

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

Issue 4, 2013 November

Welcome to Grey Matter, the Ministry of Health Library’s monthly Grey Literature Bulletin for staff. 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 will be arranged by topic, allowing readers to quickly hone in on their key areas of interest. Topics will vary each issue, depending upon key publications that have been made during the last month.

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

Key areas of interest in our current issue include:

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### Workforce

[**The technology horizon: Preliminary review on technologies impacting the future health and social care workforce**](http://www.cfwi.org.uk/publications/the-technology-horizon-preliminary-review-on-technologies-impacting-the-future-health-and-social-care-workforce)

“[This report] provides a starting point to consider factors that may influence the requirements, numbers and proportions of the future workforce, which may in turn stimulate changes in education and training, multidisciplinary working or priorities and practices.” *Souce: Centre for Workforce Intelligence*

[**Beyond breaking point?**](http://www.rcn.org.uk/__data/assets/pdf_file/0005/541778/004448.pdf)

“This report “calls on employers to take urgent action to protect staff welfare and patient care as well as for the Health and Safety Executive to take enforcement action where employers are failing to meet the legal requirement to assess and manage the risk of work related stress.” *Source: Royal College of Nursing*

[**Establishing Transdisciplinary Professionalism for Improving Health Outcomes - Workshop Summary**](http://iom.edu/Reports/2013/Establishing-Transdisciplinary-Professionalism-for-Improving-Health-Outcomes.aspx)

“This document summarizes a workshop to discuss how a shared understanding can be integrated into education and practice to promote a transdisciplinary model of professionalism.” *Source: Institute of Medicine*

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[**Stretched to the limit: a survey of emergency medicine consultants in the UK**](http://secure.collemergencymed.ac.uk/code/document.asp?ID=7461)

“This report…describes the working practices of consultants and other senior decision makers in emergency departments, the pressures they face and the impact on their working lives.” *Source: College of Emergency Medicine*

[**Access all areas: New solutions for GP shortages in rural Australia**](http://grattan.edu.au/static/files/assets/31e5ace5/196-Access-All-Areas.pdf)

“This report outlines a plan for the parts of rural Australia with the lowest access to GP services. [The aim is] to end the most extreme shortages...while keeping GPs at the centre of the system.” *Source: Grattan Institute*

[**Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy**](http://www.rand.org/pubs/research_reports/RR439.html?utm_campaign=rand_socialflow_twitter&utm_source=rand_socialflow_twitter&utm_medium=socialflow)

“This report [addresses] such areas as physicians' perceptions of the quality of care, use of electronic health records, autonomy, practice leadership, and work quantity and pace.” *Source: Rand Corporation*

[**Securing the Future of Excellent Patient Care**](http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf)

“The final report offers an approach which will ensure doctors are trained to the highest standards and prepared to meet changing patient needs.” *Source: Shape of Training*

### Child & Youth Health

[**Making a difference for young adult patients**](http://www.togetherforshortlives.org.uk/assets/0000/4955/TfSL_Making_a_difference_for_young_adult_patients_40pp_A5_Leaflet__FINAL_.pdf)

“These resources present key findings from a national study (the STEPP project) on health care transitions for young adults with significant, and potentially life-limiting, conditions.” *Source: Together for Short Lives*

[**Child protection: improving partnership working between hospitals and local authorities**](http://www.scie.org.uk/publications/reports/report67-partnership-working-in-child-protection.pdf)

“This report looks at how acute paediatric and local authority statutory child protection services in England work together in cases of suspected child maltreatment. In particular, the study looks at what is viewed locally as good practice in staffing, identifying cases where child maltreatment should be considered.” *Source: Social Care Institute for Excellence*

[**Acting early, changing lives: How prevention and early action saves money and improves wellbeing**](http://www.benevolent.org.au/~/media/Benevolent/Think/Actingearlychanginglives%20pdf.ashx)

“This report investigates the potential of early intervention to improve the outcomes of Australian children, especially those children experiencing significant levels of disadvantage, and especially for the long-term (i.e. into adolescence and adulthood).” *Source: Benevolent Society*

[**Prevention Pays – Our Children Deserve Better**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252652/33571_2901304_CMO_All.pdf)

This report “calls on government, the whole health service, social care and education professionals to take action and make improvements now. It highlights a strong economic case for doing more, sooner.” *Source: UK Chief Medical Officer*

