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

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

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## Health Systems, Costs & Reforms

### [The State of the State New Zealand 2016: Social Investment for Our Future](http://www2.deloitte.com/content/dam/Deloitte/nz/Documents/public-sector/state-of-the-state-nz-final-v.pdf)

The State of the State is a review of the government’s financial position, and the implications for public policy in New Zealand. In 2016, the focus is on social investment – the new approach to improving the quality of life outcomes for those most in need.” *Source: Deloitte*

### [Are better health outcomes related to social expenditure? A cross-national empirical analysis of social expenditure and population health measures](http://www.rand.org/pubs/research_reports/RR1252.html)

“Previous studies have shown that social spending and the ratio of social to health spending are associated with better health outcomes in OECD countries. This exploratory study builds on this finding by widening the scope of the analysis, by incorporating other societal factors — namely, social capital and income inequality — and by assessing these relationships not only at the cross-national level but also at the cross-state level within the United States.” *Source: RAND Corporation*

### [Building a 21st century health system for all Australians](http://sussanley.com/wp-content/uploads/2015/08/160501_Building-a-21st-Century-Health-System_WEB_Final.pdf)

“Key reform objectives are to ensure that consumers are at the centre of all decisions, patients have better health outcomes, and health services are well-integrated, efficient and better delivered.” *Source: Australian Government*

### [Developing care for a changing population: Supporting patients with costly, complex needs](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/thorlby_vrijhoef_supporting_patients_with_costly_complex_needs_web.pdf)

“Responding to the needs of the growing numbers of people with complex, chronic illnesses is making new and testing demands of health systems worldwide. This discussion paper looks at emerging evidence from Europe and offers ten reflections for policymakers.” *Source: Nuffield Trust*

### [A Rough Guide to Early Action: Seven stories of how society is acting earlier](http://www.community-links.org/uploads/documents/CommunityLinksEarlyActionFull.pdf)

“Early action is enabling people to overcome problems before they become harder to tackle. Most people agree that this is a common sense concept. This report showcases seven stories of projects or services from across the UK that are acting earlier in dealing with social problems. The report draws out insights about implementing early action that cut across sectors, so we hope that these examples will inform and inspire you to start thinking about how to apply early action to your area of work or give you fresh ideas for how to continue to practice.” *Source: Community Links*

### [Evidence check: healthcare performance reporting bodies](http://apo.org.au/files/Resource/healthcare-performance-reporting-bodies.pdf)

“This Evidence Check review examined organisations that have a key role in healthcare performance measurement and reporting across developed economies. A total of 34 organisations from 12 countries were included in the analysis, with the aim of identifying trends in terms of mandates, functions, structure and staffing, stakeholder engagement, analytic frameworks or indicator sets and outputs and publications.” *Source: Sax Institute*

### [NESTA ideas bank: ideas to transform Scotland](http://www.nesta.org.uk/sites/default/files/ideas_bank_scotland_paper.pdf)

“This report discusses innovative policy solutions to transform Scotland's health and care system, democratic process and creative industries. It focuses on patient-centred care, personalisation and smarter use of technology and data to improve health and care in Scotland.” *Source: NESTA*

### [NHS Five Year Forward View: Recap briefing for the Health Select Committee on technical modelling and scenarios](https://www.england.nhs.uk/wp-content/uploads/2016/05/fyfv-tech-note-090516.pdf)

“The FYFV set out NHS funding scenarios for the period to 2020/21. This technical briefing document summarises the methodology used to derive these scenarios, and describes the subsequent Spending Review (SR) settlement and its efficiency implications.” *Source: NHS*

### [Improving Access to Canadian Health Care: The Role of Tax Policies](http://www.conferenceboard.ca/e-library/abstract.aspx?did=7932)

“Governments have recognized a need to alleviate out-of-pocket costs for health care through fiscal or tax policies. This research assesses several of these, including the medical expense tax credit and the children’s fitness tax credit. It examines their role in improving access to uninsured or underinsured health care services, and their costs in terms of foregone federal revenues. It also discusses the potential impact of implementing a health-related tax deduction in Canada.” *Source: Conference Board of Canada \*sign up for free account to download*

