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

Issue 13, 2014 August

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.

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### Health Systems, Reforms, & Costs

[**Future organisational models for the NHS: Perspectives for the Dalton review**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/future-organisational-models-for-the-nhs-kingsfund-jul14.pdf)

“This publication explores some of the organisational options available, including how high-performing NHS organisations might support providers in difficulty. It provides an evidence review and a range of individual perspectives on some of those new organisational arrangements, in health and other sectors, nationally and internationally – in a bid to inform the work of the Dalton review. The individual contributions highlight the benefits and challenges of different organisational models.” *Source: King’s Fund*

[**A state policy framework for integrating health and social services**](http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2014/jul/1757_mcginnis_state_policy_framework_ib.pdf)

“This issue brief describes three essential components for integrating health, including physical and behavioral health services and public health, and social services: 1) a coordinating mechanism, 2) quality measurement and data-sharing tools, and 3) aligned financing and payment.” *Source: Commonwealth Fund*

[**Defining Health and Health Care Sustainability**](http://www.conferenceboard.ca/e-library/abstract.aspx?did=6269)

“Canadian health care costs are soaring and major reforms are needed to preserve and improve the quality of health care. This report develops a sustainability framework with guiding principles and key factors deemed essential to support sustainable health care.” *Source: Conference Board of Canada*

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[**Measuring the Level and Determinants of Health System Efficiency in Canada**](https://secure.cihi.ca/free_products/HSE_TechnicalReport_EN_web.pdf)

“The goal of this study is to measure health system efficiency in Canada and to examine the factors that help explain variations in estimates of efficiency across the health regions.” *Source: Canadian Institute for Health Information*

[**Navigating the Gap Between Volume and Value**](http://www.hpoe.org/Reports-HPOE/KH_NavGap_Guide.pdf)

“This guide offers hospital leadership step-by-step advice and information on the financial planning process and how it can help organizations plan for value-based care and payment.” *Source: Health Research & Educational Trust and Kaufman, Hall & Associates, Inc.*

[**Financing Long-Term Services and Supports for Individuals with Disabilities and Older Adults: Workshop Summary**](http://www.nap.edu/catalog.php?record_id=18538)

“This report considers the role of families, business, and government in financing long-term services and supports and discusses implications of and opportunities for current and innovative approaches.” *Source: Institute of Medicine and National Research Council*

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[**Medical Engagement: A Journey Not an Event**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/medical-engagement-a-journey-not-an-event-jul14_0.pdf)

“This report is based on case studies of four NHS trusts with acknowledged high levels of medical engagement. It aims to help other organisations that are seeking to create cultures in which doctors want to engage more in the management, leadership and improvement of services.” *Source: King’s Fund*

[**NHS surplus land for supported housing: why now and what are the possible cost savings?**](http://www.smith-institute.org.uk/file/NHS%20surplus%20land%20for%20supported%20housing.pdf)

“This paper looks specifically at how using surplus NHS land to build supported housing

can help meet demand and reduce the costs of care. It makes the case for thinking

differently about cost savings in the NHS, notably in regard to alternative provision

of supported housing through innovative partnerships between housing associations

and NHS trusts. In particular, the paper aims to quantify possible future savings that

can be made based on existing land disposal programmes. The evidence suggests that

even by disposing of small parcels of surplus land significant savings can be realised

over the long-term.” *Source: Smith Institute*

[**Housing associations and the NHS: new thinking, new partnerships**](http://www.smith-institute.org.uk/file/Housing%20associations%20and%20the%20NHS.pdf)

“This report provides a commentary on the many benefits that could flow if social landlords and the NHS worked together to provide new homes and support to improve health, reduce hospital admissions and shorten the length of time people have to remain on hospital wards because there is nowhere else for them to go. It also discusses how innovative approaches to the integration of housing and health can reduce healthcare costs and help manage demand.” *Source: Smith Institute*