### Health of Older People

[**Global AgeWatch index 2013**](http://www.helpage.org/download/52440f486ab91)

“This report aims to provide an overview of the wellbeing of older people around the world.” *Source: Help Age International*

[**Future Care for Canadian Seniors—Why it Matters**](http://www.conferenceboard.ca/e-library/abstract.aspx?did=5753)

“This Conference Board of Canada primer provides an overview of the landscape of care and services outside of hospitals that support aging Canadians, along with a discussion of why it is important to look toward the future of care for Canadian seniors.” *Source: Conference Board of Canada*

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[**Peer support networks and dementia advisers: evaluation**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/246406/Demonstrator_Sites_Evaluation_-_Final_Report_Master.pdf)

“This report… provides evidence on the importance of post diagnostic support for people with dementia and their carers, and the role that dementia advisers and peer support networks can provide in this.” *Source: UK Department of Health*

[**Hip Fracture**](http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/131010_QualityWatch_Focus-on-hip-fracture.pdf)

“Providing good quality care for people with hip fractures will become of increasing importance due to the ageing population. [ This report asks] how has the quality of treatment and outcomes for these patients changed over 10 years?” *Source: The Health Foundation and Nuffield Trust*

[**A preliminary evaluation of the Short Break Stay Program: respite care for people with dementia**](http://www.bsl.org.au/pdfs/MerciecaKimberley_Preliminary_evaluation_of_the_Short_Break_Stay_Program_2013.pdf)

“This preliminary evaluation suggests that the Short Break Stay Program is highly successful in meeting the respite needs of carers and the high care needs of their care recipients.” *Source: Brotherhood of St Laurence*

### Health Systems, Reform, & Costs

[**Principles for Health and Social Care Reform**](http://www.solace.org.uk/knowledge/reports_guides/Solace_principles_for_health_and_social_care_reform.pdf)

“This report outlines the views of SOLACE members on the shape that health and social care reform should take going forward, outlining ten key principles which should underpin future reform. It places an emphasis on a move towards integrated care; shared commissioning; and shared management.” *Source: Solace*

[**Future Hospital: Care for Medical Patients**](http://www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf)

“Future hospital: caring for medical patients sets out the Commission’s vision for hospital services structured around the needs of patients, now and future. The Commission’s recommendations are drawn from the very best of…hospital services.” *Source: Future Hospital Commission*

[**State Innovation Models: Early Experiences and Challenges of an Initiative to Advance Broad Health System Reform**](http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2013/Sep/1706_SilowCarroll_state_innovation_models_ib1.pdf)

“Interviews with officials from states participating in the State Innovation Models (SIM) Initiative reveal that the readiness of providers and payers to adopt innovations varies, requiring different starting points, goals, and strategies.” *Source: Commonwealth Fund*

[**Population Health Implications of the Affordable Care Act - Workshop Summary**](http://www.iom.edu/Reports/2013/Population-Health-Implications-of-the-Affordable-Care-Act.aspx)

“The health care delivery system is responsible for only a modest proportion of what makes and keeps Americans healthy, and health care providers and organizations could accept and embrace a richer role in communities, working in partnership with public health agencies, community-based organizations, schools, businesses, and many others to identify and solve the problems that contribute to poor health.” *Source: Institute of Medicine*

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[**Health on the high street: rethinking the role of community pharmacy**](http://www.nhsconfed.org/Publications/Documents/Health-on-high-street-rethinking-role-community-pharmacy.pdf)

“This paper discusses how best public health services might be commissioned from community pharmacy within the new system architecture.” *Source: NHS Confederation*

[**Legal Issues in Designing Bundled Payments and Shared Savings Arrangements in the Commercial Payor Context**](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407662)

“A promising method for restructuring the health care payment system involves packaging payments for multiple, related services into a “bundle” to pay for a single episode of care…However, despite the fact that the Medicare program and commercial payors are embracing bundled payments as a way to reduce costs, many federal and state health care laws make bundled payments difficult to structure and implement.” *Source: Robert Wood Johnson Foundation*

[**Closing the NHS funding gap: how to get better value health care for patients**](http://www.monitor.gov.uk/sites/default/files/publications/ClosingTheGap091013.pdf)

“This report outlines the opportunities which are available to deliver better care and close the financial gap.” *Source: Monitor*