### [Health care coverage in OECD countries in 2012](http://www.oecd-ilibrary.org/social-issues-migration-health/health-care-coverage-in-oecd-countries-in-2012_5jlz3kbf7pzv-en)

“This paper provides a detailed description of health coverage in OECD countries in 2012. It includes information on the organisation of health coverage (residence-based vs contributory systems), on the range of benefits covered by basic health coverage and on cost-sharing requirements. It also describes policies implemented to ensure universal health coverage –in most countries- and to limit user charges for vulnerable populations or people exposed to high health spending. The paper then describes the role played by voluntary health insurance as a secondary source of coverage.” *Source: OECD*

### [Transforming Health Care: A Compendium of Reports from the NPSF Lucian Leape Institute](http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/LLI/TransformingHC_LLICompendium.pdf)

“Since 2010, the NPSF Lucian Leape Institute’s work has focused on examination of five areas that the members identified as being the keys to transforming the safety of our health care system: 1.Transparency; 2.Patient/consumer engagement; 3.Restoration of joy and meaning in work and workforce safety; 4.Care integration; and 5.Medical education reform. The Institute enlisted the knowledge of leaders and experts to study these concepts in depth and report on findings and recommendations.” *Source: National Patient Safety Foundation*

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## Health Innovations

### [Challenges, solutions and future directions in the evaluation of service innovations in health care and public health](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0019/166015/FullReport-hsdr04160.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7134886_HMP%202016-05-27&dm_i=21A8,48XBA,FLWRH5,FI46V,1)

“Policies and interventions in the health care system may have a wide range of effects on multiple patient outcomes and operate through many clinical processes. This presents a challenge for their evaluation, especially when the effect on any one patient is small. This essay explores the nature of the health care system and discuss how the empirical evidence produced within it relates to the underlying processes governing patient outcomes.” *Source: National Institute for Health Research*

### [Applying an Implementation Science Approach to Genomic Medicine: Workshop Summary](http://www.nap.edu/catalog/23403/applying-an-implementation-science-approach-to-genomic-medicine-workshop-summary?utm_source=NAP+Newsletter&utm_campaign=32358d1dcb-NAP_mail_new_2016_05_03&utm_medium=email&utm_term=0_96101de015-32358d1dcb-102579513&goal=0_96101de015-32358d1dcb-102579513&mc_cid=32358d1dcb&mc_eid=887bc22fe0)

“The field of implementation science may be able to provide insights concerning efficient ways to incorporate genomic applications into routine clinical practice. The focus of implementation science studies is to identify integration bottlenecks and optimal approaches for a given setting and ultimately to promote the up-take of research findings.” *Source: National Academies Press*

### [The future of public services: digital patients](http://www.reform.uk/wp-content/uploads/2016/05/Digital-Patients_Web_single-pages.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7134886_HMP%202016-05-27&dm_i=21A8,48XBA,FLWRH5,FJ57I,1)

“This report highlights the important role that apps and wearable technology will play in health care. It finds that the emergence of wearable and app technology presents policymakers with an unprecedented opportunity to engage patients in their own health care. It concludes that if care teams had access to user-generated data it could enrich their understanding of the patient and how best to manage their condition.” *Source: Reform*

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## Nutrition, Obesity, & Physical Activity

### [Food Literacy: How Do Communications and Marketing Impact Consumer Knowledge, Skills, and Behavior? Workshop Summary](http://www.nap.edu/catalog/21897/food-literacy-how-do-communications-and-marketing-impact-consumer-knowledge?utm_source=NAP+Newsletter&utm_campaign=32358d1dcb-NAP_mail_new_2016_05_03&utm_medium=email&utm_term=0_96101de015-32358d1dcb-102579513&goal=0_96101de015-32358d1dcb-102579513&mc_cid=32358d1dcb&mc_eid=887bc22fe0)

