Supplements: Examining Safety**](http://www.nap.edu/catalog.php?record_id=18607)

“This report delineates vulnerable populations who may be at risk from caffeine exposure; describes caffeine exposure and risk of cardiovascular and other health effects on vulnerable populations, including additive effects with other ingredients and effects related to pre-existing conditions; explores safe caffeine exposure levels for general and vulnerable populations; and identifies data gaps on caffeine stimulant effects.” *Source: Institute of Medicine*

\*sign up for free account to download

[**Changes in Eating Patterns and Diet Quality Among Working-Age Adults, 2005-2010**](http://www.ers.usda.gov/publications/err-economic-research-report/err161.aspx#.Ut_omBA5SM8)

“This study analyzes how improvements in dietary quality among working-age adults from 2005 to 2010 may be related to reduced consumption of food away from home.” *Source: United States Department of Agriculture*

[**Consumption of juice and fruit drinks among children and their parents or caregivers**](http://www.hpa.org.nz/sites/default/files/In%20Fact%20Juice%20Consumption_KK.pdf)

“Juice’s high sugar content and acidic nature can contribute to dental caries and tooth erosion, and excessive consumption increases the risk of obesity in older children and young people. In order to monitor trends and patterns in the consumption of beverages and foods, the HPA collects data on what families eat and drink in the Health and Lifestyles Survey (HLS). Findings from the 2012 HLS are reported in this fact sheet.” *Source: Health Promotion Agency*

[*Back to top*](#_top)

### Child, Youth, & Maternal Health

[**Time to Act: Investing in the Health of Our Children and Communities**](http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002)

“The Commission tackled immensely complex matters that underlie profound differences in the health of Americans: experiences in early childhood; opportunities that communities provide for people to make healthy choices; and the mission and incentives of health professionals and health care institutions.” *Source: Robert Wood Johnson Foundation*

[**Effects of child abuse and neglect for adult survivors**](http://www.aifs.gov.au/cfca/pubs/factsheets/a146123/index.html#a4)

“Experiencing abuse and neglect in childhood can lead to adverse outcomes in adulthood. The purpose of this resource is to indicate the potential long-term effects of child abuse and neglect that may extend into adulthood.” *Source: Australian Institute for Family Studies*

[**NZ Child and Youth Mortality Review Committee 9th Data Report**](https://www.hqsc.govt.nz/assets/CYMRC/Publications/CYMRC-ninth-data-report-2008-2012.pdf)

“This is the 9th Data Report released by the CYMRC. It predominantly reports on data from 2008 to 2012, with some tables and figures for 2002-2012, and some for the time period 1979-2012. These data are from the Mortality Review Database, which contains information on all deaths in children and young people aged 28 days to 24 years who died in New Zealand from 2002 to the present.” *Source: Health Quality & Safety Commission*

[*Back to top*](#_top)

### Public & Global Health

[**Health and Urbanism Report**](http://cau.mit.edu/sites/cau.mit.edu/files/attachments/news/233987_TXT_Web.pdf)

“This report marks the beginning of a new era of urban health research at MIT. In collaboration with the American Institute of Architects, we have launched a ten-year project to analyze American cities and better understand links between health factors and city form.” *Source: Massachusetts Institute of Technology*

[**Including Health in Global Frameworks for Development, Wealth, and Climate Change**](http://www.nap.edu/catalog.php?record_id=18554&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014.01.21&utm_content=Downloader&utm_term)

“This report examines frameworks for global development goals and connections to health indicators, the role for health in the context of novel sustainable economic frameworks that go beyond gross domestic product, and scenarios to project climate change impacts.” *Source: Institute of Medicine*

\*sign up for free account to download

[**The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014**](http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html)

“This comprehensive report chronicles the devastating consequences of 50 years of tobacco use in the United States.” *Source: US Department of Health & Human Services*

**[Towards a 21st Century Approach: Advancing a Vision for Prevention and Public Health](http://www.greylit.org/sites/default/files/collected_files/Towards%20a%2021st%20Century.Final_.5.pdf)**

“The goal of [this report] is to sketch a multifaceted set of practices that will enable health advocates and practitioners to help people thrive.” *Source: Prevention Institute*

[*Back to top*](#_top)

### Health Information & Technology

[**Issue Brief: Using Health IT to Put the Person at the Center of Their Health and Care by 2020**](http://www.healthit.gov/sites/default/files/person_at_thecenterissuebrief.pdf)

“Changing the paradigm to a more person-centered vision is vital to improving health and health care outcomes, particularly since the individual’s actions have a great impact on health outcomes. Important developments in health policy and practice emphasize the patient as key to improving outcomes and care: patient-centered care, the patient-centered medical home, health reform programs such as pioneer Accountable Care Organizations (ACOs), and others. The emergence of health IT, including consumer eHealth tools, can enable achieving that vision.” *Source: The Office of the National Coordinator for Health Information Technology*

[**Engaging patients through social media**](http://imshealth.com/portal/site/imshealth/menuitem.762a961826aad98f53c753c71ad8c22a/?vgnextoid=ff71ad0087c73410VgnVCM10000076192ca2RCRD&vgnextchannel=a64de5fda6370410VgnVCM10000076192ca2RCRD&vgnextfmt=default)

“This report reviews the impact of social media on the use of medicines, including the role that pharmaceutical manufacturers are playing in leveraging social media platforms as part of their business model.” *Source: IMS Institute for Health Informatics*

\*ask [Library](mailto:library@moh.govt.nz?subject=I%20can't%20download%20Engaging%20Patients%20through%20Social%20Media.%20%20Please%20download%20a%20copy%20for%20me.) to download a copy for you if you can’t download directly

[*Back to top*](#_top)

### Long-Term Conditions

[**Action for Diabetes**](http://www.england.nhs.uk/wp-content/uploads/2014/01/act-for-diabetes.pdf)

“[This document] sets out the action that NHS England is taking now to improve outcomes for people with and at risk of diabetes – in both of its roles, as a direct commissioner and a support to the commissioning system.” *Source: NHS England*

[**Dementia Friendly Yorkshire: First Steps on the Journey**](http://www.jrf.org.uk/sites/files/jrf/dementia-communities-yorkshire-summary.pdf)

“This collection of case studies brings together 20 simple examples of grassroots dementia friendly work that is transforming communities across Yorkshire.” *Source: Joseph Rowntree Foundation*

[*Back to top*](#_top)

### Disability

[**The Value of Caregiver Time: Costs of Support and Care for Individuals Living with Autism Spectrum Disorder**](http://www.policyschool.ucalgary.ca/sites/default/files/research/emery-autism-costs.pdf)

“In this report [the authors] hope to contribute a Canadian perspective on costs of care and to highlight the heterogeneity of the spectrum of care costs required to meet the spectrum of support needs.” *Source: University of Calgary School of Public Policy*

[**Autism Quality Standard**](http://publications.nice.org.uk/autism-qs51)

“The provision of services for people with autism is varied across England and this quality standard is designed to standardise and improve the care and management of autism. It covers autism in children, young people and adults, including both health and social care services.” *Source: NICE*

[*Back to top*](#_top)

***The information available on or through this newsletter does not represent Ministry of Health policy. It is intended to provide general information to the health sector and the public, and is not intended to address specific circumstances of any particular individual or entity.***