



## Ministry of Health Library

*Knowledge for health*

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

Issue 26, 2015, October

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) to subscribe.

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## Cancer & Palliative Care

### [The Big 'C': Quantifying the social and economic impact](#)

"Cancer is the cause of one in four deaths in the UK, ending the lives of over 160,000 people every year. Incidence is set to increase significantly over the coming years, with diagnoses expected to rise from 330,000 per year to 430,000 by 20302. This report investigates the wider social and economic impact of cancer in the UK, exploring the losses to our families, communities and economy, as well as the significant contributions made by those who live with, and survive, the disease." *Source: International Longevity Centre UK*

### [Comprehensive Cancer Care for Children and Their Families](#)

“To examine specific opportunities and suggestions for driving optimal care delivery supporting survival with high quality of life, the National Cancer Policy Forum of the Institute of Medicine and the American Cancer Society co-hosted a workshop which convened experts and members of the public on March 9 and 10, 2015. This report summarizes the presentations and discussion of the workshop.” *Source: Institute of Medicine & American Cancer Society* \*sign up for free account to download

### [Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020](#)

“As part of the National Palliative and End of Life Care Partnership, Together for Short Lives today jointly launches ‘Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020’. This new national framework urges local NHS organisations and local authorities to act to improve end of life care for people of all ages.” *Source: End of Life Care Ambitions*

### [Triggers for Palliative Care](#)

“The report, Triggers for Palliative Care, is on improving access to care for people with conditions other than cancer and highlights some of the key reasons people with conditions other than cancer are failing to access palliative care in the UK. It cites uncertain disease trajectories and a shortage of research as well as a lack of understanding of what palliative care can offer as some of the barriers. Recommendations include better resourcing from government, better coordinated care, improved understanding of palliative care within organisations, and a call for more research.” *Source: Marie Curie UK*

### [Dying without dignity: Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care](#)

“Every year, approximately half a million people die in England. For three quarters of people, death is not sudden but is expected, and many of them may benefit from end of life or palliative care. There is potential to improve the experience of care in the last year and months of life for approximately 355,000 people.” *Source: Parliamentary and Health Service Ombudsman*

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## **Health of Older People**

### [World Alzheimer Report 2015: the global impact of dementia](#)

“The 2015 World Alzheimer Report updates data on the prevalence, incidence, cost and trends of dementia worldwide. It also estimates how these numbers will increase in the future, leaving us with no doubt that dementia, including Alzheimer’s disease and other causes, is one of the biggest global public health and social care challenges facing people today and in the future.” *Source: Alzheimer’s Disease International*

### [Establishing and implementing best practice to reduce unplanned admissions in those aged 85 years and over through system change \[Establishing System Change for Admissions of People 85+ \(ESCAPE 85+\)\]: a mixed-methods case study approach](#)

“Sites that had been successful in reducing admissions had done so by providing alternatives to short-stay admissions, including better-developed community services which worked closely with each other, the hospital and general practitioner services. These sites had fewer problems with access to general practitioner services and less pressure on emergency departments. They had also been more successful in developing strategies to include a full range of health- and social care organisations and, most importantly, had consistent, strong leadership and shared values.” *Source: National Institute for Health Research*

### **[How can we make our cities dementia friendly? Sharing the learning from Bradford and York](#)**

“Dementia friendly communities (DFCs) aim to be accessible, inclusive, welcoming and supportive to those affected by dementia, enabling them to contribute to, and participate in, mainstream society. More than 80 places across the UK are now working towards becoming more dementia friendly, with similar movements gaining ground overseas. York and Bradford – two very different Yorkshire cities – are among those leading the field. This paper contributes to the emerging evidence base by drawing out the key messages from independent evaluations of their DFC programmes.” *Source: Joseph Rowntree Foundation*

### **[On the journey to becoming a dementia friendly organisation – Sharing the learning for employers and organisations](#)**

“A lack of understanding or confidence can prevent organisations and employers from responding positively to people affected by dementia. Organisations that are dementia friendly recognise and address the impact of dementia on staff and their families.” *Source: Joseph Rowntree Foundation*

### **[Developing a national user movement of people with dementia – Learning from the dementia engagement and empowerment project \(DEEP\)](#)**

“Although the voices of people with dementia are increasingly heard, the user movement is still in its infancy. By connecting local groups and individual activists through a national network (DEEP) that engages and empowers people with dementia, people are beginning to work together to set priorities about dementia and to shape political agendas.” *Source: Joseph Rowntree Foundation*