[**Cash in the attic: realising the proceeds from government-owned property**](http://www.adamsmith.org/sites/default/files/research/files/CashInTheAtticPrint.pdf)

“This report details how the government could bring in around £23bn from sales of excess real estate holdings and around £17bn from privatisations by 2017-18. It finds that most health assets are either hospital-related or are land and buildings occupied by PCTs.” *Source: Adam Smith Research Trust*

[**Sustainability of the Canadian Health Care System and Impact of the 2014 Revision to the Canada Health Transfer**](http://www.cia-ica.ca/docs/default-source/2013/213075e.pdf)

“The objective of this report is to estimate the future costs of the Canadian health care system, assess the sustainability of the system over a 25-year horizon, and analyse the implications of the changes to the CHT (Canada Health Transfer) proposed on Dec. 19, 2011 by the federal government.” *Source: Canadian Institute of Actuaries*

[**Leading health care in London: Time for a radical response**](http://www.kingsfund.org.uk/publications/leading-health-care-london)

“The recent NHS re-organisation and the abolition of strategic health authorities and primary care trusts have resulted in an absence of health system leadership in London. At a time of acute financial and service challenges, this report asks where responsibility for leading improvements will rest in future.” *Source: King’s Fund*

[**Value-based pricing: the wrong medicine for the nation?**](http://www.2020health.org/dms/2020health/downloads/reports/VBPreport_6-5-13.pdf)

“This paper tries to explore the potential impact of introducing an additional pricing scheme for new medicines on patients, who are usually blissfully unaware of pricing negotiations. It takes the approach of asking what concerns would the public still have if a new system of “value-based pricing” were introduced, despite the negotiations and new promises to include patients further in deliberations.” *Source: 2020 Health Wellbeing Responsibility*

[**Fighting fit? Assessing New Zealand’s fiscal sustainability**](http://nzier.org.nz/sites/nzier.org.nz/files/NZIER%20public%20dicussion%20paper%202013-05%20-%20Assessing%20fiscal%20sustainability.pdf)

“This report highlights the unprecedented fiscal challenges that New Zealand politicians will face in coming decades.” *Source: New Zealand Institute for Economic Research*

[**Facilitating knowledge exchange between health-care sectors, organisations and professions: a longitudinal mixed-methods study of boundary-spanning processes and their impact on health-care quality**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0018/86301/FullReport-hsdr01070.pdf)

“This paper explores whether or not boundary-spanning processes stimulate the creation and exchange of knowledge between sectors, organisations and professions and whether or not this leads, through better integration of services, to improvements in the quality of care.” *Source: National Institute for Health Research*

[**Rethinking Pharmacare in Canada**](http://www.cdhowe.org/pdf/Commentary_384.pdf)

“ [The authors] review three of the main approaches to provincial pharmacare policy – exemplified by British Columbia, Ontario, and Quebec – and compare them with policies in other countries. [They] find that Canadian models for prescription drug financing have major shortcomings.” *Source: CD Howe Institute*

[**Celebrating the Achievements of Health Services Research in Australia and New Zealand 2001-2011**](http://www.hsraanz.org/Files/hsr_10%20ann%20pub_FINAL%20EMAIL%20WEB%20VERSION%20(2).pdf)

“Bringing together a set of papers looking back over the past 10 years in terms of both research and policy seems a fitting means of commemoration for an Association whose purpose is to facilitate communication across researchers, and between researchers and policymakers, to promote

education and training in health services research, and to ensure sustainable capacity in

health services research in Australia and New Zealand.” *Source: Health Services Research Association of Australia and New Zealand*

[**Health and Wellbeing Boards: One Year On**](http://www.kingsfund.org.uk/publications/health-and-wellbeing-boards-one-year-on)

“This report examines how the boards have used their shadow year, what they have achieved, and whether they are providing effective leadership across local systems of care.” *Source: King’s Fund*

[**Impact of the trade agreement between Europe and Canada on the costs of patented drugs**](http://www.policyalternatives.ca/publications/reports/ceta-and-pharmaceuticals)

“This study finds that the Comprehensive and Economic Trade Agreement (CETA) between the European Union and Canada will further tilt the balance towards the protection of brand-name drug manufacturers and their profits and away from Canadian consumers—resulting in significantly higher drug costs for Canadians.” *Source: Centre for Policy Alternatives*

