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# Grey Matter: 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 health. 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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## Child, Youth, & Maternal Health

### [Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030](http://who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf)

“The new Global Strategy aims to achieve the highest attainable standard of health for all women, children and adolescents, transform the future and ensure that every newborn, mother and child not only survives, but thrives. Updated through a process of collaboration with stakeholders led by WHO, the Strategy builds on the success of the 2010 Strategy and its Every Woman Every Child movement, which helped accelerate the achievement of the health-related Millennium Development Goals and will act as a platform to put women, children and adolescents at the heart of the new UN Sustainable Development Goals.” *Source: WHO*

### [Global Standards for quality health care services for adolescents](http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/)

“Global initiatives are urging countries to prioritize quality as a way of reinforcing human rights-based approaches to health. Yet evidence from both high- and low-income countries shows that services for adolescents are highly fragmented, poorly coordinated and uneven in quality. Pockets of excellent practice exist, but, overall, services need significant improvement and should be brought into conformity with existing guidelines. WHO/UNAIDS Global Standards for quality health care services for adolescents aim to assist policy-makers and health service planners in improving the quality of health-care services so that adolescents find it easier to obtain the health services that they need to promote, protect and improve their health and well-being.” *Source: WHO*

### [Oral Health in Preschoolers: Report commissioned by the Health Promotion Agency](http://www.hpa.org.nz/research-library/research-publications/oral-health-in-preschoolers)

“The Health Promotion Agency (HPA) commissioned an on-line survey and a series of focus groups to inform the Ministry of Health’s scoping and development of new preschool oral health initiatives, initiatives that will promote and improve oral health preventive behaviours and practices amongst children under five years of age. The quantitative component of the research assessed parents’ and caregivers’ knowledge, attitudes and behaviours associated with pre-school oral health and provided an opportunity to compare and contrast responses against a range of sociodemographic variables. In contrast, the qualitative component explored parents’ and caregivers’ motivations and barriers to engaging in effective oral health preventative behaviours among pre-schoolers.” *Source: Health Promotion Agency*

### [Pathways of Care: Longitudinal study on children and young people in out-of-home care in New South Wales](https://aifs.gov.au/publications/family-matters/issue-94/pathways-care)

“The overall aim of this longitudinal study of children and young people in OOHC is to collect detailed information about the wellbeing of children placed in OOHC in NSW and the factors that influence their wellbeing. It will provide a strong evidence base to inform policy and practice, and in turn improve decision making about how best to support children and young people who have experienced abuse and neglect.” *Source: Australian Institute of Family Studies*

### [Being Child Centred: Elevating Children's Interests in the Work of Your Organisation](http://www.occ.org.nz/assets/Publications/Being-Child-Centred.pdf)

“Being child-centred is about elevating the status of children’s interests, rights, and views in the work of your organisation. It involves considering the impact of decisions and processes on children, and seeking their input when appropriate to inform your work.” *Source: Office of the Children’s Commissioner*

[**Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention**](http://www.community.nsw.gov.au/__data/assets/pdf_file/0008/335735/tab_e_prevention_and_early_intervention_literature_review.pdf)”This paper has used available research to synthesise the factors that promote positive child development and to highlight factors that enable effective prevention and early intervention at a system-wide level. Current research provides strong theoretical underpinnings and directions for building systems that reflect the best available evidence about what children, young people and families require to enable them to thrive.” *Source: Australian Research Alliance for Children & Youth*

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## Nutrition, Physical Activity, & Obesity

### [Physical activity for adults](http://www.bhfactive.org.uk/files/3028/adults_evidence_briefing.pdf)

“This evidence briefing focuses on the research available relating to adults and physical activity. The resource provides a picture of how active adults across the UK are as well as how much physical activity the UK guidelines say they should be doing. It also provides information on factors that influence their participation and outlines interventions that may be successful in increasing activity levels.” *Source: British Heart Foundation National Centre for Physical Activity and Health (UK)*