### **[Positive disruption: healthcare, ageing and participation in the age of technology](#)**

“Australia is on the cusp of two of the greatest disruptive transformations in history: the ageing of the population and a technological revolution. How the nation manages with both of these prospects will determine its fortune. These two phenomena will cause a ripple effect across the Australian economy and society, but Australia is now at the point where it can choose how it will react and rectify the exposed problems and inefficiencies caused. This report proposes a series of recommendations to address the various inefficiencies within our current systems, and the emerging conditions caused by an ageing nation and our greater dependency on technology.” *Source: McKell Institute*

### **[Measuring elder abuse in New Zealand : findings from the New Zealand Longitudinal Study of Ageing \(NZLSA\)](#)**

“Elder abuse is pervasive in New Zealand, even though the vast majority of elderly people don’t experience it. Furthermore it further marginalises people who are already marginalised.

The damage to people of elder abuse is consistently negative and costly to health and welfare services as a consequence.” *Source: Family Centre Social Policy Research Unit*

### **[Opportunity Knocks: Designing Solutions for an Ageing Society](#)**

“Opportunity Knocks: Designing Solutions for an Ageing Society sets out the changes needed in current approaches to ensure we harness the full benefits of design and technology. This report also highlights a range of ideas for new technology which emerged from a workshop organised in May 2015.” *Source: International Longevity Centre UK*

### **[Peer Support for People with Dementia: A social return on investment study](#)**

“The Health Innovation Network has published a report proving the social value of peer support groups for people with dementia is greater than the investment: for every pound (£) of investment the social value created by the three groups evaluated ranged from £1.17 to £5.18.” *Source: Health Innovation Network South London*

### **[A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom](#)**

“Several governments, including the UK government, have announced commitments to increase funding for dementia research, with a goal to find a treatment or cure, and to improve the management of the condition through the way health and social care is delivered. It is vital that this funding be allocated effectively, building on existing strengths and targeting research gaps. RAND Europe was commissioned by the Alzheimer's Society to analyse the UK's dementia research landscape and workforce capacity.” *Source: RAND Europe*

### **[Estimation of future cases of dementia from those born in 2015](#)**

“OHE were asked to estimate the number of people born in 2015 who would likely develop dementia during their lifetime.” *Source: UK Office for Health Economics*

### **[Home care: delivering personal care and practical support to older people living in their own homes](#)**

“This guideline covers the planning and delivery of person-centred care for older people living in their own homes (known as home care or domiciliary care). It aims to promote older people's independence and to ensure safe and consistently high quality home care services.” *Source: NICE*

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## **Disability & Social Care**

### **[Moving to my home: housing aspirations, transitions and outcomes of people with disability](#)**

“The study highlights the benefits of choice and flexibility in funding, but also recognises that strategies will also need to integrate sufficient advocacy, information and tenancy management assistance to prepare and support people into new living arrangements. Separate program funding to build capacity in formal and informal support networks will also be required.” *Source: Australian Housing and Urban Research Institute*

### [Supported Accommodation Evaluation Framework \(SAEF\): drop-in support](#)

“This report is about implementation and use of the Drop-in Support options: Independent Living Drop-in Support (ILDIS) and Independent Living Skills Initiative (ILSI). Drop-in Support is about helping people with disability to live as independently as they can, in a place they want and with the type of help that best suited them.” *Source: Social Policy Research Centre*

### [Current models of health service delivery for people with intellectual disability:](#)

#### [Literature review](#)

“The Social Policy Research Centre (SPRC), UNSW Australia, conducted a literature review on current models of health service delivery for people with intellectual disability. The review was commissioned by the New South Wales Agency for Clinical Innovation (ACI) Intellectual Disability Health Network as part of the Blueprint that ACI is developing to deliver improved health services for people with intellectual disability in NSW. This document reports the findings of the literature review.” *Source: Social Policy Research Centre*

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## **Workforce**

### [Horizon 2035 - future demand for skills: initial results](#)

“Horizon 2035 is a CfWI initiative to provide horizon scanning that will support the Department of Health’s long-term strategic vision for the health, social care and public health workforce in England. The rigorous qualitative and quantitative research performed through this programme provides a range of insights and tools to consider future demands for workforce time across these three sectors.” *Source: Centre for Workforce Intelligence*

### [Recruitment and Retention of the Health Workforce in Europe](#)

This study funded under the EU health programme included: a literature review, a mapping and review of recruitment and retention practices for health professionals; eight case studies addressing recruitment and retention of health professionals and policy and management recommendations for policy makers, managers, health professionals, researchers and educators. The findings from the study identified many innovative solutions to the challenges of recruiting and retaining health staff. *Source: European Commission*