### Integrated/Joined-Up Care

[**Health in All Policies - A Guide for State and Local Government**](http://www.apha.org/NR/rdonlyres/882690FE-8ADD-49E0-8270-94C0ACD14F91/0/HealthinAllPoliciesGuide169pages.PDF)

“Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The goal of Health in All Policies is to ensure that all decision-makers are informed about the health consequences of various policy options during the policy development process.” *Source: American Public Health Association*

[**Delivering better services for people with long-term conditions**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf)

“This paper describes a co-ordinated service delivery model – the ‘house of care’ – that aims to deliver proactive, holistic and patient-centred care for people with long-term conditions.” *Source: King’s Fund*

[**Co-ordinated care for people with complex chronic conditions: Key lessons and markers for success**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/co-ordinated-care-for-people-with-complex-chronic-conditions-kingsfund-oct13.pdf)

“This report presents…the key components of effective strategies employed by studying five UK-based programmes to deliver co-ordinated care for people with long-term and complex needs.” *Source: King’s Fund*

[**Developing community resource teams in Pembrokeshire, Wales: integration of health and social care in progress**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/pembrokeshire-coordinated-care-case-study.pdf)

“This case study looks at integrated teams of health and social care professionals, known as community resource teams, who work to co-ordinate care for people living at home in the largely rural county of Pembrokeshire.” *Source: King’s Fund*

[**Roadmap: strengthening people-centred health systems in the WHO European region - a framework for action towards Coordinated/Integrated Health Services Delivery**](http://www.euro.who.int/__data/assets/pdf_file/0005/231692/Strengthening-people-centred-health-systems-in-the-WHO-European-Region,-Roadmap.pdf)

“This proposed framework draws on the vision of Health 2020 for strengthening health system performance through innovative approaches to modernize and transform the delivery of services in order to better respond to the health challenges of the 21st century.” *Source: World Health Organization*

[**South Devon and Torbay: Proactive case management using the community virtual ward and the Devon Predictive Model**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/south-devon-and-torbay-coordinated-care-case-study-kingsfund13.pdf)

“ Community virtual wards were first introduced by Devon Primary Care Trust in 2010 to proactively identify those at high risk of emergency admissions using a predictive risk tool and to manage their care through a multidisciplinary approach.” *Source: King’s Fund*

### Nutrition, Physical Activity, & Obesity

[**Fertile Ground: Sowing the seeds of change in Canada's food system**](http://www.vitalsignscanada.ca/files/report/nationalreports/2013_NationalReport_EN.pdf)

“This year’s Vital Signs report, Fertile Ground: Sowing the seeds of change in Canada's food system, explores our relationship with food and asks how communities can mobilize locally to build a better food system for the future.” *Source: Vital Signs*

[**Managing overweight and obesity in adults – lifestyle weight management services**](http://www.nice.org.uk/nicemedia/live/13508/65480/65480.pdf)

“This guidance makes recommendations on the provision of effective multi-component lifestyle weight management services for overweight and obese adults.” *Source: NICE*

[**Sodium Intake in Populations: Assessment of Evidence**](http://www.nap.edu/catalog.php?record_id=18311)

“Sodium Intake in Populations is a summary of the findings and conclusions on evidence for associations between sodium intake and risk of CVD-related events and mortality.” *Source: National Academies Press*

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[**Walk On: Strategies to Promote Walkable Communities**](http://preventioninstitute.org/component/jlibrary/article/id-345/127.html)

“Walk On: Strategies to Promote Walkable Communities is designed to help public health professionals and community advocates make the case for making our communities and streets walkable.” *Site: Prevention Institute*

### Innovation & Policy

[**Strategic transformation: how the best companies for leadership excel at both innovation and operational excellence**](http://www.haygroup.com/downloads/ww/2013_best_companies_for_leadership_whitepaper_web.pdf)

“This study reveals how the best performing companies for leadership avoid intermittent revolutions that are normally forged by periodic strategic reviews. This report identifies key behaviours and strategies which help to enable these companies to lead and innovate successfully.” *Source: Hay Group*

[**Expertise and public policy: a conceptual guide**](http://apo.org.au/sites/default/files/docs/ParliamentaryLibrary_ExpertiseAndPublicPolicyAConceptualGuide_Oct_2013.pdf)