“In September 2015, the National Academies of Sciences, Engineering, and Medicine's Food and Nutrition Board convened a workshop in Washington, DC, to discuss how communications and marketing impact consumer knowledge, skills, and behavior around food, nutrition, and healthy eating. This report summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

### [Gardens and health: Implications for policy and practice](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Gardens_and_health.pdf)

“The report includes a ‘menu’ of recommendations that aims to encourage the NHS, government departments, national bodies, local government, health and wellbeing boards and clinical commissioning groups to make more of the diverse health benefits of gardening in support of their priorities.” *Source: King’s Fund*

### [Working Together to Promote Active Travel: A briefing for local authorities](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523460/Working_Together_to_Promote_Active_Travel_A_briefing_for_local_authorities.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7096839_HMP%202016-05-17&dm_i=21A8,483YF,FLWRH5,FEPSS,1)

“This briefing has been written for transport planners, others concerned with the built environment, and public health practitioners. It looks at the impact of current transport systems and sets out the many benefits of increasing physical activity through activetravel. It suggests that while motorised road transport has a role in supporting the economy, a rebalancing of our travel system is needed.” *Source: Public Health England*

### [Fit for life: Independent research into the public health benefits of new walking and cycling routes](http://www.sustrans.org.uk/sites/default/files/images/files/Sustrans%20Fit%20for%20Life.pdf)

“The report illustrates the importance of investment in infrastructure for walking and cycling, and the role of research in helping us understand these interventions and learn for future schemes.” *Source: Sustrans*

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## Primary Care

### [Understanding pressures in general practice](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf)

“This report looks at patient factors, system factors and supply-side issues to see what lies behind this increasing pressure on general practice. It finds that despite GPs being at the heart of the health care system, a lack of nationally available, real-time data has made their changing workload largely invisible to commissioners and policy-makers.” *Source: King’s Fund*

### [Final Report: Promoting EArly intervention with men’s use of violence in ReLationships through primary care (PEARL study)](http://aphcri.anu.edu.au/files/Hegarty-Full%20report%20FINAL.pdf)

“The PEARL study will address an evidence gap around early intervention with male perpetrators of domestic violence through primary care.” *Source: Australian Primary Health Care Research Institute*

### [The Future of GP Collaborative Working](http://www.rcgp.org.uk/news/2016/may/~/media/Files/Policy/A-Z-policy/2016/The-Future-of-Collaborative-Working-2016.ashx?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7106589_HMP%202016-05-20&dm_i=21A8,48BH9,FLWRH5,FFR6V,1)

“This paper brings together case study examples of GPs taking the initiative and working in an integrated fashion, alongside secondary care physicians and the wider health and social care system, in order to redesign services to better meet the needs of their patients. The examples given show how it is possible to take advantage of the opportunities available and work within existing frameworks to create a service that responds flexibly to patients’ changing needs.” *Source: Royal College of General Practitioners*

### [Outpatient services and primary care: scoping review, substudies and international comparisons](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0008/165491/FullReport-hsdr04150.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7084524_HMP%202016-05-13&dm_i=21A8,47UGC,FLWRH5,FD9RA,1)

“A new review of the current literature on the subject and found that, with appropriate safeguards and support, substantial areas of care traditionally given in hospitals can be transferred to primary care. For example, relocating specialists to work in the community is popular with patients, and joint working between specialists and general practitioners (GPs) can be of substantial educational value.” *Source: National Institute for Health Research*

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## Inequalities

### [Te Ohonga Ake : the determinants of health for Māori children and young people in New Zealand: Series 2](https://ourarchive.otago.ac.nz/bitstream/handle/10523/6384/2014%20Report%20Determinants%20Maori%20Report_FINAL_FINAL_20160428.pdf?sequence=4&isAllowed=y)