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## **Health Research & Information**

### [Data for Health: Learning what Works](#)

“The Robert Wood Johnson Foundation (RWJF) initiative, Data for Health, explores how data can be collected, shared, protected, and translated in ways that are useful to individuals, organizations and communities. With the opportunity of exponentially increasing amounts of data about almost every aspect of our lives, we face the challenge of how to effectively harness it, share it, and use it to guide public policy, as well as help efforts aimed at improving health.” *Source: Robert Wood Johnson Foundation*

### [Vital Signs: Core Metrics for Health and Health Care Progress](#)

“If health care is to become more effective and more efficient, sharper attention is required on the elements most important to health and health care. Vital Signs lays the groundwork

for the adoption of core measures that, if systematically applied, will yield better health at a lower cost for all Americans.” *Source: Institute of Medicine \*sign up for free account to download*

### **[Research to Action: Improving the Lives of New Zealanders through Health Research](#)**

“A new report tells the story of how the HRC contributes to the health of New Zealand across the full value chain – from generating the knowledge needed to germinate ideas right through to the clinical testing of innovations in our health system.” *Source: Health Research Council of New Zealand*

### **[The benefits of health information exchange platforms: Measuring the returns on a half a billion dollar investment](#)**

“Electronic exchange of medical data is one of many different potential IT solutions for improving efficiency in the health care system; it facilitates the timely access to patients’ medical records, which is crucial for physicians to make better decisions and avoid many redundant and often harmful medical procedures. Fewer redundancies and better medical decisions will naturally lead to much needed savings in the health care system.” *Source: Brookings Institute*

### **[Accessing and sharing health records and patient confidentiality](#)**

“Individuals have a right to access their own health records, and in limited circumstances, access to the records of other people. The Government has made a commitment that patients should gain access to their health records within 21 days following a request. Access to health records may also be granted in limited circumstances for relatives or in the case of deceased patients. This briefing describes how patients may request access to their records, and the circumstances in which access to the records of others may be allowed.” *Source: UK House of Commons Library*

### **[Multidimensional performance assessment using dominance criteria](#)**

“Public sector organisations pursue multiple objectives and serve a number of stakeholders. But stakeholders are rarely explicit about the valuations they attach to different objectives, nor are these valuations likely to be identical. This complicates the assessment of their performance because no single set of weights can be legitimately chosen by regulators to aggregate outputs into unidimensional composite scores. We propose the use of dominance criteria in a multidimensional performance assessment framework to identify best practice and poor performance under relatively weak assumptions about stakeholders’ preferences.” *Source: Centre for Health Economics*

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## **Health Systems, Costs, & Reforms**

### **[Exploring Opportunities for Collaboration Between Health and Education to Improve Population Health: Workshop Summary](#)**

“To understand the complex relationship between education and health and how this understanding could inform our nation's investments and policies, the Institute of Medicine Roundtable on Population Health Improvement held a public workshop in Washington, DC, on June 5, 2014. This workshop, which featured presentations and extensive discussion

periods, also explored how the health and education sectors can work together more effectively to achieve improvements in both health status and educational achievement. This report summarizes the presentations and discussion of the workshop.” *Source: Institute of Medicine* \*sign up for free account to download

### **[How should we think about value in health and care?](#)**

“In Realising the Value, Nesta and the Health Foundation are strengthening the case for people taking an active role in their health and care. [They] are identifying evidence-based approaches that engage people and communities, and developing tools to support implementation across the NHS and local communities. [They] are also exploring the broader behavioural, cultural and systemic changes needed and making recommendations for how the health and care system can become more person- and community-centred.”

*Source: Nesta and the Health Foundation*

### **[Redefining Value and Success in Healthcare Charting the path to the future](#)**

“Transformation of the healthcare industry is finally happening, and with dramatic energy, driven by a fundamental shift in the expectations of all stakeholders – patients, governments, payers, employers and providers. Today, the market is rejecting the three major structural deficiencies that have resulted in the industry’s systemic challenges: 1) An over-emphasis on expensive advances in medical technology that yield incremental improvements in outcomes, with inadequate consideration to cost; 2) The myopic focus on capacity for acute care, to the detriment of wellness, prevention and population health strategies; and 3) The use of volume-based reimbursement models.” *Source: IBM*