“This paper seeks to provide a guide to better understand: what is expertise, how to determine who are the relevant experts where it comes to the technical aspects of public policy debates, and how to go about choosing between competing expert claims.” *Source: Parliament of Australia*

**[Social innovation, public good: new approaches to public sector productivity](http://apo.org.au/sites/default/files/docs/PerCapita_SocialInnovationPublicGood_Oct_2013.pdf)**

“This report argues that rather than outsourcing ever more public services, governments should introduce social impact bond models within the public sector.” *Source: Per Capita*

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### Health Information

[**Knowledge strategy: harnessing the power of information to improve the public’s health**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/248820/PHE_Knowledge_strategy_October_2013.pdf)

“This consultation looks at PHE’s strategic approach to knowledge and information. This strategy describes the priorities PHE proposes to support, articulates a vision and starts to outline the ways in which that vision could be realised.” *Source: Public Health England*

[**OHE Guide to UK Health and Health Care Statistics**](http://www.ohe.org/publications/article/ohe-guide-to-uk-health-and-health-care-statistics-135.cfm)

“This publication provides both up-to-date statistics and a guide to finding and using health statistics from the UK and, to some extent, other OECD countries. Data are presented in easy-to-read tables and figures.” *Source: Office of Health Economics*

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[**Data for Improvement and Clinical Excellence**](http://www.cfhi-fcass.ca/Libraries/Reports/REISS-Data-for-Improvement-Fraser-E.sflb.ashx)

“Audit and feedback as a quality improvement mechanism has been shown to have modest effects. This study supports the evidence in this regard. Translating data into usable knowledge for quality improvement could lead to better client/resident outcomes. However, organizations are not equipped with resources, structures, or processes to do this in a timely or sustainable manner.” *Source: Canadian Foundation for Healthcare Improvement*

### Inequalities

[**Addressing Poverty through Local Governance**](http://www.cles.org.uk/wp-content/uploads/2013/10/JRF-Addressing-poverty-through-local-governance-final-report.pdf)

“The work…seeks to identify the roles of place based mechanisms such as procurement and community budgeting in addressing poverty. The work concludes with a series of recommendations as to how addressing poverty can become a core part of the practice of local authorities and other stakeholders through more effective use of the identified place based mechanisms.” *Source: Joseph Rowntree Foundation*

[**Review of acute rheumatic fever and rheumatic heart disease among Indigenous Australians**](http://apo.org.au/sites/default/files/docs/HealthInfoNet_ReviewOfAcuteRheumaticFeverAndRheumaticHeartDiseaseAmongIndigenousAustralians_Oct_2013.pdf)

“The main purpose of the review, which follows the model of narrative reviews/syntheses, is to provide an authoritative, up-to-date review of acute rheumatic fever and rheumatic heart disease among Indigenous.” *Source: Australia Indigenous HealthInfoNet*

[**Organizational Change to Improve Health Literacy - Workshop Summary**](http://iom.edu/Reports/2013/Organizational-Change-to-Improve-Health-Literacy.aspx)

“To examine what is known about implementation of the attributes of a health literate health care organization, the Roundtable on Health Literacy held a workshop on April 11, 2013. This document summarizes the workshop.” *Source: Institute of Medicine*

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[**Review of social determinants and the health divide in the WHO European Region. Final report**](http://www.euro.who.int/__data/assets/pdf_file/0006/215196/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-final-report-Eng.pdf)

“This review of inequities in health across the 53 Member States of the Region was commissioned to support the development of the new European policy framework for health and well-being, Health 2020. It builds on the global evidence and recommends policies to reduce health inequities and the health divide across all countries, including those with low incomes.” *Source: World Health Organization*

### Quality & Safety

[**Variation in medical practice: literature review and discussion**](http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/variation-literature-review-Oct-2013.pdf)

“Investigators have frequently documented variation in the way in which health

services are delivered, both among individual clinicians and across geographic areas, and

have found that such variation often cannot be explained by demographic factors or other

determinants of health need. The existence of such unexplained variation has provoked

questions about the effectiveness, efficiency and quality of health care services.” *Source: Health Quality and Safety Commission*

[**Lessons from Europe: assuring quality through regulation**](http://www.nhsconfed.org/Publications/Documents/Lessons-Europe-assuring-quality-regulation.pdf)

“This briefing highlights approaches to quality assurance taken in Germany and the Netherlands.” *Source: NHS Confederation*