### [Promoting Active Living in Rural Communities](http://activelivingresearch.org/sites/default/files/ALR_Brief_RuralCommunities_Sept2015.pdf)

“This brief summarizes current research on elements of the rural built environment that may be related to obesity or physical activity. Much of this research is qualitative in nature, including evidence and conclusions drawn from rural focus groups, PhotoVoice studies, policy statements, observations from the field, and lessons learned from rural active living interventions.” *Source: Active Living Research (US)*

### [Sugar Reduction: The evidence for action](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf)

“The review first considers the need for action – how much sugar we eat, where it comes from, the health issues associated with this and the benefits in reducing our intakes. It then moves on, using our analysis of the evidence, to draw conclusions about what drives our consumption and advises on actions that could be implemented to change our sugar intakes. These include the environment around us that influences our food choices; our food supply and changes that could be made to this; knowledge and training; and local action.” *Source: Public Health England*

### [Active Design: Planning for health and wellbeing through sport and physical activity](http://www.sportengland.org/media/1036460/spe003-active-design-published-october-2015-high-quality-for-web-2.pdf)

“Active Design takes a fresh look at the opportunities to encourage and promote sport and physical activity through the design and layout of our built environment to support a step change towards healthier and more active lifestyles.” *Source: Sport England*

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## Health Systems, Innovations, & Costs

### [Hospitals as Hubs to Create Health Communities: Lessons from Washington Adventist Hospital](http://www.brookings.edu/~/media/research/files/papers/2015/09/health-neighborhood/hospitals-as-hubs-to-create-health-communities.pdf)

“With today’s emphasis on population health strategies to address “upstream” factors affecting health care, such as housing and nutrition deficiencies, there is growing interest in the potential role of hospitals to be effective leaders in tackling upstream factors that influence health, social and economic wellbeing. This paper explores the potential of hospitals to be such hubs by examining the experience of Washington Adventist Hospital (WAH), a community hospital in Maryland.” *Source: Brookings Institute (US)*

### [Moving healthcare closer to home](https://www.gov.uk/guidance/moving-healthcare-closer-to-home)

“Delivering more healthcare services closer to home rather than in acute hospitals is a new approach being reviewed by the sector. Schemes to do this, when well designed, can help local health economies manage capacity and may help avoid costs in the long run.” *Source: Monitor (UK)*

### [Putting integrated care into practice: the North West London experience](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/integrated-care-north-west-london-experience_0.pdf)

The Whole Systems Integrated Care (WSIC) programme in North West London is a bold initiative that seeks to improve quality of care for a population of over two million people. It is one of 14 ‘pioneers’ launched by the Coalition Government in 2013 to remove barriers to integrated care. This report outlines the findings from a Nuffield Trust and LSE evaluation of the programme’s early stages. *Source: Nuffield Trust*

### [U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries](http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective?utm_content=buffer92636&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer)

“This analysis draws upon data from the Organization for Economic Cooperation and Development and other cross-national analyses to compare health care spending, supply, utilization, prices, and health outcomes across 13 high-income countries: Australia, Canada, Denmark, France, Germany, Japan, Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States.” *Source: Commonwealth Fund*

### [Helping NHS providers improve productivity in elective care](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/466895/Elective_care_main_document_final.pdf)

“Our aim was to identify currently productive elective care pathways in NHS and international hospitals, to understand the practices that drive higher productivity, to calculate the potential efficiency improvements from introducing those practices.” *Source: Monitor UK*

### [A cost/benefit analysis of self-care systems in the European Union](http://ec.europa.eu/health/patient_safety/docs/2015_selfcaresystemsstudy_en.pdf?utm_source=Communications&utm_medium=email&utm_campaign=6285124_RCP%20digest%20-%2016%20October%202015&utm_content=benefit%20analysis&dm_i=1V12,3QPMS,BL6P85,DGVUO,1)

“The traditional provider-centred structure within most European health care systems is primarily designed for delivering acute care, and less targeted for the care of patients with chronic, minor and/or self-limiting diseases. For these patients other concepts of care may be more suitable and may also contribute to enhanced cost containment within health care systems.” *Source: European Commission*