“This report, which focuses on the underlying determinants of health for Māori children and young people, aims to: 1. Provide a snapshot of progress in addressing many of the determinants of health including child poverty and living standards, housing, early childhood education, oral health, tobacco use, alcohol related harm, and children’s exposure to family violence. 2. Assist those working in the health sector to consider the roles other agencies play in influencing child and youth health outcomes related to these determinants.” *Source: NZ Child and Youth Epidemiology Service, University of Otago*

### [Translation is not enough: Cultural adaptation of health communication materials](http://ecdc.europa.eu/en/publications/Publications/translation-is-not-enough.pdf)

“This guide introduces an innovative five-step, stakeholder-based approach to adapting health communication materials. It describes how countries can take any health communication material, produced in English or other languages) and create adapted products which reflect national or local realities, needs and assets without losing the scientific correctness, core concepts and messages of the original version.” *Source: European Centre for Disease Prevention and Control*

### [Midwifery Services for Socially Disadvantaged Populations: Review of Clinical Effectiveness and Guidelines](https://www.cadth.ca/sites/default/files/pdf/htis/mar-2016/RC0762%20Midwife%20Services%20Final.pdf)

“As midwifery may have an effect on maternal and infant outcomes and those at social disadvantage are at a higher risk for negative outcomes related to pregnancy and childbirth, the aim of this review is to summarize the evidence on the clinical effectiveness of midwifery services compared with usual maternity care for socially disadvantaged women with a low-risk pregnancy and to summarize the evidence-based guidelines regarding the implementation of midwifery services into communities with socially disadvantaged populations.” *Source: Canadian Agency for Drugs and Technology in Health*

### [Building Rainbow communities free of partner and sexual violence](http://www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-2016.pdf)

“The report includes the results of a survey, which was answered by 407 people with diverse ethnicities, gender identities, ages and sexualities. It found concerning levels of both partner and sexual violence, including many forms of psychological abuse and isolation that are specific to people in Rainbow communities. The survey also found that most people in the Rainbow community were not seeking help in relation to partner and sexual violence, and those that who did seek help from specialist agencies often did not experience that help as supportive.” *Source: Hohou Te Rongo Kahukura – Outing Violence*

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## Child, Youth & Maternal Health

### [Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf)

“This technical package represents a select group of strategies based on the best available evidence to help prevent child abuse and neglect. These strategies include strengthening economic supports to families; changing social norms to support parents and positive parenting; providing quality care and education early in life; enhancing parenting skills to promote healthy child development; and intervening to lessen harms and prevent future risk. The strategies represented in this package include those with a focus on preventing child abuse and neglect from happening in the first place as well as approaches to lessen the immediate and long-term harms of child abuse and neglect.” *Source: Centers for Disease Control and Prevention*

### [From Best Practices to Breakthrough Impacts: A science-based approach to building a more promising future for young children and families](http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/HCDC_From_Best_Practices_to_Breakthrough_Impacts.pdf)

“A remarkable expansion of new knowledge about brain development in the early years of life, linked to advances in the behavioral and social sciences, is now giving us deeper insights into how early experiences are built into our bodies, with lasting impacts on learning, behavior, and both physical and mental health. These insights can be used to fuel new ideas that capitalize on the promise of the early years and lead to breakthrough solutions to some of the most complex challenges facing parents, communities, and nations.” *Source: Center on the Developing Child at Harvard University*

### [Fairness for children: a league table of inequality in child well-being in rich countries](http://apo.org.au/files/Resource/unicef_fairness_for_children_2016.pdf)

“This report card presents an overview of inequalities in child well-being in 41 countries of the European Union (EU) and the Organisation for Economic Co-operation and Development (OECD). It focuses on ‘bottom-end inequality’ – the gap between children at the bottom and those in the middle – and addresses the question ‘how far behind are children being allowed to fall?’ in income, education, health and life satisfaction.” *Source: UNICEF*

### [A study into the legislative – and related key policy and operational – frameworks for sharing information relating to child sexual abuse in institutional contexts](http://apo.org.au/files/Resource/c_adams_a_study_into_the_legislative_2016.pdf)