[**A review of the NHS hospitals complaints system: putting patients back in the picture**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253320/complaints_review_report.pdf)

“This report looks at how complaints about care in NHS hospitals made by patients, their carers and representatives are listened to and acted on by hospitals… The recommendations cover improving quality of care; improving the way complaints are handled; ensuring independence in the complaints procedures; and whistleblowing.” *Source: UK Government*

### Long-Term Conditions

[**Chronic disease management: the role of private health insurance**](http://apo.org.au/sites/default/files/docs/ParliamentaryLibrary_ChronicDiseaseManagementTheRoleOfPrivateHealthInsurance_Oct_2013.pdf)

“In 2007, a series of major reforms to private health insurance (PHI) were introduced with the passage of the Private Health Insurance Act 2007 (PHIA). One of the key reforms, in fact ‘the most significant new measure’ according to the then Health Minister Tony Abbott, was Broader Health Cover (BHC)… The paper will start by providing some brief background information on private health insurance arrangements, as well as the challenges emerging from increasing rates of chronic disease, before moving to a discussion of BHC and its role.” *Source: Parliament of Australia*

[**A problem worth solving: the rising cost of musculoskeletal conditions in Australia**](http://www.arthritisvic.org.au/Useful-Information/About-Us/A-Problem-Worth-Solving/APWS.aspx)

“This report details the rising cost of musculoskeletal conditions in Australia and makes a case for why there needs to be a proactive, strategic response.” *Source: Arthritis and Osteoporosis Australia*

[**Diabetes and disability: impairments, activity limitations, participation restrictions and comorbidities**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544708)

“The report examines the association between diabetes and disability in Australia using data from the Australian Bureau of Statistics' Survey of Disability, Ageing and Carers 2009.” *Source: Australian Institute of Health and Welfare*

### Cancer & End of Life Care

[**Cancer Care: Assuring Quality to Improve Survival**](http://www.oecd-ilibrary.org/social-issues-migration-health/cancer-care_9789264181052-en)

“Cancer Care: Assuring Quality to Improve Survival surveys the policy trends in cancer care over recent years and looks at survival rates to identify the why some countries are doing better than others.” *Source: OECD*

[**Future ambitions for hospice care: our mission and our opportunity**](http://www.helpthehospices.org.uk/EasysiteWeb/getresource.axd?AssetID=138110&type=full&servicetype=Attachment)

“The aim of the Commission into the Future of Hospice Care is to help hospices look ahead so they can anticipate and meet the changing and growing needs of the communities they serve. This final report identifies five key steps that hospices should take to ensure that they are fit for the future including strengthening leadership and links with local health and social care systems.” *Source: Help the Hospices Commission*

[**Time to choose: making choice at the end of life a reality**](http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Endoflife/TimeToChoose.pdf)

This report calls for social care to be made free for everyone at the end of life. It found that almost three quarters of cancer patients in England who die in hospital beds wanted to die at home. It sets out new recommendations for improving choice at end of life for cancer patients. *Source: Macmillan Cancer Support*

**[Digital Tomosynthesis for the Screening and Diagnosis of Breast Cancer: A Review of the Diagnostic Accuracy](http://cadth.ca/media/pdf/htis/oct-2013/RC0482-Tomosynthesis-Final.pdf)**

“Digital tomosynthesis is a three-dimensional (3-D) imaging technique in which an X-ray tube moves along a limited angle arc and produces 2-D projections of the breast. From these 2-D projections, a 3-D volume of the breast is reconstructed” *Source: CADTH*

### Public Health

[**Changing behaviours in public health – to nudge or to shove?**](http://www.local.gov.uk/documents/10180/11463/Changing+behaviours+in+public+health+-+to+nudge+or+to+shove/5ae3b9c8-e476-495b-89b4-401d70e1e2aa)

“This briefing for councillors and officers explains how behavioural change interventions – or nudge theory as it is dubbed – can help local authorities fulfil their public health responsibilities.” *Source: UK Local Government Association*

[**Diseases without borders: Managing the risk of pandemics**](http://siteresources.worldbank.org/EXTNWDR2013/Resources/8258024-1352909193861/8936935-1356011448215/8986901-1380046989056/07a--Spotlight_7.pdf)

“Management of pandemic risk is the quintessential global public good that can yield benefits for all but can be supplied only through collective action. Any country’s efforts to reduce the risk are of limited benefit unless all other countries take supportive measures.” *Source: World Bank*