[**Improving NHS Care by Engaging Staff and Devolving Decision-Making: Report of the Review of Staff Engagement and Empowerment in the NHS**](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-nhs-care-by-engaging-staff-and-devolving-decision-making-jul14.pdf)

“This report argues that the NHS will not be able to deliver high-quality care for all within constrained budgets unless renewed efforts are made to engage staff and harness their commitment to improve care continuously.” *Source: King’s Fund*

[**The Importance of Multimorbidity in Explaining Utilisation and Costs Across Health and Social Care Settings: Evidence from South Somerset’s Symphony Project**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP96_multimorbidity_utilisation_costs_health_social%20care.pdf)

“This work forms a basis for identifying groups that would most benefit from improved integrated care, which might be facilitated by integrated financial arrangements and better pathway management. The more co-morbidities that a person has, the more likely they are to require care across diverse settings, and the higher their costs. Our analysis identifies those groups of the population which are the highest users of services by activity and cost and provides baseline information to allow budgetary arrangements to be developed for these targeted groups.” *Source: Centre for Health Economics*

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### Innovation & Change

**[White Paper: The new era of thinking and practice in change and transformation](http://www.nhsiq.nhs.uk/download.ashx?mid=10240&nid=10086)**

“This new White Paper from NHS Improving Quality examines leading trends in change and transformation from multiple industries across the world.” *Source: NHS Improving Quality*

[**The teams and funds making innovation happen in governments around the world**](http://www.nesta.org.uk/sites/default/files/i-teams_june_2014.pdf)

“This report tells the stories of 20 teams, units and funds established by governments and charged with making innovation happen. They work across the spectrum of innovation – from focusing on incremental improvements to aiming for radical transformations.” *Source: Nesta*

[**Our Futures Te Pae Tāwhiti The 2013 census and New Zealand’s changing population**](http://assets.royalsociety.org.nz/media/2014/07/Our-Futures-report-web-without-references.pdf)

“New Zealand’s population is in a period of rapid change, with implications for the economy, social cohesion, the place of Māori, education, and health.” *Source: Royal Society of New Zealand*

[**From innovation to adoption: Successfully spreading surgical innovation**](http://www.rcseng.ac.uk/publications/docs/from-innovation-to-adoption/@@download/pdffile/rcs_innovation_to_adoption_2014_web.pdf)

The authors “have developed a pathway of surgical innovation, made up of six critical

factors that underpin surgical adoption.” *Source: Royal College of Surgeons of England*

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### Mental Health & Addiction

[**Feeling Down: Improving the Mental Health of People with Learning Disabilities**](http://www.learningdisabilities.org.uk/content/assets/pdf/publications/feeling-down-report-2014.pdf?view=Standard)

“The Foundation for People with Learning Disabilities was commissioned to write a report about the mental health of people with learning disabilities as well as offer information to people with learning disabilities and their families to support their access to mental health services.” *Source: Foundation for People with Learning Disabilities*

[**The pursuit of happiness: a new ambition for our mental health**](http://www.centreforum.org/assets/pubs/the-pursuit-of-happiness.pdf)

“Following a year-long evidence-based commission, this report sets out the responses to the challenges faced in mental health [in the UK] over the next five years.” *Source: CentreForum*

[**Youth mental health report**](https://www.missionaustralia.com.au/research-page/young-people-page/doc_download/247-youth-mental-health-report-june-2014)

“This report presents findings on the rates of psychological distress in young Australians, aged 15-19, the concerns that are related to high levels of psychological distress and the

help seeking behaviour of young people.” *Source: Mission Australia and the Black Dog Institute*

[**Developing a model of mental health self-care support for children and young people**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0003/120990/FullReport-hsdr02180.pdf)

The researchers “found that self-care support can help with children’s mental health needs and that it is connected to an idea called ‘recovery’. [They] also found that children and their families want choice and flexibility in how, when and where self-care support is provided, staff to be available in case they need them when any therapy has finished, and services and staff that are welcoming, helpful and non-judgemental.” *Source: National Institute for Health Research*