### [Need to Nurture: Outcomes-Based Commissioning in the NHS](http://www.health.org.uk/sites/default/files/NeedToNurture_1.pdf)

“This paper examines what outcomes-based commissioning means, the evidence to support it, progress to date on introducing the approach in England, and the optimum role of national policy in response to it.” *Source: Health Foundation (UK)*

### [What do leaders want from NHS Improvement?](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/nt_viewpoint_nhs_improvement_web.pdf)

“The Nuffield Trust and NHS Providers asked leaders from across the health service and other key positions in health care policy for their advice to the first leader of the powerful new regulator of health service providers, NHS Improvement.” *Source: Nuffield Trust*

### [Redesign and innovation in hospitals: foundations to making it happen](http://ahha.asn.au/system/files/docs/publications/redesign_and_innovation_in_hospitals_issues_brief.pdf)

“To date, hospital redesign and innovation initiatives have demonstrated improvements in discrete areas, but have had limited impacts and outcomes at a system level. This Issues Brief draws upon relevant literature about frameworks and theories of change, learning from state-based support programs and perspectives from leaders in national bodies. It provides an insight into how hospitals manage and lead the scaled up innovation they need in order to respond in today’s shifting and demanding health care landscape.” *Source: Deeble Institute Australia*

### [Patient-Reported Outcomes in Performance Measurement](http://www.rti.org/pubs/patient-reported_outcomes_in_performance_measurement.pdf)

“The increasing integration of health care delivery systems provides an opportunity to manage entire episodes of care in a patient-focused manner and to assess the impact of care on patient outcomes, including patient-reported outcomes (PROs).” *Source: RTI Press*

### [Making Time in General Practice](http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-01-10-15.pdf)

“This report was commissioned by NHS England as part of its wider work to deliver the New Deal, strengthening primary care and releasing capacity to introduce new care models. It summarises work carried out by the Primary Care Foundation and NHS Alliance during 2014/15 on reducing bureaucracy and shaping demand in general practice in order to make more time for GPs to do what only they can do. It is unique in that it has quantified current pressures across England in order to prioritise recommendations for action.” *Source: NHS Alliance*

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## Health of Older People

### [Prevalence of dementia in population groups by protected characteristics: A systematic review of the literature](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465274/Dementia_Equalities_Literature_Review_Matrix_Report_-_Final_for_web_-_01102015.pdf)

“In some groups people do not always appear to be diagnosed with dementia when they have it. Research should focus on the causes of this and how to increase the diagnosis of dementia. Specific research is needed to understand how common dementia is in people from a south-east Asian background in the UK. Research is needed to investigate the exact impact of the known risk factors (depression, diabetes and stroke) across the protected characteristics, as this will help organise and target services.” *Source: Public Health England*

### [Models of Dementia Assessment and Diagnosis: Indicative Cost Review](http://www.england.nhs.uk/wp-content/uploads/2015/09/mods-demntl-assessmnt-diag-cost.pdf)

“This report identifies and reviews in detail three models of dementia assessment and diagnosis currently being used in dementia care in the NHS in England. Through semi-structured interviews with each unit it presents indicative costs for each model, benefits for patients and carers, key messages and considerations about developing the service, giving insight into how a local Clinical Commissioning Group (CCG) might approach a review of their local service with an aim to making improvements.” *Source: NHS England*

### [World Report on Ageing and Health](http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1&ua=1)

"Comprehensive public health action on population ageing is urgently needed. This will require fundamental shifts, not just in the things we do, but in how we think about ageing itself. The World report on ageing and health outlines a framework for action to foster Healthy Ageing built around the new concept of functional ability. Making these investments will have valuable social and economic returns, both in terms of health and wellbeing of older people and in enabling their on-going participation in society."  *Source: WHO*

### [How can we improve housing and care for people with dementia?](http://www.ahuri.edu.au/publications/download/ahuri_rap_issue_200)

