



Ministry of Health Library

# 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 the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly hone in on their key areas of interest. Email [library@moh.govt.nz](mailto:library@moh.govt.nz) to subscribe.

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

[Health of Older People](#)

[Disability & Social Care](#)

[Quality & Safety](#)

[Child, Youth & Maternal Health](#)

[Health Research, Information & Technology](#)

[Primary Care](#)

[Inequalities](#)

[Public Health](#)

[Drug & Alcohol Use](#)

[Health Systems, Costs & Reform](#)

[Mental Health & Addiction](#)

[Workforce](#)

[Cancer & Palliative Care](#)

[Nutrition, Physical Activity & Obesity](#)

**Health of Older People**

[Room to improve: the role of home adaptations in improving later life](#)

“This report finds that making small changes to older people’s homes, such as installing handrails, ramps and level-access showers, alongside carrying out simple home repairs, could play a significant role in relieving pressure on the NHS and social care and reduce costs by millions of pounds each year. It also shows that minor home aids and adaptations can greatly improve quality of life for people who are losing mobility.” *Source: Centre for Ageing Better*

### **Misattention and problem solving in interactions between care workers and dementia care residents**

“Care workers demonstrated a range of strategies for managing the challenges of dementia care within regulated environments. As well as supporting the personal and emotional needs of residents, care workers were required to manage their own feelings. [This] study suggests that the most effective and creative approach for managing the multiple demands of daily care tasks, human emotions and regulation is to see care and individual behaviours as puzzles. This enables a problem-solving approach to be applied and balanced with empathy and professional distancing.” *Source: Brotherhood of St Laurence (Australia)*

### **When I'm 64: the ILC-UK factpack on retirement transitions**

“The report focuses our attention on those individuals in the “retirement zone” – the age where retirement becomes an increasingly important consideration as individuals leave or plan to leave the workforce.” *Source: International Longevity Centre (UK)*

### **Comprehensive Care - Older people with frailty in hospital**

“This review covers four key aspects of caring for older people living with frailty in hospital: Assessment; identifying and managing symptoms associated with frailty in hospital; discharge planning; and caring environments.” *Source: National Institute for Health Research*

### **Inequalities in later life**

“This report examines the disparities in health, financial security, social connections and housing faced by older people and how the negative impacts of these accumulate for those who are worse off. It highlights how poor education, work opportunities and a lack of social connection can have long term consequences on physical and mental health. The main report is accompanied by an insight report which outlines the implications of the findings on policy and practice.” *Source: Centre for Ageing Better*

### **Productive healthy ageing and musculoskeletal (MSK) health**

“This resource for health professionals and local authorities makes the case for action in midlife to support a healthy and productive later life. It highlights the need to challenge ageism and promote healthy and active ageing.” *Source: Public Health England*

### **Enhanced health in care homes: learning from experiences so far**

“Enhanced health in care homes is realistically achievable in any area of England. A history of joint working between relevant organisations – NHS, care homes and local authorities – is useful but not essential and, in some cases, significant results can be visible within a few months. This report is based on interviews with people in 15 areas around England that could demonstrate progress in developing enhanced health in care homes.” *Source: King’s Fund*

[Back to top](#)

## Quality & Safety

### [Community services: What do we know about quality?](#)

“This briefing looks at trends in national measures in English community trusts to try to gain a view of quality in community services more generally. However, the difficulties experienced in gathering useful information on community services indicate that the national lack of community data needs to be resolved before questions of quality can be meaningfully answered.” *Source: Quality Watch (UK)*

### [Reducing Inappropriate Medication Use by Implementing Deprescribing Guidelines](#)

“A multidisciplinary team of clinical experts in Ottawa, Canada, created a credible, low-cost process for developing and implementing evidence-based deprescribing guidelines and tools for assessing, tapering, and stopping medications that may cause harm or no longer benefit patients. Although the guidelines led primary care teams to consider approaches for identifying such medications and engaging patients in conversations about discontinuing them, the intervention has thus far been more successful in long-term care settings, where it strengthened team-based medication reviews in fulfillment of routine quality improvement and reporting requirements.” *Source: Institute for Healthcare Improvement*

### [Choosing Wisely Australia: 2017 report](#)

“This report asserts that a national conversation around evidence-based care and eliminating unnecessary tests, treatments and procedures through better discussions between clinicians and consumers is certainly taking hold.” *Source: Choosing Wisely Australia*

[Back to top](#)