### **[Economic crisis, health systems and health in Europe: impact and implications for policy](#)**

“Not all European countries were affected by the crisis. Among those that were, the degree to which the health budget suffered varied. Some countries experienced substantial and sustained falls in public spending on health; others did not. These changes and comparative differences provide a unique opportunity to observe how policy-makers respond to the challenge of meeting health care needs when money is even tighter than usual. The magnitude of the crisis – its size, duration and geographical spread – makes the endeavour all the more relevant.” *Source: European Observatory*

### **[Constructive comfort: accelerating change in the NHS](#)**

“This report asks: how best to design national policy on the NHS to accelerate improvements to health care?” *Source: Health Foundation*

### **[Securing health in Europe: balancing priorities, sharing responsibilities](#)**

“Building on the main discussions and findings of the past conferences, the European Health Forum Gastein 2015 will address topics such as sustainable health systems and health economics with focus on health system performance and pricing of medicines, health security, including health threat responses, European development aid and health policy development, and will reflect again on the overarching question of how to maintain and improve the health of European citizens.” *Source: European Observatory*

### **[Improving length of stay: What can hospitals do?](#)**

“This report by the Nuffield Trust is part of a larger project undertaken by Monitor aiming to find the best ways to improve quality of care across the whole health system in light of recent pressures on the urgent and emergency care system. While reducing emergency admissions is difficult to achieve and hard to sustain, a more effective way to manage the growing demand for beds may be to focus on reducing length of hospital stay – the subject of this report.” *Source: Nuffield Trust*

#### **Seven day services: an evidence base of enablers for transformation**

“The NHS Improving Quality (NHS IQ) Seven Day Services team have been leading a service improvement programme across England designed to support the transformational change required to deliver access to high quality health and social care every day of the week.” *Source: NHS Improving Quality*

#### **Waiting Time Prioritisation: Evidence from England**

“A number of OECD countries have introduced waiting time prioritisation policies which give explicit priority to severely ill patients with high marginal disutility of waiting. There is however little empirical evidence on how patients are actually prioritised.” *Source: Centre for Health Economics*

#### **Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives**

“Prepared by both public finance and health experts, this report provides a unique detailed overview of institutional frameworks for financing health care in OECD countries. One of the main features of this book is a comprehensive mapping of budgeting practices and governance structure in health across OECD countries.” *Source: OECD \*You may have to interlibrary loan a copy from your library*

#### **Alternative to private finance of the welfare state: a global analysis of Social Impact Bond, Pay-for-Success and Development Impact Bond projects**

“Social impact bond projects are the latest new ‘buy-now, pay later’, off-balance sheet schemes to increase private finance of public services and the welfare state, driven by austerity policies and neoliberal ideology.” *Source: Australian Workplace Innovation and Social Research Centre*

#### **Putting the pieces together: removing the barriers to excellent patient care**

“As the NHS faces some of the greatest financial pressures in its history and an ageing patient population with complex care needs, it is vital that policymakers and system leaders dismantle the barriers to a stronger, more sustainable and more patient-centred NHS.” *Source: Royal College of Physicians*

#### **Creating a Sustainable 21st Century Healthcare System**

“By identifying sustainable innovations in health and care from across the world and then trying to apply these in different country settings, we ultimately hope to offer robust and verifiable models that will improve performance (better health outcomes and reduced costs) at a time of growing pressure.” *Source: International Longevity Centre UK*

#### **Foundation trust and NHS trust mergers: 2010 to 2015**

“Mergers of trusts in the NHS are often instigated by national bodies so that NHS trusts can gain foundation trust status or failing providers can be rescued from financial difficulties. This

report looks at 20 mergers between 2010 and mid-2015 and finds that significant sums of money are being spent on such mergers (£2 billion on just 12 mergers over this period), often based on faulty reasoning and a lack of evidence that mergers offer lasting solutions.”  
*Source: King's Fund*

### [Need to nurture: outcomes-based commissioning in the NHS](#)

“Need to nurture: outcomes-based commissioning in the NHS examines what outcomes-based commissioning means, the evidence to support it, progress to date on introducing the approach in England, and the optimum role of national policy in response to it. *Source: Health Foundation*

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## **Inequalities**

### [Making New Zealand's economic growth more inclusive](#)

“NZ governments have made improving outcomes for disadvantaged groups a top priority in recent years. Reforms are being made to facilitate the transition of welfare beneficiaries into work, increase the supply of affordable and social housing and enhance health and education outcomes for disadvantaged groups. These reforms go in the right direction and, in many cases, would be more effective still if complemented by other reforms.” *Source: OECD*