“This report considers the legislative – and related key policy and operational – frameworks for sharing information relating to child sexual abuse in institutional contexts between institutions and across jurisdictions in Australia.” *Source: Macquarie University*

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## Public Health

### [Tackling drug-resistant infections globally: final report and recommendations](http://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7106589_HMP%202016-05-20&dm_i=21A8,48BH9,FLWRH5,FGOCF,1)

“Following 19 months of consultation and eight interim papers, each focusing on a specific aspect of antimicrobial resistance (AMR), this report sets out the Review on Antimicrobial Resistance’s final recommendations to tackle AMR in a global way.” *Source: Review on Antimicrobial Resistance*

### [Fit for the Future – Public Health People: A review of the public health workforce](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524599/Fit_for_the_Future_Report.pdf)

“The Department of Health commissioned PHE to carry out a thematic review of public health workforce future capabilities and skills. This review outlines five important themes that underpin the response to developing a workforce for 2021 and provides a clear pathway and plan to achieve the ‘new’ workforce.” *Source: Public Health England*

### [World Health Statistics 2016: Monitoring health for the SDGs](http://www.who.int/gho/publications/world_health_statistics/2016/en/)

“World Health Statistics 2016 focuses on the proposed health and health-related Sustainable Development Goals (SDGs) and associated targets. It represents an initial effort to bring together available data on SDG health and health-related indicators. In the current absence of official goal-level indicators, summary measures of health such as (healthy) life expectancy are used to provide a general assessment of the situation.” *Source: WHO*

### [Delivering better oral health: an evidence-based toolkit for prevention](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf)

“A number of well-respected experts have come together to produce this document which aims to provide practical, evidence-based guidance to help clinical teams to promote oral health and prevent oral disease in their patients. It is intended for use throughout primary dental care.” *Source: Public Health England*

### [Public Health England Strategic Plan](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/516985/PHE_Strategic_plan_2016.pdf)

“The Public Health England (PHE) Strategic Plan sets out how the organisation intends to protect and improve the public’s health and reduce inequalities over the next 4 years. It also outlines actions PHE will take over the next year to achieve these aims and deliver its core functions. It builds on the Department of Health’s Shared Delivery Plan, the NHS 5 Year Forward View, and From Evidence into Action. It confirms the role that PHE will continue to play in the health and care system, building on evidence, prioritising prevention and supporting local government and the NHS.” *Source: Public Health England*

### [Public health in a changing climate](https://www.jrf.org.uk/report/public-health-changing-climate)

“Climate change poses both a threat and an opportunity for public health. This report reviews current local strategies and actions to address climate change by public health departments and their partners. It explores barriers and opportunities for action, and identifies recommendations for local and national policy and practice.” *Source: Joseph Rowntree Foundation*

### [Let’s talk about hesitancy: Enhancing confidence in vaccination and uptake](http://ecdc.europa.eu/en/publications/Publications/lets-talk-about-hesitancy-vaccination-guide.pdf)

“This European Centre for Disease Prevention and Control (ECDC) Let’s talk about hesitancy guide provides practical evidence-based and peer-reviewed advice for public health programme managers (PHPMs) and communicators involved with immunisation services. It identifies ways to enhance people’s confidence in vaccination and addresses common issues which underlie vaccination hesitancy.” *Source: European Centre for Disease Prevention and Control*

### [Let’s talk about protection: enhancing childhood vaccination uptake](http://ecdc.europa.eu/en/publications/Publications/lets-talk-about-protection-vaccination-guide.pdf)

“This guide provides practical peer-reviewed advice and evidence-based guidance for healthcare providers who are involved with immunisation services on ways to increase the uptake of childhood vaccinations. This advice and guidance is delivered by giving voice to the thoughts, knowledge and insights of parents, social marketers, health promoters and other health service and public health experts. The advice aims to help healthcare providers gain insights into the behaviour and choices of different stakeholders and identify ways to better address concerns about vaccination and other obstacles to vaccination uptake.” *Source: European Centre for Disease Prevention and Control*