“Dementia is an incurable syndrome that impacts on higher cognitive functions, behavioural and psychological traits and physical function. It will shortly be the leading cause of disability in Australia with the numbers of people affected projected to increase to almost a million by 2050. Currently, an estimated 70 per cent of all people with dementia are living in the community, and this is expected to grow over the coming decades. This project examined the role of housing in caring for people with dementia, and whether more could be done to assist those in marginal or insecure housing situations.” *Source: Australian Housing and Urban Research Institute*

### [Transforming care pathways for people with dementia](http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Transforming_care_pathways_for_people_with_dementia_Full_report.pdf)

“Housing associations are ideally placed to help health and social care commissioners to meet growing needs and transform care pathways for people with dementia. They can promote better integration and a personlised approach, applying the best evidence to practice and co-designing support packages with individuals to deliver better health outcomes.” *Source: National Housing Federation*

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## Cancer & End of Life Care

### [Quality of Death Index 2015](http://www.economistinsights.com/healthcare/analysis/quality-death-index-2015)

“The Quality of Death Index, commissioned by the Lien Foundation, a Singaporean philanthropic organisation, is based on extensive research and interviews with over 120 palliative care experts from across the world. It shows that in general, income levels are a strong indicator of the availability and quality of palliative care, with wealthy countries clustered at the top. Australia and New Zealand take second and third place, as they did in 2010, while rich European and Asian countries dominate the top 20, along with the US in 9th place and Canada in 11th.” *Source: Economist Insights*

### [Breast cancer in young women: key facts about breast cancer in women in their 20s and 30s](http://apo.org.au/files/Resource/19189.pdf)

“Provides an overview of breast cancer, risk factors for young women, breast cancer detection and diagnosis methods, and key summary measures including incidence, hospitalisations, survival and mortality.” *Source: Australian Institute of Health and Welfare*

### [Assessing and Improving the Interpretation of Breast Images: Workshop Summary](http://www.nap.edu/catalog/21805/assessing-and-improving-the-interpretation-of-breast-images-workshop-summary)

“The participants discussed challenges in the delivery of high-quality mammography, the impact of training and experience on interpretive performance, how best to measure interpretive performance, and the potential impact of new technologies and supplemental imaging on interpretation of breast screening and diagnostic images. Assessing and Improving the Interpretation of Breast Images summarizes the presentations and discussions from this workshop.” *Source: Institute of Medicine \*sign up for free account to download*

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## Workforce

### [Challenges of Forecasting Physician Workforce Needs Amid Delivery System Transformation](http://www.nhpf.org/library/issue-briefs/IB851_PhysicianWorkforce_09-29-15.pdf)

“As population growth and the aging of the overall population increase demand for health care, policymakers and analysts grapple with whether sufficient health care providers, particularly physicians, will be available to meet that demand. Some argue there are too few physicians already; others say our current supply-demand problems lie with efficiency. But suppose both are correct? Perhaps the real challenge is to understand how the provision of health care services is changing in response to market forces such as payment changes, patients' expectations, provider distributions, and technology innovations. This issue brief revisits what is known about evolving practice organizations, professional mixes, information technology support, and the implications of these and other factors for physician workforce policies.” *Source: National Health Policy Forum (US)*

### [Interprofessional Education in a Global Pharmacy Context](http://www.fip.org/files/fip/PharmacyEducation/IPE_report/FIPEd_IPE_report_2015_web_v3.pdf)

“This FIP Education report presents a collection of case studies and examples that reflect innovation and creativity centred on Interprofessional Education (IPE). These case studies highlight diverse approaches and show that IPE is becoming a more mainstream education activity for students, trainees, and practitioners worldwide.” *Source: International Pharmacy Federation*

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## Quality & Safety

### [Indicators Of Quality Of Care In General Practices In England](http://www.health.org.uk/sites/default/files/IndicatorsOfQualityOfCareInGeneralPracticesInEngland.pdf)

“In June 2015, the Secretary of State for Health announced two short independent reviews on how quantitative indicators of the quality of health care could be best used and developed in England. The first review covered care provided by general practices. It was carried out by the Health Foundation and is reported here.” *Source: Health Foundation UK*