[**The CentreForum atlas of variation**](http://www.centreforum.org/assets/pubs/atlas-of-variation.pdf)

“This mental health focused atlas of variation focuses on unwarranted – or preventable – variations in the mental health and wellbeing of England's population, exposing huge differences in people's circumstances and access to services.” *Source: CentreForum*

[**Enough is enough: A report on child protection and mental health services for children and young people**](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/enough.pdf?dm_i=21A8,2L1ZC,FLWRH5,9FPMP,1)

“The focus of [this] report is on child protection and mental health, including: the experience of vulnerable children and young people in terms of their contact with statutory services – essentially children’s social care (social care), and mental health provision (for example, primary care, Child and Adolescent Mental Health Services (CAMHS)), and Adult Mental Health Services (AMHS) and. the interface between the voluntary sector and statutory services in relation to the former working with vulnerable children and young people, and their efforts to secure support for them from the latter.” *Source: UK Centre for Social Justice*

[**Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care**](http://www.oecd-ilibrary.org/social-issues-migration-health/making-mental-health-count_9789264208445-en;jsessionid=bfaqa5xvdi81.x-oecd-live-02)

“This book addresses the high cost of mental illness, weaknesses and innovative developments in the organisation of care, changes and future directions for the mental health workforce, the need to develop better indicators for mental health care and quality, and tools for better governance of the mental health system. The high burden of mental ill health and the accompanying costs in terms of reduced quality of life, loss of productivity, and premature mortality, mean that making mental health count for all OECD countries is a priority.” *Source: OECD*

*\*requires an OECD subscription*

[**Residential treatment for drug use in Europe**](http://www.emcdda.europa.eu/attachements.cfm/att_229688_EN_TDAU14005ENN.pdf)

“In most European countries, residential treatment programmes form an important element of the range of treatment and rehabilitation options for drug users. The aim of this paper is to provide a Europe-wide overview of the history and availability of residential drug treatment within wider national drug treatment systems.” *Source: European Monitoring Centre for Drugs and Drug Addiction*

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### Health of Older People

[**Norma’s Project: A Research Study into the Sexual Assault of Older Women in Australia**](http://www.latrobe.edu.au/__data/assets/pdf_file/0011/585290/ARCSHS-Normas-Project-Report.pdf)

“Consequently the Norma’s Project research team sought funding from the Australian Department of Social Services to address the gaps and increase our understandings of the settings, social contexts and vulnerabilities associated with the sexual assault of older women. The project aims to increase awareness of this important issue both within the community and amongst service providers, and to strengthen the community’s ability to prevent, respond to and speak out about the sexual assault of older women.” *Source: La Trobe University*

[**Community Matters: Making our Communities Ready for Ageing - a call to action**](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Making_our_communities_ready_for_ageing_V3_(2).pdf)

“Over the past six months, ILC-UK and Age UK have worked together with academics and opinion formers to take a futures perspective on understanding the evidence about how communities need to adapt to an ageing society. Our aim was to promote the need for policy makers, journalists and opinion formers to better understand the evidence and to focus on solutions to ensure communities are ready for ageing.” *Source: Age UK and International Longevity Centre – UK*

[**Improving later life. Services for older people – what works**](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Services-what_works_spreads.pdf?dtrk=true)

“Some major themes have emerged that are necessary for effective services for older people. These key messages are not necessarily new but the lessons learned from research have not been consistently followed through into service design and delivery so they therefore bear repeating.” *Source: Age UK*

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### Care & Caregivers

[**One Chance to Get it Right: Improving people’s experience of care in the last few days and hours of life**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf)

“This document sets out the approach to caring for dying people that health and care organisations and staff caring for dying people in England should adopt in future. The approach should be applied irrespective of the place in which someone is dying: hospital, hospice, own or other home and during transfers between different settings.” *Source: Leadership Alliance for the Care of Dying People*

