

## November 2018 Monthly Report



### PROJECT DELIVERABLES:

#### **ACTION AREA 1 – Consultation and Outreach**

- **Monthly Report:** The October 2018 CCC Project Monthly Report was distributed to the contact list and uploaded to the CCC Project webpage: <<http://www.livewellcq.org/common-client-cohort/>>. We are utilising MailChimp to distribute the reports and to support our extension activities.
- **The liveWELL CQ website:** The website is being progressively updated and contains the Monthly Reports and Project Plan. In the resources section on the CCC Project web page, we have added a hyperlink to Qld Health Clinical Excellence Division's webpage outlining the 'Working Together to Connect Care Program' (WTCC). This is being implemented at the Royal Brisbane Women's Hospital Emergency and Trauma Centre as a combined hospital and community initiative to support more inclusive care. The program is underpinned by the collaboration between participants, and social supports and healthcare sectors. Over the next couple of months, we will be consulting with stakeholders as to the implications and opportunities of this type of program in relation to the CCC Project.
- **The liveWELL CQ Contact List:** The contact list is progressively being updated.

#### **ACTION AREA 2 – Initiating Action**

- **The CCC Project Steering Committee meeting:** Meeting held on 1st November 2018.
- **Baseline Research- Existing collaboration networks:** To support the development and implementation of client recovery or intervention plans, we have started working on a directory and networkers list. The community sector can be extremely fluid due to government funding, and mapping existing service networks has inherent problems. It was decided that we would initially focus on identifying, collating and arranging a meeting with the 'networkers' to define and document who they are and their scope and reach. CQHHS MHAODs Susie Cameron and Nurse Navigator Unit Manager Rose-Marie Goudie, and the LiveWELL CQ Project Officer Helen Gallehawk will be centralising this information.
- **Baseline Research- Consent and Privacy:** The CCC Project prioritises client consent. This is particularly relevant to any proposed data sharing between state government agencies, and also between state government agencies and service providers. Whilst other initiatives can provide some guidelines and opportunities, the service agreements, processes and procedures developed will be unique to CQld. For example, senior CQHHS Mental Health staff members have advised us that regardless of what mechanisms other Qld Health Services have approved in relation to client consent and collaboration, any initiative (possibly even a desk-top review of procedures, guidelines and forms) will require approval first from the CQHHS Ethics Committee.

### ACTION AREA 3 – Organisational Reviews

- **Strategic Plans, Collaboration, Consent and Privacy:** We are centralising information related to organisational strategies, collaboration frameworks, Networkers (as per above) and key Service Providers. Approval from the CQHHS Ethics Committee will be requested for any the non-publicly available procedures and forms.
- **Identification of clients:** Each of the government agencies involved in the CCC Project are working on developing a process that can be used to identify their own clients that may benefit from a collaborative, cross-sector approach during the development of recovery, management or intervention plans. However, data-matching between the government agencies to identify their common (shared) clients as part of the CCC Project will not occur until the consent and privacy framework has been developed and formally agreed upon. The only exception are the formal collaboration networks established, or being developed, outside the CCC Project. We are currently identifying these collaboration initiatives and investigating opportunities for integration or alignment with the CCC Project.
  - **Dep Housing and Public works-** have modified their CCC Project client identification criteria; and are to provide an update of their review of the process related to Tenancy Management Plans, and potential for integrating the CCC Project client identification process. Jordana Brady and Jocelyn Shepherd are actioning this.
  - **DCS Probation & Parole** – a workshop on participant identification criteria was held. The staff present had a range of strengths including strategic focus, case management, and strong database skills. It was an informal, fully-engaged and very effective team. Ideas were brainstormed, additional indicators were identified, and a three-step process drafted. This process will be trialled in-house, and reviewed against anecdotal evidence then reported to the CCC Project Steering Committee.
  - **CQHHS MH&AODs** – a workshop covering participant identification criteria was held with Mental Health staff. The group members were primarily managers, and some crucial discussion points were raised. These points were in regards to: the need for CQHHS ethics approval, even for a desk top review; CCC Project linkages with the Nurse Navigator Program and consideration of a WTCC; the importance of suicide prevention; useful database and search engines within CQHHS were identified; that it is likely to be a multi-step process to identify the clients, and that the order of the criteria used was important.
  - **QAS and CQHHS (ED)-** As the CCC Project is aimed at supporting the shared clients of the CQHHS (ED and MH), QAS, QCS, QPS and DHPW state government agencies, the CCC Project has the potential to fit in with any existing or developing collaboration initiatives. This can include initiatives between QAS and CQHHS ED (a meeting is being arranged); along with the Nurse Navigation program and potential WTCC. However, to ensure patient confidentiality, liveWELL CQ’s focus in this regard is on the processes and criteria that are being developed, and the potential for inclusion in the CCC Project’s service agreements.

### ACTION AREA 4 – Sustaining the CCC Project

- Establishing this newsletter, and creating a distribution list supports ‘sharing our learnings’. This will be an ongoing activity.



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