### [Quality Matters: Realizing Excellent Care for All](http://www.hqontario.ca/portals/0/Documents/pr/realizing-excellent-care-for-all-en.pdf)

“What does it mean to “improve the quality of health care”? It means achieving better health outcomes and better patient experiences in a sustainable manner. This involves refining processes with an eye towards greater efficiency, easier navigation, faster and smoother adoption of innovation, and smarter resource allocation. It also means paying attention to all of the patients in our province, regardless of ethnicity, income, or place of residence and making sure that health care is organized according to their needs, not the habits and history of our health care system.” *Source: Health Quality Ontario*

### [Strategies to Improve Cardiac Arrest Survival: A Time to Act](http://www.nap.edu/catalog/21723/strategies-to-improve-cardiac-arrest-survival-a-time-to-act?utm_source=NAP+Newsletter&utm_campaign=42c76b2551-NAP_mail_new_2015_10_05&utm_medium=email&utm_term=0_96101de015-42c76b2551-102579513&goal=0_96101de015-42c76b2551-)

“Cardiac arrest is the third leading cause of death in the United States, following cancer and heart disease. Four out of five cardiac arrests occur in the home, and more than 90 percent of individuals with cardiac arrest die before reaching the hospital. First and foremost, cardiac arrest treatment is a community issue - local resources and personnel must provide appropriate, high-quality care to save the life of a community member. Time between onset of arrest and provision of care is fundamental, and shortening this time is one of the best ways to reduce the risk of death and disability from cardiac arrest. Specific actions can be implemented now to decrease this time, and recent advances in science could lead to new discoveries in the causes of, and treatments for, cardiac arrest. However, specific barriers must first be addressed.” *Source: Institute of Medicine \*sign up for free account to download*

### [Hip and Knee Arthroplasties Surgical Site Infection Improvement (SSII) Programme](http://www.hqsc.govt.nz/assets/Infection-Prevention/PR/SSII_Programme_National_Orthopaedic_SSI_Report_Jan-March_2015.pdf)

“The SSII Programme is part of the Health Quality & Safety Commission’s (the Commission) Infection Prevention and Control Programme. The Commission’s programmes aim to improve patient outcomes though the implementation of interventions that reduce healthcare associated infections, including SSIs... This report presents the results of the New Zealand SSII Programme for the period January 1 to March 31 2015. It also provides cumulative data from March 1st 2013 to March 31st 2015.” *Source: Health Quality & Safety Commission*

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## Mental Health & Wellbeing

### [Mental ill health and hospital use](http://www.qualitywatch.org.uk/focus-on/physical-and-mental-health)

“People with mental ill health often also have long-term physical health conditions, which contribute to higher rates of premature mortality, in particular among people with serious mental illness. Our new report, People with mental ill health and hospital use, provides the first look at how these differences are reflected in hospital care. By comparing how people with and without mental ill health use hospital services, particularly focusing on support for physical health needs, our new research uncovers some striking disparities.” *Source: Quality Watch UK*

### [e-Mental health: A guide for GPs](http://www.racgp.org.au/download/Documents/Guidelines/e-Mental%20health/e-mentalhealthguide.pdf)

“The term electronic mental health (e-mental health) refers to the use of the internet and related technologies to deliver mental health information, services and care. The use of online interventions for the prevention and treatment of mental illness is one of the major applications of e-mental health. There is strong evidence to suggest that these e-mental health interventions are effective for use in the management of mild to moderate depression and anxiety,4–14 and can be disseminated in the primary care setting.” *Source: e Royal Australian College of General Practitioners*

### [How's Life in New Zealand?](http://www.oecd.org/newzealand/Better%20Life%20Initiative%20country%20note%20New%20Zealand.pdf)