### [Empowered communities: review of the empowered communities design report](#)

“The report sets out a model for Indigenous development and empowerment for the eight regions, with the long-term goal of a national rollout. The authors focus on economic development to achieve Indigenous empowerment, with an emphasis on Indigenous individuals and families increasing their productivity (through taking responsibility).” *Source: Australian National University*

### [Can Income-Related Policies Improve Population Health?](#)

“In this brief we focus on the emerging evidence and prospects for income-related policies to improve population health. Many policies and programs have yet to be rigorously evaluated for their health impacts, and longer-term health effects may not be captured or tracked in part because they are not the primary goals of the interventions. But our growing understanding of the important connections between income and health means that these programs may have even longer-term and larger benefits than we have recognized.” *Source: VCU Center on Society and Health*

### [The value of Indigenous sight](#)

“PwC and PwC's Indigenous Consulting (PIC) collaborated with the University of Melbourne Indigenous Eye Health Unit (IEHU) to estimate the economic impacts of eliminating unnecessary vision loss for Indigenous Australians.” *Source: PricewaterhouseCoopers Australia*

### [First Peoples, Second Class Treatment](#)

“This paper explores the role of racism in the health and well-being of Indigenous peoples in Canada. It provides an overview of the historical and contemporary contexts of racism which

have historically, and continue to, negatively shape the life choices and chances of Indigenous people in this country.” *Source: Wellesley Institute*

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## **Quality & Safety**

### **[A better way to care](#)**

“There are evidence-based ways to improve the care of patients with cognitive impairment in acute care and considerable work is under way within health systems at all levels to implement these improvements. However, there are currently no mechanisms for requiring best practice and few processes that support a systematic approach to the provision of care.” *Source: Australian Commission on Safety and Quality in Health Care*

### **[Evaluating Quality Strategies in Asia-Pacific Countries: Survey Results](#)**

"The results of the survey provide a useful overview of quality strategies and policies, and show increasing commitment to quality of care in the Asia/Pacific region. The outcome of this study confirms the importance of the WHO-OECD expert network to facilitate communication/dissemination of evidence on quality improvement programmes and policies among countries." *Source: WHO and OECD*

### **[Environmental Cleaning for the Prevention of Healthcare-Associated Infections \(HAI\)](#)**

“This Technical Brief summarizes the evidence base addressing environmental cleaning of high-touch surfaces in hospital rooms and highlights future research directions.” *Source: Agency for Healthcare Research and Quality*

### **[Improving Diagnosis in Health Care](#)**

“Improving Diagnosis in Health Care, a continuation of the landmark Institute of Medicine reports *To Err is Human: Building a Safer Health System* (2000) and *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001) finds that diagnosis -- and, in particular, the occurrence of diagnostic errors -- has been largely unappreciated in efforts to improve the quality and safety of health care... The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.” *Source: Institute of Medicine* \*sign up for free account to download

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## **Physical Activity, Nutrition, & Obesity**

### **[Evidence Brief: Impact of adopting school-based active transportation policy](#)**

“This Evidence Brief aims to investigate the effectiveness of active transportation planning by asking: What are the benefits of adopting AT plans and policies?” *Site: Public Health Ontario*

### **[The use of measures of obesity in childhood for predicting obesity and the development of obesity-related diseases in adulthood: a systematic review and meta-analysis](#)**

“Our research found that obesity frequently persists from childhood to adulthood and that BMI is a reasonably accurate measure of obesity in children, which can help identify children who are likely to be obese in adulthood and who may benefit from losing weight. However, it does not identify the many healthy-weight children who will become obese or develop obesity-related diseases in adulthood. Most obesity-related diseases occur in adults who were of healthy weight in childhood.” *Source: National Institute for Health Research*

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## Public Health

### [Policy prescriptions: the firepower of the EU pharmaceutical lobby and implications for public health](#)

“This report exposes the excessive lobbying influence of the pharmaceutical industry on EU decision-making. Big pharma enjoys semi-systematic privileged access to decision-making in Brussels, facilitated by its vast lobby expenditure, complex web of actors, extensive meetings with policy-makers, and participation in advisory groups.” *Source: Corporate Europe Observatory*