[**The Evidence for Violence Prevention Across the Lifespan and Around the World - Workshop Summary**](http://www.iom.edu/Reports/2013/The-Evidence-for-Violence-Prevention-Across-the-Lifespan-and-Around-the-World.aspx)

“The workshop examined how the evidence for violence prevention can be expanded, disseminated, and implemented in ways that further the ultimate goals of improved individual well-being and safer communities.” *Source: Institute of Medicine*

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### Mental Health & Addictions

[**Bridging the gap: the financial case for a reasonable rebalancing of health and care resources**](http://www.centreformentalhealth.org.uk/pdfs/bridgingthegap_fullreport.pdf)

“This report argues that the resourcing of mental health care must increase if the NHS is to improve the nation’s health while meeting its productivity challenge… Aside from the significant human cost, the financial cost of untreated mental ill health among people treated for physical illness is some £13 billion - almost as much again as the NHS spends on mental health care.” *Source: Centre for Mental Health*

[**Prescription Drug Abuse: Strategies to Stop the Epidemic**](http://healthyamericans.org/reports/drugabuse2013/TFAH2013RxDrugAbuseRpt12_no_embargo.pdf)

“There has been a striking increase in the misuse and abuse of these medications — where individuals take a drug in a higher quantity, in another manner or for another purpose than prescribed, or take a medication that has been prescribed for another individual…A number of promising strategies have been developed to address the problem — particularly focusing on prevention and providing effective substance abuse treatment.” *Source: Healthy Americans*

[**Feel better outside, feel better inside: ecotherapy for mental wellbeing, resilience and recovery**](http://www.mind.org.uk/media/336359/Feel-better-outside-feel-better-inside-report.pdf)

“This report includes new findings from the University of Essex showing the many benefits of ecotherapy for mental wellbeing. It finds that ecotherapy has been proven to improve mental health, boost self esteem, help people with mental health problems return to work, improve physical health, and reduce social isolation.” *Source: Mind*

### Disability & Social Care

**[Co-production in social care: What it is and how to do it](http://www.scie.org.uk/publications/guides/guide51/files/guide51.pdf)**

“Given its increased profile, it is important to clarify definitions of co-production and assess its impact. Although there are no large-scale evaluation initiatives, a number of reports (from academics, policy organisations and practitioner groups) offer theoretical refinement and evaluation of practice examples, which together give some indication of the potential for co-production to be developed within adult social care.” *Source: Social Care Institute for Excellence*

[**‘Turning the welfare state upside down?’ Developing a new adult social care offer**](http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/PolicyPapers/policy-paper-fifteen.pdf)

“This study was based on a review of how local council websites frame what they do for local people and interviews with a series of leading national stakeholders and good practice examples. It finds that there are major opportunities to refocus the adult social care system and to work more creatively with social capital and community resources.” *Source: Health Services Management Centre, University of Birmingham*

[**Guidance note on disability and emergency risk management**](http://apps.who.int/iris/bitstream/10665/90369/1/9789241506243_eng.pdf)

“Developed primarily for health actors working in emergency and disaster risk management at the local, national or international level, and in governmental or nongovernmental agencies, the guidance note points out the health-related actions that are required to ensure that both mainstream and specific support are available and accessible to people with disabilities in emergencies.” *Source: World Health Organization*

[**Financing Long-Term Services and Supports for Individuals with Disabilities and Older Adults**](http://www.nap.edu/catalog.php?record_id=18538&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+10.29.13&utm_content=&utm_term)

“Financing Long-Term Services and Supports for Individuals with Disabilities and Older Adults discusses the scope and trends of current sources of financing for long-term services and supports for working-age individuals with disabilities and older adults aging into disability, including income supports and personal savings.” *Source: National Academies Press*

\*Free registration to download a copy

**[Social Care and Obesity](http://www.local.gov.uk/documents/10180/11463/Social+care+and+obesity+-+a+discussion+paper+-+file+1/3fc07c39-27b4-4534-a81b-93aa6b8426af)**

“There is an important link between obesity and social care. Obesity is a contributory factor to the development of long term conditions such as diabetes and cardiovascular disease. In addition, severe obesity can result in physical and social difficulties which impact on social care.” *Source: Public Health England and Local Government Association*

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