[**Can we live with how we're dying? Advancing the case for free social care at the end of life**](http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Endoflife/EndofLifereport-June2014.pdf)

“Macmillan is calling on all political parties to make free social care at the end of life a priority, both now and in their General Election manifestos.” *Source: Macmillan Cancer Support*

[**Home health care: New opportunities and challenges for care provided inside the home**](https://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/Center%20for%20health%20solutions/us_chs_HomeHealthCare_060214.pdf)

“As health care organizations map out their value-based care strategies, they are identifying ways to both reduce costs and meet the demands of the health care consumer of the future. To achieve these goals, traditional home health care providers are partnering with other organizations to decrease acute and post-acute care use (e.g., lowering readmission rates, identifying skilled nursing substitutes) as well as facility-based long-term care services and supports (LTSS).” *Source: Deloitte*

[**Husband, partner, dad, son, carer?**](http://www.carers.org/sites/default/files/male_carers_research.pdf)

“This study sought to find out more about men’s experiences of caring, the impact this has on their lives and the support services they feel would be beneficial and accessible to them.” *Source: Carer’s Trust*

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### Inequalities

[**Issue Brief: Reducing Disparities in the Quality of Care for Racial and Ethnic Minorities**](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf412949)

“Your health care depends on who you are. Race and ethnicity continue to influence a patient’s chance of receiving many specific health care procedures and treatments. A thorough review of health quality data shows that racial and ethnic minorities continue to receive lower-quality care than Whites. These differences persist even when insurance status and socioeconomic factors like education and income are taken into account. In its 2012 National Healthcare Disparities Report, the Agency for Healthcare Research and Quality suggests that disparities in quality of care are common.” *Source: Robert Wood Johnson Foundation*

[**Timing impact assessment for COAG Closing the Gap targets: child mortality**](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547195)

“This report outlines the main drivers impacting on the COAG target to halve the gap in child mortality within a decade. These include low birthweight, maternal health and behaviours (smoking and alcohol use during pregnancy) and inadequate or infrequent antenatal care. The report examines interventions that have been shown to be effective in reducing Indigenous child mortality; the time lags between program implementation and expected reductions in child mortality and its risk factors; and data availability to measure outcomes achieved.” *Source: Australian Institute of Health and Welfare*

[**Promoting the health and wellbeing of gay, bisexual and other men who have sex with men**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324802/MSM_document.pdf)

“This summary sets out Public Health England’s (PHE) initial findings on the health and wellbeing of gay, bisexual and other men who have sex with men (MSM)1 and commits PHE to a range of actions.” *Source: Public Health England*

[**Coordinated Primary Health Care for Refugees: A Best Practice Framework for Australia**](http://files.aphcri.anu.edu.au/reports/Grant%20RUSSELLFinal%20Report.pdf)

“The implementation of Australia’s National Primary Health Care Strategy and Strategic Framework provides an ideal opportunity to improve the integrated delivery of [Primary Health Care] to refugees across Commonwealth, state, territory, private and community sector contributions, and across health and non-health sectors.” *Source: Australian Primary Health Care Research Institute*

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### Health Information & Technologies

[**Health Information: Where Do People Obtain It and Why Does It Matter?**](http://www.phcris.org.au/phplib/filedownload.php?file=/elib/lib/downloaded_files/publications/pdfs/news_8431.pdf)

“This RESEARCH ROUNDup explores recent reports about the ways in which Australians obtain health information, the quality of that information, and reviews the responsibility of GPs in responding and contributing to that information.” *Source: Primary Health Care Research & Information Service*

[**Capturing Social and Behavioral Domains in Electronic Health Records**](http://www.nap.edu/catalog.php?record_id=18709&utm_medium=etmail&utm_source=The%20National%20Academies%20Press&utm_campaign=NAP+mail+new+2014-07-01+wo+blurbs&utm_content=web%20updates&utm_term=)