### [Dodgy Cigs: We expect that tobacco companies will respond to plain, standardised packaging by scaremongering about illicit tobacco](http://www.ashscotland.org.uk/media/547503/dodgy-cigs-report-final.pdf)

“ASH Scotland has released a new report, Dodgy Cigs, detailing the way the tobacco industry has raised ill-founded concerns about illicit tobacco to oppose public health measures.” *Source: ASH Scotland*

### [STOP SV : a technical package to prevent sexual violence](http://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf)

“This technical package represents a select group of strategies based on the best available evidence to help communities and states sharpen their focus on prevention activities with the greatest potential to reduce sexual violence (SV) and its consequences. These strategies focus on promoting social norms that protect against violence; teaching skills to prevent SV; providing opportunities, both economic and social, to empower and support girls and women; creating protective environments; and supporting victims/survivors to lessen harms. The strategies represented in this package include those with a focus on preventing SV from happening in the first place as well as approaches to lessen the immediate and long-term harms of SV.” *Source: Centers for Disease Control and Prevention*

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## Community Engagement

### [Effective Community-level change](http://www.superu.govt.nz/effective-community-level-change)

“Community-level initiatives have been widely implemented in New Zealand and overseas.The report identifies a number of factors that help make community-level initiatives successful and some suggested actions for government and communities.” *Superu*

### [Engaging First Peoples: A Review of Government Engagement Methods for Developing Health Policy](https://www.lowitja.org.au/sites/default/files/docs/Engaging-First-Peoples.pdf)

“This second discussion paper for the Lowitja Institute on government engagement with First Peoples in Australia provides a review and policy analysis of national, State and regionally constructed engagement strategies.” *Source: Lowitja Institute*

### [Engaging communities for health improvement: A scoping study for the Health Foundation](http://www.health.org.uk/sites/default/files/EngagingCommunitiesForHealthImprovement.pdf)

“This publication was produced as a background scoping study for the Health Foundation. It was to help them to decide what they might do to strengthen community engagement in health.” *Source: Health Foundation*

### [Community engagement : a key strategy for improving outcomes for Australian families](https://aifs.gov.au/cfca/sites/default/files/cfca39-community-engagement.pdf)

“There have been growing calls for service providers to seek greater community engagement in the design and delivery of services. However there is no consensus as to what this involves, and there appears to be a gap between the rhetoric and the reality of community engagement. This paper seeks to clarify what community engagement involves, how it relates to other ideas and practices, and the role it can play in improving outcomes for children and families.” *Source: Child Family Community Australia*

### [Better care in my hands: a review of how people are involved in their care](http://www.cqc.org.uk/sites/default/files/20160519_Better_care_in_my_hands_FINAL.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7120944_HMP%202016-05-24&dm_i=21A8,48MK0,FLWRH5,FHKHF,1)

“This report describes the extent and quality of people’s involvement in their health and social care. It is based on newly analysed evidence from CQC’s national reports and inspection findings, national patient surveys and a literature review. It identifies what enables people and their families to work in partnership with health and social care staff and illustrates this with examples of how people are involved in their care in services.” *Source: Care Quality Commission*

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## Quality & Safety

### [Strategic quality improvement: An action learning approach](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/WEB_Strategic%20Quality%20Improvement_final.pdf)

“The King’s Fund was commissioned by Oxleas NHS Foundation Trust to work with their Quality Board to facilitate an assessment of its existing approaches to quality improvement and to develop a strategy for future work. This case study details the approach and philosophy behind this work, which involved working with the trust’s five directorates to develop their ability to appraise their own approach to quality improvement with a view to improving performance, achieving better clinical outcomes and building further on the trust’s capacity as a learning organisation.” *Source: The King’s Fund*

### [Building Q: Learning from designing a large scale improvement community](http://www.health.org.uk/sites/default/files/BuildingQ.pdf)