## Health Research, Information & Technology

### [Sharing data in line with patients' reasonable expectations](#)

“Reports of 2 events examining how health and care data may be shared to support individual care, and the importance of understanding patient expectations.” *Source: National Data Guardian (UK)*

### [The Growing Value of Digital Health: Evidence and Impact on Human Health and the Healthcare System](#)

“This report on Digital Health examines trends in three areas — innovation, evidence and adoption — to assess whether these new tools are positioned to have a fundamental impact on patient care. As Digital Health brings new approaches to the management of health conditions this report explores the growing body of evidence that demonstrates their impact on human health and extrapolates the potential cost savings to the U.S. healthcare system.” *Source: IQVIA Institute for Human Data Science*

[Back to top](#)

## Inequalities

### **[Reaching Out: Influencing Wider Determinants of Health](#)**

“This report focuses on the different ways in which public health in local government is influencing the wider determinants of health, what the challenges are, and where there is potential to go further.” *Source: New Local Government Network*

### **[Voluntary sector action on the social determinants of health](#)**

“This report provides a wide range of evidence demonstrating the impact of social determinants on health and identifies clear system levers that can be utilised by the voluntary sector to highlight the need for action, to approach potential new partners, and to work collaboratively across sectors.” *Source: Institute of Health Equity*

### **[Caring for Those in Custody: Identifying High-Priority Needs to Reduce Mortality in Correctional Facilities](#)**

“Correctional facilities are responsible for the care, custody, and control of individuals who are detained while awaiting trial or who have been convicted of a crime and sentenced to a term of imprisonment. The true scope of this mission is much broader than simply protecting the public from those accused or convicted of criminal acts by keeping these individuals behind bars. These facilities also have a constitutional obligation to provide for the health and well-being of those under their charge. Administrators are responsible for not only developing and implementing strategies to prevent violence among the inmate population and inmate self-harm, but also for providing general health care through medical and mental health services.” *Source: Rand*

### **[Understanding the whole family: The role of families in the lives of people with severe and multiple disadvantage](#)**

“This literature review aims to examine the strengths and protective factors families can offer as well as the barriers or problems within families that can have a negative impact on individuals facing severe and multiple disadvantage. This literature review will also examine some of the implications that this tension poses for policy and practice.” *Source: Revolving Doors*

### **[Admissions of inequality: emergency hospital use for children and young people](#)**

“This briefing looks at the relationship between deprivation and the use of emergency hospital care by children and young people in England. It aims to describe and highlight areas of inequality and to explore how they have changed over time. As well as looking at the overall patterns of emergency hospital use, it focuses in particular on three common conditions – asthma, diabetes and epilepsy – where more timely and effective primary, community or outpatient care could prevent admissions.” *Source: Nuffield Trust*

### **[My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: report on the national consultations December 2017](#)**

“This report summaries the results of national consultations that highlight the importance of culture and tackling the social determinants of health, to improve the health and well-being of Aboriginal and Torres Strait Islander people.” *Source: Australian Government*

[Back to top](#)

## **Drug & Alcohol Use**

### **[Calling time: addressing ageism and age discrimination in alcohol policy, practice and research](#)**

“This report reveals evidence of age discrimination in alcohol policy, practice and research. The findings are based on a survey of professionals, interviews and focus groups with older adults with alcohol problems and a summative review of relevant policy and published literature.” *Source: International Longevity Centre (UK)*

### **[Public involvement in alcohol research](#)**

“In late 2016, Alcohol Research UK initiated a programme of work exploring public involvement in alcohol research. This report sets out our views on the particular challenges presented by public involvement in alcohol research.” *Source: Alcohol Research UK*

### **[Developing drug supply monitoring in Europe: current concepts](#)**

“This paper presents the EMCDDA’s current thinking on the conceptual framework for monitoring drug markets, crime and supply reduction — building on the work completed in this area and expanding to reflect the academic research underpinning this work and the developments observed.” *Source European Monitoring Centre for Drugs and Drug Addiction*

[Back to top](#)

## **Mental Health & Addiction**

### **[Transforming children and young people's mental health provision: a Green Paper](#)**

“This green sets out our ambition to go further to ensure that children and young people showing early signs of distress are always able to access the right help, in the right setting, when they need it.” *Source: Department of Health and Department for Education (UK)*

### **[Betting restrictions and online wagering in Australia: a review of current knowledge](#)**

“This study sought to identify what is currently known about the occurrence of restrictions in Australian licensed online wagering operators and the impact of these on consumers’ behaviour.” *Source: Australian Gambling Research Centre*