“This report identifies specific domains to be considered by the Office of the National Coordinator, specifies criteria that should be used in deciding which domains should be included, identifies core social and behavioral domains to be included in all EHRs, and identifies any domains that should be included for specific populations or settings defined by age, socioeconomic status, race/ethnicity, disease, or other characteristics.” *Source: Institute of Medicine*

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[**A Framework for Selecting Digital Health Technology: IHI Innovation Report**](http://www.ihi.org/resources/Pages/Publications/AFrameworkforSelectingDigitalHealthTechnology.aspx)

“As the health care landscape shifts toward population health management and enacted policies work to curb the rising cost of health care, emerging digital health technologies should seek to realize the Triple Aim. Using validated approaches to software selection, [the authors] created a Digital Health Selection Framework (DHSF) to guide patients, providers, and payers through the procurement of technology to help them achieve the Triple Aim.” *Source: Institute for Healthcare Improvement*

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### Primary Care

[**Meeting need or fuelling demand? Improved access to primary care and supply-induced demand**](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140630_meeting_need_or_fuelling_demand.pdf)

This report “examines how far increased access to general practice and other primary care services will deal with unmet need, or whether these efforts may only serve to stimulate additional use of services that would not have otherwise occurred. The briefing, based on a workshop held at the Nuffield Trust, also looks at clinical practice in direct access primary care that stimulates additional use of other services. It considers the role that service providers can play in modifying supply-induced demand, and whether it is possible to alter patient’s behaviour and demand for different forms of primary care services.” *Source: Nuffield Trust*

[**We are Primary Care**](http://www.the-ncha.com/media/17646/We-Are-Primary-Care-FINAL.pdf)

This report “seeks to introduce and define contemporary primary care to the general public, encouraging them to use it for all but the most serious of conditions and emergencies; look beyond general practice as the only alternative to hospital care; highlight the vital role primary care has to play in supporting public health and the vital role public health has to

play in sustaining an NHS that is free at the point of need; present primary care’s view of itself as delivered to NHS England as part of its Call to Action consultation; [and] highlight the different ways in which much of primary and secondary care is funded.” *Source: We are Primary Care*

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### Global Health

[**WHO Decides What is Fair? International HIV Treatment Guidelines, Social Value Judgements and Equitable Provision of Lifesaving Antiretroviral Therapy**](http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP99_International_HIV_Guidelines_ART.pdf)

“The new 2013 WHO Consolidated Guidelines on the Use of Antiretroviral Therapy (ART) make aspirational recommendations for ART delivery in low and middle income countries. Comprehensive assessments of available evidence were undertaken and the recommendations made are likely to improve individual health outcomes. However feasibility was downplayed, the Guidelines represent high-cost policy options not all of which are compatible with the core public health principles of decentralization; task-shifting; and a commitment to universality. Critically, their impact on equity and the population-level distribution of health outcomes were not fully considered.” *Source: Centre for Health Economics*

[**Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience**](http://hdr.undp.org/en/content/human-development-report-2014)

“The 2014 Report highlights the need for both promoting people's choices and protecting human development achievements. It takes the view that vulnerability threatens human development, and unless it is systematically addressed, by changing policies and social norms, progress will be neither equitable nor sustainable.” *Source: United Nations*

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### Public Health

[**Developing Pharmacy’s contribution to Public Health: A progress report from the Pharmacy and Public Health Forum**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323365/PPHF_progress_report.pdf)

Since July 2011, representatives from a wide range of important stakeholders including public health and pharmacy organisations, the NHS, local government and community pharmacy have been working to develop pharmacy’s contribution to public health. This report details the work done so far. *Source: Public Health England*

[**Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape**](http://cphss.wustl.edu/Products/Documents/ASPiRE_2014_ReportToTheNation.pdf)