### [Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery](#)

“Healthy, Resilient, and Sustainable Communities After Disasters identifies and recommends recovery practices and novel programs most likely to impact overall community public health and contribute to resiliency for future incidents. This book makes the case that disaster recovery should be guided by a healthy community vision, where health considerations are integrated into all aspects of recovery planning before and after a disaster, and funding streams are leveraged in a coordinated manner and applied to health improvement priorities in order to meet human recovery needs and create healthy built and natural environments. The conceptual framework presented in Healthy, Resilient, and Sustainable Communities After Disasters lays the groundwork to achieve this goal and provides operational guidance for multiple sectors involved in community planning and disaster recovery.” *Source: Institute of Medicine \*sign up for free account to download*

### [The State of the World's Antibiotics, 2015](#)

“What is the current state of antibiotic use and resistance in humans and animals around the globe? In low- and middle-income countries? What national-level strategies can help countries combat antibiotic resistance?” *Source: Center for Disease Dynamics, Economics & Policy*

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## Long-Term Conditions

### [A systematic review and meta-analysis assessing the effectiveness of pragmatic lifestyle interventions for the prevention of type 2 diabetes mellitus in routine practice](#)

“[The] review supports previous research, demonstrating that diabetes prevention programmes can significantly reduce the progression to T2DM and lead to reductions in weight and glucose compared with usual care.” *Source: Public Health England*

### [Applying Modeling to Improve Health and Economic Policy Decisions in the Americas: The Case of Noncommunicable Diseases](#)

“The book introduces several models for assessing health and economic policies in relation to NCDs; shows how the models can be used for different diseases or risk factors; and provides case studies of those models’ application in various countries in the Americas. The ultimate goal is to help policymakers find the best strategies for cost-effective and evidence-based NCD interventions.” *Source: OECD \*You may have to interlibrary loan a copy from your library*

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## **Drugs & Alcohol**

### [Alcohol: minimum pricing](#)

“The debate about a minimum price for alcohol has been prompted by concerns about high levels of drinking, its effect on public health and public order, and a widespread belief that most of the alcohol which contributes to drunken behaviour is irresponsibly priced and sold. One policy option is to set a minimum price per unit of alcohol. Another is to ban the sale of alcohol below cost price (the level of alcohol duty plus VAT).” *Source: UK House of Commons Library*

### [Service user involvement: A guide for drug and alcohol commissioners, providers and service users](#)

“Service users’ involvement in the design and delivery of services has contributed significantly to the evolution of effective drug and alcohol treatment systems. This guide builds on guidance published by the National Treatment Agency (NTA) in 2006, looking at the evidence base, the different levels of involvement, and the impact of involvement on service users and treatment effectiveness.” *Source: Public Health England*

### [The integration of harm reduction and healthcare](#)

“This study reveals the many opportunities and challenges facing harm reduction providers and their healthcare provider partners as they work to improve and expand the integration of harm reduction and healthcare services. Key informant interviews, focus groups, a comprehensive literature review, and an in-depth case study of a successful co-location model of service integration uncovered effective strategies and instructive experiences to guide integration efforts.” *Source: New York Academy of Medicine*

### [Research utilisation and knowledge mobilisation in the commissioning and joint planning of public health interventions to reduce alcohol-related harms: a qualitative case design using a cocreation approach](#)

“Considerable money and effort is spent on research to establish what works to improve the nation’s health, but we know the findings are not always used. In this study, we co-operated with one case study site in Scotland and one in England in order to work together to explore how research evidence is used when public health initiatives are developed, and what other factors are considered.” *Source: National Institute for Health Research*

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## **Mental Health & Wellbeing**

### [Health, wellbeing and productivity in the workplace](#)

“This report aims to draw upon data collected during the 2014 Britain's Healthiest Company (BHC) competition in order to understand what drives productivity at work in the participating organisations and, in particular, to examine the relation between the health and wellbeing of staff and their resultant productivity. To understand this relationship, we look at the links between lost productivity in terms of presenteeism (being in suboptimal health at work) and absenteeism in association with a range of factors.” *Source: RAND*

### [Identifying and responding to suicide clusters and contagion: A practice resource](#)

“This is a practical toolkit, based on our understanding of suicide clusters, however incomplete. It provides a framework for action, together with some step-by-steps, that we hope local authorities will adapt to their own particular needs, resources, and strengths.”  
*Source: Public Health England*

### [Life satisfaction across life course transitions](#)

“This paper looks at how life satisfaction changes as we pass through various life transitions on the pathway from adolescence through young adulthood, middle age and into old age. It explores how leaving home, commencing a relationship, having children, separating, entering the “empty nest” phase, retirement and widowhood affect life satisfaction.” *Source: Australian Institute of Family Studies*

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