### **[Ten-year framework for mental health research](#)**

“This framework provides a collective view of how mental health research should develop in the UK over the next decade. It sets out a structure to improve co-ordination and strengthen the focus on areas where mental health research is likely to translate into significant health benefit.” *Source: Department of Health (UK)*

### **[Healthy Brains at Work: Creating the Conditions for Healthy Brains in the Workplace](#)**

“This briefing explores the conditions that support addressing mental health and illness in the workplace and presents a scenario where mental health supports are optimized among working Canadians.” *Source: Conference Board of Canada*

### **[Fragile foundations: exploring the mental health of the social care workforce and the people they support](#)**

“This report looks the mental health support for older people living in care homes and accessing care at home and housing support services. It covers individuals who have lived with mental health challenges throughout their lives, as well older people who are experiencing mental health issues for the first time. It is based on focus group research with 43 care staff working across the independent social care sector in Scotland. The focus groups discussed care staff’s personal and professional experiences of mental health and the ways in which mental health issues impact upon them in their care roles and their ability to support individuals. The report examines the factors which comprise and impact upon care workers’ mental health and wellbeing. It also examines the pressures and expectations that are placed on them in carrying out their roles, often acting as a link between many individuals and services.” *Source: Scottish Care*

### **[Barriers and facilitators to commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health](#)**

“The report looks at some of the barriers to and facilitators for the implementation of actions to promote better mental health and wellbeing and prevent mental ill-health.” *Source: Public Health England*

### **[The Mental health of young women and girls: how to prevent a growing crisis](#)**

“This policy paper from the Mental Health Foundation reports that the mental health of young women and girls is deteriorating, with the gap between men and women widening over recent years. The evidence section in this paper shows that the last 15 years have seen an unprecedented rise in reported mental health problems amongst young women and girls, with their needs reaching crisis levels.” *Source: Mental Health Foundation (UK)*

[Back to top](#)

## **Cancer & Palliative Care**

### **[Incorporating Weight Management and Physical Activity Throughout the Cancer Care Continuum: Proceedings of a Workshop](#)**

“The purpose of this workshop was to highlight the current evidence base, gaps in knowledge, and research needs on the associations among obesity, physical activity, weight management, and health outcomes for cancer survivors, as well as to examine the effectiveness of interventions for promoting physical activity and weight management among people living with or beyond cancer. Workshop sessions also reviewed the opportunities and challenges for providing weight management and physical activity interventions to cancer survivors. This publication summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

### **[The final injustice: variation in end of life care in England](#)**

“This report provides an insight into the experience of cancer patients’ final months and years. It finds that cancer patients approaching the end of their life face repeat emergency visits and the situation is worse for patients who are most socioeconomically disadvantaged. The report highlights the variation in patient experience for people dying of cancer and the need for improved access to care and support in the community.” *Source: MacMillan Cancer Care*



[Back to top](#)

## **Disability & Social Care**

### **[People Living with Disabilities: Health Equity, Health Disparities, and Health Literacy](#)**

“Poor health literacy has many negative consequences for achieving the quadruple aim of better care, improving the health of the community and the population, providing affordable care, and improving the work life of health care providers, and those consequences disproportionately affect those individuals with disabilities and those who experience health disparities. To better understand how health literacy, health equity, and health disparities intersect for individuals living with disabilities, the Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities and the Roundtable on Health Literacy jointly sponsored a workshop that was held on June 14, 2016, in Washington, DC. This publication summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

### **[Improving lives: the future of work, health and disability](#)**

“This policy paper sets out how the government will work with employers, charities, health care providers and local authorities to break down employment barriers for disabled people and people with health conditions over the next ten years. The actions outlined for health services focus on ensuring that health professionals are ready to talk about health barriers to work, timely access to appropriate treatments, and effective occupational health services accessible by all in work.” *Source: Department for Work & Pensions & Department of Health*

### **[Scoping review on social care economic evaluation methods](#)**

“This project aimed to inform the National Institute for Health and Care Excellence on the methods available for use in undertaking economic evaluation of social care interventions, the methods in development, the methods challenges faced and the methods gaps. Data was extracted on key requirements for economic evaluation: the perspective of the analysis, the interventions compared, the evidence used on costs and effects, opportunity cost, uncertainty and equity.” *Source: Centre for Health Economics*

### **[Dignity in health care for people with learning disabilities](#)**

“This guidance aims to improve dignity in health care for people with learning disabilities. It is designed particularly to support the nursing workforce but other health care and social care staff may find this useful.” *Source: Royal College of Nursing*