"In general, New Zealand performs well across the different well-being indicators and dimensions. New Zealand has higher level of job security, and a lower rate of long-term unemployment, compared to the OECD average. New Zealand has the highest air quality in the OECD. Furthermore, 89.6% of the adult population perceive their health as good or better than good, the largest share in the OECD. New Zealanders also report high social network support, and voter turnout stands at 77% compared to the OECD average of 68.4%. Life satisfaction in New Zealand is higher than the OECD average." *Source: OECD*

### [Preventing suicide by young people](http://apo.org.au/files/Resource/bt-discussion-paper-prevention-of-suicide-by-young-people.pdf)

“Researchers and policy makers recognise that suicide is preventable, yet suicide rates have changed little in the past 10 years. This discussion paper aims to focus a spotlight on the unique experience of young people. It does this by providing a critical analysis of existing policy and evidence based responses relevant to young people.” *Source: BoysTown*

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## Public Health

### [Rapid Diagnostics: Stopping Unnecessary Use of Antibiotics](http://amr-review.org/sites/default/files/Paper-Rapid-Diagnostics-Stopping-Unnecessary-Prescription.pdf)

“At the heart of the global rise of drug-resistant infections, or ‘antimicrobial resistance’ (AMR), there is a fundamental supply and demand problem that needs to be fixed. The supply of new medicines is insufficient to keep up with the increase in drug resistance as older medicines are used more widely and microbes evolve to resist them.” *Source: Review on Antimicrobial Resistance*

### [2015 Global TB Surveillance Report](http://apps.who.int/iris/bitstream/10665/191102/1/9789241565059_eng.pdf?ua=1)

This “report finds there were 9.6 million new TB cases in 2014. While this is a slight increase in total new cases, WHO reports that this reflects improved surveillance and reporting methods rather than an actual increase in TB disease globally. The report is the 20th in a series of annual evaluations which provides surveillance data and assessments on the status of global efforts in implementing and financing TB prevention, care and control from more than 205 countries.” *Source: WHO*

### [Healthy Cities: Good Health is Good Politics](http://iris.wpro.who.int/bitstream/handle/10665.1/11865/WPR_2015_DNH_004_eng.pdf)

"This toolkit has been produced by the WHO Regional Office for the Western Pacific to support and strengthen the efforts of local leaders in applying the Healthy Cities approach." *Source: WHO*

### [A formative evaluation of the Waikato Family Safe Network Pilot](http://researchcommons.waikato.ac.nz/bitstream/handle/10289/9629/Formative%20evaluation%20final%20report%20corrected.pdf?sequence=2&isAllowed=y)

“Family violence (FV) is a significant issue in New Zealand. Where it is present, it has significant implications for all family members but women and children typically bear the greatest costs to their health and well‐being. Family violence is largely hidden from view and thrives in the privacy enforced by the abuser. This makes it important to maximise the chances of effective intervention when it does come to notice. To be effective, such interventions often need to be multi‐faceted to address the diverse and sometimes complex needs of the various family members. At the same time, the interventions need to be aligned, focused on common objectives. Therefore, interagency collaboration is imperative for effective, comprehensive intervention.” *Source: University of Waikato*

### [A link in the chain: The role of friends and family in tackling domestic abuse](https://www.citizensadvice.org.uk/Global/CitizensAdvice/Crime%20and%20Justice%20Publications/Linkinthechain.pdf)

“Friends and family can be a key link in the chain to leaving abuse behind, as these are the individuals most likely to be aware of abuse early on. Informal networks can offer help by encouraging victims to reach out to specialist services or the police (acting as a conduit), or by offering practical and emotional aid themselves (supporter), from bolstering self-esteem to providing somewhere to stay. *Source: Citizens Advice UK*

### [A guide to community-centred approaches for health and wellbeing](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf)

“This report, which presents the work undertaken in phase 1, sets out a conceptual framework for working with communities, and summarises the different types of interventions available as well as signposting key research.” *Source: Public Health England*

### [UK NSC: evidence review process](https://www.gov.uk/government/publications/uk-nsc-evidence-review-process/uk-nsc-evidence-review-process)