“This report looks at the first year of the Q initiative and the extensive co-design process used to create it. Q is a diverse and growing community of people, with experience and understanding of improvement, committed to improving the quality of health and care across the UK. The report identifies lessons for anyone seeking to support improvement work across organisations or through networks, as well as those engaged in designing initiatives with many diverse stakeholders.” *Source: Health Foundation*

### [Does comprehensive care lead to improved patient outcomes in acute care settings?](http://apo.org.au/files/Resource/does-comprehensive-care-lead-to-improved-patient-outcomes-in-acute-care-settings.pdf)

“This Evidence Check examines the effect of comprehensive care in acute settings on patient outcomes. The evidence shows that initiating a comprehensive care program has the potential to lead to increased patient satisfaction, increased involvement of patients in shared decision making and reduced length of stay, cost of care and hospital readmission rates.” *Source: Sax Institute*

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## Mental Health & Addiction

### [Integrated care to address the physical health needs of people with severe mental illness: a rapid review](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/164652/FullReport-hsdr04130.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7015935_ICB%202015-05-11&dm_i=21A8,46DJ3,FLWRH5,F71FD,1)

“Efforts to improve the physical health care of people with SMI (Severe Mental Illness) should empower people (staff and service users) and help remove everyday barriers to delivering and accessing integrated care. In particular, there is a need for improved communication between professionals and better information technology to support them, greater clarity about who is responsible and accountable for physical health care and awareness of the effects of stigmatisation on the wider culture and environment in which services are delivered.” *Source: National Institute for Health Research*

### [Education, education, mental health: supporting secondary schools to play a central role in early intervention mental health services](http://www.ippr.org/files/publications/pdf/education-education-mental-health_May2016.pdf?noredirect=1)

“Early intervention mental health services for children and young people must be rejuvenated – and secondary schools should play a central role in this, complementing wider community and NHS provision.” *Source: Institute for Public Policy Research*

### [Innovative Practice in Alcohol Treatment and Recovery](http://www.recovery-partnership.org/uploads/5/1/8/2/51822429/alcohol___innovation_briefing_-_recovery_partnership.pdf)

“This briefing is based on both a roundtable discussion held in Sheffield and wider policy and research, and covers innovative responses in the region within alcohol treatment. The Alcohol Liaison Service in Wakefield and the development of a new screening and audit tool in Sheffield are both featured.” *Source: Adfam*

### [Improving the physical health of people with mental health problems: Actions for mental health nurses](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524571/Improving_physical_health_A.pdf)

“This evidence-based information will help mental health nurses to improve the physical health and wellbeing of people living with mental health problems. This document focuses on how to deal with some of the main risk factors for physical health problems, and helps to make sure that people living with mental health problems have the same access to health checks and healthcare as the rest of the population.” *Source: Department of Health and Public Health England*

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## Health of Older People

### [Health technologies – are older people interested?](http://www.2020health.org/2020health/Publications/Publications-2016/Health-technologies---are-older-people-interested-.html)

“As life spans increase society needs to ensure that those lives are active and fulfilling, supporting and encouraging older people to stay as healthy and independent as possible for as long as possible. Digital technology, already pervasive in our everyday lives, is increasingly a central factor in rising to this challenge. The received wisdom is that older people, and their baby-boomer children who are themselves over 55 years of age, are resistant to embracing technology in this context. This research paper examined whether this is actually true.” *Source: 2020 Health*

### [Care provision fit for a future climate](https://www.jrf.org.uk/report/care-provision-fit-future-climate?utm_content=buffer536e3&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

“Hotter, drier summers with heatwaves of greater frequency and intensity have serious implications for the UK’s ageing population. This report reviews existing evidence and presents primary research in four case study care settings (two residential and two extra care) in England to assess the risks of summertime overheating, and investigate the preparedness of the care settings, both now and in the future.” *Source: Joseph Rowntree Foundation*