### **[Innovation in housing, care and support](#)**

“The briefing contains four case studies on innovative support and care services delivered through collaborations between housing and healthcare providers.” *Source: NHS Confederation*

[Back to top](#)

## **Child, Youth & Maternal Health**

### **[Disease Control Priorities, Third Edition : Volume 8. Child and Adolescent Health and Development](#)**

It seems that society and the common legal definition have got it about right: it takes some 21 years for a human being to reach adulthood. The evidence shows a particular need to invest in the crucial development period from conception to age two (the first 1,000 days) and also during critical phases over the next 7,000 days. Just as babies are not merely small people—they need special and different types of care from the rest of us—so growing children and adolescents are not merely short adults; they, too, have critical phases of development that need specific interventions. Ensuring that life’s journey begins right is essential, but it is now clear that we also need support to guide our development up to our 21st birthday if everyone is to have the opportunity to realize their potential. *Source: World Bank*

#### **[Using evidence in policy and programs: policy brief](#)**

“How can we ensure that services delivered to children and families are effective? This Policy Brief outlines a decision-making framework that recognises the importance of the relationship between service providers and clients, and the need for evidence-based interventions to be aligned with client needs, priorities and values.” *Source: Murdoch Children’s Research Institute (Australia)*

#### **[Cities Alive: Designing for Urban Childhoods](#)**

“A child-friendly approach to urban planning is a vital part of creating inclusive cities that work better for everyone. Designing for urban childhoods inspires us to respond positively to the challenges, and sets out actions that can help take us to a more child-friendly future – moving well beyond simply providing playgrounds.” *Source: ARUP*

[Back to top](#)

## **Primary Care**

#### **[From Theory to Practice: The Promise of Primary Care in New Zealand](#)**

“This research indicates that a number of PHOs have been implementing new models to deliver primary care services. However, these innovations to expand access to primary care have been driven more by the vision of local health care leaders as opposed to health policies championed by the government. Because of this, institutionalising reforms can be challenging.” *Source: Ian Axford (New Zealand) Fellowships in Public Policy*

#### **[Describing Patient Populations for the My Health Team Initiative](#)**

“The province of Manitoba is in the process of restructuring primary care through the development of My Health Teams, which are networks consisting of primary care providers (physicians and nurse practitioners) and other professionals from health or related disciplines (e.g., dietitians, mental health counsellors, social workers). This study describes the patient populations that current or future My Health Teams could expect to provide care to.” *Source: University of Manitoba*

#### **[Power through knowledge: patient education and self-management keys to successfully managing chronic pain](#)**

“The economic and social burden of chronic pain increases with the level of pain-related disability, which is escalating due to Australia’s ageing population and increased prevalence of chronic conditions. Policy strategies focused on prevention and early intervention, greater



access to and knowledge of treatment and support options for consumers, and increased capacity in the health and aged care workforce to manage and prevent pain would result in significant economic benefits.” *Source: Deeble Institute*

[Back to top](#)

## **Public Health**

### **[Combating Antimicrobial Resistance: A One Health Approach to a Global Threat](#)**

“To explore the issue of antimicrobial resistance, the Forum of Microbial Threats planned a public workshop. Participants explored issues of antimicrobial resistance through the lens of One Health, which is a collaborative approach of multiple disciplines - working locally, nationally, and globally - for strengthening systems to counter infectious diseases and related issues that threaten human, animal, and environmental health, with an end point of improving global health and achieving gains in development. They also discussed immediate and short-term actions and research needs that will have the greatest effect on reducing antimicrobial resistance, while taking into account the complexities of bridging different sectors and disciplines to address this global threat. This publication summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

### **[WHO report on the global tobacco epidemic 2017](#)**

“The report tracks the status of the tobacco epidemic and interventions to combat it. The report finds that more countries have implemented tobacco control policies, ranging from graphic pack warnings and advertising bans to no smoking areas. About 4.7 billion people – 63% of the world’s population – are covered by at least one comprehensive tobacco control measure, which has quadrupled since 2007 when only 1 billion people and 15% of the world’s population were covered.” *Source: WHO*

### **[Public Health England: approach to surveillance](#)**

“Surveillance ensures that Public Health England has the right information available at the right time to inform public health decisions and actions. This guide focuses on the need for high-quality evidence from surveillance systems and sets out how strategies can be developed for surveillance of both infectious and non-communicable diseases.” *Source: Public Health England*