“This document describes the process used by the UK National Screening Committee (UK NSC) to review the evidence relating to the introduction, modification and cessation of national population screening programmes.” *Source: Public Health England*

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## Social Care

### [What Works: Integrated Social Services for Vulnerable People – the evidence is promising](http://www.superu.govt.nz/sites/default/files/WW%20Integrated%20services_0.pdf)

“Superu reviewed available research on international and national integrated social services, focussing on evidence of effectiveness.” *Source: Social Policy Evaluation and Research Unit*

### [Families with complex needs: International approaches](http://www.superu.govt.nz/sites/default/files/Families%20with%20complex%20needs.pdf)

“This In Focus provides an overview of approaches to support families with complex needs across the United Kingdom, Australia and Canada. We discuss how complex needs are defined and briefly review some of the approaches adopted to meet the needs of vulnerable families across the three jurisdictions. Evidence on the effectiveness of approaches is presented and wider implications are discussed.” *Source: Social Policy Evaluation and Research Unit*

### [Decisions about Technology: Principles and guidance on good practice when considering the use of telecare and assistive technology for people with dementia, learning disability and related disorders](http://www.mwcscot.org.uk/media/241012/decisions_about_technology.pdf)

“This guidance is for those considering the use of technology to assist with care and maintain independence when the individual concerned may lack the capacity to make the decision.” *Source: Mental Welfare Commission for Scotland*

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## Drugs & Alcohol

### [Under Pressure](http://www.alcoholconcern.org.uk/wp-content/uploads/woocommerce_uploads/2015/09/MF_underpressure_v10_online.pdf)

“This report sets out a series of recommendations to improve the management of hazardous, harmful and dependent drinking, especially in people with, or at risk of developing hypertension.” *Source: Alcohol Concern UK*

### [Medicinal Cannabis](http://www.lawreform.vic.gov.au/sites/default/files/VLRC_Medicinal_Cannabis_Report_web.pdf)

“This report completes the Victorian Law Reform Commission’s review of law reform options that would allow people in Victoria to be treated with medicinal cannabis in exceptional circumstances.” *Source: Victorian Law Commission*

### [Alcohol’s Impact on Emergency Services](http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf)

“This report investigates the relationship between alcohol and the emergency services. It is divided into two parts. Part one collates the latest evidence, including our original research, to shed light on the particular issues faced by the different services and to establish the scale of these problems. Part two draws on these findings to develop a set of policy recommendations that address the burden on the emergency services from alcohol.” *Source: Institute of Alcohol Studies*

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## Health Research & Information

### [Research to Action: Improving the Lives of New Zealanders through Health Research](http://www.hrc.govt.nz/sites/default/files/Research%20to%20Action%20-%20HRC%20IIR%202015%20V5.pdf)

In the report we have divided our impacts into chapters that each tell a different piece of our impact story. Each chapter can stand alone, but all chapters are needed to tell the story of how the HRC contributes across the full value chain, from generating the fundamental knowledge needed to germinate ideas right through to the clinical testing of innovations in our health system. The content is summarised below. *Source: Health Research Council*

### [How Modeling Can Inform Strategies to Improve Population Health: Workshop Summary](http://www.nap.edu/catalog/21807/how-modeling-can-inform-strategies-to-improve-population-health-workshop?utm_source=NAP+Newsletter&utm_campaign=42c76b2551-NAP_mail_new_2015_10_05&utm_medium=email&utm_term=0_96101de015-42c76b2551-102579513&goal=0_96101de01)

“In April 2015, the Institute of Medicine convened a workshop to explore the potential uses of simulation and other types of modeling for the purpose of selecting and refining potential strategies, ranging from interventions to investments, to improve the health of communities and the nation's health. Participants worked to identify how modeling could inform population health decision making based on lessons learned from models that have been, or have not been, used successfully, opportunities and barriers to incorporating models into decision making, and data needs and opportunities to leverage existing data and to collect new data for modeling. This report summarizes the presentations and discussions from this workshop.” *Source: Institute of Medicine \*sign up for free account to download*

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