“This report shows that states and communities are actively working to address tobacco control issues at the POS. While these pages outline many successes, tobacco control professionals still face a number of real barriers. They are vastly outspent by a large and powerful industry, and the complexity and range of POS policy solutions is at times daunting. Practitioners ask for more guidance and evidence as they navigate this new terrain. This report outlines a number of ways to improve the implementation and dissemination of tobacco control efforts focused on POS.” *Source: State and Community Tobacco Control Research*

[**Youth Access to E cigarettes and associated products**](http://www.tradingstandards.gov.uk/templates/asset-relay.cfm?frmAssetFileID=75751)

“The purpose of this research is to assess the ease with which young people under the age of 18 years may currently purchase E cigarettes and associated products from a wide range of retail premises including large national retailers, pharmacies, off licensed premises, independent newsagents and market stalls.” *Source: Public Health England and Trading Standards Institute*

**[E-Cigarettes and Federal Regulation: Health Policy Briefs](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf414643)**

“Policy makers have begun developing rules for how popular alternatives to traditional cigarettes can be marketed and sold. E-cigarettes, virtually non-existent 10 years ago, have skyrocketed in popularity. Though often shaped like a traditional cigarette, they are fundamentally different in both design and ingredients and are widely believed by supporters and critics to be a safer alternative and a potentially valuable tool in weaning people off tobacco cigarettes. How much safer, however, and how well they function as a smoking cessation device are key questions subject to a fierce debate.” *Source: Commonwealth Fund*

[**Components of chlamydia screening & the impact of screening on behaviour**](http://www.chlamydiascreening.nhs.uk/ps/resources/web-survey/2014%20NCSP%20web%20survey%20report.pdf)

This report “examines how chlamydia screening affects young adults’ subsequent knowledge and/or healthcare-seeking or sexual behaviour.” *Source: Public Health England*

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### Antimicrobial Resistance

[**Ensuring access to working antimicrobials**](http://www.publications.parliament.uk/pa/cm201415/cmselect/cmsctech/509/509.pdf)

“The UK Five Year Antimicrobial Resistance Strategy 2013–2018 focused principally on “antibiotic” resistance rather than antimicrobial resistance. In light of this, [this] report also focuses largely on antibiotic resistance.” *Source: UK House of Commons Science and Technology Committee*

[**Technological Challenges in Antibiotic Discovery and Development**](http://www.nap.edu/catalog.php?record_id=18616)

“This report explores the challenges in overcoming antibiotic resistance, screening for new antibiotics, and delivering them to the sites of infection in the body. The report also discusses a path forward to develop the next generation of potent antimicrobial compounds capable of once again tilting the battle against microbial pathogens in favor of humans.” *Source: National Research Council*

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[**Joint Statement on Antibiotic Resistance from 25 National Health Organizations and the Centers for Disease Control and Prevention**](http://www.cddep.org/sites/cddep.org/files/publication_files/3._consensus_statement-1.pdf?issuusl=ignore)

“The Joint Statement on Antimicrobial Resistance sets out how health professionals can challenge current attitudes that antibiotics are a ‘cure all’.” *Source: Center for Disease Dynamics, Economics and Policy*

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### Nutrition, Physical Activity, & Obesity

[**Options for action to support the reduction of sugar intakes in the UK**](http://nhfshare.heartforum.org.uk/RMAssets/UKHFreports/UK%20Health%20Forum%20Discussion%20document%20-%20prepared%20for%20PHE%20June%202014.pdf)

“This discussion paper was commissioned by Public Health England from the UK Health Forum… The paper mapped out some options for action which could help to reduce intakes of free sugars in the UK.” *Source: UK Health Prevention First Forum*

[**Negative growth: the future of obesity in Australia**](http://apo.org.au/files/Resource/vichealth_negativegrowth_thefutureofobesityinaustraliaresearchhightlights_2014_0.pdf)

“This publication makes recommendations for a collaborative, coordinated and multi-level approach to tackle the urgent, complex and worsening problem of obesity in Australia.”  *Source: Government of Victoria*