### **[Environmental Chemicals, the Human Microbiome, and Health Risk](#)**

“Environmental Chemicals, the Human Microbiome, and Health Risk presents a research strategy to improve our understanding of the interactions between environmental chemicals and the human microbiome and the implications of those interactions for human health risk. This report identifies barriers to such research and opportunities for collaboration, highlights key aspects of the human microbiome and its relation to health, describes potential interactions between environmental chemicals and the human microbiome, reviews the risk-assessment framework and reasons for incorporating chemical–microbiome interactions.” *Source: National Academies Press*

[Back to top](#)

## **Health Systems, Costs & Reform**

### **[Some assembly required: implementing new models of care](#)**

“The report identifies additional implications of the new care models programme for local health and social care leaders embarking on cross-organisational change. Taking time to understand and adapt to the local context is essential for new care models. Sites should focus on care redesign and its intended aims, and reserve time for people to collaborate to support co-design. Finally, evaluation must be seen as a core component of any plan, and teams must be given the time and support to collect and analyse data.” *Source: Health Foundation*

### **[Leading Large Scale Change](#)**

“A guide to leading large scale change through complex health and social care environments.” *Source: NHS England*

### **[Falling short: Why the NHS is still struggling to make the most of new innovations](#)**

“The idea that the NHS is slow to adopt seemingly well-evidenced innovations is not new and, for the most part, is accepted as fact. The reasons for this have been extensively studied. Last year, the Accelerated Access Review set out the barriers once again – proposing a number of useful solutions that, if implemented as envisaged, could go a long way to improving the situation.” *Source: Nuffield Trust*

### **[Healthy people, healthy systems: Strategies for outcomes-focused and value-based healthcare](#)**

“To achieve a healthy Australia supported by the best possible healthcare system, the AHHA recommends that Australia re-orientate the healthcare system over the next ten years by enabling outcomes-focused and value-based healthcare.” *Source: Australian Healthcare and Hospitals Association*

[Back to top](#)

## **Workforce**

### **[Horizon scanning future health and care demand for workforce skills in England](#)**

“This briefing outlines the findings of a horizon-scanning exercise that has informed workforce planning for the future health and care workforce and identified the skills needed to keep pace with changing health needs.” *Source: WHO*

### **[Good work, wellbeing and changes in performance outcomes: illustrating the effects of good people management practices with an analysis of the National Health Service](#)**

“This report illustrates the effect of good people management with an analysis of the NHS. It found Trusts that made the most extensive use of good people management practices were over three times more likely to have the lowest levels of staff sickness absence and at least four times more likely to have the most satisfied patients. They were also more than twice as likely to have staff with the highest levels of job satisfaction compared to NHS Trusts that made least use of these practices, and over three times more likely to have staff with the highest levels of engagement.” *Source: What Works Wellbeing*

[Back to top](#)

## Nutrition, Physical Activity & Obesity

### [Strategies to Limit Sugar-Sweetened Beverage Consumption in Young Children: Proceedings of a Workshop](#)

“On June 21–22, 2017, the National Academies of Sciences, Engineering, and Medicine’s Food and Nutrition Board convened a workshop in Washington, DC, to explore the range of policies and programs that exist at the federal, state, tribal, and local levels to limit sugar-sweetened beverage consumption in children birth to 5 years of age. Topics examined over the course of the 1.5-day workshop included prevalence and trends in beverage intake among young children; beverage intake guidelines applicable to the age range of interest; challenges and opportunities of influencing beverage consumption; the role of industry in beverage intake; and knowledge gaps and research needs. This publication summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

### [Making obesity everybody's business: a whole systems approach to obesity](#)

“This briefing, written in partnership with Public Health England and the Association of Directors of Public Health, focuses on the Whole Systems Obesity programme, which will provide local authorities with a different approach to tackling obesity. The programme is exploring the evidence and local practice to develop guidance and tools to help councils set up a whole systems approach to obesity in their local area.” *Source: Public Health England and The Association of Directors of Public Health*

### [The Challenge of Treating Obesity and Overweight: Proceedings of a Workshop](#)

“The Roundtable on Obesity Solutions of the National Academies of Sciences, Engineering, and Medicine held a workshop in Washington, DC, on April 6, 2017, titled The Challenge of Treating Obesity and Overweight: A Workshop. The discussions covered treatments for obesity, overweight, and severe obesity in adults and children; emerging treatment opportunities; the development of a workforce for obesity treatments; payment and policy considerations; and promising paths to move forward. This publication summarizes the presentations and discussions from the workshop.” *Source: National Academies Press*

[Back to top](#)

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