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## Social Care

### [Evidence-based service modules for a sustained nurse home visiting program](http://apo.org.au/files/Resource/righthome_lr_3._evidence_based_modules_for_home_visiting.pdf)

“This review aims to identify evidence-based strategies to address common parenting issues faced by parents of young children. Due to time constraints, it was not feasible to attempt to identify all the issues that might concern parents. Instead, it was agreed that the literature review would focus on the most common self-identified needs of Australian parents who are experiencing adversity.” *Source: Centre for Community Child Health*

### [Informal carers & poverty in the UK: An analysis of the Family Resources Survey](http://npi.org.uk/files/2114/6411/1359/Carers_and_poverty_in_the_UK_-_full_report.pdf)

“People who provide informal care in the UK play an important role in supporting people with support needs. Care roles are wide-ranging in terms of how much of their time is spent providing care and who they support. This research uses data from the Family Resources Survey 2013/14 to describe the situation of informal carers in the UK, and how being a carer has implications for employment, income and poverty.” *Source: New Policy Institute*

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## Health Workforce

### [Reshaping the workforce to deliver the care patients need](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/reshaping_the_workforce_web_0.pdf)

“Recent national developments, including the Five Year Forward View, have driven an emphasis towards new care models to meet the needs of a rising population with complex needs. Yet the capacity for NHS staff to deliver these models has often been overlooked, in spite of a growing disparity between patient needs and the skills and knowledge of the workforce that treats them. This research report argues that there is an urgent need to rethink the nature of the NHS workforce if new care models are to succeed in meeting the needs of patients in the future.” *Source: Nuffield Trust*

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## End of Life Care

### ['A different ending': addressing inequalities in end of life care](https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_OVERVIEW_FINAL_3.pdf)

“The report shows that where commissioners and services are taking an equality-led approach that responds to people’s individual needs, people receive better care. Although some commissioners and providers of end of life care are doing this well, many are not. People from the groups included in the review told us about mixed experiences of end of life care, and highlighted barriers that sometimes prevented them from experiencing good, personalised end of life care.” *Source: Care Quality Commission*

### [Health Literacy and Palliative Care: Workshop Summary](http://www.nap.edu/catalog/21839/health-literacy-and-palliative-care-workshop-summary?utm_source=NAP+Newsletter&utm_campaign=00053fdf82-Final_Book_2016_05_20_21839&utm_medium=email&utm_term=0_96101de015-00053fdf82-102579513&goal=0_96101de015-00053fdf82-102579513&mc_cid=00053fdf82&mc_eid=887bc22fe0)

“The Institute of Medicine Roundtable on Health Literacy convened a 1-day public workshop to explore the relationship between palliative care and health literacy, and the importance of health literate communication in providing high-quality delivery of palliative care. Health Literacy and Palliative Care summarizes the discussions that occurred throughout the workshop and highlights the key lessons presented, practical strategies, and the needs and opportunities for improving health literacy in the United States.” *Source: National Academies Press*

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## Workplace Wellness

### [Mental health and productivity at work: does what you do matter?](https://www.melbourneinstitute.com/downloads/working_paper_series/wp2016n16.pdf)

“Much of the economic cost of mental illness stems from workers’ reduced productivity. We analyze the links between mental health and two alternative workplace productivity measures – absenteeism and presenteeism (i.e., lower productivity while attending work) – explicitly allowing these relationships to be moderated by the nature of the job itself.” *Source: Melbourne Institute of Applied Economic and Social Research*

### [Realising the potential of workplaces to prevent and control NCDs](https://ncdalliance.org/sites/default/files/NCDs_%26_WorkplaceWellness_web.pdf)

“While many organisations – both private and public – have championed workplace solutions to NCDs (Non-Communicable Diseases), the global uptake of wellness and health promotion alongside conventional workplace health and safety policies and programmes is uneven. Overall, employee programmes that address NCD risk factors are not yet delivering the scale of impact needed to create sustained value for individuals, businesses and economies.” *Source: NCD Alliance*

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