[**Healthier Corner Stores Positive Impacts and Profitable Changes**](http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf)

“The Healthy Corner Store Initiative began with a simple premise: Everyone deserves access to healthy, affordable food, and the ubiquitous corner store, often thought of as a source of unhealthy food, could be a partner in the effort to increase the availability of healthy food choices in neighborhoods throughout Philadelphia… Evaluation of the Healthy Corner Store Initiative, by The Food Trust and Econsult Corporation, an economic consulting firm, has observed multiple positive impacts: The Healthy Corner Store Initiative has increased healthier food choices, created healthier businesses and encouraged healthier communities.” *Source: The Food Trust*

[**Obesity in an Ageing Society: Implications for health, physical function and health service utilisation**](http://tilda.tcd.ie/assets/pdf/Obesity_Report.pdf)

“This report takes a closer look at what groups are most affected, what are the associations with various aspects of health and physical function, and how this impacts upon health service utilisation.” *Source: TILDA (The Irish Longitudinal Study on Ageing) Team*

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### Quality & Safety

[**An exploration of the implementation of open disclosure of adverse events in the UK: a scoping review and qualitative exploration**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0012/121350/FullReport-hsdr02200.pdf)

“The key message from this report seems to be that while open disclosure is widely regarded as the right thing to do, creating a culture of openness remains challenging, yet necessary, if patients are to be involved effectively in all aspects of their care.” *Source: National Institute for Health Research*

[**Recognising and responding to deterioration in mental state: A scoping review**](http://www.safetyandquality.gov.au/wp-content/uploads/2014/07/Recognising-and-responding-to-deterioration-in-mental-state.-A-scoping-review.pdf)

This report examines “the current knowledge base for recognising and responding to deterioration in mental state of inpatients in acute settings, gaps that could be addressed by the ACSQHC, whether and how the ACSQHC’s existing framework for recognising and responding to physiological deterioration could be applied to deterioration in a person’s mental state.” *Source: Australian Commission on Safety and Quality in Healthcare*

**[Safe staffing for nursing in adult inpatient wards in acute hospitals](http://www.nice.org.uk/guidance/sg1/resources/guidance-safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals-pdf)**

“This latest guidance is designed to help ensure safe and efficient nurse staffing levels on hospital wards that provide overnight care for adult patients in England and is in response to concerns about standards of patient care in the aftermath of the Mid Staffs scandal.” *Source: National Institute for Clinical Evidence*

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### Workforce

[**Tackling health inequalities - the case for investment in the wider public health workforce**](http://www.rsph.org.uk/download.cfm?docid=732B74B2-67C4-43CC-80A266C3647E2021)

“A new report… is calling for greater investment and better understanding of the impact of the “wider public health workforce” - people who are not professionally qualified public health practitioners, but have the ability or opportunity to positively impact public health in their community. The report argues that this “wider workforce” could be instrumental in reducing the burden of health inequalities.” *Source: Royal Society for Public Health*

[**Horizon 2035: Progress Update**](http://www.cfwi.org.uk/publications/horizon-2035-progress-update-july-2014/attachment.pdf)

“This report looks at the three main areas of work so far. The first - defining the health and care system - considers the context of the workforce sectors; their size, structure and how they can be understood together. The second - generating scenarios - identifies the crucial forces shaping the current and future workforce system in order to generate consistent future scenarios. The final area of work - modelling demand and supply - quantifies the current demand and supply of the health, social care and public health workforce and then considers the quantitative implications of the scenarios.” *Source: Centre for Workforce Intelligence*

[**New ways of working in mental health services: a qualitative, comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England**](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0016/121219/FullReport-hsdr02190.pdf)

“Making new roles fit with existing structures was a challenge in the NHS. The most important issues were around valuing and supporting peer workers to use their personal experiences of mental health problems. Organisations needed to be flexible and allow traditional ways of doing things to change if peer workers were to do their jobs well and stay well themselves.” *Source: National Institute for Health Research*

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